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Stress, Resiliency, and Burnout Among Counseling Leaders

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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, and the cross-sectional data collection method was used. Data were collected through anonymous online surveys from a purposive sample of 75 counseling leaders. Data analysis methods included descriptive statistics and multiple linear regressions. Results indicated that all counseling leaders were struggling with burnout—regardless of levels of stress and resiliency—and 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 to minimize their challenges. Experts may use the results from this study to initiate social change related to the enhancement of leadership and leadership behavior education and training.

Recommended Citation

Introduction

According to Orkibi (2016), there is a high level of burnout among healthcare professionals who are devoted to their jobs. Johnson and his team (2020) found that mental health professionals continue to experience burnout at a rapidly growing rate. Due to these high levels of burnout, the counseling profession is experiencing a staff shortage, which raises concerns.

To remedy the growing pace of burnout and staff shortage, the American Counseling Association (ACA, n.d.) suggested that counselors implement self-care strategies. This topic has yet to be researched among leaders in

the counseling profession. Also, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) requires all counseling programs to offer leadership education, but there is a lack of formal leadership training in counseling programs. In addition, the integration of leadership courses, workshops, and training has been suggested; however, there continues to be limited research on counseling and leadership development (Sonnino, 2016).

Based on existing studies, researchers suggest that (1) leadership development is essential for counselors because leadership behavior can predict job satisfaction and burnout among other counselors (Broome et al., 2009); and (2) resilience has been found to reduce the adverse effects of workplace stressors, increase job satisfaction, and significantly affect turnover intention (Alola & Alola, 2018; Ghandi et al., 2017; Hudgins, 2016). So far, there are limited studies on stress, resiliency, and burnout among leaders in the counseling profession.

The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between the independent variables (IVs) of stress and resiliency and dependent variables (DVs) of burnout, emotional exhaustion, depersonalization, and personal accomplishment 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). Individuals often experience workplace stress, a significant factor that can affect employee health, performance, and 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).

A study was conducted among nurses to address how stress impacts their job satisfaction and their intent to stay (Larrabee, 2010). Because job turnover is a serious concern to healthcare leaders, 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. These researchers used a predictive nonexperimental study and surveys of 464 nurses employed in an acute care hospital in West Virginia. They conducted an analysis using descriptive and inferential statistics, including correlation, ANOVA, and causal 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). The study included vital information used for the current study because similar variables were explored in this study. The researchers conducted this study among nurses, which is another profession experiencing shortages due to burnout. This study had two limitations: the racial mix of the participants was not representative of the U.S. population, and the data from one of the five hospitals was from a convenience sample. This limitation was mitigated by using the purposive sampling method, which allowed the recruitment of participants who met certain criteria. According to Ling et al. (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.

Counselors lack education and training in 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 counseling supervisors to model well-being and adequate coping skills to manage stress and burnout. Stress can impede a counselor's ability to maintain wellness, but individuals can better cope with stressors when they possess certain characteristics, such as resiliency (Alola & Alola, 2018; Moate et al., 2016).

Resilience

Resiliency 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). Resiliency also acts as a protective psychological risk factor that influences one's ability to face stressors without significantly impacting functioning (Perry, 2002). Adverse effects of workplace stressors can be reduced with resiliency, which significantly affects turnover intention (Alola & Alola, 2018; Ghandi et al., 2017), and it can be partially learned through experiences that can assist in its development (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 that cause emotional instability (Sangganjanavanich & Balkin, 2013; Yang & Hayes, 2020). 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).

A correlation exists between the stress of a leader's job and their ability to be resilient, which 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. 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). The researchers conducted this study among counselors, but they were limited to school-based counselors, and the study was not conducted in the United States. Resilience was analyzed and contributed to the current study by identifying that resilience has a negative, direct effect on job satisfaction. This demonstrates that counselors who manage job problems with resiliency tend to show lower job stress. It was suggested for future research to compare the internal and external variables that thriving leaders manifest. Although a shortage of healthcare workers due to stress and burnout has been predicted, 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). Burnout is prevalent in the healthcare profession and is a major issue for employees within the workplace (Werneburg et al., 2018). 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).

Burnout leads to poor care, turnover, and a decline in the 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. Burnout can also affect client engagement in therapy and treatment outcomes (Yang & Hayes, 2020). Professionals have not been educated on well-being and 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. The researchers aimed to identify predictors of burnout, such as job satisfaction and stress. Snowball sampling was employed, which helped to identify 174 mental health workers in Croatia. The researchers administered several surveys and then implemented a multiple-regression

analysis. They 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 survey design. The researchers used the snowball sampling method to identify participants, meaning their sampling strategy was not random, so conclusions cannot be made for individuals who did not respond. This study contributed to the current study because the researchers analyzed stress as a predictor of burnout. In addition, the researchers also included the three dimensions of burnout, which were analyzed in my study as well.

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. Supervisory support (administrative supervisor or clinical supervisor) affects the development of counselor burnout (Orkibi, 2016). When individuals experience higher workloads and are not satisfied with the workplace environment, they are more likely to feel burnout (Brown et al., 2019).

Leadership in Counseling

Leadership has been defined as a position held within a hierarchical system (Black & Magnuson, 2005). Leaders' acquired skills include community development, communication, analytical, technological, political, visioning, ethical-reasoning, risk-taking, and cultural competency (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 involves 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 chairs of professional association committees.

Effective leadership contributes to a positive work environment and staff and patient outcomes (Wong & Laschinger, 2015), and high-quality leadership can potentially affect other's psychological well-being (Arnold et al., 2007). High-quality supervision can also impact disengagement (Johnson et al., 2020). There is a statistically significant relationship between positive supervisory behavior and employee well-being (Arnold et al., 2007). There is also a statistically significant relationship between high-quality supervision and lower disengagement (Johnson et al., 2020). A study investigated the relationship between leaders' motivation, goals, and employee burnout (Sijbom et al., 2019). 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 of 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 this study, the measures were also self-reported, but reliable tools were used. In a future study, objective reporting can be implemented. 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 have low levels of burnout (Broome et al., 2009). Leadership behaviors can predict satisfaction and burnout among employees (Broome et al., 2009). Support from supervision, including post-licensure support, is beneficial (Dupre et al., 2014). Leadership influences the organizational climate, and it is important to note that receiving positive feedback contributes to success in leadership roles (Smith & Roysircar, 2010).

There is minimal understanding of 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). The CACREP (2009) standards have been updated 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 and the lack of formal leadership training in counseling programs. Researchers have suggested the integration of leadership courses, workshops, and training programs. There is limited research on counseling and leadership development.

Little has been done for the training of leaders, and leadership is rarely discussed within counseling. There are many counselors who attain leadership roles, but there has been little attention focused on the training for those roles (Paradise et al., 2010). Most 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, minimal leadership training exists, 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. Future efforts should focus on assisting counseling leaders' development (Paradise et al., 2010).

A leader is responsible for providing resources, such as support, feedback, and growth opportunities (Sijbom et al., 2016). Leadership is an important topic for helping professionals (Lockard et al., 2014), and 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, certain leadership tasks are not taught in counseling programs, such as completing performance reviews, communicating compensation philosophies and practices, addressing colleagues, tackling 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.

Counselors might encounter unique challenges when fulfilling the role of an agency leader or department head, such as responding to organizational dilemmas, working with budgets, addressing work climate, and managing employees (Lockard et al., 2014). Research indicates that the skills required to be a leader of an organization are not taught in counselor education programs (Lockard et al., 2014). Leaders play a major role in employee health and well-being and have the unique position of influencing their employee's emotions and motivation. 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.

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, the current literature on professional leadership in the field of counseling expanded. 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 training programs to enhance education on leadership.

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?

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

- DVs: Burnout, as measured by the 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?

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale
- DVs: Emotional exhaustion, as measured by the 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?

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale
- DVs: Depersonalization, as measured by the 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?

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

Methods

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 variables (burnout, emotional exhaustion, depersonalization, and personal accomplishment). A multiple linear regression analysis was used for this study. 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.

An essential component of this study was to interpret participant demographic information. I was able to compare the differences in stress, resiliency, or burnout among counseling leaders with the level of education and leadership role being fulfilled with the demographic data analyses. These surveys were administered online via Survey Monkey, an online platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). I emailed the participation invitation to individuals who were identified by using the nonprobability convenience sampling method. I advertised for the survey on the Counselor Education and Supervision Network (CESNET) listserv and sent invitations through counseling organizations, such as the Florida Mental Health Counseling Association (FMHCA). In addition, I posted the research participation request in the American Counseling Association (ACA) discussion board.

Participants

To be included in this study, participants needed to be either master's-level, fully licensed counselors or doctoral-level, fully licensed counselor educators, residing in the United States. Participants 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 also be program coordinators or department chairs for graduate counseling programs.

Instrumentation

I used a demographic questionnaire and three pre-existing measurement scales to gather data for this study, including 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 showed validity and reliability in past studies.

Demographic Questionnaire
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.

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 contains 22 items divided into three subscales (emotional exhaustion, depersonalization, and personal accomplishment) and 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. A factor analysis was conducted by Maslach and Jackson (1981) using principal factoring with the first sample, and 10 factors were accounted for with three-fourths of the variance. The researchers then reduced the items from 47 to 25 after the set of selection criteria was applied to the items.

The 25-item MBI survey was then 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. The researchers determined the internal consistency by using Cronbach's coefficient alpha (Cronbach's α = .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).

Perceived Stress Scale (PSS-10)
The PSS-10 is a scale created by Cohen et al. (1983) to measure the degree to which an individual finds a situation in their life stressful. It takes approximately 5 minutes to complete, and 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 α = .78). No specific qualifications are required for the person administering the survey. Permission to use the survey was provided by Mind Garden (2019).

Brief Resilience Scale (BRS)

The BRS was developed by Smith et al. (2008) to measure an individual's ability to recover from stress, as well as to determine whether it is possible to *reliably* assess resilience as bouncing back from stress. The BRS contains six items and should take approximately 1 minute to complete. 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.

Data Collection

The data collection process began once I received approval from the Institutional Review Board (IRB; approval No. 07-30-21-0786455). I typed the demographic questionnaire and the surveys into Survey Monkey manually. These surveys were then administered online via Survey Monkey, which is a HIPAA-compliant online platform (Survey Monkey, n.d.). All transmitted data were encrypted. 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 the data collected.

The survey took approximately 20 minutes to complete, 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 Survey Monkey.

During the survey, participants had the option to exit the survey. If they chose to do so, their consent was automatically rescinded from the study. Once participants finished the study, they reached the final page on Survey Monkey, which thanked them for their participation and included my contact information. I left the survey open until I reached my sample size *(N = 74)*. I exported the survey results to IBM SPSS (Version 27).

Data Analysis

The data were downloaded from Survey Monkey into IBM SPSS statistical software (Version 27) to complete the data analysis. During analysis, data was screened to identify any missing data or outliers. Any data that was significantly different from the other collected data was considered an outlier and removed from the data set (Aguinis et al., 2013).

Several assumptions must be met for the use of a correlational analysis and multiple regression analysis, including normality of residuals, homogeneity of variance, linearity of regression, and independence of error terms (Williams et al., 2019). I ensured compliance with the required model assumptions prior to conducting data analysis.

Results

Demographics and Other Variables

The largest participant age group (30–39 years) had 33 participants (44%). Most identified as female *(80%, n = 60)*, White (65.3%), married (69.3%), and employed working full time (88%), and most reported their highest level of education at the master's level (57.3%). The leadership role most reported by participants was Director (38.7%, *n* = 29).

The mean for the MBI-HSS was 68.83 (*SD* = 14.058), a reasonably moderate score that indicates moderate levels of burnout. Through further analysis, the mean for the PSS was 14.81 (*SD* = 6.555), which indicates moderate stress; the mean for the BRS was 3.98 (*SD* = .697), indicating normal levels of resiliency; and the MBI-HSS emotional exhaustion subscale mean was 23.57 (*SD* = 11.235), a relatively moderate score indicating moderate levels of emotional exhaustion. In addition, 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, and 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.

Research Question 1 (RQ1)

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), so I tested this assumption by using IBM SPSS software (Version 27) to generate a P-P Plot. 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.

To test RQ1, 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 ($F(2, 72) = 23.705$, $p < .001$). Therefore, the null hypothesis that stress and resiliency do not predict burnout among leaders in the counseling profession was 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. This 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. This suggests that as resiliency (BRS) scores increase by 1, 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, suggesting that as stress (PSS) scores increase by 1, the burnout (MBI-HSS) scores increase by approximately 1.569 (see Table 1).

Table 1. *ANOVA: Independent Variables and Burnout* [a]

Model		SS	df	MS	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

Table 2. *Multiple Linear Regression Predicting Burnout* [a]

Model		B	Std. Error	Beta	t	Sig.	Upper Bound	
		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	95.0% Confidence Interval for B
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

Research Question 2 (RQ2)

RQ2 was used to determine whether 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 this analysis, I tested the assumptions of multiple linear regression in the same way as the previous analysis. I tested multicollinearity by using tolerance values and variance inflation factors (VIFs). In the study, all tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

To test RQ2, I conducted a multiple linear regression analysis to examine if stress and resiliency predicted emotional exhaustion. The results of the multiple linear regression analysis (see Table 3) revealed stress and resiliency to be statistically significant predictors of emotional exhaustion ($F(2, 72) = 37.117$, $p < .001$).

Table 3. *ANOVA: Independent Variables and Emotional Exhaustion* [a]

Model		SS	df	MS	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

The R^2 value of 0.508 associated with this regression model suggests that 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, which 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, which suggests that as resiliency scores increase (as measured by the BRS), emotional exhaustion (as measured by MBI-HSS) increases by approximately .539 (see Table 4).

Table 4. *Multiple Linear Regression Predicting Emotional Exhaustion* [a]

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

Research Question 3 (RQ3)

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. All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

To test RQ3, 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 (see Table 5) revealed resiliency not to be statistically significant; however, stress was found to be statistically significant ($F(2, 72) = 16.993$, $p < .001$).

Table 5. *ANOVA: Independent Variables and Depersonalization* [a]

Model		SS	df	MS	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

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. This 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. This 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 6).

Table 6. *Multiple Linear Regression Predicting Depersonalization* [a]

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)	-.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

Research Question 4 (RQ4)

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. All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

To test RQ4, I conducted a multiple linear regression analysis to examine if stress and resiliency predict personal accomplishment. The dependent variable was personal accomplishment, and the predictor variables were stress and resiliency. The results of the multiple linear regression analysis (see Table 7) revealed stress and resiliency to be statistically significant predictors to the model ($F(2, 72) = 9.736, p < .001$).

Table 7. *ANOVA: Independent Variables and Personal Accomplishment* [a]

Model		SS	df	MS	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

The R^2 value of 0.213 associated with this regression model suggests that stress and resiliency account for approximately 21% of the variation in personal accomplishment. This 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. This suggests that as stress levels increase (as measured by the PSS), personal accomplishment (as measured by the MBI-HSS) decreases by approximately .237.

Controlling for resiliency, the regression coefficient for stress was [ß = .351, t = 2.053, p = <.05] associated with resiliency. This 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 8).

Table 8. *Multiple Linear Regression Predicting Personal Accomplishment*[a]

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	*t*	Sig.	95.0% Confidence Interval for B Upper Bound	95.0% Confidence Interval for B
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 sample *t*-test to determine if there was 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 Levene's Test for Equality of Variances, there was 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 stress, resiliency, and burnout scores. See Table 9 for group descriptive statistics.

Table 9. *Descriptive Statistics of MBI-HSS, PSS, and BRS Scores Between Levels of Education*

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

I also conducted an analysis to determine if there is a difference in burnout, stress, and resiliency scores of leaders who were fulfilling different leadership roles (director, supervisor, manager, program coordinator, and department chair). The analysis indicated that there is a statistical 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 exists ($F(4, 70) = 1.554$, $p = .196$). See Tables 10, 11, and 12 for group descriptive statistics.

Table 10. *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 11. *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 12. *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

Discussion

Participants in this study reported moderate scores of stress (as measured by the PSS) with scores ranging from 0–40 and a mean of 14.81. Participants also had a score of moderate on the emotional exhaustion scale of the MBI-HSS (scores range from 0–132), with a mean of 23.57. Participants, in this study, scored relatively moderate in the MBI-HSS, where the mean was 68.83 and scores ranged from 0–132), indicating moderate levels of burnout. I explored resiliency as one of the protective factors, which previous research contributes to a decrease in burnout. In this study, the mean for the BRS was 3.98 (with scores ranging from 1.00–5.00), which indicates normal levels of resiliency. Following is an in-depth conclusion of the survey results and the interpretations, which are divided into four sections by research question.

Research Question 1

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. They also found that personal characteristics and resilience act as a preventative measure against chronic stress and burnout, and resilience is a factor that assists individuals when they are faced with difficult situations. Other researchers, such as Kutluturkan et al. (2016), reported similar results among oncology nurses.

Researchers also found that resilience is influenced by personal and professional factors, as they can lead to stress, and possibly burnout. Kutluturkan et al. (2016) found that the number of years working in the field, as well as one's educational level influence 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

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.

Resilience is a useful predictor of emotional exhaustion, and previous research indicated that higher levels of resilience were associated with lower levels of emotional exhaustion (Di Monte et al., 2020). But other factors can contribute to emotional exhaustion, such as 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.

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.

Researchers 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 (Choi et al., 2018). 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 as 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. This result indicates that even with normal levels of resiliency, leaders continue to experience emotional exhaustion.

Research Question 3

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 that indicated that prolonged chronic stressors and emotional exhaustion lead to depersonalization, which can then lead to burnout (Kelly & Hearld, 2020). According to the results of this study, leaders reported a low level of depersonalization, although it was indicated that as stress levels increase, depersonalization increases.

Hricová and Nezkusilova (2020) conducted a study to investigate preventative factors for perceived stress and burnout among individuals in the helping profession and found that increased stress can lead to depersonalization. Peiró et al. (2001) also found that stress was a predictor of depersonalization among healthcare professionals. Azeem et al. (2014) corroborated these findings by further investigating the role of stress and burnout among nurses in private hospitals and finding a correlation between stress and all the dimensions of burnout, including depersonalization among nurses.

Research Question 4

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 of this study, leaders reported a high level of personal accomplishment. Researchers conducted a study to investigate burnout and resilience among nurses practicing in high-intensity settings (Rushton et al., 2015). 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.

Results from a study conducted by Ianucci (2020), indicated that personal accomplishment can be impacted by higher levels of resilience. And Kutluturkan et al. (2016) found that resilience increases an individual's sense of 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. This analysis showed that there is a statistically significant difference between the leadership role being fulfilled in terms of stress and resiliency, suggesting 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-sample *t*-test to make between-group comparisons with the level of education. I found no significant difference between these groups. Results showed that leaders in the counseling profession struggled with burnout regardless of their level of education.

I analyzed leaders in the counseling profession with either a master's degree or doctoral degree to determine if they experienced any differences in stress, resiliency, and burnout. The results revealed that leaders in the counseling profession did not experience any significant changes in stress, resiliency, or burnout related to their level of education.

While there were no statistically significant differences between the variables and level of education, it is 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, although not statistically significant.

Limitations

While I identified several significant findings in this study, please note they must be interpreted with caution. There were several limitations, including self-reporting, self-selection, survey limitations, limited sampling methods, and COVID-19 that may have altered the data.

Self-Reporting
One study limitation was that the administered surveys involved self-reporting measures. This may have caused counseling leaders to answer in a socially desirable manner. Expressing negative feelings towards recipients (e.g., "I don't care what happens to some recipients") may not have been seen as socially or professionally acceptable, and this may explain the low depersonalization scores. Note: As it was crucial to guarantee anonymity to reduce social bias, I did not record IP addresses.

Self-Selection
Another study limitation was that participants self-selected. This may have caused selection bias (also known as sampling bias). Biases may have affected the external validity of the study (Fritz & Lim, 2018) by limiting

participant diversity (nonparticipants differ from participants in some way). For example, individuals experiencing burnout may not want to participate in the study. Additionally, I was working with a specific subset of the population, not the whole population. It was important that I clearly defined the criteria needed to participate in this study. I did this so that the selected sample 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).

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

Limited Sampling Methods
A limitation of this study was the sampling method, as it was not a random sample. I used a nonprobability convenience sampling method to recruit participants who met specific criteria for the study (Etikan et al., 2016); therefore, the generalizability of the results was limited.

This research design was also limited by sample population and population definition. This population limitation decreased the generalizability of the results of my study, as I could not assume that the results would apply to any other populations besides U.S. counseling leaders. Nor could I assume the sampling limitations applied to counseling professionals working in settings other than those employed by an organization, agency, direct service provider, or graduate counseling program.

It was important not to 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.

COVID-19
Finally, I conducted this study during the presence of the novel coronavirus (COVID-19), and I am aware of the possible limitations this may 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 3 months. It was pertinent to ensure that I allowed adequate time for participants to complete the survey.

Implications for Theory and Practice

This study is significant to positive social change. With the existing literature gap surrounding counseling leadership burnout, study findings can contribute to social change and help programs that focus on the development of counseling students. Findings suggest it might be beneficial to implement a more robust training protocol to help develop counseling profession leadership.

When structuring this study, I intended to determine if stress and resiliency were significant predictors of burnout among leaders in the counseling profession. Results indicated that burnout is prevalent and suggested that stress contributes to burnout. Although resiliency was identified as a protective factor in previous studies, it did not have a negative correlation with burnout. This denotes that leaders in the counseling profession still report experiencing burnout—even with normal levels of resilience.

Study results showed that counseling leaders are struggling with burnout, and there is a statistically significant relationship between stress, resiliency, and emotional exhaustion; stress, resiliency, and depersonalization; and stress, resiliency, and personal accomplishment among leadership. All independent variables contributed significantly to predicting the dependent variable, and 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, as well as its contribution to social change. Helping to expand knowledge and understanding around preventing burnout among leaders in the counseling profession 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 to treat individuals with psychological concerns (Sangganjanavanich & Balkin, 2013; Yang & Hayes, 2020). CACREP requires all counseling programs to educate on leadership (CACREP, 2016), but there is a lack of formal leadership training in counseling programs.

Findings from this study indicate that leaders in the counseling profession struggle with stress, which can lead to burnout. Researchers have found that there is a high incidence of burnout among leaders (Oliveira et al., 2011), as well as a high prevalence of burnout among healthcare professionals who are highly committed to their careers (Orkibi, 2016). The burnout rate of professional counselors is an ongoing concern (Wardle & Mayorga, 2016), and 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 this study indicated that counseling leaders do not burn out as much with higher levels of resilience. A greater understanding of counseling leadership burnout is necessary, though, to better support this population.

Leadership burnout can affect staff members and the organizations they work for (Demirtas & Akdogan, 2015; Nelson & Daniels, 2014). The findings from this study address the gap of developing interventions and training programs to enhance education on leadership. 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. It is also recommended that further research focus on the benefits of leadership training to promote the integration of leadership courses into the counseling curriculum.

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