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University Counselor Experiences with the Surge in Mental Healthcare Demand in the United States

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Walden University

College of Education and Human Sciences

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Julie C. Knight

has been found to be complete and satisfactory in all respects,
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Walden University

2024

Abstract

University Counselor Experiences with the Surge in Mental Healthcare Demand in the
United States

by

Julie C. Knight

MA, Park University, 2017

BS, Park University, 2011

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

Walden University

March 2024

Abstract

The problem addressed in the study is that university counselors in the United States have been overwhelmed by the surge in student mental health care demand. The purpose of this qualitative dissertation was to explore and document the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States and ways to address this problem. The conceptual framework of this study combined Adams' empowerment theory and Karasek's job demand-control theoretical model. Braun and Clarke's thematic analytic procedure was used to derive results from semistructured interviews with eight licensed university counselors participating in semistructured interviews. Six themes were elucidated based on the participants' responses. University counselors are crucial to help mitigate student mental health concerns effectively. Counselors experienced challenges due to changes in job responsibilities and (a) difficulties working from home due to less-than-ideal therapy settings and lack of work-life balance, (b) increased student mental health care without necessary support may have impacted service, (c) universal feelings of burnout contributed to diminished capability, (d) university administration lacked any response to counselors' needs, and (e) counselors relied on each other for support to reduce stress. Recommendations for university administrators included increased staffing, providing additional self-care resources, and regular check-ins. Future research is needed to examine the impact on students, if any, due to university counselors' feelings of stress, burnout, and compassion fatigue.

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Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement	4
Purpose of the Study.....	6
Conceptual Framework.....	7
Nature of the Study.....	9
Definitions.....	10
Assumptions.....	11
Scope and Delimitations	12
Limitations	14
Significance.....	15
Summary	16
Chapter 2: Literature Review	18
Literature Search Strategy.....	19
Conceptual Framework.....	19
Karasek’s Job Demand-Control Theoretical Model of Job Stress.....	20
Empowerment Theory.....	21
Application of the Study’s Conceptual Framework.....	22

Literature Review Related to Key Concepts.....	24
Counseling in a University Setting.....	26
Recent Developments in University Counseling Practices.....	37
Effect of the Mental Health Surge on University Counselors	41
Counselor Experiences.....	59
Summary and Conclusions	62
Chapter 3: Research Method.....	64
Research Design and Rationale.....	65
Role of the Researcher	69
Methodology.....	70
Participant Selection	71
Instrumentation.....	73
Procedures for Recruitment, Participation, and Data Collection.....	74
Data Analysis Plan	77
Trustworthiness.....	81
Credibility	81
Transferability.....	83
Dependability.....	84
Confirmability.....	84
Ethical Procedures.....	85
Summary	87
Chapter 4: Results.....	88

Setting	88
Data Collection	90
Data Analysis	91
Results	98
RQ1.....	98
RQ2.....	127
Evidence of Trustworthiness.....	145
Credibility	145
Transferability.....	146
Dependability.....	147
Confirmability.....	148
Summary	148
Chapter 5: Discussion, Conclusions, and Recommendations.....	151
Interpretation of the Findings.....	153
Finding 1: Changes in Job Responsibilities	154
Finding 2: Increased Demand for Services.....	155
Finding 3: Signs of Burnout.....	155
Finding 4: Feeling Unsupported by University Administration	156
Finding 5: Coping Strategies Used to Mitigate Stress	157
Finding 6: Ways to Address the Problem	158
Conceptual Framework Revisited.....	159
Limitations of the Study.....	161

Recommendations for Future Research	162
Implications.....	164
Changes in Job Responsibilities.....	171
Increased Demand for Services.....	171
Signs of Burnout	172
Feeling Unsupported by University Administration.....	172
Coping Strategies Used to Mitigate Stress.....	173
Ways to Address the Problem.....	173
Conclusion	175
References.....	176
Appendix A: Interview Protocol.....	220
Appendix B: Interview Questions.....	222

List of Tables

Table 1. A Priori Codes used in This Study.....	88
Table 2. A Priori Codes Applied in This Study.....	103
Table 3. Categorization of Codes.....	104
Table 4. Themes Extracted from Analysis of the Participants' Data.....	106
Table 5. The Counselors Believed Their Universities Took Them for Granted.....	137
Table 6. The Counselors Recommend Increasing Counseling Center Staffing.....	152
Table 7. The Counselors' Ideas Regarding Enhanced Support	154
Table 8. Data Saturation was Reached After Six Interviews.....	161
Table 9. Evidence-Based Recommendations for University Administration Executives	180
Table 10. Evidence-Based Recommendations for University Counseling Centers.....	183
Table 11. Evidence-Based Recommendations for University Counselors	186

List of Figures

Figure 1. Conceptual Framework	25
Figure 2. Codes and Categories Contributing to the Development of Theme 1.....	108
Figure 3. Codes and Categories Contributing to the Development of Theme 2.....	119
Figure 4. Codes and Categories Contributing to the Development of Theme 3.....	126
Figure 5. Codes and Categories Contributing to the Development of Theme 4.....	133
Figure 6. Codes and Categories Contributing to the Development of Theme 5.....	141
Figure 7. Codes and Categories Contributing to the Development of Theme 6.....	149
Figure 8. Revisiting the Study’s Conceptual Framework	175

Chapter 1: Introduction to the Study

The mental health of university students in the United States has been a growing concern in recent years due to stress and pressure from academic demands, financial burdens, social isolation, and the ongoing COVID-19 pandemic (Nahar et al., 2022). University counselors play a vital role in the mental health of their students and are often the first point of contact for students seeking help for mental health issues (Bardhoshi & Um, 2021). University counselors are specifically trained to support and guide university students in need. Counselor training usually includes cross-discipline courses, including human development, psychology, psychopathology, evaluation and diagnosis, ethical and legal concerns in counseling, and supervised clinical training (Knappe, 2021; Rønnestad et al., 2019). Importantly, university counselors are educated in crisis response and emergency management (Shelemy et al., 2019), which is especially important considering that the COVID-19 pandemic significantly exacerbated suicide in addition to suicidal ideations (Xiao et al., 2021). Thus, university counselors are crucial to student health and safety, and it is necessary to support counselors so they can effectively mitigate student mental health concerns.

This study examined university counselors' experiences handling students' growing mental health needs, which reportedly overwhelmed student mental health clinics (Bardhoshi & Um, 2021). This study has the potential for positive social change in that it provides researchers, university administrators, and clinicians with knowledge regarding counselors' experiences with the surge in mental health demand, allowing them to evaluate and utilize more efficient strategies for tackling the difficulties faced by

university counselors and the students they support. Helping university counselors has the potential to, in turn, positively affect the mental health of the students they serve.

In Chapter 1, I provided the foundation for the study by first discussing important background information highlighting the status of United States university students' mental health, along with the need for adequate support and guidance. I described the problem addressed by the study, namely that university counselors are overwhelmed by a surge in the mental health needs of students. Next, I reviewed the purpose and research questions of the study, as well as the conceptual framework underpinning the investigation. I then introduced the nature of the study, essential definitions, and the study's assumptions, scope and delimitations, and limitations. These foundational elements of the study were followed by a section highlighting the study's significance, underscoring its importance in addressing a critical issue and contributing to mental health and university counseling. Finally, the chapter concludes with a summary that provides a brief overview of the key elements of this chapter, laying the foundations for the next stages of the study.

Background

The demand for the services of university counselors has increased dramatically in recent years as the use of mental health services among college students increased significantly over the past decade (Lipson et al., 2019). Lipson et al. (2019) documented a 40% increase in the use of mental health services by college students, especially among female students, minority students, and students with a previous history of mental health treatment. Furthermore, the type of mental health services offered to college students

increased across all services, including individual and group counseling and medication management. Increased demand was driven by a confluence of factors, including the increasing pressure on students to succeed, the rising cost of tuition, and the specific stresses induced by the COVID-19 pandemic, such as prolonged social isolation (Cronin et al., 2021). Thus, the increasing rates of mental health service utilization by college students in the United States highlight the need for continued investment in mental health resources on college campuses to meet growing demand (Lipson et al., 2019).

There is a gap in practice regarding the implementation of successful strategies to aid counselors in mitigating work-related stress in a high-demand employment environment. University counselors are reportedly overwhelmed by the surge in students seeking mental healthcare (Bardhoshi & Um, 2021; Dalky et al., 2022). High caseloads and pressure to provide timely and effective support to university students seeking mental health services can significantly impact university counselors' well-being and job satisfaction. Specifically, high demand and limited resources and support can lead to overwhelming job demands and increased stress (Marzo & Bhattacharya, 2022). Over time, this can lead to burnout, a state characterized by feelings of emotional exhaustion, cynicism, and reduced personal accomplishment (Yang & Hayes, 2020).

The impact of burnout on university counselors can be significant and long-lasting, affecting their well-being, job satisfaction, and even career trajectory. Indeed, research indicates that burnout among mental health professionals is associated with decreased job satisfaction, increased absenteeism, decreased work engagement, and increased likelihood of employee attrition (Yang & Hayes, 2020). Furthermore, burnout

can lead to decreased empathy, poor communication skills, and reduced ability to connect with clients (Zarzycka et al., 2022), all of which can negatively impact the quality of support provided to students in need. It is crucial to address these challenges by investing in the necessary resources to ensure that university counseling centers have the tools and support to meet the growing demand for mental health services among students.

There is a striking absence of the perspectives of university counselors in academic literature, especially concerning their experiences and views regarding the surge in mental health needs by students. Although some studies investigated burnout among university counselors (Bardhoshi & Um, 2021; Yang & Hayes, 2020), researchers need a qualitative understanding of counselors' experiences to implement effective interventions. Indeed, the interventions required to mitigate stress and burnout and manage the increasing caseload of students are poorly understood, especially after the COVID-19 pandemic officially ended in May 2023 (Chen et al., 2023). Therefore, this study addresses this critical problem by collecting and analyzing the perspectives of university counselors.

Problem Statement

The problem addressed in the study is that university counselors in the United States have been overwhelmed by the surge in student mental health care demand (Bardhoshi & Um, 2021; Brown, 2018; Pierce et al., 2021). In recent years, there has been an exigent need to address the increased demands for mental healthcare services among college students in the United States (Dimitropoulos et al., 2021). The American School Counselor Association (ASCA) recommends an average caseload of 250 students

per counselor (Patel & Clinedinst, 2021). However, on average, one university counselor is employed per 1,000-1,500 students in American universities (Mortenson, 2021). Even though counselors are not engaging with 1,000 students, these statistics suggest that university counselors have caseloads that could attain unmanageable levels, representing a significant gap in practice. Further, as the COVID-19 pandemic escalated in the United States, many counselors found themselves unprepared to manage the support students needed to be successful academically and emotionally (Brown, 2018; Dalky et al., 2022). This situation has led to an unfortunate paradox: Students overwhelmed by the demands of college turned to university counselors, their designated support system, and found trained professionals who were, themselves, overwhelmed by job demands.

The spike in demand for services reportedly overwhelmed the university counselors critical for addressing the mental health needs of students (Bardhoshi & Um, 2021). Although there are many unanswered questions about the root causes of the increasing student demand for mental health services and the most effective interventions for students, these important problems are not the focus of this study. Instead, this study focused on the perspectives of university counselors regarding being overwhelmed by the surge in mental health service demand. This avenue of inquiry is especially relevant because the qualitative perspectives of university counselors are largely absent in academic literature.

According to Bardhoshi and Um (2021), school counselors have greater work demands than their counterparts in other fields due to their attempts to assist the influx of students with mental health issues. Resources such as staffing, funding, technology,

training, and support are essential to the functioning of counseling centers, yet often are in short supply (Di Carlo et al., 2021; Priestley et al., 2022). Inadequate funding only exacerbates the staffing shortage by limiting the ability of counseling centers to hire additional staff, purchase necessary equipment, and offer training programs. Lack of access to technology, including teletherapy platforms, hinders the effectiveness of student support (Getachew, 2020). Finally, the inability of counselors to attend continuing education and specialized training programs, necessitated by the need for counselors in clinics, limits a university counselor's ability to remain current with the latest developments in the mental health field (Savarese et al., 2020). Thus, the lack of availability of these resources contributes to job stress for university counselors, leading to adverse outcomes for counselors and students.

The role of university counselors in promoting student health and well-being cannot be understated. However, counselors' well-being and mental health are frequently overlooked (Shankar & Ip, 2018). For example, Posluns and Gall (2020) highlighted that counselors tend to view themselves as caregivers, often neglecting their own needs to support the needs of others. This situation, in turn, leads to counselor fatigue and stress and may lead to short- or long-term burnout (Yang & Hayes, 2020). Therefore, it is important to understand how university counselors manage mental health surges while striving to maintain their work-life balance.

Purpose of the Study

The purpose of this qualitative dissertation was to explore the perspectives of university counselors and how they have been affected by the surge in student mental

healthcare in the United States, and to document their perspectives on ways to address this problem. I sought to examine and understand the challenges and stressors university counselors face as they strive to provide mental healthcare services to an increasing number of students. I explored how university counselors cope with the overwhelming demand for their services and elucidated their perspectives on potential solutions to address the problem. Thus, the phenomenon under investigation in this study was how university counselors experienced increased demand for their services.

It is presently unclear what interventions colleges and universities should pursue to mitigate counselor stress, fatigue, and burnout. For example, some studies indicated that telehealth counseling addresses increased demand (Nobleza et al., 2019; Wootton et al., 2020). However, other studies suggest telehealth is ineffective for university students (Maurya et al., 2020; Zaccariah et al., 2022). Therefore, there is a need to understand what universities can do to support their counselors properly. This study addressed this question by investigating university counselors' perceptions of this issue. Indeed, in addition to analyzing methods and techniques currently employed by university counselors to mitigate stress, I investigated what interventions counselors believe would help mitigate their stress and work fatigue.

Conceptual Framework

The phenomenon under investigation in this study is how university counselors experienced increased demand for their services. The conceptual framework of this study consists of two theoretical foundations that aid in understanding the experiences of university counselors in providing mental healthcare to college students in the United

States. Adams' (2003) empowerment theory is the first theoretical foundation often applied to social work and counseling. Adams (2003) first devised the empowerment theory to understand and enhance the experiences of oppressed and marginalized individuals and communities. According to Adams, achieving empowerment in social work entails assisting people in assuming control over the complex elements of their lives (2003). This empowerment paradigm links to the current study because it provided a framework for understanding how counselors attempt to assume control over their lives considering the spike in mental health demand at colleges. Some scholars argue that almost all social work approaches to self-help and self-development have an empowering component (Sharma et al., 2020). In previous empirical studies, researchers utilized empowerment theory to analyze counselors' perceptions (Joseph, 2020; Semaka & Austin, 2019; Tucker et al., 2019). Therefore, empowerment theory was an important lens underpinning this study, as identifying ways to empower counselors, to be addressed by Research Question 2 of this study, might improve their well-being and that of their students.

The second theoretical lens of the study is Karasek's (1979) job demand-control (JDCA) model of job stress. The JDCA theory suggests that high job demands, such as the increasing demand for mental healthcare services among college students, and low job control, such as limited resources and support for university counselors, can result in job stress and burnout. Previous studies found that university counselors and other professionals in similar roles often experience high job demands, such as high workloads,

long hours, and complex emotional demands associated with counseling students (Simpson et al., 2019; Yang & Hayes, 2020).

Counselors may experience low levels of job control, as they may face restrictions on their autonomy and decision-making authority in the workplace (Juujärvi et al., 2020). By applying both Adams' empowerment theory and Karasek's JDCS model, I gained a deeper understanding of the experiences of university counselors in providing mental healthcare to college students and the effect of job demands and job control on their stress levels and well-being. Chapter 2 includes a more thorough discussion of the study's conceptual framework.

Nature of the Study

I employed a basic qualitative inquiry research paradigm in this study. This fundamental qualitative research approach enables researchers to understand how individuals make sense of an event or circumstance (Tomaszewski et al., 2020). This basic qualitative study was appropriate and justified for exploring the perceptions of university counselors on the recent increase in student mental healthcare demand. Semistructured interviews with open-ended questions were conducted with 8 to 15 university counselors to gather their perspectives on the challenges and experiences related to the increasing demand for student mental health services. I used thematic analysis using Braun and Clarke's (2019) six-step method with a mixture of a priori, open, and axial coding (Elliott, 2018; Saldaña, 2014). The data collected from these interviews provided insight into how university counselors manage the demand for student mental healthcare and what resources and support they need to serve students

effectively. Adams' (2003) empowerment theory and Karasek's (1979) JDCA model guided this study to facilitate a deeper understanding of the phenomenon under investigation, namely the effect of the increasing surge in service demand on university counselors and ways to address the problem.

Definitions

Burnout: Burnout is the reduction in physical, emotional, and psychological vitality that results in feelings of poor self-worth and pessimism about patients and coworkers (Mudallal et al., 2017).

Empowerment: Empowerment is the capability of an individual to take control over their circumstances and to actualize their aspirations (Galiè & Farnworth, 2019).

Mental Health: Mental health is a person's overall psychological well-being, including their emotions, thoughts, behaviors, and abilities to cope with stress and handle daily life challenges. Mental health encompasses many experiences and conditions, ranging from good mental health to mental illness. Genetics, environment, and life experiences influence mental health (Fusar-Poli et al., 2020).

Mental Healthcare: Mental healthcare constitutes the treatment and support provided to individuals with mental health problems or illnesses. Such treatment may include psychological therapy, counseling, and medication management. Mental healthcare aims to improve a person's overall mental well-being and quality of life and to manage or recover from symptoms and conditions that affect mental health (Mojtabai & Olfson, 2020).

Overwhelmed: When a person is overwhelmed, they feel excessively burdened, stressed, or encumbered by a situation, emotion, or experience, often to the point of feeling unable to cope. The term often applies to individuals feeling overwhelmed due to many work or personal responsibilities (Koppik, 2020). Being overwhelmed may result from too much responsibility, work, information, or pressure.

University Counselor: A university counselor is a professional who provides mental health support and guidance to students at a university or college. University counselors help students with various personal, academic, and emotional issues and aim to improve the well-being of students and promote their success. University counselors are trained in psychology, counseling, or a related field and have expertise in helping students navigate the challenges and pressures of university life (Barkham et al., 2019).

Assumptions

Assumptions are the underlying beliefs or accepted truths that shape the research process and inform the interpretation of results (Holmes, 2020). Assumptions are the foundation for research studies and provide a basis for the researcher's choice of research questions and methodology. Thus, assumptions are underlying beliefs about the investigated topic, the participants, and the research process. Assumptions are essential to identify and acknowledge because they can influence the results and interpretation of the study. By clearly stating the assumptions in any study, the researcher provides transparency and helps ensure the study's validity and credibility.

There are several assumptions made in this study. First, I assumed that university counselors face increased pressure and stress due to the surge in student mental

healthcare demand in the United States. This assumption is likely valid based on the expansive amount of academic literature globally highlighting the problem of counselor burnout. Second, I assumed that the perspectives of university counselors on this issue provided valuable insights and informed strategies to address the problem. A third assumption is that the participants were truthful in their responses, and that the data collected from the university counselors would accurately represent their experiences and perspectives.

Scope and Delimitations

The scope of a study refers to the size and the parameters within which a researcher conducts their study; delimitations refer to the limitations placed on the study to make it feasible and manageable (Yaacoba & Newberryb, 2019). I chose to delimit the study in three ways. First, I delimited the study to university counselors currently working in universities in the United States. Counselors work in many settings. I focused on documenting their experiences and perspectives on the challenges university counselors face and their suggestions for addressing the problem. Data collection was delimited to semistructured interviews with open-ended questions conducted with a sample of university counselors from various regions within the United States. Second, the study's time frame was delimited, as the study focused on the current situations and experiences of university counselors and did not consider historical data or trends. Third, the study was delimited to 8 to 15 counselors, which was sufficient to reach data saturation (Guest et al., 2020). Due to the small sample size, the findings of this study might be transferable to university counselors working in similar environments as those

who are interviewed for this study. Nevertheless, the results of this study provided valuable insights and recommendations that could inform future research and contribute to the development of effective strategies to address the challenges university counselors face.

There are also theoretical delimitations imposed on the study. I chose to delimit the conceptual framework of the study to include Adams' (2003) empowerment theory and Karasek's (1979) job demand-control (JDCA) model of job stress. Other theoretical models surrounding the idea of empowerment, including Dweck and Leggett's (1988) theory of the mindset, were not chosen for the study. The growth mindset details a way of viewing personal and professional setbacks (Dweck, 2006). Specifically, individuals with a growth mindset believe their abilities can be trained and improved to increase performance, whereas individuals with a fixed mindset do not (Dweck, 2006). I did not choose this theory as part of the conceptual framework because mindset theory in counseling usually applies to the individuals undergoing counseling (Larberg & Sherlin, 2021), not to the counselors themselves. In contrast, Adams' (2003) empowerment theory supports the notion of counselor self-empowerment to empower others. Similarly, I considered Lazarus and Launier's (1978) model of job stress as an alternative to Karasek's JDCA model. Lazarus and Launier's (1978) model posits that job stress is a product of transactions between an individual and their environment that can deplete physical and emotional resources. I chose to include Karasek's JDCA model rather than Lazarus' and Lanier's model because Karasek's JDCA theory accounts for an individual's perceived control over their environment and transactions. Thus, I delimited the study to

include a conceptual framework comprising Adams' (2003) empowerment theory and Karasek's (1979) JDCA model of job stress because I believe they were the most appropriate frameworks for the study.

Limitations

Limitations refer to factors that restrict the extent of the research findings and the generalizability of the results (Yaacoba & Newberry, 2019). Limitations can affect the validity and reliability of the study and may limit the researcher's ability to draw conclusions and make recommendations based on the findings. There are several limitations of the study. First, I gathered data from a small number of university counselors, potentially limiting the transferability of the findings (Hays & McKibben, 2021). I mitigated this limitation by ensuring the study met data saturation. If 15 interviews did not yield data saturation, I continued to conduct interviews until repeating thematic patterns were identified (Guest et al., 2020).

Selection bias may be a limitation, as counselors volunteering for the study may work in the same region of the country. In this case, the sample might not represent the general population of all university counselors in the United States. To mitigate this limitation, I chose participating counselors from various universities, including public and private universities, and continued sampling participants until I obtained a sample that represents geographical regions throughout the U.S. and various types of institutions to improve the transferability of findings to all university counselors in the U.S.

Third, data were collected using virtual interviews, which have several notable limitations. Virtual interviews can exclude individuals without technological competence

or access to an internet connection (Keen et al., 2022). Virtual interviews are also limited by internet connectivity, which can be unreliable (Gray et al., 2020). Finally, individuals alter their behavior based on interview modality, which limits a true assessment of nonverbal communication (Keen et al., 2022).

Researcher bias is another potential limitation of the study. I have personal and professional knowledge of the problem addressed by the study because I am a university counselor working with students during the COVID-19 pandemic, which might lead to researcher bias. I mitigated researcher bias by engaging in reflexivity protocols throughout the study. To this end, I journaled before and after each research-related event to ensure I understood my thoughts and predispositions during the research process (Luttrell, 2019).

Significance

The significance of this study was that it could promote positive social change for a critical issue facing universities and higher education institutions in the United States. The increasing demand for mental healthcare services among college students has put significant pressure on university counselors (Barkham et al., 2019; Son et al., 2020) who support students in need. Despite the growing recognition of this issue, there has been limited research on the perspectives of university counselors on the challenges they face, along with how they believe the university can address this problem. I filled that gap by exploring the experiences of university counselors and documenting their perspectives on ways to address the problem. This study could lead to an understanding of how to support university counselors. If properly supported, university counselors could provide better

counseling and support for students who are the next generation of leaders and entrepreneurs across fields of study, thereby providing a ripple effect. Thus, the impact of the study is positive social change.

This study offered important insights into managing this developing issue and highlighted university counselors' difficulties in responding to the expanding demand for mental healthcare services among students. Through the study, higher education institutions might learn how to support university counselors, who arguably need as much support as students (Bardhoshi & Um, 2021). The study could aid in enhancing support for these professionals and promoting their well-being by emphasizing the experiences and difficulties faced by university counselors. Notably, the study fills a gap in the body of literature by offering a distinctive and valuable perspective on the subject by concentrating exclusively on the viewpoints of university counselors on the topic. The study elucidates how universities can best serve students who require mental healthcare services, enhancing access to care and encouraging successful student outcomes. Finally, the study's findings might be used to ensure that students have access to quality mental healthcare services. University and higher education administrators could use the study's findings to inform policy and practice. Therefore, the study has potential implications for positive social change by identifying strategies to support university counselors so they, in turn, can support the growing number of students requiring mental health services.

Summary

The increasing demand for mental healthcare services among college students in the United States has put significant pressure on university counselors tasked with

supporting students in need. Despite the growing recognition of this issue, there has been limited research on the perspectives of university counselors regarding the challenges they face and how they can be adequately supported. Chapter 1 introduced the main problem addressed in the study: University counselors in the United States have been overwhelmed by the surge in student mental health care demand. I also discussed the purpose of the study, namely, to explore the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States, and to document their perspectives on ways to address this problem. I presented the research questions I used to address the study's purpose. Next, I discussed the nature of the study and the choice to employ a basic qualitative research design using semistructured interviews with open-ended questions with university counselors to interrogate their perspectives on their working conditions and ways to mitigate stress, fatigue, and burnout. Next, the chapter included a discussion of the essential definitions, assumptions, scope, delimitations, and limitations of the study. Lastly, I discussed the study's significance, which includes identifying interventions university stakeholders can implement to aid overwhelmed counselors. In Chapter 2, I present an exhaustive review of the academic literature surrounding the phenomenon of university counselors being overwhelmed by the continually increasing demand for their services.

Chapter 2: Literature Review

The COVID-19 pandemic transformed the landscape of higher education in the United States. The pandemic forced many university students to pursue their degrees at home in social isolation using virtual classrooms and online instruction (Parker et al., 2021). Many students reportedly struggled with online learning, stress, and social isolation, becoming overwhelmed both during the pandemic and upon their return to college campuses (Hoyt et al., 2021). This situation not only provided unique challenges to students but also for university counselors. The problem this study addressed is that university counselors were reportedly overwhelmed by the surge in demand for mental health care by university students (Bardhoshi & Um, 2021; Dimitropoulos et al., 2021). Therefore, the purpose of this qualitative dissertation was to explore the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States, and to document their perspectives on ways to address this problem.

In Chapter 2, I undertake an in-depth literature review to explore the perspectives of university counselors regarding the pervasive effects of the recent surge in mental healthcare requests from university students in the United States. The chapter begins with a discussion of the study's conceptual framework, which includes two theoretical foundations: Adams' (2003) empowerment theory and Karasek's (1979) job demand-control (JDCS) theoretical model of job stress. I then review the literature on key variables and concepts, such as counseling in a university setting, unique challenges to student mental health, and university counseling practices. I also examine recent

developments in university counseling practices and the effect of the surge in mental health demands on university counselors. Finally, I explore the medical repercussions associated with stress, burnout, and compassion fatigue among university counselors and share counselor experiences in dealing with these challenges.

Literature Search Strategy

I employed several strategies to conduct a successful literature review. First, I conducted a keyword search through the library to locate relevant content from articles in peer-reviewed publications. These sources resulted in a well-rounded context of the experiences of university counselors during and after the COVID-19 pandemic. I searched the *Education Source*, *ERIC*, *SAGE Journals*, and *ProQuest* databases using the following keywords: *university counselors*, *counseling practices*, *COVID-19*, *burnout*, *compassion fatigue*, *empowerment*, *job demands*, *job control*, *stress*, *counseling therapies*, and *interventions*.

Conceptual Framework

A conceptual framework is a theoretical model that is a systematic guide for comprehending and analyzing complex phenomena (Varpio et al., 2020). It offers a structured method for conceptualizing research problems and organizing and interpreting data. Conceptual frameworks aid researchers in formulating hypotheses and theories, selecting appropriate research methods, and interpreting findings (Varpio et al., 2020). The phenomenon under investigation is university counselors' experiences with increased demand for their services during and after the COVID-19 pandemic. The conceptual

framework for this study is based on two theories: Karasek's (1979) job demand-control-support (JDCS) model of job stress and Adams' (2003) empowerment theory.

Karasek's Job Demand-Control Theoretical Model of Job Stress

The first theory my conceptual framework is based on is Karasek's JDCS theoretical model of job stress, which proposes that job stress results from the interplay between job demands, job control, and social support in the workplace (Karasek, 1979). Job demands are defined as physical and psychological demands that are placed on the worker by their job (Bakker & de Vries, 2021), such as workload, time pressure, and emotional demands. Conversely, job control refers to the degree of autonomy or decision-making authority the worker possesses (Karasek, 1979). Job control encompasses the capacity to make work-related decisions, the freedom to take breaks when necessary, and the ability to choose an employee's work schedule. Lastly, social support is the availability of emotional and instrumental assistance from colleagues and supervisors (Karasek, 1979). Social support includes the support provided by coworkers and supervisors, including feedback, guidance, and encouragement (Karasek, 1979). Together, job demands, job support, and social support comprise a platform for understanding the job-related stress of employees.

A complex relationship exists between job demand, job control, and social support. Low job demand may lead to employee demotivation and low performance (Diamantidis & Chatzoglou, 2019). However, according to Karasek's (1979) JDCS model, high job demands, low job control, and low social support can result in elevated levels of job stress. In turn, job stress may detrimentally affect job performance and

mental health (Ornek & Esin, 2020). Thus, employers must balance imposing too little and too high job demands on employees for optimal performance. Furthermore, employees with high levels of job control and social support experience high job satisfaction, leading to increased performance (Foy et al., 2019; Giau et al., 2020). Thus, employers must be cognizant of how job demand, job control, and social support affect their employees' job performance.

Empowerment Theory

The second theory my conceptual framework is based on is Adams' (2003) empowerment theory. The fundamental premise of empowerment theory is that empowered individuals exhibit increased autonomy and a greater likelihood of taking action to improve their circumstances (Adams, 2003). Empowerment is multi-faceted and relies upon multiple critical factors, including access to resources and information, active participation in decision-making processes, and opportunities for skill development (Siegall & Gardner, 2000). Empowering individuals allows them to develop a positive outlook and exhibit increased confidence in their abilities to create change in their lives (Adams, 2003). In the context of employment, these factors describe high-job control, where an individual has a large degree of influence over employment-related decisions (Karasek, 1979).

Empowering university counselors through the principles of Adams' theory can enhance the delivery of mental health services to students. With the requisite resources and training opportunities, university counselors can develop the confidence and expertise to support students (Gergerich et al., 2019). Such empowerment can translate

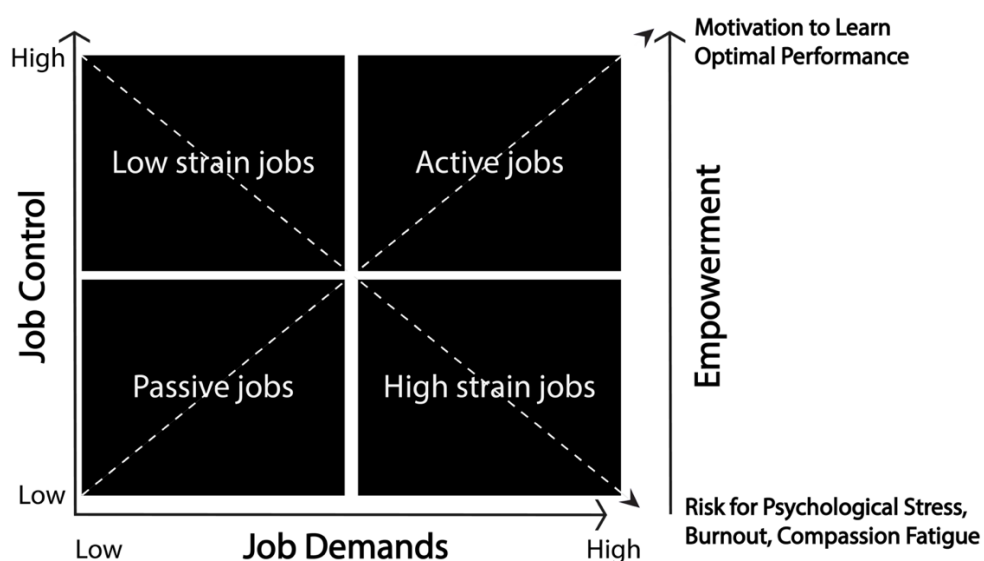
into better mental health outcomes for students, significantly improving universities' overall quality of mental health services. Empowerment can increase job satisfaction, motivation, enthusiasm, and self-assurance (Ahmed et al., 2022). These qualities, in turn, translate into a supportive and positive environment for students seeking mental health services, ultimately contributing to the university community's overall well-being and mental health.

Application of the Study's Conceptual Framework

I chose these two theories to underpin the analysis in the study because the combination of empowerment theory and the JDCS model of job stress might aid in understanding the experiences of university counselors in addressing the increased demand for mental health services among college students. Figure 1 depicts a schematic with the conceptual framework used in this study.

Figure 1

Conceptual Framework



Individuals working in high-demand jobs with low levels of job control, such as university counselors, are at risk for psychological stress, burnout, and compassion fatigue (Cordaro, 2020; Karasek, 1979). In contrast, individuals who work in high-demand jobs but have a high level of job control are more likely to be motivated to learn and have optimal job performance. However, even in high-demand environments, employers can increase job performance and motivation by empowering employees (Yin et al., 2019). In essence, it may be possible to mitigate the effects of high-stress jobs through employee empowerment. Therefore, understanding the job demands, job control, and empowerment of university counselors may shed light on mechanisms important for mitigating the adverse effect of the surge in demand for university counselors' services.

The theoretical foundations of this study are widely used in counseling, education, and related research. For example, Adam's empowerment theory was used to understand the role of employee empowerment in job satisfaction among employees from diverse sectors (Bianchi, 2018). The theory has also been widely used in social work and education (Adams, 2003) because empowering clients and communities enhances their quality of life. Applying Adams' empowerment theory to university counseling is a promising prospect for improving the delivery of mental health services to students. This approach emphasizes the cultivation of access to resources and information, active engagement in decision-making processes, and opportunities for skill development.

A holistic appreciation of counseling in the university environment requires combining Adam's theory with Karasek's JDCA model. Researchers have used Karasek's JDCA model to understand the job demands and job-related stress experienced by social

workers (Rosenberg & Bonsaksen, 2022) and other mental health professionals (Ruokangas et al., 2022). The JDCS model applies to university counselors. Following the COVID-19 pandemic, which lasted from March 2020 through May 2023, university counselors reportedly had increased job demands, coupled with low job control and social support (Ding, 2022). Therefore, the JDCS model can assist employers and researchers in understanding the connection between how workplace expectations, job control, and social support influence university counselors' well-being and job performance (Karasek, 1979). As such, combining Adam's empowerment theory and Karasek's JDCS model provides a valuable framework for understanding the intricate interaction between empowerment, job demands, and job control and their effects on job stress and mental health.

Literature Review Related to Key Concepts

The United States is experiencing an unprecedented demand for mental healthcare services among university students (Liu et al., 2022). This surge has placed a significant strain on university counseling centers, resulting in increased workloads for counselors (Hatchett, 2021). Various factors contribute to this surge in mental health concerns, including increased academic demands, social isolation, financial constraints, and uncertainty (Lederer et al., 2021). Extant literature has documented several key conceptual themes contributing to the surge in student mental healthcare demand, highlighting the multifaceted nature of this issue. According to the American Psychological Association (APA), the foremost mental health issues that afflict college students in the United States are anxiety, depression, and stress (APA, 2020).

Additionally, research substantiates the prevalence of mental health issues among college students, noting a progressive increase in mental health concerns over time (Gallagher et al., 2020). The decline in students' mental health then strains the university counselors tasked with helping them.

Stigmatization of mental health represents another complex variable contributing to the demand for mental healthcare services. Many students are reluctant to pursue mental health treatment due to the stigma surrounding poor mental health (Ibrahim et al., 2019). This stigma is ubiquitous, resulting from society's negative attitudes and perceptions regarding mental health (Wada et al., 2019). Systematic problems such as racism, misogyny, and discrimination may influence the demand for mental healthcare services. Indeed, disadvantaged students are more likely to have mental health problems, experience stigmatization, and are less likely to seek treatment (Chen & Connelly, 2019). The stigmatization of mental health can significantly impede care-seeking behaviors (Bergman & Rushton, 2023). Students may suffer from exacerbating symptoms, leading to delayed treatment and further complications (Ibrahim et al., 2019). Delay of treatment can burden university counselors unnecessarily, as students may only seek help when their situations become dire and require intensive treatment.

Inadequate resources are another significant factor contributing to the surge in demand for mental healthcare services. University counseling centers often face limited budgets, understaffing, and insufficient resources (Lattie et al., 2019). Lack of resources and available counselors may result in extended wait times for students seeking care and reduced quality of services (Moroz et al., 2020). Additionally, the COVID-19 pandemic

has placed further strain on counseling centers' resources as transitioned to online counseling and managed increased demand (Tuna & Avci, 2023). Thus, the surge in student mental healthcare demand in the United States is influenced by the prevalence of mental health issues among college students, stigmatization of mental health, and inadequate resources. Effective interventions to address this issue must be comprehensive and targeted, beginning with supporting university counselors.

The remainder of this literature review examines counselors' experiences working in university settings. After introducing this topic, I review university counselors' unique challenges in addressing student mental health concerns. Next, I evaluate university counseling practices to highlight the job demands, job control, and social support of university counselors. In the second main section of the literature review, I examine the effect of the mental health surge among university students on their counselors. This section includes a discussion of job demands, stress, burnout, and compassion fatigue. Finally, I examine the repercussions of the surge in mental health demand among university students on counselors.

Counseling in a University Setting

Counseling is a verbal treatment technique that seeks to improve people's emotional health and support them as they navigate life's problems (Lambie et al., 2019). University counseling is a specialized type of therapy that addresses the demands of college students by focusing on students' stressors related to higher education, including academic demands, social pressures, and adjusting to adulthood (Lambie et al., 2019). University counselors also consider students' cultures and social environments to offer

students comprehensive assistance. Counselors often collaborate with other university services, including academic advisers and health services, to support students (Levy & Lemberger-Truelove, 2021). Therefore, university counselors must operate within a complex, intricate, and specific environment tailored to the unique needs of students. In this way, university counseling represents a distinctive therapeutic approach designed to cater to college students' unique mental health demands.

The COVID-19 pandemic significantly affected the mental well-being of students pursuing higher education, resulting in a surge in demand for mental health services on college campuses (Salimi et al., 2023; Zhai & Du, 2020). For example, Kecojevic et al. (2020) conducted a survey-based cross-sectional study of New Jersey undergraduate students investigating aspects of their mental health during the COVID-19 pandemic. Several students in the study reported high levels of mental health distress, including high levels of depression, anxiety, and difficulties focusing on academic work. Many of the students in the Kecojevic et al. (2020) study reported seeking help from online university counseling services. In a related study, Rackoff et al. (2023) examined students' responses to teletherapy, and virtual mental health services offered by universities during the COVID-19 pandemic. In the study, 585 college students with moderate to high stress levels were randomly assigned to either receive a referral to usual care or online cognitive behavioral therapy (CBT) to support resilience and coping strategies. Participants completing the online self-help treatment experienced significantly lower levels of stress and depression compared to participants in the referral group. The studies by Kecojevic et al. (2020) and Rackoff et al. (2023) underscored the significance of university counseling

in responding to college students' mental health requirements, particularly during and after the COVID-19 pandemic. These studies suggest a need for personalized interventions and virtual services to address college students' escalating demand for psychological support.

University counseling is a distinct form of therapy that recognizes university students' cultures and backgrounds. Cultural competence is an important facet of university counseling. Hines et al. (2022) examined the culturally responsive practices used by school counselors to promote Black males' readiness for their prospective careers. The counselors interviewed noted that Black male students were more likely to seek help from counselors of the same race and gender. These findings suggest that colleges can enhance the efficacy of mental health services by facilitating the cultural matching of students with counselors. Other researchers also highlighted the importance of cultural competence. For example, interviews of university students showed that creating an inclusive campus environment fostered mattering, feelings of value, and connectedness, and enhanced students' psychological well-being (Flett et al., 2019). Thus, incorporating cultural competency into counseling services allows counselors to provide effective support and promote the overall well-being of college students.

University counselors were challenged to provide holistic assistance to students during the COVID-19 pandemic, which required new interventions and increased interaction with multiple campus agencies. For example, Pincus et al. (2020) interviewed university counselors to investigate the methods they used to respond to students' needs during the pandemic. The authors found that counselors used solution-focused brief

counseling, a technique that focuses on outcomes rather than the perceived problem, and CBT to help students develop resilience and coping strategies and mitigate academic stress. Pincus et al. (2020) also found that counselors who collaborated with academic advisors and health services treated students more effectively than those who did not, as evidenced by reductions in students' stress levels. These findings are congruent with those of other researchers. For instance, Harris et al. (2022) found that students with high academic achievement collaboratively used multiple supportive campus agencies, including counseling, academic advising, and the student health clinic. The findings underscore the significance of interprofessional collaboration between counselors and other university practitioners to guarantee that students have the support required to excel academically and maintain their mental well-being. By working together, counselors, academic advisors, and other campus support systems comprehensively assist students in overcoming academic, social, and emotional challenges.

Unique Challenges to Student Mental Health

Within higher education, students confront significant challenges related to mental health. The stress of academic demands and social isolation are widely acknowledged impediments to student success (Leal Filho et al., 2021). However, several additional factors can substantially affect students' mental well-being, such as financial pressures and experiences of discrimination (Baker & Montalto, 2019). To comprehensively address students' mental health, counselors should consider these additional challenges and develop strategies to ameliorate them.

Many university students experience academic stress, which can negatively affect academic performance and well-being, especially during times of crisis like the COVID-19 pandemic. For example, Clabaugh et al. (2021) surveyed university students about various factors, including their perceptions of COVID-19, academics, and stress, and assessed students' pandemic-related behaviors, locus of control, and neuroticism. The students reported high academic uncertainty, significant stress, and difficulty coping, outcomes that correlated with high levels of neuroticism and an external locus of control. Notably, these findings are not unique to students in the United States. Lili et al. (2022) quantitatively surveyed Indonesian medical students, finding that the students experienced high stress and anxiety levels, with almost a third reporting depressive symptoms related to academic stress. Similarly, using quantitative methods, Posselt (2021) found that students who perceived their academic program as highly competitive were significantly more likely to experience mental health issues than students who did not. Thus, university counselors' must be proficient in helping students mitigate the harmful effects of academic stress.

Academic stress and burnout have social components that university counselors are uniquely poised to understand and access. Kundu (2019) interviewed low-income racial minority strivers who experienced burnout and withdrew from their academic programs. The students interviewed indicated that individual-level interventions, such as stress-management techniques, were helpful but overlooked social and structural factors contributing to burnout. Notably, Jones et al. (2020) found that students engaging in CBT facilitated by university counselors reported having lower anxiety, less academic distress,

and more support than their peers who did not seek counseling. These findings suggest that universities should promote community and belonging to empower students and effectively support this demographic. Fashioning environments conducive to student success involves conceptualizing and operationalizing strategies and interventions that address the dynamic intersectionality of individual, social, and structural factors affecting student mental health. University counselors stand at a critical juncture in achieving this goal by fostering academic attainment and engendering a holistic culture within the university community.

Several studies indicated that financial stress significantly affects university students' mental health. There is a direct link between financial stress and psychological discomfort among college students (Cadaret & Bennett, 2019). According to Poplaski et al. (2019), financial pressure is also related to university students' self-reported physical health, compounding adverse mental health. The authors conducted a quantitative study of 232 students from a major Midwestern university correlating financial attitudes, behavior, and knowledge with mental health. They found that students experiencing high financial stress were prone to unhealthy coping strategies, including smoking and alcohol consumption. Similarly, Bianchi (2018) qualitatively explored the relationship between financial stress, mental health, and academic performance among students in a large private institution. Participants experienced significant financial pressures related to tuition, textbooks, and living expenses, with some expressing concerns regarding fundamental needs like food and shelter. These studies suggest a direct correlation between financial stress and adverse mental health outcomes such as anxiety, depression,

and hopelessness, which could prompt maladaptive coping mechanisms. Moreover, these findings suggest the need for campus-based support programs and counseling for students struggling financially, underscoring the need for university counselors.

Discrimination and prejudice adversely affect students' mental health in higher education. Posselt (2021) performed a quantitative study of 20,888 college students at 69 universities, investigating the association between racial discrimination, prejudice, and mental health outcomes among college and graduate students. The authors found that graduate students subjected to frequent racial discrimination were 2.3 and 3.0 times more likely to screen positive for depression and anxiety, respectively, than those who never experienced discrimination. In addition, gender and sexual discrimination, like racial discrimination, adversely affected university students. For example, Lund and Ross (2021) quantitatively examined how college students with disabilities experienced peer victimization based on their sexual orientation and gender. Students identifying as lesbian, gay, bisexual, transgender or queer, or with disabilities had significantly higher victimization rates than heterosexual students and students without disabilities, as indicated by correlation and regression analysis. Victimization was also correlated with poor mental health outcomes. These results were not limited to students with disabilities. Notably, Billingsley and Hurd (2019) found that underrepresented college students facing discrimination experienced poor academic performance and mental health outcomes. These results collectively highlight the pressing need for educational institutions to address discrimination and prejudice on their campuses, foster a sense of inclusivity, and create a supportive learning environment that promotes all students' mental health and

overall well-being. Thus, a university counselor in this setting could help students mitigate the harmful effects of discrimination by helping students find supportive community groups and effective coping techniques.

Numerous studies have established that social isolation is another significant challenge for students' mental health. For example, Suwinyattichai and Johnson (2022) surveyed 907 Latino first-generation students to evaluate the relationship between social support, stress, and depression. The authors found that family social support negatively correlated with stress and depression, suggesting that social support can mitigate stress and depression. Similarly, social support from friends had a negative relationship with social isolation. However, counseling may mitigate some of the effects of social isolation. For instance, Savarese et al. (2020) found that students using online counseling services during the COVID-19 lockdown experienced less psychological discomfort than their non-using peers. These findings are congruent with those of Birmingham et al. (2021), who identified social isolation during the COVID-19 pandemic as the most prevalent difficulty faced by university students, detrimentally affecting students' mental health and overall well-being. These results demonstrate the urgency for educational institutions to provide students with the necessary support and resources to combat social isolation and mitigate its adverse effect on mental health. These findings further suggest that university counselors are critical in promoting students' psychological well-being.

University Counseling Practices

University experience presents students with many personal, social, and academic challenges (Muir et al., 2019). University counselors are uniquely poised to aid students struggling with academic stress, financial stress, discrimination, prejudice, and social isolation (Ortiz & Levine, 2021). Notably, university counselors are versed in counseling practices that can aid students in overcoming challenges unique to the university environment (Elliott, 2020). In this subsection, I examine counseling practices used by university counselors to address these challenges. By exploring the available support and access methods, I highlight the benefits of counseling in promoting the well-being and success of university students. Counselors help students manage stress and anxiety by offering support, psychoeducation, teaching mindfulness (Dorais & Gutierrez, 2021), and using CBT interventions (Nair & Otaki, 2021).

University counselors teach students mindfulness practices to mitigate stress and anxiety. Recently, mindfulness practices have garnered considerable traction as a viable approach to reducing stress and anxiety among individuals (Dorais & Gutierrez, 2021; Kirk et al., 2022; Weis et al., 2021). University counselors have progressively integrated mindfulness practices into their portfolio of services to assist students in coping with their anxiety and stress. For instance, Assumpcao et al. (2019) investigated the efficiency of mindfulness-based cognitive therapy in addressing depression, anxiety, and stress symptoms in college students. Students receiving mindfulness training had significantly reduced school-related stress compared to students engaging only in talk therapy. In a related study, Beerse et al. (2019) found that technology-assisted art therapy significantly

alleviated undergraduate anxiety and stress levels. These studies suggest that various modalities of mindfulness practices taught by university counselors aid in reducing stress and anxiety levels among university students. Mindfulness practices delivered through diverse modalities effectively reduce anxiety and stress levels among university students (Bamber & Schneider, 2022). University counselors are progressively adopting these approaches to teach mindfulness practices, thereby reducing anxiety and stress levels in the university population.

University counselors use CBT to aid students struggling with stress, anxiety, and depression. For instance, Bantjes et al. (2021) investigated the effectiveness of a web-based group CBT intervention among university students, finding significant reductions in anxiety and depression in this population. Cook et al. (2019) designed a web-based CBT intervention for students prone to rumination. The authors found the therapy to be efficacious in reducing stress levels and curbing depression among high-ruminating university students, potentially addressing the heightened risk of depression in this population. Lastly, Ezegbe et al. (2019) explored the influence of CBT interventions on anxiety and depression among social science students to address the elevated prevalence of mental health difficulties in this population. The study's findings indicated that the CBT intervention reduced anxiety and depression. One potential limitation of these studies is the lack of a control group for comparison of intervention efficacy (Bantjes et al., 2021; Cook et al., 2019; Ezegbe et al., 2019). Despite this limitation, these results provide evidence for the effectiveness of CBT interventions, whether delivered in person or through web-based platforms, in reducing symptoms of stress, anxiety, and depression

in university students. Therefore, CBT interventions can be a critical tool for university counselors supporting students who are struggling with stress, anxiety, and depression.

Group counseling is a common practice in university counseling services and has proven effective in supporting students' mental health. For example, Pashak et al. (2022) found that group counseling is an essential component of a comprehensive university counseling program and can be helpful to students who may feel more comfortable seeking support in a group, rather than an individual setting. Similarly, Markin et al. (2021) investigated the experiences of pregnant college students, finding that group counseling is preferred by these clients over individual counseling. The authors noted the importance of creating a supportive and inclusive environment in group counseling sessions and tailoring interventions to this population's unique needs and experiences. Other researchers have also found that group counseling is beneficial to university students. For instance, Rith-Najarian et al. (2019) conducted a systematic review to evaluate programs used to mitigate depression, anxiety, and stress among university students. The study evaluated 25 programs that used diverse intervention methods, including group therapy. The authors found that group counseling effectively alleviated anxiety and stress symptoms in college students. One conclusion of the study was that group counseling was most effective when customized to cater to university students' specific needs and challenges (Rith-Najarian et al., 2019). By using group counseling as a practice in university settings, counselors can provide a safe and supportive space for students to share their experiences and receive peer support.

In summary, university counseling centers use various techniques tailored to the needs of college and university students. They include different therapies, including individual counseling, group therapy (Rith-Najarian et al., 2019), and CBT (Bantjes et al., 2021; Cook et al., 2019; Ezegbe et al., 2019). These strategies aid students in enhancing their mental health and general well-being. In this subsection, I examined the use and efficacy of these counseling techniques. To ensure that university students have the necessary help to succeed, counselors can enhance their skills and methods by incorporating new research and ideas into their counseling practices (Yu, 2023). Therefore, I examined recent developments in university counseling practices in the next section of this literature review.

Recent Developments in University Counseling Practices

University counseling practices are in a constant state of flux, with novel approaches evolving to meet the changing needs of students. Recent research studies have focused on integrating technology (Lattie et al., 2019), cultural sensitivity (Grier-Reed & Ajayi, 2019), efficient organizational structures (Mitchell et al., 2019), and the application of artificial intelligence to enhance student counseling therapies (Yang & Talha, 2021). Given students' growing demand for mental health services, these advancements may be pivotal for allowing university counseling centers to provide exceptional and equitable care to all students.

The field of university counseling has significantly changed, with technology emerging as an essential aspect of mental health services. For instance, Weis (2021) used semistructured interviews to investigate university students' perceptions of online

counseling. Weis (2021) found that students generally found online therapy to be convenient, but they also expressed concerns related to privacy and confidentiality. Thus, technology provides increased access and engagement with mental health services but, at the same time, raises concerns about privacy and data security. In a similar study, Stoll et al. (2020) interviewed university students to understand their perceptions of technology-based therapies. The participants in the study expressed concerns regarding confidentiality and therapeutic boundaries. Thus, technology provides increased access and engagement with mental health services but, at the same time, raises concerns about privacy and data security. Notably, university counselors also expressed concerns regarding student confidentiality when interviewed about their perceptions of online counseling (Khan et al., 2022). These findings indicate that university counselors can leverage technology to enhance mental health services in universities if provisions are in place to adhere to ethical guidelines and privacy regulations. Therefore, university counselors should stay abreast of the latest technological advancements and ethical guidelines to provide high-quality and effective mental health care to college and university students.

Recently, there has been a growing emphasis on integrating culturally responsive methodologies into university counseling practices. Grier-Reed and Ajayi (2019) investigated the integration of humanistic principles and techniques into a culturally responsive therapeutic intervention for African American undergraduate students at a predominantly White institution in the United States. The study participants highlighted cultural differences that counselors should recognize and address to provide relevant

interventions for minority students. Similarly, Peters et al. (2020) used a grounded theory approach with 18 counselors in higher education to explore the concept of socially equitable and culturally responsive leadership within counseling. The participants in the study discussed ways that socially equitable and culturally responsive approaches mitigate disparities in mental health care by promoting the well-being of diverse student populations (Peters et al., 2020). Both studies underscored the significance of integrating cultural proficiency into university counseling practices to ensure equitable and effective mental health care delivery for students. Therefore, counselors should receive cultural competency training and regularly evaluate and adapt their approaches to the needs of their student populations. Such an approach enables counselors to offer personalized and effective mental health care that recognizes and addresses students' unique cultural backgrounds and experiences, potentially leading to improved mental health outcomes regardless of ethnic or cultural identity.

Recent developments in university counseling practices emphasized the counseling centers' management and administration. For instance, Mitchell et al. (2019) investigated effective organizational structures contributing to the success of university counseling centers. The authors found that effective leadership, clear communication, and collaboration with other campus departments were critical factors in providing high-quality mental health services to students. Notably, these factors also have implications for the perceived job stress of university counselors, a component of this study's conceptual framework. For example, ineffective leadership and lack of clear communication can lead to unclear job demands and a lack of job control (Guthier et al.,

2020). Some university counseling centers are leveraging artificial intelligence (AI) to manage their caseloads. Yang and Talha (2021) examined the potential of AI in optimizing student management in college counseling centers. The authors proposed a synchronized and optimized system using an AI algorithm to analyze student data and provide personalized counseling services. The study showed that AI can enhance the quality and accessibility of mental health services for students by aiding clinicians in triaging students according to exigent needs. These findings underscored the importance of effective organizational structures and the integration of innovative technologies in counseling centers to meet the needs of diverse student populations. University counseling centers should continually evaluate and modify organizational structures to ensure effective service delivery. Integrating technology can lead to personalized and accessible mental health services for students.

In conclusion, the most recent advancements in university counseling practices emphasize the crucial role that technology (Yang & Talha, 2021), cultural sensitivity (Grier-Reed & Ajayi, 2019), and efficient organizational structures (Mitchell et al., 2019) play in optimizing mental health services for students. These findings highlight the value of continual training and evaluation for counselors' to ensure they have the skills and knowledge necessary to serve the needs of various student demographics. One way university counseling centers can mitigate the job-related stress of counselors is by adopting new practices and continuing training.

Effect of the Mental Health Surge on University Counselors

The surge in mental health concerns among college students has increased the demand for mental health services, increasing the workload and expectations of university counselors (Bardhoshi & Um, 2021; Raudenská et al., 2020). Gay and Swank (2021) examined the effects of the COVID-19 pandemic on university counselors' practicum and internship experiences. The counselors reported experiencing frustration and anxiety, needing to work additional hours to meet the demands of their student population. The counselors' also reported difficulties making meaningful connections with their students, which furthered the need for increased time with students, increasing stress and fatigue.

Counselors have reported mixed perceptions regarding the surge in mental health demand. For instance, Jones and Pijanowski (2023) interviewed counselors nationwide to evaluate their workload and work-life balance. Some respondents felt satisfied with their work, but others reported higher stress levels and lower work-related motivation due to pandemic-mediated changes in the workplace. Thus, some university counselors expressed a diminished desire to work with students and a reluctance to collaborate with their colleagues (Jones & Pijanowski, 2023); these findings are congruent with those of Gay and Swank (2021). Therefore, multiple studies suggest that some school counselors acutely experience the effects of the increasing workload and work-life imbalance, contributing to the emergence of psychological and physical problems, including stress. Notably, some, but not all, of the counselors in A. Jones and Pijanowski's (2023) study reported increased levels of stress, perhaps suggesting the presence of mediating factors.

Other work suggests that protective factors could include years of work experience (Litam et al., 2021), resilience, and compassion satisfaction (Browning et al., 2019). On the other hand, risk factors include stress and fatigue, which may lead to physical health concerns, including diabetes (Bayes et al., 2021), cardiovascular disease (Wood et al., 2021), and hypertension (Bayes et al., 2021), with potentially serious and protracted medical repercussions. Therefore, determining the influence of the mental health crisis on university counselors, the risk factors involved, and any possible effects on their health and well-being are vital.

This subsection included a discussion of the effects of the mental health surge on university counselors and the associated risk factors. How growing job demands affected university counselors' workloads, leading to more extended workdays with concomitant stress, burnout, and compassion fatigue were also discussed. Next, I evaluate work-life balance among university counselors.

Job Demands

The field of school counseling has long recognized that job demands and resources can affect counselor burnout, job satisfaction, and overall performance. Job demands are the elements of one's employment that require persistent physical or mental effort and expense (Bakker & de Vries, 2021). Employees may experience physical, psychological, social, or organizational effects associated with high job demand (Lesener et al., 2019). Physical symptoms of high job demands may include tension (Norful et al., 2021), exhaustion, burnout, and anxiety (Bakker & de Vries, 2021). Individuals experiencing these symptoms may experience severe job dissatisfaction (Ilfie &

Manthorpe, 2019) or require additional sick leave, influencing organizational costs for hiring and training new employees. Thus, increased job demands can be expensive for employees, their families, and employers.

Within social work, Bardhoshi and Um (2021) conceptualized job demands as workload, role conflict, and emotional demands. In the context of university counseling, workload defines the volume and rigor of the tasks that school counselors must complete, including the number of students for whom they are responsible and the complexity of those students' problems (Mullen et al., 2021). Role conflict involves circumstances where school counselors must balance competing or opposing demands, such as prioritizing students' needs while meeting demands from the school administration (Bardhoshi & Um, 2021). Finally, the level at which school counselors must control their emotions in response to complex student situations is called emotional demands (Pincus et al., 2021). School counselors' are sometimes exposed to intense emotional demands during their employment, as they must objectively treat patients who may have extreme emotions or have experienced trauma (Simpson et al., 2019). These factors, when combined, can lead to extreme cases of emotional exhaustion if counselors do not properly practice self-care and have an appropriate work-life balance.

Understanding how job demands and resource interactions affect school counselor burnout has garnered more attention in recent years. For example, Bardhoshi and Um (2021) found that job demands were positively connected to school counselor burnout. Specifically, school counselors experienced higher degrees of emotional weariness and depersonalization and decreased perceived personal accomplishment when pressured by

increasing job demands. These findings are congruent with research in other care-related employment. For example, healthcare workers showed similar trends in emotional exhaustion when exposed to higher-than-normal workloads; these workloads reportedly increased their risk of suicide (Brock, 2022). Similarly, a study surveying 1,008 French healthcare professionals demonstrated that healthcare providers underwent depersonalization in response to high job demands, low job control, and low social support (Bianchi et al., 2018). These negative consequences only underscore the need to understand how different aspects of job demands affect university counselors.

Increased Working Hours. Standard working hours for many university counselors may differ depending on the region, state, or type of university. The American School Counselor Association (ASCA) advised that university counselors' should have a moderate workload, defined as having fewer than 350 direct service hours annually, encompassing individual and group counseling and consultation with administrators. For university counselors, the student-to-counselor ratio in American universities varies based on the type of school and degree of study. The American School Counselor Association (ASCA) recommended a student-to-counselor ratio of 1000:1 (Grossman, 2019). However, in a report by the National Alliance on Mental Illness (NAMI), only 19% of public universities in the United States met the International Association of Counseling Services' recommended ratio of one counselor for every 1,000 to 1,500 university students (Sheehan, 2020). It is essential to note that this ratio excludes other mental health specialists or campus services, only underscoring the increased workload experienced by university counselors.

In recent years, counselors' work hours have expanded, particularly since the onset of the COVID-19 pandemic in March 2020 (Tuna & Avci, 2023). The need for mental health services escalated, and school counselors quickly adjusted to the increased need for counseling and new technologies, including telehealth (Pedroso et al., 2022). As a result, school counselors admittedly work more hours per month, with some reporting that they are constantly on call to help students and faculty experiencing mental health issues and crises (Fye et al., 2020; Tuna & Avci, 2023). The demands placed on school counselors' during and after the COVID-19 pandemic which lasted from March 2020 through May 2023, necessitate more assistance and resources to allow counselors' to manage their jobs efficiently.

Increased workloads directly influence university counselor stress, burnout, and job dissatisfaction. Long hours significantly increased counselors' burnout and attrition risk (Cantu et al., 2022; Disney & Purser, 2022). For example, Mullen et al. (2021) studied how school counselors' job satisfaction, stress levels, and burnout were affected by lengthy workdays. The authors found that extended work hours, defined in the study as any additional time spent working on weekends, evenings, or during the summer, are strongly connected with burnout (Mullen et al., 2021). This increase in work hours could indicate less time for counselors to practice self-care and stress management (Rokach & Boulazreg, 2020). Thus, research highlighted the need to consider how increasing work hours could influence school counselors' well-being.

Although school counselors must be available to their clients, longer work hours may be harmful if they result in higher stress, burnout, and job discontent. Interventions

to decrease the adverse effects of extended working hours for school counselors may include time management strategies (Aydin & Karaman, 2021), increased administrative assistance (Supriyanto et al., 2020), and campaigns to promote stress reduction and self-care. Personal and organizational interventions can assist school counselors in controlling their workload, thereby fostering improved mental health outcomes (Stuber et al., 2021). However, the most effective ways to mitigate the increased work hours experienced by counselors remain to be elucidated. More research is required to fully comprehend the intricate interactions between working conditions, job expectations, and other elements affecting school counselors' well-being.

Work-Life Imbalance. Work-life balance alludes to the state of equilibrium that one can achieve between their professional and personal existence (Marques, 2021). Work-life balance entails managing commitments and obligations in both aspects so neither area overpowers the other (Blasetti, 2020). Acquiring an adequate work-life balance has become a priority for many individuals (Sarker et al., 2021). A robust work-life balance brings several benefits. First, it mitigates stress and burnout (Marques & Berry, 2021). Second, a proper work-life balance allows individuals to spend quality time with their family and friends, pursue their interests and hobbies, and care for their physical and mental well-being. Moreover, work-life balance stimulates employment productivity, as individuals are more likely to be driven and attentive when they feel fulfilled in their personal lives (Sarker et al., 2021). Thus, achieving a proper work-life balance has robust benefits for both employees and employers.

Achieving a healthy work-life balance can be addressed from several perspectives. Effective time management helps individuals prioritize their duties and provide sufficient time for their professional and personal responsibilities. For instance, Marques & Berry (2021), performed a correlation analysis to explore the links between time management, work-life balance, and counselor burnout, finding that counselors who practiced efficient time management had much better work-life balance and reduced burnout levels. Specifically, counselors who effectively prioritize and control their time could devote sufficient time for self-care, recreational activities, and personal duties, resulting in a more balanced life and lower burnout. The study's outcomes imply that counselors can improve their general well-being and prevent burnout by employing efficient time management practices. These findings are congruent with other studies in the literature suggesting that time management positively correlates with work-life balance (Haar & Harris, 2021; Hsu et al., 2019). These studies suggest that training and practicing efficient time management skills in counseling promotes a healthier work-life balance and can minimize burnout.

Individuals can maintain a healthy work-life balance by setting limits and learning to politely refuse work obligations when required. Effective communication skills are integral to maintaining favorable employer-employee relations, especially concerning communication about appropriate workloads (Roopavathi & Kishore, 2020). Communication is the backbone of the counseling profession, and one solution to finding a favorable work-life balance is to exercise intrapersonal communication and interpersonal communication with colleagues and superiors. For instance, Adisa et al.

(2022) examined the influence of the COVID-19 pandemic on employees' boundary management and work-life balance. Through a survey of 240 employees in Nigeria, the study found that the pandemic resulted in a considerable amplification in employees' diffusion of work and personal boundaries. Nevertheless, the authors found that employees who proactively communicated with their employers regarding their work-life balance encountered a reduced workload and an amelioration in their work-life balance. Similarly, a study that surveyed 401 employees to evaluate work-nonwork and nonwork-work segmentation indicated that employees who communicate with employers regarding work-life balance had better boundary management at home and work (Reinke & Gerlach, 2021). Thus, the research emphasizes the necessity of employee-employer discourse in fostering a salubrious work-life balance.

Studies suggest that when work-life balance becomes imbalanced, short-term, and long-term negative consequences could become dire if not adequately addressed. Hawkins et al. (2019) elucidated factors that affected the work-life balance of school counselors, finding that excessive workload, inadequate resources, challenging student behaviors, and a lack of administrative support negatively influence their work-life balance. The authors further highlighted the importance of self-care practices for school counselors in maintaining a healthy work-life balance. Specifically, exercise, meditation, mindfulness, and leisure activities were effective stress-reduction and well-being-promoting self-care techniques. These findings are congruent with other studies that show that these activities promoted a healthy work-life balance among counselors (Amin et al., 2020a; Blake, 2021).

Stress, Burnout, and Compassion Fatigue

The quality of the counseling services offered to students depends on the school counselors' mental health and well-being. However, school counselors routinely experience various pressures, such as student needs and complicated caseloads, which can result in stress, burnout, and, in extreme cases, compassion fatigue (Holman et al., 2018; Mullen et al., 2021). Mullen et al. (2021) surveyed 433 school counselors in the United States and found that counselors with higher student caseloads reported heightened levels of job stress, burnout, and compassion fatigue. Specifically, the study found that counselors with caseloads surpassing 400 students were more prone to emotional exhaustion, depersonalization, decreased personal achievement, and lower job satisfaction. Therefore, it is critical to comprehend the organizational and individual elements contributing to high stress, burnout, and compassion fatigue among school counselors.

Stress. Stress is a response to environmental or internal demands that surpass an individual's adaptive capacity, which activates a series of cognitive, emotional, and physiological changes that aim to prepare the individual for coping with perceived threats or challenges (Kwasnicka & Sanderman, 2020). Stress changes arousal, attention, perception, cognition, emotion, behavior, and physiology (Kwasnicka & Sanderman, 2020). Notably, stress can positively and negatively affect an individual's well-being and performance, depending on the nature, intensity, and duration of the stressor, as well as the individual's coping resources and strategies (Updegraff & Taylor, 2000). Indeed, under the right conditions, stress can have a productive effect on performance by

heightening an individual's awareness and acumen (Dhabhar, 2019). However, in extreme cases, prolonged stress can lead to cognitive breakdown and a lack of resiliency (Manchia et al., 2022). Thus, achieving a proper balance of stress is imperative to employee performance.

Numerous studies investigated the effect of the COVID-19 pandemic on school counselors' stress. University counselors experience work-related stress, with unrealistic job demands being the most significant contributor to employment stress (Walker et al., 2023). Even before the onset of the COVID-19 pandemic in March 2020, researchers noted that school counselors' encountered significant stress in their daily work, leading to burnout and negatively affecting their mental health and job performance (Mullen et al., 2021). School counselors reportedly encounter unique stressors, such as high caseloads, limited resources, and complex student needs (Mullen et al., 2021). The COVID-19 pandemic only heightened these stressors. In particular, Litam et al. (2021) quantitatively surveyed 283 counselors', finding that the pandemic escalated stress about workload, job demands, and emotional exhaustion. Thus, the stress associated with high job demands is not a new problem, and finding effective interventions to mitigate stress in university counselors remains imperative.

Burnout. Stress appears to be inextricably linked to burnout in individuals working in care- and service-based professions. The World Health Organization (2019) defines burnout as:

A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: (a)

feelings of energy depletion or exhaustion, (b) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and (c) reduced professional efficacy (p 1).

Burnout causes overwhelming, frustrating, and hopeless sentiments, further heightening anxiety (Cunningham et al., 2021). Moreover, individuals experiencing burnout may withdraw from social situations, making it difficult to strike a healthy work-life balance and isolating the individual, which attenuates psychological symptoms (Lamprinou et al., 2021). On an organizational level, burnout reportedly leads to decreased productivity, missed deadlines, and lower-quality work (Williams, 2021), negatively influencing the organization's general operations and job security for the affected individual (Üngüren et al., 2021).

Burnout is a complex psychological state often characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is feeling emotionally drained and overwhelmed, often resulting from chronic job stressors, whereas depersonalization involves negative attitudes toward clients or coworkers, resulting in detachment and a lack of empathy. Reduced personal accomplishment involves diminished achievement or success in one's work (Guseva-Canu et al., 2021; Wekenborg et al., 2019). Burnout is typically associated with prolonged exposure to work-related demands and chronic stress, often leading to decreased motivation and effectiveness at work (Guseva-Canu et al., 2021). It is a prevalent issue affecting individuals in various professions, including healthcare, education, and social services (Guseva-Canu et al., 2021).

There appears to be a relationship between individual and organizational factors leading to and influencing university counselor burnout. For example, Yang and Hayes (2020) identified several factors that affect university counselor burnout, including a lack of job resources, limited autonomy and control, inadequate training and supervision, and high caseloads. This study also found that personal factors, such as perfectionism, self-criticism, and difficulty with work-life balance, can contribute to burnout in university counselors. Notably, these individual factors can interact with environmental factors, such as high workload and challenging client populations, to increase the risk of burnout among university counselors. Indeed, Yang & Hayes (2020) examined the link between occupational stress and burnout in novice therapists, finding that lack of professional support and social interconnectedness negatively correlated with occupational stress and burnout. Thus, efforts to reduce burnout among school counselors must focus on personal and organizational factors influencing the phenomenon.

Compassion Fatigue. Many school counselors strive to achieve compassion satisfaction, a positive aspect of the caregiving experience that refers to the pleasure and fulfillment of helping others (Jarrad & Hammad, 2020). As the name suggests, compassion satisfaction is a sense of satisfaction or accomplishment derived from caring for others, particularly in the face of adversity or suffering (Kelly et al., 2021). Compassion satisfaction is often associated with positive emotions such as joy, gratitude, and a sense of purpose and can serve as a protective factor against burnout (Jarrad & Hammad, 2020). However, repeated stress and unrealistic job demands and expectations

can mitigate the protective effects of compassion satisfaction, leading to a progressively detrimental state of mind called compassion fatigue.

According to Henson (2020), compassion fatigue is a multifaceted construct characterized by the depletion of emotional, physical, and spiritual reserves that may arise from providing care or support to individuals undergoing traumatic experiences or suffering. Henson (2020) clarified that those individuals in care-based professions experience compassion fatigue. The gradual decline in empathy and compassion that characterizes compassion fatigue can result in feelings of helplessness, personal insufficiency, and emotional exhaustion (DuBois & Mistretta, 2019). Individuals experiencing compassion fatigue may also manifest other deleterious effects such as irritability, depression, anxiety, headaches, and insomnia (Henson, 2020). Unfortunately, there have been increasing reports of compassion fatigue in university counselors (Cordaro, 2020; DuBois & Mistretta, 2019).

The causes of compassion fatigue in university counselors have been the subject of many recent research studies. Researchers have linked compassion fatigue in university counselors to high job expectations (Litam et al., 2021), insufficient resources (Can & Watson, 2019), exposure to traumatic events experienced by students, and a lack of organizational support from supervisors and colleagues (Singh et al., 2020). Emotional weariness, less empathy, and cynicism can result from repeated exposure to students' mental health difficulties, academic challenges, and personal lives (Chu et al., 2021). Indeed, Foreman et al. (2020) found that counselors are prone to experiencing vicarious trauma due to interactions with students. Thus, university counselors need to understand

the signs and symptoms of compassion fatigue and precipitating events like stress and burnout.

Medical Repercussions Associated with Stress, Burnout, and Compassion Fatigue

This subsection of the dissertation included an exploration of the medical repercussions associated with stress, burnout, and compassion fatigue among university counselors. As professionals exposed to emotionally demanding and challenging work settings, university counselors are susceptible to psychological and physiological health outcomes that can impair their overall well-being and job performance. In this section, I synthesize existing literature and provide a comprehensive overview of the medical consequences of stress, burnout, and compassion fatigue among university counselors. I provide insights into the importance of addressing these issues to promote counselor wellness and ensure the delivery of high-quality care to students.

Medical Repercussions Associated with Stress. The medical repercussions associated with stress include an array of adverse physical and mental outcomes resulting from prolonged or intense stress (Bayes et al., 2021). These negative consequences can encompass acute and chronic health concerns, such as anxiety, depression, sleep disturbances, heart disease, high blood pressure, digestive disorders, and immune system suppression (Igboanugo et al., 2021). The mechanisms through which stress contributes to these health issues are multifaceted and involve psychological and physiological factors. As a result, recognizing and dealing with the medical implications of stress is crucial to promoting overall health and well-being.

Unmanaged stress results in psychological symptoms in many individuals. A meta-analysis by da Silva and Neto (2021) determined that increased stress levels correlated with augmented possibilities of depression, anxiety, and insomnia. The study included 10,693 health professionals and examined the psychiatric symptomatology of these individuals during the COVID-19 pandemic. The results showed large percent increases in depression (31%), anxiety (25%), distress (26%), and insomnia (34%) due to COVID-19-related work stress, highlighting the profound effect of work stress on psychiatric well-being. Moreover, a study by Karaman et al. (2021) concentrated on the effects of the COVID-19 pandemic on students' and counselors' mental health. The study found that the pandemic caused students and counselors to develop stress-associated psychological symptoms, including melancholy and anxiety, connected to the abrupt switch to online learning, social isolation, and fear of the virus. These psychiatric symptoms, in turn, can instigate adverse medical implications, including heightened vulnerability to cardiovascular disorders, compromised immune systems, and other persistent medical conditions (Oroian et al., 2021). Thus, the analysis highlights the necessity of effective stress management interventions to mitigate the medical implications of stress.

Unmanaged stress can also result in abnormal physiological symptoms. Chronic stress has been associated with cardiovascular disease, hypertension, and diabetes (Iob & Steptoe, 2019; Osborne et al., 2020). A study by Iob and Steptoe (2019) correlated the levels of the stress hormone cortisol with perceived and physiological chronic stress syndrome and cardiovascular disease. These findings are congruent with those of

Osborne et al. (2020), who examined the complex relationship between psychosocial stress and cardiovascular disease. The authors showed that acute, chronic, and traumatic stress contributes to the development of cardiovascular disease, with concomitant changes in immune function, inflammation, and autonomic regulation. Work-related stress also correlates with increased hypertension and blood pressure dysregulation (Eldin et al., 2021). Therefore, work-related stress can have profound implications for the physiological health of school counselors.

Stress can also have a systemwide physiological effect. Stress negatively influences the immune system, increasing the risk of infection and delaying wound healing (Seiler et al., 2020). Pao et al. (2021) examined the effects of stress on the immune system, finding that continuous activation of the stress response leads to immune system suppression, increasing the chances of transmitting infectious and malignant illnesses. A study by Fogelman and Canli (2019) reviewed the physiological effects of life stress on individuals and found that stress correlated with abnormal activation of the hypothalamic-pituitary-adrenal axis and the release of cortisol. Other studies found an increased prevalence of digestive symptoms with increased work-related stress (Buselli et al., 2021; Cahill et al., 2021). Thus, work-related stress can affect many organ systems, leading to abnormal physiological responses and making it more difficult for individuals to complete work-related activities.

Medical Repercussions Associated with Burnout. Academic literature has numerous accounts of adverse medical repercussions of job-related burnout. Burnout is a pervasive issue among professionals in the counseling and psychotherapy fields that

reportedly has significant medical repercussions. Several studies investigated the effect of burnout on school counselors and psychotherapists. For instance, Kapadia and Kolavarambath (2022) reviewed burnout among psychotherapists in India, finding rates of burnout up to 78%. The analysis indicated that burnout seriously affected the population's physical and mental health, with participants reporting heart disease and higher propensities for depression and anxiety. In a similar study, Junek (2020) examined the health repercussions of burnout in school counselors, finding that burnout was associated with headaches, sleeplessness, chronic exhaustion, melancholy, and worry. In concordance with these findings, Fannon (2021) found that highly stressed school counselors reporting burnout reported being diagnosed with chronic fatigue syndrome, migraines, cardiovascular disease, and depression, among other conditions. These findings, taken together, suggest that burnout can not only be a dangerous condition psychologically but also physiologically.

Medical Repercussions Associated with Compassion Fatigue. Compassion fatigue, the emotional exhaustion resulting from empathy and the desire to help others, is a significant concern for many school counselors and is often accompanied by stress, burnout, and emotional distress. Compassion fatigue is a phenomenon that can have significant medical repercussions on both psychological and other care-based practitioners. Levkovich and Ricon's (2020) study examined the relationship between compassion fatigue, optimism, and emotional distress among Israeli school counselors. The study found that school counselors who experienced higher levels of compassion fatigue also reported higher levels of emotional distress, highlighting the negative effect

of compassion fatigue on mental health. Similarly, Can and Watson (2019) investigated compassion fatigue among counselors-in-training, finding that increased stress levels, low self-compassion, and decreased social support were associated with compassion fatigue. The study emphasized the medical repercussions of compassion fatigue, encompassing physical and emotional symptoms such as headaches, gastrointestinal distress, and chronic pain alongside anxiety, depression, and irritability, respectively (Can & Watson, 2019). Henson (2020) also found a correlation between compassion fatigue and increased incidence of physical sickness, including headaches, gastrointestinal symptoms, and exhaustion. These findings collectively highlight the importance of addressing compassion fatigue in any counseling-based field, including university counseling. Further, these findings provide crucial insight into the effect of compassion fatigue on counselors and emphasize the need for interventions to address and prevent the negative consequences of compassion fatigue.

Summary. In the previous three subsections, I examined the medical repercussions associated with stress, burnout, and compassion fatigue. Perhaps not surprisingly, the literature demonstrates the profound physiological and psychological influence of stress, burnout, and compassion fatigue on individuals in care-related industries. Individuals with work-related stress, burnout, and compassion fatigue reported higher physical occurrences of cardiovascular disease, hypertension, diabetes, gastrointestinal symptoms, and immune system suppression. These findings are consistent with the current medical understanding of chronic stress as having a systemwide influence on an individual's physical homeostasis.

Stress, burnout, and compassion fatigue have profound psychological effects, inducing depression, anxiety, and social isolation. This analysis proffers that chronic work-related stress leading to burnout and compassion fatigue entails considerable medical ramifications for university counselors. Along with declining job satisfaction and engagement, such medical ramifications could impair the quality of student care. This analysis accentuates the exigency for interventions that foster compassion satisfaction and palliate stress, burnout, and compassion fatigue among university counselors, particularly in high-pressure academic environments. Further, this subsection on stress, burnout, and compassion fatigue among care-related employees revealed the complex nature of these phenomena and their effects on the practitioners' well-being. The following subsection explores university counselors' lived experiences and perspectives on these challenges.

Counselor Experiences

This subsection includes a review of qualitative research data to lay the foundation of knowledge of counselors' experiences meeting students' mental health needs in recent years. In this subsection, I evaluate all counselors' experiences and perceptions, not just university counselors. This choice was primarily made due to a dearth of literature surrounding the perspectives of university counselors, underscoring the exigent need for this study. Studying these experiences contributes to a fuller understanding of the complex experiences of university counseling centers in fulfilling the mental health requirements of their student populations by studying these experiences and viable solutions.

Amid the COVID-19 pandemic, counselors reported a significant surge in demand for their services as individuals struggled with the stress, anxiety, and isolation associated with the pandemic. For example, McBeath et al. (2020) investigated counselors' experiences during the pandemic, revealing that they faced considerable challenges, such as transitioning to online counseling and addressing client anxiety and stress. In addition, Chakraborty et al.'s (2021) research concentrated on counselors in India during the pandemic, emphasizing the challenges and opportunities encountered in providing services amidst increased demand and unique circumstances. Taken together, counselors reported challenging and arduous work environments throughout the pandemic, necessitating steadfastness, versatility, and resourcefulness to dispense critical mental health assistance to the affected individuals.

The COVID-19 pandemic necessitated providing remote counseling services for mental health professionals. For example, Ibragimov et al. (2021) investigated mental health professionals' perceptions and practices of tele-counseling services during the pandemic. Their study revealed positive perceptions of telecounseling among professionals, with many considering it an effective mode of delivering mental health services. In a similar investigation, Nelson et al. (2022) explored practitioners' experiences with tele-counseling. The study found that remote counseling via videoconferencing improved access and convenience for clients, but some challenges included technical issues and the absence of nonverbal communication (Nelson et al., 2022). Thus, mental health professionals have generally held positive perceptions regarding remote counseling services during the pandemic. These perceptions underscore

the ongoing necessity of remote counseling services and the crucial importance of their accessibility and effectiveness.

Counselors have reported increased stress levels and burnout during the COVID-19 pandemic. For example, Pierce et al. (2021) conducted an online survey study to examine therapists' coping strategies during the COVID-19 pandemic, finding that a significant proportion of therapists reported experiencing elevated stress and anxiety levels. In another study, Crocker et al. (2022) systematically reviewed the effect of COVID-19 on mental health professionals and found that many therapists experienced increased levels of burnout and stress. Pierce et al. (2021) and Crocker et al. (2022) elucidated the substantial challenges and heightened stress levels experienced by therapists during the pandemic, emphasizing the pressing need for additional support and resources to meet the mental health requirements of therapists and their clients.

Counselors have claimed that the COVID-19 pandemic has increased emphasis on counselors' self-care. For example, Imran et al. (2021) explored the encounters of health psychology postgraduates during the pandemic, particularly concerning stressors, resilience, and emotional well-being. The authors discovered that the students communicated amplified stress levels associated with the pandemic and disruptions to academic and personal life. Nonetheless, the postgraduates demonstrated resilience and employed adaptive coping strategies. Similarly, Goghari et al. (2020) analyzed the pandemic's effect on clinical psychologists in Canada, highlighting the significance of self-care and the necessity for supplementary resources to address the pandemic's challenges. Finally, Noreen et al. (2020) explored the coping mechanisms of mental

health practitioners in Pakistan during the pandemic. The study found that professionals employed diverse coping strategies, including self-care practices such as meditation, exercise, and social support (Noreen et al., 2020). These studies underscore the importance of self-care for counselors during the pandemic and accentuate the necessity for supplementary resources to bolster their well-being.

The counselors' perceptions indicate that the COVID-19 pandemic exacerbated an already existing issue of burnout and stress among mental health professionals. The findings of these studies validated the counselors' experiences of feeling overwhelmed and exhausted due to the increased demand for their services, transitioning to online counseling, and addressing their clients' mental health concerns. They emphasize the importance of providing additional support and resources to therapists to help them cope with heightened stress levels and prevent burnout. These studies are vital in raising awareness of their mental health challenges.

Summary and Conclusions

This chapter commenced with an introduction and expounded upon the conceptual framework for the study, which is anchored upon two theoretical frameworks: Adams' (2003) empowerment theory and Karasek's (1979) JDCS theoretical model of job stress. In combination, empowerment theory and the JDCS model of job stress encompass the critical variables influencing university counselors' including job demands, job control, social structure, and empowerment. Specifically, I discussed how employers can use empowerment to mitigate the adverse effects of low job control and high job-demand employment, such as university counseling.

The literature review focused on pivotal conceptual themes associated with the phenomenon being studied such as counseling in a university setting, exclusive challenges to student mental health, and university counseling practices. University counselors are uniquely poised to address challenges university students face, including academic stress, financial stress, and discrimination. I also reviewed common university counseling practices, including one-on-one therapy, mindfulness training, CBT, group therapy, and culturally responsive training. This discussion highlights the notion that university counselors have various skills specialized to their university student population. Additionally, I discussed recent advancements in university counseling practices, including AI and big data use, and their influence on university counselors' in response to the upsurge in mental health demands.

In the last portion of the literature review, I examined the effect of demand for university mental health services on university counselors. This included a discussion of increased job demands, low work-life balance, and increased stress. I next reviewed the health ramifications linked to stress, burnout, and compassion fatigue among university counselors' and incorporated counselor experiences with the recent surge in mental health demands among university students. This study filled the gap in knowledge surrounding counselors' experiences with increased demand for university counseling services during and after the COVID-19 pandemic. Specifically, the study addressed the gap in knowledge surrounding effective mechanisms university counseling centers can use to mitigate work-related stress and burnout among university counselors. Chapter 3 discusses the methodology used to conduct this research study.

Chapter 3: Research Method

University counselors are vital to supporting students' academic, personal, and social well-being and are entrusted with aiding students with various mental health difficulties, such as relationship issues, anxiety, depression, and stress. These professionals serve as students' first line of support and are trained to provide individual, group, and crisis counseling (Baik et al., 2019). With the increasing prevalence of mental health issues among college students, university counselors are experiencing a surge in demand for their services (Salimi et al., 2023). Counselors are experiencing augmented caseloads and workloads (Lindh, 2021), time constraints for individual counseling sessions, and constraints in staffing, space, and materials (Vostanis & Bell, 2020). Moreover, the emotional and mental demands of the work can be significant sources of stress.

This increased demand for mental health services has placed significant pressure on university counselors. Counselors report struggling to keep up with the growing needs of students (Dalky et al., 2022), leading to burnout, compassion fatigue, and secondary trauma (Joshi & Sharma, 2020). Consequently, university counselors may face difficulties offering guidance and counseling to students, potentially resulting in adverse outcomes for students' mental health and well-being, as well as their own (Chen et al., 2023). These challenges highlight the need for a rigorous examination of the current situation of university counseling services and the formulation of strategies to address the growing demand for student mental health services. Therefore, this basic qualitative study aims to examine university counselors' perspectives on being overwhelmed by the

surge in student mental healthcare demand in the United States and to document their perspectives on addressing the problem.

Chapter 3 includes the qualitative methodology with a basic qualitative research design utilized in the study. Next, I discuss the role of the researcher in the study, including the potential for biases and limitations. The methodology section outlines the participant selection process, instrumentation, procedures for recruitment, participation, and data collection, as well as the data analysis plan. Next, I illustrate the measures used to ensure the study's trustworthiness by addressing credibility, transferability, dependability, and confirmability. I also discuss ethical considerations, including obtaining informed consent and protecting the confidentiality of the participants. Finally, the chapter concludes with a summary of the methodology.

Research Design and Rationale

The purpose of this qualitative dissertation was to explore the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States, and to document their perspectives on ways to address this problem. To address this purpose, I devised the following research questions:

RQ1: What are the perspectives of university counselors on having been overwhelmed by the surge in student mental healthcare demand in the United States?

RQ2: What are the perspectives of university counselors on ways to address the problem?

I employed qualitative research methodology in this study. Qualitative research is widely used due to its flexibility in exploring and understanding human experiences,

perspectives, and phenomena (Bush & Amechi, 2019). Indeed, qualitative methodology emphasizes the subjective and interpretive aspects of human experiences and seeks to understand the underlying meanings, values, beliefs, and motivations people attribute to their experiences (Mulisa, 2022). Qualitative research methods, such as focus groups, interviews, and observation, allow for the collection of rich and detailed data that provide a nuanced and complex understanding of the phenomenon under investigation (Tomaszewski et al., 2020). Moreover, qualitative research is often preferred when the researcher seeks to learn about a phenomenon from the standpoints of the involved parties and to gain a thorough understanding of their opinions and perspectives (Steccolini, 2022). Consequently, qualitative research is widely used in education (Amadasun, 2021), social work (Aughterson et al., 2021), and counseling (Murphy et al., 2018), as it provides a comprehensive and holistic understanding of the viewpoints and experiences of the participants. I used the qualitative methodology to address the phenomenon of university counselors' experiences with increased demand for their services during and after the COVID-19 pandemic.

I did not choose quantitative or mixed methodologies for this study. Quantitative studies are deductive and are appropriate for answering research questions that require numerical data and statistical analysis (Mohajan, 2020). This study aims to understand counselors' perspectives regarding the surge in student mental health service demand. As such, this study examined participants' subjective experiences and perceptions, which is inconsistent with quantitative methodology. Similarly, mixed methodology, which combines qualitative and quantitative methods, was not appropriate for this study due to

the lack of a quantitative-based research question. Moreover, utilizing quantitative or mixed methods in this research could result in overlooking essential insights and nuances that can only be captured through qualitative data collection and analysis (Hendren et al., 2022). Additionally, quantitative, and mixed methods often involve larger sample sizes, standardized measures, and statistical analyses, which are not required to answer the posed research questions (Hall, 2020). Hence, this study, which aims to capture the richness of individual experiences, required a qualitative approach that involves iterative and reflective processes of collecting, analyzing, and interpreting data to make sense of the participants' experiences.

The current study employs a basic qualitative research design to examine the perceptions of university counselors about their experiences of being overwhelmed by the surge in student mental healthcare demand in the United States and their perspectives on ways to address the problem. The primary goal of a basic qualitative investigation is to investigate and understand a phenomenon from the viewpoint of the subjects in their natural environments (Agazu et al., 2022). Additionally, basic qualitative research is particularly suited for examining new, emerging, or complex phenomena, as it provides an opportunity to gather information from multiple viewpoints and to understand the complexities and nuances of the experiences being studied (Stutterheim & Ratcliffe, 2021). This study aims to explore and understand the participants' subjective experiences and perspectives through in-depth interviews (Prosek & Gibson, 2021). A basic, descriptive approach to research captures the complexity of social reality and human experiences, allowing for analyzing complex phenomena and developing ideas based on

empirical evidence. Therefore, I chose a basic qualitative research design to give a detailed account of the experiences of the university counselors.

To explore the perspectives of university counselors on the surge in student mental healthcare, I did not choose other qualitative research designs. For instance, a single or multiple case study approach is typically used to examine a bounded system, such as a person, group, or institution (Rashid et al., 2019). However, this dissertation aims to examine the viewpoints of university counselors as a whole and across environments within the U.S., not the experiences of individuals within a specific institution. On the other hand, phenomenology examines the core of a phenomenon's first-hand encounters (Heotis, 2020). This approach could be appropriate for the study's objective. However, the research question did not specifically aim to examine the essence of student mental healthcare demand but rather the experiences of university counselors in response to the phenomenon. Grounded theory aims to develop a theory grounded in data (Chun Tie et al., 2019). Grounded theory was not appropriate for this study since the research questions aim to develop a theory rather than explore the experiences of university counselors. Finally, narrative inquiry is a methodology that aims to examine and comprehend the stories and experiences of individuals (Caine et al., 2021). This dissertation examines the perceptions of a specific group of individuals, namely university counselors, on a specific subject, namely the impact of the surge in mental health service demand on counselors. As such, though this study includes narrative quotes as illustrations, the focus of analysis does not require narrative stories from individuals. Thus, the basic qualitative research design is appropriate for this study.

Role of the Researcher

The researcher is integral to the qualitative research process. As the sole investigator in this study, I collected data and maintained an objective perspective (Alam, 2021). The procedure for gathering data consisted of a semistructured interview with open-ended questions. Given that this study involves human subjects, it is imperative to uphold moral principles by ensuring confidentiality, acquiring informed consent, and thoroughly familiarizing oneself with the study protocols (Pietilä et al., 2020). The participants were selected based on established inclusion criteria and asked to participate in semistructured interviews. I safeguarded the participants' data, prevented any influence on data collection, minimized researcher bias, and ensured an impartial interpretation of the participants' remarks. In addition, I evaluated the interview data with the aid of the computer-assisted qualitative data analysis program NVivo version 12. Conclusions were made by finding emergent themes within the conceptual framework of the research.

I used convenience and purposive sampling to select at least 10 university counselors who have experienced the surge in student mental healthcare demand. I openly acknowledged my background and position as a researcher, specifically that I have prior experience working in a university counseling setting. To minimize selection bias, I did not select university counselors with whom I have worked directly. As a result, I was not in a situation where a participant was either my subordinate or superior. Additionally, I may have professional, but not personal, connections with university counselors from other universities who match the study's eligibility criteria. If these

individuals met the requirements for inclusion in the research, they were considered for participation.

I reduced potential researcher bias by incorporating reflexivity throughout the research process. Reflexivity is the systematic examination of the researcher's values, beliefs, and worldviews and how they impact all aspects of the study, decision-making, gathering information, analysis, and interpretation (Olaghere, 2022). To achieve this goal, I used journaling and field notes to keep a mental note of my views, ideas, and thoughts (McGrath et al., 2021). This involved keeping a journal before and after each research-related task, such as participant selection, creation of the interview protocol, data collection through semistructured interviews, and data analysis. Additionally, I documented their thoughts, opinions, and beliefs regarding the participants' interviews by making memos during the interview process (McGrath et al., 2021). Keeping reflexivity protocols, including journaling and memos, aided me in mitigating researcher bias and ensuring the credibility of the study's findings.

Methodology

This section includes the detailed methodology used to select and recruit participants and data collection and analysis. Specifically, I review the inclusion criteria for the participants, instrumentation, recruitment methods, and the data collection and analysis processes. These components are essential for addressing the research questions in the qualitative dissertation and provide a comprehensive understanding of the data collection methods used.

Participant Selection

This dissertation's target population encompassed university counselors in the United States. To select participants for the study, I used a mixture of convenience and purposive sampling approaches (Campbell et al., 2020; Stratton, 2021). Convenience sampling allows researchers to select conveniently available participants (Stratton, 2021). Purposive sampling is often used by qualitative researchers to identify research participants with extensive knowledge of the research problem, making this sampling strategy an appropriate method for the study. If purposive sampling yielded less than the necessary 10 participants, I employed snowball sampling as a secondary method. In snowball sampling, researchers ask current participants to nominate individuals who meet the study's inclusion criteria (Parker et al., 2019). Notably, a combination of purposive and snowball sampling reduces sampling bias in qualitative research studies (Johnson et al., 2020).

The sample comprised at least 10 university conveniently and purposefully selected counselors who meet predefined inclusion criteria, which require the following:

1. Participants must hold a current and valid license to practice as a university counselor in the United States, including those licensed as licensed professional counselors, licensed marriage and family therapists, or licensed clinical mental health counselors.
2. Participants must be currently employed as university counselors.
3. Participants must have at least 1 year of experience working as a university counselor.

4. Participants must have direct experience working with and addressing the increased demand for student mental healthcare services in the United States. The inclusion criteria for participation in this dissertation study did not impose any limitations on the participants' gender or age. Any current university counselor holding a valid license in the United States who has experience with the increased demand for student mental healthcare services could participate in the study, regardless of gender or age. I verified that each participant met the inclusion criteria using a participant screening questionnaire that assessed each inclusion criterion (Appendix A).

According to Hennink and Kaiser (2022), data saturation is the stage in the data collection process where no new insights or issues are uncovered during interviews, and the data collected begins to repeat. This stage is crucial for determining the sample size's suitability and ensuring the collected data's content validity (Hennink & Kaiser, 2022). Based on findings from other research on sample size (Guest et al., 2020; Vasileiou et al., 2018), 12 participants often result in data saturation in 98% of interview-based qualitative investigations. Therefore, this sample size adequately answered the research questions with saturation.

Participants were recruited and identified based on their response to a recruitment flier (Appendix B) that was distributed according to the recruitment plan represented in the Procedures for Participant Recruitment, Participation and Data Collection section below. The recruitment flier contained a quick response (QR) code with a link to the participant screening questionnaire (Appendices A and B). I determined if the participants met the inclusion criteria based on their responses to the screening

questionnaire. I emailed eligible participants an invitation letter to participate in the study (Appendix C). Included in this email was a link to the informed consent form to be returned by DocuSign (Appendix D).

Instrumentation

There are two instruments in this basic qualitative study. The researcher is the primary instrument for data collection and analysis. The second instrument is an interview protocol (Appendix E) consisting of open-ended interview questions (IQ) that served as the qualitative tool for data collection. I developed the interview protocol based on the study's purpose, research questions, theoretical foundations, and conceptual framework. The IQ focuses on key inquiries about the participants' perspectives on the challenges posed by the surge in student mental healthcare demand in the United States and their recommendations for addressing this problem. The open-ended IQs allow for a systematic and methodical exploration of the participants' experiences and insights, as guided by the dissertation's purpose and research questions. The IQs were structured to elicit a comprehensive understanding of the perspectives and recommendations of university counselors regarding the surge in student mental healthcare demand in the United States (Appendix E). Interview questions were based on key concepts from the study's theoretical foundations.

The interview protocol was validated in terms of content using three mechanisms. First, I used peer reviewed by other Walden University students with expertise in education and counseling. I considered and incorporated appropriate feedback from peer review into the interview protocol. Second, I submitted the interview protocol to my

dissertation committee for expert panel review. I incorporated all changes and feedback into the interview protocol before submission to the Walden University Institutional Review Board (IRB) for approval. Third, I conducted a field test with a colleague who met the study's inclusion criteria. I proceeded through the data collection and analysis process during the field test to ensure that the IQ sufficiently answered the study's research questions. Changes to the interview protocol were made accordingly and the field test was repeated until no further changes were required. These procedures ensured that the interview protocol addressed the research questions within the chosen conceptual framework for the study.

Procedures for Recruitment, Participation, and Data Collection

Participant Recruitment

I recruited participants in several phases. In Phase A, I used convenience sampling and leveraged my professional network, which consists of professional connections with other university counselors, and requested that my network disseminate the recruitment flier to individuals within the field of counseling who met the established inclusion criteria. To maintain a rigorous level of objectivity, I excluded individuals with whom I had direct prior professional interactions. In Phase B, I used social media sites servicing university counselors to recruit potential participants via purposive sampling. See Table 1 for a list of social media groups that were questioned.

I obtained the permission of group moderators, who were asked to post the recruitment flier (Appendix B) on the group's platform. In Phase C, I employed snowball sampling, asking current participants to nominate other participants who met the study's

inclusion criteria (Parker et al., 2019). Finally, in Phase D, I sought permission from local university counseling center directors to post the recruitment flier in areas frequented by university counselors. This multi-pronged approach allowed recruiting of at least 10 university counselors necessary to attain data saturation.

Measures were taken to detect possible ineligible persons or individuals who fabricate information to assure the legitimacy and dependability of the data obtained (Roehl & Harland, 2022). These measures include rigorous screening and selection procedures to ensure that participants meet the eligibility criteria and are willing to provide honest and accurate information. Moreover, the measures include evaluating participants' ability to provide detailed responses, discussions with the advisory team, and cautiousness regarding participants who attempt to participate multiple times.

The recruitment strategy for this study involved the distribution of a recruitment flier, which offers an overview of the investigation and includes a QR code for interested university counselors to access further information and complete a participant screening questionnaire (Appendix A) as a Google form to assess eligibility for participation. Once a participant completed the screening questionnaire and was deemed eligible for the study, I emailed them an informed consent form to return via email (Appendix D). The informed consent form explained the study's voluntary nature and the participants' freedom to discontinue participation at any time.

Procedures For Participation

Once a participant completed and submitted the informed consent form, I sent a link to my Calendly, an online scheduling application, to choose a time and date to

participate in the semistructured interviews. At each participant's selected time and date, one-on-one interviews were conducted via Zoom telecommunications software, as this platform provides a safe research environment. The interview method was suitable for the study, as it enables direct engagement with university counselors who have experienced the surge in student mental healthcare demand in the United States. I was responsible for following the interview guide (Appendix E), posing open-ended questions, facilitating the sessions, and ensuring clarity in communication. Each participated in one interview lasting between 45 and 60 minutes, giving each participant time to expound on their points of view.

Data Collection Procedures

The interviews were audio-recorded with the participant's explicit approval. I recorded the audio for the interview using the Zoom recording function. I used an iPhone audio recorder function as a secondary precaution. The audio recordings served as the source material for the transcription process. The audio recording was saved after each interview on a password-protected encrypted cloud drive. I used a pseudonym for each participant, such as P1, P2, ..., and P12, to ensure the confidentiality of the participants.

Participant Exit from The Study

There were two mechanisms by which participants could exit the study. First, if a participant asked to be removed from the study, I destroyed all information gathered from the participant, including the participant screening questionnaire, informed consent form, audio recording, and interview transcription. Second, upon completing the semistructured interview, participants exited the study through a debriefing protocol incorporated into

the interview protocol (Appendix D). Specifically, I debriefed participants immediately after the semistructured interview. During the debrief, I reminded the participants of the purpose of the study and the procedures followed to ensure their confidentiality. I informed participants that I would contact them twice after the interviews. First, I contacted them for an interviewee transcript review (Rowlands, 2021). Second, upon completing the data analysis, I sent the participants a one-page summary of overall findings for member checking. The member-checking email included a summary of the study's problem, purpose, and preliminary findings and thanked the participants for their interest and participation. This email served as each participant's exit from the study. Participants were also asked if they were willing to volunteer to engage in a second interview for member checking.

Data Analysis Plan

Audio recordings were automatically transcribed using the Zoom telecommunications software. Although the automatic transcription capabilities of Zoom were employed, I performed a thorough line-by-line comparison and editing of the transcription to guarantee its authenticity and accuracy. All interviews were transcribed and edited within 72 hours, allowing for familiarity with the replies and accuracy. To safeguard the participants' privacy, identifying information such as names, localities, and places of employment were omitted from the transcription, in addition to using pseudonyms to preserve the participants' identity and confidentiality (Hamilton & Finley, 2019). Data were analyzed using the qualitative analysis software NViVO Version 12.

I analyze the data using thematic analysis, a common approach used to analyze large amounts of verbal data (Lindgren et al., 2020). The qualitative thematic data analysis process involves organizing and dissecting the data to identify themes and patterns relevant to the research questions, enabling the researcher to make inferences (Raskind et al. (2019). I analyzed the interview transcripts using Braun and Clarke's (2019) method for thematic analysis, a six-phase guide, including familiarizing myself with the interview data, developing codes, categorizing data, reviewing, and extracting themes, creating a thematic map, continuously defining and refining themes, and analyzing the themes and subthemes gathered from the interviews. Thematic analysis is a widely used qualitative research method for analyzing data collected from semistructured focus groups, interviews, and other qualitative data sources (Braun & Clarke, 2019). It is a methodical and systematic process that allows researchers to extract meaningful themes and patterns from the collected data (Braun & Clarke, 2019). The six phases of thematic analysis are presented in sub-sections below.

Phase One: Familiarization with Data

In this phase, I became familiar with the interview data by transcribing the audio files into transcripts. I read each interview from start to finish to get an overall understanding of the data collected. This phase often involves multiple readings of the interview transcripts (Braun & Clarke, 2019). Specifically, after reading each participant's interview from start to finish, I read each interview according to the IQ across participants. During this phase, I redacted the participants' personally identifiable information in the interview transcripts.

Phase Two: Coding

This phase involves categorizing the data into meaningful units, also known as coding (Saldaña, 2014). During this phase, I created a codebook that outlines the codes for categorizing the data. The codes are applied to the data to identify the participants' significant ideas, thoughts, and opinions. I used a combination of *a priori* and emergent coding (Saldaña, 2014). *A priori* codes were developed based on the study's conceptual framework, which includes Adams' (2003) empowerment theory and Karasek's (1979) job demand-control (JDCS) model of job stress. See Table 1 for a list of *a priori* codes used in this study.

Table 1

A Priori Codes used in This Study

Code	Code Source	Code Description
Work hours	JDCS Model	Work hours are a type of physical job demand (Karasek, 1979)
Work pressure	JDCS Model	Work pressure from superiors is a psychological job demand that can impact performance (Karasek, 1979).
Coworker engagement	JDCS Model	Engaging with other counselors can be a social job demand (Skovholt & Trotter-Mathison, 2014).
Self-efficacy	JDCS Model, Empowerment	Self-efficacy is a personal job resource that contributes to employees' job control (Adams, 2003; Karasek, 1979).
Personal growth	JDCS Model, Empowerment	Personal growth is a job resource that can mitigate job stress (Bakker & de Vries, 2021).
Role clarity	JDCS Model	Employment role clarity can promote job control and offset job demands (Karasek, 1979).
Supervisor mentorship	Empowerment	Mentorship is a key component in employee empowerment (Ghosh et al., 2019).

Phase Three: Theme Development

During this phase, I reviewed the codes and combined them to form axial categories. Categories were reassessed, and codes refined so that the categorized data could be used to extract themes. The themes represent patterns and relationships from the data (Braun & Clarke, 2019). To this end, I grouped similar codes into themes. I anticipated that some emergent themes would be derived from the constructs in the conceptual framework.

Phase Four: Thematic Map

In this phase, I created a thematic map that reveals the connections between all the codes and themes. The map helps researchers to organize the data analysis logically and coherently (Braun & Clarke, 2019). This approach allowed me to identify the congruency of themes and the differences between themes.

Phase Five: Refining Themes

During Phase 5, I examined the thematic map and evaluated whether any new themes had emerged. If necessary, I renamed and redefined the codes and themes to guarantee the veracity and completeness of the analysis. Specifically, I redefined and reclassified similar themes into a new overarching theme to remove redundant themes. Discrepant cases were addressed in this phase. Briefly, I identified and documented discrepant cases to discuss them in the research findings.

Phase Six: Data Analysis and Interpretation

In the final phase, I looked holistically at the data and data analysis to ensure that each research question was addressed logically. During this phase, I assigned themes to

the research questions and ensured that all research questions were answered through the data analysis. For example, a theme containing recommendations made by the counselors on improving their workplace environment may be connected to RQ2, which aims to understand ways to address the problem of counselors being overwhelmed. I interpreted the data in the context of the study's conceptual framework. Finally, after data analysis and interpretation were complete, I summarized each participant's data and performed member checking to ensure the credibility and validity of the study (Candela, 2019).

Trustworthiness

In qualitative studies, it is essential to consider the suitability of instruments, procedures, and data. Lemon and Hayes (2020) define the trustworthiness of a study as the level to which the researcher has confidence in the quality of the data, transcriptions, and procedures used. It is imperative to address four crucial components: credibility, transferability, dependability, and confirmability. This subsection outlines four trustworthiness components and measures undertaken to ensure that my study adhered to these standards.

Credibility

The credibility of a study, akin to internal validity, refers to its ability to accurately capture its participants' perspectives (Pessoa et al., 2019). Rose and Johnson (2020) claim that credibility in qualitative research involves ensuring the results are believable from the participant's perspective. The participants' trust in the study's findings is maintained by ensuring that the data collected accurately reflects their experiences and that the recordings are not altered (Johnson et al., 2020). The research

design is one major factor that can contribute to its credibility. Achieving data saturation ensures credibility in qualitative research (Johnson et al., 2020). The study's credibility can also be increased by providing themes and subthemes using actual participant quotations (Daniel, 2019). Thus, I enhanced the study's credibility by ensuring the data reached saturation and by using verbatim participant quotations. I further addressed credibility through journaling to ensure my reflexivity (McGrath et al., 2021).

Interviewee transcript review and member-checking are other mechanisms researchers employ to ensure credibility. After completing the semistructured interviews, I emailed each participant a copy of their transcribed interview for interviewee transcript review (Rowlands, 2021). Participants had the opportunity to clarify their assertions and make any changes to the transcript. After the data analysis, I made a one-page summary of each participant's data for member checking (Candela, 2019). Member checking, as recommended by Candela (2019), is a key technique used to enhance the credibility of the dissertation, as participants are considered the foremost judges of their own experiences (Johnson et al., 2020). In the member-checking process, a researcher asks participants to review the findings, interpretations, and conclusions to ensure they are consistent with their experiences and perspectives. By involving the participants in the analysis and comprehension of the data, member checking improves the validity and reliability of the research results. Finally, participants were asked if they were willing to volunteer for a follow-up interview for member checking. These procedures increase the level of reassurance between the participant and the researcher.

Transferability

Transferability in a qualitative study is the applicability of a study's findings to different populations and contexts (Amin et al., 2020b). Lindgren et al. (2020) emphasized that transferability examines how well the study's findings might be applied to different populations, environments, or situations. I established transferability by ensuring that the selected participants were diverse: being employed at different universities in different regions of the United States. The participant screening questionnaire contains a question that assesses each counselor's type of institution (Appendix A). Ensuring that counselors represent multiple types of institutions enhanced the transferability of the study's findings. The inclusion criteria did not include provisions for race, gender, or age of the participants, increasing the likelihood that a diverse participant pool would be included in the study. According to Creswell and Poth (2018), transferability in qualitative studies can be enhanced through a comprehensive and meticulous description of the procedures and methods used to generate the research's conclusions. To achieve this, I provided an in-depth account of the research methodology, including sampling sufficiency and thick description. The application of sampling sufficiency, or the appropriate sample size representation of the phenomenon and population under investigation, and the use of thick description, or the comprehensive understanding of the study's phenomenon and its comparison with other situations, served to reinforce the transferability of the study (Alam, 2021; Peterson, 2019).

Dependability

Dependability refers to the congruence and consistency of the research outcomes (Rose & Johnson, 2020). The purpose of dependability is to establish a framework through which the researcher can assess the alignment of the data analysis with the standards established for the chosen research design (Stenfors et al., 2020). I provided sufficient information to enable future researchers to repeat the study (Stahl & King, 2020). Studies that feature well-documented and reliable research methods are dependable. I created and reported an audit trail throughout the research process in my research journal to ensure dependability. The audit trail helped ensure that the study details are recorded, can be replicated by others, and provided insights into how the timing of various procedures might impact the study outcomes (Nowell et al., 2017).

Confirmability

Confirmability is the ability of others to verify or substantiate the findings obtained in a research project (Sumrin & Gupta, 2021). To ensure confirmability in my study, I employed reflexivity, which involves constant self-reflection on what I observe, learn, and perceive during the research process (Ravitch & Carl, 2019). To minimize potential biases and maintain trustworthiness while employing reflexivity, I acknowledged my prior experiences, allowing the reader to assess the validity of the presented findings (Amin et al., 2020b; Linneberg & Korsgaard, 2019). To this end, I maintained a reflective journal to document personal reflections during the interview procedure, thus providing a process to check that my biases did not influence the data

collection phase (Singh et al., 2021). The following measures strengthened the confirmability of the study:

1. I presented a substantial amount of evidence in the results to support the claims made by using verbatim quotations from the participants' interviews.
2. I reported the codebook derived from the study in the dissertation's appendix.
3. I ensured the correctness of the findings by thoroughly explaining the methods I used. I maintained an exhaustive log of all actions associated with the study in my research journal.
4. I acknowledged and declared my preconceptions. I was cognizant of my preconceptions by implementing the reflexivity protocols previously discussed.
5. I considered the experiences and perceptions of the participants as opposed to my own. I accomplished this goal by providing my codebook, using verbatim participant quotes, and recording any biases in my reflective journal.

Ethical Procedures

I followed stringent ethical guidelines during this research study. The research was limited to work-related interviews, which posed minimal risk to the participants. However, the research problem surrounds potential burnout by university counselors, which could be an emotional topic. I submitted the study for approval through the Walden University IRB application process and commenced the study once authorization and approval had been granted. The well-being of the participants was maintained throughout the study by adhering to established ethical norms, as stated in the Belmont report (National Commission for the Protection of Human Subjects of Biomedical and

Behavioral Research, 1979). To this end, I upheld the principles of justice, beneficence, and respect for people throughout this study.

I used informed consent forms to ensure that each participant willingly and voluntarily agreed to participate in the research. The informed consent form addressed important ethical issues, including the study's risks and advantages, the participant's right to withdraw from the study at any time, and the procedures I used to ensure their confidentiality. Specifically, to safeguard the participants' confidentiality and privacy, I communicated with the participants through secure methods and did not post any questions on public forums. I ensured that the participants knew they could withdraw from the study without fear of repercussions.

I coded all participant-derived data files, including informed consent forms, screening questionnaires, audio recording files, and interview transcripts with participant numbers (P1, P2, ..., and P12). In addition, I removed all personally identifiable information, including participants' names and places of employment, from the interview transcripts should they be mentioned. Personally identifiable information from the participants was not collected during participant interviews. As mandated by Walden University, I safely archived the raw data, including recordings and transcripts, and analytical data for 5 years. I safely stored the informed consent forms for 5 years, as required by the Walden University IRB. I stored all research-related materials and data in my home office on a password-protected laptop and thumb drive. After five years, I will destroy the data using data destruction software.

Summary

The purpose of this qualitative dissertation was to explore the perspectives of university counselors' and how they have been affected by the surge in student mental healthcare in the United States, and to document their perspectives on ways to address this problem. In Chapter 3, I provided a comprehensive account of the research design, methodology, and data analysis plan used in the study. First, I discussed the rationale for choosing a qualitative research tradition with a basic qualitative research design. Next, I discussed the participant selection logic, inclusion criteria, and the requirements for participation in the study. I also discussed the data collection procedures to be followed for the semistructured interviews and data analysis procedures using thematic analysis. Next, I discussed issues of trustworthiness and the procedures followed to ensure the study's credibility, transferability, confirmability, and dependability. Lastly, I discussed the strict ethical guidelines followed throughout the research study to safeguard the participants. In Chapter 4, I present the results of the study.

Chapter 4: Results

The purpose of this qualitative dissertation was to explore the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States, and to document their perspectives on ways to address this problem. I used a basic qualitative approach to understand the perspectives of university counselors who experienced a high demand for services during and after the COVID-19 pandemic. To explore participants' experiences in depth, I conducted and analyzed eight interviews using a semistructured interview methodology. I addressed the following research questions in this study:

RQ1: What are the perspectives of university counselors about how they have been affected by the surge in student mental healthcare demand in the United States?

RQ2: What are the perspectives of university counselors on ways to address the problem?

Chapter 4 includes a presentation of the data collected from participants who met the study's inclusion criteria, including the research setting and a description of the methods used for data collection, analysis, and results. I reported evidence of trustworthiness. Finally, the chapter concludes with a summary and transition to Chapter 5, which presents the implications of the study's findings, recommendations, and potential future directions.

Setting

Following IRB approval (IRB #06-12-23-1031466, awarded on June 12, 2023), I posted my recruitment flier to my personal Facebook page. I also contacted Facebook

group administrators and asked permission to post my recruitment flier (Appendix B) on their pages, as mentioned in Chapter 3. I posted the recruitment flier to the following Facebook groups once permission was granted: Therapist Resources, Licensed Mental Health Counselors LMHC, Counselors, Social Workers, Licensed Professional counselors, Other Mental Health Workers Group, and College Counseling and Doctor of Education Network. I received nine responses from potential participants within 3 weeks of my initial posting of the recruitment flier. Potential participants who reviewed the recruitment flier scanned a quick response code linked to a short demographic questionnaire that assessed whether each participant met the inclusion criteria. See Appendix A for a copy of the demographic questionnaire. Once a participant verified their eligibility for the study, I emailed them a copy of the informed consent form. The participants generally replied to the informed consent email indicating their consent within 36 hours.

Participant selection proceeded based on the predefined inclusion criteria. The inclusion criteria for the study were as follows:

1. Participants held a current and valid license to practice as a university counselor in the United States, including those licensed professional counselors, licensed marriage and family therapists, or licensed mental health counselors.
2. Participants were currently employed as university counselors.
3. Participants had at least 1 year of experience working as a university counselor.
4. Participants had direct experience working with and addressing the increased demand for student mental healthcare services in the United States.

I verified that each participant met the inclusion criteria by examining each participant's responses to the demographic questionnaire. I interviewed the first eight participants who responded to the recruitment flier. These eight participants were eligible for the study based on their responses to the demographic questionnaire.

Data Collection

Data collection began on June 15, 2023, eight days after receiving IRB approval to conduct the study. Eight one-hour interviews were scheduled using my Walden University email address. I concluded data collection after eight interviews based on data saturation, which meant that additional data collection ceased to yield new data for themes and instead only yielded redundant responses from previous participants. Eight participants completed the interviews with no attrition. I conducted all interviews using the Zoom telecommunications software. Participants answered questions regarding their place of employment to confirm that they were counselors. I redacted this information from the interview transcripts after verification. Participants received a participant identification number for data collection and identification purposes and to protect their confidentiality throughout the study.

Before the start of each interview, I confirmed with participants that they consented to have their interview audio-recorded, and their data used in the study. Each participant acknowledged verbally that they consented to have their data included in the study. I audio-recorded the data using the recording function of the Zoom telecommunication software. During the interviews, I followed the interview protocol (Appendix A) to ensure I asked all participants the same questions. When necessary, I

added prompting questions to maintain a conversational dialogue between myself and the participant and to gain clarification on the participant's responses. The interviews lasted between 16 and 34 minutes. I took notes to promote researcher reflexivity.

To transcribe the data, I used the transcription capabilities of Otter.ai, an online transcription software. I compared the transcriptions line-by-line to the original audio recordings to ensure the accuracy of the transcriptions. During this comparison, I cleaned the transcripts to eliminate repeated words or filler words. Examples of filler words included *like*, *um*, *you know*, and *right*. I made slight grammar modifications when necessary for clarity. After the transcriptions were completed and verified, I emailed each participant a copy of their transcript to allow them to participate in the transcript review, per Rowlands' (2021) methodology.

Data Analysis

I used a six-phase data analysis procedure to analyze the data from the participants' semistructured interviews, following the protocols outlined by Braun and Clarke (2019). Phase One was the familiarization stage, where I became more familiar with the interview data by reading the transcripts multiple times. I read each interview multiple times from start to finish to understand the data I collected and to gather my general impressions regarding the depth and content of the participants' answers. During this phase, I carefully analyzed each participant's responses for any personally identifiable information in the transcripts. Some participants spoke about their educational institutions, which I redacted from the interview transcript to protect their confidentiality.

Phase Two was an *a priori* coding stage. Researchers use *a priori* coding to develop codes based on their literature review to apply to the data. As mentioned in Chapter 3, I generated *a priori* codes based on my conceptual framework, which combined the JCDS and empowerment theories. JCDS contains two constructs: job demands and job control (Karasek, 1979). I was interested in understanding the job control, job demands, and empowerment of university counselors, so I developed five *a priori* codes based on my theoretical framework, as shown in Table 2. I developed a sixth code based on JCDS, self-efficacy, but I did not assign any data to it during the coding process.

Table 2

A Priori Codes Applied in This Study

Code	Code source	Code description	Number of references
Work hours	JDCS model	Work hours are a type of physical job demand (Karasek, 1979)	3
Work pressure	JDCS model	Work pressure from superiors is a psychological job demand that can impact performance (Karasek, 1979)	5
Coworker engagement	JDCS model	Engaging with other counselors can be a social job demand (Skovholt & Trotter-Mathison, 2014).	8
Personal growth	JDCS model, empowerment	Personal growth is a job resource that can mitigate job stress (Bakker & de Vries, 2021).	2
Role ambiguity	JDCS model	Employment role ambiguity can lower job control and increase job demands (Karasek, 1979)	5

Supervisor leadership	Empowerment	Mentorship is a key component in employee empowerment (Ghosh et al., 2019).	8
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Phase Three was the open-coding phase. After applying my *a priori* codes, I conducted an open-coding phase to code the data that my *a priori* codes did not capture. I assigned all data that I had not assigned to an *a priori* code to open codes during this phase. I labeled the open codes with brief, descriptive phrases that summarized the meaning of the data assigned to them. I developed a total of 28 open codes. The 28 open codes were then grouped into eight categories, as shown in Table 3.

Table 3 <i>Categorization of Codes</i> Category	Codes	Counselors
C1. The counselors experienced difficulties transitioning to new roles and methods.	1. Difficulty working from home	2, 5, 8
	2. Adopt new methods of counseling	1, 2, 3, 4, 7, 8
	3. Technological challenges	3, 4
	4. Role ambiguity	3, 5, 8
C2. The counselors experienced increased case loads	5. Increased group sessions	1, 3, 5, 8
	6. More difficult cases	2, 3, 5, 6
	7. Work pressure	1, 8
	8. Low job control	1, 2, 6, 7, 8
C3. The counselors experienced various levels of job control.	9. High job control	3, 4, 5
	10. Lack of breaks	1, 3, 5, 8
	11. Skip Lunch	1, 8
	12. Work hours outside normal business hours	2, 4, 6
C4. The participants experienced psychological and physical symptoms of burnout	13. Anxiety	1, 2, 5, 8
	14. PTSD	1, 7
	15. Lack of enthusiasm for healthy activities	1, 6, 8
	16. Physical sickness	2, 4, 5
C5. The counselors felt unsupported by the university administration	17. Low relative pay for mental health services	2, 4, 5, 8
	18. Make decisions without consulting the counseling center	2, 6, 8
	19. Take counselors for granted	1, 2, 3, 6, 7, 8
	20. Self-care	2, 7

C6. The counselors used traditional coping strategies to mitigate stress.	21. Separate work from personal life	1, 4, 5, 7
	22. Rely on social networks for support	1, 6, 7
	23. Therapy	1, 2, 7, 8
	24. Consult counselors regarding decisions	2
C7. Administrative support could address counselor burnout.	25. Increase staffing	1, 2, 3, 5, 6, 7, 8
	26. Increase support for counselors	1, 2, 3, 4, 5, 6, 8
C8. Leadership support can help address counselor burnout.	27. Promote professional development	3, 4
	28. Good leadership	1, 3, 5

Phase Four was the constant-comparative phase, during which I read responses from all participants according to each interview question to further solidify codes. To do so, I read all participants' responses to each IQ. I read all responses to IQ1, then IQ2, and so on until I exhausted all IQs. Reading the responses helped me examine the data across participants and helped me solidify the relationship between codes and categories. Some codes received new names during this process to be more consistent with the data categories.

In Phase Five, I organized my data into themes by grouping similar categories. Once I organized my categories into themes, I assigned them to each research question. Four themes addressed RQ1, describing the participants' experiences with the surge in demand for mental health services. Two themes addressed RQ2 regarding participants' suggestions for ways to address the problem. Table 4 indicates the organization of the categories into six themes.

Table 4*Themes Extracted from Analysis of the Participants' Data*

RQ	Theme	Categories
RQ1	Theme 1: The counselors experienced changes in job responsibilities	C1. The counselors experienced difficulties transitioning to new roles and methods. C2. The counselors experienced increased caseloads.
	Theme 2: The counselors experienced increased demand for services.	C3. The counselors experienced various levels of job control.
	Theme 3: The counselors exhibited signs of burnout	C4. The participants experienced psychological and physical symptoms of burnout.
	Theme 4: The counselors felt unsupported by the university administration	C5. The counselors felt unsupported by the university administration.
	Theme 5: The counselors used multiple strategies to mitigate stress.	C7. The counselors used traditional coping strategies to mitigate stress. C8. Empowerment helped mitigate stress.
RQ2	Theme 6: University counselors experienced burnout	C9. Administrative support could address counselor burnout. C10. Leadership support can help address counselor burnout.

During this phase, I refined the categories to ensure they were descriptive and sufficiently addressed their respective themes and research questions. After organizing categories into themes and assigning them research questions, I holistically examined the data and data analysis to ensure that the themes answered each research question logically. After the data analysis was complete, I emailed a two-page summary of each participant's data to the respective participant for member-checking. All eight participants responded to the two-page summary of their perspectives, confirming that the findings and interpretations aligned well with their individual experiences. Feedback was received via phone calls that lasted 0 to 20 minutes, and all participants expressed

surprise at the depth and breadth of the findings. The process of member checking increased the credibility and trustworthiness of my research by demonstrating that the researcher values and respects the participants' perspectives and is open to feedback. There were no discrepant cases.

Results

In this section, I present the results and findings of the study. Analysis of the data yielded six themes, as shown in Table 6. Themes 1-4 addressed RQ1, and Themes 5-6 addressed RQ2. The following discussion is organized according to research question, theme, category, and code.

RQ1

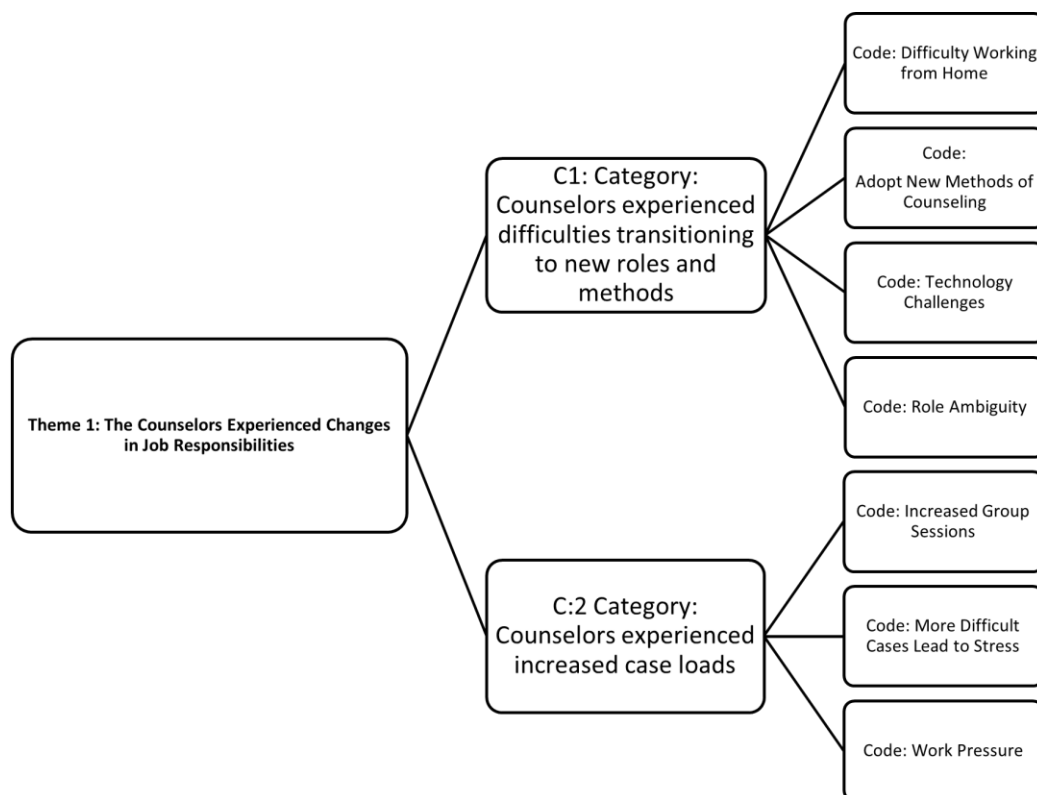
RQ1 asked what the perspectives of university counselors are about how they have been affected by the surge in student mental healthcare demand in the United States. Analysis of the data yielded four themes that addressed this research question. The following sections are presentations of the themes.

Theme 1: The Counselors Experienced Changes in Job Responsibilities

Two categories (C1 and C2) contributed to the development of Theme 1, as shown in Table 6. Category C1 relates how counselors experienced difficulties transitioning to new roles and counseling methods. Category C2 captured increased caseloads experienced by participants. Figure 2 shows categories and codes contributing to the development of Theme 1.

Figure 2

Codes and Categories Contributing to the Development of Theme 1



Theme 1 reflects two patterns in the data. The first pattern reflects how the counselors experienced difficulties transitioning to new job roles and counseling methods. In general, the participants experienced difficulty working from home, challenges adopting new methods of counseling, technological challenges, and role ambiguity. The counselors also described having challenges transitioning from in-person to remote work. For instance, Counselors 2, 5, and 8 had difficulty working from home both during and after the pandemic. Counselor 2 had difficulties maintaining a home space separate from a workspace stating:

When I leased my apartment in [redacted state], I did not know that we would be doing virtual therapy. So, I was doing it from my living room because I just didn't plan to have an extra bedroom to work from home. So, I had to adjust to working 100% from home, and also living in that space and still being the pandemic and not sure how to just not be sick of staring at the same walls all the time. It was adjusting all of our services to be virtual.

As shown in the excerpt, Counselor 2 used their living area as a workspace, which abolished the ability to separate personal life from employment responsibilities. In addition, Counselor 2 further stated that therapy from home was not ideal for students. Counselor 2 said, "There are some people that have a hard time focusing if they're standing in or sitting in their bedroom trying to have therapy. This is supposed to be my therapy space. It's supposed to be my sleeping space." Thus, according to Counselor 2, conducting therapy at home was difficult not only for counselors but also for students,

which increased the pressure put on counselors during the therapy sessions. Counselor 5 had difficulties working from home for similar reasons saying:

I also had a lot of trouble working from home. At first, it was great because you had a 1-minute commute to work, but after a few weeks, I felt like I never left work. So, the lines were blurry, and I didn't like that. I was happy when we went back to in-person therapy.

Like Counselor 2, Counselor 5 reported challenges separating personal and work life. Both Counselor 2 and Counselor 5 indicated that their personal and work lives were indistinguishable when working at home. For these counselors, working from home effectively eliminated work-life balance. Therefore, based on the counselors' experiences, the counselors experienced difficulties working from home due to nonideal therapy settings and a lack of work-life balance.

In addition to work-life balance challenges, the counselors also needed to adopt new methods of counseling. Many participants (Counselors 1, 2, 3, 4, 7, and 8) adopted new counseling methods during the pandemic, which changed their job responsibilities. For instance, Counselor 1 said:

I think the biggest way that my job requirements changed was we wanted to come up with a way to sort of combat some of what was going on. At my college, we implemented a lot of different groups based on a lot of these vital life skills that we thought the pandemic kind of took away from a lot of our students.

In their interview, Counselor 1 recounted that their counseling focus changed during the pandemic: "I saw a shift from a variety of mental health concerns to health-related

concerns, social anxiety, being out in public, interacting with people, and the new world where social distancing is a thing.” For Counselor 1, shifting focus from mental health concerns to social-based concerns was challenging, especially considering the need for new group therapy sessions, which required research and energy to construct.

Some counselors found difficulties with adopting Zoom for therapy sessions, finding this new method of counseling stressful. Counselor 3 recalled, “It’s the technology of having to do all this Zoom, just the complications. It’s stressful for me, I’m old. I don’t know how to work all this stuff.” Counselor 3 explained that using Zoom for therapy was stressful due to a lack of technological experience, which made the shift to virtual counseling stressful. Other counselors had similar experiences. For example, Counselor 4 said, “If you have any kind of mental illness at all, I think it makes it harder in isolation because we can talk to him via Zoom, but Zoom was not perfect. It was hit or miss a lot on our end and their end.” Counselor 4 said Zoom was a difficult platform on which to conduct counseling sessions due to a lack of interaction with the student, finding that virtual therapy did not have the same effect on students struggling with mental health concerns as in-person therapy. Thus, the participants had to adopt new methods of counseling, which was sometimes stressful due to the need for new platforms.

When the counselors changed counseling modalities to work virtually, some of them experienced technological challenges. Counselors 3 and 4 explained that technological challenges made their jobs more difficult. Counselor 3 experienced difficulties with Zoom regarding counseling students. Counselor 3 further explained, “I don’t want to have to move into the new age. Zoom was really a struggle for me. I think

I'm going to have to learn how to reach students differently. I'm going to have to have more apps available for them, so they can access their phone." Counselor 3 further explained that technological challenges and glitches during sessions diminished the therapy session because they interrupted dialogue between themselves and the student. Counselor 4 also found counseling more difficult on Zoom due to technological issues saying:

It was super, super stressful during the pandemic because, especially for those of us who are not as tech-savvy, it was so hit or miss because everything was not pinned down. It has kinks occasionally that interrupt the progress we can make.

For Counselors 3 and 4, the use of Zoom diminished the progress that could be made during counseling sessions due to technological challenges with the Zoom platform.

Thus, technological challenges contributed to the stress placed on counselors during the pandemic.

When the counselors transitioned to virtual counseling practices, some experienced role ambiguity. For instance, Counselors 3, 5, and 8 experienced role ambiguity with their employment during the pandemic. Role ambiguity occurs when an individual must perform jobs and tasks not delineated in their job description (Maden-Eyiusta, 2021). Counselor 3 discussed their role ambiguity:

There's also confusion because I'm also a lead counselor. There's a more supervisory role now that I have that I didn't have during the pandemic. Now that I'm here at [redacted location], that might be confounding some of my job

satisfaction because I'm not necessarily a supervisor, and I don't want to lead it.

I'd rather just do counseling with students.

Counselor 3 experienced role ambiguity due to being a lead counselor; being a supervisor was not in their job description, and Counselor 3 had to take on an unwanted supervisory role. Role ambiguity negatively affected their job satisfaction.

Whereas Counselor 3 took on supervisory roles, Counselor 5 also had to shift job responsibilities after the pandemic, creating stress:

I'm personally dealing with a lot because I like taking on more individual clients.

But I'm having to take fewer individual clients because I have other tasks to do with outreach and administrative things. It does shape how many students we can see when there are fewer of us, but we're doing multiple roles.

Counselor 5, like Counselor 3, had to take on different roles than originally intended, including outreach activities and administrative work, which took time away from seeing individual clients. Given that Counselor 5 enjoyed working with students, this shift and role ambiguity produced stress. The previous discussion revealed difficulties counselors experienced in transitioning to new roles and counseling methods.

The second pattern in the data was that the participants experienced increased caseloads. Specifically, participants increased group sessions, and more difficult cases, which led to stress and work pressure. Increased group sessions were one job responsibility unanticipated by the counselors. Indeed, many of the counselors changed their counselor methodology from individualized counseling to group counseling. Group counseling is fundamentally different from individual counseling, requiring counselors to

prepare for diverse student responses (Buchanan & Wiklund, 2020). Counselor 1 reflected this change in focus:

At my college, we implemented a lot of different groups: groups focused on social engagement, groups focused on putting yourself out there and making friends, and groups focused on sort of initiating dating. I had to change how I thought about counseling, which was difficult and stressful.

Counselor 1 shifted from individual to group counseling, which required a change in focus and approach. Counselor 1 found this change difficult, which added to their job-related stress. Counselor 3 recalled a similar shift. Counselor 3 said, “We would do a lot of presentations and classrooms and workshops around the cafeteria. A lot more group work.” Group work for Counselor 3 replaced individual sessions with students.

Counselor 5 said, “It’s a lot harder to prepare and execute group sessions than it is to connect with an individual student. I found myself stressed and anxious every time we added a new group session.” Thus, based on the participants’ experiences, the increased number of group sessions and workshops offered by the counseling centers added stress and work pressure to the participants.

In addition to increased group counseling sessions, the participants also observed an increase in the complexity and difficulty of the students’ problems. Specifically, some participants felt an increase in the intensity and difficulty of the students’ mental health problems, which induced stress for the participants. Counselor 2 recounted, “I also feel like there’s been an increase in the intensity of mental health concerns that people are coming in with, as well as some different mental health concerns, like suicidal ideation.”

Counselor 2 observed an increase in mental health concerns among students', including suicidality, which requires specialized attention from the counselor. Counselor 3 found that the increased intensity of cases influenced their mental well-being stating:

I think it has impacted me. And part of the burnout that I'm experiencing is because I am seeing a lot more difficult cases come my way. Before the pandemic, there were a lot of careers and success strategies. Now I am seeing a lower tick in career planning, and it is more personal issues and mental health issues. It is more stressful for me because I'm not used to it. I feel like I don't have the necessary or adequate skills to work with somebody who's depressed or who has anxiety.

Counselor 3's experiences are tied to their role ambiguity. Counselor 3 mainly worked with students on career planning and academic success before the pandemic and transitioned to working with students on significant mental health concerns, such as depression and anxiety, which contributed to Counselor 3's feelings of burnout. In agreement, Counselor 4 stated:

Their anxiety, their depression, their stress, their bipolar, or whatever else they've got going on makes me want to drink. It makes me want to go back to drugs. It made everybody, all the professors and all the counselors, stressed when the student's stress level was through the roof.

Counselor 4 found significant changes in their mental health and indicated they considered using drugs and alcohol to cope with the added stress. Thus, for some of the

participants, the increased intensity of mental health concerns influenced the participants' mental health, inducing stress, burnout, and unhealthy coping strategies.

In addition to increased numbers of group counseling sessions and complex cases, the participants experienced greater work pressure. For example, Counselor 1 explained that group counseling sessions and complex cases led to increased work stress. "It did put a lot of extra pressure on us. I think that was a product of the increased demand for services post-COVID. There was increased pressure, post-COVID, to help these students' out." Counselor 1 found that the students needed more support after the COVID-19 pandemic, which added work-related pressure. Counselor 8 reported, "There was so much pressure. The students and faculty were both stressed. You can only do so much in a 50-minute counseling session." Counselor 8 experienced pressure to help solve students' and faculty members' mental health concerns, but they felt limited by the time available. Thus, the participants experienced an increase in work pressure after the pandemic.

In presenting Theme 1, I discussed how the job responsibilities of counselors changed during and after the COVID-19 pandemic. The counselors explained how changes in their responsibilities lead to additional stress and induced burnout. The elements of Theme 1 are summarized below.

1. The counselors experienced difficulties working from home due to unideal therapy settings and a lack of work-life balance.
2. The counselors' job requirements changed due to the nature of virtual therapy and the need for additional group sessions to teach students vital life skills.

3. Technological challenges diminished the counselors' ability to do effective counseling sessions with students.
4. Role ambiguity diminished the counselors' job satisfaction.
5. The shift from individual to group sessions caused stress for some participants.
6. The increased intensity of the students' mental health concerns significantly influenced the participants' mental health.

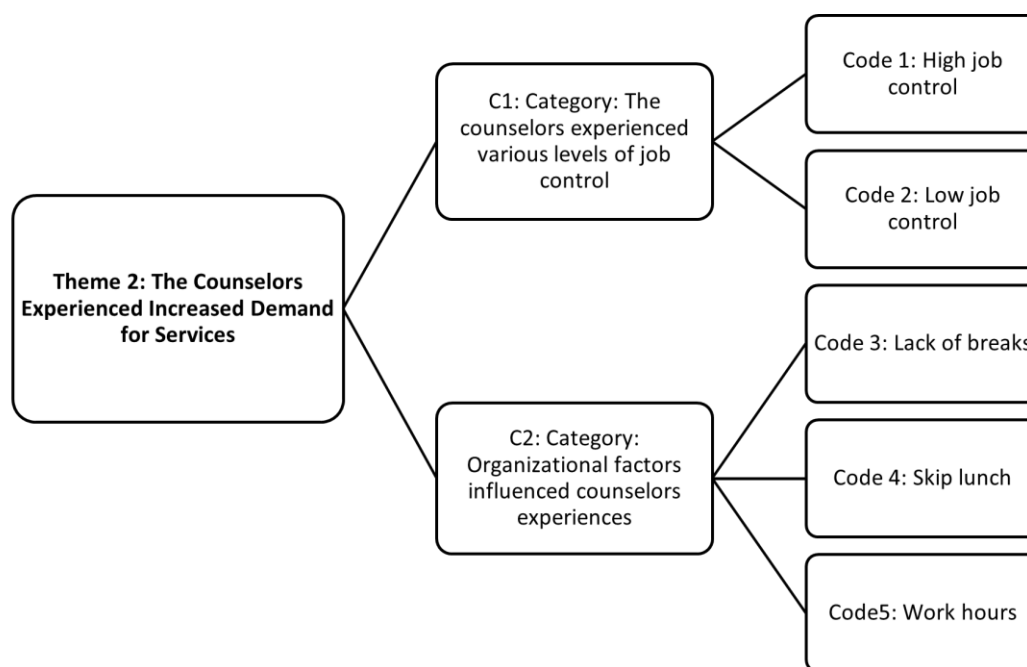
These results indicate that the counselors experienced significant changes in their job responsibilities, leading to role ambiguity and work pressure.

Theme 2: The Counselors Experienced Increased Demand for Services

In presenting Theme 1, I discussed how the counselors' job responsibilities changed during and after the COVID-19 pandemic. In this section addressing Theme 2, I reported an increased demand for services that the participating counselors experienced. Two categories (C3 and C4) contributed to the development of Theme 2, as shown in Table 6. Category C3 includes the counselors' varying levels of job control. Category C4 reports organizational factors were perceived as influencing the participants' experiences with increased demand for mental health services. The categories and codes contributing to the development of Theme 2 are shown in Figure 3.

Figure 3

Codes and Categories Contributing to the Development of Theme 2



The Counselors Experienced Various Levels of Job Control. The first category contributing to Theme 2 was experiencing fewer changes in *high job control* and *low job control*, Code 1 and 2 respectively. A number of supervisors and participants recounted having high job control. However, other participants discussed having low job control, highlighting a lack of flexibility with their schedules and job responsibilities.

High Job Control. Counselors 3, 4, and 5 expressed having high job control. For example, Counselor 3 stated:

I have all the control in the world. I am very fortunate here. We have a 35-hour work week. We're structured as far as the hours that we work; we're like faculty here. We work when the faculty are here. We have a contract that starts on a

certain day and ends on a certain day, and then we get a couple of weeks off and return. It's pretty structured. As long as we kind of work our 8:00 to 4:30, Monday through Thursday, and we get in the rest of our hours on Friday, we're fine.

Counselor 3 found that high job control was due to the structured nature of the contract and job expectations. Concrete expectations regarding work hours and contract days imposed an order on schedule and employment that resulted in high job control.

Counselor 3 further explained, "I can usually come and go without being micromanaged. So, it is an ideal setting. The flexibility and autonomy are helpful that we have in our space, I enjoy that." Thus, Counselors 3 and 5 expressed having flexibility, autonomy, and high levels of job control during and after the pandemic.

Counselors 3, 4, and 5 reported the freedom to handle cases the way they felt comfortable, doing what is best for clients. Counselor 4 said, "I did not feel micromanaged to the level of influencing client treatment plans, which is another important aspect of job control."

Low Job Control. Whereas Counselors 3, 4, and 5 reported having high levels of job control, the other counselors experienced low job control that negatively influenced their own mental health and well-being. Counselor 2 said:

I have very little control over my schedule. There are times when I wish it was a little bit more flexible, or I could do more days working from home, especially in the summer when there aren't as many students as possible on campus. It would be nice to have some more work from home.

Counselor 2, despite having set hours in the counseling center, reported disappointment with not having flexibility regarding choosing hours and days on campus. Counselor 2 explained counselors would be more useful outside the normal 9 a.m. to 5 p.m. workday:

I think a big thing for me too is knowing their days, where I can pick my hours, or for students here, it might be better to have some evening hours. But I don't have a lot of freedom to pick my hours and pick my days, or even have a lot of choice on what days I work from home or how often I work from home.

Counselor 2 believed that they could better serve students if they offered evening hours. Moreover, Counselor 2 expressed a desire to have more autonomy over their hours and with the option to work at home. Counselor 8 also experienced low job control:

I have absolutely no control. It's 8 to 4:30, Monday through Friday. It's packed with students right now, and I'm lucky if I get a lunch break or time to write up my notes. It's very draining mentally and emotionally.

Counselor 8 worked similar hours to Counselor 2, highlighting a very structured work environment that prevented autonomy and flexibility. Counselor 8 further indicated that this work environment challenged their mental and emotional health. Thus, the structured nature of the counseling center work environment, concomitant with the high demand for services, provided low job control for some participants.

Organizational Factors and Counselors' Experiences. The second category contributing to Theme 2 was organizational factors. Three codes contributed to the development of this category: (1) *lack of breaks*, (2) *skipping lunch*, and (3) *work hours*. The counselors' experiences indicated in each code are discussed in turn.

Lack of Breaks. In the previous section, Counselor 8 found they did not have time for breaks or to write notes. Counselor 1 agreed and added:

We were at this point where we were getting a lot of waitlists. You had students who were reaching out saying that they desperately needed an appointment and couldn't seem to find one. There was this uptick in busyness, which did put a strain on the practicing therapists themselves because we were pretty much all go, with no stop at times. We didn't have any breaks. I would say that was typically how the environment itself was impacted.

Counselor 1 explained there was an increase in demand for mental health services, with students being placed on waitlists when no appointments were available. Elevated mental healthcare needs led to working through breaks with little time in between sessions.

Counselor 5 experienced similar work conditions: "We had almost no breaks. The students' needs were so much that you needed the entire hour session every time."

Therefore, some of the counselors experienced work environments where there was constant pressure to work with students, leaving little time for breaks between clients.

Skip Lunch. In addition to not having time for breaks, some participants reported needing to skip lunch to meet the increased demand for mental health services. Counselor 1 reported having to skip lunch to meet with students who came to the counseling center without appointments: "Sometimes that would include skipping a lunch hour or shortening a lunch hour. We had this protocol where if a student comes in, they would be seen no matter what." Counselor 8 also reported having to skip lunch, saying, "There were times that so many students needed counseling for not little issues, but big issues. It

would be irresponsible to turn them away, so a lot of times, we ended up skipping lunch.”

Counselor 8, like Counselor 1, skipped lunch to meet the increased demand for mental health services by the student population. These conditions contributed to the low job control experienced by the participants.

Work Hours. In addition to having to skip breaks and lunch, some participants reported working extra hours to meet student demand. For example, Counselor 2 said:

I had noticed that I was getting anxious because I'd still get emails that would pop up after hours. I might not answer them if I'm getting them at seven or eight at night or over the weekend. But I noticed it was still causing me a lot of stress and anxiety.

Counselor 2 had anxiety from receiving emails from students at night and over weekends, and addressed the anxiety by working outside of hours to address student needs:

If I know that I have a client who's highly suicidal, and I have an email on my phone, I was able to see it really late at night, even though our email says that we don't really answer anything at that time, but I still decided to answer. So, in situations like that, yes, I do bring the work home, and it does stay with me. It's not demanded of you to take those emails outside of contract hours, but because it weighs on you, I do it all the time.

Counselor 6 recalled replying to emails outside of working hours for students who were in crisis claiming that the inability to separate work from home life induced stress.

Counselor 4 worked outside hours to complete administrative tasks:

A lot of counselors stay there way later than they're supposed to because most counselors do overwrite their notes, and they can't get them done in the 10 minutes in between [students] like they're supposed to. They have to go to the bathroom every so often.

To properly perform their jobs, counselors must make notes on the students' challenges and the interventions suggested. This administrative task is necessary for a counseling center because students may see a different counselor in subsequent sessions. Counselor 4 made notes outside of work hours, a task which extended their workday. Therefore, the counselors not only interacted with students outside of working hours but completed administrative tasks for which they did not have time during the workday. In Theme 2, counselors experienced increased demand for mental health services. There were three main elements highlighted in Theme 2. First, some counselors experienced high job control, whereas others experienced low job control. Second, some counselors skipped lunch and did not have time for breaks between students. Finally, some counselors reported having to work outside of working hours to complete administrative tasks and address students' mental health challenges. Counselors worked outside of working hours to address students' mental health challenges during and after the pandemic.

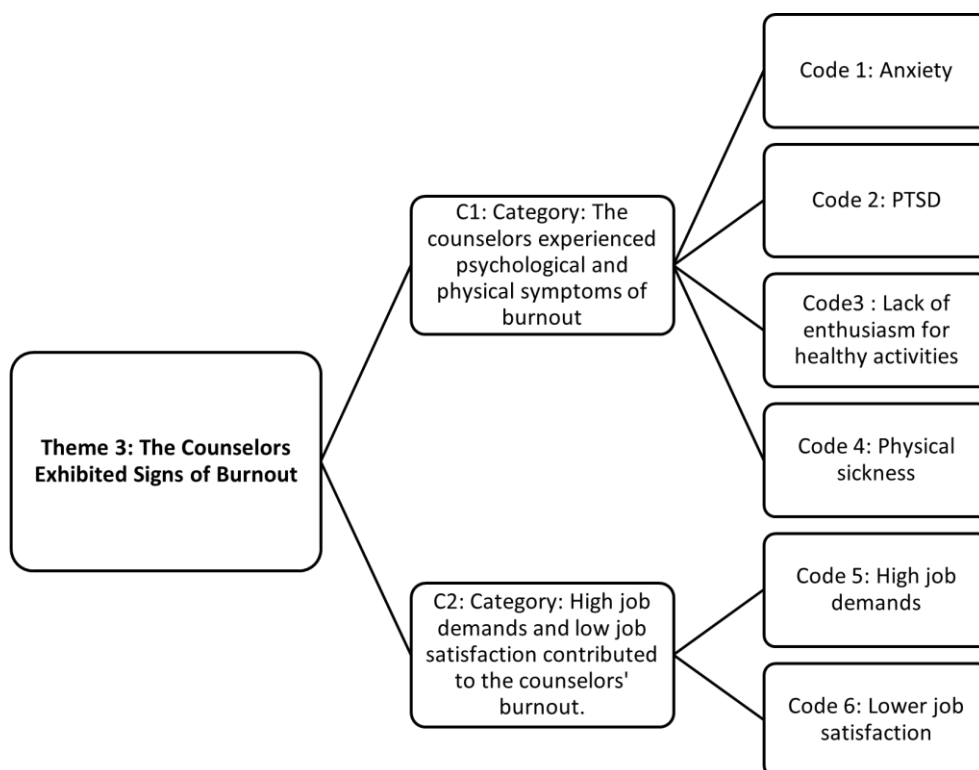
Theme 3: The Counselors Exhibited Signs of Burnout

In presenting Theme 2, I discussed how the counselors experienced increased demand for services during and after the COVID-19 pandemic. As evidence for Theme 3, I explain how working conditions led to the counselors' experiences of burnout. Two

categories (C5 and C6) contributed to the development of Theme 3, as shown in Table 6. In Category C5 counselors experienced psychological and physical symptoms of burnout. Category C5 reflects how high job demand and low job satisfaction contributed to the counselors' burnout. The categories and codes contributing to the development of Theme 3 are shown in Figure 4.

Figure 4

Codes and Categories Contributing to the Development of Theme 3



Counselors Experienced Psychological and Physical Symptoms of Burnout.

The first category contributing to the development of Theme 3 is that the counselors experienced psychological and physical symptoms of burnout. Four codes contributed to

the development of this category: (a) *anxiety*, (b) *posttraumatic stress disorder (PTSD)*, (c) *lack of enthusiasm for healthy activities*, and (d) *physical sickness*. The first three codes were indicative of psychological symptoms of burnout.

Anxiety. The participants reported they experienced significant anxiety as they transitioned to and from remote work before and after the pandemic. Counselor 1 had anxiety thinking about attending work the next day:

I think it does have an effect on your job satisfaction to some extent. When you put your head on the pillow at night, you do get anxious about the next day and having to do all of that again, and maybe if it wasn't for COVID and the pressures that the students were facing, the days would be a lot less stressful. So, it's something to consider.

Counselor 1 was not able to stop thoughts about stressful work conditions, which created anxiety consistent with symptoms of burnout. Counselor 2 experienced anxiety, especially when receiving emails from students late at night:

I was getting anxious because I'd still get emails that would pop up. I might not answer them if I'm getting them at seven or eight at night or over the weekend, but I was noticing it was still causing me a lot of stress and anxiety.

Counselor 2 became stressed when emails were consistently being sent after hours and felt anxious when unable to reply immediately. Counselor 5 also reported anxiety that lasted past working hours, saying, "I found myself anxious for students all the time. It was hard to turn it off." Thus, the counselors experienced significant anxiety, a symptom consistent with burnout.

PTSD. Whereas the participants did not specifically reference PTSD, two experienced symptoms of PTSD, specifically highlighting flashbacks. For instance, Counselor 1 said:

There are always moments when you're relaxing, maybe you're at the grocery store, your mind is away from the counseling center, and you'll see something that will maybe remind you of a student or remind you that you have something going on at work, and it sort of momentarily puts your body back in that stressful state.

Counselor 1 experienced flashbacks when performing activities unrelated to counseling. They indicated that when they were reminded of a student at the counseling center, they experienced the physical symptoms of stress, a hallmark of PTSD. Similarly, Counselor 7 said, "It's common for me to be thinking and wondering, sometimes worried about some of the students that I'm seeing. Sometimes it gets to me physically." Counselor 7 experienced physical symptoms of stress when they recalled some of their clients. These symptoms are consistent with the stress associated with PTSD. Thus, some of the counselors interviewed in this study had some symptoms of PTSD.

Lack of Enthusiasm for Healthy Activities. Counselors 1, 6, and 8 lacked enthusiasm for their normal or healthy activities, a symptom that is consistent with depression. Counselor 1 stated, "Maybe I had it in mind to go to the gym after, and then now maybe it was a stressful day. Then, now I'm not going to do that." Counselor 1 indicated a lack of desire to do their normal activities after work due to the stress associated with work. This result was consistent with the depression-related symptom

reported by Counselor 1. Counselor 6 expressed similar thoughts: “I just wasn’t interested in doing all of the things I would normally do.” Like Counselor 1, Counselor 6 experienced symptoms consistent with depression, including a lack of interest in their normal, healthy activities. Thus, some of the counselors lacked enthusiasm for their normal, healthy activities.

Physical Sickness. The last code that contributed to the development of Category C5 was physical sickness. Counselor 2 attributed their physical sickness to mental and emotional exhaustion:

There are times I wonder, too. Like the times I’ve gotten physically sick, I wonder how much of it was from my mental and emotional strain from the job impacting my health. Unfortunately, the times I have gotten sick while working at [redacted school], it’s been during stressful times of the year. It’s never during the summer when things are a little bit lighter or a little bit easier. It’s usually during our busiest months, like October and February.

Counselor 2 noticed that they became physically sick during the busiest times at the counseling center, perhaps suggesting that Counselor 2’s physical sickness was related to stress. Counselor 4 also experienced physical symptoms of stress. Counselor 4 said, “I’m someone who gets a lot of tension migraines and tension headaches when I’m stressed. I was getting them a lot.” These findings indicate that the counselors experienced physical symptoms due to stress related to their employment.

High Job Demands and Low Job Satisfaction Contributed to the Counselors’ Burnout. The development of Theme 3 included high job demands and low job

satisfaction, which led to burnout experienced by the counselors. Two codes helped develop this category: (5) *high job demands* and (6) *low job satisfaction*.

High Job Demands. Counselors recounted high job demands during and after the COVID-19 pandemic. For instance, Counselor 1 said:

You sort of have a long day, and after a long day, you get a little burnt out, and you do wish that maybe the day wasn't as busy as it was, or maybe you wish you could take a step back from seeing so many patients in a day. But of course, that's not feasible in the position.

Counselor 1 experienced high job demands and felt burnt out from working long days with a high patient load. Counselor 2 experienced the same, stating, "I think I've experienced more burnout. Certain times of the year are worse than others. Summer is a little bit lighter. But I felt the stress more. So, I'll leave work feeling just more exhausted and drained." Counselor 2 experienced burnout during busy times of the year when student caseloads were high indicating that this burnout resulted in mental and physical exhaustion. Other counselors also expressed burnout due to high job demands. For example, Counselor 3 said:

I have been feeling more burnt out lately over the last year or two. So, that is a very clear change for me. I don't know if that was the pandemic or if that's just more my age, getting closer to retirement, and just the level of work that has been put on my plate as of late.

Counselor 3 was not able to discern whether the burnout they felt was due to being close to retirement, or the pandemic, but acknowledged that a high caseload could be a

contributing factor to their experiences of burnout. Thus, the high demand for services led to high job demands for the counselors, which contributed to their experience with burnout.

Lower Job Satisfaction. The participants discussed a decrease in job satisfaction due to the increased demand for mental health services. Counselor 1 said, “I would say there was a slight decrease in satisfaction. As much as I hate to admit it, I think the pandemic caused distress, which lowered my enjoyment of going to work.” Counselor 1 relayed a decrease in job satisfaction due to the distress related to the increase in demand for services. Detailing a lessening of job satisfaction, Counselor 3 said, “My job satisfaction was much higher back then than now. A variety of factors kind of go into that satisfaction. The bottom line is that it’s a lot lower now.” Counselor 3 did not elaborate on the reasons behind their decreased job satisfaction but did acknowledge being less satisfied with their employment now than in previous years. These findings indicated that some participants did experience a decrease in job satisfaction.

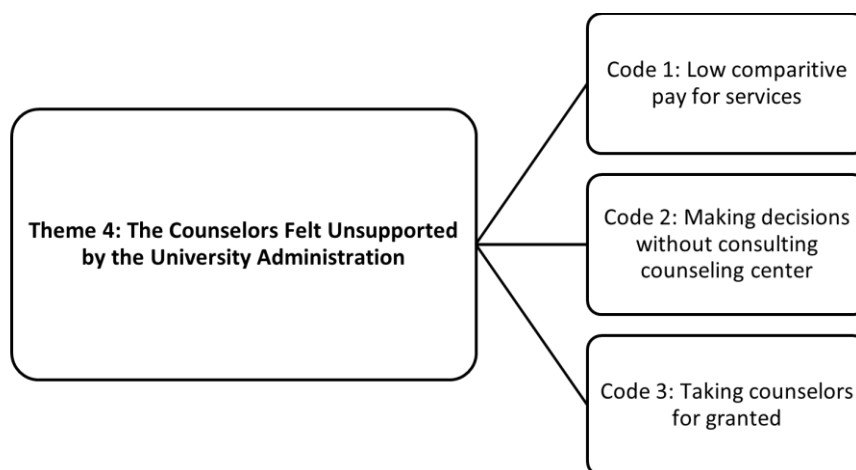
Two categories were used to construct Theme 3. First, the counselors experienced the psychological and physical symptoms of burnout. Specifically, the participants experienced psychological effects, including anxiety, PTSD, and a lack of enthusiasm for normal or healthy activities. Some participants experienced physical sickness, which they attributed to employment-related stress. The second category was the participants felt burnt out due to high job demands, which led to a decrease in job satisfaction.

Theme 4: The Counselors Felt Unsupported by the University Administration

In Theme 3, I discussed how the counselors interviewed in this study experienced burnout. In Theme 4, I describe how the counselors felt unsupported by their administrations. Category (C7) contributed to the development of Theme 4, as shown in Table 6. Category C7 recounts how the counselors felt unsupported by the university administration. Three codes contributed to the development of Theme 4: *low comparative pay for services*, *making decisions without consulting the counseling center*, and *taking counselors for granted*. The categorization of Theme 4 is depicted in Figure 5.

Figure 5

Codes and Categories Contributing to the Development of Theme 4



Low Competitive Pay for Services. Many of the participants believed they were being underpaid for their services compared to counselors working in private settings.

For instance, Counselor 2 said:

It's hard because we are providing a really valuable service, but we're not being paid the same way. Our colleagues in other settings are being paid more for similar skills, but we're in very stressful work environments. So, one thing I would say would be to increase pay.

Counselor 2 believed that university counselors were not being compensated adequately compared to counselors working in other settings and private practice. Counselor 2 further believed that the university counseling setting was a more stressful work environment compared to private settings and advocated for an increase in salary for university counselors. Counselor 5 echoed this comment:

What we're paid is not equal to what other people in the community are paid: mental health counselors. That's something that we talk a lot about, and they just got rid of some of our vacation days to save money in HR. So that's causing an uproar with a lot of people. So having more time off, they are taking that away for taking care of yourself while taking care of others.

Counselor 5 also believed they were not being compensated similarly to other mental health professionals. Moreover, the university decided to remove some of the counselors' vacation days to conserve financial resources. These factors contributed to the counselors not feeling valued by their universities.

Making Decisions Without Consulting Counseling Center. Counselors 2 and 8 expressed frustrations when their administrations made decisions regarding the counseling center without consulting the counseling center. Counselor 2 explained:

There are other ways where I feel less empowered. Anytime you are part of a large organization, like working for a university, there are some limits on what you can and can't do, and how much control you have, especially knowing that we are a very clinical service. We're a healthcare service that's governed by an educational body. Sometimes, the people who are my bosses who are several steps ahead of me are very nice people, but their background is in education. Sometimes the decisions that they make are based on their experience in education, whereas we would do something differently because we're a healthcare entity. So, the way that we do things is very different from how someone who works for financial aid might do something.

Counselor 2 portrayed their administration as treating their department similarly to other educational departments without considering the differences between healthcare services and educational services. Counselor 2 believed that counseling services and educational services were fundamentally different, and that the administration should consult the counseling center when making decisions regarding student counseling services.

Other counselors expressed similar concerns. For example, Counselor 6 said, "So, maybe just taking the time to get to know us and get to know our role, I feel like, will be more helpful than just dictating what we should do." Counselor 6 described their university administration as aloof, making and dictating decisions without consulting the counseling center. Counselor 8 expressed similar thoughts, saying, "I wish the administration would ask us what's best for student counseling before they make decisions about the counselors. They often make decisions that don't make sense for us

or the students.” Counselor 8 also highlighted the notion that administrative officers may not understand the students’ or counselors’ needs regarding counseling. Thus, one area that I highlighted in recommendations for practice is for the administration to consult the counseling center directors when making important decisions regarding student counseling.

Taking Counselors for Granted. Most of the counselors believed their university administrations took the counselors and counseling center for granted. The participants’ responses are summarized in Table 5.

Table 5

The Counselors Believed Their Universities Took Them for Granted

Counselor	Excerpt from Interview
Counselor 1	“I think a lot of universities take what counseling centers do for granted. The administration, or some of the higher-ups, don’t see the value in the work that we do put in.”
Counselor 2	“While I appreciate that the higher-ups are acknowledging that there is an increased need for mental health services, I feel like people who are boots on the ground trying to provide mental health services aren’t being supported.”
Counselor 3	“Now there are only four of us left as counselors, so we don’t feel very supported by our larger administration.”
Counselor 6	“[The administration] is really far removed from what exactly we do over here. I know that they deal with students, and they hear the complaints about our waitlist, but I don’t think they really understand or appreciate exactly what goes on over here.”
Counselor 7	“I wish that we could focus solely on the counseling aspect, or if we want to teach that as well, rather than some of the administration’s random presentations.”

Counselor 8 “The administration doesn’t appreciate what we do. We’re here for the students and without the students, there’s no university.”

Counselor 1 believed the university did not value their work, often taking them for granted:

I think if you were to take the counseling center away, you would realize just how in shambles the university would be. More recognition, although I’m not exactly sure what that would look like in practical form, maybe just more kind of understanding of what we do by administrators.

Counselor 1 underscored the valuable service that counselors provide to students’ and the university and believed that the administration should be more appreciative of the counselors’ services. Counselor 3 believed the lack of support for counselors was due to budgetary reasons saying, “It might just have to do with budgets. I think they’re just trying to save money. Their nonverbal behavior of not hiring counselors is a clear indication that we feel a lack of support from them.” At Counselor 3’s school, there were only four counselors, and the university had denied their request to hire more counselors. Regardless of the reason for this decision, Counselor 3 characterized the counseling staff as unappreciated and unsupported by the university administration. As previously shown in Table 5, the other counselors expressed similar concerns about their administrations. Therefore, many of the university counselors interviewed in this study felt unsupported, unappreciated, and undervalued by their universities.

In Theme 4, I showed how the counselors felt unsupported by their university administration. The counselors felt they were being underpaid compared to other mental health professionals. The counselors also believed their university administrative executives were making decisions in silos regarding the counseling center, often making decisions that were not right for the counselors or the university students. Finally, most counselors reported feeling underappreciated and unvalued by the university. These factors might have contributed to the stress and burnout experienced by the counselors.

Summary of RQ1

In addressing RQ1, I investigated the counselors' experiences with the increased demand for mental health services by university students. Four themes emerged from the analysis of the participants' interviews. In presenting Theme 1, I showed how the job responsibilities of counselors changed during and after the pandemic. The counselors experienced role ambiguity and had challenges transitioning to virtual services and working at home. Counselors also had an increase in caseload, with an increase in the intensity of the problems the students experienced. Addressing Theme 2, I went into greater depth regarding the counselors' experiences with increased demand for services. They explained how they often skipped lunch and breaks and spent time working outside of counseling center hours to get work done. The counselors also had low job control and high job demands which contributed to feelings of counseling burnout.

In support of Theme 3, I examined the counselors' experiences with stress and burnout. They reported psychological symptoms of burnout, including anxiety, experiences of PTSD, and depression. The counselors also became physically ill, which

they attributed to the stress of their current employment. Addressing Theme 4, I investigated organizational factors that may have contributed to the participants' feelings of burnout. The counselors believed that their university administrations did not support them. Specifically, they interpreted their comparatively low salary and lack of investment in additional counselors as indicators that their university administration officials undervalued them and their services. The counselors' experiences were not all negative, however. In the discussion of RQ2, I reported how the counselors coped with the increased stress of their employment, highlighting empowerment and student achievement as critical factors.

RQ2

Research Question 1 asked what the perspectives were of university counselors and how they have been affected by the surge in student mental healthcare demand in the United States. In RQ1, I examined the counselors' experiences with the increased demand for mental health services. I designed RQ2 to guide the inquiry into the counselors' opinions regarding how to address the problem of university counselor burnout. To answer this research question, I asked counselors' questions about how their universities and counseling center supervisors can address their experiences of stress and burnout.

Analysis of the data yielded two themes that were assigned to this research question. Theme 5 reflects the strategies counselors use to mitigate stress and highlights individual steps counselors could take to address stress and burnout. In presenting Theme

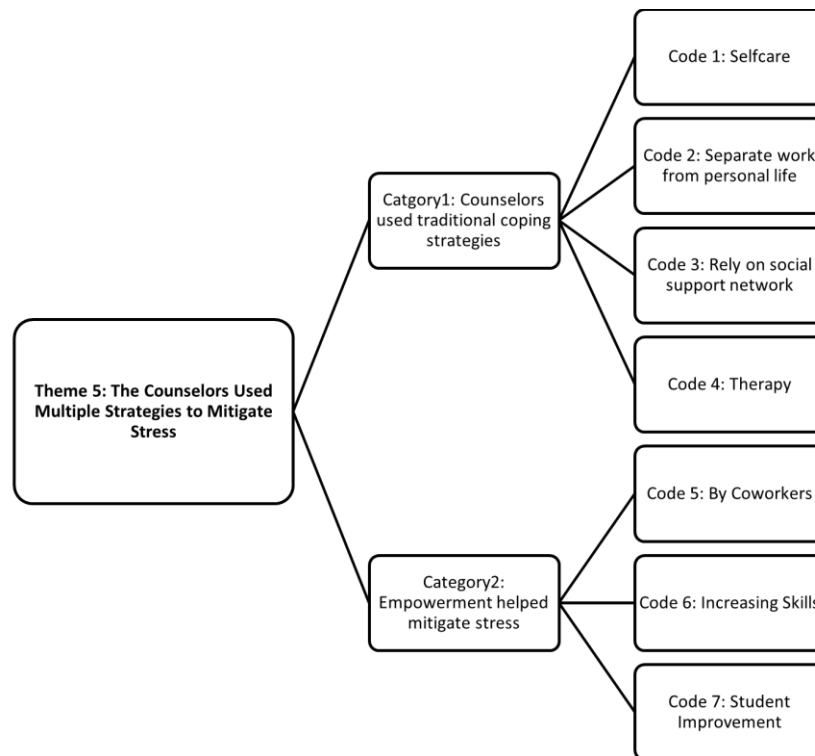
6, I discuss how universities can address counselor burnout through proper leadership and enhanced administrative support.

Theme 5: The Counselors Used Multiple Strategies to Mitigate Stress

In presenting Theme 5, I summarized coping strategies used by counselors to mitigate stress. Categories C6 and C7 contributed to the development of Theme 5. Category C6 explains the traditional coping strategies the counselors use to mitigate stress. Category C7 captures the traditional sense of job control expressed as empowerment. The categorization of Theme 5 is shown in Figure 6.

Figure 6

Codes and Categories Contributing to the Development of Theme 5



The Counselors Used Traditional Coping Strategies. As shown in Figure 6, Category 1 reflects the four codes that embodied coping strategies counselors used to abate stress associated with excess demand for their services associated with COVID-19. Specifically, the four codes for Theme 5 are: (1) *self-care*, (2) *separate work from personal life*, (3) *relying on social support networks*, and (4) *therapy*.

Self-care. The counselors reported using self-care to help abate the stress associated with the increased demand for their services. Counselor 2 noted they wanted to perform unhealthy activities, a symptom of depression, but opted for self-care instead:

When I'm stressed and tired, I really push myself to make sure I'm doing self-care things, things that are good for me, not always things that feel good.

Sometimes what feels good to me is just like zoning out and reading a book or going home and lying on the couch. Although it feels good, it's not necessarily good for me. I've had to, like, be strict with myself to make sure I keep doing things that are good for me, even if I don't want to do them, like cooking nutritious meals or exercising.

Counselor 2 preferred to relax on the couch and indicated having to force themselves to do healthy activities, including exercise, one component of their self-care routine that helped relieve stress. Counselor 7 took advantage of the extra time at home during the pandemic to start self-care routines, stating, "During, when we were at home, everything actually got healthier. I think being at home, I was able to do some more. I started doing a lot of good practices." Counselor 7 was able to start self-care routines that

promoted healthy living, which helped them address the stress associated with the increased demand for mental health services.

Separate Work from Personal Life. Several counselors reported that they helped relieve stress by making a concerted effort to separate their work from their personal lives. Counselor 1, who indicated that they struggled with work-life balance during the pandemic, renewed their efforts to achieve such balance, saying, “I also have carved out my sacred time, like my weekends. I try to make an effort not to think about work related to the counseling center. When I’m there Monday to Friday, I can devote my energy there.” Counselor 1 highlighted that they tried to stay in the present, being at work during business hours and working to leave the business at their place of employment, further explaining, “I try to make it a point not to let it seep into my psyche over the weekend.” Counselor 4 worked to achieve a sufficient work-life balance, saying, “I just have to go home, and I have to try to leave it at work. That’s hard to do.” Counselor 4 admitted having challenges achieving balance, “I have to make myself rest because I can make myself sick if I don’t. I’ve had to just say, go home, take a bath, your family needs you too.” Improper work-life balance led to becoming physically rundown, which led to poor health outcomes, and made renewed efforts to achieve a work-life balance.

Two other counselors stressed the importance of work-life balance. Counselor 5 experienced challenges with work-life balance but was making efforts: “I’m learning boundaries better. It’s really hard, right? Having things outside of work that I’m focused on as well, that balance.” Counselor 5 was working to achieve balance by setting boundaries and having activities outside of work. Counselor 7 also focused on work-life

balance: “I’ve gotten better through time with turning things off. It’s hard, we’re in this because we care about people.” Counselor 7, like some other counselors, experienced work-life balance challenges. Clearly, paramount for stress-management was work-life balance.

Rely on Social Support Network. Three participants relied on their social networks for support during the pandemic. Counselor 1 reported being able to talk about work-related stress with trusted confidants:

I rely on my social support. My partner, my family, my therapists, people that I have in my circle that I can talk to about these things, about how stressed out I am with some personal or work things that I might be dealing with. People that I can confide in and get that support.

Counselor 1 made an extensive social support network consisting of family, friends, and mental health professionals who were able to provide them with the support necessary to navigate the stress associated with the pandemic. Counselor 6 also made a concerted effort to rely on their social support network: “I could just get into that habit of isolating myself, but I’ve been trying to find ways to do things with friends and family.” Counselor 6 would often succumb to the isolating nature of the pandemic but worked to overcome social isolation with targeted efforts at social activities. Counselor 7 was a parent who indicated the importance of focusing on family at home: “The other thing that is, for me, is that I have a 16-year-old daughter. When I go home, I focus on her.” Counselors addressed work-related stress by focusing attention on family and friends outside of working hours.

Therapy. Three participants spoke about working with a therapist to address work-related stress. Counselor 1 referenced their therapist as an essential component of their social support network. Counselor 2 also spoke about the importance of therapy: “I am very consistent; I participate in my therapy just to have my own space to be able to talk about and vent and process things.” Counselor 2 believed that therapy was important for processing stressful or difficult components of their life and experiences. Counselor 7 indicated that they used therapy to help address their ongoing depression, indicating, “I struggle with anxiety and depression, which is not uncommon for a lot of people. I see a therapist. I also have a psychiatrist for medication.” Counselor 7 explained that addressing their depression and anxiety with mental health professionals helped them address work-related stress. Thus, therapy was a component of some counselors’ self-care and stress-management routines.

Empowerment Helped Mitigate Stress. The second Theme 5 category was counselor empowerment. Empowerment was a critical component of the study’s conceptual framework. The counselors were empowered by: (5) *coworkers*, (6) *increasing their skills*, and (7) *student improvement*.

Empowerment by Coworkers. During the interview, Counselor 5 explicitly mentioned feeling empowered by coworkers, “I would say I feel empowered by my clinical manager and my other colleagues because we all were very supportive of each other overall. They make it a less stressful environment.” Counselor 5 felt empowered by their manager and coworkers, noting that their colleagues make their work environment less stressful. Counselor 7 addressed empowerment in a member-checking interview,

“My immediate counseling colleagues work really hard to support each other, especially with all the changes that have occurred recently. Many of my other staff and faculty colleagues are also as supportive as they can be.” Counselor 7 found coworkers and supervisors supportive, which helped empower them to perform their jobs to the best of their ability. Empowerment by coworkers can help mitigate the stress associated with increased demand for mental health services by university students.

Increased Their Skills. This code represented a discrepant case, as it was only discussed by one counselor. Counselor 3 felt empowered when they reflected on the increase in their skills and capacity for counseling:

Now I am increasing some skill level in that, and that’s kind of fun. It’s kind of invigorated me. As I kind of near the end of my role here or this profession, I am seeing an uptick in satisfaction in being able to learn new skill sets.

Before the pandemic, Counselor 3 had not performed virtual counseling; all their sessions were in person. Despite initial struggles with virtual counseling, Counselor 3 eventually viewed this change in counseling modality as an increase in their skill set, which empowered them.

Student Improvement. Counselor 1 felt empowered when watching clients make progress toward their goals:

I think that a lot of empowerment comes from the results of what you do. When you have a student come in, that’s down on their luck, really feeling hopeless, and maybe wanting to drop out, or sometimes not wanting to live. You talk to these students for 3, 4, or 5 weeks, and you start to see subtle improvements. Then all of

a sudden, they're thriving, they're doing well at college, and they've made a bunch of friends. Maybe they started dating, or they started joining some groups. I think that's a lot of where empowerment comes from.

Counselor 1 derived empowerment from student success by working with students to improve their outlooks and mindsets. Counselor 2 expressed similar sentiments, saying, "I love, and I feel very empowered in the sense that I am making a difference for these students." Counselors 1 and 2 were empowered by student success.

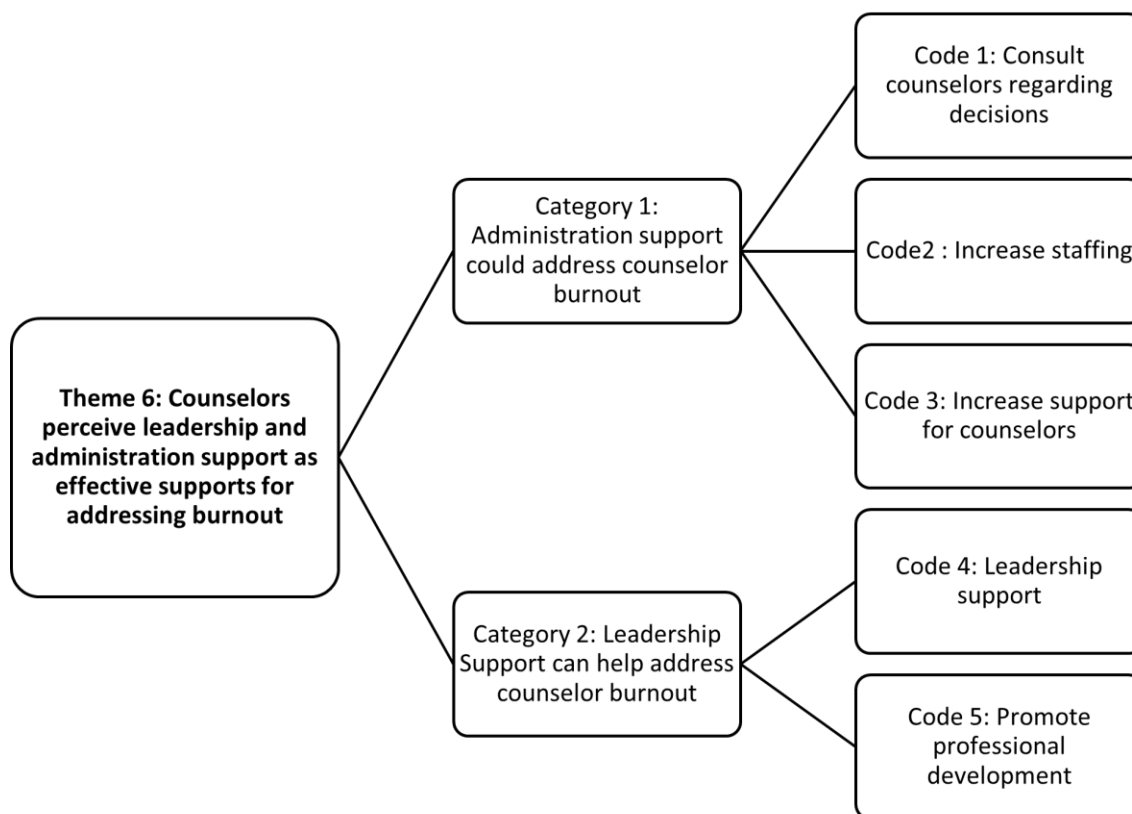
In presenting Theme 5, I describe coping strategies counselors use to mitigate stress. The first category contributing to Theme 5 included traditional stress mitigation strategies like self-care, work-life balance, social support, and personal therapy. The second category contributing to Theme 5 was empowerment, which helped abate the counselors' stress. The counselors were empowered by their coworkers, coping skills, counseling capacity, and student success.

Theme 6: Counselors Perceive Leadership and Administration Support as Effective Supports for Addressing Burnout

In presenting Theme 6, participants' thoughts on how their universities can address the problem of counselor burnout are described. Two categories (C10 and C11) contributed to the development of Theme 6. Category C10 defines how administrative support can address counselor burnout, whereas category C11 elucidates how counseling center leadership support can help address burnout. The categorization of Theme 6 is shown in Figure 7.

Figure 7

Codes and Categories Contributing to the Development of Theme 6



Administration Support Could Address Counselor Burnout. The first category contributing to the development of Theme 6 contains ways in which the administration could support university counselors. Three codes contributed to the development of Theme 6: (1) *consult counselors regarding decisions*, (2) *increase staffing*, and (3) *increase support for counselors*. These codes indicate essential actions that university administrators' can use to address counselor burnout.

Consult Counselors Regarding Decisions. This code represents a discrepant case, as only one counselor provided this idea. As discussed previously, some counselors

believed the administration was out of touch with the services provided by the counseling center. Counselor 2 believed that one way in which the university administration can help address counselor burnout is for the administration to consult counseling center leadership regarding decisions about the counselors and the counseling center:

Allowing counseling services staff to be part of more conversations higher up about what we are seeing in terms of student needs and student demands, rather than trying to guess and make decisions for us but allowing us to be part of those decisions. I also think allowing us to have autonomy when we want it or when we need it and allowing us to make certain decisions. If we decide that our staff needs more flexibility in their schedule, just for their mental health, allow us the ability to make those decisions. Knowing that we may operate differently than other offices on campus.

As in previous discussions, Counselor 2 highlighted that the counseling center operates differently than other offices on campus and should not be subject to similar policies and decisions. Counselor 2 believed that promoting open discussions between the counseling center and the university administration could address counselor burnout by providing autonomy and flexibility.

In their member checking interview, Counselor 7 highlighted a drawback of counseling center involvement in administrative decisions:

[The administration] does at least try to involve us in meetings, although it doesn't feel like we are listened to terribly often. The sheer number of meetings detracts from my actual job, and I am looking to cut down on those to have more

time to actually meet with students, although, unfortunately, I know this will cause us to be even less involved in the decision-making process.

Counselor 7's university involves the counselors in decisions regarding the counseling center, but Counselor 7 found that involvement in these meetings detracts from their ability to provide services to students, especially when the counseling center is short-staffed.

Increase Staffing. Seven of the eight counselors said their counseling centers required additional staffing. As such, their main recommendation for addressing counselor burnout was to increase the number of available counselors to provide services to students. Excerpts from the counselors' interviews regarding staffing of the counseling center are shown in Table 6.

Table 6*The Counselors Recommend Increasing Counseling Center Staffing*

Counselor	Excerpt from Interview
Counselor 1	“I think one of the major things that’s going on right now is understaffing. My college counseling center recently went through an episode where we were severely understaffed, three counselors were working at the counseling center, and it was a population of about 10,000 students.”
Counselor 2	“I think it would be hiring more staff to work in the counseling center so that they’re just more bodies to tend to increase student needs.”
Counselor 3	“Wow. The simple answer is more counselors. Don’t slash the district budget and get rid of counselors.”
Counselor 5	“More counselors, exactly. Yes.”
Counselor 6	“Typically, we’re supposed to have nine to 10 staff and we only have six. To make things run smoothly, we have to replace those counselors.”
Counselor 7	“What they have been doing is if people leave or retire or get another job, they’re not replacing them.”
Counselor 8	“We simply need more people.”

Counselors agreed that increasing staffing at university counseling centers was a critical solution to counselor burnout. Counselor 1 experienced the counseling center as severely understaffed, “It felt like we were drowning. My supervisor had to fight tooth and nail to get a part-time person to come help us out.” Counselor 1 believed that increasing staffing would allow for the provision of better mental health services for the students:

The administrators and the higher-ups should recognize the importance of what we do and, perhaps, fund us more and funnel more money our way so we can have resources that can take a little pressure off us. We could do better work and reach more people.

Counselor 1 noted that increasing staffing could take job-related pressure away from the counselors. Counselor 6 also highlighted the need for additional funding for counseling center staff, “There needs to be more money, so we can have more counseling physicians and psychologist’s positions.” The counselors recommended that their university administrations provide more funding and resources to allow counseling centers to hire more counselors.

Increase Support for Counselors. Most counselors recommended that their university administrations increase support for counselors, as many believed their universities took them for granted. The counselors identified different types of support their universities could provide. The participants’ opinions regarding support services and mechanisms are summarized in Table 7.

Table 7*The Counselors' Ideas Regarding Enhanced Support*

Counselor	Excerpt from Interview
Counselor 1	"We don't have a lot of effort devoted toward some type of support space on campus where the counselors can go and sort of talk to one another. I think that would be beneficial, the power of that social networking, social support."
Counselor 2	"I think having maybe more support, like a mental health support group where maybe, once a month, once every two weeks, having even like an outside facilitator come in."
Counselor 3	"I wish that a program would include more support for us on campus on the ground."
Counselor 4	"Teachers, counselors, ministers, and families all need to work together because people of all ages, whether they're students, adults, or old people, everybody need to work as a village to help people with mental health issues because it is a major problem."
Counselor 5	"More in-person connection, that's work-related, and then just not work-related to take an afternoon off and doing something fun together."
Counselor 6	"I would like us to have more collaboration with services off of campus. So, we could take the load off of us a little bit."

Counselor 1 highlighted the importance of social support, suggesting that the university provide a space and time for counselors to socially support each other, and explained that making this recommendation actionable could be as simple as providing time for a Zoom session: "I always had in mind a support space for university counselors, but I do think a weekly Zoom session or weekly meetup where counseling centers in the area could be helpful." Allowing the counselors time to socially support each other could help mitigate burnout.

Counselor 3 spoke about a different type of support for counselors, discussing the need for community support, "Another piece that I think would support us is more community awareness and more linkages with nearby social service agencies. We haven't always done a good job at connecting with our local resources." Counselor 3 indicated

that counselors could be supported by their local communities, likely through referrals to social services and outside community practices. As shown in Table 9, Counselors 4 and 6 also indicated that community support could be key to improving the mental health of the college community, which could take pressure off the counselors. This would allow counselors to collaborate with community services and help alleviate stress and burnout.

Leadership Support Can Help Address Counselor Burnout. In addition to administrative support, the participants believed counseling center leadership support could help address counselor burnout. This is the second category contributing to the development of Theme 6. Two codes contributed to the development of this category: (4) *good leadership*, and (5) *promote professional development*.

Leadership Support. Counselors 1, 3, and 5 discussed the need for supportive leadership to help mitigate burnout. Counselor 1 said:

I think it has to do with the mindset that we're trying our hardest. Even if we do have a mistake where a client doesn't get a callback or there's a double booking, try your best as a supervisor, as a boss, to understand that the whole environment and the whole workplace is overworked at this point. To put it bluntly, maybe take a step back and try to understand that rather than approaching it in a punitive way. I know some supervisors sort of are very no-nonsense about anything, but I think the warmer and more supportive a supervisor can be, it'll be helpful if they put themselves in your shoes.

Counselor 1 believed that leadership should understand the counselors' mindsets, situations, and working environments, perhaps indicating that university counseling center leadership adopts transformational and adaptive leadership styles.

Counselor 3 had a favorable experience with leadership that helped them navigate the challenges of the pandemic:

When I was at [redacted school], I had a lead counselor who we reported to that was phenomenal. She was very supportive. I always had access to her. She was kind of like a wall for us. She took a lot of the admin requests. In other words, shielded us from a lot of administrative stuff.

Counselor 3 discussed the importance of strong, supportive leadership at the counseling center indicating their supervisor provided administrative support, allowing them to focus more on counseling and less on paperwork. Counselor 5 believed that strong leadership should be flexible and provide autonomy: "I think autonomy making sure like it's flexible. Trust that people are doing their job, which is what my clinical manager does already, but just continue not to micromanage. That never ends well." Counselor 5 indicated that their leadership was supportive and recommended that counseling center leadership allow for autonomy and flexibility. Counselors believed that strong leadership could help abate the stress and burnout associated with increased demand for mental health services.

Promote Professional Development. Counselors 3 and 4 advocated for increased funding for professional development. Counselor 3 stated, "I think that's another piece that has to come into play we can't do it all here at the community college. One, we're

not trained in mental health. We need professional development.” Counselor 3, who worked at a community college, believed that professional development could provide them with the necessary training to help students with mental health challenges.

Counselor 4 believed that departments should invest in professional development, which can be expensive:

Some of those continued education classes get so expensive that we don't get them because we can't afford them. Then, they have to make the time available for you to go to them. A lot of times, you want to go to them, and you're even willing to shell out the money for them.

Counselor 4 found the cost of professional development to be a barrier to the programs and suggested that counseling centers and university administrations should invest in these programs. In a member checking interview, Counselor 7 also discussed the cost of professional development:

We did have funds available to assist with professional development, and sometimes we would be able to use our departmental budgets as well, which I have taken advantage of several times over the past couple of years, but with the shrinking of budgets across the board, I do not feel like this will be as much the case in coming years.

Counselor 7 highlighted the need for professional development but expressed concerns regarding the potential for professional development opportunities with decreasing budgets for counseling centers. Thus, the participants advocated for professional development to help them enhance their counseling skills.

In presenting Theme 6, I examined the participants' thoughts on how their universities can address the problem of counselor burnout. Two categories (C10 and C11) contributed to the development of Theme 6. Category C10 reflected how administrative support addressed counselor burnout. The counselors believed that the administration should consult counselors regarding decisions, increase staffing of university counseling centers, and increase support for counselors. Participants recommended increasing support within the university community and through local community-based support. The second category contributing to Theme 6, Category C11, elucidated how counseling center leadership support can help address burnout. The counselors indicated that counseling center managers should provide adaptive and transformational leadership, allowing for flexibility and autonomy. Professional development was also recommended to provide counselors with additional tools to help students with mental health challenges.

Summary of RQ2

I examined ways to address the problem of university counselor burnout with Research Question 2. Analysis of the data yielded two themes that were assigned to this research question. Theme 5 described the strategies the counselors used to mitigate stress. The elements of Theme 5 highlighted individual steps counselors can take to address stress and burnout. Essential components of the counselors' stress management routines included self-care, work-life balance, social support, and therapy. Counselors were empowered by their coworkers, their increased skills and capacity for counseling, and student success. Theme 6 reflects how counselors perceived leadership and enhanced

administrative support as effective ways of addressing burnout. Essential components of university support included enhanced staffing of counseling centers to alleviate the burden on current counselors and supportive adaptive leadership.

Evidence of Trustworthiness

In this section, I review evidence of trustworthiness, a characteristic that affects interpretation of the study's findings. A study's trustworthiness is the degree of the researcher's confidence in the data and the procedures used to ensure the caliber of the research activity (Connelly, 2016). Four critical components of credibility, transferability, dependability, and confirmability must be addressed to establish confidence in qualitative research.

Credibility

A study is considered credible when it accurately captures the perspectives of its participants. Credibility involves the results of qualitative research that are believable from the perspective of the participant in the research (Morse, 2015). In this study, credibility was evidenced in multiple ways. First, this study can be regarded as credible because the study participants answered honestly. Secondly, to ensure that they reflected the participants' experiences, the transcripts of the audio recordings were not altered. Third, credibility was promoted using verbatim quotations from the participants in the reporting of themes.

Credibility was also addressed through member checking. Member checking has been determined to be an important method to ensure credibility (Candela, 2019). To complete member checking, I sent each participant a one-page summary of their data

analysis. I invited them to confirm the study's findings or provide additional commentary. One participant, Counselor 7, responded to the member checking email and participated in a member checking interview, which was incorporated into the study's findings. A final way I addressed credibility was by journaling my thoughts and feelings throughout the research process. According to McGrath et al. (2021), journaling ensures the reflexivity of the researcher, thereby supporting the study's credibility.

Transferability

The ability of a study's findings to be applied to different people or places determines transferability in qualitative research. Transferability refers to the extent to which the study results can be applied to other groups, contexts, or settings (Lindgren et al., 2020). Creswell and Poth (2018) noted that the transferability of a research study can be ensured by providing enough details on the procedures used to carry out the study. To address transferability, I provided detailed descriptions of the methods and the processes used to derive conclusions from the research data. The study used sampling sufficiency and thick descriptions to enhance transferability (Kyngäs et al., 2020). Sampling sufficiency depicts how the study obtained an appropriate sample size that represents the phenomenon and population. A thick description allows increased comprehension of the study's phenomenon so it can be compared to other circumstances (Shenton, 2004). A richly textured description helped identify when the study reached saturation. In this study, data saturation was reached after six interviews, as shown in Table 8. Nonetheless, an additional two interviews were conducted, for a total of eight. Saturation was defined

as the point at which no new codes were generated by the participants' interviews and Table 8 shows the number of unique codes identified in each participant's interview.

Table 8

Data Saturation was Reached After Six Interviews

Counselor	Number of Unique Codes
Counselor 1	19
Counselor 2	10
Counselor 3	5
Counselor 4	1
Counselor 5	1
Counselor 6	1
Counselor 7	0
Counselor 8	0

Dependability

Dependability is a critical component of trustworthiness and the validity of the data in research. Dependability involves consistency or the congruency of the results (Lincoln & Guba, 1985). Although achieving dependability in a qualitative study is challenging, the researcher should try to present information to allow future investigators to repeat the study (Shenton, 2004). To promote the dependability of the study's findings, I created an audit trail throughout each step of the research process in my research journal to ensure that details are recorded and could be repeated by others. The data collection and analysis were carefully documented and reported at the beginning of this chapter.

Confirmability

Confirmability is the capacity of others to confirm or verify findings in a research project. To address confirmability, I used the tool of reflexivity, which is a researcher's constant reflection on what they are learning, experiencing, and perceiving (Ravitch & Carl, 2019). I used a reflective journal to record personal thoughts while conducting interviews to warrant I did not contribute any biases to the data collection. Reflexive notes on the interviews are provided in Table 3. According to Singh et al. (2021), reflexivity can help ensure that the researcher's biases do not have an impact on the findings. The research can be enhanced by developing confirmability and supplying a large amount of evidence to support claims. I ensured this by using verbatim quotations from participants. I ensured the accuracy of the results by providing a detailed description of the methodology. I accomplished this by keeping a detailed log in my research journal of everything I did. I declared, and was aware of, my preconceptions by using the reflexivity protocols mentioned. Last, I gave appropriate weight to participants' experiences and perceptions rather than those of the researcher. This was established by using verbatim quotes from the participants and recording my own bias in my reflexive journal.

Summary

Chapter 4 began with a presentation and detailed account of the data collection and analysis procedures used in this study. These procedures included the use of semistructured interviews with eight university counselors who had experienced increased demand for mental health services. Data analysis was conducted using thematic

analysis based on the study's theoretical framework, empowerment theory, and Karasek's JDCA model. I presented the findings related to each research question. Six themes were elucidated based on the participants' responses. Themes 1–4 answer RQ1: What are the perspectives of university counselors about how they have been affected by the surge in student mental healthcare demand in the United States? In Theme 1, the counselors experienced changes in job responsibilities. In the case of Theme 2, the counselors experienced an increased demand for services. In Theme 3, the counselors exhibited signs of burnout. Theme 4 shows the counselors felt unsupported by university administration. The data addressing RQ1 indicated that college counselors in the United States have experienced significant changes in their job responsibilities due to the increase in student mental healthcare demand, leading to role uncertainty.

Themes 5–6 answer RQ2: What are the perspectives of university counselors on ways to address the problem? Theme 5 was the counselors used multiple strategies to mitigate stress. In Theme 6, counselors perceived leadership and administration support as effective supports for addressing burnout. The counselors' responses allowed me to further explore participants' experiences with increased service demands and examine ways to address the problem of counselor stress and burnout. The answer to RQ2 shows university counselors have varying perspectives on addressing counselor burnout and believe that comprehensive strategies are necessary.

Upon completion of the interviews, I evaluated evidence of the study's trustworthiness by assessing credibility, transferability, dependability, and confirmability. The answer to RQ2 paves the way for Chapter 5, where I place the study's results in the

larger context of the literature, examine the implications of this study for future research, and make recommendations on how universities and counseling centers can improve working conditions for university counselors.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the perspectives of university counselors and how they have been affected by the surge in student mental healthcare in the United States, as well as to document their perspectives on ways to address this problem. This study used a basic qualitative inquiry research paradigm to comprehend how individuals interpret an event or situation. This approach was deemed appropriate in focusing on university counselors' perceptions of the rising student mental healthcare demand. Through eight semistructured interviews, I collected insights from university counselors about challenges tied to increased demand for mental health services. Next, thematic analysis was used by employing Braun and Clarke's six-step method (2008), alongside a blend of a priori, open, and axial coding. The study drew on Adams' empowerment theory (2003), and Karasek's JDCS model (1979) to deepen insights into the impact of surging service demand on counselors and potential solutions.

This study holds significant potential for driving positive social change concerning a pressing issue within U.S. universities and higher education institutions. The escalating demand for mental healthcare services among college students has placed considerable strain on university counselors who are the vital support system for these students (Barkham et al., 2019; Son et al., 2020). Despite increased awareness of the issue, research on university counselors' opinions on challenges and potential solutions has been sparse. To fill this void, the study focused on counselors' experiences and compiled their perspectives on dealing with the problem, potentially leading to enhanced support methods. Findings can improve counselors' ability to provide students with

practical advice, influencing the next generation of leaders and professionals across disciplines. By concentrating on university counselors' perspectives, new insights were considered for their well-being, which is often just as important as that of students. Furthermore, the study highlights the issues raised by the increase in student demand. It outlines realistic strategies for higher education institutions to increase counselor support and improve student access to mental health care. Consequently, the study's outcomes could inform policy and practice, ensuring students' access to high-quality mental health services and instigating positive social change through strengthened counselor support strategies.

The study addressed two key research questions: examining the experiences of university counselors dealing with the surge in demand for mental health services and exploring strategies to combat counselor burnout. The data were structured into distinct themes and categories to understand these aspects better. Specifically, RQ1 led to the emergence of four themes. Theme 1 explored counselors' adaptation to evolving job responsibilities, encompassing their struggles with transitioning to new roles and methods and dealing with increased caseloads. The data from RQ1 indicated that the counselors experienced significant changes in their job responsibilities, leading to role ambiguity and work pressure. High job demands, including an increase in caseload and an increase in the intensity of mental health concerns, further added to the participants' feelings of stress and burnout.

Theme 2 spotlighted the heightened demand for mental health services, revealing counselors' varying levels of job control and the organizational factors influencing their

experiences, including the need to skip lunch and breaks. Theme 3 unveiled signs of burnout stemming from increased demand, characterized by the psychological and physical symptoms counselors faced due to their challenging job requirements. The counselors' reported anxiety, depression, and even PTSD associated with increased job demands and pressure. Theme 4 addressed counselors' feelings of being unsupported by the university administration, citing factors such as inadequate compensation and decision-making processes that contributed to their sense of undervaluation.

RQ2 resulted in two themes. Theme 5 illuminated counselors' coping strategies, ranging from traditional stress management techniques to empowerment strategies that helped alleviate stress by enhancing their sense of influence. Furthermore, Theme 6 underscored the significance of institutional support in countering burnout, focusing on administrative assistance and leadership that could create a more conducive environment for counselors. The study underscores the need for comprehensive strategies to address counselor burnout, considering both individual coping mechanisms and organizational support measures.

Interpretation of the Findings

The study's findings, as explored through six distinct themes, offer a comprehensive perspective on the experiences of university counselors facing increased demand for mental health services and the resultant burnout. These findings resonate with existing literature that highlights the challenges counselors face in addressing growing student mental health needs.

Finding 1: Changes in Job Responsibilities

Finding 1, based on Theme 1, was those counselors experienced difficulties working from home due to less-than-ideal therapy sessions and a lack of work-life balance. The counselors' job requirements changed due to the nature of virtual therapy and the need for additional group sessions to teach students vital life skills. Technological challenges also diminished the counselors' ability to do effective counseling sessions with students. According to counselors, role ambiguity diminished their job satisfaction. The shift from individual to group sessions caused stress for some participants. Moreover, the increased intensity of the students' mental health concerns significantly influenced the participants' mental health.

Theme 1 aligns with previous research highlighting the shifting landscape of counseling roles in response to evolving demands. The counselors' struggles to transition to new roles and methods echo the challenges identified by Mullen et al. (2021), who emphasized the need for counselors to adapt to changing student needs and technological advancements. Moreover, the findings reflect the issues identified by Cordaro (2020) and DuBois and Mistretta (2019), who noted the increasing reports of burnout among counselors due to the shifting nature of their responsibilities. Furthermore, similar to the findings in the literature emphasizing the specific issues posed by the COVID-19 epidemic for therapists (Crocker et al., 2022), the counselors in this study show increased stress and burnout among therapists.

Finding 2: Increased Demand for Services

Finding 2, based on Theme 2, restates the counselors' experiences with increased demand for mental health services. There were three main findings highlighted in Theme 2. First, some counselors experienced high job control, whereas others experienced low job control. Second, some counselors' skipped lunch and had no time for breaks between sessions with students. Finally, some counselors reported having to work outside of working hours to complete administrative tasks and address students' mental health challenges. Collectively, these work conditions contributed to the stress and anxiety experienced by the participants.

Theme 2 confirmed findings from Kecojevic et al. (2020) and Rackoff et al. (2023), both of whom found that students reported high levels of mental health distress, depression, anxiety, and difficulties focusing on academic work, further underscoring the surge in student mental health requirements during and after the COVID-19 pandemic. Additionally, Theme 2 aligns with Lattie et al. (2019), who explored integrating technology to meet the increased demand for services and enhance access to support. The varying levels of job control experienced by counselors in Theme 2 reflect the findings of Walker et al. (2023), who identified unrealistic job demands as a significant contributor to counselor stress.

Finding 3: Signs of Burnout

Finding 3, based on Theme 3, highlighted the psychological and physical symptoms of burnout. These findings correspond with the concept of compassion fatigue discussed by Henson (2020). However, Henson (2020) studied nurse perceptions rather

than counselor perceptions. I found that the counselors experienced burnout and stress as a result of increased demand, highlighting a significant problem that university administrators should address to prevent counselor attrition and enhance the mental health services provided to students.

The current study's findings corroborate studies by Bayes et al. (2021), Wood et al. (2021), and Mullen et al. (2021), who each identified burnout and its associated health concerns as prevalent among counselors. This consistency across research highlights the critical need for comprehensive support mechanisms to offset the negative effects of burnout on counselors' well-being and efficacy in providing crucial mental health services. The link between high job demand and low job satisfaction resonates with the observations of Litam et al. (2021), who examined factors influencing counselors' mental health. However, these studies used quantitative surveys among professional counselors and undergraduate students. Therefore, the current study sheds light on more in-depth findings that can only be found through qualitative investigation. Hence, this qualitative investigation provides a deeper understanding of the phenomenon, revealing more nuanced insights that contribute to the broader landscape of counselor well-being and mental health support.

Finding 4: Feeling Unsupported by University Administration

Finding 4, based on Theme 4, was that counselors experienced being unsupported by the university administration. This lack of support was confirmed by Noreen et al. (2020) and Goghari et al. (2020), who emphasized the role of the administration in failing to provide supplementary resources and support for the benefit of students' mental health

needs during the COVID-19 pandemic. These studies surveyed medical students in Pakistan and psychologists in Canada, interestingly highlighting the transferability of their findings while supporting the need for this study. The perceived undervaluation and unappreciation voiced by counselors correspond with the concerns raised by Cordaro (2020), who highlighted the need for universities to prioritize counselor well-being and equity. Cordaro (2020) conducted a literature review on counseling and compassion fatigue, emphasizing the need for measures preventing compassion fatigue, while also stressing the need for further research, such as the current study. This study adds to the findings in the literature by examining factors influencing counselor burnout in the United States.

Finding 5: Coping Strategies Used to Mitigate Stress

Finding 5, based on Theme 5, focused on the coping strategies used by counselors to mitigate stress. The counselors used traditional coping strategies to mitigate stress. Essential components of the counselors' stress management routines included self-care, work-life balance, social support, and therapy. Empowerment was also found to abate the counselors' stress. The counselors were empowered by their coworkers, their increased skills and capacity for counseling, and student success. The findings and the literature explore the effect of workload and work-life balance on the stress levels of counselors and emphasize the importance of regulating one's workload and personal life to decrease stress. According to the literature (Gay & Swank, 2021; Sarker et al., 2021), increasing workload due to the COVID-19 pandemic caused frustration, worry, and difficulties interacting with pupils, increasing stress and exhaustion. Likewise, the findings

emphasize the significance of work-life balance as a classic coping method counselors employ. Furthermore, while the findings emphasize empowerment as a stress-reduction method, there is little explicit literature on empowerment as a coping mechanism. However, the findings reflect the potential positive impacts of empowerment mentioned in the literature by describing counselors' experiences of feeling empowered by colleagues, skill growth, and student achievement. Specifically, researchers used empowerment theory to investigate counselors' perspectives in prior empirical investigations and emphasized the need for empowerment in stress management (Joseph, 2020; Semaka & Austin, 2019; Tucker et al., 2019).

Finding 6: Ways to Address the Problem

Finding 6, based on Theme 6, noted that results and literature converge on the critical issue of counselor burnout in university settings while offering distinct perspectives on strategies for mitigation. The results illuminate the viewpoints of counselors themselves on how universities can effectively tackle burnout. Category C10 underscores the significance of administrative support, indicating that involving counselors in decision-making, increasing staffing levels, and enhancing support mechanisms can alleviate burnout. Similarly, the literature emphasizes the need for administrative support and organizational initiatives in regulating counselor workload and lowering stress. Specifically, recent advances in university counseling practices highlighted the critical role that technology (Yang & Talha, 2021), cultural sensitivity (Grier-Reed & Ajayi, 2019), and efficient organizational structures (Mitchell et al., 2019) have in maximizing mental health services for students. Category C11 emphasized the

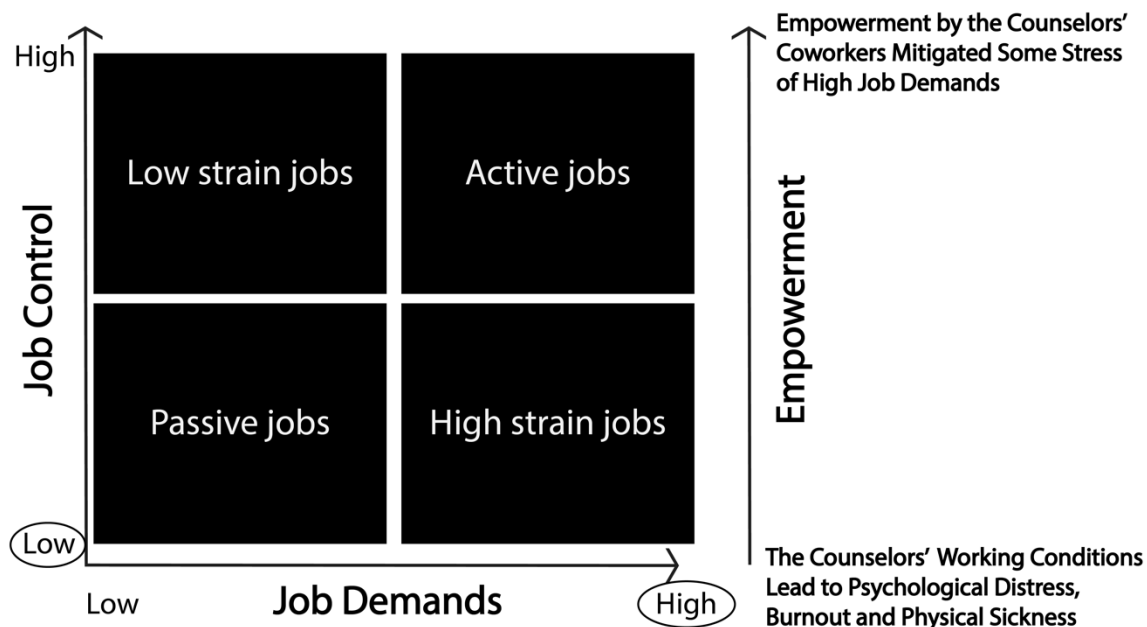
role of counseling center leadership support in combating burnout by advocating for adaptive and transformational leadership styles and encouraging flexibility, autonomy, and professional development opportunities. Similarly, the literature supports this leadership emphasis by discussing the positive effects of successful leadership tactics on the well-being of counselors (Aydin & Karaman, 2021; Supriyanto et al., 2020). The results and literature provide a diverse view of measures to reduce counselor burnout, supported by administrative and leadership support and accounting for the changing landscape of counseling practices and external problems.

Conceptual Framework Revisited

This study was framed by Karasek's JCDS and Adam's empowerment theories. Karasek's (1979) theory elucidated the relationship between job demand and job control, highlighting that jobs with low job control and high job demand can lead to psychological stress, burnout, and, in some cases, compassion fatigue. In contrast, individuals who work in high-demand jobs but have a high level of job control are more likely to be motivated to learn and have optimal job performance (Karasek, 1979). However, even in high-demand environments, employers can increase job performance and motivation by empowering employees (Yin et al., 2019). A revised version of the study's conceptual framework providing the context of the study's findings is shown in Figure 8.

Figure 8

Revisiting the Study's Conceptual Framework



The Counselors In This Study Experienced Low Job Control and High Job Demand

The counselors in this study generally portrayed their employment environments as characterized by low job control with high job demands. This led to the counselors' experiences of psychological distress, burnout, and physical sickness. However, the counselors reported that empowerment effectively mitigated some of the stress associated with high job demands and low job control. According to the counselors, universities can empower counselors in multiple ways, including allowing time for breaks and lunch, promoting work-life balance, ensuring proper staffing of university counseling centers, and consulting the counseling center when making important decisions regarding counselors' working conditions.

Limitations of the Study

Limitations refer to factors that restrict the extent and transferability of the research findings (Yaacoba & Newberry, 2019). Limitations can affect the validity and reliability of the study and may limit the researcher's ability to draw conclusions and make recommendations based on the findings. There were several limitations of the study. First, the study gathered data from a small number of university counselors', potentially limiting the transferability of the findings (Hays & McKibben, 2021). I mitigated this limitation by ensuring the study met the data saturation at 8 interviews.

Data were collected using virtual interviews, which has several notable limitations. Virtual interviews can exclude individuals without technological competence or access to an internet connection (Keen et al., 2022). Virtual interviews are limited by internet connectivity, which can be unreliable (Gray et al., 2020). Finally, individuals alter their behavior based on interview modality, which limits a true assessment of nonverbal communication (Keen et al., 2022). The counselors in this study permitted me to use video recording, which helped mitigate this limitation by allowing me to assess non-verbal cues and behaviors.

Researcher bias was another potential limitation of the study. I have personal and professional knowledge of the problem addressed by the study because I am a university counselor working with students during the COVID-19 pandemic, which may have led to researcher bias. However, I mitigated researcher bias by engaging in reflexivity protocols throughout the study. To this end, I journaled and kept memos before and after each

research-related event to ensure I understood my thoughts and predispositions during the research process (Luttrell, 2019). Some of my reflexivity notes are detailed in Chapter 4.

Recommendations for Future Research

Future research could broaden the participant sample to include a more diverse variety of university counselors to improve the applicability of findings. A mixed-methods approach combining virtual interviews with other data-gathering methods, such as surveys or in-person interviews, could alleviate the limitations of virtual interviews and provide a more comprehensive knowledge of counselors' experiences. Furthermore, researchers should investigate the feasibility of longitudinal studies to document the changing nature of counselors' problems and coping methods over time.

Future studies could include academics with neutral opinions or limited personal engagement in the topic matter to ensure the objectivity of research conclusions. This work proves that using different data sources and employing reflexivity techniques can increase research credibility and deepen the examination of potential biases. Researchers may also compare findings across different data-gathering modalities to validate and refine their conclusions. Future research might build on the insights garnered from this study by adopting these recommendations, contributing to a more robust knowledge of how university counselors negotiate the hurdles given by the increasing demand for student mental healthcare.

Recommendations for Practice

The findings and recommendations derived from this research hold significant implications for social change through modifications by university administrators and counseling centers to improve work-life balance. Work-life balance for counselors provides time for those individuals to participate in community activities that shape future generations and participate in activism. For administrators, the study underscores the importance of recognizing and addressing the unique challenges faced by university counselors in the context of increasing student mental healthcare demand. The evidence-based recommendations offer actionable steps such as adequate staffing, administrative support, and team-building initiatives to mitigate counselor burnout and foster an environment where counselors feel empowered and well-supported. These strategies can ultimately enhance the effectiveness of mental health services provided to students.

Counseling centers can take proactive initiatives to enhance their procedures armed with the findings of this study. The recommendations in the study emphasize the importance of supporting counselor well-being through health and wellness activities, facilitating cooperation, and prioritizing professional development. Furthermore, counseling centers can better support counselors in managing stress, encouraging growth, and providing high quality mental health care to students by incorporating these ideas into their approaches. This study and its practical recommendations demonstrate the possibility for good transformation inside higher education institutions by emphasizing counselor well-being and appropriate mental health support.

The primary objective of this study was to explore university counselors' experiences during and after the surge in student mental healthcare demand due to COVID-19 and to identify potential solutions. The rise in demand for mental health services among college students burdened university counselors, who play a critical role in assisting these individuals and contributing to students' persistence to graduate. Despite increased awareness, more research on counselors' perspectives on difficulties and potential solutions must be recognized and implemented. As a result, the extensive inquiry into counselors' experiences and viewpoints in the study has enormous potential for positive social change. The following sections detail the recommendations for practice and future research based on study findings.

Implications

The results suggest that institutions need to adopt programs and practices to help counselors adjust to new jobs, address workload issues, and identify the impact of organizational factors on their well-being. Whereas counselors can help relieve stress by encouraging the use of traditional stress management practices and empowerment initiatives, institutional measures such as administrative assistance and leadership support can help to build an environment that promotes the well-being of counselors. In terms of policy and procedure recommendations, results provide the framework for providing a voice for counselors to advocate for counselor support, which could assist the student population by providing insights into counselors' experiences.

Recognizing that counselor and student wellbeing are inextricably linked, the study advocates for an integrated approach to help both sides. Study findings suggest

practical measures for institutions to improve counselor support and student access to mental health care. This coincides with the larger goal of generating positive social change by ensuring students access high-quality mental health services and strengthening counselor support networks. Specific recommendations for university administrators and university counseling centers are discussed in turn.

To effectively address the challenges posed by the surge in student mental healthcare demands at higher education institutions, evidence-based recommendations for university administration executives are crucial. Table 9 consists of evidence, strategies, and actions (recommendations) for university administrations to take into consideration.

Table 9

Evidence-Based Recommendations for University Administration Executives

Evidence	Strategy	Action
Counselors reported high caseloads.	Increasing staffing of counseling centers	Hire counselors until a reasonable ratio is reached.
Counselors felt unsupported by their administrations.	Enhancing administrative support	Implement regular check-ins, and open communication channels, and involve counselors in decision-making processes to foster a supportive environment.
Counselors advocated for additional community support.	Strengthening community partnerships	Collaborate with local mental health organizations and resources to provide supplementary support services for counselors and students alike.
Counselors highlighted the importance of self-care resources	Promoting counselor well-being	Create a comprehensive range of self-care resources, including workshops, online resources, and wellness programs, tailored to counselors' needs to support their mental and emotional well-being.

As the first item of evidence suggests, increased counseling capacity is necessary to ensure quality service. University administration should consider the strategy of increasing staffing in counseling centers until a reasonable balance of counselors to

students is achieved, the administration can alleviate the burden on counselors and ensure that they can provide quality care to each student. The second piece of evidence highlights counselors' perception of inadequate support from the administration. To address this concern, administrators should prioritize administrative support. This improvement can be accomplished by conducting regular check-ins with counselors, creating open communication channels via which counselors can express their concerns, and incorporating counselors in decision-making processes. Administrators may ensure that counselors feel respected and empowered by fostering a supportive environment.

The third piece of evidence emphasizes counselors' advocacy for additional community support. As a result, university administrators should think about strengthening community connections. Collaboration with local mental health organizations and resources can provide counselors and students with additional support services. This collaboration can broaden the spectrum of available resources giving counselors the tools they need to effectively address the growing need for mental health care. The fourth evidence-based recommendation underscores the significance of promoting counselor well-being through self-care resources. As a result, university administrations should promote the creation of a diverse set of self-care resources for counselors' mental and emotional well-being. This set of resources involves organizing self-care courses, making internet resources freely accessible, and developing wellness programs targeted to the specific requirements of counselors. The administration may develop a culture of self-care among counselors by providing practical tools and assistance, ultimately contributing to their general well-being and capacity to provide

adequate support to students. Incorporating these evidence-based recommendations into university practices can contribute to the well-being of both counselors and students, ultimately creating a healthier and more supportive campus environment.

Cost-benefit analysis of the marginal benefit of incremental staffing in university counseling centers is compelling. The estimated average attrition cost of one freshman student, considering in-state college tuition alone, amounts to approximately \$78,000 over 3 years. Compared to the average cost of employing a university counselor at \$60,000, investing in a counselor's salary for 3 years can potentially prevent the attrition of one student. This cost-benefit analysis highlights the importance of increasing counseling center staffing since it not only improves student mental health assistance and well-being but also provides actual benefits in terms of student retention and institutional success. This strategic commitment to both student outcomes and financial stability emphasizes the interdependence between student achievement and the long-term health of the institution.

Within the context of university counseling centers, Table 10 offers a set of evidence-based recommendations. These actions offer a healthy solution and support counselors' professional growth. The recommendations underscore the significance of fostering a supportive and effective environment to address the increasing demand for student mental healthcare.

Table 10*Evidence-Based Recommendations for University Counseling Centers*

Evidence	Strategy	Action
Counselors used self-care routines to mitigate stress.	Promote health and wellness.	Offer health and wellness activities, such as yoga or meditation classes.
Counselors were empowered by their coworkers and desired social support.	Provide time and space for counselors to collaborate and socialize.	Allow counselors one hour per week to collaborate and socialize.
Counselors recommended increasing opportunities for professional development.	Prioritizing counselor training and growth	Establish regular professional development opportunities, workshops, and training sessions to enhance counselors' skills, keep them updated with best practices, and support their professional growth.

These recommendations are tailored to the identified difficulties and needs in the study. The first guideline argues for the promotion of counseling health and wellness through activities such as yoga or meditation programs. Counseling centers can actively contribute to stress reduction and the development of a culture oriented on mental and physical health by providing dedicated chances for counselors to prioritize their well-being. The second recommendation focuses on recognizing counselors' empowerment through coworker support by embracing the power of teamwork and socialization. Counseling centers can establish an atmosphere of camaraderie and shared experiences by designating a weekly hour for counselors to interact and socialize, thereby improving team dynamics and counselor satisfaction.

The third recommendation highlights the significance of continuing education. Counseling facilities should prioritize this by offering workshops, training sessions, and

other chances for advancement. Such programs provide current skills and information to counselors and appeal to their drive for continual learning, allowing them to deliver high-quality mental health support to students. These recommendations highlight the ability of university counseling centers to manage the issues posed by expanding student mental healthcare demand. Counseling centers can play a critical role in assuring complete and effective assistance for both counselors and the students they serve by nurturing counselor well-being, promoting cooperation, supporting growth, and improving case management.

Within the context of university counseling, Table 11 presents a collection of evidence-based recommendations meticulously tailored to empower and support university counselors in effectively managing the increasing demand for student mental healthcare. Drawing from the counselors' own experiences and practices, these recommendations offer practical strategies that counselors can implement to enhance their well-being and optimize their support for students. The first recommendation encourages counselors to rely on their social support network.

Table 11*Evidence-Based Recommendations for University Counselors*

Evidence	Strategy	Action
Counselors relied on their social network for support.	Rely on social support networks.	Maintain and strengthen connections with colleagues, friends, and family for emotional support and a sense of community.
Counselors used self-care to mitigate stress.	Prioritize personal well-being	To effectively manage and decrease stress, incorporate frequent self-care routines such as exercise, mindfulness, hobbies, and relaxation techniques.
Counselors felt empowered by their coworkers and desired social support.	Foster a supportive team environment	Actively engage in team-building activities, create opportunities for collaboration, and provide mutual support to enhance empowerment and camaraderie among colleagues.

Recognizing the importance of their relationships with colleagues, friends, and family, this method highlights the importance of obtaining emotional support, sharing insights, and cultivating a sense of camaraderie. Outside of the therapy setting, honest and meaningful dialogues can provide counselors with empathy, understanding, and emotional resilience. The second recommendation emphasizes the need for counselors to put their well-being first. This strategy encourages counselors to include consistent self-care practices in their daily routines, reflecting their practice of using self-care techniques to manage stress. Exercise, mindfulness, hobbies, and relaxation techniques can relieve stress, improve counselors' mental and emotional resilience, and prepare them to manage their demanding professions with greater balance.

The third recommendation, which recognizes the counselors' empowerment through coworker support and their desire for social connection, emphasizes building a

friendly team environment. Counselors can reinforce their sense of empowerment while establishing an atmosphere of camaraderie and shared progress by actively participating in team-building activities, fostering collaboration, and offering mutual support to colleagues. By implementing these evidence-based guidelines, university counselors can improve their ability to meet the rising demand for student mental health treatment. Counselors gain practical methods to negotiate their positions with resilience, efficacy, and a renewed dedication to student well-being by nurturing their social networks, prioritizing their well-being, and building a collaborative team atmosphere.

Changes in Job Responsibilities

Counselors experienced difficulties working from home due to less-than-ideal therapy sessions and a lack of work-life balance. The counselors' job requirements changed due to the nature of virtual therapy and the need for additional group sessions to teach students vital life skills. Technological challenges diminished the counselors' ability to do effective counseling sessions with students. According to counselors, role ambiguity diminished their job satisfaction. The shift from individual to group sessions caused stress for some participants. Moreover, the increased intensity of the students' mental health concerns significantly influenced the participants' mental health.

Increased Demand for Services

Counselors experienced increased demand for mental health services. There were three main findings highlighted in Theme 2. First, some counselors experienced high job control, whereas others experienced low job control. Second, some counselors skipped lunch and had no time for breaks between sessions with students. Finally, some

counselors reported having to work outside of working hours to complete administrative tasks and address students' mental health challenges. Collectively, these work conditions contributed to the stress and anxiety experienced by the participants.

Signs of Burnout

Counselors experienced psychological and physical symptoms of burnout. These findings correspond with the concept of compassion fatigue discussed by Henson (2020). However, Henson (2020) studied nurse perceptions rather than counselor perceptions. I found that the counselors' experienced burnout and stress as a result of increased demand, highlighting a significant problem that university administrators should address to prevent counselor attrition and enhance the mental health services provided to students.

Feeling Unsupported by University Administration

Counselors felt unsupported by the university administration. This lack of support was confirmed by Noreen et al. (2020) and Goghari et al. (2020) who emphasized the role of the administration in failing to provide supplementary resources and support for the benefit of students' mental health needs during the COVID-19 pandemic. These studies surveyed medical students in Pakistan and psychologists in Canada, interestingly highlighting the transferability of their findings while supporting the need for this study. The perceived undervaluation and unappreciation voiced by counselors correspond with the concerns raised by Cordaro (2020), who highlighted the need for universities to prioritize counselor well-being and equity.

Coping Strategies Used to Mitigate Stress

Counselors used traditional coping strategies to mitigate stress. Essential components of the counselors' stress management routines included self-care, work-life balance, social support, and therapy. Empowerment was also found to abate the counselors' stress. The counselors were empowered by their coworkers, their increased skills and capacity for counseling, and student success. The findings and the literature explore the effect of workload and work-life balance on the stress levels of counselors and emphasize the importance of regulating one's workload and personal life to decrease stress. According to the literature (Gay & Swank, 2021; Sarker et al., 2021), increasing workload due to the COVID-19 pandemic caused frustration, worry, and difficulties interacting with students, increasing stress and exhaustion. Likewise, the findings emphasize the significance of work-life balance as a classic coping method counselors employ.

Ways to Address the Problem

The results illuminate the viewpoints of counselors themselves on how universities can effectively tackle burnout. Category C10 underscores the significance of administrative support, indicating that involving counselors in decision-making, increasing staffing levels, and enhancing support mechanisms can alleviate burnout. Similarly, the literature emphasized the need for administrative support and organizational initiatives in regulating counselor workload and lowering stress. Specifically, recent advances in university counseling practices highlighted the critical role that technology (Yang & Talha, 2021), cultural sensitivity (Grier-Reed & Ajayi,

2019), and efficient organizational structures (Mitchell et al., 2019) have in maximizing mental health services for students.

The study findings present an important opportunity for university administrators, counseling centers, and counselors to change policies and procedures to improve work-life balance. The evidence-based recommendations offer actionable strategies to enhance counselor well-being, improve support methods, and address the rising demand for mental health services. By implementing these recommendations, administrators can create a more supportive environment for counselors, ensuring high-quality care for students. Counseling centers can foster collaboration, prioritize professional growth, and provide resources to alleviate counselor burnout, thus enhancing their ability to provide effective mental health services. Furthermore, counselors can benefit from self-care practices, social support, and empowerment strategies to manage stress and offer optimal support to their students.

This study has provided valuable insights and practical recommendations; however, there are limitations to consider. Future research could overcome these limitations by expanding participant diversity, employing mixed methods approaches, and exploring longitudinal studies. By building on the insights from this research, future studies can contribute to a more comprehensive understanding of how university counselors navigate the challenges posed by the increasing demand for student mental healthcare. Ultimately, this research holds the potential to influence positive social change by improving the mental health support system within U.S. universities, benefiting both counselors and the students they serve.

Conclusion

Transformational leadership focuses on empowering followers through inspirational motivation whereas adaptive leadership embraces changes and provides adaptive solutions to changes in the work environment. Regardless of the leadership style adopted, leaders can promote a healthy work environment that empowers counselors and mitigates burnout. In this dissertation, I sought to explore the perspectives of university counselors dealing with the surge in student mental healthcare demand and to propose solutions to address the challenges they face. Through the lens of a basic qualitative inquiry research paradigm, the study delved into counselors' experiences and viewpoints. The study's findings, categorized into six themes, provided valuable insights into the evolving roles of counselors, increased demand for mental health services, signs of burnout, the need for administrative support, coping strategies, and the significance of leadership in countering burnout. The findings from this study align with existing literature and shed light on the multifaceted issues counselors encounter while striving to provide effective mental health support to students.

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Appendix A: Interview Protocol

Date of Interview: _____

Respondent Number: _____

1. Introduce self to the participant

Thank you for participating in this study and your willingness to complete the interview process. My name is Julie Knight, and I am a student at Walden University researching university counselors' responses to increased demand for mental health services after the COVID-19 pandemic.

2. Introduce the research question, and the purpose of the study and answer any initial questions the participant may have.

The purpose of my study is to explore the perspectives of university counselors on how they have been affected by the surge in student mental healthcare demand in the United States and to document their perspectives on ways to address the problem. The research questions I'm trying to address are:

1. What are the perspectives of university counselors on how they have been affected by the surge in student mental healthcare demand in the United States?
2. What are the perspectives of university counselors on ways to address the problem?

3. Thank the participants for their participation in the study.

Thank you again for agreeing to participate in my study.

4. Review the informed consent form and answer any questions the participant may have.

Before we continue, I need to verify that you have signed the consent form and understand the ethical standards for this interview. All personal information will be stored electronically and may only be accessed by me via a password. Raw data, such as transcripts of your answers today, will be kept locked in a file cabinet only accessible to me. When the information from the interview is published in the final study, participant confidentiality will remain. All transcripts and recordings of the interview will be kept private on a password-protected computer accessible to me only. Do you have any questions about the consent form or any of the measures taken to preserve your confidentiality?

5. Provide the participant with a copy of the informed consent form for their records and review.

Here's a copy of the informed consent form for your records and review.

6. Begin recording the interview.

Do I have your permission to begin recording the interview now?

7. Introduce the participant using their respondent number, and the date and time of the interview.

During this interview, I'm going to refer to you as a Participant (Insert participant number). Today's date is (insert today's date) and the time of the interview is (Insert Today's time).

8. Start the interview using the interview questions.

Appendix B: Interview Questions

Interview Question	RQ, Theory
<p>1. Can you describe your job demands, before, during, and after the COVID-19 pandemic?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • Approximately how many hours per day did you spend counseling students prior to the pandemic? • Did this change during and after the pandemic? • Did your administrative load differ before, during, and after the pandemic? If so, in what ways? 	RQ1, JDCS Theory
<p>2. Did your job requirements or activities change because of the pandemic? If so, in what ways?</p>	RQ1, JDCS Theory
<p>3. How would you describe your level of job control?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • Are you able to set your own schedule? • Does your employer expect you to work hours outside your normal working hours? 	RQ1, JDCS Theory

4. How would you describe your job satisfaction before the pandemic? Did your level of job satisfaction change during and after the pandemic? RQ1, JDCS Theory

Prompts:

- If your job satisfaction changed, what factors do you think contributed to that change?

5. In what ways can your employer help improve your job satisfaction? RQ2, JDCS Theory

Prompts:

- Are there things you think the university can do to improve your job satisfaction?
- Are there things you think your supervisor can do to improve your job satisfaction?

6. Do you feel empowered as a university counselor? If so, in what ways do you feel empowered? RQ1, empowerment theory

Prompts:

- Do you feel empowered by your university? If so, what does the university do to help you feel empowered?

- Do you feel empowered by your supervisor? If so, what does your supervisor do to help you feel empowered?

7. What actions can your university or department take to empower you as a counselor? RQ2, empowerment theory

8. Has increased demand for mental health services affected you physically or behaviorally? If so, in what ways? RQ1, JDCS Theory

Prompts

- When did you start noticing physical effects?
- What strategies do you use to mitigate the physical effects that you felt?
- If you noted behavioral changes, what are those changes?

9. Has increased demand for mental health services affected you emotionally or psychologically? If so, in what ways? RQ1, JDCS Theory

Prompts

- When did you start noticing psychological or emotional effects?
- What strategies do you use to mitigate the psychological or emotional effects that you described?

10. What strategies do you use to mitigate any stress associated with increased demand for your services? RQ1, RQ2, JDCS Theory

11. What actions can universities take to support university counselors? RQ2, JDCS Theory, Empowerment Theory

12. If you had to design a program to support university counselors, what would that program look like? RQ2

13. Do you have anything else you would like to share about your experiences with increased demand for your services during and after the pandemic?

9. Ask any follow-up questions.

10. End the interview and stop the recording. Explain to the participant of the member checking and transcription review process.

We have reached the end of this interview. Thank you for your participation in this study and for sharing your personal experiences with me. I appreciate your transparency and honesty in each of your responses. Do you have any questions about the interview or the research process?

As a reminder, I will take the audio from these recordings and transcribe them verbatim. I will be emailing you a copy of the interview transcript. It would be great if you could review the transcript and make sure that you are comfortable with all the responses. If you'd like any changes to be made to the transcript so that it more accurately reflects your thoughts and ideas, please let me know. That is an important part of the research process.

11. Thank the participant for the participation in the study.

Thank you again for participating in my study. You can contact me at any time if you have any questions or concerns.