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U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

Rui Heng Babilonia
Walden University

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Walden University

College of Social and Behavioral Sciences

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Rui Heng Babilonia

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Walden University
2017

Abstract

U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

by

Rui Babilonia

MHA, University of Phoenix, 2009

BS, University of Pittsburgh, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

Walden University

August 2017

Abstract

Currently, the high level of burnout among military psychologists resulting from contemporary military service is gaining attention. However, there is insufficient knowledge of their lived experiences of burnout. The purpose of this phenomenological study was to explore burnout, based on the military occupational mental health, military job demand-resources models, and biopsychosocial models. Eleven active duty and prior service military psychologists were recruited for interviews using snowball sampling. The first phase of data analysis employed NVivo software. The second and third phase used the 7-step modified version of the Van Kamm method, resulting in 7 themes and 1 discrepant case. The key findings indicated that the unique nature of military bureaucracy provided the environment that fostered burnout into a taboo milestone. Furthermore, the challenging task associated with finding meaning and balance for the ambiguous role of being a military psychologist also compounded the experiential factors contributing to burnout. Several shared experiential indications foretelling of burnout were identified. However, the reality of how military psychologist experienced burnout differed from textbook knowledge, indicating there is a theory-practice gap in personally diagnosing burnout progression. Military psychologists also indicated the theory-practice gap between the available resources for burnout and their limiting utilization practicability. The results of this study can be used to make a positive social change by better informing the development of prevention strategies benefiting not only military psychologists but potentially all military members who routinely describe themselves as burned out.

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Dedication

I dedicate my dissertation to my mom, dad, Joshua, and Ferdi. I love you with all of my heart. I love you all. I am grateful to have you all in my life. I know I seem to have gone through every emotion while writing this dissertation, and you have suffered with me my highs and lows, and some emotions I cannot even classify. I am sure that not hearing me complain, or seeing me become ecstatic or deeply depressed or whatever I am feeling all inside a New York minute because of the dissertation (this word should be as bad as a four letter word) is welcoming. I cannot wait to see what comes next with all of you beside me. You all ready? I am laughing because I can imagine the look on your faces! I am going to stop now. Know that I love you and am dedicated to you with every cell in my body. I know I can write a lot more because there are no rules here, but I would write an endlessly rambling mushy novel for what you all mean to me.

I also want to dedicate my dissertation to my best friend, Liz, who passed away many years ago. You are always with me somewhere over the rainbow.

Finally, I am dedicating my dissertation to Dr. Peter Linnerooth to honor his mission to take care of uniformed personnel.

Acknowledgments

I know this is my chance to give acknowledgement to all those who have helped me come to this point in my life, but I feel the word *acknowledgment* lacks the depth of how I feel. To my friends, mentors, and professors who stood by my side through rough days, months, and years, I am indebted to each of you and owe many wholehearted thanks! To the military psychologists who graciously shared their experiences, your selfless and continued service is the epitome of what makes a strong defense force. Thank for your service!

First, to my dearest friend, and newly minted Dr. Michelle Recame-Osborne, you were there from the start, and I am wowed by your incredible ability to do whatever it is you put your mind to, but most of all, thank you for being my helping and supportive friend through this entire wonderful crazy journey. Nadine, I wish we could have met earlier on this shared but sometimes lonely journey because you have strength I draw upon when I have doubts and diminished confidence! Ann, how can I thank you for listening to me complain all those times? You are my friend and counselor.

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importance of lending a helping-uplifting hand. I will not forget this valuable lesson and given the chance I will do my best to do you proud.

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There can never be enough I can say, or thanks I can give to all of you. So, as I move forward in my life postdissertation, I will do my best to show how thankful I am.

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Chapter 1: Introduction to the Study

Introduction

The events of September 11, 2001 forever changed the American way of life, with its degree of impact subjective to the standpoint of the individual, group, and population. Correspondingly, for military members the national tragedy resulted in the United States spearheading the ongoing global war on terror (McIntosh, 2014). A majority of the approximately 2,500,000 American veterans who served in the war endured traumas resulting in the unprecedented influx of personnel requiring mental health services (Allison-Aipa, Ritter, Sikes, & Ball, 2010; Baker, 2014; Defense Health Board Task Force on Mental Health, 2007). The pressure to satisfy the overwhelming demand for mental health services has resulted in a high burnout rate and low morale among the small population of military psychologists serving the military community (American Psychological Association [APA], 2013; Linnerooth, Mrdjenovich, & Moore, 2011; Walters, Matthews, & Dailey, 2014).

Despite the newly garnered attention for expanding knowledge of military-specific mental health issues, there is insufficient knowledge regarding contemporary lived experiences of burnout. This can indefinitely delay the development of critically needed prevention and intervention strategies for stabilizing the mental welfare of military psychologists (Castro, 2014; Garcia, McGeary, McGeary, Finley, & Peterson, 2014; Lester, Taylor, Hawkins, & Landry, 2015; McGeary, Garcia, McGeary, Finley, & Peterson, 2014; Rupert, Miller, & Dorociak, 2015; Weidlich & Ugarriza, 2015). Consequently, if the military leadership does not have in-depth knowledge of burnout's

factors and consequences, the current deficient level of awareness can negatively impact the longitudinal promotion of mental health stability for the entire military community (Adler, Saboe, Anderson, Sipos, & Thomas, 2014; Garcia et al., 2014; Lester et al., 2015; Rupert et al., 2015). Benefits gained from exploring burnout as lived, experienced, and interpreted by military psychologists will not only contribute to the knowledge of the phenomenon but also have far reaching and transferability benefits for all military members.

In the sections of this chapter, I will provide the background for why research concerning the lived experience of burnout in the population of military psychologists was a time-sensitive issue with extended social implications affecting military and the nation for generations to come (Garcia et al., 2014; McGeary et al., 2014). Also included, will be a section of qualitative research questions that I developed using the conceptual framework of the biopsychosocial model, military occupational mental health model, and military demand-resource model (MDR) to explore the lived experiences of burnout in the population of psychologists. Additional sections will include the definition of key terms, study-related assumptions, scope and delimitations, study limitations, and significance of the study to ensure a well-developed foundation for conducting research.

Background

Burnout is a well-researched phenomenon. It is described as the process of engagement erosion and is characterized by emotional exhaustion, decreased self-efficacy, and depersonalization (Freudenberger, 1975; Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). The positive characteristics of engagement

are efficacy, energy, and involvement, which lie at the opposite pole of the employee wellbeing continuum from burnout (Schaufeli et al., 2009). Freudenberger (1975) was the first to identify the burnout syndrome in 1974, noting its progressive nature and potential outcomes (Gold & Roth, 2013; Maslach et al., 2001; Shea, Wynyard, & Lionis, 2014). Around the same time, Maslach was also conducting burnout research and became a forerunner and contributor to the identification and conceptual understanding of the burnout phenomenon; Maslach subsequently developed the widely used and accepted Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981; Schaufeli & Maslach, 1993). Previously, burnout research focused mainly on human services professionals, such as doctors and nurses, but researchers have since concluded burnout can occur within a wide range of work environments and expanded its use for other professions such as professional athletes and military personnel (DeFreese & Smith, 2013; Owen & Wanzer, 2014).

Currently, no standardized diagnostic criteria and/or definition exists for burnout (Bianchi, Schonfeld, & Laurent, 2015a, 2015b; Weidlich & Ugarriza, 2015). However, the dimensions of burnout proposed by Maslach of emotional exhaustion, depersonalization and/or cynicism, and decreased self-efficacy are commonly accepted as key outcome components of burnout with varying degrees of impact (Cieslak et al., 2014; Maslach et al. 2001; Montero-Marin, Prado-Abril, Piva Demarzo, Gascon, & Garcia-Campayo, 2014; Reichl, Leiter, & Spinath, 2014; Schaufeli et al., 2009). Although researchers may agree on the fundamental outcome of burnout regardless of profession,

the lived stressors that contribute to burnout can be wide-ranging depending on the population experiencing burnout (Maslach et al., 2001; Schaufeli et al., 2009).

As a result, numerous demographic and occupational-specific variations of stressors have since been identified for professions such as mental health workers, nurses, doctors, first responders, teachers, law enforcement personnel, and other occupations (Cieslak et al., 2014; Gold & Roth, 2013; Maslach et al., 2001; Newell & MacNeil, 2011; Russell, 2014; Tabaj, Pastirk, Bitenc, & Masten, 2014). Even though no single profession is identified as being more susceptible to burnout, the population of mental health providers has been consistently found to suffer from a high rate of burnout and is considered a high-risk group (Ballenger-Browning et al., 2011). Following the established base of research, it is logical to infer that military psychologists should also be considered as a high-risk population, especially considering the experiences of stress as compounded by the demands of contemporary military service, job responsibilities, and other factors such as first or secondhand trauma incurred from destructive modern warfare tactics (Castro, 2014; Gracia et al., 2014; Lester et al., 2015; McGeary et al., 2014; Rupert et al., 2015; Weidlich & Ugarriza, 2015).

Since September 11, 2001, more veterans and their families compared to previous wars have endured visible and hidden wounds of military service such as amputation, traumatic brain injuries, posttraumatic stress disorder (PTSD), and depression (Allison-Aipa et al., 2010; Baker, 2014; Scott et al., 2014). Often suffering from polytraumatic injuries, homebound veterans must undergo long-term medical and psychological treatments exacerbating personal, family, and professional stress (Baker, 2014; Scott et

al., 2014). Reports published by the APA and the U.S. Government Accountability Office (GAO; 2010) detailed concerns for the inadequate number of military psychologists serving the military population, with an emphasis for increasing personnel levels to meet the demand (Johnson et al., 2007). Baker (2014) provides further support and cause for concern of how concurrent demand for medical and psychological services is exceeding the capabilities of the military.

Currently, the high level of burnout amongst military psychologists and its impact on service delivery efficiency are gaining attention because of insufficient staffing and increased demand for mental health services in stateside locations (Ballenger-Browning et al., 2011; McGeary et al., 2014). Moreover, deployed psychologists who often are participating members of military health care teams must also contend with the stressors of modern warfare while continuing to provide treatment for fellow service members (Fjeldheim et al., 2014; Johnson, Bertschinger, Snell, & Wilson, 2014; Owen & Wanzer, 2014). Consequently, researchers are beginning to study the effects of combat exposure and the ethical implications of providing mental health services with diminished capacity (Johnson et al., 2014; Owen & Wanzer, 2014). Likewise, more researchers are noting the need to develop population-specific prevention, management, and intervention strategies because of the different dynamically interactive variables and consequent experiences that impact mental health status such as military culture; personal and occupational background; and personal, traditional, occupational, and high risk demands; performance, outcomes, and goals based on personal and occupational resources (Adler & Castro,

2013; Bates et al., 2010, 2013; Garcia et al., 2014; Hobfoll, Vinokur, Pierce, & Lewandowski-Romps, 2012).

Similarly, Castro (2014), Saban et al. (2013), and Weidlich and Ugarriza (2015), indicated that research is needed to include subtle differences, such as work environments, patient type, and mental health provider specialties, to better understand the progression of burnout for military psychologists. Military scholars such as Ballenger-Browning et al. (2011) and Lester et al. (2015) emphasized the importance of including experiential factors salient to contemporary military service, such as direct and indirect exposure to the atrocities of war and combat, lengthy and repeated separations from family, and the hierarchical nature of the military, to develop population-specific strategies to manage and reduce burnout for military psychologists. The RAND Corporation (2009, 2010) and Kline et al. (2010) have also noted the negative impact of lengthy and repeated deployments on a personal and national level. Furthermore, the knowledge gap concerning contemporary experiential factors of burnout, impact, and preventions for the military psychologists' population serving in different capacities to fulfill various levels of organizational need continues to challenge the military's ability to meet the mental health care needs of the military community during and after time in service (Adler & Castro, 2013; McGeary et al., 2014; Newell & MacNeil, 2011; Walters et al., 2014).

The resulting deterioration of wellbeing in the military psychologists' population has led to deleterious consequences similar to the publicized plight of fellow veterans (Ballenger-Browning et al., 2011; Linnerooth et al., 2011). Although the above body of

research points to deficient areas requiring further investigation, the lived experiences and descriptions of burnout from the perspective of military psychologists which could help better inform many of the questions asked by researchers and military leaders had not yet been the focus of a study. At stake is not only the wellbeing of the individual psychologist, but also the growing number of veterans needing mental health treatment to prevent the escalation of negative outcomes (Baker, 2014; McGeary et al., 2014). Expressly, a healthy, well-performing mental health provider population plays a pivotal role in maintaining the mental health stability of the military community during times of war and peace (Salyers, Flanagan, Firmin, & Rollins, 2014; Yanchus, Periard, Moore, Carle, & Osatuke, 2015).

Problem Statement

Nearly 15 years have passed since the events of 9/11, but the consequences of this national tragedy continue to dominate the lives of military personnel such as military psychologists. The high deployment tempo and ever-changing military climate have exponentially increased professional and organizational obligations for military psychologists in deployed and nondeployed locations with little time for rest or recuperation, negatively impacting their personal and professional lives (Adler & Castro, 2013; Garcia et al., 2014; Hobfoll et al., 2012; McGeary et al., 2014; Yanchus et al., 2015). Cultivating in-depth knowledge of burnout from the lived experiences and perspectives of military psychologists is crucial for developing an effective strategy because knowledge of burnout risk factors and their precipitous effects for military psychologists is also sparse (Lester et al., 2015; Moustakas, 1994; Rupert et al., 2015).

Purpose of the Study

The purpose of my study was to explore burnout as it is lived and experienced by military psychologists. The current, limited awareness of population-specific lived experiences of burnout made transcendental phenomenology a suitable approach for studying burnout in the military psychologists' population (see Garcia et al., 2014; Rupert et al., 2015). Although there is an established knowledge base of burnout for civilian professions, a search of burnout research for military psychologists produced few articles (see Ballenger-Browning et al., 2011; Linnerooth et al., 2011; Schaufeli et al., 2009). Correspondingly, an extensive search resulted in even fewer articles on factors salient to the demands of modern-day military service and no inclusion of burnout as experienced and interpreted by military psychologists (Adler & Castro, 2013; Bates et al., 2010; 2013).

A significant gap exists in the literature regarding documentation of lived experiences of burnout as described by military psychologists. In this qualitative study using transcendental phenomenology, I aimed to explore the lived experiences of burnout within the population of military psychologists and used the resulting data to narrow the knowledge gap and work towards developing appropriate solutions. I conducted interviews with 11 study participants where I asked them semidirected questions. Their responses were coded and analyzed with NVivo software to find emerging themes, concepts, and patterns.

Research Questions

I developed the overall research question for this qualitative study to understand the phenomenon of burnout in military psychologists based on their perceptions and lived experiences. The specific research questions I developed included the following:

1. How do military psychologists describe what burnout means to them?
2. How do military psychologists describe their lived experiences with burnout?

I examined the data generated from interviewing the participants and asking the 10 questions of the interview protocol based on the conceptual framework for themes, concepts, and patterns using the procedures of phenomenological research method to answer the research questions (see Moustakas, 1994). An in-depth description of the 10 semidirected interviews questions is provided in Appendix A.

Conceptual Framework

I employed the biopsychosocial model, military occupational mental health model, and military demand-resource model during this study to build the framework needed to investigate the lived experiences of burnout for military psychologists. Military health models were included because I focused on the population of military psychologists in this study. The military occupational mental health model took into account personal and organizational elements for understanding the link between military occupational demands and mental health outcomes (Adler & Castro, 2013). The military demand-resource model provided the framework for understanding how demands and resources of individual military units can influence mental health status (Bates et al., 2013).

The combined usage of both military models allowed me to explore how military psychologists described their lived experiences of general military service and unit/job specific experiences as contributing to burnout. For example, an individual's premilitary background, mental health status, and personal goals can affect experiences of adaptability to military occupational and cultural demands and utility of environmental resources impacting health outcomes. Additionally, combat and noncombat units have varied demands and resources, which can influence psychological health experiences differently for individuals from varied backgrounds and conditioned behaviors. Different in scope, but essential to this study was the focus provided by the two military behavior health models for understanding experiences unique to the military environment that can impact mental health outcomes (see Adler & Castro, 2013; Bates et al., 2013). I also included the biopsychosocial model because it provided an additional approach to examine the subjective lived experiences of the complex relationship between chronic stress and health outcomes as contributing to burnout (see Borrell-Carrió et al., 2004). Because an individual's stress experiences across various life environments are steadily exerting their circular impact on behaviors and overall stress experiences, it is important to explore how military psychologists describe their lived experiences in the military setting as contributing to their burnout (see Borrell-Carrió et al., 2004).

Each of the three behavior health models contributed to finding the essence of burnout as experienced by military psychologists. I also used additional key constructs with transferability potential to develop the research questions. These constructs will be included in operational definition section of this chapter and I will fully explain them in

the comprehensive literature review in Chapter 2. These include the biopsychosocial model, burnout, information overload, military occupational mental health model, military job demand-resource model, polytraumatic, psychological safety, and work-family conflict.

Nature of the Study

In this qualitative study, I used the procedures of the phenomenological research method because it provided the framework to study the subjective phenomena of burnout as lived and experienced from the military psychologists' perspective (see Kafle, 2013; McWilliam, 2010; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Although researchers may agree on the fundamental expressions of burnout, the lived experiences of burnout can be wide-ranging depending on the population (Cieslak et al., 2014; Gold & Roth, 2013; Maslach et al., 2001; Newell & MacNeil, 2011; Russell, 2014; Tabaj et al., 2014). Currently, there is no unifying definition or diagnostic criteria available for burnout, adding difficulty to the development of effective management strategies for it (Bianchi et al., 2015a, 2015b; Maslach et al., 2001; Schaufeli et al., 2009). Furthermore, the limited awareness of population-specific lived experiences of burnout and inadequate availability of preventative procedures made transcendental phenomenology a suitable approach for studying burnout from the perspective of the military psychologists' population in this study (see Garcia et al., 2014; Rupert et al., 2015; Moerer-Urdahl & Creswell, 2004).

I used snowball sampling to recruit a group of 11 active duty and/or prior service military psychologists for my study. I used the transcendental phenomenological research

method based on the military occupational mental health, military job demand-resources models, and biopsychosocial models to explore the lived experiences of burnout in military psychologists (see Adler & Castro, 2013; Bates et al., 2010; 2013; Borrell-Carrió, Suchman, & Epstein, 2004; Kafle, 2013; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Transcendental phenomenology is a suitable approach for studying population-specific lived experiences (Garcia et al., 2014; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994; Rupert et al., 2015). As such, I deemed it the most appropriate approach for studying the phenomenon of burnout in the military psychologists' population.

Using 10 semistructured questions, I interviewed 11 active duty and/or prior service military psychologists and audio recorded and transcribed their responses to ensure the collection of all research data (see Moustakas, 1994). All of the participants' perspectives and opinions were included to ensure the study results are valid and consistent with the information provided by the participants (see Moustakas, 1994). In my analysis of the resulting qualitative data, I used the data generated by the NVivo software, based on phenomenological research procedures to generate behavioral themes, concepts, and patterns to begin filling the knowledge gap in the literature that exists regarding the documentation of lived experiences of burnout as described by military psychologists (see Moustakas, 1994; Patton, 2002).

Theoretical Definitions

I have defined the following terms used throughout this dissertation for the purposes of my research study:

Biopsychosocial model: A model that addresses the multidimensional impact of how biological, psychological, and sociological factors experienced by an individual leads to consequences along the health continuum (Astakhova & Hogue, 2013; Borrell-Carrió et al., 2004; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014).

Burnout: The cumulative effect of biological, psychological, and emotional exhaustion resulting from chronic stress experiences that originate chiefly from the work environment; identified by the dimensions of emotional exhaustion, depersonalization, and decreased self-efficacy (Maslach et al., 2001; VandenBos, 2009).

Information overload: The understanding for how stressors arising from the perpetually available connection and accessibility to streaming information both personal and professional can lead to dysfunctional behaviors (Eppler & Mengis, 2004).

Military job demand-resource model: The framework for understanding how demands and resources of individual military units can influence mental health status (Bates et al., 2010; 2013).

Military psychologists: Active duty and/or prior service military psychologists.

Military occupational mental health model: The framework for taking into account individual and organizational moderating elements to understand the connection between military occupational demands and mental health adjustments and outcomes (Adler & Castro, 2013).

Polytraumatic: The concurrent combination of two or more forms of life threatening injuries to multiple body parts leading to cognitive, physical, psychological, and functional incapacity (U.S. Department of Veterans Affairs, 2015).

Psychological safety: The mutual belief in the military that relational risk-taking is safe within the work environment and without incurrence of negative consequences such as punitive actions, embarrassment or alienation that is detrimental to self-image, work status or career (Bradley et al., 2012; Kahn, 1990; May et al., 2004; Zhou & Pan, 2015).

Work-family conflict: The interrole conflict experienced in the military between work and family pressures that are reciprocally mismatched, resulting in the increased participation difficulty within one or both domains (Blanch & Aluja, 2012; Brauchli, Bauer, & Hämmig, 2015; Greenhaus, 2002; Greenhaus & Kopelman, 1981; Reichl et al., 2014).

Assumptions

I based this study on the assumption that daily living, working, and social demands have significantly changed the lived experiences of burnout for military psychologists since the events of September 11, 2001. Additionally, it was assumed that study participants had personally experienced burnout during their time-in-service. I also assumed that study participants were capable of truthfully sharing common experiences, insights, and beliefs unique to the generation of providers who have actively engaged in providing services in the military setting in varied capacities. These assumptions were crucial for the study because 9/11 significantly altered life for all Americans, especially

military psychologists. However, little is known about the lived experiences of military service as contributing to burnout from the perspective of military psychologists. My final assumption was that exploring the lived experiences of serving in the post 9/11 military environment will help reduce the knowledge gap concerning burnout for military psychologists.

Scope and Delimitations

I selected the focus of this study because of the high rate of burnout experienced by the small population of military psychologists and its impact concerning the maintenance of mental health welfare for all military members (APA, 2013; Baker, 2014; Ballenger-Browning et al., 2011; Linnerooth et al., 2011; McGeary et al., 2014; Walters et al., 2014). Furthermore, lived experiences potentially contributing to burnout, such as the unprecedented active engagement in frontline treatment and contemporary polytrauma experiences in conjunction with the exponential increase in deleterious health outcomes, were explored to inform the planning of strategies to ensure the stability of the military community (see Fjeldheim et al., 2014; Johnson et al., 2014; Owen & Wanzer, 2014). Based on the population and their subjectively lived service experiences, I selected a conceptual framework to include the biopsychosocial model, military occupational mental health model, and military job demand-resources model to explore the lived experiences of post 9/11 military service as contributing to burnout for military psychologists.

The additional key concepts of cynicism, information overload, psychological safety, perceived self-efficacy, trust, and work-family conflict were also included to build

a rounded examination of the essence of the lived experiences contributing to burnout. Popular and commonly interchanged terms and/or concepts of burnout were excluded to eliminate further confusion due to their lack of a concise definition (see Bianchi et al., 2015a, 2015b; Clifford, 2014; Day & Anderson, 2011; Johnson et al., 2014; Melvin, 2015; Newell & MacNeil, 2010; Owen & Wanzer, 2014). The focus of this study was to explore the lived experiences of contemporary military service and how military psychologists describe these experiences as contributing to burnout for them. Furthermore, the insight I gained into the shared experiences of general military service which contributed to burnout can be used to help inform the development of strategies applicable to other at-risk military professions and the overall military population.

Limitations

This study of burnout within the military psychologists' population had limitations caused by the different lived experiences of junior military psychologists from the recalled experiences of senior and prior service military psychologists because of the military's constant changing environment and policies. Other limitations of this study included the potential for inaccurate self-reporting of experiences due to issues concerning recall and memory. Additionally, lived experiences during the height of the war may be different from present-day experiences because of slower deployment rates, but higher volume of individuals seeking mental health services. I could not address these limitations in this study because no real-time study of burnout throughout the longevity of the war is available. Furthermore, because research for burnout within the military psychologists' population is in its infancy, I was not able to provide a comprehensive

exploration of the varied lived experiences contributing to burnout for individuals currently serving the military in this study. The purpose of this study was to begin increasing the fundamental awareness of the lived experiences of contemporary military service as contributing to burnout for military psychologists and use the data to help inform the development of preventative and management strategies to combat burnout for the target population.

As a researcher, my personal experiences could have led to bias and could have ultimately influenced the study outcome. My military service and ongoing intimate relationship with the military community was a potential for personal and ideological bias. I addressed the risk of bias by allowing the participants to express their experiences through open-ended and semidirected questions, which I gathered in a detailed and rich description of interview content (see Moustakas, 1994). Additionally, I have provided a description of my military background to provide a method of check and balance in case there are questions concerning the insertion of personal bias. Beyond transparency of my personal background, I actively set aside my prejudgments before each interview session (i.e., epoché) and scrutinized the research questions to ensure they would elicit participant experiences without the insertion of my own military experiences (see Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Significance of the Study

The current mental health crisis suffered by military members is a well-known issue reported by mass media and veteran support groups. Although in this study I focused on the population of military psychologists, there is a potential for transferability

to all military members who may experience burnout due to shared experiences salient to the military community. The demands of the modern-day, all voluntary military population and engagement in the longest American-led war provides a unique consensus of military service that cannot be replicated by previous research (Adler & Castro, 2013; Bates et al., 2010, 2013). Increasing the awareness of burnout as lived, experienced, and interpreted by one group from the military setting will provide the opportunity to expand critically needed health maintenance strategies for all military personnel.

Furthermore, the sparse availability of literature concerning burnout within the military setting requires focused research to increase population-specific knowledge as a way to ensure the future safekeeping of well-being and readiness of the armed forces (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Linnerooth et al., 2011). Additionally, preliminary research studies have offered only broad and generalized discussions using commonly accepted outcome indicators of burnout (i.e., exhaustion and depersonalization) and identified professional stressors from civilian populations to assemble the need for further research (Ballenger-Browning et al., 2011; Lester et al., 2015; Linnerooth et al., 2011). The question of how do we take care of the caretakers is ripe for research expansion as understanding the idiosyncratic needs of a population is the foundation for making improvements and providing suitable assistance, especially for members of the military who are willing to make sacrifices for the protection of the nation.

Developing an increased awareness of the unparalleled modern-day service experiences from the military psychologists' perspective will help future military leaders

implement suitable policies and regulations aimed at preventing burnout within the various populations of veterans. Members of the U.S. military have suffered unequalled traumas, but their suffering is being recognized because research such as this is beginning to focus on helping the military population to sustain its difficult job of waging war. The potential of making a positive social impact within the military community is immense because increasing awareness of burnout as it is experienced by members of the military will provide opportunities to create procedural and/or structural changes within the military community for the benefit of past, present, and future veterans.

Summary

The consequences of September 11, 2001 continue to impact the lives of American military service personnel with devastating health outcomes. The well-known mental health crisis suffered by the military population has gained attention, but concurrently has put additional pressure on a small population of military psychologists to meet the overwhelming service demands in deployment and stateside locations. Chronic stress experiences caused by modern-day complexities and factors of military service have led many psychologists to experience burnout (APA, 2013; Baker, 2014; Ballenger-Browning et al., 2011; Linnerooth et al., 2011; McGeary et al., 2014; Walters et al., 2014). The lack of organizational policies and procedures addressing the issue of burnout for military psychologists are cause for alarm due to its larger implications for the maintenance of mental health wellbeing within the military community and far-reaching impact on the nation.

Based on the currently available knowledge of burnout, I developed a conceptual framework for this study to explore the lived experiences of burnout for military psychologists. The premise of this study was grounded on the need to increase awareness of burnout as it is lived, experienced, and interpreted by military psychologists and how these experiences contributed to burnout for future development and implementation of appropriate solutions. Because military psychologists are the guardians of mental well-being for the military community, overlooking the urgent need to develop and implement standardize preventative measures for burnout centering on the lived experiences of military psychologists will have disastrous and wide-reaching consequences. In Chapter 2, I will provide an exhaustive literature review for burnout and the conceptual framework selected to study burnout in the military context.

Chapter 2: Literature Review

Introduction

Burnout is a well-researched phenomenon, but contemporary knowledge of burnout as lived by the military psychologists' population is sparse and can postpone the research progress in other areas of deficiency such as burnout factors, effect, and prevention strategies (Adler et al., 2014; Garcia et al., 2014; Lester et al., 2015; Rupert et al., 2015). In this chapter, I will provide a detailed literature review supporting the need to appraise the lived experiences of burnout for military psychologists in the modern-day military environment. This chapter will also include the research strategy I used for the literature review, the conceptual framework and selection rationale, a synopsis of currently available literature on the historical background, and contemporary developments in burnout research.

Research Strategy

Developing the logic for this qualitative study required an extensive effort to find the comprehensive quantity of literature I needed to pinpoint the knowledge gap that exists regarding documentation of lived experiences of burnout as described by military psychologists. I employed databases, such as ProQuest Central, PsycINFO, PsycARTICLES, SAGE Premier, CINAHL & MEDLINE Simultaneous Search, and EBSCOhost; government and military websites; and topic relevant and credible Internet resources referred to by research materials to find useful articles for the literature review. Key search words such as *burnout*, *stress*, *chronic stress*, *military*, *mental health providers*, and *compassion fatigue* were used to find relevant articles. I also used a

combination of words such as *military health care providers and burnout*, *information overload and burnout*, *police and burnout*, and *first responder and burnout* to narrow down the number of articles relevant to the proposal.

The sparse research knowledge available concerning burnout within the military psychologists' population increased the difficulty of finding articles from previously listed databases. I also used an alternate search engine, recommended by Walden Library, to generate more articles in this new area of focus. The linkage between this alternate search engine, Google Scholar, and the Walden library offered the ability to use natural language search criteria to generate articles related to burnout in the military psychologists' population. Additional articles referenced in this chapter originated from citations within relevant articles. A few articles suggested by Google Scholar were not available to Walden students, so I obtained them through library lending services and personal contacts.

My three-pronged research strategy first focused on the most current burnout literature for first responders, military healthcare providers, law enforcement, nurses, and mental health care providers because aspects of their professional demands demonstrated some semblance to those lived by the military psychologists. I also used burnout research for the related populations to identify the conceptual framework needed to explore lived experiences of burnout in the military setting. My second search criterion focused on salient military factors to identify literature concerning the growing mental health crisis within the military community. Finally, my third search criterion used key issues generated from the first two criteria to include the relationship between burnout's chronic

stress experiences and their impact on biological, psychological, and sociological well-being.

Conceptual Framework

Military Occupational Mental Health and Military Job Demand-Resource Model

The military occupational mental health model is based on the occupational mental health model and takes into account individual and organizational moderating elements to understand the connection between military occupational demands and mental health adjustments and outcomes (Adler & Castro, 2013). Moreover, the inclusion of military culture within central components of the model is crucial to understanding the how salient military experiential factors impact health and wellbeing, which cannot be replicated by using civilian health models (Adler & Castro, 2013). For example, cultural mottos inherent to the military such as “suck it up and drive on” and “mission first” are common phrases used to demonstrate the acceptance of difficult circumstances and experiences, and the need to put personal needs or dissatisfactions aside for mission accomplishment (Adler & Castro, 2013). These commonly spoken mottos are applied to nearly every aspect military setting and lifestyle and are also essential for maintaining the core self-sacrificing purpose of the military (Adler & Castro, 2013; Bates et al., 2010, 2013). Hence, when deep-rooted cultural aspects such as “suck it up and drive on” motto are included to explore burnout, researchers can to reduce the inappropriate application of cultural characteristics central to identity and develop effective preventative strategies without compromising the esprit de corps.

The military occupational mental health model includes four components and two moderators (Adler & Castro, 2013). The four components are background (personal and occupational); demands (personal, traditional occupational, and high-risk traumatic); outcomes (symptoms/reactions, attitudes, and performance); and goals (health, work, relationships, and enjoying life; Adler & Castro, 2013). The two moderators are personal resources (coping strategies and social support from family and friends) and occupational resources (professional identity, buddies/unit, leadership, training, early interventions, performance enhancement, and strategies; Adler & Castro, 2013). Applying the model to explore the stressor-strain relationship of burnout for military psychologists can elucidate the cultural, occupational, and occupational independent lived experiences that can contribute to burnout.

While military service is a shared experience, duty location and individual unit demands can vary significantly, changing the potential lived experiences of burnout (Bates et al., 2013). For example, during the height of the war in the Middle East, a majority of military units experienced repeated deployments and for long durations in various areas to fulfill their unique mission capacities (GAO, 2010). Furthermore, individual units within each military organization may also have different demands and resources impacting experiences as lived by personnel from various units (Bates et al., 2013). The MDR model provides the framework for understanding how demands and resources of individual military units can influence mental health status (Bates et al., 2013). Researchers can use the model to understand group or unit level impact on

wellbeing experiences that are characteristically central to the nature of the military (Adler & Castro, 2013; Bates et al., 2013).

The MDR is based on the conservation of resources theory and job demand-resource model (Bates et al., 2010, 2013). Variables used to determine the relationship between interactions and outcomes by MDR model are demands, internal resources, and external resources (Bates et al., 2010, 2013). Demands can be positive or negative and episodic or chronic originating from both operational and nonoperational factors that consume physical, psychological, social, and spiritual resources (Bates et al., 2010, 2013). Both internal and external resources are used to facilitate mission completion and/or for reducing the negative impact of unit demands and are considered both as variables mediating and moderating outcomes (Bates et al., 2010, 2013). Outcomes are delineated into the two categories of resilience (e.g., burnout, drug, and alcohol abuse, or family stability) and performance (e.g., work efficacy, organizational citizenship, or incivility; Bates et al., 2010, 2013). The four primary features of MDR include unit demands, unit readiness impacting outcomes, availability of resources impacting unit outcomes, and communication interactions between military entities impacting demand and resources balance (Bates et al., 2010, 2013).

The MDR model is designed to be widely applicable to the military environment for different units or groups, mission types, social environments and groups, leaderships, and/or support agencies because the use of nonspecific designators while focusing on salient military factors (Bates et al., 2010, 2013). For example, work resources, such as command support before, during, and after deployments, have been found to impact the

development and severity of burnout (Adler & Castro, 2013; Bates et al., 2010, 2013). Military personnel working in an unsupportive military unit may have different lived experiences of burnout than those who work within a supportive command depending on leadership style and other reasons (Ballenger-Browning et al., 2011; Castro, 2014; Clifford, 2014; Garcia et al., 2014, 2015a, 2015b; Johnson et al., 2014). Researchers have also indicated that individuals whose job demands are exacerbated by the lack of essential work materials are at increased risk for experiencing negative outcomes (Bates et al., 2010, 2013; Garcia et al., 2014; Hobfoll et al., 2012). The availability of material resources to units depending on mission necessities can also impact how military personnel experience burnout (Bates et al., 2010, 2013; Lester et al., 2015; Owen & Wanzer, 2014). The wide range of unit demands and internal and external resources cannot be generalized, making utilization of the MDR model essential to exploring the subjective experiences of the study population.

Biopsychosocial Model

Contrary to the continued dominance of Western medicine's biomedicine standpoint, Engle and Romano introduced the biopsychosocial model in 1977 to address the mind-body connection in treating disease and illness (Borrell-Carrió et al., 2004; Greenberg, 2005; McDaniel & deGruy, 2014). The biopsychosocial model addresses the multidimensional impact of how biological, psychological, and sociological factors experienced by an individual leads to consequences along the health continuum (Astakhova & Hogue, 2013; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014). The biopsychosocial model is a method for understanding the dynamic relationship

between disease and suffering and is applicable in theoretical and real-world situations (Borrell-Carrió et al., 2004). From a theoretical standpoint, when applied to burnout the biopsychosocial model can reveal how people along the continuum of collective to the individual are affected by organizational unhealthiness and suffering. From the real-world perspective, the biopsychosocial model provides a way to understand the individual's subjective experiences as the fundamental building block to identify the essence of burnout and its outcome trajectory to develop methods effective for combating burnout.

Expressly, overall health and wellness is greater than the sum of the traditionally fragmented treatment of individual components, which make taking an examination of dynamically interactive life experiences a necessary component to developing effective health interventions for improved outcomes (Astakhova & Hogue, 2013; Borrell-Carrió et al., 2004; Ghane & Sweeny, 2013; Greenberg, 2005; Juster et al., 2011; McDaniel & deGruy, 2014; Uddin, 2014). Moreover, the conceptual experience of health and illness are perceptions subjective to the individual, shaping symptom expression, self-assessment, and the reporting of health status which increases the difficulty for the delivery of effective treatment strategies if taken purely at face value (Borrell-Carrió et al., 2004; Davis-Laack, 2014; Ghane & Sweeny, 2013; McDaniel & deGruy, 2014; Uddin, 2014). Similarly, researchers can apply the biopsychosocial model to gain a better understanding of subject experiences of the individual, group, or population to expand beyond the currently accepted knowledge because the health effects of chronic stress are comprehensively invasive (Juster et al., 2011).

Outside the academic or theoretical debate arena, researchers unanimously agree on the biological, psychological, and sociological impact burnout can afflict on the sufferer (Maslach et al., 2001; Maslach & Jackson, 1981; Schaufeli et al., 2009; Schaufeli & Maslach, 1993). Regardless of the exclusivity of workplace application argument, it is unlikely that job stress, once disengaged, remains at the place of employment, especially taking into consideration the subjective perception of the connecting relationships between the health and wellbeing of the individual as suggested by Lazarus and Folkman's theory of cognitive appraisal (Borrell-Carrió et al., 2004; Folkman, Lazarus, Gruen, & DeLongis, 1986; Ghane & Sweeny, 2013; McDaniel & deGruy, 2014; So, Kuang, & Cho, 2016; Uddin, 2014). For example, emotional and physical exhaustion, which are hallmark symptoms of burnout, have far-reaching implications for the subjective experiences of biological, psychological, and sociological well-being that can spillover from the workplace into the family and/or into social environments (Ballenger-Browning et al., 2011; Bianchi, Truchot, Laurent, Brisson, & Schonfeld, 2014; Juster et al., 2011; Maslach et al., 2001; Rubio, Osa, Recio, Urien, & Peiró, 2015; Schaufeli et al., 2009).

In the attempt to alleviate distressful experiences or circumstances, common psychosocial coping methods, such as drinking, disengagement, and depersonalization, employed by individuals can become destructively cyclic worsening negative health outcomes (Allison-Aipa et al., 2010; Babin, Palazzolo, & Rivera, 2012; Moodie, Dolan, & Burke, 2014). Moreover, the biological effects of chronic stress, such as elevated inflammatory markers and cortisol, are proven to be disruptive to sleep cycles and

durations, which can further complicate the longitudinal biopsychosocial wellbeing of the individual (Dhabhar, 2014; Epel & Lithgow, 2014; Hinwood, Morandini, Day, & Walker, 2012; Juster & McEwen, 2015; Miller et al., 2014; Radley, Morilak, Viau, & Campeau, 2015). In this study, I explored the population-specific lived experiences of burnout because no standard combination exists for the manner a person may choose to cope with stress experiences at any point in time, followed by the consequential reciprocating impact on future experiences (Folkman et al., 1986; So et al., 2016).

Selection Rationale

In the following sections, I will provide the justification for the conceptual framework that I chose to explore the contemporary lived experiences of burnout for military psychologists. I selected two military behavioral models of, the military demand-resource model is based on the conservation of resources theory and job demands-resources model and the military occupational mental health model that is based on the occupational mental health model. (Adler & Castro, 2013; Bates et al., 2010, 2013). I also selected the biopsychosocial model to examine the multidimensional impact of how biological, psychological, and sociological factors experienced by an individual leads to consequences along the health continuum (Astakhova & Hogue, 2013; Borrell-Carrió et al., 2004; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014).

Military-Centric Models

Even though burnout is a well-researched topic for numerous civilian professions, sparse knowledge exists for how lived experiences across the modern military setting can impact the overall wellbeing trajectory of military personnel (Adler & Castro, 2013). For

example, one such shared experience that may impact burnout is the voluntary entry and willing acceptance of contractual obligations required for military service (Adler & Castro, 2013). Moreover, because of the voluntary nature of contemporary military service, military members cannot be considered as passive victims of circumstance, but rather active participants seeking the challenges offered by the military, and are subsequently trained and prepared to engage in the extreme demands such as combat, death, and traumatic experiences (Adler & Castro, 2013; Bates et al., 2010, 2013).

Once signed by the individual, the required lawful fulfillment of contractual obligations, legally bind individuals to a specified period of military service, including rules inherent to the lifestyle, while implicit psychological contracts serve as the understanding that available resources will be provided as the return for service (Adler & Castro, 2013; Bates et al., 2010, 2013). Although national defense is the overall mission of the armed forces, daily job demands of the military environment can vary greatly depending on specific missions and the needs of the military, in addition to sustaining regular routines required for general military service (Bates et al., 2010, 2013). Varied demands of serving in the military such as the maintenance of physical standards, performance of nonjob related tasks, the need to respond to an ever-changing mission due to global turbulence and disasters, work role ambiguity caused by hierarchically delineated mission-oriented tasks, and performance of duties extending beyond work-trained expertise can significantly impact the subjective lived experiences of burnout in the modern-day military setting (Ballenger-Browning et al., 2011; Castro et al., 2014;

Chappelle et al., 2014; Clifford, 2014; Johnson et al., 2011, 2014; Lester et al., 2015; Owen & Wanzer, 2014; Rubio et al., 2015; Walter et al., 2014).

Because active duty and/or prior service military psychologists' population was selected for this study, the inclusion of military-centric behavioral health models is a necessary component of learning about this population. The military demand-resource model and military occupational mental health model were recently developed as a means to elucidate military factors capable of affecting the overall health outcomes of service members (Adler & Castro, 2013; Bates et al., 2010, 2013). Similarly, the inherent dominance over all aspects of a service member's life by military service requirements and its environmental demands is unlike any other profession thus justifying the inclusion of the biopsychosocial model (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013).

I selected the biopsychosocial model for this study because chronic stress experiences of burnout are capable of compromising the holistic health of the sufferer (Freudenberger, 1975; Maslach et al., 2001; Schaufeli et al., 2009). Moreover, although a growing number of professions are being explored through the lens of burnout, none can provide total transferability for military specific and salient lived experiences impacting military psychologists (Adler & Castro, 2013; Bates et al., 2010, 2013; Lester et al., 2015; Maslach et al., 2001; Rupert et al., 2015; Schaufeli et al., 2009). The longstanding argument researchers have had concerning the shared experience of symptoms of burnout, depression, anxiety, fatigue, and other clinical disorders also make the biopsychosocial model relevant for taking a rounded examination of burnout as

experienced by military psychologists (Bianchi et al., 2015a, 2015b; Clifford, 2014; Johnson et al., 2014; Weidlich & Ugarriza, 2015).

As previously mentioned, the deleterious effects of burnout can comprehensively compromise the holistic health outcomes of the individual sufferer (Freudenberger, 1975; Maslach et al., 2001; Schaufeli et al., 2009). Although burnout is a concept exclusively applied to the workplace, negative consequences of chronic stress impacting the physical, mental, and emotional well-being of the sufferer are well documented to exert its bidirectional effect (Huynh, Xanthopoulou, & Winefield, 2013). Exploring burnout through the lived experiences of military psychologists can help elucidate the potential for the cross-domain capabilities of the burnout within the context of the modern-day military.

Similarly, increasing awareness of the lived experiences of burnout can provide insight into how demands of the modern-day military are contributing to burnout for military psychologists. Developing effective strategies to combat burnout for the small population of psychologists is crucial because they are considered a high-risk group for burnout with high turnover rates and suicide due to the over decade-long war (APA, 2013; Ballenger-Browning et al., 2011; Linnerooth et al., 2011; Walters et al., 2014). Furthermore, the added knowledge and potential for transferability will also help inform researchers to develop intervening methods for other at-risk populations working in the military setting. The following section will include background information for burnout and the biological, psychological, and sociological effects of chronic stress.

Burnout

The fundamental nature of the burnout phenomenon remains difficult for researchers to disclose fully, even though the term *burnout* is commonly found in everyday language (Bianchi et al., 2015a, 2015b; Weidlich & Ugarriza, 2015). At present, the prevalence of burnout amongst the modern-day workforce continues to gain attention because burnout's deleterious outcomes threaten overall stability and well-being of individual sufferers, groups, and ultimately organizational service delivery capabilities (Weber & Jaekel-Reinhard, 2000). Burnout research has primarily focused on populations working in the civilian human service industries such as nurses and mental health workers; however, recent research has expanded to include other populations such as military personnel and professional athletes (Babin et al., 2012; Ballenger-Browning et al., 2011; Castro, 2014; Clifford, 2014; DeFreese & Smith, 2013; Fradelos et al., 2014; Maslach et al., 2001; Owen & Wanzer, 2014). Because lived experiences of burnout differ by profession, research-inclusion of jobs outside the traditionally scrutinized professions can help researchers progress towards developing population-specific strategies for preventing and treating burnout (Freudenberger, 1975; Maslach et al., 2001).

Having the ability to identify chronic lived stressors and knowing effective management strategies before burnout becomes unavoidable is a valuable tool for individuals and organizations even though, work stress is a part of life few can avoid. The everyday usage of the word burnout within popular culture is perhaps an indication of its regular occurrence. The official identification of the burnout concept was accomplished

by Freudenberger in 1974, which he coined as the burnout syndrome. Freudenberger described the slow onset and chronic symptoms of burnout to include the lack of self-care exhaustion, overworking, succumbing to self-exerted pressures and professional demands, a sense of decreased efficacy, and being overly accommodating (Freudenberger, 1975; Gold & Roth, 2013; Maslach et al., 2001; Shea et al., 2014).

Freudenberger (1975) also noted the diverse population of individuals who can experience burnout to include addicts, compulsive gamblers and other individuals living in extremes and the diverse manifestation of symptoms. Physical, psychological, and behavioral signs of burnout such as physical exhaustion, feeling run-down, weight loss, depression, hopelessness, anger, and paranoia were included (Freudenberger, 1975). Many of the preventative measures mentioned by Freudenberger such as getting physical exercise and shortening work durations remain relevant today as researchers continue to seek effective methods for combating burnout (Rahimi, Raeisi, Ghasemi, & Sadeghi, 2015).

Since 1974, burnout research has evolved into a large body of knowledge, aided most notably by Maslach's development of the MBI and her seminal work for identifying three dimensions of burnout (Maslach et al., 2001; Maslach & Jackson, 1981; Schaufeli et al., 2009; Schaufeli & Maslach, 1993). Currently, there are three versions of the MBI available to include a 22 item inventory for human services professionals (HSS) and educators (ES) with different wording (i.e., student vs. recipients) and a 16-item general survey (GS; Fitzpatrick & Wright, 2005). According to the MBI-HSS and ES, burnout is defined as "a syndrome of emotional exhaustion, depersonalization, and reduced personal

accomplishment that can occur amongst individuals who work with people in some capacity” (Fitzpatrick & Wright, 2005, para. 1). However, the most recently developed GS version defines burnout as “a state of exhaustion in which one is cynical about the value of one’s occupation and doubtful of one’s ability to perform” (Fitzpatrick & Wright, 2005, para. 1).

While Maslach advanced the concept of burnout as a multidimensional concept exclusive to the workplace, debate questioning the flawed logic of compartmentalizing the cross-domain abilities of chronic stress remains at the core of burnout research (Bianchi et al., 2014, 2015a, 2015b; Maslach et al., 2001; Maslach & Jackson, 1981; Schaufeli & Maslach, 1993; Weidlich & Ugarriza, 2015). Furthermore, the lack of an official designation in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (*DSM5*), uniform definition, and diagnostic criteria adds to the difficulty for organizations seeking to develop preventative and or treatment strategies for burnout (Bianchi et al., 2014; Rubio et al., 2015; Saban et al., 2013; Weber & Jaekel-Reinhard, 2000). Researchers have also questioned the distinctiveness of burnout concerning other clinical disorders such as depression, exhaustion, and anxiety with some suggesting that burnout may be a phase falling along the progressive continuum of depression because of the close resemblances between symptom expressions (Bianchi et al., 2015a, 2015b).

The added confusion caused by the interchangeable use of compassion fatigue and/or secondary traumatic stress which are themselves also substituting concepts established by Figley with burnout and/or its progressive coexistence with burnout by the research community continues to fuel the debate for the distinctiveness of burnout’s

multidimensional definition (Clifford, 2014; Day & Anderson, 2011; Figley, 2002; Johnson et al., 2014; Melvin, 2015; Owen & Wanzer, 2014; Weidlich & Ugarriza, 2015). The debate to extend burnout research beyond its current application is providing opportunities to clarify experiences within the dynamic life environments of an individual that can lead to burnout. Despite the ongoing debate, Maslach's three dimensions of burnout and MBI are still widely accepted as the benchmark and stepping point for burnout research (Maslach et al., 2001; Schaufeli et al., 2009). The inclusion of opposing schools of thought serves to provide the background for the current status quo of burnout research. Commonly substituted concepts of compassion fatigue and/or secondary traumatic stress will not be discussed to eliminate confusion. For the purpose of this research study, the operational definition of burnout was based on Maslach's multidimensional concept and the APA dictionary to serve as the research foundation, guided by the conceptual framework for exploring burnout as lived, experienced, and interpreted by military psychologists. In the following section, I will describe commonly accepted dimensions and symptoms of burnout to justify the theory selection rationale.

Maslach's Three Dimensions of Burnout

Three dimensions of burnout as delineated by Maslach are emotional exhaustion (EE), depersonalization or cynicism, and a reduced sense of self-efficacy (Maslach et al., 2001; Maslach & Jackson, 1981; Schaufeli et al., 2009; Schaufeli & Maslach, 1993). According to the MBI-HSS and ES, the EE dimension is a measurement of exhaustion originating from coping with the problem-solving process associated with helping individuals in crisis and/or the need to provide nonstop help and guidance (Fitzpatrick &

Wright, 2005). The MBI general survey describes EE as a measurement of perceived exhaustion or emotional depletion without naming people as the cause (Fitzpatrick & Wright, 2005). The dimension of EE is the most researched and has been suggested to be the most significant criterion defining burnout (Maslach et al., 2001).

Depersonalization, as measured by HSS and ES, is described as individual social distancing and withdrawal behaviors used to reduce the effects of high-stress situations (Fitzpatrick & Wright, 2005). The general survey uses the term cynicism rather than depersonalization to measure individual recognition of increased work meaninglessness (Fitzpatrick & Wright, 2005). Lastly, the sense of decreased self-efficacy is measured under the category of personal accomplishment for the HSS and ES is described as a measurement of the sense of personal advancement, goal achievement, and other accomplishments (Fitzpatrick & Wright, 2005). The general survey uses the term professional efficacy to measure individual expectation of workplace accomplishments (Fitzpatrick & Wright, 2005). For the purpose of this dissertation, a compilation definition for each dimension and the APA's definition located in Chapter 1 will be my guide for the study to explore military psychologists' contemporary lived experiences of burnout.

Biological, Psychological, and Sociological Effects of Chronic Stress

The ubiquitous presence of stress whether it is good or bad, long or short term, and real or perceived in nature is proven to elicit the interactive coordination of complex biological, psychological, and sociological responses (Aschbacher et al., 2013; Boonstra, 2013; Dhabhar, 2014; Frydenberg, 2014; McVicar, Ravalier, & Greenwood, 2014;

Miller et al., 2014; Radley et al., 2015; Slavich & Irwin, 2014). Mediated by circumstantial variables, stress outcomes can fall along a probable continuum impacting subjective experiences of biopsychosocial well-being (Boonstra, 2013; Juster & McEwen, 2015; Juster, McEwen, & Lupien, 2010; McEwen, 2012; Miller et al., 2014; Myers, McKlveen, & Herman, 2014; Slavich & Irwin, 2014). Although it is tempting to simplify stress responses into separately distinct yet connected pieces of a puzzle, it is difficult to delineate boundaries for the complex and intrinsically related regulatory systems. I will provide a brief discussion of biopsychosocial responses in the following section to illustrate some potential contributory relationships associated with the chronic stress experiences.

Popularized usage of the word *stress* commonly evokes negative ideas and images that often distract from the prospective benefit of short-term stress responses assisting individuals in maintaining a balanced state of being (Aschbacher et al., 2013; Dhabhar, 2014; Epel & Lithgow, 2014; McVicar et al., 2014; Myers et al., 2014; Radley et al., 2015). The concept of allostasis describes the biological process of maintaining stability to meet demands of changing environmental stimuli (Boonstra, 2013; Juster et al., 2010; Juster & McEwen, 2015). Although biological in nature, the term allostasis establishes the idea of maintaining stability, which provides the foundation for questioning when and how the effects of stress become detrimental to the individual's overall wellbeing (Boonstra, 2013; Dhabhar, 2014; Juster et al., 2010; Juster & McEwen, 2015; McEwen, 2012; Radley et al., 2015). Acute stress is defined as the short-term adaptive activation of a person's integrated regulatory systems in response to current demands to return to

stability while learning relevant information for the future appraisal of circumstances (Epel & Lithgow, 2014; McEwen, 2012; McVicar et al., 2014; Myers et al., 2014).

However, when stress becomes chronic in nature, the cumulative effects of repeated activation of an individual's biological regulatory systems such as the sympathetic-adrenal-medullary and hypothalamic-pituitary-adrenal axis results in the transition from beneficial into dysfunctional and maladaptive responses (Aschbacher et al., 2013; Boonstra, 2013; Dhabhar, 2014; Epel & Lithgow, 2014; Juster et al., 2011; McVicar et al., 2014; Myers et al., 2014; Radley et al., 2015).

Furthermore, the persistent activation of biological, psychological, and sociological regulatory responses can also lead to hyper responsivity and poor coping mechanisms to future environmental stimuli (Boonstra, 2013; Brady & Sinha, 2014; Epel & Lithgow, 2014; Frydenberg, 2014; Golkar et al., 2014; McVicar et al., 2014; Radley et al., 2015; Slavich & Irwin, 2014). The biopsychosocial effects of individuals suffering from chronic stress are extensive and can include anger, cynicism, distrust, anxiety, and depression (Slavich & Irwin, 2014); mental and physical fatigue, social isolation, and withdrawal (Cacioppo, Cacioppo, Capitanio, & Cole, 2015); cognitive decline (Golkar et al., 2014; Radley et al., 2015); substance abuse (Allison-Aipa et al., 2010; Brady & Sinha, 2014); dysregulated immune functioning (Dhabhar, 2014), elevated inflammatory markers and cortisol levels (Aschbacher et al., 2013; Miller et al., 2014), cardiovascular distress and sleep disturbances (Epel & Lithgow, 2014; Frydenberg, 2014; Haroon, Raison, & Miller, 2012; Hinwood, Morandini, Day, & Walker, 2012; Juster et al., 2010; Juster & McEwen, 2015; McVicar et al., 2014). Although researchers are continuing to

expand the knowledge of how experiencing stress can impact an individual's biopsychosocial integrative regulatory response systems, the cumulative effects of chronic stress have been empirically proven to elevate individual susceptibility to morbidities and increased rate of mortality (Boonstra, 2013; Brady & Sinha, 2014; Cacioppo et al., 2014; Dhabhar, 2014; Golkar et al., 2014; Hinwood et al., 2012; Juster et al., 2010; Juster & McEwen, 2015; McVicar et al., 2014; Miller et al., 2014). The previous description of the biopsychosocial effects of chronic stress and its numerous potential negative health sequelae provides the foundation for exploring population-specific chronic stress experiences as contributing to burnout. I will provide a list of common environmental risk factors attributed to chronic stress experiences of burnout in the following section.

Common Factors of Chronic Stress-Experiences Contributing to Burnout

As previously mentioned, population-specific chronic stress experiences contributing to burnout vary between professions, but there are some common experiential factors attributed to the likelihood of individuals developing burnout. The following factors contributing to burnout is by no means exhaustive because as burnout research continues to evolve, the list of salient contributing factors will undoubtedly grow and change. Some of these factors include work overload and ineffective communications skills (Babin et al., 2012); disengagement, personality, previous mental health issues, gender, age, individual cultural dimensions, the number of years worked, and work-family conflict (Blanch & Aluja, 2012); organizational bureaucracy and noncommitment (Demirtas, Cetin, Ozturk, Turk, & Fedai, 2015; Garcia et al., 2015a), inaccessibility to

work resources (Campbell, Perry, Maertz, Allen, & Griffeth, 2013); lack of group membership (Avanzi, Schuh, Fraccaroli, & van Dick, 2015); power distribution (Auh, Menguc, Spyropoulou, & Wang, 2015); and work role ambiguity (Bakker, Demerouti, & Sanz-Vergel, 2014; Blanch & Aluja, 2012; Garcia et al., 2014, 2015a; Puig, Yoon, Callueng, An, & Lee, 2014; Rzeszutek & Schier, 2014). The etiology for how environmental factors are experienced as contributing to burnout is considered subjective and varying, thereby necessitating population-specific research to explore individual or collective lived experiences.

Experiential Factors Buffering Burnout

Taking into consideration the numerous experiential factors that can lead to burnout, the buffering factors may logically appear to lie on the opposite end of the wellness-burnout continuum. However, there is danger in generalizing the effectiveness of opposites in the strategic application of buffering factors for specific populations (Bates et al., 2013). Researchers seeking effective methods to combat burnout should have a fundamental understanding of population and profession specific experiences, which must also be the guide for planning and development. The following is a list of some common factors buffering burnout to include physical fitness and social support (emotional and informational support; Avanzi et al., 2015; Babin et al., 2012); personal support, team-based care, and engagement (or vigor; Bakker et al., 2014; Helfrich et al., 2014); organizational support (Campbell et al., 2013); passion (Trépanier, Fernet, Austin, Forest, & Vallerand, 2014); engagement, hardiness, and organizational membership (Avanzi et al., 2015); sense of psychological safety and trust (Leiter, Day, & Price,

2015); emotional stability, organizational justice, extraversion, conscientiousness, agreeableness, and work autonomy (Bakker et al., 2014); and work-family balance (Ballenger-Browning et al., 2011; Blanch & Aluja, 2012; Moodie et al., 2014; Rahimi et al., 2015; Shankar & Kumar, 2014).

Military Salient Experiential Factors Contributing to and Buffering Burnout

As previously mentioned, burnout research compiled from civilian studies failed to include factors of chronic stress experiences salient to military service and culture and cannot deliver sound strategies when developing preventative or treatment approaches (Adler & Castro, 2013; Bates et al., 2010, 2013). Researchers studying military personnel are recommended to take into consideration the lived experiences of military personnel to gain insight into how experiential factors such as duration and number of deployments to combat zones with exposure to trauma, extended separation from family, frequent relocation, concept of mission first, and “suck it up” mentality, military hierarchy, lack of mission and mission ambiguity, increased mission complexity with accelerated incorporation and dissemination of information, postdeployment reintegration, lack of material resources, quality of leadership, cultural differences, unit cohesion, and psychological safety contribute to burnout (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Chappelle et al., 2014; Clifford, 2014; Garcia et al., 2014, 2015a, 2015b; Johnson et al., 2011, 2014; Lester et al., 2015; McGeary et al., 2014; Newell & MacNeil, 2011; Owen & Wanzer, 2014; Saban et al., 2013; Walter et al., 2014).

Further considerations should be given to how lived experiences are impacted by an individual’s personality, hardiness, previous mental health issues, gender, age,

professional and organization goal conflicts, and the number of years working to explore burnout from the perspective of military personnel (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Chappelle et al., 2014; Clifford, 2014; Garcia et al., 2014, 2015a, 2015b; Johnson et al., 2011, 2014; Lester et al., 2015; McGeary et al., 2014; Newell & MacNeil, 2011; Owen & Wanzer, 2014; Saban et al., 2013; Walter et al., 2014). Although service in the military environment includes hardship experiences that cannot be replicated by civilian professions, experiential factors such as organizational support or social support are shared as buffers against burnout (Adler & Castro, 2013; Avanzi et al., 2015; Babin et al., 2012; Bates et al., 2013). Other common experiential factors such as command support, peer-group support, family support, comradery, training and preparation, self-development training, and sense of mission have also been suggested to buffer against the likelihood of experiencing burnout (Adler & Castro, 2013; Bates et al., 2013; Frydenberg, 2014). Experiencing greater family support may exert augmented influence for buffering against burnout in the military environment because family members are immersed in and also live the uncertainties of a voluntary military lifestyle and have been found to experience stress-induced mental health problems, which can exacerbate the service member's experiences with work-family conflict stress (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2013; Clifford, 2014; Rubio et al. 2015).

Additional Psychological Constructs

Cynicism

Cynicism is defined by the Oxford English Dictionary as individuals who have the character or feature a cynical disposition (Cynicism, n.d.). The cynicism concept originated from the Greek philosophy of questioning and rejecting standards of society and the conventions of men (Dean, Brandes, & Dharwadkar, 1998). Integration of the cynicism concept and or being a cynic has evolved throughout history becoming known today as the disposition of questioning or finding fault concerning the genuineness or goodness of human actions (Andersson, 1996; Dean et al., 1998). Modern-day cynicism is understood as an expression of apathy, resignation and alienation, and hopelessness (Andersson, 1996). When individuals who experience cynicism allows it to manifest into feelings such as distrust, contempt, and frustration of the hierarchical leadership in military settings, it can be a major contributing experience of burnout compared to civilian populations because the invasive nature of cynicism is especially corrosive and detrimental to individual and group operational readiness, safety, and overall wellbeing (Andersson, 1996; Dean et al., 1998; Simha, Elloy, & Huang, 2014).

Information Overload

The concept of information overload is characterized by overall dysfunction and performance degradation when individuals are confronted with the ever-increasing quantities of information encountered in organizational, social, and personal settings (Eppler & Mengis, 2004; Ji, Ha, & Sypher, 2014; Kristjansson, Milkalef, Versendaal, & Ravesteyn, 2014; Memmi, 2014; Whelan & Teigland, 2010). Furthermore, experiencing

the changing of technologies, lack of work-home boundaries, the perceived need to respond, instant access to Internet information, time sensitive cognitive processing speed, and other factors can have consequences mirroring burnout (Bucher, Fieseler, & Suphan, 2012; Eppler & Mengis, 2004; Ji et al., 2014; Kristjansson et al., 2014; Memmi, 2014; Rutkowski & Saunders 2010; Wright et al., 2014). Adler and Castro (2013) and Bates et al. (2010, 2013) pointed out accelerated integration and dissemination of information as being an integral component of modern-day war fighting tactics, in addition to the added availability of information exchange environments associated with and independent of the workplace experiences that has contributed to burnout in the military context. The concept of information overload is included as a contemporary moderating experience salient to the military competing for personal and unit resources.

Psychological Safety and Trust

Research for burnout has consistently linked the impact workplace relationship experiences have on the effects of chronic stress leading to depersonalization and or cynicism, which is critical for assessing burnout (Idris, Dollard, Coward, & Dormann, 2012; Leiter et al., 2015; May et al., 2004; Rotter, 1967). Taking into consideration the nature of the military and the central role of how group or unit level encounters and interactions can impact the wellbeing of the individual and group, the constructs of psychological safety and trust will be included to help explore the lived experiences of burnout for military psychologists (Adler & Castro, 2013; Bates et al., 2010, 2013). Unlike civilian professions, military culture, training, and environmental demands require personnel to trust that other team members are willing to provide a safe environment

promoting (i.e., battle buddy) the caretaking and survival of one another aiding mission accomplishment in times of peace and war (Adler & Castro, 2013; Bates et al., 2010, 2013). Furthermore, dominating cultural values as dictated by the branch core values of the U.S. Air Force (e.g., service before self); U.S. Army (e.g., loyalty, duty, selfless service, and personal courage); U.S. Coast Guard (i.e., honor, respect, and devotion to duty); and U.S. Navy (i.e., honor, courage, and commitment) exemplify characteristically identifiable qualities of military personnel (U.S. Air Force, 1997; U.S. Army, n.d.; Coast Guard, n.d.; U.S. Navy, 2009).

While, experiencing a lack of psychological safety is listed as contributing to burnout for civilian professions, exploring its impact within the military setting is logical considering the inherent nature of the military community. Psychological safety is defined as the mutual belief that relational risk-taking is safe within the work environment and without incurrance of negative consequences such as punitive actions, embarrassment or alienation that are detrimental to self-image, work status, or career (Bradley et al., 2012; Kahn, 1990; May et al., 2004; Zhou & Pan, 2015). Infused with the core values of each military branch is also the idea of trusting one another to achieve the shared objective, which is fundamental to the cultural experiences and nature of the military environment. While the majority of research conducted on trust focuses on the individual's trust in organizational leadership or authorities, military service necessitates trust be present at all levels of the organization, especially for small teams or groups who regularly experience high stress and/or potentially life-threatening situations (Adler &

Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2013; Hobfoll et al., 2012; Johnson et al., 2014).

Trust is defined as the degree to which individuals are willing to assign and/or have a reliance on the words and actions of others along with follow-through assurance (Dean et al., 1998; Lambert, Hogan, Barton-Bellessa, & Jiang, 2012; Leiter et al., 2015; Nicholson, Leiter, & Laschinger, 2014; Rotter, 1967). Trust although common, is a valued resource and important experiential contributor for maintaining psychological health at the workplace (e.g., ability to fulfill professional roles and duties; Lambert et al., 2012; Leiter et al., 2015; Nicholson et al., 2014; Rotter, 1967). Respectively, experiencing a lack of trust has been linked with increased job stress and burnout (Lambert et al., 2012; Leiter et al., 2015; Nicholson et al., 2014; Rotter, 1967).

Perceived Self-Efficacy

Maslach designated the experience of decreased self-efficacy as one of the dimensions required to identify burnout, however, recent research in the military setting has found individuals retained a moderate-to-high sense of self-efficacy despite being identified as experiencing burnout (Ballenger-Browning et al., 2011; Chappelle et al., 2014; Garcia et al., 2014, 2015b; Lester et al., 2015; Newell & MacNeil, 2011; Saban et al., 2013). Perceived self-efficacy is defined as the personal belief of one's own ability to take actions towards desired results, and is suggested as being the dominant contributing factor shaping subjective experiences of psychological and motivation states, and impacting behaviors (VandenBos, 2009). Because perceived self-efficacy is proposed to direct reasoning, emotional, motivational, and behavioral processes for taking and

sustaining actions focused on achieving desired goals, the discrepant experiences found for the sense of efficacy within the military population will be included to understand burnout in the military setting (Bandura, 1977, 1993, 2012).

Work-Family Conflict

Individuals who are intimately connected to the military understand the extreme demands placed on immediate and extended members of a family, especially during times of war (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013). The inherent stress experiences caused by the lifestyle need for unwavering and supportive commitment from immediate family members can often overwhelm familial relationships and incapacitate an individual's ability to work effectively because of the inability to maintain a balance between family and work responsibilities (Allison-Aipa et al., 2010; Ballenger-Browning et al., 2011). Unlike their civilian counterparts, the degree of which family plays a role in maintaining overall wellbeing for individuals immersed in the military lifestyle is a salient experiential factor requiring attention in the contemporary military setting. For example, experiencing long separations from family during deployments and or work relocation can be especially taxing on family relationships exacerbating chronic workplace stress experiences (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Linnerooth et al., 2011).

Although burnout is focused primarily on workplace stress, interference of workplace stress on familial relationships and responsibilities have been documented to increase the effects of chronic stress leading to a bidirectional contributory stress experience (Blanch & Aluja, 2012; Brauchli et al., 2015; Greenhaus, 2002; Greenhaus &

Kopelman, 1981; Reichl et al., 2014). Furthermore, family involvement and support are considered by the military as a critical resource for the overall fitness and readiness of the armed forces; thus, work-family conflict is included to allow a rounded exploration of burnout as lived and experienced by military psychologists (Alder & Castro, 2013; Bates et al., 2010, 2013; U.S. Air Force, 1997). Work-family conflict is defined as the interrole conflict experienced between work and family pressures that are reciprocally mismatched, resulting in the increased participation difficulty within one or both domains (Blanch & Aluja, 2012; Brauchli et al., 2015; Greenhaus, 2002; Greenhaus & Kopelman, 1981; Reichl et al., 2014).

Summary

Spearheading the longest military engagement in American history by the Department of Defense has led to an alarming rate of burnout for the small population of military psychologists (APA, 2013; Baker, 2014; Ballenger-Browning et al., 2011; Linnerooth et al., 2011; McGeary et al., 2014; Walters et al., 2014). However, there remains a significant lack of awareness for burnout as experienced and described by military psychologists resulting from the pressure to meet the increased demand for providing mental health services for military members. In attempting to find contemporary population-specific research of burnout within the military setting, I discovered a knowledge gap for this topic, which determined the need to conduct this research study. Several databases were used to conduct a detailed search for burnout research past and present to build a comprehensively representative literature review. I

used a list of keywords and phrases to narrow down the topic for burnout within the military environment.

Although burnout research is a well-studied area, burnout, as experienced in the context of the modern-day military is just beginning as a result of the current mental health crisis experienced within the military community. Because contemporary burnout research using environmental and cultural experiences salient to the military is sparse, I selected military behavioral models as the foundation for the conceptual framework and clarified in the literature review to generate relevant interviews questions to shed light on burnout within the military psychologists' population. Researchers are also questioning the validity of the exclusive workplace application of burnout (Bianchi et al., 2014, 2015a, 2015b; Maslach et al., 2001; Maslach & Jackson, 1981; Schaufeli & Maslach, 1993; Weidlich & Ugarriza, 2015). The cross-domain nature of chronic stress supports the logic behind using the biopsychosocial framework for exploring the lived experiences that may contribute to burnout. In the following chapter, I will discuss how I conducted the phenomenological study based on the conceptual framework in detail.

Chapter 3: Research Method

Introduction

The purpose of the study was to explore contemporary lived experiences of burnout for military psychologists. I used interviews with 11 participants recruited using the snowball sampling technique to generate patterns and themes for analysis. In this chapter, I will discuss the topics of research design and rationale, the role of the researcher, methodology, and issues of trustworthiness.

Research Design and Rationale

Holiday (2007) and Moustakas (1994) described qualitative research as the naturalistic means to explore and understand the richness of the human or social phenomenon from the perspective of individuals or groups without attempting to control uncontrollable social variables. Qualitative research is a scientific approach to a natural inclination to investigate unresolved social phenomenon followed by an academically rigorous examination of the reported phenomenon to produce themes, concepts, and patterns to reveal the nature of reality from the participants' perspectives (Husserl, 2012; Moustakas, 1994). The five methods of inquiry for qualitative research consist of narrative research, phenomenology, ethnographies, grounded theory, and case study (Creswell, 2009). I selected the phenomenological method because of its appropriateness for this study. Phenomenology is defined as a method of inquiry allowing the researcher to learn about a phenomenon by identifying the core of the experience as lived by the participants (Kafle, 2013; McWilliam, 2010; Moustakas, 1994).

In this qualitative study, I used transcendental phenomenology to explore the lived experiences of burnout for military psychologists (Kafle, 2013; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Meaning is the core of transcendental phenomenology because it relies solely on the data available to the consciousness of the individual (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Research findings are derived based on the subjective perceptions and unbiased connections made by the individual (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). Transcendental phenomenology was the most suitable approach for my study because not only is the word, burnout, a part of everyday language, it is also a well-researched subject, which can contribute to researcher bias. Taking a fresh look at burnout from the unique perspectives of military psychologists helped add to the current knowledge base of burnout.

Although researchers may agree on the fundamentals of the burnout phenomenon, the nature of population-specific burnout can be wide-ranging, depending on their respective lived experiences (Cieslak et al., 2014; Russell, 2014; Tabaj et al., 2014). For example, mandatory general military service requirements, such as following military orders and traditions, conforming to the hierarchical leadership structure, maintaining required physical standards, and performing occupation-independent military duties, are shared experiences for all military personnel but how these lived experiences are perceived to contribute to burnout remain subjective (Adler & Castro, 2013; Allison-Aipa et al., 2010; Bates et al., 2013; Chappelle et al., 2014; Clifford, 2014; Hobfoll et al., 2012; Johnson et al., 2014; Owen & Wanzer, 2014). Likewise, different military occupations place different demands on the individual, such as duty location and job and

training requirements, which also shape personal interpretations of the lived experiences of burnout (Adler & Castro, 2013; Allison-Aipa et al., 2010; Bates et al., 2013; Chappelle et al., 2014; Clifford, 2014; Hobfoll et al., 2012; Johnson et al., 2014; Owen & Wanzer, 2014).

Specifically, interpretations of the unique lived experiences of burnout impacted by the totality of military service consisting of separate but parallel governing mechanisms of general military service requirements and military occupation responsibilities are deficient in previous research (Castro, 2014; Garcia et al., 2014; Lester et al., 2015; McGeary et al., 2014; Rupert et al., 2015; Weidlich & Ugarriza, 2015). Increasing the awareness of burnout as lived by military psychologists can begin the process of informing the development of appropriate strategies to take better care of the small population of psychologists and ultimately benefit the members of the military community who are in need of mental health services. The current limited awareness of population-specific lived experiences of burnout made transcendental phenomenology the most suitable approach for exploring burnout from the perspective of military psychologists (Garcia et al., 2014; Moerer-Urdahl & Creswell, 2004; Moustakas, 1994; Rupert et al., 2015).

My overall research question for this qualitative study was to understand the phenomenon of burnout in military psychologists based on their perceptions and lived experiences. The specific research questions I developed for this study included the following:

1. How do military psychologists describe what burnout means to them?

2. How do military psychologists describe their lived experiences with burnout?

I examined the data generated from interviewing participants and asking 10 semidirected questions based on the conceptual framework for themes, concepts, and patterns using the procedures of phenomenological research method to answer the research questions (see Moustakas, 1994). The interviews lasted between 50 minutes to 2 hour and 50 minutes. An in-depth description of the 10 semidirected interviews questions is provided in Appendix A.

Role of the Researcher

Holiday (2007) and Moustakas (1994) described that the essence of the role of a qualitative researcher is to approach the study like a stranger approaching a new culture where no detail is too small and everything is richly described to elucidate a novel phenomenon. Furthermore, qualitative researchers must also scrutinize and account for how their personal experiences and principles may impact the interpretation of the study (Holiday, 2007; Moustakas, 1994). Other role responsibilities include providing information for readers to understand the topic, gaining access to participants, developing an ethical participant and researcher relationship, ensuring the protection of participant rights, providing checks and balances against ethical issues, and analyzing the research materials to conclude the study (Holiday, 2007; Moustakas, 1994).

My role as a qualitative researcher was to collect data from each of the participants, followed by an analysis of the data to generate themes, concepts, and patterns concerning the burnout phenomenon from the participants' perspectives (see Holiday, 2007; Moustakas, 1994). Furthermore, the researcher's role also precludes

injecting personal bias into the study by preventing the reporting of participant perspectives. Being aware of personal life experiences and beliefs will reduce the likelihood of asserting personal bias and unduly influencing participants or the reporting of study results (Holiday, 2007; Moustakas, 1994).

As a researcher, my personal experiences could have led to bias. Specifically, my military service and ongoing intimate relationship with the military community was a potential for personal and ideological bias. I am a veteran of two branches of the military. The majority of my family and friends remain on active duty or have retired from the military. I have addressed the potential for bias by setting aside my prejudgments as dictated by the practices of transcendental phenomenological research before conducting the interviews (i.e., epoché). I allowed the participants to express their experiences through open-ended and semidirected questions, followed by a detailed and rich description of interview content (see Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Methodology

Participant Selection Logic

My selection logic in this study was based on the traditions and criteria of phenomenology (see Holiday, 2007; Moustakas, 1994). I recruited 11 active duty and/or prior service military psychologists who served on active duty after September 11, 2001 to gather data for this qualitative study through snowball sampling. Each prior service study participant was required to have served a minimum of 3 years after September 11, 2001. Additionally, individuals also indicated that during their military service, they

experienced the feelings of burnout as defined in Chapter 1 without the need for official diagnosis. The experience of burnout was determined based on self-reporting through individual acknowledgment and response to the recruitment letter and project description letter (See Appendices B and D). Moreover, vulnerable populations within the participant pool, specifically pregnant women, emotionally-incapacitated individuals, and individuals who were in a crisis, were excluded during the recruiting process (see National Institutes of Health, n.d.). I provided the exclusion criteria in the recruitment letter and project description letter (see Appendices B and D).

I did not use participant gender, race, and branch and location of service as exclusion criteria because study participants were difficult to recruit due to the limited number of the psychologists' population (see APA, 2013; Linnerooth et al., 2011; Walters et al., 2014). Moreover, the variance of participant gender was also limited because of the demographics of the military (Office of the Deputy Under Secretary of Defense, 2010). Official letters to the participants' Institutional Review Board (IRB) and or the current employer of the participant were not needed because participants were contacted personally through snowball sampling.

Procedures and Data Collection

A well-designed phenomenological study is based on systematically-organized methods to fulfill the requirements of the inquiry approach (Holiday, 2007; Moustakas, 1994). The following procedures served as the guide for recruitment, participation, and data collection in this study:

1. I e-mailed a former president of Division 19 of the APA and other personal contacts for possible referrals using the letter requesting recruitment assistance (see Appendix E) to establish a list of potential participants through the use of snowball sampling to gain access to 10 military psychologists. As a member of Psi Chi (The International Honor Society in Psychology), a request for participants was posted concurrently on the website provided by Psi Chi.
2. My snowball sampling efforts in Step 1 initially failed to recruit participants, which led to multiple requests for change in procedures with Walden IRB. The final changes included adding APA Military Psychology Division 19 announcement list-server, APA Division 19 printed newsletter, and APA Division 19 student affiliate website as additional forums to increase the dissemination volume for the recruitment of participants to establish contacts with the targeted population. Additionally, I contacted present and past presidents and committee members of Division 19 of the APA via their e-mail addresses provided to the public on the division website and previously printed newsletters. Lastly, I also contacted published authors of journal articles relevant to burnout and/or military mental health issues and individuals found on Google using variations of *military psychologists* (e.g. *Army, Air Force or Navy psychologists*) as the search criteria to establish the potential participant pool. An initial e-mail was sent to the previously described individuals using a standard introduction letter (see Appendix F) establishing the reason for contact. Once contact was established, the

preferred mode of communication was determined by the contact (i.e., e-mail or telephone). All of the avenues provided above were used to establish a list of potential participants.

3. Once potential participants established initial contact, I sent e-mail correspondence containing recruitment and project description letters with selection criteria to allow individuals the opportunity to review study criteria and confirm their eligibility (see Appendices B and D). Contact information was provided to potential participants in the recruitment letter (see Appendix B).
4. Individuals interested in the study were added to a list for participation based on the previously determined selection criteria.
5. I personally contacted the selected participants via their preferred mode of communication (i.e., e-mail or telephone) and scheduled teleconference interview sessions with them. Interviews followed the interview protocol located in Appendix A.
6. I e-mailed participants a consent form and a detailed description of the study and participant rights.
7. I collected data gained from the semidirect interview questions with audio recordings via freeconferencecallHD.com, put them into transcript form for data analysis, and kept the transcripts in a secure location on an encrypted external hard drive. During the data collection phase, I hired a transcriptionist

from DataSense, LLC for transcription services. A confidentiality clause was provided by DataSense, LLC.

8. I initiated follow-up contact with participants upon the completion of transcripts to provide them the opportunity to check the verbatim transcription of their interviews for the reporting accuracy of their experiences and perceptions. Participants were also asked to provide additional information they deemed crucial or necessary for understanding their experience. Amazon.com gift cards were sent to participants upon receiving returned transcripts from them. I hired an NVivo expert from DataSense, LLC to code interviews using unmodified and modified transcripts with additional information provided by participants. A confidentiality clause was provided by DataSense, LLC.
9. After concluding this study, I provided the participants with a 2 page long results document of the study.

Data Analysis

I conducted the second and third phase of data analysis using the framework as recommended by Moustakas (1994). The 7-step modified version of the Van Kaam method was selected for analysis of phenomenological data using the verbatim transcription of participant interviews (see Moustakas, 1994). Step 1 of data analysis encompasses the listing of all experience relevant expressions. Step 2 dictates the testing of each expression for their necessary importance for understanding the experience and elimination of irrelevant expressions not meeting the previous requirement while keeping

shared elements. Step 3 calls for the clustering of shared components into themes. Step 4 involves finalizing shared components and derived themes through validation of data. Step 5 and 6 calls for the inclusion of verbatim transcription of interviews to constructive a textural description of the experience. Step 7 involves the construction of core meanings of the experience based on the shared experience components and their generated themes. Research data was analyzed using the NVivo software according to the previously listed steps.

Issues of Trustworthiness

In agreement with the nature of a qualitative study, data were typically checked for consistency or reliability contrary to the validation requirements of quantitative research (Moustakas, 1994). I employed the following checks and balances to ensure qualitative research can stand under the scrutiny of rigors standards. A qualitative researcher can maintain the reliability of data by checking for obvious transcription mistakes, providing the opportunity to participants for confirming the accuracy of interpretation results and elaboration when necessary, in-depth and rich description of data, reporting of study results which are conflicting to expected outcome, input from oversight committee (i.e., dissertation chair, committee member, and other university appointed members), and the declaration of personal bias (Malterud, 2001; Morse, Barrett, Mayan, Olson, & Spiers, 2008).

I employed the following five methods to ensure trustworthiness

- member checks: to ensure all relevant data were gathered from interviewees, during and upon the conclusion of the study, participants

were given the opportunity to provide feedback concerning the reporting accuracy of their experiences (see Bihani & Patil, 2014; Morse et al., 2008);

- rich data: in-depth and rich description of data gained from the interviews were provided to ensure a comprehensive account of the burnout phenomenon to ensure external validity of research data (see Morse et al., 2008, Moustakas, 1994);
- peer review: semidirected questions based on the conceptual framework were provided to committee members for review to exclude personal bias that may skew interviewee responses (see Morse et al., 2008);
- transferability: although my study focused on a small population of military psychologists, the shared experiences of serving in the military, which may lead to burnout provides the foundations for transferability for the general population of military personnel. The emerging themes of this study can be applied to develop appropriate strategies to combat burnout to benefit the military community; and
- confirmability: According to the practice of epoché, the setting aside of prejudgments and the Van Kaam method of analyzing phenomenological data, personal bias must be disclosed to eliminate the misinterpretation of data (Moustakas, 1994). Admitting personal bias by way of disclosing previous experiences the researcher was capable of conducting research from an objective point of view.

Ethical Procedures

The protection of participant rights is a crucial component of ensuring research is conducted in an ethical manner and can produce results consistent with the APA, Walden University's IRB, and other relevant governing agencies. Researchers should ethically protect and inform participants of the potential harm that may result from study participation. Because my study focused on the exploring the lived experiences of burnout, the semidirected interview questions may have led to the recall and/or feelings that may expose participants to psychological stress. Participants were allowed to terminate participation at any time during the process and provided with appropriate informational resources for counseling. The protection of participants also excluded any and all personally identifiable information to ensure confidentiality and psychological safety of participants and the gathering of real-world data that may be sensitive. Additionally, all material data gathered during the research process was and will be stored in a personal safe for a minimum of 5 years. Data entered into and generated by computers and programs throughout the entire research process were stored on an encrypted external hard drive only accessible to me. Nonrelevant data were erased or properly disposed of following the conclusion of the study to safeguard participant confidentiality.

Chapter Summary

Burnout is a well-known phenomenon that has been researched for a growing number of civilian professions, but contemporary knowledge concerning burnout as lived by military psychologists is sparse (Adler & Castro, 2013; Adler et al., 2014; Ballenger-

Browning et al., 2011; Bates et al., 2010, 2013; Garcia et al., 2014; Lester et al., 2015; McGeary et al., 2014; Rupert et al., 2015). The study results can be expanded to benefit the larger military community in the future by providing the foundation for implementing policies and strategies to help reduce the occurrence of the burnout. The procedural processes used to conduct the phenomenological study for exploring the lived experiences of burnout are documented in this chapter. Semidirected interview questions were employed to collect data from participants recruited through the use of snowball sampling. Each participant was contacted and presented with consent forms to ensure the protection of participant rights, following the ethical standards of research. Several validation methods were provided to safeguard the validity of the data presented in the next chapter to ensure the consistency and reliability of the study. The steps I discussed in Chapter 3 were used as the procedures for the study and I will discuss the results of the study in detail in Chapter 4.

Chapter 4: Research Results

Introduction

The purpose of this qualitative study was to explore burnout as it is lived, experienced, and perceived by contemporary U.S. military psychologists. The approved study listed 10 participants as meeting the maximum fulfilment requirement, but I recruited a total of 11 participants using the snowball sampling method. The steps of the recruitment process will be documented in this chapter. I used the transcendental phenomenological research method to explore the lived experiences of burnout for military psychologists. All 11 interviews were recorded with the participants' permission and acknowledgment of having completed an informed consent form. After the interviews, participants were provided with the verbatim transcripts and given the option to add more information concerning their burnout experiences. The phenomenological data I gained from the 11 participant interview transcripts were coded into NVivo software using a professional service.

I used checks and balances throughout the interview, data analysis, and theme development process to ensure the trustworthiness of the study results. The resulting data were analyzed using the 7-step modified version of the Van Kaam method and finalized into the seven themes that I will discuss in the results section of this chapter. Each theme will be described using interview segments to provide the rich data supporting the theme development logic. Participant identities were kept confidential, and all sensitive information that may have exposed participant identities were removed while maintaining the richness of the recalled lived experiences of burnout. I will also provide unexpected

results of the study because of their contextual importance as contributing factors of burnout within the military environment. In the following sections, I will provide detailed information concerning study recruitment, data collection and storage, data analysis, and results of the study.

Participant Recruitment

My participant recruitment efforts began July 2016 upon receiving initial approval from Walden IRB. I sent e-mails requesting assistance for recruitment to personal contacts and also made a posting on the Psi Chi's forum dedicated to requests for participants concurrently using the originally approved study participant criteria of:

- Former active duty military psychologist
- Must have a minimum of 2 years' time-in-service before September 11, 2001
- Must have a minimum of 8 years' time-in-service after September 11, 2001
- Must indicate to have personally experienced burnout during service time (no need for an official diagnosis)
- Exclusion of vulnerable populations in keeping with ethical standards:
 - Pregnant females
 - Emotionally-incapacitated individuals
 - Individuals who are in crisis

The e-mails I sent to contacts included the recruitment letter with originally approved study criteria and confirmed IRB approval to begin recruitment efforts for the study. I concurrently contacted the national honors society for psychology, Psi Chi, to post a recruitment request on the page provided by the society, using a Survey Monkey

link specifically as the mode for posting requests. Requests made with the assistance of personal contacts and the Psi Chi forum did not produce any individuals who were qualified for the study due to the limiting nature of initial criteria. Using some insights gained through the initial recruiting efforts, I made additional requests for a change in procedures to include permitting contact with the APA Military Psychology Division 19 Division listserv, student affiliates, and newsletter to submit the request for participants.

Following the regulations for posting a request for participants in each of the Division 19 forums, I published an initial request using the original study criteria provided in the previous paragraph in the Division 19 listserv and student affiliate forum. Once again, these efforts failed to recruit participants because of the limiting nature of the original study criteria. Following the advice from the Division 19 listserv manager and a personal contact after several failed attempts to recruit participants, I determined that active duty personnel should be included to widen the potential participant pool while all other study criteria remained the same. Although the previous change in procedure did generate some interest, the time-in-service criteria consistently disqualified willing and qualified individuals.

Subsequently, additional requests for change in procedures were submitted and authorized by Walden IRB. I resubmitted the finalized study criteria to the Division 19 listserv and it was published once again in October of 2016. The request for participants was not published in the Division 19 newsletter because the newsletter is published on a quarterly basis. However, the newsletter did publish the request for

participants in the December 2016 issue, with the amended study criteria approved by Walden IRB. The final study criteria included the following:

- Active duty military psychologist
- Prior service military psychologist with a minimum of 3 years' time-in-service after September 11, 2001
- Must indicate to have personally experienced burnout during service time (no need for an official diagnosis)
- Exclusion of vulnerable populations in keeping with ethical standards
 - Pregnant females
 - Emotionally-incapacitated individuals
 - Individuals who are in crisis

My request for participants sent out by Division 19 listserver in October 2016 succeeded in generating a list of potential participants. Although a number of individuals voiced interest, only six participants were confirmed and able to participate fully. Some participants chose to post the study and criteria within closed professional forums, which helped to generate enough participants for the minimum required to complete the study. Interviews with those six participants concluded in mid-November 2016 with no additional interested individuals making contact. Remarkably, one day nearing the end of November, I received an overwhelming number of e-mails from interested individuals who communicated that they had just received a mass e-mail from an individual I contacted at the beginning of the recruiting phase.

I contacted all potential participants and provided them with the project description letter and consent form to ensure their eligibility for the study. Five participants who were able to schedule interviews within December 2016 were selected and participated fully. Upon completing the data collection phase, 11 military psychologists participated fully in the process and were given a thank you gift. Although, the study required a maximum of 10 participants, all of the 11 military psychologists who were interviewed provided insights that could not be spared. The study results reflect the lived experiences of burnout as perceived by 11 military psychologists.

Organizational Influences and Participant Profiles

No organizational influences or conflict of interests were present because I do not belong to any organization which could have asserted any influence on the study participants regarding their willingness to participate and/or the reporting of their lived experiences of burnout. Participant rank ranged from the officer paygrade of O-3 to O-5. No officers below the paygrade of O-3 were represented because military psychologists are commissioned as O-3s since they possess terminal degrees (i.e., doctoral degrees). The branch of service included two Air Force, three Navy, and six Army personnel. The U.S. Marine Corps was not represented because it falls under the Department of the Navy and employs Navy military psychologists for mental health care. The gender distribution of military psychologists was three female and eight male. The age of study participants ranged from the 30s to 50s. The participants' time-in-service ranged from 4 years to 22 years.

Data Collection and Storage

I conducted interviews using freeconferencecallHD.com because of its ease of recording interviews and the fact that it allowed for personalized password access available only to me. Each participant was provided the dial-in number and guest code before the interview. An e-mail was sent the day before or the day of the interview depending on the scheduled time to serve as a reminder for the participant. I collected basic demographic data before initiating the recording to safeguard participant confidentiality and participants were asked to provide permission to begin recording the interview. Upon the initiation of the interview, participants were provided the opportunity to acknowledge the provision of an informed consent form and give consent for the recorded interview. Recorded interviews lasted from 50 minutes to 2 hours and 50 minutes.

Following the completion of each interview, I informed participants of the opportunity to review their verbatim interview transcripts and provide additional information they deemed necessary to understand their lived experiences of burnout. Transcribed interviews were e-mailed to participants for review and considered completed in full upon the return of transcript from the participants indicating their satisfaction with the captured data. A follow-up e-mail was sent to each participant about the arrival of their thank you gift and to let them know a summary of the study would be provided to them upon the completion of the study.

During the data collection phase, I saved all interview voice data onto an encrypted external hard drive, backup digital voice recorder, and

freeconferencecallHD.com account, accessible only to me to prevent data loss caused by equipment failures. Participant information that was collected manually was stored at my home in a personal safe. Communications originating from me to each participant employed the Walden e-mail system, with participants using work or personal e-mail addresses based on their preference. Basic demographic information provided by participants before each interview were not a part of the recorded dialogue to ensure participant confidentiality. I removed all other potentially identifying information collected during each interview from study results and supporting data. Each participant was assigned a nonidentifying letter of the alphabet (e.g., A, B, and C) for identification.

Semistructured Interviews

Each interview followed the interview protocol (see Appendix A) with deviations for other common questions and/or follow-up questions initiated by the flow of the interview and participant responses. Participants were able to refuse to answer questions they did not want to answer. Each participant was free to voice their lived experiences of burnout without me interjecting my personal opinion biasing the data. Following the practices of transcendental phenomenological research, I allowed myself to address the potential for personal bias by going through the epoché process (see Moustakas, 1994).

Contrary to my previous prediction concerning the interjection of personal bias caused by my military experience, burnout as lived, experienced, and perceived by study participants differed completely from my experiences, which made the epoché process progressively easier with each interview (see Moustakas, 1994). My military experience served as a translator for military jargon, adding ease to the flow of the interview. I was

able to immerse myself fully into the interview process which allowed participants to give a voice to their lived experiences of burnout. Each participant's experiences were also varying, further simplifying the epoché process (see Moustakas, 1994). Regardless of the differences in experience, I allowed myself sufficient time and space before each interview to clear my mind and follow through with potentially biasing thoughts and/or ideas, clearing and freeing space in my mind allowing me to provide the opportunity to capture in full, the lived experiences of the participant.

Data Analysis

Upon the completion of the interview, digital files were sent to DataSense, LLC for transcription. Verbatim transcripts of individual interviews were sent to participants for review, and the opportunity for participants to provide additional information they believed was necessary for me to understand their burnout experience. Most participants returned transcripts without providing additional information. Once all interview transcripts were reviewed by participants, data analysis using NVivo was complete by DataSense, LLC based on the two research questions and the 10 semistructured interview questions (see Appendix A). Open-coding using the line-by-line transcribed interview data for the first phase of data analysis produced descriptive category titles based on interview content. Once NVivo coding was completed, the second and third phase of data analysis were conducted based on the 7-step modified version of the Van Kaam method and repeated as necessary (see Moustakas, 1994). I repeatedly examined the data generated by NVivo through clustering, merging, changing category titles, and

eliminating unnecessary categories which concluded with the emerging themes reviewed in the study results section.

Evidence of Trustworthiness

In agreement with the nature of a qualitative study, data were checked for consistency or reliability following validation requirements of qualitative research (see Moustakas, 1994). I employed the following checks and balances to ensure my qualitative research can stand under the scrutiny of rigors standards. The reliability of data was maintained by checking for obvious transcription mistakes, providing the opportunity to participants for confirming the accuracy of interview transcripts and elaboration they deemed necessary to understand their lived experiences of burnout, providing in-depth and rich description of data, reporting of study results which are conflicting to expected outcome, input from oversight committee (i.e., dissertation chair, committee member, and other university appointed members), and the declaration of personal bias and practice of the epoché process before each interview (see Malterud, 2001; Morse et al., 2008; Moustakas, 1994).

I employed the following five methods to ensure trustworthiness

- member checks: to ensure all relevant data were gathered from interviewees, during and upon the conclusion of the study, participants were given the opportunity to review and provide additional feedback they deemed necessary to capture fully their lived experiences of burnout (Bihani & Patil, 2014; Morse et al., 2008);

- rich data: in-depth and rich description of data gained from the interviews were provided as supporting data for each emerging theme to ensure a comprehensive account of the burnout phenomenon was included to ensure external validity of research data (see Morse et al., 2008, Moustakas, 1994);
- peer review: study results were provided in full to committee members for review to exclude personal bias that may skew interpretation of the interviewees' responses (see Morse et al., 2008);
- transferability: transferability may be limited because the lived experiences of 11 participants may not apply to the overall lived experiences of all military psychologists and military personnel. However, the shared experiences of serving in the military, which led to burnout can be used as the foundations for developing appropriate strategies to combat burnout for the general population of military personnel; and
- confirmability: according to the practice of epoché, the setting aside of prejudgments and the Van Kaam method of analyzing phenomenological data, personal bias must be disclosed to eliminate the misinterpretation of data (Moustakas, 1994). Admitting personal bias by way of disclosing previous experiences I was able to conduct each interview from an objective point of view. I allowed myself sufficient time and space before each interview to clear my mind and follow through with potentially biasing thoughts and/or ideas, clearing and freeing space in my mind

allowing me to provide the opportunity to capture the lived experiences of the participant in full.

Study Results: Themes and Textural Accounts

The purpose of my study was to explore burnout as it is lived and experienced by military psychologists. Although there is an established knowledge base of burnout for civilian professions, a significant gap exists in the literature regarding documentation of lived experiences of burnout as described by military psychologists (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010; 2013; Garcia et al., 2014; Hobfoll et al., 2012; Lester et al., 2015; McGeary et al., 2014; Newell & MacNeil, 2011; Walters et al., 2014). In the following sections, I will provide the description and supporting data for the seven themes derived from the interview protocol based on research questions: How do military psychologists describe what burnout means to them? How do military psychologists describe their experiences with burnout?

Theme 1: Finding Meaning for the Ambiguous Role of Being a Military Psychologist

At first glance, Theme 1's relevance may not seem obvious concerning how participants described what burnout means to them, but it helps to establish them as active participants seeking the challenges offered by the military rather than passive victims of circumstance. The voluntary nature of their military service also serves as the launching point of how participants described their perceptions of the lived experiences resulting in burnout. Relevant data collected using the introduction question of, "tell me about the reasons why you joined the military" was incorporated to establish the

perceived meaning of being a military psychologist from entry into the military to the time of interview.

Participants shared two main reasons for becoming a military psychologist (a) finding unique opportunities for professional progression and development and (b) the desire to serve/help. Participant C stated, “Well, I wanted to help veterans.” Participant D stated, “Part of it was looking for an internship with...for being able to get licensed, and I liked what the military had to offer.” Participant G stated, “I have a desire to serve.”

Participant J stated:

And it was my way, joining the military, of paying back society, paying back the effort and sacrifice of others before me, which I saw the most – the easiest way of doing that was – the most clearest way of doing that was to join the military.

Each participant actively sought out military service based on the thoughtful deliberation of what becoming a military psychologist would offer (i.e., professional opportunities and/or chance to serve) for his/her projected future. However, the characterization of what it means to serve in the military as a psychologist evolved into complex and multifaceted perceptions derived from the variability of lived experiences encountered during his/her time-in-service. Participant A stated:

I serve to support the missions, the people who are doing the missions so my job is to support everyone, you know, in the war fighting enterprise and keeping them as healthy as possible so that we can keep our mission going.

Participant B noted how perceptions of what it means to be a military psychologist have changed:

It's changed a lot over the years. When I first got in, I was more concerned about – I was very concerned about not getting pigeonholed as just being a psychologist for soldiers because I wasn't really comfortable probably in my role as a psychologist at that point.

Participant B went on to state, "I still think of myself primarily as a psychologist who is in the military rather than seeing myself as a soldier, an officer first." Participant B also added, "Although I – as I get more and more years in the Army and more and more rank, layers of rank or responsibility, I am much more comfortable with all roles than I was when I first came in." Participant E indicated that "I mean I'm a clinical psychologist, but at the forefront, I'm a military officer so I think I'm that first." He went on to state, "Now I'm a military officer that's a psychologist so that's kind of the job and the skill that I bring to my job."

Both Participant B and E commented on the dual role of being a military psychologist, but it was their unique lived experiences that determined present day role-identification. Participant G also noted the struggle of existing in a dual-role status:

I mean it – it seems you have two different roles. Sometimes they are competing. You are a soldier first. You are a psychologist second. And it's very difficult for these people. I've struggled with it at times. Ultimately it comes down to you're a soldier, you're an officer, you're a leader. You have to do that first.

Participant H offered another perspective on what the professional role has meant to him, "So the military's been more of a winding career in that you really have to be a kind of jack of all trades and you have to know a little bit about a lot." Participant H went on to

add about the challenges and benefits involved with having to develop diversified skill sets:

What I think the alternative has allowed me to do though is kind of branch out into other areas that I may not have been as comfortable doing. And that's – that's been challenging, but rewarding. But, you know, having that constant challenge and having the support is one of those things that I think has really pushed me to be a better psychologist, a more knowledgeable psychologist.

Participant J stated, “to remain healthy and relevant and continue to provide [sighs] good services or good leadership to the – either my patients or my staffs.”

Similarly, Participant K stated what was ascertained about being a military psychologist:

That's what I think that it means is it's about taking care of people and taking care of the system because whether or not people in leadership positions understand, we do have unique skill sets and we do bring a lot to the table. And we can give good advice to commanders. And so it's those moments that are kind of what it's all about for me.

Based on the insights gained from their lived experiences, and subject to how participants came to grips with their role, and their dynamic relationships to other military members as military psychologists, the meaning they presently attribute to serving in the military as psychologists varied. The following themes were prominent and repeated as participants described how they lived and experienced the shared experience of burnout while serving as military psychologists.

Theme 2: The Challenging Task of Finding a Professional and Existential Balance

As each participant progressed in rank and years-of-service in the military, the challenge to find professional and existential balance while simultaneously performing various roles (e.g., officer, psychologist, and military personnel) and related responsibilities, was a concern grappled by the participants. Participants described and recounted the complexity of managing routine-interactions as a member of the military officer population whose duty is to provide mental health services for those who were in need. Participant A stated:

And so when you work as a military psychologist, you don't just work for your patients. You also work for the service. And so there are confidentiality differences and things like that that just require some adjustments in the way that you do business.

For a military commander to just override that professional opinion is very frustrating. It's also – it can be frustrating to have to disclose information about patients that I would rather keep confidential, but because of the rules of disclosure in the military, that's just not an option.

Participant B remarked on other challenging aspects of maintaining professional and military decorum while interacting with other military members as a military psychologist:

Lord knows, the profession of being a psychologist does not train us well for this. It just does not. But learn to not assume that the person that I'm consulting – whatever commander, whatever leader, whatever officer or senior

noncommissioned officer (NCO) I'm talking to – not to assume that they automatically understand the basics of everything I'm saying.

I've learned to organize my information when I'm writing about patients or I'm speaking about patients and put as many details upfront as possible. And I guess that took a long time to – for me to recognize.

Beyond performing professional duties as a military psychologist, Participant C noted additional duties that come with being a member of the military, which also required the constant managing and prioritizing of tasks:

Like I said, a lack of organizational support, whether or not that means we don't have enough staff, we have too many patients, we're given too many administrative responsibilities, we're given too much pressure to promote and unrealistic expectations to promote – the promotion has very little to do with what we do clinically – and when organizational entities like the medical retirement system make it impossible for us to do what's best for the patient.

Participant C also remarked about the challenges presented by the different mental health standards across the branches of the military diminishing the ability to fully execute the professional judgement as a military psychologist, specifically Army and Navy:

So when I've had to work with Army, I would say that the Army has much different – sometimes even command-specific regulations. Like they're not Army regulations, but they are like a specific Army hospital's in-house regulations that mandate disclosure to the Commissioned Officer (CO) in situations where I think it should be up to the clinician. So part of the skill of being a military psychologist

is weighing the needs of the command and the needs of the patient and making the decision that's best in that given situation. And I feel like the Army struct- the Navy does a really nice job of just following the Department of Defense (DoD) instructions and leaving a lot of latitude for the clinician to make that decision based on their own experience and the individual dynamics of that particular situation. The Army however does not. Like so they have some very, very specific things where you are mandated to call the commanding officer. No matter what. And so I think that that has some really negative implications when you take away the clinician's ability to decide.

Participant D talked about situational needs to balance and choose role allegiance in order to fulfill the dual and at times the opposing responsibilities of being a military officer who is a psychologist:

But there'd be occasions where people will bring information to you as a patient that you understand is not – is in contrast to the regulations or policies of the military. And so you do have to kind of figure out which hat you're wearing – either you're in the role of a psychologist or you're in the role of officer and who your patient is and where your allegiance lies. Your ethical responsibilities – where they lie.

So you kind of realize like my employer is the military, but my patient is a military member. And so it was always trying to balance confidentiality in this dual state. It's almost like a dual relationship. And it would be nice if we didn't have that.

Participant F remarked on the sometimes-conflicting goal intentions from other military leadership when a service personnel requires mental health services:

Sometimes we felt like we were working at odds. I was trying to – you know, I was trying to help the patient’s mental health, and the line leaders obviously are more concerned with fitness for duty and fitness to deploy. And so sometimes those two things worked at odds with each other.

Adding another standpoint to the challenges, Participant K described an additional aspect of the balancing act related to fulfilling the complicated role being a military psychologist, “I belong to the brigade, but the hospital because they give me my credentials, they like to tell me what to do,” and “So I’m stuck in-between these two very large organizations.” Participant K also stated:

I end up spending 100% of my time in the clinic and then 50% of my time out of the clinic so this is where I get into working absurd hours and never being done, always being behind because the policy of 50% of my time in reality is 100% of my time in the clinic. And then I have to make additional time for my other duties, which is very frustrating.

Each lived experience described by participants demonstrated one aspect of the complex challenges these military psychologists had to contend with during their time-in-service. However, despite having to contend with the frustrating task of finding their personal equilibrium, which contributed to their burnout experiences, participants were able to move beyond their frustrations by reflecting on their military service. Participant C stated:

I think I'm very effective – as effective as I can be in this organization. You know, I think that one of the things that my experiences have taught me is that there's going to be a limit on what I can do just because of the organization and how it is. But I feel very effective over what I can control.

Similarly, Participant D was able to find logic in the conflicting demands of being a military psychologist:

I think the system is about as good as it could be. That there has to be some limits on confidentiality in order to protect the military with the people that they have working in highly sensitive positions.

Using another approach to finding balance, Participant H and I used the culture-of-service ideal as fuel to push forward:

I love the – the fact that I get to work with people who have done the same thing as me, who have volunteered to serve this country. I love that my job's very nature is to be of service to others. You know, that's how I was raised and that's one of the things that I think keeps me going. It keeps me going is really that culture of service.

Participant I stated:

And so, you know, working with the commanders, working with the soldiers just to get successful outcomes and help them have a better quality of life was probably my favorite part about being in the military in general.

Participant J added about the necessity to find a balance if the desire to continuing serving is to be accomplished:

If you stay, you know, you have to find a way to make sense of all the crap that you have to put up with. Less so I think for most officers than enlisted, but you have to find a way that, you know, this is going to make sense and this is meaningful for me in some way.

Summing up the consensus, Participant K talked about the benefits forged from dealing the challenges, “So there’s a lot of bad, but also a lot of good would probably be how I describe it.” Participant K went on to state:

I would argue that I’ve had more responsibility than most other psychologists at my kind of developmental level. And from those challenges, I’ve really learned a lot and developed a lot of confidence.

Based on the lived experiences described by participants, it is logical to infer that different aspects of military structure and culture have caused varying degrees of professional and/or personal stress and conflict connected with managing the dual role of being a military psychologist. The following theme was derived from participants reporting how military structure and culture impacted their role-experiences of being military psychologists.

Theme 3: The Unique Nature of Military Bureaucracy Making Burnout a Taboo-Milestone Issue

The military is a government organization that is more well-known to the public than it is understood. Possessing a real understanding of the military’s unique nature and its impact on day-to-day functioning are reserved for those who served in the armed forces. The following theme was derived based on participants’ lived experiences of

serving in the Air Force, Army, and Navy, and how the unique nature of military bureaucracy fostered an environment where burnout, a commonly encountered milestone issue is also taboo, thereby limiting overall prevention and intervention abilities. The theme will be discussed in using three categories of (a) overall bureaucratic nature of the military organization, (b) the hierarchical rank structure and related performance of duties, and (c) the traditionally guarded culture keeping burnout a taboo milestone issue. The combination of the three complex factors uniquely connected with the military shaped the environment making burnout a commonly experienced milestone phenomenon lacking the environment for open discussion.

The duty inherent to all members of the armed forces is to shoulder their portion of the work that supports the operational readiness of the overall military organization. However, the management and completion of various tasks contributing the functioning of the whole without fulfillment can become endlessly trivial, unachievable, and corrosive to individual and group functioning. Participant A remarked about the frustrating nature of military bureaucracy, “I – it’s frustrating and there’s a lot of bureaucracy in the military. And so sometimes affecting what I would think is positive change or something like that is just difficult. It requires a lot of assertiveness.” Adding another perspective, Participant B and G talked about feeling how individual contributions being inconsequential to functioning in the large bureaucratic military organization:

I think that’s why I felt kind of cutoff is as I mentioned before, you’re oftentimes a small cog in a big machine in the military. And I became acutely aware for

those – for that time period that I was just a small cog. And not – not really – it wasn't really dependent on me functioning well. I just had to function.

Participant G stated, “So at that point, I started – you know, it really hammered home I'm just another cog while, you know, they say I'm a – in a low density critical MOS, the Army's really not trying to hold onto us.”

Performing out of necessity, Participant C, H, and I commented on the organizational and command directed obligation to fulfill mental health service-mandates regardless of capacity, inhibiting the providers' ability to enable self-care. Participant C stated:

But also the other part is when you are in the military, you can't say I'm not accepting any more patients at this time. So that doesn't exist whereas a private practice person can say I don't have – I can't accept any new patients. I'm at my threshold. Military, you can't do that. You have to see everybody. So you end up taking on more people than you have time for because you can't say no.

Participant H added:

So it was very busy and there was very little support. So that's broad level question, but really what it amounted to was that the workload felt impossible. It felt like we didn't have any recourse to stop and take care of ourselves and utilize some of these self-care techniques, self-care tactics that have worked in the past. It really felt like Groundhog Day every day except the worst kind of Groundhog Day you can imagine.

It was very restrictive guidance from our chain of command for our medical chain of command on how we – how we see the patients, how much time we have, how we write our notes, how we– you know, how we provide services.

And then really not feeling like there was enough support.

Participant I also remarked on the uniquely military condition of not being able to discontinue services to unmotivated patients as a way to reduce workload because of accepted but unwritten rules further burdening military psychologists:

I would be more inclined to quote/unquote fire people from treatment for non-compliance. In the military, it's really hard because if you fire them from treatment and say, you know, you're not doing your homework, you're not showing up on time, all of these things that would cause a civilian provider to say hey, you know, maybe you need a different therapist or maybe you're not ready for therapy in the military, it looks like we're denying them care. And so you can't fire a patient in the military. You know, and again that's not a written law.

Furthermore, military members are seldom held accountable for neglecting their mental health service appointments because commanders not associated with mental health have their mission fulfillment requirements, rendering the military psychologist powerless to manage the consequences of disruptive behaviors. Participant I remarked about the lack of accountability for no-shows:

When they no-show their appointments, there are virtually no consequences.

When they're late, you know, there's not a whole lot we can do. When they're non-compliant, there's not a whole lot we can do. We have to keep seeing them,

which means that then they screw up our schedules and decrease access to care for soldiers who really want it and take therapy seriously. So there are no consequences for soldiers who are abusing the system because it's free, you know?

Participant I also added, "The issue is that commanders don't care. They don't have time to deal with no-shows when their primary focus is whatever their mission is," and "So you know, because it takes time and manpower and, you know, the command teams are focused on other things."

While the obligatory provision of services added to the patient workload, some uniformed personnel have learned to use the corrective effects of the current national focus on military mental health delivery issues to manipulate the system for personal gain. Moreover, other military members have developed unrealistic outcomes expectations of seeing a military psychologist, further complicating the job of effectively delivering mental health services, by an already strained population. Participant D stated:

I think it might be important to realize that unique to a military psychologist is the number of patients or young sailors that come to you seeking a way out of the military. They're not looking for help with emotional problems. They're not coming in because they're depressed or, you know, can't cope with something. They're looking to get out of the military and they know if they come in and talk to a psychologist, then present suicidal behaviors and stuff like that, that the psychologist may eventually be able to recommend them to be out of the military.

And so unique to the military is that you actually get manipulated a lot by your patients or you get used by them.

Participant I discussed the reactive but unwritten organizational response by the military hierarchy to minimize the threat of mass media scrutiny emboldening some to manipulate the system willfully. Military psychologists are often confronted with negative career implications and rendered powerless in executing professional judgement in the attempt to stop the abuse of the system for secondary gain:

So basically they take everybody at face value. They go with whatever the soldier tells them because they don't want to get brought over to Fox News. And so that's where it kind of takes the power away from the medical folks is because, you know, sometimes we have to make diagnoses that we don't want to make simply because the repercussions of not doing so could have huge implications for our careers.

And they tell you on the one hand, you know, everything that's written is do the right thing! Be ethical! All of this. But under the table, it's kind of yeah, but don't be so ethical that they're going to call Fox News.

Participant K also discussed the challenges of dealing with individuals manipulating the system for personal gain:

I think we see a lot more secondary gain than we're allowed to say. There are countless soldiers I've encountered who try to use their deployment experiences as an excuse for bad behavior. And I'm not able to say anything about that because if I do that, and someone gets a hold of it, you know, he releases his

records to the news or something like that, then I look back and my license could be in jeopardy because we have this culture of hero worship of veterans, which is better than how it was in Vietnam. Don't get me wrong, but sometimes people make bad decisions. And to excuse bad behavior because of someone's veteran status I'm not convinced that that's always the right answer.

However, despite growing utility and awareness of the value brought by mental health professionals, many uniformed personnel remain unfamiliar to the purposeful goal of mental health treatments. Participant H remarked on the unnecessary burdens caused by military members and their general lack of understanding of the value and benefit brought by military psychologists:

I think a lot of times behavioral health is seen as a person that's going to solve the patients' problems. And that's really an unfair, you know, unfair description of what we do because if you look at any of the change models or even the transtheoretical model, really, in most cases, our job isn't to solve somebody's problem. Our job is to assist somebody to manage their own problems and their own symptoms. So the kind of perception of behavioral health in the Army is that we're not doing our jobs if we're not solving the soldier's problem. I can't guarantee to these commanders or these soldiers that everyone I see is going to get better. But there's unrealistic expectation that if they don't get better, then it's a fault on me.

Similarly, Participant K talked about the burdening impact misapplication of military psychologists have on reducing the likelihood of correcting misconceptions about the profession:

There's still a perception out there that behavioral health or psychologists just deal with whiners and people who are committing misconduct and people who do the wrong thing, who aren't cut out for this job. So in a way, we're viewed as babysitters and not as doctoral level professionals. And I think that some of the policies that we have don't help that. But some of it is an education issue in that we need to advocate for ourselves as military psychologists about what we can do and what we do do. But when you're already working 16-hour days, it's hard to find the time for self-promotion when you're already getting beaten down.

Another added strain is the continuous transformation of military medicine, including mental health care, to better serve the needs of the modern warfighter placing additional demands and pressure on an already overworked military psychologist population. Participant G talked about the impact of using civilian health models to streamline military medicine:

So a lot of what the Army follows is how the civilian side does things. You know, TRICARE (DoD Military Health System) is now being treated as a health maintenance organization (HMO) so they follow HMO policies. And all that is geared towards the most cost-effective medical care. Not necessarily the best medical care, but cost-effective. So that takes away a lot of what I can do right there.

Participant H added:

Well, I mean the Army is a government organization. You know, really I think there's always going to be an intersect with policy and politics with the Army. I wouldn't necessarily say that regulations have hindered my ability to provide services for an individual. I think what the policies have done is really mandated a lot of things that the service member doesn't need. And clinically I just don't think some of these things are necessarily indicated or warranted, but one additional thing that by regulation we – we, you know, kind of have to follow.

Furthermore, Participant J remarked on the changes impacting the real and perceived need to produce beneficial outcomes without the consumption of extra human resources:

It's pushing providers to be much faster with their patients and slower in writing their notes or to work harder by staying later at night or work longer. And so there's more and more business case analysis, metrics, business performance pressure on providers now than there was.

And as I talk to people in the command suite here in the hospital, these folks are answering e-mails at 5 in the morning. And they answer them all the time. And it really makes I think being a leader these days very challenging in an era where communication is so quick and things are so reactive and the Army's downsizing. And so no one wants anything bad to happen on their watch. So I think we're really beating ourselves up a lot.

Even as individuals learn to navigate and recognize the pitfalls of being part of the military, its bureaucratic nature remains nonetheless uniquely frustrating and taxing to

those tasked with managing the numerous concurrent mission-crucial responsibilities.

Participant G plainly talked about being in the military, “A lot of it is you’ve got to be here to experience it ‘cause it is – it’s very unlike what you will deal with on the civilian side.” Participant G also stated, “And the joke is that, you know, if everything is a priority, nothing is a priority.” Similarly, Participant K stated:

Sometimes the administrative processes are so slow that you’re stuck with toxicity or negativity or incompetence for years whereas in maybe other environments that aren’t quite as large or bureaucratic or under the microscope because anything the Army does is reported in the news for the most part. So there’s a lot of public scrutiny and pressure as well as bureaucracy from the size of the organization. And so that I think slows down innovation and change and ties the hands of people who want to make a difference or improve things.

And I think on the downside, sometimes we have folks, you know, lay people – and I don’t even mean just civilians. I mean people who don’t understand behavioral health or psychology interpreting topics related to psychology in a way that makes it sensational and then leads to policy changes.

Regardless of how challenging it was to manage the countless issues associated with being a member of a bureaucratic military organization, it was also necessary for participants to find reconciliation. Participant G stated, “This is the way a large system works. It’s just – it’s not the best, but that’s what happens when you have a large system.”

Navigating the various pitfalls associated with military bureaucracy is part of the experience military psychologists must contend with regardless of rank. However, the hierarchical rank structure of the military is unique that the level and depth of operational functions performed is dependent on rank/position and time-in-service. Participant G, I, and J talked about the rank and assignment of duties and estimated distribution of work/treatment responsibility per one military psychologist. Participant G stated:

When you look at who actually provides the patient care, it's going to be O4s – or O3s and O4s. And for the social workers, it's for O2s through O4s. Once you get up to Lieutenant Colonel, you're not doing patient care anymore. You're doing an administrative role. So with that, the number of psychologists – that 125, maybe there's like 80 of us tops? Eighty, 90 who are actually in the clinical role for the entire active duty Army.

Similarly, Participant I talked about rank associated performance and restriction of functions, “Once you get higher in the ranks, you're doing administrative stuff, you know, so they – you've got to have the support of the higher or you can't make those hard decisions no matter how ethical and legal they are.” Participant J also stated, “So the standard progression is that as a Captain, you are by and large a brigade behavioral health officer and it's primarily clinical, clinical, clinical. That continues as a Major,” with some Majors leading clinics and or taking a fellowship. Participant J continued to add that Lt. Colonels “are doing about 90% admin and that tends to be the case then for Colonels as well with some exceptions.” Explaining the logic behind the assignment/performance of duties according to rank, Participant J stated:

So – but yeah, the bulk of the work –the clinical work does go to Captains and Majors. And that makes sense professionally for them as they’re learning their trade, coming out of school, it makes sense that they would spend most of their time clinically.

To accurately show the immense workload junior military psychologists (i.e., O3/Captain and O4/Major) can contend with, Participant H used personal experiences to illustrate the number of military personnel someone in similar rank/position can be responsible for providing mental health services:

There’s 5,000 soldiers in our brigade. It consists of about five battalions. Well, each battalion can have anywhere between 400 and 1,000 soldiers in it. There’s one provider for each battalion. So potentially a behavioral health provider has had 1,000 potential clients. And that seems to be a pretty heavy load. For me as a brigade asset, it’s kind of my job to maintain visibility over all the potential 5,000 soldiers, their psychological health and well-being.

Adding a personal perspective on the impact of the initial experiences of being a military psychologist, Participant H stated:

We were kind of dealing with – kind of learning how to be Army people at that time learning how to be a husband. So really it was a period where I didn’t feel like – you know, I didn’t feel like my feet were planted. I didn’t feel like I had the kind of support in that kind of personal and professional development area – those areas.

Beyond workload and performance of functions that is determined by rank, military officers are culturally obligated to maintain an image and behaviors indicative of professionalism and command control. Participant A discussed the aspect of gender associated image maintenance issues associated with being a forward deployed female military psychologist, “I didn’t want to be looked at by another guy like they want to fuck me.” Participant A continued to add about the realistic, but restrictive need to maintain appearance especially in an environment dominated by male officers:

Only male officers. And I didn’t feel comfortable making friends with any of them because they could become my patient or because there’s lots and lots of rumors out there about, you know, people engaging in sexual relationships and things like that. You just don’t want to give that appearance.

Participants B, D, and E spoke about other facets of having to keep up the officer image and manage composure. Participant B stated, “And so you kind of have to have it together and keep it together and I just – so I think I just felt isolated.” Participant D also expressed sentiments about the cultural importance attached to the maintenance of military rank structure as a constraining factor for expressing a need for assistance:

I was a little embarrassed that, you know, here I am a, you know, a senior officer and I’m coming to them as junior officers asking for help doing my job, if you will. So it’s kind of like embarrassing realizing look, I no longer feel effective and I know that I’m at my limit.

Echoing the same archetypes, Participant E discussed the need to maintain the image and stature of being an officer in the military, “You know, as I mentioned earlier,

that's kind of one area that as the commander's mental health guide and consultant, I've got to have things under wraps and make sure that I've got things squared away." Beyond maintaining the image of an officer, Participant E also mentioned the need to model good behavior a military psychologist and subject matter expert to others looking for practical guidance:

No, I wouldn't think that they would notice it because one of the things as a psychologist and as kind of one of the commander staff, you know, you have to always be on. So it wouldn't – I would make sure that it wouldn't be externally apparent... part of what I see the importance of doing for the commander and the folks that I work with is that you have to model appropriate behavior. And if the psych's not doing things appropriately, then [laughs] who is in a lot of ways. So if anything was going on, it was more stuff that I was aware of and that I was kind of keeping more to myself about.

Although the overall structure and culture of the military bureaucracy follow a prescribed course, the lived experiences of individual military members are largely impacted by those who are in the immediate command hierarchy and the regulation enforcement approach taken by the chain of command. Participant H talked about how a military members' lived experiences within the military are impacted by the immediate chain of command exerting the enforcement and maintenance of the broader military structure and culture:

So the structure portion, you know, seems to be really like any other major organization except much more rigid and much more kind of prescribed regarding

the, you know, way you go about interacting with somebody. During my time in the Army, I've learned that one's chain of command has a huge influence on the unit in multiple, important ways. In many ways, the chain of command are the ones who directly create, enforce, and reinforce the structure of the military.

Despite having served in different command environments, locations, and times, experiencing burnout became the unifying factor for study participants. Moreover, participating military psychologists also recounted that burnout was commonly experienced by contemporary peers and a previously shared experience of senior leadership/mentors within the mental health community. Participant C remarked on colleagues sharing their comparable experiences, "My colleagues would not point it out as much as they would commiserate."

Participant C continued to add about the camaraderie gained through the shared misery:

Yeah, I mean I have a very supp- part of it is that we're all sort of in the same boat. [laughs] So you know, it's more that we empathize with each other about how we're feeling. So I was less concerned about someone seeing it in me. You know, it is more knowing that they could probably see it in me and they could probably feel it themselves. And so we would more just be supportive for each other.

Participant D also stated, "Other people were experiencing stress as well, and so I would talk to one of the senior medical officers about it. And I discussed it openly." Similarly, Participant G stated, "I don't think there's much I could do. This is to a certain extend the pervasive feeling among a lot of psychologists in the military." Reporting of comparable

circumstances continued to be present in the description provided by participants.

Participant H also discussed sharing openly with peers about experiencing burnout, but added the accompanying concern of higher level command personnel discovering the situation:

So I wasn't concerned that my colleagues or that my supervisors knew because it wasn't a secret. All of us were kind of feeling the same thing I think. We had – my colleagues and I had conversations about this pretty regularly so even though I don't want to speak for them, it did seem to me that they were experiencing the same thing. The people who we were worried about, you know, kind of finding out was the kind of higher level chain of command and other people that, you know, may – you know, may – well, we talked about threshold referrals.

Illustrating the pervasiveness of burnout amongst medical personnel including mental health providers Participant J stated:

And so everybody else or at least the people I worked closest with were in the same boat frankly. You know, whether they were medical providers or medics or dentists, physical therapists, we were all I think by and large about the same kind of thing. And so we talked about. We joked about it. You know, you sort of shuffle along and so you're all sort of I think there at the – in the same way.

Further demonstrating burnout is a commonly shared experience, Participant I stated, “You know, she'd been in the Army 16 years at that point and she was saying, you know, the first time I went through this, I reacted just like you.” Correspondingly, Participant K

stated, “I do have very candid conversations with fellow psychologists and former Army psychologists as well about our experiences. And we seem to have a lot in common.”

Even though participants reported experiencing burnout as common amongst their immediate peer and predecessor population, the shared phenomenon has continued its damaging effects with little recourse. Participant B shared one reason for burnout’s continuance that is uniquely fostered by the military environment:

The thing about the military is you – is you can hide in plain sight because people transfer so often, right? Officers leave and go new places every couple of years. So by the time I originally arrived at my new – my next assignment, people already had – all they knew of me was that I was already like that.

Participant F offered another cause fueling the lack of treatments and/or precautionary measures to remedy burnout. Participant F discussed his concern about the stigma attached to mental health providers needing mental health care:

I think burnout is something that’s difficult to identify and talk about and treat within the military mental health provider population because there is the stigma. Just like stigma with patients ‘cause our patients are service members, there’s also stigma of being a provider and being burned out. But – so I think there’s a barrier to talking about it. We’re not supposed to be burned out, but I think – I’ve worked in places though that acknowledge it, that talk about provider wellness and don’t talk about it as a – something they have to do, but they talk about it as something that they are trying to do. Provider wellness is kind of a new thing, but making

sure that there's some kind of organization in place to help out providers more than just helping them get their licenses recertified and things like that.

But I think, too, within the military, to put another level on that, but the fact that we're military officers, that adds another stigma to it 'cause, you know, some individual might seek out help, but there always has to be the concern about repercussions on their career.

Although the negative outcomes of burnout seemed to be recognizable in plain sight, by default, the pressure to shoulder their portion of tasks as military officers and mental health experts limited the capacity in which military psychologists can exercise preventative and/or treatment measures. Participant G talked about environmental conditions reiterating the ramifications of voicing the need to seek help:

So circumstance really was "look, if you fail, it's going to be terrible for you. It is going to be terrible for you!" There was always some concern about what the consequences would be if you didn't make it through training. Army psychology is very small so your reputation could be tarnished. Your – you know, you could maybe not even pass so they could fail you. There is really – it was really kind of unknown as to what they consequences might be if you did want to address it. And the other thing, too, was the kind of the stigma – the existing stigma of a provider needing to see another provider. A provider needing to take a knee. It was really this idea that hey, you know what? You've got a lot of patients who need help more than you do so you should really just suck it up and then keep going.

Whether the pressure to perform is driven by external mechanisms or internalized military and/or professional ideals, overcoming the barriers of seeking help remains a personal struggle. Participant B talked about burnout in comparison to other types of suffering:

Well, certainly when I was deployed, I knew something – I knew something was wrong. I knew things were wrong. But there was no – you just didn't have an opportunity. You just, you know, everything – all life is relative. Everything is in context so the person who is experiencing burnout doesn't have a whole lot of room to cry when the next person over is missing a leg, right? So everything kind of has to be put into context.

Correspondingly, Participant K discussed being self-critical of allowing burnout to develop:

I see people of all ranks and experience levels who are saying I'm not doing okay or I'm done with this. My body can't take it anymore. My family can't take it anymore. I'm done. But I think I've internalized a little bit of kind of the belief that yeah, but I should be different. You know, I should be able to handle the – so it comes from all over.

The performance of duties deemed as contributing to the functional needs of the military regardless of individual wellbeing is unique to the bureaucratic environment. Participant H talked about the chain of command fostering a secretive environment perpetuating the nonbeneficial practice of being reactive instead of proactive in finding solutions.

So ethical code's important to keep in mind because self-care is actually part of the nature of our practice, right? So what do you do in the Army? You talk to your chain of command, right? Well, chain of command at that time, it wasn't like they were not receptive, but they – they were the ones that were kind of – – not only chain of command, but the culture of the department, the psych department was kind of “This happens to everybody. Just keep going.”

Likewise, Participant I stated, “Oh, yeah! I didn't want people to know how burnt out I was.”

Regardless of how the individual perceived and realized the degree of environmental favorability concerning the management of burnout and its consequences, experiencing burnout is a trend shared by contemporary military psychologists. Evident is how the unique environment and nature of military bureaucracy contributed to the seemingly inevitable experience of burnout for study participants. Participant K remarked about the likelihood of experiencing burnout being an expected event throughout the professional development of military psychologists:

I do believe to a certain extent that it's unavoidable. And so I feel kind of like I'm along for the ride [quick laugh] and now when I talk to, you know, mentors and past supervisors, and I share my experiences, they'll validate it as well. And say yes, this totally happened. So I feel to a certain extent that it's just a developmental milestone and I'm getting through it. I'm not sure if it really – if there's another way. I – I think it might be nice if there was, but I also feel that from this experience, I hope to when I'm kind of an internship director, I hope to

prepare my students for this. And I don't really know how other than being prepared that this is a strong possibility, that you will have these reactions at different times in your career. So I think that's kind of where I'm at. Maybe if I had people support me and shape those expectations earlier on maybe that would have been protective.

The unique combination of environmental, structural and cultural conditions inherent to the armed forces which unintentionally prevented and limited military psychologists from functioning at their fullest capacity have fostered a detrimental legacy of burnout. Participant G experienced this sentiment, "This is the way a large system works. It's just – it's not the best, but that's what happens when you have a large system." Even though the military will remain a large bureaucratic organization in the foreseeable future, individuals such as study participants are helping to increase awareness of burnout in the hope of improving conditions for the future. As with any commonly experienced phenomenon within a population, there are identifiable shared clues and signs foretelling of the issue. The following theme describes prominent biopsychosocial indications of burnout for military psychologists.

Theme 4: Experiential Biopsychosocial Indications of Burnout for Military Psychologists

Although the day-to-day demands placed on uniformed personnel are unique to the military environment, the biopsychosocial symptoms suffered by military psychologists throughout their burnout experiences did not differ from the established research data (Ballenger-Browning et al., 2011; Bianchi et al., 2014; Dhabhar, 2014; Epel

& Lithgow, 2014; Hinwood et al., 2012; Juster et al., 2011; Maslach et al., 2001; Rubio et al., 2015; Schaufeli et al., 2009). However, compared to a civilian's freedom to choose which rules or standards to follow loosely, the military strictly requires its members to maintain standards for physical fitness, code of conduct, and other occupation specific criteria (Defense Health Board, 2013; The Uniformed Code of Military Justice, 2017). Owing to the strict enforcement of the previously listed standards military personnel typically commit to a lifestyle that is conducive to maintaining regulatory guidelines.

The following theme resulted from the identification of several biopsychosocial factors which can be used to foretell the progression of burnout for military psychologist either in their absence or pronounced usage within an individual's routine. Theme 4 is discussed using the categories of (a) physical fitness/exercise, (b) sleep, (c) dietary consumption, and (d) maintenance of appropriate environmental behaviors. While these factors may seem trivial because they are part of an extensive list of potential factors buffering or contributing to burnout, maintaining a healthy balance of these fundamental elements is of marked importance to being a fully functioning and operational ready military personnel (Defense Health Board, 2013; The Uniformed Code of Military Justice, 2017).

Practicing good self-care measures such as being physically active, good sleep hygiene, and maintaining a healthy diet are considered effective tools for buffering against experiencing aspects of biopsychosocial strain associated with burnout (Freudenberger, 1975; Gold & Roth, 2013; Maslach et al., 2001; Shea et al., 2014; Rahimi et al., 2015). Furthermore, the importance of maintaining these specific self-care

measures are critical to the performance of duties for military personnel regardless of their military profession. The study participants either employed all or some the previously listed self-care techniques during their burnout experience to help ease its effects, or were deeply aware of the negative biopsychosocial impact caused by their (i.e., physical activity, good sleep hygiene, and balanced diet) absence from the daily routine. Participant A stated, “I was trying to make myself at least walk around and be physically active for like 30 minutes to 60 minutes a day – something – so I could be outside ‘cause I wanted to be really withdrawn,” and “I think exercising was definitely helpful.” Participant C talked about “getting enough sleep” as being an important part of the regiment while experiencing burnout.

Correspondingly, Participant E talked about using all three self-care techniques to ease the effects of experiencing burnout, “So going back to the things that I know as being important for maintaining physicality and reducing stress, and that would be good diet, regular exercise, a standardized sleep pattern.” Participant H also talked about the importance of being physically active as helpful, “And then also the kind of working out and being active part was really important to me. And then really utilizing kind of the forced workout and stuff like that as my main coping abilities.”

Reporting on environmental or personal constraints leading to the contrasting behavior of discontinuing the self-care measures (i.e., physical activity, good sleep hygiene, and balanced diet) and its harmful effects exacerbating the lived experiences of burnout Participant E stated:

So the harming piece, stopping exercise, eating terrible food, staying up late at night, not – decreasing socialization, you know, getting together with friends, doing things like that when you're – when we're out and down range. I think those are all big things that could make – would make matters worse.

Participant E added about noticing the routine absence of self-care techniques, “Well, I would be tired, I would notice that I wouldn't – so there would be times where a couple days, I wouldn't get up and go to the gym,” and “I might go to a meal that I wouldn't – that I might – or I might eat more than I normally would.” Participant E went on to highlight the marked importance of maintaining balanced exercise, sleep, and dietary routines as a military personnel:

Which you know if you got to that point, then it was – it kind of highlighted the importance of getting back in the gym, making sure that I was getting on a regular sleep schedule and that my diet was much more regular and focused.

Similarly, Participant K explained why the implications of being physically fit are critically important of for military personnel:

And I would also say physical fitness is a very large component. I don't care if you work in an office somewhere or you're a provider, if you want a career in the military, physical fitness is important, because if it's not, physical fitness is often a proxy for competence in other areas.

Although individual lived experiences of burnout differed in the degree of damaging impact, Participant I recounted being aware of harmful effects caused by the disrupted capability to practice proper sleep hygiene:

Really for me, my telltale sign which I've known, you know, pretty much all of my adult life is I know I'm out of balance when I'm not sleeping well. And I started noticing that I could not sleep through the night.

Trying to practice good sleep hygiene, but [laughs] at the same time, I wasn't sleeping because I was so stressed out. I had chest pains. I had migraines, stomach problems, serious – you know, I had diarrhea probably chronic for a year because of it. Acid reflux. You know, so serious, serious, you know [laughs] every stress ailment you could think of, I had it during that time. And it just progressively got worse up until the time that I was able to leave my unit.

Participant I also added that burnout negatively impacted physical activity routines exacerbating unfavorable biopsychosocial experiences, “whereas when I was burnt out, oh, no! I'm not exercising! I'm not going – I'm not doing anything after work but melting into this couch.” Participant I went on to state:

You know, not exercising I think was a big – a big thing for me that was not helpful. You know, I ended up gaining weight and getting out of shape and, you know, that just then contributed more to just feeling more icky and bad about myself.

Participant J also talked about how burnout can adversely impact regulation of self-care behaviors, “I might sleep more. Might eat a little bit more. Possibly workout less.”

Wrapping up the list of experiential indicators of burnout for military psychologists is the maintenance of appropriate environmental behaviors, which is also a critical component of contributing to the orderly functioning of the military as a whole

(The Uniformed Code of Military Justice, 2017). Situational appropriate behavior can drastically differ depending on the environmental conditions lived by individual military members. Regardless of environment, when discrepant behaviors are noticeable and become disruptive to the relational functioning of the individual, group, unit, and/or family, the pattern of behavior can also serve as indicators of burnout for military psychologists. For example, Participant A talked about noticing a personality change experienced during burnout:

I didn't feel like talking to other human beings so it was pretty easy to recognize that that was a big difference in me. And that's why I thought like oh, my gosh!

Like what--is my personality changing? What is happening to me?

Participant A went on to describe making the unusual choice to isolate rather than engage with others while experiencing burnout, "I could have reached out to my family and friends more. I could have told them that I was struggling, but I just didn't. I just withdrew instead." Participant C talked about noticing the presence of inappropriate feelings that alerted the onset of burnout, "If I'm getting frustrated with them for having their symptoms, which is what they're absolutely allowed to do and what they're there for, then I know I'm approaching burnout."

Participant I discussed how experiencing burnout disrupted group dynamics impacting relational functioning, "You know, with my coworkers, I was withdrawn and not as approachable," and by the end of it, we had all kind of basically fought with each other so much that didn't ever want to speak to each other again." Highlighting another aspect of out of the ordinary behavior becoming disruptive to relational functioning

Participant J added, “So family mentioned that I was more easily irritated, more restless certainly, and more withdrawn.” Similarly, Participant K remarked about the burnout impacting relationships outside the work environment:

And I always have a good time after I go and I’ve always been a little bit of an introvert and a hermit so I like my alone time, but I’ve never pushed back against being social to this extent before. So it shows up at home and at work.”

The degree and scope (i.e., individual, group, unit, and/or family) of the relational-functioning impact caused by the inability to maintaining appropriate environmental behavior varied. However, study participants collectively reported being cognizant of the presence of environmentally incongruent behaviors either through self-recognition and/or the relational impact with and reported by coworkers and/or family.

Finally, it is important to point out that feeling angry, frustrated or irritated were reported by the study participants during their burnout experience. However, the emotional display of anger or comparable emotions may be part of an accepted military-wide norm and can potential be beneficial when exhibited within the environmentally determined threshold (Lindebaum, Jordan, & Morris, 2016). For example, Participant H stated:

Absolutely. I think one of the things that’s probably not talked about often, but I think anger is reinforced in the military. And I think it can be very functional at times in the sense that it’s a very energizing condition to some extent. I mean really what we’re talking about is kind of curvilinear stuff, right? So the – I think being steadily angry almost served as a protective factor to some extent for me in

that it meant that I could still kind of maintain energy. I still had the – kind of gas in the tank to keep going and stuff like that.

Participant H went on to add, “Yeah, I would agree. I think it’s probably within normal limits for the Army in general, to just be angry about things at times.” Participant I also recounted feeling angry but felt determined at first, “So in the beginning, there was a lot of confusion and anger of what’s going on here? You know? And I was bound and determined.” Illustrating how expressing anger beyond the accepted environmental norm can become increasingly unhelpful, Participant I stated, “There’s more anger outbursts. There’s more. And it just – it did keep getting worse. Just when I thought like I can’t be – I can’t feel worse than this. And then I did so.” In total, taking into consideration the experiential biopsychosocial factors of (a) physical fitness/exercise, (b) sleep, (c) dietary consumption, and (d) maintenance of environmental appropriate behaviors and the importance of sustaining a healthy balance of these fundamental elements, detecting their absence and/or pronounced expression can serve as indicators precipitating burnout for military psychologists.

Theme 5: One is the Loneliest Number Vs. One but Not Alone: Work and Family

Social isolation and withdrawal are commonly reported as psychological and sociological regulatory responses to environmental stimuli as a result of experiencing the chronic stress effects of burnout (Cacioppo et al., 2015). Moreover, disengagement, lack of group membership, command, peer-group, and family support, and comradery are experiential factors contributing to burnout for military personnel (Avanzi et al., 2015; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Frydenberg, 2014; Lester et al., 2015).

Fundamental to culture and nature of the military environment are the indispensable concepts of teamwork and cohesion in accomplishing shared objectives (Adler & Castro, 2013; Bates et al., 2010, 2013). However, when military psychologists are subjected to workplace isolation in conjunction with or followed by increased seclusion in/from personal life environments hindering the ability to self-care, the chronic stress effects of burnout can be progressively exacerbating. For example, Participant B stated:

Well, it began when I was deployed and I was just – I was the only – I was the only me around. I was the only psychologist as far as you could see. So I was the repository for everybody's problems. And the problem is in a deployed environment, anybody can have a problem at any time. And so I was the go-to person which meant there was nobody for me to go to.

I was cutoff professionally. I was not – I didn't have close collaboration with fellow providers, with other psychologists. I was sort of just in a position where I was going through the motions professionally and I was expected to do certain tasks and certain jobs.

Correspondingly, Participant D discussed the constricting and wearing effect of workplace isolation:

Yes. Definitely had to – I knew that I was burned out, but had to keep providing services because I was the only psychologist, you know, on an aircraft carrier for 5,000 people. And we were deployed. You know, there were no other psychologists, no other options. And so I had no choice other than to persist and do the best that I could, knowing that I wasn't operating at 100%.

And the other thing I think that contributed to my burnout was almost all of my positions, I was the only psychologist. There wasn't other colleagues. No other psychologists that I was working with. I was, you know, one of one. And so I didn't have the support. I was like the only guy and the last resort for all these patients that we had.

Likewise, Participant J talked about consciously choosing to serve others before self because there were no options to stop for self-care, "Oh, yeah. All the time. All the time. And why? Because there was no other option," and "And so it's your – they're your guys and so you keep going. Like, you know, the soldiers do, too, and certainly the officers do as well." Participant J also noted having to manage the issue of knowing that anyone can become a patient, "When you're deployed and I certainly – chaplains would say this, too. A psychologist who's deployed, in a sense, everybody is their client."

The unfortunate consensus reported by study participants also brought to light the inherent isolating nature of the military psychology profession as being well-known within the community. Participant G stated, "So we're actually taught during internship, like the – there's kind of a semiserious joke that Army psychology is the loneliest military occupational specialty (MOS) on post." Participant G went on to provide common examples of the isolation faced by military psychologists:

Some of the tougher things to deal with as a psychologist is if you are an unmarried psychologist, your social life takes a huge hit 'cause not only do you have to deal with the fact that you're an officer so – well, you know, you can only interact with other officers on a social basis. Every single person on post is a

potential patient so you have to distance yourself from them as well. So it leaves you very little kind of like camaraderie.

So when you look at uniformed psychologists on post, there's four, maybe five, you know, and I'm like halfway friends with one of them, but because he's senior to me, we can't, you know – we can't hang out too much. And on top of that, there's permanent change of station (PCSing) so you meet somebody and if you're on off-PCS cycles, you may only get to know them over the course of a year. Maybe a year and a half tops.

While participants reported on the detriments of serving in an inherently isolating professional role, they also noted the desire to and benefit of having sustained access to connect with peers and/or mentors as a viable solution to buffer against the experiencing isolation for military psychologists. Participant B Stated:

One is maybe not having solid, stable and long-term professional mentorship. You know, once you – once I had been fully grown as a psychologist so to speak, I was sort of just thrust into the world as a fully formed psychologist and off and running. But I – if I had had maybe like a more – if I had had a stable mentor who was older and more experienced and could have more perspective, then that might have helped me understand what my role – how I was perceiving my role as a psychologist and how maybe I was placing some unrealistic demands on myself.

Participant C stated:

And I was lucky to be a part of a department that was very caring. Even if the demands were really high and the staffing was something that we couldn't

control, we were – we did look out for each other and we were kind of a cohesive group. But I've seen other military psychologists who either are by themselves – they're in a one of one situation – or they're in a very toxic clinic where they may not be able to take that break. You know, it's just not allowed and there's really no other way to put it. That the system does not allow them to take care of themselves.

Correspondingly, Participant E talked about the potential benefits of being able to work alongside other military psychologists:

I think if I had more colleagues – psychologist colleagues to work with so again to do the kind of the norming at the end of the day. And also maybe if I had a treatment team to work with some of the crisis patients where it wasn't just me alone kind of shouldering the burden of multiple suicidal patients, but having kind of a team approach where we, you know, divide and conquer or I can discuss some of these cases more readily.

Participant E also provided an alternate option to mitigate isolating conditions encountered by the lone military psychologist within military organizations:

I've been embedded into units where I have had freedom of movement, access, not having to kind of set up traditional appointments and do all that kind of stuff. But being able to meet people on their terms and in their work centers to do my job. And I think that's been exceptionally helpful.

Reiterating the consensus of the benefits from having access to peers and/or mentors, Participant F stated, “Yes, I trusted most of my peers and I had one or two superiors that I

felt I could go to for mentorship. That helped.” Participant F also commented on the notion of being one but not feeling alone as helpful:

I knew – I was learning that I wasn’t the only one. And also you know, I probably wasn’t the only one at the clinic, too, so being able to kind of commiserate with my peers also helped as well.

Furthermore, participants shared the long-term benefits resulting from having the ability to engage with others about their lived experiences of burnout. For example,

Participant H stated:

So coworkers, it was actually good. So I still talk to these guys today and it’s been awesome. These guys have been amazing, amazing sources of support. So I don’t think it – you know, maybe ironically it actually was positive because it kind of gave us that collective sense that, you know, we’re all kind of struggling through this thing together.

Likewise, Participant I remarked:

You know, but it did strengthen my relationship with my civilian psychologist because she was [laughs] burnt out, too. Bless her heart. And so now we actually, you know, still lean on each other for professional support, you know, and get together every now and then. You know, so it strengthened our relationship there.

So, you know, so it just kind of depended, you know, like if we were able to rely on each other for support, our relationship got better.

Although having support and group membership are beneficial, family support was also an important factor reported by participants either as contributing to or buffering against feelings of isolation experienced during burnout. Participant A recalled:

So I felt like I shut out people who were normally good supports for me. So like my husband and my parents. And my friends I just barely spoke to at all. And by the end, I just didn't talk to them.

And I was pushing people away. Very much so. So when I'm usually very connected to other people, I felt very disconnected and it was a really weird feeling. And like I said it took me a long time to overcome that. It was really, really devastating.

Participant B clarified the circumstance of the isolation experienced at home:

I have people who don't really necessarily – like my wife and my children don't necessarily – they understand that I go somewhere every day and do something. I help people. I'm a psychologist, but I never had somebody who could connect and understand what I'm doing, you know, during the day as a psychologist.

Similarly, Participant J recounted the result of secluding from personal life, “So with regard to friends, again I think friends were colleagues and so, you know, I had good and meaningful relationships with them. In some ways, more meaningful than with my spouse,” and “So I think probably it's – led to separation and divorce from my wife.”

In contrast, other participants reported a beneficial buffering effect of having family support during their burnout experience. Participant D indicated the development of closer relationships, “If anything, it just brought us closer because I was seeking their

help and comfort and discussing things with them.” Participant E also reported the benefits of receiving spousal support:

My wife would certainly recognize that. But she’s very good at, you know, encouraging me and making sure that the quickest way to get back to normal is to, you know, get back in that day to day rhythm.

Wrapping up the consensus, Participant K talked about the tendency to isolate, but also the benefits of having support in personal life environments:

I think as a result of the burnout, there’s been more kind of detachment, disconnection and, you know, more kind of going into my shell instead of being available to others. And so that’s been, you know, hard for friends and family.

Yeah, that’s been strained, but at the same time, one of the greatest supports. So there’s, you know, it’s hard to have the energy to do other activities or other things or shift away from work mode.

The tendency to isolate and withdrawal can be especially detrimental to overcoming the chronic stress effects of burnout (Avanzi et al., 2015; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Frydenberg, 2014; Lester et al., 2015). When military psychologists become progressively isolated in an already professionally isolating role, additional experiential factors can further exacerbate the effects of burnout in work and family environments. Regardless of how each military psychologists coped with burnout, their personal lived experiences added to their understanding of the phenomenon beyond textbook descriptions.

Theme 6: Understanding Burnout: The Theory-Practice Gap

Unsurprisingly, participants have varied views concerning their role as military psychologists based on their unique lived experiences. Nonetheless, as subject matter experts, the unifying factor is the training and expertise each participant possesses in the field of psychology. Being cognizant of various psychological conditions such as burnout is integral to the training of becoming psychologists. However, written analysis of mental health conditions often lack the multifaceted nuances of how individuals are impacted by the reality of living with various conditions. Theme 6 became apparent after participants repeatedly recounted how their learned knowledge of burnout did not bridge the gap in preparing them for the reality of how they lived, perceived, and experienced burnout, and beyond. Participants also provided varying definitions of burnout which reflected the lack of a unifying definition for burnout within the mental health community (Bianchi et al., 2015a, 2015b; Maslach et al., 2001). Participant C stated:

I think being burnt out means that it is either extremely difficult or impossible to be emotionally present for your patient. That would probably be the biggest way that I conceive of burnout. And I think another way of thinking of burnout would be how it affects your life at home. When – if you're sort of spending all of your free time barely recovering, you know, just being exhausted as opposed to having fun or participating in your relationships and things that you like to do and – that if you lose the ability to be emotionally present either with your patients or outside of work, that that means to me burnout.

Participant E stated, “Tired [laughs] being apathetic, losing your focus, you know, exhibiting changes in relationships. Those I think would be kind of some telltales of burnout. Difficulty sleeping.” Participant G stated, “Burnout means having less wherewithal and I would say empathy and sympathy for not just your patients, but also for the system in general. For me, it’s more for the system than it is for my patients.”

Regardless of how participants defined burnout, their lived experiences unfolded beyond textbooks into their dynamic life environments and added to the awareness of the reality of what it means to live with burnout. Participant A remarked about not being able to recognize personally experiencing burnout during the process:

I was able to get on a computer and email, but I just couldn’t communicate very well my experiences because they can’t all be shared. And I didn’t know exactly what was happening to me. I mean looking back in hindsight is different than being in it. So I feel like I didn’t communicate what was going on with me. And I was confused about what was going on with me. I had never felt like that before.

I talked with some of my psychologist friends probably a year after, and I told them about my experiences. And they were like oh, my gosh! You were totally burnt out! I’m like [laughs] I was like yeah! I’m like yeah. I mean I think that was probably the first time that like I had really thought about that labeling.

Participant A later voiced being unfamiliar with the effect of the experience:

And so I had a couple of experiences like that, and I was like holy shit! Like am I losing touch with my [laughs] my being? Like my person? It was just very strange! And it really freaked me out.

Participant A also said, “It was much more difficult and more lasting that I would have thought it would have been,” and “So I was – it was just so different so it surprised me [laughs] that it happened to me. And it surprised me how long it lasted.”

Participant C stated that he had transient burnout states rather than permanent:

I think my experience has been more that they’ve been sort of transient states as opposed to kind of a permanent burnout situation. But also a lot of the time, I’ve found that I don’t really realize how I guess emotionally exhausted I’ve become until I go on vacation or until I get to a new duty station.

Participant D stated how burnout became real:

You know, at first, you hear about these things and it doesn’t really seem real. It’s like oh, of course, everybody has burnout. They get stressed in their job. But I think I began to realize that this is something that’s not resolving. It’s not just stress. It’s actually changed the way that I view, you know, working as a psychologist. And so it became something more real. So there is definitely something more to burnout than just a term that people loosely throw around.

Similarly, Participant E talked about the knowledge gap between textbook and reality of experiencing burnout:

I became more cognizant of the reality of it. You know, sometimes you – you can have a lot of theoretical discussions and you can tell people what the textbooks say, but until you actually start noticing that you yourself are having some of those types of symptoms and the reality of what it can do to you – do to you physically, emotionally and behaviorally, I think it’s not as real.

Participant F remarked about how the military environment can facilitate the cyclic nature of burnout:

No, I think it's an ongoing thing that can cycle just like recurrent major depression. You can have cycles of it that can kind of come and go to the varying levels of severity. I think the nice part of being in the military is that we PCS every two or three years so there is an automatic break and change every two or three years that you can kind of look forward to. So yeah, I don't think it's like an end stage thing or like a terminal thing. I definitely think it's a cyclical thing.

Participant G provided additional insight into how burnout can impact different aspects of individual experiences by stating:

Well, I mean it – there's multiple ways of experiencing it. Some is they're burned out on patient care in which case, you know, you're a compromised therapist at that point and not able to provide adequate care because your own behavioral health needs are taking precedence. And then there's systematic burnout where – which is what I have which is the realization that the organization you're in is no longer a good fit. And there are those who try to push through that and only end up more bitter. There are others who, like me, who come to that realization and actively try to do something to change the situation.

Participant I stated about living the reality of being burned out, “I never in a million years thought it could be that bad. [quick laugh] And then it just kept getting worse.”

Reflecting the same logic, Participant K stated:

Yeah. Well, I mean I – I think I’ve kind of – I view burnout as more curious than what I would call now kind of just normal stress reaction. So I view it as being more intense. And I remember learning about burnout in school and things like that. Being like yeah, you know, whatever. You’ve really got to do this for a long time to get burned out. I’ll be fine. I, you know, I’ve got good friends. I’ve got a lot of hobbies. You know, I’m – I’ll be fine. But even despite all of my hobbies and all of my friends and my wife, who I love very much, like I’m still burnt out. You know, so I thought that I could kind of protect myself with these other things, these checkboxes, but, you know, that’s not it. I think it’s more about expectations, management or about feeling appreciated and like your work has meaning whereas before I think I thought it was more about working hard or working too hard. And now I don’t think it’s about how hard you’re working. I think it’s about what happens after you’ve worked.

Using their personal experiences, participants clarified the extant gap between textbooks knowledge and realities of burnout as lived and experienced by military psychologists. Additionally, participants reported varying durations and episodic experiences of burnout, without indications of a total breakdown. The estimated duration of burnout experiences varied, (a) two participants reported 6 months to 8 months, (b) one participant reported 12 months, (c) one participant reported 18 months, (d) one participant reported 18-plus months, (e) one participant reported 24 months, and (f) one participant reported 24-plus months. Moreover, three participants also reported experiencing transient states (i.e., daily, monthly, and reoccurring throughout career) as

fleeting but reoccurring experiences of burnout varying in severity without specified duration between each experience.

Even though participants collectively reported on negative experiential consequences of burnout, some participants also reported post-burnout growth. Participant B talked about moving beyond burnout and the resulting gains, “And then when things finally – when I moved beyond it, I felt a whole sense of relief and just reconnectedness with my purpose and pride in my profession as well. Excitement.” Similarly, Participant C recounted about feeling pride but also being more compassionate and less judgmental about what may have caused a military psychologist to experience burnout, “I think it gives me a lot more compassion for people who are burnt out because I think it’s – it’s really easy to judge another clinician who looks very burnt out,” and “But when you’re a military psychologist, a lot of what determines whether or not you’re burnt out or what work you need to do or whether or not you can take a break is not within your control.” Participant C went on to add:

And so I think that my experiences with it sort of showed me how much of whether or not a clinician continues to practice when they’re burnt out has more to do with the organization that they’re involved in and the social factors – you know, the social group that that they’re a part of than it does the individual clinician.

Participant E talked about gaining a perspective beyond textbook knowledge and being a better clinician because of the knowledge gained from personally experiencing burnout, “So I actually think it was helpful because it gave me another point and another

awareness of things that I could talk to individuals with and have, you know, my own personal knowledge about that,” and “I think personally you know there was an increased awareness so things weren’t just textbook. They were much more kind of personal,” and “So you know, all of those circumstances I think have made me a better clinician and improved the manner in which I work with folks.”

Participant H talked at length about gaining personal perspective about the good of post-burnout awareness as being invaluable contributing to personal stress management capabilities and providing assistance to military psychologists facing burnout in the future:

But when I can look back and say honestly is that it wasn’t all a negative period in my life. After my burnout experience, I feel much more humble and mature—much more confident and capable. Part of the reason why I feel great now and I feel like I can manage stress a lot better at my level that I’m at now which is probably a more stressful environment, that I’ve been through really high levels of stress so I know that it’s all time-limited. I know it’s going to end and I know that regardless of what happens, everything is going to probably be okay. So from a distress tolerance standpoint, I feel like my distress tolerance has increased 100-fold since that experience. And if I could, you know, talk to somebody who’s going through burnout, that’s what I would tell them. That this is time limited and you may be a stronger person at the end because of it. And I think looking at the literature, I don’t think that the kind of co-occurring benefits of it is really – are really discussed as readily as I think they could. And that’s not to say hey, this is a

positive spin on something that's terrible, but really I think that the two aren't mutually exclusive.

Participant H went on to add about reporting the long-term knowledge gained from burnout and being grateful for the unsolicited experience:

And I know that sounds really corny and there's a cliché to it, but really the idea of kind of that stress inoculation which I don't think the research is very honest about that. I think that I really feel like it has made me better at what I do today. Experiencing burnout was probably the best professional experience that I never asked for. But, I'm now grateful for having gone through it.

The scope of burnout's experiential realities reported by study participants shed light on the matter that even subject matter experts are vulnerable to burnout regardless of the perceived preparedness. Participant J talked about not being immune:

I suppose I'll say that I was reminded of the saying that no one's immune from anything. That we're all subject to things. As much as any of us that might think we're Supermen, we're not. We're all human. And yeah, that no one's immune to it, including myself obviously.

Taking into consideration the numerous challenges that came with the role of being a military psychologist, Participant H stated, "I'm a resilient survivor" as the current state of being. Being a resilient survivor rings true for all of the study participants because they found a way to overcome their burnout experience and continue to provide invaluable psychological knowledge in service to fellow service members.

Theme 7: Burnout Resources in the Military: The Theory-Practice Gap

It is common knowledge that being an active member of the military comes with various benefits such as health coverage provided at no-cost to all military personnel and their dependents. One aspect covered under the umbrella of health services is mental health care in the military, which became a focus for national criticism following the reporting of large numbers of contemporary military personnel suffering from war-related conditions. In theory, every individual who wears the uniform is afforded the same access and utility of mental health services. However, there is a theory-practice gap as recounted by military psychologists who were in need of mental health services because of the feasibility issues. The following theme was developed based on military psychologists describing the availability of work resources, and the utility of resources.

Taking into consideration of the combined factors provided in previous themes, the pressure to use environmentally practical resources without incurring professional or personal damaging effects to cope with their burnout experiences reflected a confounding array of circumstances for military psychologists to overcome. Participant B talked about the immaterial nature of abstractly available resources:

It's just that oftentimes the people that need help, don't necessarily – aren't necessarily willing to avail themselves of all the help that maybe they could. And I think I'm probably – and I think maybe many people are probably like that where yes, in the abstract, we know there are probably places and people that are just in place and designed to help – be a helping resource, but – and yet every day, we still get up and put our clothes on and go to work and just try to drive on. You

know, so –yeah, there probably are things in place, but how well those resources are being utilized I think is a different question.

Participant B went on to add, “I don’t know – I don’t really recall what was readily available. Maybe like go talk to a chaplain or something like that, but I don’t think anything was necessarily readily available.” Reflecting the same sentiment of not being aware of comprehensively available burnout resources provided to military psychologists, Participant C stated:

I don’t really know of any. There was like apps related to compassion fatigue, but they’re really kind of pointless and not helpful. There was, at my last command, not really an ability to speak to personal therapy. I know of other places where that’s not true where they can seek personal therapy, but yeah, that’s pretty much it.

Participant D mentioned talking to chaplains as an alternate approach to therapy but also noted the lack of resources especially in isolated locations:

So I guess there’s chaplains, but there’s not a whole lot of – you know, there’s not another psychologist that you can talk to about these type of things when you’re out there alone for months on end. So minimal resources.

Regardless of the availability of burnout resources, in theory, all military members have unencumbered access to mental health care. Conversely, Participant F stated about the reality of seeking mental health services as a military psychologist, “Yeah, I definitely think that there’s a certain amount of shame that, you know, you should be the mental health expert so you shouldn’t be suffering from mental health

issues.” Participant F went on to add about the pressure to keep composure and stigma attached to the need to seek help for burnout as an expert in psychology as barriers preventing military psychologists from officially seeking assistance:

You know, there is a certain amount of pressure to stay in that role as a subject matter expert for mental health. So you shouldn’t have any mental health issues. But you know, I think to take it – if you take the stigma away from it, maybe don’t even call it burnout, but just call it – I don’t know – fatigue I think helps.

Well, I think – I think if you go into a room with military medical providers – not just mental health, but medical providers and you talk about being burned out, I think you’re going to have a lot of people anecdotally saying oh, yeah! That’s me! But then I think if you talk about well, who would like to get professional help for it? I think that’s the hurdle. People would rather kind of talk to each other, to their peers, you know, make – what is it – dark humor or black humor? You know, where they kind of make those jokes about, you know, a patient coding in the ER. I think people want to kind of stick to that level of help versus something that’s more formal or something that might follow them.

Likewise, Participant H talked about stigma and negative professional and personal consequences of using formal military resources as a military psychologist:

Even now I guess I am concerned about doing that because the behavioral health in the military are supposed to be the ones who manage stress, right? Supposed to be the ones who take care of – help soldiers through their stress. So I definitely

think there's a stigma in that if we don't know how to manage our stress, it makes us seem weak.

Participant H went on to say, "But if I were to see somebody, I think if people would have found out, if I were to get on meds and people would have found out, I absolutely think that there would be a stigma against me." Participant I also remarked about the reality of career-damaging consequences of asking for mental health care services:

I mean I had access to everything in theory that all these other soldiers have, but the issue is if you as a provider raise your hand and say hey, I need a little bit of help, you know, maybe I just need some supportive counseling or maybe I just need, you know, some Lexapro or something like that, you're seen as impaired and you run the risk of getting pulled off patient care. And they take your credentials and they, you know, it could potentially ruin your career. S being able to kind of raise your hand and say hey, I'm struggling is like basically saying hey, take my career! I don't want it anymore. So there's a lot of stigma around the providers, even medical not just behavioral health, receiving any sort of support or care.

Highlighting the dilemma caused by the restrictive nature military environmental factors and professional requirements, Participant G talked about the suggested informal use of behavioral health care but alluded to formal consequences:

In effect, you know, like a lot of it is it's all informal stuff. So just go ahead and chat with, you know, another behavior health provider informally, but that's – that's it. That's the only recourse we have. 'Cause when you think about it, it's a

pretty small community within military behavioral health. And say I wanted to go see someone for just, you know, some standard ventilation counseling, well, who do you get to go see? Someone who is a colleague, a friend, a supervisor, or a subordinate.

The reoccurring trend of the notional availability and accessibility to formal military resources such as behavioral health care versus the perplexing reality of their utilization without negative consequences leave military psychologists with insufficient options for receiving timely assistance. Participant H stated:

Not really. I mean none that were offered that I felt were feasible. You know, the military always encourages you hey, if you need something, talk to somebody or get help. But to me, those were just words at the time.

And that was the only outpatient available in that area. So when you think about it, really that counseling avenue has now been cut off to me because if I wanted some kind of therapy, then I would just get referred back to the outpatient department, right? So the – so for me as a behavioral health provider or a psychologist, there's almost a double-edged sword because now I'm limited into where I seek my own behavioral health.

Participant H also added feeling there is a better approach to how resources can be used when only general resources are available:

No. No, not really. Not any of the kind of canned resources that the Army would –that the Army has advertised. Not so much because I don't feel comfortable –

well, not so much because I don't think they'd be effective, but more so because I think there are more effective routes for me to utilize different resources.

Participant J summed up the struggles of having the theoretical option to use resources without practical value and alluded to the logic of why some military psychologists choose to suffer through their burnout experiences rather than to seek formal assistance.

Yeah. You know, again it's a very difficult one to – it's a very difficult parachute if you will to pull because, you know, if you – there [sighs] there really isn't – really isn't the option. I mean I suppose theoretically there is. You can say, you know, I'm burned out. I can't do this anymore, but, you know, it's – I mean who are you going to tell that to?

So yeah, I mean – and so you can go and do restoration week somewhere or you could – but again that's generally on your base and run by your peers. And so, you know, that's a tough sell. So mostly you just hang on and you keep going.

Despite the numerous challenges military psychologists must contend with to overcome burnout and its countless negative outcomes, Participant K talked about anticipating positive environmental changes impacting the larger issue of seeking assistance as a military psychologist and practicing recommended self-care techniques in the meantime:

No, I'm not aware of any like burnout reduction protocol per se. but I am familiar with research that says providers who use evidence-based treatment or empirically supported treatment experience less burnout. And so that's been a key part of my work and really trying to remember to do that and focus on that as a protective strategy.

And yeah, so I think there's probably a little bit of stigma that, you know, I should know this so I'm not going to take advantage of it. But also hope that when the environment changes, things will change as well.

In response to being a powerful and globally active defense force and its ever-changing conditions, the modern military population is experiencing novel circumstances both physically and mentally taxing. Maintaining the overall mental health stability for military psychologists is critical to contributing to mission accomplishment of the military as a whole. The challenging realities of experiencing burnout within the military environment as subject matter experts are multidimensional and multifactorial for military psychologists charged with the burdening responsibility for maintaining the mental health of fellow military personnel. Using information presented in the seven themes to increase awareness and understanding for how military psychologists lived and experienced burnout, the potential for making practical changes within the military environment to reduce burnout is promising.

Discrepant Cases: Sexism and Toxic Command Environments Contributing to Burnout

Although sexism has a long history in the military environment and remains a hotly debated topic, its impact contributing to burnout was unanticipated (Harris, McDonald, & Sparks, 2017; Wechsler, Smith, Segal, & Canuso, 2016). While the limited number of participants may not accurately represent the conditions of the military as a whole, taking into consideration the current scandal plaguing the U.S. Marine Corps, it is

important to include sexism as a chief contributing factor for one study participant's burnout experience. Participant I reported:

So I started to feel the stress and the sexism and the we don't want you before I even arrived to the unit...They would not respond to my emails or my phone calls. I was finally able to get somebody at the unit to be in touch with me and he kind of gave me the lowdown of like yeah, whatever you're picking up on is – that is what it is.

Participant I continued to describe the maltreatment and the value attributed to being male:

And I was always getting yelled at despite the fact that I never did anything wrong and they weren't able to prove that I'd done anything wrong because I always did everything by the regs and, you know, in accordance with Health Insurance Portability and Accountability Act (HIPAA) and laws and [laughs] you name it so they could never hang me for anything.

You know, I was being squashed from the people above me and I was being told, you know, you don't matter to this team. You don't bring anything to the fight that we care about. We do not value your existence. Oh, and by the way, you're a woman so that makes it even worse.

Knowing the importance of maintaining professional standards as supporting evidence for competency, Participant I remained unable to attain equal treatment because of sexism:

And I was able to prove that, you know, actually the social worker is the one breaking the rules. The social worker is the one going against the regs, not me. He's just a man and so you're letting him get away with everything.

Unprofessionalism and indecent conduct were perpetrated and allowed to continue because of a toxic command culture nurtured the behavior. Participant I added:

And there was this whole big scene on deployment where the brigade surgeon was treating the women so badly that me and the female medical providers, the female docs, the female Pas, the female medics, all wanted to go to Inspector General (IG)...together to place a complaint about the hostile treatment we were receiving.

And so we think part of that had to do with selection within the brigade. You know, you know who's coming. You know who you want and they kind of fostered that good ol' boys' club by inviting, you know, men to come into the unit kind of doing what they had to do to make sure that women in senior leadership roles were not brought into the brigade. That was our perception of what was happening.

Even though sexism contributed to Participant I's burnout experience, the toxic command environment was the coexisting culprit that fostered undesired conditions. Toxic command environment is included as a vital contributing factor of burnout because of its existence likelihood within the military as a whole. For example, Participant D also remarked about the issues of serving in a toxic command as contributing to burnout:

I think that also made it difficult was I had a pretty hostile commanding officer. And it wasn't just with me. He had a history of blowing up at people and throwing things at them and screaming at people. And I had interactions with him when I wasn't able to do certain things he wanted me to do, he would become hostile at me.

The presence-magnitude of toxic command environments as reported by study participants were minimal, Participant I stated, "My experience is not typical so [laughs] I want – you know, I want to put it in the context of I was just in the wrong place at the wrong time. The majority of units are not this bad," and "It's – so it's not typical. Most units in the military do respect their behavioral health providers to a certain extent and most units are not this toxic, you know, so this is not the norm." Despite the low occurrence of toxic command environments being reported by study participants, command environment is a reflection of group dynamics that can vary in degrees of toxicity and contribution to experiential factors of burnout, such as sexism.

Summary

In this chapter, I presented the research study procedures for participant recruitment, data collection, and storage, data analysis, evidence of trustworthiness, and study results. The phenomenological data gathered using interviews resulted in seven emerging themes: (a) finding meaning for the ambiguous role of being a military psychologist, (b) the challenging task of finding a professional and existential balance, (c) the unique nature of military bureaucracy making burnout a taboo-milestone issue, (d) experiential biopsychosocial indications of burnout for military psychologists, (e) one is

the loneliest number vs. one but not alone: work and family, (f) understanding burnout: the theory-practice gap, and (g) burnout resources in the military: the theory-practice gap. Each theme was supported by an in-depth and rich description of data gained from the interviews to ensure a comprehensive account of the lived experiences of burnout as reported by 11 participating military psychologists. In Chapter 5, I will present the interpretation of the findings based on the literature review located in Chapter 2, reporting of study limitations, implications and impact on social change, recommendations based on study results, and topics for future research.

Chapter 5: Conclusion

Introduction

The purpose of this qualitative study was to explore burnout as it is lived, experienced, and perceived by contemporary U.S. military psychologists. A significant gap exists in the literature regarding the documentation of lived experiences of burnout as described by military psychologists. The knowledge gap concerning contemporary experiential factors of burnout, impact, and preventions for the population military psychologists serving in different capacities to fulfill various levels of organizational need continues to challenge the military's ability to meet the mental health care needs of the military community during and after time-in-service. Cultivating in-depth knowledge of burnout from the lived experiences and perspectives of military psychologists is crucial for developing effective strategies.

Seven themes emerged from my analysis of the phenomenological data I gathered from 11 participant interviews. The key findings of this phenomenological study indicated that the unique nature of military bureaucracy has, in essence, provided the environment that fostered burnout into a taboo milestone issue. The challenging task of finding meaning and a professional and existential balance for the ambiguous role of being a military psychologist also compounded the experiential factors contributing to burnout in the military environment. Regardless of how military psychologists coped with burnout when recognized, several shared experiential indications foretelling of burnout progression were identified. However, the reality of how military psychologist experienced burnout differed from textbook knowledge, indicating there is a theory-

practice gap in personally diagnosing burnout, potentially delaying efforts to reduce the negative biopsychosocial outcomes of burnout. Lastly, military psychologists also indicated the theory-practice gap between the available resources for burnout provided by the military and their exceedingly limiting utilization practicability as the barrier to pursuing and attaining formal intervention. I will discuss these key findings in detail in the following sections.

Interpretation of Findings

The following themes emerged during the data analysis phase: (a) finding meaning for the ambiguous role of being a military psychologist, (b) the challenging task of finding a professional and existential balance, (c) the unique nature of military bureaucracy making burnout a taboo-milestone issue, (d) experiential biopsychosocial indications of burnout for military psychologists, (e) one is the loneliest number vs. one but not alone: work and family, (f) understanding burnout: the theory-practice gap, and (g) burnout resources in the military: the theory-practice gap. In this section, I will discuss my interpretations of the findings using the literature review, conceptual framework, and additional constructs discussed in Chapter 2 as the lens of examination. I will provide a brief description of the conceptual framework and additional constructs in the following paragraph.

Conceptual Framework and Additional Constructs

I employed the biopsychosocial model, military occupational mental health model, and MDR model to investigate the lived experiences of burnout for military psychologists. The military occupational mental health model took into account personal

and organizational elements for understanding the link between military occupational demands and mental health outcomes (see Adler & Castro, 2013). The MDR model provided the framework for understanding how demands and resources of individual military units can influence mental health status (see Bates et al., 2013). The biopsychosocial model provided an additional approach to examine the subjective lived experiences of the complex relationship between chronic stress and health outcomes as contributing to burnout (see Borrell-Carrió et al., 2004).

I also used additional psychological constructs with transferability potential including cynicism, information overload, psychological safety and trust, perceived self-efficacy, and work-family conflict that I discussed in Chapter 2. The following sections dedicated to the interpretation of study results were organized using the seven themes that emerged during the data analysis phase. I will interpret each theme based on the literature review of Chapter 2.

Theme 1: Finding Meaning for the Ambiguous Role of Being a Military Psychologist

When asked, military members will state a variety of reasons for their voluntary service and consequent job selection. At the time study participants were considering military service, they were completing doctoral level studies, essentially solidifying their military occupational specialty. Adler and Castro (2013) indicated with the military occupational mental health model that an individual's premilitary background, mental health status, and personal goals could affect experiences of adaptability to military occupational and cultural demands and the utility of environmental resources impacting health outcomes. Collectively, study participants' ability to achieve educational goals and

the pursuit of continued advancements are revealing of their aptitude to overcome obstacles in resourceful ways, confirming the beneficial biopsychosocial outcome of managing stress and maintaining stability (Astakhova & Hogue, 2013; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014).

Adler and Castro (2013) also indicated that upon entry into military service, study participants are considered active partakers who volunteered based on their self-assessed ability to undertake and fulfill the contractual obligations as military psychologists in exchange for the provision of available resources as the return for service. Reasons aside, the characterization of what it means to be a military psychologist changed depending on the open interpretation of lived experiences, apropos of the initial motivation. Furthermore, the initial sense of clarity, empowerment, and control gained from personal achievements in academia coupled with becoming a military officer and military psychologist were tested throughout the career progression of each participant.

Based on their lived experiences, participants described a shared but complex account for the ambiguous role qualities of serving as a psychologist and military officer. The developmental impact of serving in wide-ranging capacities to meet the needs of the military partially confirms role ambiguity as an experiential factor contributing to burnout (Adler & Castro, 2013; Bakker et al., 2014; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Garcia et al., 2014, 2015a; Puig et al., 2014; Rzeszutek & Schier, 2014). However, role ambiguity subject to mediating factors established by the MDR model may promote professional flexibility and growth for military psychologists because of their need to adapt to their environment to fulfill contractual obligations (Bates et al.,

2010, 2013). To progress in the military each military psychologist had to personally resolve the ambiguity related to general military policies and regulations versus their role as a psychologist.

Theme 2: The Challenging Task of Finding a Professional and Existential Balance

As each participant progressed in rank and years-of-service in the military, the challenge to find professional and existential balance produced varying degrees of professional and/or personal stress and conflict connected with performing responsibilities associated with the ambiguous role of being a military psychologist. Recounting some common experiential factors contributing to their lived experiences of burnout, participants described professional and organizational goal conflicts as significant paradoxical barriers impacting their personal ability to effectively exercise professional judgment, specifically in hierarchical and bureaucratic military organizations where authority cannot be freely challenged (see Adler & Castro, 2013; Bates et al., 2013; Chappelle et al., 2014; Clifford, 2014; Johnson et al., 2011, 2014; Lester et al., 2015; Maslach et al., 2001; McGeary et al., 2014; Newell & MacNeil, 2011; Saban et al., 2013; Walter et al., 2014). In consequence, participants reported experiencing varying degrees of reduced sense of work autonomy and organizational support mediated by restrictive organizational practices impacting professional efficacy (see Bakker et al., 2014; Campbell et al., 2013).

However, despite experiencing challenges to exercise professional judgment effectively, several participants were able to maintain a healthy level of perceived self-efficacy based on personal acceptance of the confounding nature of the military

organization similar to the findings of previous research conducted in the military setting (see Ballenger-Browning et al., 2011; Chappelle et al., 2014; Garcia et al., 2014, 2015b; Lester et al., 2015; Newell & MacNeil, 2011; Saban et al., 2013). Similarly, other participants were able to utilize deeply ingrained cultural ideals of commitment and global organizational membership (i.e., military core values) uniquely attributed to the military community in acceptance of challenging circumstances to find professional and existential balance (see Adler & Castro, 2013; Bates et al., 2013; U.S. Air Force, 1997; U.S. Army, n.d.; U.S. Coast Guard, n.d.; U.S. Navy, 2009). How participants achieved balance while performing challenging responsibilities inherent to the ambiguous role validated the significant impact military culture, an organizational moderating element (e.g., commitment, devotion to duty, and selfless service), has on mental health adjustments and outcomes as indicated by the military occupational mental health model (see Adler & Castro, 2013). The participants' self-sacrificing loyalty and acceptability of the contractual obligation to act in the best interest of the military according to organizational needs superseded, but also preserved, their personal desire and ability to exercise professional judgment. Although participants were often able to moderate stress connected to work role ambiguity by asserting their membership loyalty and commitment to the military organization, having to simultaneously manage additional demands of military service ultimately contributed to their lived experiences of burnout.

Theme 3: The Unique Nature of Military Bureaucracy Making Burnout a Taboo-Milestone Issue

Study participants were confronted by their personal struggle to best master the art of overcoming the numerous challenging features of serving as psychologists and military officers. Participants described the concurrent existence of three insurmountable factors inherent to the military of (a) the overall bureaucratic nature of the military organization, (b) the hierarchical rank structure and related performance of duties, and (c) the traditionally guarded culture which ostensibly fostered the environment where burnout became a common but taboo milestone. The combined force exerted by the three complex factors were key contributors to burnout for military psychologists, leaving them with little recourse despite possessing subject expertise, aptitude, and characteristics desirable for military service as previously described. As indicated in previous research, organizational bureaucracy in its wide range of manifestations is considered an experiential factor which contributes to burnout on all levels of hierarchical organizations, especially for the military (Adler & Castro, 2013; Bakker et al., 2014; Bates et al., 2013; Demirtas et al., 2015; Garcia et al., 2015a; Lester et al., 2015; Simha et al., 2014; Walter et al., 2014).

Correspondingly, study participants recounted chronic experiential factors such as lacking command support, inaccessibility to work resources, insignificance of work contributions, organizational disregard for personal welfare, work overload, restrictive working conditions limiting professional efficacy, organizational injustice, reduced locus of control, work ambiguity, and other corrosive bureaucratic elements unique to the

military for detrimentally impinging performance efficiency. Study participants indicated that the repetitious obligatory execution of frequently conflicting routines and unit-specific day-to-day responsibilities coupled with concurrently fielding a broad spectrum of mission-critical tasks while navigating the pitfalls of military bureaucracy to be increasingly unfulfilling, trivial, and unachievable. Moreover, experiential factors especially salient to the modern military environment of (a) organizational misapplication of services provided by military psychologists and (b) increased mission complexity with accelerated incorporation and dissemination of information causing work and information overload were additional elements reported by participants for contributing to their lived experiences of burnout.

Organizational misapplication practices amplified cynicism towards the intent of action of organizational members and leadership and decreased the sense of psychological safety caused by the conditional likelihood of incurring punitive damages for implementing incompatible task performance guidelines (Andersson, 1996; Bradley et al., 2012; Dean et al., 1998; Idris et al., 2012; Kahn, 1990; Leiter et al., 2015; May et al., 2004; Simha et al., 2014; Zhou & Pan, 2015). The level of trust assigned to the salient military concept of collectively working to support one another's wellbeing and operational readiness as a group and unit also declined because the level of cohesion realized within specific organizations did not meet expectations (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2013; Dean et al., 1998; Hobfoll et al., 2012; Johnson et al., 2014; Lambert et al., 2012; Leiter et al., 2015; Nicholson et al., 2014; Rotter, 1967). Likewise, the continuous transformation of military medicine

intensified the pressure to enhance the utilization efficiency of limited resources to produce beneficial outcomes increased mission complexity accelerating integration and distribution of information confirming information overload as a moderating experience contributing to burnout salient to the modern military setting (Adler & Castro, 2013; Bates et al., 2013; Bucher et al., 2012; Eppler & Mengis, 2004; Ji et al.2014; Kristjansson et al., 2014; Memmi, 2014; Rutkowski & Saunders, 2010; Wright et al., 2014).

Consequently, participants reported experiencing varying degrees of degraded and erosion of the ability to maintain biopsychosocial stability especially within organizational environments deficient of prevention and intervention opportunities (Astakhova & Hogue, 2013; Borrell-Carrió et al., 2004; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014). In sum, as proposed by the MDR model, the relationship between lived experiences and mental health outcomes of military members are largely impacted by mediating and moderating factors in the immediate command hierarchy and the approach taken by the chain of command to maintain the overall structure and culture of the military bureaucracy (Adler & Castro, 2013; Bates et al., 2010, 2013). Despite coming from different locations and units with varying experiences, study participants shared challenges of being a member of and working for a bureaucratic organization indicating how the military environment is by nature conducive to burnout.

Beyond the management of environmental challenges inherent to military bureaucracy, the distribution, depth, and level of operational functions performed and cultural implications based on the military rank structure also became significant experiential factors contributing to the lived experiences of burnout for military

psychologists. Explaining the outcome of the stressor-strain relationship using the occupational mental health model clearly shows how cultural and occupational experiential factors can contribute to burnout (Adler & Castro, 2013). Specifically, the initial goals based largely on their civilian backgrounds inaccurately anticipated the burdening organizational demands placed on military psychologists at the initial and mid-developmental stages of their military career. Therefore, individual mental health adjustments and outcomes will reflect experiential factors initially encountered within the immediate organizational environment moderated by accessibility to and utilization of personal and occupational resources.

Furthermore, constrained by standardized behavioral guidelines and cultural implications of being a military officer emphasizing the need to maintain the appearance of professionalism and command control, participating psychologists striving to uphold their status often resisted seeking and/or communicating the need for assistance. As a result, participants reported progressively feeling impaired while trying to be proactive in finding suitable ways to adjust to the experiential factors that contributed to their lived experiences of burnout (Adler & Castro, 2013; Bates et al., 2013; Boonstra, 2013; Brady & Sinha, 2014; Cacioppo et al., 2015; Epel & Lithgow, 2014; Frydenberg, 2014; Golkar et al., 2014; McVicar et al., 2014; Radley et al., 2015; Slavich & Irwin, 2014). Despite having served in different command environments, locations, and times participating psychologists collectively reported experiencing varying degrees of burnout.

As discussed previously, the lived experiences of individual military members are largely impacted by those who are in the immediate command hierarchy and the

approach taken by the chain of command to regulate enforcement of overall structure and culture of the military. Applying the salient military variables of the MDR model to explain the relationship between unit level interactions and outcomes confirms that immediate command conditions significantly impacted the approach taken by participating psychologists to manage burnout stress (Bates et al., 2010, 2013). Participants who perceived a comfortable with level psychological safety and trust were able to discuss the challenges of their collectively shared burnout experiences with immediate peer-to-peer workplace relationships which can be considered as a personal and occupational resource (Bates et al., 2010, 2013; Bradley et al., 2012; Kahn, 1990; May et al., 2004; Zhou & Pan, 2015). However, collectively, open discussion of the shared experiences of burnout remained below environmental thresholds barring formal detection from higher command personnel who can impose potentially career-damaging remedial actions.

As a result, the realistic and perceived burden to model desired behaviors and ideal traits fueled by concerns about career-damaging repercussions and implications perpetuate the maintenance of secrecy of burnout in plain sight. Furthermore, the underlying stigma attached to seeking mental health care as mental health experts and military officers limited the awareness of military leaders to recognize the pervasiveness of burnout amongst contemporary military psychologists. Correspondingly, participating military psychologists also recounted that burnout was not only commonly experienced by contemporary peers but also a previously shared experience of senior leadership/mentors within the mental health community. The inability to have an honest

discussion of the open-secret of burnout despite its pervasiveness at all levels of the hierarchy continues to preserve the non-beneficial organizational practice of being reactive instead of proactive in finding solutions without recourse.

Whether the pressure to perform regardless of personal wellbeing is driven by organizational experiential factors or personification of military and/or professional ideals overcoming the barriers to seek assistance were subject to the degree of environmental favorability assessed by each military psychologist. Nonetheless, the shared tendency for contemporary military psychologists and their predecessors to experience burnout is demonstrative of how the unique combination of environmental, structural, and cultural conditions inherent to the armed forces contributed to the seemingly certain experience of burnout and perpetuated its detrimental legacy. Conceivably, the specific set of challenges confronting military psychologists determines the competing interests uniquely attributed to being a military officer and mental health expert as contributing to their lived experiences of burnout.

Theme 4: Experiential Biopsychosocial Indications of Burnout for Military Psychologists

While military psychologists have variable day-to-day demands subject to their immediate environmental needs and conditions, the biopsychosocial symptoms suffered throughout their burnout experiences did not differ from the established research data largely based on civilian professions (Allison-Aipa et al., 2010; Ballenger-Browning et al., 2011; Bianchi et al., 2014; Cacioppo et al., 2015; Dhabhar, 2014; Epel & Lithgow, 2014; Golkar et al., 2014; Hinwood et al., 2012; Juster et al., 2011; Moodie et al., 2014;

Radley et al., 2015; Rubio et al., 2015; Schaufeli et al., 2009; Slavich & Irwin, 2014). However, military enforcement of strict standards of physical fitness, code of conduct, and other occupation specific criteria typically requires military personnel to commit to a lifestyle that is conducive to maintaining regulatory guidelines, contrast to the relative freedom of choice afforded to civilians (Defense Health Board, 2013; The Uniformed Code of Military Justice, 2017). Detecting the absence or pronounced usage of (a) physical fitness/exercise, (b) sleep, (c) dietary consumption, and/or (d) maintenance of appropriate environmental behaviors within a military psychologist's routine to identify the progression of burnout is useful for initiating intervening aid either informally or formally depending on severity. Although these factors may seem trivial because they are part of an extensive list of potential factors buffering or contributing to burnout, the marked importance of maintaining physicality along with intellectual and cognitive functioning necessitate the maintenance of a balanced routine consisting of these basic building blocks of being an operational ready military personnel (Defense Health Board, 2013; The Uniformed Code of Military Justice, 2017).

Practicing good self-care measures of being physically active, good sleep hygiene, and maintaining a healthy diet are considered effective tools for buffering against aspects of biopsychosocial strain associated with burnout (Freudenberger, 1975; Gold & Roth, 2013; Maslach et al., 2001; Rahimi et al., 2015; Shea et al., 2014). Participating psychologists either employed all or some the previously listed self-care techniques to help ease the biopsychosocial effects of their burnout experience or were negatively impacted by disruption to maintaining a beneficial routine. Applying the biopsychosocial

model to forecast the impact of how the degree of exercisability of the self-care factors within personal routines can shape symptom expression, self-assessment, and reporting of health status, individuals can increase mindfulness of the need to practice self-care measures and make appropriate environmental adjustments to help intervene and buffer against the effects of burnout (Allison-Aipa et al., 2010; Ballenger-Browning et al., 2011; Bianchi et al., 2014; Cacioppo et al., 2015; Dhabhar, 2014; Epel & Lithgow, 2014; Golkar et al., 2014; Hinwood et al., 2012; Juster et al., 2011; Moodie et al., 2014; Radley et al., 2015; Rubio et al., 2015; Schaufeli et al., 2009; Slavich & Irwin, 2014).

As shown by previous research, the biopsychosocial effects of individuals suffering from chronic stress are extensive and can include anger, cynicism, distrust, anxiety, mental and physical fatigue, cognitive decline, social isolation, and withdrawal shaped by chronic exacerbating experiential factors (Cacioppo et al., 2015; Golkar et al., 2014; Radley et al., 2015; Slavich & Irwin, 2014). While practicing a balanced routine of the previous list of self-care measures contribute to the overall functional ability of the individual, the maintenance of appropriate environmental behaviors is a significant factor impacting group, unit, and functioning of the military as a whole (The Uniformed Code of Military Justice, 2017). Although, appropriate situational behavior can drastically differ depending on interpersonal and environmental conditions and thresholds, exhibiting discrepant behavioral patterns disruptive to the relational functioning of the individual, group, unit, and/or family can also serve as indicators of burnout for military psychologists.

Once discrepant behaviors become unceasing and apparent either to the individual or within interactive relationships, determining the experiential factor contributing to burnout by applying the MDR model can increase the likelihood of formulating environmentally appropriate solutions facilitating the operational readiness and improved functionality of the individual, group, and unit (Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Castro, 2014; Clifford, 2014, Garcia et al., 2014, 2015a, 2015b; Johnson et al., 2014). Finally, it is important to point out that participants reported feeling angry, frustrated, or irritated during their burnout experience. However, the emotional display of anger or similar emotions may be part of an accepted military-wide norm and have beneficial qualities when exhibited within the environmentally determined threshold (Lindebaum et al., 2016). In sum, the absence or pronounced expression of the four basic but salient military elements can serve as general indicators to initiate development and implementation of prevention or intervention procedures for military psychologists.

Having said that formulation of prevention or intervention approaches should be centered on specific environmental conditions and factors which impact the unique lived experiences of burnout, rather than solely relying on commonly shared but nonetheless variable military-wide factors as the basis for the strategic application. For example, a military psychologist can be mindful of the potential for experiencing burnout and be proactive by writing a self-care plan to include specific stress-reducing activities that can be practiced regardless of location for reference when necessary. Furthermore, establishing a core group of trusted individuals and/or peers when possible to serve as support can be beneficial to reducing the likelihood of experiencing burnout.

Theme 5: One is the Loneliest Number Vs. One but Not Alone: Work and Family

As discussed previously, an individual suffering from burnout can develop an extensive list of commonly experienced biopsychosocial outcomes depending on the dynamics of interacting factors. Contrary to the cultural practice enforcement of teamwork and cohesion, social isolation and discretionary withdrawal are the commonly shared but variable experiential factors uniquely impacting the military psychologist population attributable to environmental and occupational conditions and demands (Adler & Castro, 2013; Avanzi et al., 2015; Babin et al., 2012; Bakker et al., 2014; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Cacioppo et al., 2015; Clifford, 2014; Helfrich et al., 2014; Saban et al., 2013; Trépanier et al., 2014). Moreover, social isolation and withdrawal are also common psychosocial coping methods/responses to the chronic stress effects of burnout (Babin et al., 2012; Cacioppo et al., 2015; Maslach et al., 2001; Moodie et al., 2014; Schaufeli et al., 2009). Likewise, research indicates, disengagement, and the lack of group membership, command support, peer-group support, family support, and comradery are experiential factors contributing to burnout for military personnel (Avanzi et al., 2015; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Frydenberg, 2014; Lester et al., 2015).

As a group, military psychologists are often subjected to workplace isolation due to occupational demands constraining open communication of and ability to collectively process chronic experiential factors connected to the profession. Subsequently, being and acting as a repository of distressing experiences of the populace and subject expert, led to information overload increasing overall dysfunction and performance degradation, thus

contributing to their lived experiences of burnout (Eppler & Mengis, 2004; Ji et al., 2014; Kristjansson et al., 2014; Memmi, 2014; Whelan & Teigland, 2010). Additionally, military-cultural practices and immediate workplace and command factors contributing to increased social isolation and withdrawal can also limit individual ability to realize benefits of experiential factors such as camaraderie, command support, and group membership impacting psychological safety and trust to contribute to burnout (Adler & Castro, 2013; Avanzi et al., 2015; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Frydenberg, 2014; Leiter et al., 2015; Lester et al., 2015; Zhou & Pan, 2015).

Despite the detriments of serving in an inherently isolating professional role, participants who were able to or afforded access to connect with peers and/or mentors reported improved organizational membership, increased command and peer support, accessibility to work resources, engagement, psychological safety and trust, and emotional stability indicating mentoring relationships and peer support as significant experiential factors of buffering burnout (Adler & Castro, 2013; Avanzi et al., 2015; Bakker et al., 2014; Bates et al., 2010, 2013; Campbell et al., 2013; Frydenberg, 2014; Helfrich et al., 2014; Leiter et al., 2015). Although having support and group membership are beneficial, family support was also an important factor reported by participants either as contributing to or buffering against feelings of isolation experienced during burnout. While the high probability of experiencing isolation is communicated anecdotally within the population of military psychologists when it is accompanied by increased seclusion in/from personal life environments and relationships leading to increased work-family conflict, the chronic stress effects of burnout can be progressively exacerbating (Adler &

Castro, 2013; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Brauchli et al., 2015; Greenhaus, 2002; Greenhaus & Kopelman, 1981; Reichl et al., 2014).

Even though military psychologists understand the extreme demands placed on their immediate family members, the inherent stress experiences caused by the need for steadfast supportive commitment often overwhelmed family relationships and impacted their ability to maintain a balance between family and work responsibilities (Adler & Castro, 2013; Allison-Aipa et al., 2010; Ballenger-Browning et al., 2011; Bates et al., 2010; 2013). The common psychosocial coping methods/responses of isolation and withdrawal can be especially detrimental to overcoming the chronic stress effects of burnout (Avanzi et al., 2015; Bates et al., 2010, 2013; Blanch & Aluja, 2012; Frydenberg, 2014; Lester et al., 2015). Unlike their civilian counterparts, the degree of which family plays a role in maintaining overall wellbeing is a salient experiential factor impacting the lived experiences of burnout for military psychologists. When military psychologists become progressively isolated by occupational and environmental conditions and demands in an already professionally isolating role, additional experiential factors can further exacerbate the effects of burnout in work and family environments.

The overall benefits of having and being able to access support from within the community of military psychologists are collectively perceived to be helpful in combating against the multitudes of biopsychosocial effects of burnout. Additionally, being able to ask for and accept the support to connect with intimate relationships reduced the probability of bi-directional contributory stress intensifying the lived experiences of burnout at work and home. Regardless of how military psychologists

responded during their burnout experiences, their personal lived experiences of burnout helped to add to their understanding of the phenomenon beyond textbook descriptions.

Theme 6: Understanding Burnout: Theory-Practice Gap

In 1854, Louis Pasteur famously said, “in the field of observation chance favors only the prepared mind” (Bennett & Hermanson, 2016, p. 172; Kuster & Liao, 2016, p. 1). Similarly, the military as a whole views favorably on training and preparation to increase the probability and ability to respond quickly and appropriately to threats to national security on a global scale (Adler & Castro, 2013; Bates et al., 2010, 2013; Frydenberg, 2014). For military psychologists, preparedness came from years of training to become subject experts possessing the knowledge and competency to recognize and provide treatment for psychological conditions. The natural inclination to trust their ability to practice their expertise with efficiency is supported by their accomplishments in education and becoming a part of the small population of military psychologists (Bandura, 1977, 1993, 2012; VandenBos, 2009). However, the issue confronted by each participant was the theory-practice gap that became apparent as they gained firsthand knowledge of the realities of living with burnout.

Considering the varying definitions provided for burnout, it was evident that inconsistent textbook knowledge of the phenomenon lacked the multifaceted nuances to bridge the gap in preparing them for the reality of how they lived, perceived, and experienced burnout and beyond in uniquely challenging environments attributed to military bureaucracy (Bianchi et al., 2015a, 2015b; Maslach et al., 2001). As each participant confronted the challenging realities of their unique lived experiences of

burnout, self-assessment informed only by incongruent textbook analysis of burnout and outcomes impacted perceived self-efficacy. However, contrary to previous burnout research, all participants were able to maintain professional efficacy and sustain performance of duties pursuant to military standards despite enduring a variety of biopsychosocial deterioration varying in length of time during their burnout experiences (Fitzpatrick & Wright, 2005; Maslach et al., 2001; Schaufeli et al., 2009). Additionally, participants were able to in their own time increase understanding of burnout by examining their unique lived experiences extending the knowledge of burnout.

Specifically, participating psychologists illustrated that burnout experiences could be varying in duration and be episodic and cyclical in nature without being comprehensively detrimental because of military environmental conditions (Adler & Castro, 2013; Bates et al., 2010, 2013; Fitzpatrick & Wright, 2005; Maslach et al., 2001; Schaufeli et al., 2009). Contrary to previous burnout research, some military psychologists also reported postburnout growth and long-term gains such as becoming more compassionate, increased pride, purpose, engagement and reconnectedness, being less judgmental, potential for postburnout experience stress inoculation, increased understanding of organizational and group factors determining individual responses to burnout, and the survivability of burnout in the military environment (Adler & Castro, 2013; Bates et al., 2010, 2013; Fitzpatrick & Wright, 2005; Maslach et al., 2001; Schaufeli et al., 2009). Lastly, participants showed that although fortune does favor the prepared, even subject matter experts are vulnerable to burnout when confronted with the unique set of sometimes conflicting professional demands and military bureaucratic

circumstances. Despite the availability of burnout research principally based on civilian professions, there is still much to be learned about burnout as lived and experienced by military personnel in order to develop population-specific preventative and/or intervention resources.

Theme 7: Burnout Resources in the Military: The Theory-Practice Gap

Based on the previous theme, it is logical to infer that the military organization as a whole is uninformed of the pervasiveness and high probability of military psychologists to experience burnout as part of their career development. The deficient awareness of burnout as lived and experienced by military psychologists also limits the availability of population-specific resources to prevent or intervene once an individual is determined to be suffering from burnout. Regardless of the current deficient availability of resources specifically targeting burnout, equitable accessibility to and utility of military mental health services is in theory afforded to every uniformed individual. However, there is a theory-practice gap as recounted by military psychologists who were in need of mental health services because of the feasibility issues.

Taking into consideration the combined factors provided in previous themes, the pressure to resolve experiential factors contributing to burnout without incurring professional or personal damaging effects revealed the confounding array of environmental obstacles military psychologists needed to overcome to obtain standard mental health aid (Adler & Castro, 2013; Ballenger-Browning et al., 2011; Bates et al., 2010, 2013; Castro, 2014; Clifford, 2014; Garcia et al., 2014, 2015a, 2015b; Johnson et al., 2014; Lester et al., 2015; Owen & Wanzer, 2014). The burden of having to assess the

risk-benefit relationship of formally seeking help and potentially incurring career-ending ramifications or sustaining self-management techniques despite being overwhelmed to maintain professional advancement significantly impacted psychological safety and trust conferred to all levels of the military organization (Adler & Castro, 2013; Bates et al., 2010, 2013; Bradley et al., 2012; Lambert et al., 2012; Leiter et al., 2015; Nicholson et al., 2014; Zhou & Pan, 2015). Consequently, while participating psychologists were able to overcome an array of experiential factors contributing to their lived experiences of burnout without accessing formal assistance, the longitudinal impact of burnout on individual biopsychosocial wellbeing is unclear because of constantly changing environments and policies (Astakhova & Hogue, 2013; Borrell-Carrió et al., 2004; Ghane & Sweeny, 2013; Juster et al., 2011; Uddin, 2014).

The challenging realities of experiencing burnout within the military environment as subject matter experts are multidimensional and multifactorial for military psychologists charged with the burdening responsibility for maintaining the mental health of fellow military personnel. It is important to note that the pitfalls of military bureaucracy should not be mistaken as an indication of the level of commitment and willingness to help and protect one another for members of the military. As reported and demonstrated by study participants, recognition of the bureaucratic nature of the military as a whole and its necessity for establishing limits did not prevent, but rather intensified their commitment and willingness to serve fellow military members because of a collectively shared understanding. Despite their burnout experiences, their self-perseverance and selfless service and commitment to fellow military members along with

their resiliency in the face of difficult circumstances indicate the need to examine how specific experiential factors can buffer against burnout for military psychologists and military personnel in general. In conclusion, learning how to safeguard the wellbeing of military psychologists is invaluable to the development and implementation of preventative and intervention strategies which can contribute to the maintenance of mental wellbeing of all military personnel.

Discrepant Cases: Sexism and Toxic Command Environments Contributing to Burnout

Study results emerged from interviews with 11 military psychologists sharing their unique lived experiences of burnout may not accurately represent the condition of the military as a whole. Additionally, the gender distribution of the study population may also be an inaccurate representation of the current military population. With that said, the reporting of sexism as a significant contributing factor of burnout for one study participant should not be ignored as an outlier experience taking into consideration of the scandal the U.S. Marine Corps is currently experiencing (Baldor, 2017; Cox, 2017). Similar to the maintenance of the cultural of secrecy as reported by study participants associated with the stigma attached to military psychologists needing mental health care, the implications of incurring potentially career-damaging ramifications associated with reporting historical sexism practices can also be a significant contributing factor of burnout in the military setting (Adler & Castro, 2013; Bates et al., 2010, 2013; Bradley et al., 2012; Harris et al., 2017; Wechsler et al., 2016; Zhou & Pan, 2015).

Sexism, as experienced by the participant, increased cynicism and decreased psychological safety and trust in addition to confirming that the maintenance of historic cultural practices within the immediate command environment and quality of leadership can be especially corrosive to biopsychosocial wellbeing (Adler & Castro, 2013; Astakhova & Hogue, 2013; Bates et al., 2010, 2013; Boonstra, 2013; Borrell-Carrió et al., 2004; Juster & McEwen, 2015; Leiter et al., 2015; McEwen, 2012; Miller et al., 2014; Myers et al., 2014; Nicholson et al., 2014; Simha et al., 2014; Slavich & Irwin, 2014; Uddin, 2014). Moreover, unprofessionalism and indecent conduct were allowed to continue because the toxic command factors were never met with formal corrective actions, perhaps indicating its acceptance within the traditionally masculine military culture. It is important to note that sexism and toxic command cultures may be mutually inclusive with the latter factor acting as the coexisting culprit that fostered and facilitated undesired conditions contributing to burnout. Consequently, the existence of a toxic command environment is a reflection of group dynamics which should be included as a significant factor contributing to the lived experiences of burnout because of its potential existence throughout the military environment (Adler & Castro, 2013; Bates et al., 2010, 2013). Lastly, even though reporting of the presence of sexism and toxic command environments by participants were deemed as being atypical within the contemporary military setting, taking into consideration the pervasiveness of burnout and its harmful psychosocial effects, there may be an underlying relationship which should be studied.

Limitations of the Study

This study of burnout within the military psychologists' population had limitations caused by the time-of-entry into military service, branches of service differences, potential inequitable gender distribution, types of units each participant served with, and different lived experiences of junior military psychologists from the experiences of senior and prior service military psychologists caused by constant changing environments and policies impacting the lived the experiences of burnout. Moreover, the results of the study based on the limited number of 11 study participants may not accurately represent the lived experiences of burnout for the military psychologists' population. Other limitations of this study included the potential for inaccurate self-reporting of experiences due to issues concerning recall and memory. Additionally, lived experiences during the height of the war were different from present-day experiences because of slower deployment rates, but higher volume of individuals seeking mental health services.

These limitations cannot be addressed by the current study because no real-time study of burnout throughout the longevity of the war is available. Furthermore, because research for burnout within the military psychologists' population is in its infancy, my study was not able to provide a comprehensive exploration of the varied lived experiences contributing to burnout for military psychologists who could have but did not/unable to participate in the study. The purpose of my study was to begin increasing the fundamental awareness of the lived experiences of contemporary military service as contributing to burnout for military psychologists and use the data to help inform the

development of preventative and management strategies to combat burnout for the target population.

As a researcher, my personal experiences could have led to bias and influenced the study outcome. My military service and ongoing intimate relationship with the military community was a potential for, personal and ideological bias. I have addressed the risk of bias by allowing the participants to express their experiences through open-ended and semi-directed questions, followed by a detailed and rich description of interview content (see Moustakas, 1994). Additionally, I have provided a description of my military background to provide a method of check and balance in case there are questions concerning the insertion of personal bias. Beyond transparency of personal background, I actively set aside my prejudgments before each interview session (i.e., epoché), and scrutinized the research questions to ensure they elicit participant experiences without the insertion of my personal experiences (see Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Recommendations

Based on the key findings of the study, it is recommended that military leadership implement practicable approaches to reduce military bureaucratic and environmental conditions that promote the likelihood of military psychologists experiencing burnout by taking the following actions. First, it is recommended that Air Force, Army, and Navy leaders unify military psychologists under one governing command for their individual branch of service. Second, it is recommended that equitably distributed teams of military psychologists be should be created. Each team should have designated leadership to act

as mentors, and peers to provide collegial support that is readily accessible to assigned team members. Third, it is recommended that the DOD eliminate cross-service issues for individuals working with other branches of the military by providing the same standard operating procedures (SOP) for all military psychologists. Military psychologists working with specialized units should be provided with SOPs to ensure the safekeeping of professional standards in conjunction with national security needs. All SOPs should seek to promote the ability for military psychologists to execute their professional expertise to the fullest capacity while serving the interest of the military.

Fourth, it is recommended that the Air Force, Army, and Navy should provide an open forum for military psychologists to discuss burnout without negative repercussions while maintaining professional standards, and provide opportunities for generating creative solutions for burnout. Fifth, it is recommended that individual military branches investigate the practical availability of resources for burnout, the number of people using them, the efficacy of resources, and the barriers preventing military psychologists from using the resources. Based on the results of the investigation, environmentally applicable and effective resources can be developed to assist future military psychologists.

Future Research

Based on the previously described limitations of the study, future studies can expand the scope of research to include more participants, equitable distribution of gender, equitable distribution of rank, and/or study the experiential factors differences that contribute to burnout between military branches to better understand the lived experiences of burnout as described by military psychologists. Furthermore, based on the

findings indicating the unique nature of military bureaucracy as fostering burnout into a taboo-milestone, a mixed-methods study focused on assessing the pervasiveness of burnout, career stage most prone to burnout development, and the experiential factors contributing to burnout for all active duty military psychologists should be conducted in the future to ascertain how burnout progresses in the military environment. A quantitative study assessing the relationship between self-care and prevention of burnout should also be conducted as follow-up research to evaluate the efficacy of practicing self-care and its impact on health outcomes for the military psychologists' population. Additionally, in the modern military setting where increased gender integration has become the norm exploring how experiential factors contributing to burnout is impacted by gender especially concerning the bi-directional contributory relationship of work-family conflict can help identify service and support capacities needing improvement to increase health and wellbeing.

Undoubtedly, the incorporation of modern technologies will continue to impact all areas of the military. Consequently, as the availability and accessibility of information technologies continue to permeate through all areas of daily living, exploring how information overload can contribute to burnout and impact mental health outcomes is an area needing attention. Understanding how to deliver mission-critical education and information in appropriate amounts capable of being absorbed by military personnel to produce the best outcomes with efficiency in the modern military setting is vital in maintaining a world-class defense force. Finally, based on study results indicating the maintenance of a healthy sense perceived self-efficacy as reported by a majority of

military psychologists despite suffering from burnout, it is important to explore the relationship of how aspects of military culture can impact efficacy outcomes. Using deeply ingrained cultural practices in an appropriate manner to buffer against burnout in the unique environments of military bureaucracy may have potential benefits useful for unit level leadership seeking to maintain individual and group functioning efficiency.

Implications for Positive Social Change

Although burnout is not a new experience for the military psychologists' population, research in this area is just beginning. My study holds positive social impact implications because increasing awareness for how military psychologists experience burnout can help inform the development of prevention strategies. Additionally, the results gained from the study will contribute to the knowledge of experiential factors that contributed to burnout within the military environment. Understanding the how military environmental factors influence the progression of burnout, military leaders can develop intervention and prevention strategies that can benefit not only military psychologists but all military members who routinely describe themselves as burned-out. While time-consuming, the five recommended courses of action should not demand an exorbitant amount of resources or a complete overhaul of the current system. However, the potential to promote unity, support, and willingness to challenge established routines to make positive changes for the benefit of present and future military psychologists is attainable.

Conclusion

The purpose of my phenomenological study was to explore burnout as it is lived and experienced by military psychologists. Currently, the high level of burnout amongst

military psychologists and its impact on service delivery efficiency is gaining attention in stateside and forward deployed locations (Ballenger-Browning et al., 2011; Fjeldheim et al., 2014; Johnson et al., 2014; McGeary et al., 2014; Owen & Wanzer, 2014). A thorough review of the burnout research literature uncovered a significant knowledge gap concerning documentation of lived experiences of burnout as described by military psychologists. Although there is an established knowledge base of burnout for civilian professions, a search of burnout research for military psychologists produced few articles (Ballenger-Browning et al., 2011; Linnerooth et al., 2011; Schaufeli et al., 2009). Correspondingly, an extensive search resulted in even fewer articles on factors salient to the demands of modern-day military service and no inclusion of burnout as experienced and interpreted by military psychologists (Adler & Castro, 2013; Bates et al., 2010; 2013).

Similar to previous research indicating organizational bureaucracy is a contributing factor for burnout, the results of this study revealed that the unique nature of the military bureaucracy has, in essence, fostered burnout into a taboo milestone issue. The results also confirmed that the role ambiguity of being a military psychologist compounded the experiential factors contributing to burnout in the military environment. Regardless of how military psychologists coped with burnout when recognized, several shared experiential indications foretelling of burnout progression were identified. However, the reality of how military psychologist experienced burnout differed from textbook knowledge, indicating there is a theory-practice gap in personally diagnosing

burnout, potentially delaying efforts to reduce negative biopsychosocial outcomes of burnout.

Moreover, study findings revealed that the professional role of being a military psychologist is inherently isolating and can potentially predispose individuals to burnout when compounded by additional isolating conditions at work and home. Lastly, military psychologists also indicated the theory-practice gap between the available resources for burnout provided by the military and their exceedingly limiting utilization practicability as the barrier to pursuing and attaining formal intervention. Based on the results of the study, implementation of recommended changes are achievable by making lower level structural adjustments while maintaining the broader military structure. In conclusion, using the information presented in the seven themes to increase awareness and understanding for how military psychologists lived and experienced burnout, the potential for making practical changes within the military environment to reduce burnout is promising.

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Appendix A: Interview Protocol

Interview Questions

1. Tell me about your experience in the military. (RQ2)
2. What did it mean for you to serve in the military as a psychologist? (RQ1)
3. What does being burned out mean to you? (RQ1)
4. Tell me about your experience with burnout. (RQ2)
5. As you experienced burnout, how did your view of burnout change? (RQ1)
6. Describe how you knew you were experiencing burnout. (RQ2)
7. What do you think contributed to your experience of burnout? (RQ2)
8. Describe the emotions you felt during your experience with burnout. (RQ2)
9. As you experienced burnout, describe how you coped with it. (RQ2)
10. What did the experience of burnout mean to you in relationships? (RQ1)

Appendix B: Recruitment Letter

[Potential Participant]

Dear _____:

My name is Rui Babilonia, and I am a doctoral candidate at Walden University. I am conducting research in partial fulfillment of my doctorate on the topic of exploring contemporary lived experiences of burnout for U.S. military psychologists. As a veteran, my desire to continue serving has led me to focus on research that will provide assistance or service to my fellow veterans and active military members.

Your contact information was provided to me by _____ because you fit the initial selection criteria of being a former active duty military psychologist. I know your time is important and if you fit the selection criteria, I would appreciate your study participation. If you cannot participate and can recommend others to participate in my study, please forward my contact information along with the recruitment and project description letter. Your help is greatly appreciated.

Study Qualification Criteria

- ✓ Active duty military psychologist
- ✓ Prior service military psychologist with a minimum of 3 years' time-in-service after September 11, 2001
- ✓ Must indicate to have personally experienced burnout during service time (no need for an official diagnosis)
- ✓ Exclusion of vulnerable populations in keeping with ethical standards
 - Pregnant females
 - Emotionally incapacitated individuals
 - Individuals who are in crisis

Burnout Definition

For the purpose of this study, burnout is defined as the cumulative effect of biological, psychological, and emotional exhaustion resulting from chronic stress experiences that originate chiefly from the work environment and is identified by the dimensions of emotional exhaustion, depersonalization, and decreased self-efficacy.

Thank You Gift

A 30\$ Amazon.com gift card will be provided as thank you gift for your full participation in the data collection process required for completing the study

Please contact me at your earliest convenience to schedule a date and time for the study interview. My telephone number is XXXXXXXXX. My e-mail address is XXXXXXXXX

Thank you for your consideration.

Rui Babilonia
Doctoral Candidate
Walden University

Appendix C: Service Provider Confidentiality Agreement

Confidentiality Agreement

During the course of my activity in transcribing interviews for this study, “U.S. Military Psychologists’ Contemporary Lived Experiences of Burnout,” I will have access to information that is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make unauthorized transmissions, inquires, modification or purging of confidential information.
5. I will keep research data in a manner that protects the privacy of participants and ensures that individual participants are identifiable by outside parties.
6. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
7. I understand that violation of this agreement will have legal implications.

In signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: _____

Date: _____

Appendix D: Project Description Letter

My name is Rui Babilonia and I am a doctoral candidate at Walden University. I am conducting research in partial fulfillment of my health psychology doctorate. My Walden University's approval number for this study is 07-13-0283266. My telephone number is XXXXXXXX. My e-mail address is XXXXXXXX

Study Title

U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

The Purpose of the Study

The purpose of the study is to explore the phenomenon of burnout in military psychologists based on their perceptions and experiences. The study is guided by the research questions of: How do military psychologists describe what burnout means to them? How do military psychologists describe their lived experiences of burnout?

Study Qualification Criteria

- ✓ Active duty military psychologist
- ✓ Prior service military psychologist with a minimum of 3 years' time-in-service after September 11, 2001
- ✓ Must indicate to have personally experienced burnout during service time (no need for an official diagnosis)
- ✓ Exclusion of vulnerable populations in keeping with ethical standards
 - Pregnant females
 - Emotionally incapacitated individuals
 - Individuals who are in crisis

Burnout Definition

For the purpose of this study, burnout is defined as the cumulative effect of biological, psychological, and emotional exhaustion resulting from chronic stress experiences that originate chiefly from the work environment and is identified by the dimensions of emotional exhaustion, depersonalization, and decreased self-efficacy.

What is Your Involvement?

If you volunteer to participate in the study, you will be asked to do the following:

- Acknowledge and respond to the e-mail containing the informed consent form with the words “I consent” and your e-mail address written in the subject line and text of the e-mail to serve as the signature for consent.
- Participate in a voice recorded teleconference interview lasting from 1 to 1.5 hours
- Check the verbatim transcription of your interview for reporting accuracy of your experiences and perceptions
- If necessary, provide additional information you deem essential for me to understand your experience

Thank You Gift

A 30\$ Amazon.com gift card will be provided as thank you gift for your full participation in the data collection process required for completing the study.

Positive Social Impact

My study holds positive social impact implications because gaining a detailed understanding of burnout from the perspective of military psychologists will help better inform the development of prevention strategies and contribute to the knowledge of burnout risk factors and consequences, which also remains sparse. Furthermore, becoming informed of the essence of burnout will benefit not only military psychologists but all military members who routinely describe themselves as burned-out.

Appendix E: Letter Requesting Recruitment Assistance

Hello _____,

I am writing to let you know that I have received IRB approval. My Walden University's approval number for this study is 07-13-0283266 and I can now begin recruiting participants for my study. I will provide the preliminary selection criteria required for potential participants below. Your assistance in providing referrals and contact information of individuals who fit the initial qualification criteria is greatly appreciated.

To ensure the confidentiality of the individuals selected to participate in my study is protected, the final selection will only be known to me. I will follow-up, and contact individuals in the order referrals are received to confirm that they are appropriate for study participation. Once I have recruited the 10 participants required for my study, the remaining contact information will be set aside in case more participants are needed. At the conclusion of my study, all contact information will be properly disposed of to ensure participant contact information remains private and confidential.

Study Title

U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

The Purpose of the Study

The purpose of the study is to explore the phenomenon of burnout in military psychologists based on their perceptions and experiences. The study is guided by the research questions of: How do military psychologists describe what burnout means to them? How do military psychologists describe their lived experiences of burnout?

Preliminary Qualification Criteria

- ✓ Active duty military psychologist
- ✓ Prior service military psychologist with a minimum of 3 years' time-in-service after September 11, 2001

My telephone number is XXXXXXXX. My e-mail address is XXXXXXXX

Thank you in advance for your assistance!

Rui Babilonia

Appendix F: Introduction Letter

Hello _____,

My name is Rui Babilonia, and I am a doctoral candidate at Walden University. I am conducting research in partial fulfillment of my doctorate on the topic of exploring contemporary lived experiences of burnout for U.S. military psychologists. As a veteran, my desire to continue serving has led me to focus on research that will provide assistance or service to my fellow veterans and active military members.

I obtained your contact information via _____. I know your time is important and if you fit the selection criteria, I would appreciate your study participation. If you cannot participate and can recommend others to participate in my study, please forward my contact information along with the recruitment and project description letter. Your help is greatly appreciated.

Study Title

U.S. Military Psychologists' Contemporary Lived Experiences of Burnout

The Purpose of the Study

The purpose of the study is to explore the phenomenon of burnout in military psychologists based on their perceptions and experiences. The study is guided by the research questions of: How do military psychologists describe what burnout means to them? How do military psychologists describe their lived experiences of burnout?

Study Qualification Criteria

- ✓ Active duty military psychologist
- ✓ Prior service military psychologist with a minimum of 3 years' time-in-service after September 11, 2001
- ✓ Must indicate to have personally experienced burnout during service time (no need for an official diagnosis)
- ✓ Exclusion of vulnerable populations in keeping with ethical standards
 - Pregnant females
 - Emotionally incapacitated individuals
 - Individuals who are in crisis

Burnout Definition

For the purpose of this study, burnout is defined as the cumulative effect of biological, psychological, and emotional exhaustion resulting from chronic stress experiences that originate chiefly from the work environment and is identified by the dimensions of emotional exhaustion, depersonalization, and decreased self-efficacy.

Thank You Gift

A 30\$ Amazon.com gift card will be provided as thank you gift for your full participation in the data collection process required for completing the study

Please contact me at your earliest convenience to schedule a date and time for the study interview. My telephone number is XXXXXXXXX. My e-mail address is XXXXXXXXX

Thank you for your consideration.

Rui Babilonia
Doctoral Candidate
Walden University