Addressing Burnout Among Psychologists in Hawai‘i

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A Clinical Research Project presented to the faculty of the Hawai‘i School of Professional Psychology at Chaminade University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

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This Clinical Research Project by Chrislyn Andres, directed and approved by the candidate's Clinical Research Project Committee, was approved by the faculty of the Hawai‘i School of Professional Psychology at Chaminade University of Honolulu in partial fulfillment of the requirements of the degree of Doctor of Psychology in Clinical Psychology.

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Addressing Burnout Among Psychologists in Hawai'i

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Burnout is a common phenomenon experienced by mental health professionals due to the demanding field that they work in. The intent of addressing burnout among psychologists within the community mental health field is to provide supports that ensure the well-being of psychologists and thereby indirectly ensuring that the best care may be offered to their clients. This clinical research project presents a theoretical case study and proposes a theoretically based program that provides self-care interventions in the workplace whereby its implementation will foster the well-being of their clinical psychologists. More specifically the program suggests that psychologists may benefit from being assessed to determine if burnout is being experienced in the field. Based on the results of the assessment, psychologists will be able to engage in a supervisory system, within the workplace, with a colleague. In addition, physical activities that promote well-being and self-care, such as massage, yoga, and education on health classes such as nutrition will be provided. Attendance of 7 activities is suggested across a 2-month span after which the individual could receive a self-care day, essentially a day off to promote well-being. The idea behind this program is that psychologists may address burnout and avoid the aspects of burnout, which is comprised of emotional exhaustion, depersonalization, and reduced personal accomplishment. This program may also be used as a pilot study to see if, by implementing such a self-care program, psychologist burnout may be decreased or prevented.

Keywords: burnout, emotional exhaustion, self-care, well-being

Dedication

This is dedicated to the ones who supported me throughout this crazy journey- God, family, and friends.

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CHAPTER 1. INTRODUCTION

Mental health workplaces do not frequently assess the well-being and satisfaction of their workers, especially their psychologists. If burnout symptoms are ignored and not properly addressed, it can result in grave implications for their professional life as well as for their clients (Carter & Barnett, 2014). Heads of departments or individuals overseeing a clinic should determine and ask about the needs of the psychologists working there. Other questions to be asked are "What are the issues contributing to burnout at the workplace?" and "How severe are these issues?".

For this research project, *burnout* will be defined as a phenomenon that obstructs an individual's ability to execute work at an optimal level therefore, it is possible that the quality of the service provided may be compromised (Green et al., 2014). Burnout can be described as a condition characterized by three factors. These factors include emotional exhaustion, depersonalization of clients, and lacking a sense of personal accomplishment (Rupert, Stevanovic, & Hunley, 2009).

Case Presentation

Dr. Aubree is a 33-year-old licensed clinical psychologist who has been practicing for approximately 3 years at a rural community health center. Dr. Aubree received her doctorate in psychology from a local university where she completed all of her training. She chose to work for a rural community health center because she wanted to give back and work in a community with underserved population.

Dr. Aubree works 5 days a week for a total of 40 hours a week. At the workplace, there are twenty staff licensed psychologists and four psychiatrists. All psychologists do not work on the same days and there are satellite clinics that each psychologist rotates in. She is scheduled to

work an 8-hour day; however, due to the overload of clients, Dr. Aubree finds herself working approximately 10 hours a day. She will start her day at eight in the morning and usually does not leave the office until five or six in the evening. Due to the nature of the workplace, Dr. Aubree sees seven to nine clients of her own in one day. These sessions normally last thirty to forty minutes depending on the scheduling of her clients, which are often scheduled back-to-back. In addition, she supervises practicum students and their clients. Supervision requires her to be present for some of the students' sessions. It is very important that she pays attention to her schedule as well as the student's schedule so that she is able to attend part of the session and assist if any crises should occur.

Working after hours often occurs on days when seeing clients back to back. With no time to complete notes, make appropriate phone calls, complete paperwork for clients, and finalize her upcoming schedule, she is left doing them after her last client. Since the site is a training site, she also supervises three practicum students and is left to review and sign off on their notes. In addition to completing notes and therapy, Dr. Aubree must find the time to complete one hour of supervision with each of her six practicum students. At most Dr. Aubree has 2 students to supervise each day.

After a long day at work, Dr. Aubree comes home to her husband. She has been married for 5 years and has a 3-year-old son. Dr. Aubree usually makes dinner, but she is also supported by her husband who fills in when her days run late. She has been feeling guilty that she does not have much time to spend with her son. Lately, she has been coming home and finding herself extremely exhausted. Dr. Aubree comes home, eats dinner with the family, bathes her sons, gets him ready for bed and reads him a nighttime story. She feels she does not have much time to spend with him during the day. Sometimes the demands of work and lack of time with family

causes stress in the marriage. She is often unable to fulfill responsibilities, that are then, left for her husband to complete. The busy schedule also provides less time for her and her husband to spend time together.

Dr. Aubree has been waking up not wanting to get out of bed and she struggles to start her workday. The morning is an overwhelming time since she needs to get her son ready to be dropped off at her parent's home for day care. She then needs to report to clinic by 8 am for her first client. In the last two months, Dr. Aubree has taken off more days than she had in the last 2 years. She took some days off due to sickness and took some personal leave because she did not feel like attending work. She has been feeling overwhelmed with work. At times she has felt she has not been making progress with some clients; many of them are actually resistant to therapy but attend their sessions to be compliant with requirements for secondary gain. It also has been especially stressful and tiring due to the number of clients she tends to see in a day. Dr. Aubree has also been experiencing discontinuation of services from some clients. When she takes off from work, clients need to be rescheduled and other providers need to cover her supervisees for the day. This burden puts added stress onto the workplace because some colleagues need to cross cover for her patients and/or her students' clients. The front desk workers also need to reschedule clients and make phone calls to notify the clients of schedule changes. This also adds stress to clients because many of them plan to be seen to address certain crises and also need her to complete forms for benefits (i.e. disability and financial forms). Many clients also need to be seen twice a month in order to be compliant for financial benefits and cancelling sessions make it difficult to book again with her, given her full schedule.

Another challenge is the population she is faced with is the clientele that she works with. Living in Hawai'i individuals have limited access to resources. For example, there are only a

certain amount of services that are provided and psychologists or doctors who are practicing. The island consists of so many different cultures which also plays into the diversity that is experienced on the island. Many individuals experience financial struggles due to the cost of living on the island. Substance use is another issue since it is so prevalent on the island, especially on the west coast of the island. Another problem is the size of the island. Hawai'i is known to have a tight knit community. Therefore, it is difficult to seek services without knowing someone who provides it or attends the specified service. More specifically, if psychologists wanted to engage in self-care programs it would be difficult to ensure that their confidentiality would be intact due to the small community on the island.

Rationale Statement

The prevalence of burnout for mental health psychologists range from 21% to 67% (Waltman et al., 2016). Burnout, by definition, inhibits an individual's ability to perform their work at an optimal level; therefore, it is possible that the quality of service provided may be compromised (Green et al., 2014). Many individuals may acquire symptoms of burnout including constant fatigue, insomnia, depression, and frustration. Some physical symptoms include lingering colds, gastrointestinal disturbances, and headaches (Raquepaw & Miller, 1989). It would be beneficial to have a program that addresses emotional exhaustion and burnout for psychologists in mental health work settings to ensure that licensed psychologists' emotional wellbeing is being addressed so that they may then provide the better care for their patients. It is difficult to know what is specifically needed for each individual since each may have different stress tolerance levels and stressors. People handle stress in unique ways and no individual is the same. It is hoped that this suggested program will support most, if not all, psychologists in the

field experiencing some range of burnout where it is needed. These suggested activities can be tools that the psychologist implements to handle stress experienced in their field.

This project has importance because the topic of burnout is not openly discussed, especially during and throughout the clinical training program that students and hopeful future psychologists undergo. This profession is comprised of individuals that have a calling to serve and help others to improve their well-being. The nature of the work may be emotionally and physically taxing due to the clients that are seen, the number of clients that are seen, and the complexity of their cases. Although psychologists have a priority to serve, it is also important to acknowledge the downside of the profession and provide a means of addressing this problem.

Psychologists find themselves working in many different settings, and with that in mind, psychologists could face many challenging situations and experiences. It is important to study this phenomenon to further our knowledge and understanding of how and why psychologists experience burnout and what can be done to counter burnout in this professional field. Providing support to psychologists who experience burnout could help them provide the best service and therapy to their clients.

Purpose for the Study

The purpose of the current research project is to present a theoretically grounded program to prevent burnout and/or address emotional exhaustion experienced by licensed psychologists working in the mental health field. I have an interest in understanding and exploring the current issues and experiences related to burnout among licensed psychologist, and seeing what supports are already in place and what supports might be included to address burnout and emotional exhaustion for psychologists in the mental health field. The final product of this project is to create a program that can be used to support psychologists in Hawai'i who experience burnout.

The product of this project may also be used as a preventative measure. A program for psychologists in Hawai'i who are experiencing burnout due to the demanding field that they work in could support psychologists' emotional wellbeing and allow them to be emotionally available to provide the best care to their clients.

Research Questions

Research questions in the theoretical study are critically important for guiding the work. A research question is something that an individual wants to explore in a study. The research questions for this study allow the researcher to develop a research plan to address burnout and emotional exhaustion in psychologists. The purpose of a research question is for the researcher to identify the overall intent of the study. It also helps to establish the boundaries of a study.
The research questions guiding this theoretical research project include the following:

1. Does work setting play a role in burnout? If so, how?
2. How does burnout affect psychologists' work with clients?
    a. What does this burnout look like for psychologists?
3. What are some things psychologists do to take care of themselves?
4. What types of self-care support are provided for psychologists?
5. What would a program that address burnout in psychologists look like?
    a. How might this program be implemented in the workplace?
    b. How can we ensure the program will promote well-being for the providers?

Significance of the Study

The statement of significance should establish that the study is worth investigating. An argument is built to give reason why the study has importance and should be carried out. This argument should contribute to one or more domains. These domains include scholarly research

and literature, periodic social policy issues, concerns of practice, and benefits of the stakeholders. The significance of a study may also include an ambitious statement about what the study is hoped to contribute to the extant knowledge (LeCompte & Pressle, 1993) and to the field. If this program is developed and implemented in the field, it will provide assistance to enhance the quality of services provided by psychologists. Psychologists will feel more supported by seeing that their organization supports them and promotes well-being within the workplace. This will hopefully encourage the psychologist or individual to take better care of themselves and to address the stressors that they may be facing. In turn, if better care is taken for themselves, it would be assumed that they will be better equipped to care and provide efficient services to their clients.

The audience of the study is carefully considered to enhance the likelihood that the study's findings will be used to benefit the lives of those that are affected by the phenomenon. This is in hopes for the findings to be more applicable to their work setting and lives. For example, stakeholders of this study may be psychologists, others in the healthcare profession or other individuals who are directly experiencing burnout within the field and while doing clinical work. The information found can be used by psychologists, to help them seek support to prevent burnout, find meaningful ways to address their burnout, and to have a greater understanding of how burnout may occur.

In this study, there are various key stakeholders and potential audiences that may benefit from learning more about burnout among psychologists and what a program provided to support psychologists in the field might look like. Psychologists working in the field, in an agency or independently, may benefit from the potential outcome of the study if it were to be carried out to completion. The stakeholders will be able to learn more about the benefits of the different

activities proposed and how it may enhance their wellbeing to be utilized across different settings. They may be able to seek the support needed and engage in the proposed program if or when they should experience emotional exhaustion while working in the field. It is also hoped that larger organizations implement the suggested and proposed programs to take care of their psychologists so that they may be more suitable to care for the clients that they serve. If psychology students are exposed to the activities early in their training, it can be a benefit in the long run with hopes that they will be able to apply these techniques once working in the field.

CHAPTER II: REVIEW OF LITERATURE

Literature reviews provide the researcher and his or her audience with an integrated review of the recent theoretical and research knowledge that is applicable to the phenomenon; a starting point. You can think of it as an "ongoing conversation". The literature review also allows the researcher to give an overview of the study, to frame it and to show the audience where the gaps are in the research and knowledge of the phenomenon (Rossman & Rallis, 2017). Literature reviews are also conducted because it could be beneficial in the creation of a diagram or visual picture that helps to organize the review and determine how one's study correlates to the extant literature (Rossman & Rallis, 2017).

Burnout

Mental health professionals are faced with constant burnout due to the ongoing stress, and the demands of their daily job. Psychologists are not exempt than other common individuals to have or experience outcomes of everyday stressors or physical and mental health distresses (Barnett et al., 2007) but they have potential to acquire burnout due to the consequence of being unprotected to this constant emotionally exhausting job demands and a elevated necessity for empathy (Simionato & Simpson, 2017). Burnout may be the outcome of repeated and constant emotional pressure that may be related to a strong emotional involvement with people (Waltman et al., 2016). The characteristics of burnout may be comparable to the characteristics of depression, however, burnout develops from weakness experienced at work (Unger, 2019). Burnout is the leading cause of work-related problems for the profession of psychotherapy, psychotherapists, and their clients (Simionato & Simpson, 2017). The phenomenon of burnout may be experienced by professionals in the mental health field, who are exposed to tireless and

constant emotional stress. Some interactions with clients are intense and long lasting, which is another factor that puts them at risk for burnout (Lin et al., 2015).

Twenty-one to sixty-seven percent of mental health psychologists may experience burnout in their careers (Waltman et al., 2016). Simionato and Simpson (2017), reviewed articles and examined work-related stress and burnout levels that were experienced by psychotherapists. On average, it was seen that psychotherapists expressed a low-moderate amount of burnout/occupational stress and more than half expressed moderate-high levels. This places the psychotherapist at greater possibility for having a decrease in quality of life, an increase in mental health issues, and low attendance and turnover from work. They found that twenty studies measured the three aspects of burnout which again are: depersonalization, reduced personal accomplishment, and emotional exhaustion. More specifically they found that majority conveyed moderate amounts of emotional exhaustion and low-moderate amount of depersonalization and personal accomplishment. Emotional exhaustion, in comparison to the two other burnout aspects, was found to be the most indicative of burnout among psychologists. This was also congruent with research completed by McCormack, MacIntyre, O'Shea, Herring, and Campbell (2018), which uncovered that emotional exhaustion was also the most commonly conveyed dimension of burnout. Stress levels vary across populations, but it should be known that moderate-high stress levels were amongst trainee psychologists. Approximately half of capable psychologists reported some noteworthy stress.

Individuals experiencing burnout tend to lose their purpose, energy and idealism. Burnout may occur in many professions, however, due to the nature of human services jobs, psychologists may be at a particular risk. Many psychologists experience both losing concern and positive mindsets towards the clients, which may ultimately decease the quality of service

that is provided. This experience may lead psychologists to develop low morale, demonstrate poor job performance, be absent from work frequently, and eventually find a different job (Raquepaw & Miller, 1989).

Burnout has been defined to inhibit an individual's ability to perform their work at an optimal level; therefore, it is possible that the quality of service may be compromised (Green et al., 2014). Therapists have predicted that burnout could predict poorer client treatment and low job satisfaction (Kim et al., 2018). Burnout has been explained as a circumstance that is described by three factors. The factors include depersonalization of clients, emotional exhaustion, and missing a feel of personal accomplishment (Rupert et al., 2009). Emotional exhaustion can be understood having a depletion of emotional resources. Depersonalization refers to the negative, cynical attitudes and feelings that a therapist may have toward their client. Burnout can also be described as weakening and becoming very tired due to disproportionate demands on liveliness, strength, or resources. Lack of personal accomplishment refers to viewing oneself negatively as well as one's accomplishments (Rupert et al., 2009). Research has shown that mental health professionals significantly exhibit greater levels of depersonalization and emotional exhaustions compared to other individuals who work in different areas (Lin et al., 2015). Regardless of the definition, most researchers concur that burnout incorporates psychological and or physiological exhaustion, a damaging change in reactions to individuals, and a negative reaction toward oneself and towards personal accomplishments (Ackerly et al., 1988).

Many individuals may acquire symptoms of burnout including constant fatigue, insomnia, depression, and frustration. Some physical symptoms include lingering colds, gastrointestinal disturbances, and headaches (Raquepaw & Miller, 1989). Some individuals also

isolate themselves and turn to substances when experiencing burnout (Skorupa & Agresti, 1993). A burned-out therapist potentially has less chances to be aware of the sensitivity of a client's communications (content and nonverbal) and disappoint to recognize it or track it in therapy (Skorupa & Agresti, 1993). Increased amount of burnout destabilizes the capability of assisting professionals to care for themselves as well as their patients (Simionato & Simpson, 2017).

Persistent occupational stressors may cause Burnout Syndrome (BS), which is considered to be an outcome of prolonged stress, unwarranted pressure, conflicts, and tiny emotional reward, recognition and success (Harrison, 1999). Gil-Monte (2005) offers a Burnout Syndrome model, which is comprised of four dimensions. The dimensions include enthusiasm toward the job, psychological exhaustion, indolence, and guilt. Enthusiasm toward work is described as the person's aspiration to accomplish targets he or her set out for themselves. This individual perceives the job to be attractive, therefore professional goals are created. This then becomes a basis of personal accomplishment. The second dimension, psychological exhaustion, is exhibited by experiencing fatigue emotionally and physically. This results from having to deal with individuals who present or trigger difficulties. Indolence is the existence of undesirable manners of irrelevance, insensibility and detachment with regard to their relationship with their clients, co-workers, and the organization. Lastly, guilt is expressed as a collective emotion that is connected to relations as a result of negative behavior and attitudes generated from work.

The theoretical BS model identifies the existence of two Burnout profiles. The first is depicted by established feelings and mindsets about work-related stress. It come from a moderate form of discontent although individuals are still able to fulfill their job. This profile consists of a mental weakening or a lack of enthusiasm toward the work and an affective weakening or fatigue psychologically. These aforementioned are a initial response to causes of prolonged stress.

Damaging behaviors such as indolence then develop regarding individuals that are needed to be served. The second profile is portrayed by a greater damage to individuals and shows significant problems with the performance of their jobs. This is then trailed by lengthier episodes of time not at work (Carlotto & Camara, 2019).

Burnout and Compassion Fatigue

Healthcare professionals are prone to experiencing burnout and compassion fatigue (CF) and both can be detrimental to professional quality of life. Definitions of burnout have been inconsistent so it is important to have a clearer understanding of the two to prevent their development and so appropriate interventions can be utilized. Nurses who experience burnout and compassion fatigue are not able to deliver the optimum level of care to satisfy the needs of their patients. There is a noteworthy positive affiliation between compassion fatigue and burnout, which suggests there are overlap between the components of each (van Mol et al., 2015; Whitebird et al., 2013).

The essential features of compassion fatigue are a quick onset, desensitization towards clients, emotional exhaustion, perceived failure, desensitization towards clients, apathy, and helplessness (Clifford, 2014). It may happen instantly without warning and may result in immediate changes in behavior (Figley, 2015). Workers may feel the need to hide their emotions and when they do, it may lead to emotional exhaustion. Nurses, for example, who experience CF stated their symptoms of stress was realized by experiencing anxiety when at work, judgment errors, trouble sleeping, and nightmares. When nurses are not able to feel compassion for their patients, it gets replaced with apathy and there no longer is a connection between the nurse and the patient (Todaro-Franceschi, 2013). A sense of helplessness persists if coping skills are not provided and if the skills provided are exhausted (Clifford, 2014). They saw that nurses who

were experiencing CF did not think that anyone could help, nor did they think that any other supports could help them. Desensitization, apathy, and depersonalization then occurs because they become emotionally, physically, socially, and spiritually exhausted when it comes to patient care. Although the nurses continue to work appropriately, there is difficulty feeling empathy for clients due to the sense of unreality during trauma or suffering experienced (Figley, 2015).

Aspects of burnout are exceptionally different from CF. Burnout includes an advanced development, exhaustion, cynicism, and a feel of hopelessness (Maslach & Leiter, 2008). Burnout differs because it is not a sudden onset, instead, it appears as sensitive changes in personality, perspective, values, and behavior. As time goes on, the disparity of demands at work, and availability of resources rise along with the impression that actuality has no congruence with the ideal. Often, burnout is illustrated as "running on empty". Some nurses feel that they are giving their all, but nothing is getting accomplished and emotional exhaustion is developed (Todaro-Franceschi, 2013). Emotional exhaustion is said to occur when the workplace doesn't identify nurses' persistent efforts in the workplace. Moral distress, which is also reported in health-care providers with burnout, may also have moderate to high levels of emotional exhaustion and cynicism (Dugani et. al., 2018).

Burnout and Competency

There is research suggesting that psychologists are not the most accurate reporters of their competence and adherence. Adherence pertains to the amount of reliability that endures among the model of treatment and what is transpires in clinical practice. Competence is the skill of clinical practice. It is obvious that psychotherapy requires a vast amount of emotional energy that puts the psychologist at a greater chance for emotional exhaustion and burnout. Although different levels of burnout are experiences, clinicians must use their distress tolerance skills to

certify that treatment and service are being competently provided to their client. Clinicians who do not have full awareness of their competence and adherence may not precisely communicate their abilities to the clients. This may result in suboptimal clinical outcomes, which may feed into the burnout of psychologists (Waltman, Frankel, & Watson, 2016).

One way to improve clinical practice is to engage in regular peer consultation. The advantage of peer consultation is that cognitive biases of competence and adherence are addressed. This process would allow colleagues to collaborate to get support and consultation from one another. This may help to refine the mental health professional's clinical skills, ensure improved care for the clients, and provide emotional and sensible help for the mental health professional (Waltman, Frankel, & Watson, 2016).

Burnout and Ethics

Clinicians should always attempt to deliver the best achievable quality of care to clients to represent their competency and to adhere to the ethical standards of psychology (Waltman et al., 2016). According to the Ethical Principles of Psychologists, psychologists are projected to be attentive that there may be a variety of factors that adversely sway their professional efficiency. If psychologists experience difficulties that may interfere with the services that they provide their clients, they should decrease or refrain from doing any professional activities. In addition, psychologists should pursue suitable care or supervision of their work. Psychologists can be in possible abuse of Ethical Principles if they are experiencing burnout but continue to provide professional services while doing so (Skorupa & Agresti, 1993).

Skorupa and Agresti (1993), conducted a study investigated the psychologists' attitudes on practicing psychotherapy and the connection it has to experiencing burnout. Skorupa and Agresti collected information from a random sample of 225 psychologists. They were taken from

a list of the clinical section of a state psychological association. Packets contained three separate documents. These documents consisted of a demographic questionnaire, attitude survey, and the Maslach Burnout Inventory, which were mailed to each participant.

In total, 112 packets were completed and brought back, however, five of the attitude surveys were useless and 15 others were considered incomplete because it did not include a completed Maslach Burnout Inventory. Therefore, 94 packets were appropriate to be incorporated. There was a reported mean of 10.45 for the amount of years of licensed clinical practice. The results suggest that fewer clients were seen per week by psychologists who strongly believed it is not ethical to practice psychology while facing burnout, compared to those psychologists who don't strongly believe it is unethical (Skorupa & Agresti, 1993). Psychologists who had more concern about the occurrence of burnout appeared to have more knowledge pertaining to burnout prevention techniques. Psychologists who saw less clients every week compared to psychologists who saw more clients per week, tended to receive lower scores on Emotional Exhaustion and Depersonalization scales of the burnout measures. Scores that were higher on depersonalization were seen for profiles of mental health professionals who had more clients who engaged in difficult behaviors. It may be hypothesized that clinicians make an effort to create distance from clients engaging in difficult behaviors by viewing them in a more negative lens. On the other hand, therapists who worked with more clients during the week exhibiter a greater amount of personal achievement. This suggests that they experience a greater sense of accomplishment when seeing more clients. Findings also suggest that psychologists feel more competent and effective in their work if they have more awareness of preventative techniques to decrease burnout. In addition, they tend to have more clients in a week. Finally, the

results from the study imply that ethical attitudes about burnout are associated to certain professional activities, which relate to measured levels of burnout (Skorupa & Agresti, 1993).

In addition, self-care has been noted to be an ethical imperative. Principle A, Beneficence and Nonmaleficence states, "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work". This is an important first step.

> Standard 2.06 may also play an important role, as it states (a) *Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner,* and (b) *When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related activities.* (APA, 2017, 2.06)

Self-care is a concept that can be applied to ensure wellness and act as a protective measure for all psychologists (Barnett et al., 2007).

Burnout and Work Setting

There have been consistent findings linking work setting and burnout. The effects of burnout among human service professionals and in the human services field can be very high. The demanding needs of the job may ultimately create a decrease in work morale (Green et.al, 2014). One reason being that employee turnover may be high. It has been seen that independent practitioners report fewer burnout and fewer stress than peers who are hired by organizations or agencies. Some factors that may explain these findings are that independent practitioners may

obtain more power on their activities and tasks. These therapists potentially have fewer paperwork and other administrative obligations and potentially see fewer patients who are disturbed. Evidence suggests that practitioners who work independently were able to feel as if they have more control in their work than their public-sector colleagues (Rupert & Morgan, 2005). It should also be made known that these conclusions were conducted and found over 15 years ago. Since then, is it safe to say that the health care environment has dramatically changed. More importantly, managed care has established a multitude of novel strains, which include caseload and economic uncertainties, ethical trials, greater workload, and a loss of professional autonomy, which may be important for independent practitioners (Rupert & Morgan, 2005).

In a study done by Rupert and Morgan (2005), a survey was created in order to provide more up to date material in regards to the connection between work setting and amount of burnout experienced among psychologists. Instead of focusing solely on independent practice compared to agency psychologists, they paralleled agency psychologists with two other groups of independent practitioners (group practitioners and solo practitioners). They also assembled inclusive data relating to stress, satisfaction, and professional activities to get a greater understanding of the disparities that may add to the burnout among psychologists who work in three different settings. The researchers provided psychologists with a survey, that contained six sections. Several instruments were incorporated into the survey. For example, one section in the survey requested for broad information about amount of experience, number of hours that the psychologist worked, perceptions toward the workload, and how satisfied they were with the income. 588 surveys were brought back but 17 of them were incomplete. The incomplete surveys may have been the result of respondents who no longer practiced. Of the accomplished surveys, 261 respondents were males and 310 were females. 274 of the respondents were from solo

independent practices, 152 were from group independent practices, and 130 were from an agency. Respondents in the agency category worked at community centers, psychiatric or general hospitals, outpatient clinics, or counseling centers. It's worth noting that the primary work setting was requested of the respondents. If more than one setting was checked off then they were not placed in any setting category; therefore, fifteen respondents were not categorized and were excluded from the work setting data analyses (Rupert & Morgan, 2005).

Findings concluded that the lowest amount of emotional exhaustion was seen for solo practitioners. The highest amount of emotional exhaustion was exhibited by agency psychologists. More specifically, women working in the agency settings exhibited considerably greater amounts of emotional exhaustion than women in either solo or group practice. Men, on the other hand, exhibited considerably higher levels of emotional exhaustion in group practice settings. A follow-up analyses that compared the men and women working in each setting concluded that men reported significantly vaster emotional exhaustion than women in solo and group settings. However, women, compared to men, reported greater emotional exhaustion in the agency settings. Findings also demonstrated that respondents who were in the group and solo practice conveyed greater levels of personal accomplishment than workers in agency settings. No discrepancies were found on the Depersonalization subscale, but gender differences were found. Women reported lower levels of Depersonalization compared to men. No significant differences in terms of stress, satisfactions, number of hours worked, time spent on specific activities, percentage of direct pay or managed care clients were seen for women and men in different work setting. Men were found to have worked more total hours per week than women and spent more time doing testing and therapy. Total sources of satisfaction differed between respondents in the three different work settings. Solo practitioners compared to practitioners who worked in

agencies reported significantly more total sources of satisfaction. There were also different perceptions of the work environment and clientele as measured by the Psychologist Burnout Inventory- Revised (PBI-R) subscales. Solo and group practice practitioners reportedly had increased levels of control over their work activities, and a higher degree of over-involvement with their clients than peers who worked in agencies (Rupert & Morgan, 2005).

Results also showed that solo practitioners labored considerably fewer over-all hours per week than either group practice or agency respondents (Rupert & Morgan, 2005). It is important to note that the lower number in hours may have been due to respondents in solo practice who only worked part time. Solo and group practitioners, both spent considerably more time administering therapy every week compared to their agency peers. This is because, it was reported that agency practitioners spent significantly more time completing administrative work, paperwork and supervising. It was also seen that age was related to burnout. Older practitioners would report less exhaustion and less negative feelings of clients. The level of Emotional Exhaustion was associated to entire hours worked, administrative/paperwork hours, managed care client percentage, negative client behaviors, and over-involvement with clients (Rupert & Morgan, 2005). There was a positive relationship between depersonalization of clients to administrative/paperwork hours, negative client behaviors, and over-involvement with clients and negatively related to direct pay client percentage and perception of work setting control (Rupert & Morgan, 2005). Lastly, there was a positive correlation of having a sense of personal accomplishment to therapy hours, direct pay client percentage, perception of work setting control, and over-involvement with clients. However, it was adversely correlated to examination and administrative/paperwork hours (Rupert & Morgan, 2005).

In conclusion, 44.1% of the respondents in this study were found to be in the high burnout range. 26.3% of the respondents fell in the average range, and 29.6% fell in the low range. Emotional exhaustion is seen as a critical, initial sign of burnout (Rupert & Morgan, 2005). It is possible that practitioners respond to exhaustion by depersonalizing clients. While the commitment to clients decrease and the exhaustion remains, the practitioners tend to lose their sense of personal accomplishment which then results in a full burnout syndrome. The results indicate that work setting differences in levels of burnout continue to occur (Rupert & Morgan, 2005). In general,

independent practitioners performed better on the indices of burnout compared to their agency peers. Independent practitioners also exhibited less emotional exhaustion than their agency peers. Solo and group practitioners reportedly had a greater sense of personal accomplishment than agency respondents (Rupert & Morgan, 2005).

In regard to workplace setting, the features of the organization should be reflected synchronously with individual characteristics to develop programs to encourage a system wide change that is aimed to reduce provider burnout in the mental health sites and to improve client results (Green et al., 2014). An employee's organizational climate has been one aspect of the organizational environment that is linked with burnout. Organizational climate is described as mutual worker feelings and perceptions towards the work environment. It is also correlated with improved treatment results, provider mindsets toward evidence-based practice, and staff turnover. Organizational climate is thought to be composed of multiple dimensions. Included in the dimensions are role overload, role clarity, role conflict, growth/advancement, and cooperation.

Green et al. (2014) conducted a study to first recognize relationships of burnout which include provider demographics (i.e. age, sex, level of education), provider work characteristics (i.e. agency tenure, case load size) and leadership and organizational characteristics (i.e. organizational climate and transformational leadership). The second objective was to define variances in amount of burnout experienced among various disciplines (i.e. social work, psychology, marriage and family therapy) and the type of program (outpatient, day treatment, case management, and wraparound) in a large community mental health system for children and families. It was hypothesized that variables that are related to the work environment, such as leadership and organizational climate will make up for the highest amount of discrepancy in provider burnout. The study included 322 clinical and case management services providers. These individuals joined in a study of organizational challenges within 49 public sector mental health programs that provide services in the San Diego county, for children, adolescents, and their families in the. The participants were provided surveys to complete.

The results of Green and his colleagues (2014) confirmed the researcher's hypotheses concerning the impact of organizational climate and leadership in comparison to demographic and work feature variables on burnout. The present study found that age was the only demographic variable that was correlated to the outcomes of burnout. This is different from past studies, which determined there was a adverse association between age and emotional exhaustion. The outcomes from the existing study also endorsed a positive connection between age and personal accomplishment. Older providers were more probable to state higher feelings of personal accomplishment at their job. They found that the size of their case load, amount of years worked at the agency, level of education and gender of the provider were not linked to any of the components of burnout in the current analyses. Although these findings were non-significant, it

still showed importance and suggests that these differences may provide less to the inconsistency of burnout than other more dynamic and variable factors, for example leadership and organizational climate for which there are evidence-based interventions. The greatest amount of variance was uncovered for predictors of emotional exhaustion. To be more specific, role conflict and role overload were suggestive of a "stressful" climate and intensely linked to emotional exhaustion. Higher role overload is known to be a work environment where there are multiple tasks and not adequate time for it to be completed. Vaster levels of role conflict indicated a work environment where there are numerous competing stresses on provider's time and cognitive resources. Personal accomplishment was significantly associated with role clarity and cooperation, which implies a functional atmosphere as well as transformational leadership. The findings suggest an inspirational leader that emphasized attention could relate to increased levels of personal accomplishment. In addition, more cooperation between team members and having a well-defined understanding of each worker's job tasks can lead mental health professionals to experience more competency and efficiency in work and job performance. The main significant forecaster of depersonalization was role overload. This unyielding correlation between the two suggests that individuals who perceive themselves to be assigned too many tasks with not a sufficient amount of time to complete it may feel a lack of connection or relationship with their client(s). In all, it appears that protective factors against burnout in publicly funded mental health providers are decreasing levels of role conflict and overload, increasing role clarity and cooperation, and the existence of a leader.

Managed mental health care and/or productivity necessities are often dominant in a publicly funded mental health service system. There may be competing work demands that are

usually in the form of clerical and administrative tasks. The Green et al. (2014) study revealed that the most amount of time providers allocated for work was for administrative or clerical work instead of it being for direct psychotherapy or assessment. These requests for care may yield in more role conflict amid providers whose main instruction is concerned with the delivery of direct therapeutic services. It is suggested that future studies investigate more on the magnitude of opposing demands in these settings to understand which are the most unfavorable to employee and organizational well-being and to hopefully elicit change. The researchers also suggest that organizational interventions should be executed to aide providers in developing organized methods that can simplify record keeping and reporting data in order to save time to meet the needs of their clients (Green et al., 2014). To add, the results pertaining to the personal accomplishment component of burnout recommends that a provider's feel of satisfaction and competence pertaining to the job is related to supervisors who exhibit transformational leadership behaviors, moreover organizations that present well-defined, planned objectives for providers and organizations where employees obtain support from the administration as well as co-workers. Green et. al, recommend that in order to better the work circumstance for providers, leadership development and organizational interventions should be established.

Green et al.'s (2014) second goal of the research was to investigate variances in the factors of burnout by professional discipline and mental health program. No significant findings were demonstrated between the different disciplines (social work, psychology, marriage and family therapy) at the mental health program level. Previous research has found that there are higher amounts of burnout among outpatient compared to inpatient providers. The current study expanded on this finding and investigated the different kinds of outpatient services. A type of intensive case management that uses a collaborative team-based approach is known as

wraparound. The concentration of traditional case management focuses more on the management of services for a client or family. Outcomes for the present study indicate that a collaborative and strength-based approach may be a useful option for the clients as well as providers conducting the services. To summarize, the findings from the study suggest that burnout may be a function of factors not limited to personal features but also to larger organizational circumstance attributes pertaining to the work environment in which the provider works in. (Green et. al, 2014).

Burnout and Well-being

Psychologists face a variety of professional demands over the development of their professional careers. Some are faced with the emotionally demanding environment of human service work where some may be faced with administrative or organizational demands. Regardless of the demands, these demands take a toll on the well-being of the psychologist.

Psychologists early in their careers have been working within 7 years of earning their doctoral degree. These new psychologists are challenged with obstacles, which include managing student debt, navigating the job market, developing a professional identity, and starting a family. These psychologists who are just starting out may also be placed in positions that do not meet their expectations, or which may not be ideally fitting to their strengths and goals. Midcareer psychologists are those who have 8 to 20 years of experience. They experience novel demands, which are associated with increased responsibilities that include being a supervisor, leadership, or administrative roles. These psychologists may also be more competent at having better time management of balancing time for their family and at work, may experience greater control and independence as well as a greater sense of competence and professional accomplishment. Lastly, psychologists who are towards the end of their careers are

professionals who have 20 or more years of experience in the field. These psychologists are coming close to the end of their careers and may be reflecting on their work. They may have an increased professional maturity and experience. They may also exhibit more self-care and have more coping self-efficacy.

As was seen through research findings from Dorociak, Rupert, and Zahniser (2017), well-being varied across the different career stages. Early career psychologists expressed having emotional exhaustion and less personal accomplishment compared to late-career psychologists. Doraciak et al. (2017) also found that early psychologists and mid-career psychologists exhibited greater observed stress and had more days of poor mental health in the month compared to late-career psychologists. Early psychologists were seen to have more intentions to leave their position compared to mid or late career psychologists. These findings were congruent with findings from Simionato and Simpson (2018). Doraciak et al. (2017) found that a frequently identified risk factor for younger psychologists was due to a decrease in therapeutic practice. Younger psychologists may also have less methods for coping with demands of providing therapy, which may increase their vulnerability to greater work-related stress and ensuing burnout. Younger psychologists' lack of experience was also correlated with a tendency to set unrealistically elevated expectations in regard to their impending clinical efficacy. An inexperienced psychologist may develop a feel of hopelessness if they are faced with increasingly complex work demands and conditions. Hopelessness develops due to their inability to reach their ideal expectation and standards, which then led to discouragement, depersonalization, and burnout. Interestingly, in some countries, psychologists are given conditional licensure for the first two years post qualification. They are required to undertake

further supervised practice, most commonly in community mental health settings. This setting is often associated with lower incomes and working with clinical populations that have greater risk.

In regard to self-care, it was seen that early career psychologists expressed less engagement in self-care behaviors (domains included- work life balance, professional development, cognitive strategies, and daily balance). Findings suggest that late-career psychologists participate in more self-care activities; however, the findings across two samples were inconsistent and more research is needed to recognize aspects that impact self-care across the life span of the profession (Dorociak et al., 2017).

Thriving at work goes beyond career satisfaction and work engagement and incorporates a feel of liveliness and vitality about work. In addition, thriving encompasses the feelings of learning and growing through work. A feeling of satisfaction occurs when individuals prosper at work and they are also able to conduct their jobs well. Individuals have fewer physical health problems if they feel faithful to their employer. Psychological and physical well-being can also be increased through thriving. Overall, employees who are thriving are said to have healthier well-being than individuals who are not thriving at work. Thriving employees have a lesser risk of burnout and have better job performance compared to those that are not thriving. There are three factors that aid in thriving at work. They are control, relationships, and meaning at work. Control means having autonomy and more decision-making power. Relational factors include feeling valued by others at work and feeling supported by their peers and supervisors. Meaning at work was associated with vitality, sense of learning, and helping others (Wonjin et al., 2016).

Risk Factors

Risk Factors for Burnout			
Individual Factors	Job Characteristics	Organizational Characteristics	Gender
• Socio-demographic • Sex • Marital status • Education • Coping skills • Self-efficacy • Traits-neuroticism, rigid thinking • Social support	• Workload • Hours worked • Time pressure • # of clients • role conflicts • interpersonal relationships • autonomy • social support • emotional demands • no control over work • characteristic of clients	• hierarchies • operating rules • resources • values • management model • social, economic, and cultural aspects	• women

Table 1: Risk Factors for Burnout
Source: Rodriguez & Carlotto, 2017, Green et al., 2014, Simionato & Simpson, 2018, Carter & Barnett, 2014.

Burnout happens as a consequence of a complicated interaction among the individual and organizational factors. Three groups of burnout risk factors have existed in literature. First is individual factors. Some individual factors include socio-demographic variables; sex, marital status, level of education, and personality variables; traits, coping skills, and self-efficacy. The second group is job characteristics which include workload, number of hours worked, time pressure, number of clients, role conflicts, interpersonal relationships, autonomy, social support, and emotional demands. Lastly, the third group is organizational characteristics, which is comprised of hierarchies, operating rules, resources, values, management model, and social, economic, and cultural aspects (Rodriguez & Carlotto, 2017). Women have been found to have significantly higher levels of emotional exhaustion than men (Green et al., 2014).

Stress and burnout were associated with personality factors which include neuroticism, rigid thinking patterns, excessive conscientiousness, over involvement in client problems,

meticulousness and an inclination to attempt to meet high self-expectations. Burnout was also associated with low trait agreeableness (i.e. egocentrism, less compassion, competitiveness), low extraversion, and shyness because it indicated there was less interpersonal connection with clients, limited opportunities of collaboration with colleagues, and fewer opportunities for social support. On the other hand, less commitment at work and low conscientiousness may decrease intrinsic rewards and personal accomplishment resulting from assisting clients (Simionato & Simpson, 2018).

Coping mechanisms and social support that is not perceived as supportive are risk factors for burnout. Evidence indicated that burnout was correlated with staying in one's emotions or avoidance of one's emotions possibly due to less avenues for interpersonal connections and social support. Most studies depicted that social support together with personal therapy was associated with greater burnout among psychotherapists. However, it is possible they were accessing personal therapy as a result of burnout instead of a predictor of burnout. Social support may only be a protective factor if a psychologist perceives to be supported (Simionato & Simpson, 2018).

Working long hours may pose a risk factor in burnout. The amount of time that a mental health professional has been working in the field can be another cause of burnout especially if the cases that they work on are severe, intense, and include stressful interactions. Mental health professionals are faced with many others' maladjustments especially since many people seeking psychotherapy are troubled or faced with challenges. Interactions with clients can be charged with strong emotions; and if a mental health professional works with a large number of clients who are faced with challenges, he or she may be more likely to experience burnout. Other risks

include longer time in the field and the amount of their caseload. Mental health professions may experience burnout if they perceive their client as not making changes or growth (Raquepaw & Miller, 1989). In addition, Rodriguez and Carlotto (2017) revealed that overwork was a variable that had the greatest explanation for indication of a burnout syndrome.

The workplace factors may pose as another risk factors. Psychologists who recognize themselves as not having much control over their work activities, or who spend countless hours on administrative or paperwork-related tasks may be more inclined towards burnout (Carter & Barnett, 2014). Other findings have shown, through mixed results, that job tenure at an agency may play a role in experiencing burnout.

Responsibilities that are associated with managed care is another risk factor. Some of the risk factors include external limitations on services, excessive amounts of paperwork, additional time and cost to obtain reimbursement, and low reimbursement rates (Carter & Barnett, 2014).

Lastly, the characteristics of the client population may act as another risk factor, which is related with burnout. Negative behaviors, such as suicidal ideation, threatening, or dangerous behaviors, can function as a risk factor for provider burnout and is seen more closely related to emotional exhaustion or depersonalization. Psychologists who have larger caseloads than preferred may also report higher levels of burnout. Psychologists who provide services to clients who have borderline personality disorder, depression, suicidality, psychotic symptoms, substance use, and physical violence may also be at risk for experiencing burnout (Carter & Barnett, 2014).

There is a general tendency to accuse the person instead of the job for burnout. There are also assumptions that only the individual can resolve it. A useful framework is one that notices the way individuals experience a good/poor fit with the job conditions. Maslach and Leiter (2017) categorize six areas of work life that may be predictors of burnout if there is any

mismatch between the person and the work. The six areas are reward, workload, control, community, fairness, and values. Although these may be sources of burnout, they also work as strategies to improve the fit between people and their work.

Workload is the first area. If there are more demands than one can manage, then burnout will be aggravated by exhaustion. Work may spill over into their personal lives, which may create greater burden and prevent opportunities to recover depleted energy. The second area is control. Control is associated to the decisions that may affect one's work. Control is a way for individuals to practice taking initiative in the work that they do and gives them a feeling of volition and agency. Reward is the third area and is related to having awareness of an individual's input at work. Individuals differ in the way that they feel rewarded. Some are satisfied with the intrinsic rewards that come from their work activities and some like receiving confirmation and acknowledgment from colleagues and leaders. The type of acknowledgment one pursues impacts the individual's helplessness to burnout. Community is the fourth area. Here the value of connections with co-workers plays a significant role. Individuals differ in the way that they value close friendships or professional relations at work. Needless to say, individuals do appreciate encouraging social exchanges in general. Fairness is the fifth area and is defined as a sense of justice engages people whereas a sense of injustice tends to exhaust and discourage people. Injustice may cause the individuals to physically and emotionally distance themselves from work. The last identified area of work life is values. Values is defined as the alignment of personal and organizational values (Maslach & Leiter, 2017).

Antecedents for burnout are having a goal-oriented mindset, extreme workload, and a negative work environment. Individuals who experience burnout tend to have a focus on achievement, taking pride in what they do, and have a level of perfectionism (van Mol et. al,

2015). A goal-oriented attitude may cause the individual to have pressure for perfectionism, frustration with professional growth, and less teamwork as withdrawal and isolation starts. An excessive workload may mean high number of patients and tight deadlines or time limitations (Baier et al., 2018). High turnover of patients may also be included. The work environment may be the last antecedent to burnout. The work atmosphere may change in a negative way due to the changes in leadership or team dynamics (van Mol et al., 2015). A loss of independence, disproportion in resources or recognition and an accumulated quantity of work during the shift may also cause burnout (Baier et al., 2018).

Measuring Burnout

Burnout is frequently measured using the Maslach Burnout Inventory (MBI). This inventory is comprised of three subscales, which measures the distinct aspects of burnout. One scale is the Emotional Exhaustion subscale, which encompasses attitudes of feeling emotionally drained. When emotional energies are depleted, these individuals are not able to give of themselves like how they used to. The Depersonalization subscale is comprised of the growth of negative, cynical attitudes and feelings toward the individual or people that one works with. Finally, the Personal Accomplishment subscale comprises of feelings of competence and success in working with people. Psychologists who believe they are no longer accomplishing what they want or believe they are no longer making meaningful contributions through their work, tend to view and assess themselves more negatively. Higher scores on the Depersonalization and Emotional Exhaustion subscales in addition to decreased scores on the Personal Accomplishment subscale mirror a higher degree of burnout (Raquepaw & Miller, 1989).

There are other burnout measurements worth mentioning. Rodriguez and Carlotto (2017) assessed for burnout using the Job Burnout Syndrome Assessment Questionnaire. This

questionnaire contains 20 items that are divided in four subscales, which include, enthusiasm towards the job, psychological exhaustion, indolence, and guilt. A 5-point Likert scale was used to assess the items. Another assessment used to determine burnout is the Psychologist's Burnout Inventory (PBI). This is a fifteen-item survey with a 7-point Likert scale format. This inventory is used to assess factors that are related to burnout in psychologists (Ackerly et al., 1988). Other burnout measures worth mentioning are the Copenhagen Burnout Inventory (CBI), Tedium Burnout Measure (TBM), Burnout Questionnaire (BQ), the Meier Burnout Assessment (MBA), and the Oldenburg Burnout Inventory (OLBI). The OLBI appears to be amongst one of the encouraging and vigorous new burnout assessments, which gage physical, cognitive, and affective factors of exhaustion. It also includes withdrawal/detachment and it is appropriate for use among an array of occupations and academic settings (Simionato & Simpson, 2017).

Measuring Wellbeing

There are measures that can be provided to workers that can allow them to assess their life satisfactory and perceptions on self-care. Two assessments that can be given to the individual are Ferrans and Powers, Quality of Life Index, and a Self-Care Assessment. The Ferrans and Powers Quality of Life Index assesses how the individual perceives their quality of life. There are three sections that evaluate how satisfied the individual is with life. While utilizing the same questions, this assessment asks to assess how important certain areas of their life are to them. Some questions included in this measure are, "How satisfied are you with your ability to take care of yourself without help" and "How important to you is taking care of yourself without help?".

The self-care assessment depicts self-care as things the individual performs to uphold good health and better their well-being. This assessment evaluates areas such as physical self-care,

psychological/emotional self-care, social self-care, spiritual self-care, and professional self-care. Both assessments are self-report measures.

Supportive Strategies

Supervisory System

Collaborative peer support was coined by Corlett (2015) because it encompassed the principle of having the cooperation and friendliness natural to human beings. The model relies on progressive learning and understanding of communication, which brings attention to skills of enriched social interaction, being reflective, mentoring peers, and problem-based learning. Some of the skills of social interaction include active listening, receiving and giving feedback, deepening the discussion, and the development of attuned interaction. This model should extend beyond training and should serve to be a framework of professional support in the field. This process allows the individual to examine his or her own work and to identify issues that arise from it within a personal and professional level. Peer support is also a way the individual can consult their peers to maintain their performance and to expand the psychologist's skills (Corlett, 2015).

Supervision is a major component of developing a competent clinician. Supervision creates a space where the individual can share their dilemmas, ask questions, and share achievements. A supervisor can be someone who is aware of our work apart from ourselves. A supervisory relationship that can be maintained overtime allows for the supervisor to come to know and understand the individual both professionally and personally (Hughes, 2014).

Supervision is most beneficial if it is an ongoing process and one of its benefits is having an appointed person who can get to know the individual as well as know them in a professional

manner. Reflective practice is essential to maintain competence. If reflection is not maintained, individuals miss out on opportunities for understanding (Hughes, 2014).

A supervisory system would be beneficial to set into the workplace. The idea would be to have an hour in the provider's work schedule where they can discuss with a colleague challenges with work. This may be to consult on a case or to debrief on any other obstacles that the individual may be facing. An administrative or department head will team up the individuals or individuals can choose whom they would want to work with. The idea would be for these process-oriented sessions to occur twice a month. Decent social relationships support individuals to thrive. Positive social relationships can promote a greater sense of purpose and those who have larger social supports are known to suffer less colds (Johnson & Acabchuk, 2018).

Stress Management Programs

Stress has been defined as a theoretical condition that is induced by environmental factors and is manifested by responses at various psychological, behavioral, and social levels. A common and apparent consequence of stress is "stress reactions" where unfavorable health and behavioral problems occur as a result from ineffective coping with environmental demands (Tolman and Rose, 1985). Workplace stress may result in the development of five leading causes of death in the United States. The diseases include coronary heart disease (CHD), diabetes, chronic obstructive pulmonary disease (COPD), lung cancer, and strokes. Many times, these five causes of death are known as "lifestyles diseases" because habits such as smoking cigarettes, decrease in exercise, and diets high in fats and salt may contribute and increase the risk of one of them developing. Illness on employers is tremendous if it is looked at through a financial lens. Work-related stress and depression have shown to have a direct cost of approximately $12 billion a year (Tolman and Rose, 1985).

Stress management programs that are provided by the workplace should be engaging, accessible, and convenient in regard to scheduling (Wolever, et. al, 2012). Holton, Barry and Chaney (2016) suggest that stress management programs that emphasize expanding the use of adaptive coping may have a more significant influence on employee stress management compared stress management programs that target decreasing the use of coping strategies that are not appropriate or beneficial. Teaching or promoting adaptive coping skills is not enough therefore, increasing the accessibility of resources in the workplace to assist in the utilization of better coping strategies are essential for effective stress management (Holton et al., 2016).

Stein (2001) suggested nine general principles of stress management. The first was to choose a stress management program that is congruent with one's life style, (2) incorporate the technique into everyday schedule, (3) engage in the activity at the same time each day, (4) be realistic in setting up a schedule, (5) compile a list of stressors, (6) become aware of the symptoms of stress, (7) monitor the impact, (8) do the stress management techniques in increments, and (9) try to establish a quiet environment for completing the relaxation exercises.

In addition to supportive supervisory system, stress management classes may also be offered to promote overall wellness for workers especially the psychologists. Classes will be offered weekly and will cover a range of common issues, which will be covered further in this section. The classes will be offered at a voluntary basis and will be provided during lunch hour to not take away from patient care. These classes will be provided for further psychoeducation on stress and to help psychologists, as well as other workers who want to attend, identify their triggers and how to cope with them. Tailored solutions can also be provided to the individual in the event that burnout or any of the facets of burnout are experienced.

Utilizing health psychology strategies, which promote healthy lifestyles may result in a positive impact for the organization due to decreasing incidences that diseases may occur. One company invested to increase the health in the workplace. They found that there was a decrease in absences from work (Llyod, 2006). Workplaces need to make more of an effort to implement opportunities or programs that helps to address emotional exhaustion in the workforce and to increase the role of self-care. Self-care strategies make for an attempt to effectively manage overall stress and challenges that are experienced while working in the field. It is also in hopes to maintain a balance between personal and professional lives while promoting well-being. Research has shown that many psychologists fail to implement self-care practices into daily living. Therefore, it is encouraged that graduate programs intervene during the training so that psychologists will be better suited to implement self-care strategies throughout their professional careers (Sherman, Barnett, & Haskins, 2013).

Many of the most effective skills-based stress reduction programs are founded on a belief of mindfulness Kabat-Zinn (2003). Mindfulness means being attentive in a specific way, intentionally, in the present moment which doing it non-judgmentally. Mindfulness-based programs have been successful in dealing with intrusive thoughts, rumination, and stress (Mendelson et al., 2010). Hülsheger et al, (2013) explored whether mindfulness decreases emotional exhaustion and increases job satisfaction. The results showed that short mindfulness interventions was positively linked to job satisfaction and negatively linked to emotional exhaustion.

Yoga

Yoga is an ancient system of physical and psychic practice. It began in South Asia during the Indus Valley civilization. The practice of yoga can be defined, more modernly, as the

practice and application of mind and body in the living course of human beings so that harmony may be kept within self, society and nature. This exercise promotes physical, spiritual, and mental relaxation through stretching, meditation, and breathing (Lin et al., 2015). Yoga and stretching is beneficial because it may improve flexibility and may decrease an individual's arousal. Strengthening of the muscles is effective because it can help in relaxing tense muscles and releasing frustration (Llyod & Foster, 2006). Yoga has been seen to improve depressive symptoms (Lin et al., 2015). Practicing Yoga has a holistic effect since it shifts the whole functioning of the body from a stressful sympathetic state to a more balanced, calm, and slow but alert parasympathetic condition (Govindaraj et al., 2016).

There are also beneficial effects that yoga has on the immune system. There tends to be a general transference towards the parasympathetic manner. It has been shown that yoga will promote the production of red blood cells and white blood cells. The immune system is known to transport infectious agents to lymphocyte sites. Yoga has shown to improve immune function by improving the circulation. Yoga poses which are inverted enable venous and lymphatic drainage, which ultimately is and improves circulation. Yoga practice brings mindfulness awareness, which allows for experiencing positive feeling and a sense of well-being. As a result, the number of immune cells is increased. In addition, B and T cells are known to increase when positive thinking occurs. Lastly, yoga decreases markers of inflammation. Some of the markers it decreases are C-reactive protein and interleukin-6 (Govindaraj et al., 2016).

In one study, researchers aimed to assess the effects of yoga classes on work related stress, stress adaptation, and autonomic nerve activity on mental health professionals. The researchers compared the results between an experimental and control group by utilizing a randomized controlled trial. The experimental group went through a yoga program and the

control group had no yoga exercise. This happened over a course of 12 weeks. Prior to the program, researchers assessed the individual's work-related stress and stress adaptation. In addition, assessed was heart rate variability at baseline, 6 weeks into the yoga classes (midpoint), and 12 weeks at the end of the classes (postintervention). Yoga classes occurred weekly and was a 60-minute class. This class was comprised of abdominal breathing, cooling breath, forced abdominal breathing, meditation, and bodily stretching. The control group had no exercise but was able to participate in a free teatime.

The results showed that the 12 weeklong yoga classes significantly decreased stress from work while increasing stress adaptation of mental health professionals. The findings from this research were congruent with other findings pertaining to the general public, which showed that a therapeutic yoga program significantly improved perceived stress (Wolever et al., 2012). This suggests that mental, physical, and spiritual practice of yoga is advantageous in decreasing work-related stress because it allows the individual to balance physiological and autonomic functions of stress (Lin et al., 2015).

Yoga also incorporates psychological mechanisms that can impede stress is positive attitudes towards the perceived stress, having self-awareness, calmness, and mindfulness, just to name a few. Mindfulness has been shown to have a positive correlation between yoga practice and stress reduction (Riley & Park, 2015). The self-awareness and mindfulness can aid the psychologist to maintain balance in both the individual's personal and professional lives. The results from a study done by Valente and Marotta (2005) showed that yoga augmented the psychologist's ability to have an awareness of what their bodies were feeling and communicating and to include their thoughts, emotions, and patterns of cognition. The psychologists in the study noted that practicing yoga nurtured a concentration that permitted healthier control over their

thoughts and ability to direct their minds. Yoga also facilitated to have more awareness of their emotions and to achieve better control of their emotional reactivity. In addition, yoga has helped psychologists with balance. More specifically, this means it facilitated to calm their central nervous system, reduce anxiety, reduce mental stress and fatigue, and helped them to relax. Overall, it allowed the psychologists interviewed, a sense of being more "centered and grounded" (Valente & Marotta, 2005).

Physical Fitness

Adverse effects can occur on an individual's physical and mental health if there are chronically elevated levels of cortisol in the body. Chronic stress may develop an increased risk for diabetes, obesity, and cardiovascular disease. It has been assumed that physical activity creates health benefits based on the neuroendocrine system. The hypothalamus-pituitary-adrenal (HPA) axis reacts with a variety of environmental demands, which can result in the secretion of cortisol. Cortisol is known to be the body's main stress hormone, which works with specific areas of the brain to control mood, motivation, and fear. When there are chronically elevated levels of cortisol in the body results may have harmful effects on the physical and mental health on the individual (Pauly et al., 2019).

Exercise mainly targets muscular and cardiorespiratory training. If done moderately, it can benefit the immune system and helps to offset chronic inflammation. Regular exercise can also reduce the risk of infection (Govindaraj et al., 2016). Sonentag and Jelden (2009) demonstrated that employees recognize that participation in sports activities and exercise are sufficient to recover from job-related stress. Further investigation showed that participants did not frequently participate in exercise or sport related exercises when they were under high stress levels. Research has also proven that employees who had increased levels in perceived stress but

engaged in less cardiorespiratory fitness exhibited more symptoms of burnout and depression (Gerber et al., 2013).

One study was conducted to determine if consistent physical activity moderated the connection between burnout symptoms and occupational stress. 309 Swiss workers were participants in this cross-sectional study. Physical activity was assessed using the International Physical Activity Questionnaire and burnout symptoms were evaluated using the Shirom-Melamed Burnout Measure. The study concluded that employees who had high stress levels reported reduced burnout symptoms if they engaged in more leisure time or physical activity compared to their counterparts who engaged in less physical activity. It also showed that physical activity could help people cope appropriately with stress that is experienced from work. Physical activity was also shown to improve sleep (Gerber et al., 2019).

Stress can significantly be reduced if aerobic fitness programs and on-site gyms are provided and accessible for employees. There is also value when organizations promote recreational sports and other events that offer physical activity because it allows interaction with colleagues while also reducing stress.

Nutrition

Scientists determined that the human is one superorganism that contains billions of microorganisms. Some of the microorganisms include bacteria, archaea, fungi, viruses, and protozoa that live on external and internal surfaces. The microorganisms are mostly found on the surface of the skin, digestive, respiratory, urinary, and reproductive tracts. The most important microorganisms are believed to inhabit the digestive tract in the human body. Collectively the microorganisms, in the human body, are known to be the gut microbiota (Liang et al., 2018). Gut-brain psychology endorses that the gut microbiota plays an important role of the gut-brain

network. The gut microbiota connects with the brain through the microbiota-gut-brain axis and communication occurs here. It is also known to grow concurrently with the gut-brain, brain, and mind. The gut microbiota is known to influence several typical mental processes and mental phenomena. It is also linked to the pathophysiology of numerous mental and neurological diseases.

The gut microbiota encompasses the metabolism and digestive absorption of nutrients. Another function is that it assists in the digestion of defiant carbohydrates, the breakdown of endogenous and exogenous proteins, the degradation of bile acid, and the production of vitamins and other bioactive compounds. Colonization of gut microbiota is essential for the maturation of the immune system. The gut microbiota regulates the maturation of the neuroendocrine system. This means that the brain and mind are impacted by it. The human diet has changed dramatically following modernization and these changes have influence the gut microbiota. The microbiota is believed to have a crucial role in the pathophysiology of digestive, metabolic, immune, and neurodevelopmental diseases.

The biggest digestive organ, immune organ, and endocrine organ of the human body is the gut. The gut also retains a nervous system, which is independent of the brain. The gut is a microbial organ, which consist of microorganisms. The gut houses food for the microorganisms while the microbiota impacts the establishment and function of the gut. The gut and gut microbiota cooperate with one another to execute tasks of digestion, immune and endocrine functions, and neurotransmission. This microbial organ can be called the gut-brain because it differs from other peripheral organs being that it can function without the use of instructions from the brain. The gut brain completes its local function, but other functions consists of regulating human behavior and cognition.

The gut microbiota plays different roles. First, it normalizes pain perception and impacts both visceral and peripheral pain response. Disorders related to pain, include functional abdominal pain, migraine, and persistent back pain are strongly associated with an abnormal microbiota. Second, gut microbiota is closely associated with cognitive functions, which encompass learning capacity and memory. Third, gut microbiota affects mood and emotion. Fourth, it is linked to temperament and character. Fifth, stress management can be influenced by the gut microbiota since it is part of the stress response system. Psychological stresses can activate neuroendocrine, immune, and the nervous system while destroying mood and disturbing gut microbiota. The amygdala is a part of the brain, which can be significantly affected by the gut microbiota. It is known that the amygdala has a huge role in stress related mood and behavior response and emotion regulation. A healthy microbiota aide the host to handle stress in comparison to an abnormal microbiota, which decreases the challenge and expands the proneness to stress-related disorders. Sixth, the gut microbiota impacts dietary behavior. For example, the gut microbiota may have a vital role in eating disorders (i.e. anorexia nervosa). Finally, social interaction and reproductive behavior are associated with commensal microbiota. In order to have appropriate development of social behavior, it is essential to have a normal gut microbiota (Liang et al., 2018).

Stress has been known to make approximately two-thirds of people hyperphagic, which means that people will tend to eat more. On the other hand, one-third of people, during stress, are known to be hypophagic, which means they will eat less (Sapolsky, 1998).

Glucocorticoids have been found to stimulate appetite; however, they stimulate appetite for foods that are mostly starchy, full of fat, or sugary. CRH is a hormone known to inhibit appetite and both are secreted during stress, which explains why some people are hyperphagic

and others are hypophagic. The type of stressor definitely determines what will be activated and what will be inhibited (Sapolsky, 1998).

Nutritional courses may be effective to help employees incorporate a healthier diet to their everyday lives. The Stanford Heart Disease Prevention Program created community based projects which provided evidence that low-fat eating habits can be self-taught and embraced into steady practice if people use healthier recipes, booklets containing brief and concise advice, and eye catching reminders that are displayed on the refrigerator as well as food areas (Llyod & Foster, 2006).

Massage

One of the oldest treatments in the world is massage therapy. It was first defined in China during the second century B.C. and late in India and Egypt. Massage therapy is now considered an "alternative" therapy. This type of therapy is outlined as the manipulation of soft tissues performed by a trained therapist solely for therapeutic purposes. (Field et al., 2005). Massage includes the kneading, rubbing, and moving muscles and other soft tissues of the body by mostly using the fingers and hands. The goal of massage therapy is to increase blood flow and oxygen to the area that has been massaged (Barnett et al., 2014). Massage is commonly used to manage pain and reduce stress. In the United States it is commonly used for wellness and chronic illnesses for all ages (Field, 1998).

Stress is associated with increases in the hormone cortisone. Chronic stress is known to increase hypothalamic-pituitary-adrenocortical activity, which causes an elevation in cortisol production. Heart rate and blood pressure will also go up due to the sympathetic nervous system responding to stressful events. After a single massage, it was found that there was decreases in blood pressure and heart rate. In the United States, Swedish Massage is commonly practiced.

This type of massage improves circulation, promotes relaxation, improves flexibility, and rids the tissue of waste products. The goal is to relax and energize the recipient (Barnett et al., 2014).

Massage therapy has been revealed to enhance alertness. A study on job stress included a sample of faculty and staff from the medical school who received a 15-minute chair massage when having their lunch breaks. Included in the massages were deep pressure to the head, neck, back, and shoulder regions. Researchers were shocked to find that participants reported more alertness instead of an anticipated response of being sleepier. They were then compared to a group of relaxation therapy participants and found that levels of alpha wave activity were decreased significantly during a massage. The findings suggested a heightened pattern of alertness, which translated into more efficient performance. Findings demonstrated decreases in job stress, depression, and anxiety and it showed that urine cortisol levels were decreased (Field, 1998).

Research also suggests that massage therapy has the ability to significantly alter the biochemistry of humans instantly after the massage session is over and after the duration of treatment. Job stress, as well as other conditions, such as depression and pain syndromes, has also been studied to understand the effects of massage. Cortisol is known to be a factor, which induces stress and can ultimately affect immune function. It is an end-product of the sympathetic system and is known to kill immune cells. Studies have been done where cortisol is sampled from saliva of individuals right after a massage therapy session; findings showed that cortisol levels decreased (Field et al., 2005).

Organizational Psychology

Organizational practice is pertinent to employee health and well-being. Turnbull and Rhodes (2019) have shown that health is associated to performance outcomes for both the

psychologist and organization. Psychologists believe that little consideration is focused on the emotional needs of the therapist. There is urgency for the workplace and training settings of psychologists to reorient from focusing on performance and skill to add the acknowledgment and support of the therapist, their self-care and emotional needs, and the restrictions of their abilities (Turnbull & Rhodes, 2019).

Leadership Styles

Lower job performance has been linked to lower health status. Another reason why organizational practice is pertinent to employee health and well-being is that illness, as well as health problems involve ample costs. Sickness-related absences and loss of working hours need to be compensated for by the companies. On the other hand, health insurances need to compensate for health care and medical costs (Hostmann, 2018). It is common for workplaces to provide initiatives such as on-site fitness facilities, smoking cessation programs, dietary control, relaxation an exercise classes, health screening, alcohol and stress education, or psychological counseling, or some combination (Cartwright, Cooper, & Murphy, 1995).

Health-specific leadership focuses on employee health and is a domain-specific leadership style. The intention of this leadership style is to encourage employee health by prioritizing employee well-being and exhibiting health-supportive behavior. Such behavior includes cultivating optimistic resources and decreasing demands related to work. Four components define the association among leadership and employee health. First, the component is value of health, which includes the importance leaders place on their employees as well as their own health. The second component is health awareness, which encapsulates the leader's comprehension and understanding about health risks, potential health promotion, and employee health. The third component is health behavior, which relates to actions such as creating a health

promoting workplace and reducing work related demands. Lastly, the fourth component is role modeling. This component refers to leaders' power to sway employees to take care of their own health. A supervisor's attitude towards their own health can be adopted by the employees. If they perceive their supervisor is a good role model in regard to health-related habits, then they will take care of their own health. Thus, the first hypothesis was that there is a negative association between health-specific leadership and employee burnout (Horstmann, 2018).

Horstmann (2018) then hypothesized that employee self-care mediates health specific leadership on employee burnout. Self-care is perceived as an internal resource, which aids the employees to promote and protect their health. A health-promoting environment may motivate the employees to display health behavior by health-oriented leaders acting as role models. Greater mental health and less unhealthy behavior may be a result when individuals show more self-care and protect their internal resources.

The third hypothesis is associated with personal initiative. Personal initiative is a concept that replicates a work behavior, which overcomes barriers and is self-starting and proactive. Personal initiative is closely linked to job performance, career success, and entrepreneurial success. The aforementioned are organizational performance outcomes. It is hypothesized that managers who show a high level of personal initiative, will aide in overcoming barriers to change the work environment which then leads to lower employee burnout.

Lastly, social learning theory endorses that role modeling happens if the conduct is seen to have a positive product and if self-efficacy is anticipated. Personal initiative is assumed to enable effective health-specific leadership behavior and employees have a greater chance to participate in self-care if they perceive that their managers are implementing more effective

health-oriented behavior on their end. Therefore, the last hypothesis states that personal initiative moderates the relationship between health-specific leadership and employee self-care.

Horstmann (2018) collected data from 24 geriatric care facilities from November 2016 until March 2017. The care facilities were located in Germany. 525 participants were integrated in the research and completed the Health-Oriented Leadership instrument. This instrument consisted of four subscales which measured health awareness, health value, health behavior, and health-related role modeling. Employee self-care was also measured and included subscales such as health awareness, health value, and health-related self-efficacy. Employee burnout was the last factor to be measured and it consisted of three subscales, which encompassed emotional exhaustion, cynicism, and personal accomplishment.

The findings showed that lower levels of burnout were reported if supervisors were rated higher on the health specific leadership scale. The results also indicated that burnout was prevented if managers intentionally promoted their employee's health by producing conditions that supported health and functioned as a relevant external resource. The second hypothesis was also supported; the researchers found that employee self-care somewhat intervened the connection among employee burnout symptoms and health-specific leadership. Employees were shown to exhibit less burnout symptoms because they were more likely to take care of their if they thought of their supervisors to be more health oriented. This confirmation was congruent with previous findings because it encompasses three aspects. The first being that employee health is promoted if managers address employee self-care. The second aspect is that the impact of managers on employee health is limited if health is not a priority for the employees. Third, the managers pose as a role models for employees. So, if employees see their managers taking care

of their own health, it is more likely that the employee, in turn, will take more initiative to take better care of their own health (Hortsmann, 2018).

The third hypothesis assumed that managers of personal initiative moderated the effect of health-specific leadership on employee burnout. This hypothesis was shown to be rejected because managers have to score a certain level of personal initiative to demonstrate successful health behavior.

The fourth hypothesis was supported and showed that manager's personal initiative does moderate the relationship between health-specific leadership and employee self-care. This association was seen to increase when the manager's personal initiative increased. The finding suggests that if managers have more personal initiative levels, it is more probably to take care of their health. This then serves to be role models for the employees to encourage them to care more for their health. The finding is congruent with previous research, which endorses that personal initiative is positively linked to several individual health outcomes (Hortsmann, 2018).

The results from this study disclose implications for leadership practice and worksite health promotion, more specifically in the context of job demands and rising workloads. It would be beneficial for new approaches to be created and implemented to ensure and support employee well-being and health. It should be noted that managers do have a crucial responsibility in implementing worksite health promotion (Horstmann, 2018).

Work Engagement

Work engagement is a concept understood to be a positive, fulfilling, affective-motivational state of work-related well-being that can be seen as the complete opposite of job burnout. Employees who are more engaged have higher levels of energy, are enthusiastic about work, and are more submerged in their job. There has been recent criticism that psychology is

mainly devoted to addressing mental illness instead of addressing mental “wellness”. Only now has research on work engagement been brought to light. Engaged employees are thought to put more effort into their work due to identifying with it. On one hand the work role permits the person to express her or himself, while the other person drives personal energies into his or her work role. The energy that individuals drive into their work may be physical, cognitive, emotional, and mental.

Work engagement should not be confused with workaholism. Workaholics have difficulty disengaging from work because they constantly think about their job when they are off the clock. They expend a great amount of time on work even when provided the choice whether to do so. Employees who are engaged in their work, work hard, are dedicated, and are happy immersed in their work. Employees who are engaged work hard because they enjoy working hard and are ambitious but have an inner urge that can’t be resisted. Workaholic’s need to do their work is so significant that it decreases their happiness, weakens their interpersonal relationship and social functions and endangers their health (Bakker et al., 2008).

Prior research has shown that job resources are positively linked to work engagement. Job resources can account for social support from supervisors and colleagues, performance feedback, independence, diversity in skills, and learning opportunities are positively associated with work engagement. Job resources indicate social, organizational, and physical aspects of the job. These aspects have different functions. They may reduce job demands and the linked physiological and psychological costs, they may be functional in achieving work goals, and they may stimulate personal growth, learning, and development.

Job resources can provide either an intrinsic motivational role due to promoting employee’s growth, learning, and development. It can also provide an extrinsic motivational role

because it is influential in accomplishing work goals. Job resources can satisfy basic human needs, which include needs for relatedness, competence, and autonomy. For example, if proper feedback is given, it nurtures learning, which, in turn, increases job competence. Job resources can provide extrinsic motivations because it has been seen that work environments that provide various resources nurture a willingness to commit one's efforts and capabilities toward the work. It is more probable for the task to be accomplished successfully and the goal will be achieved (Bakker et al., 2008).

Personal resources are another factor and predictor of work engagement. Personal resources suggest to the individual's sense of their ability to successfully manage and impact their environment. They are known to be positive self-evaluations, which are connected to resiliency. Bakker et al. (2008) argue that this occurs because they believe that if an individual has larger personal resources, they have more positive self-regard and more goal self-concordance. Higher performance and satisfaction are prompted when individuals are intrinsically motivated to follow their goals due to self- concordance. Results also showed that people who had more personal resources had more work engagement. Work engagement was also associated with resilience, self-efficacy, and optimism. Therefore, resilience is seen as a personal resource that can assist with work engagement.

Engaged workers are assumed to perform better than non-engaged workers. Bakker, et al. (2008) proposed four reasons why this is so. The first reason being that is it common for engaged employees to experience positive emotions. Second, engaged employees may exhibit healthier psychological and physical health. Third, engaged employees construct their own job and personal resources; and lastly, they transfer their engagement to others. Positive emotions are known to expand people's thought action repertoire and good health is thought to facilitate

performance because individuals can utilize their mental and physical resources (Bakker et al., 2008). According to Bakker and colleagues, employees are more able to handle the job demands because they create their own resources and are more likely to achieve their work goals. Performance is the outcome of shared employee effort for most organizations. Research supports the notion that there is a correlation between performance and work engagement. Employees will show better performance if they feel strong and vital and have more enthusiasm towards their work (Bakker et al., 2008).

Work and Well-being

Work is essential for psychological wellbeing. Work can endorse a link to the wider social and economic world, enhances well-being, and provides a mean for individual satisfaction and accomplishment. Depression, anxiety, and substance abuse are often mental health problems that people face due to unemployment. Losing work has also been linked with low self-esteem, relational conflicts, alcoholism, and more severe mental health issues (Blustein, 2008).

Another study conducted in 2011 by Gillet, Fouquereau, Forest, Brunault, and Colombat examined the connections among perceived organizational support, and perceptions of supervisor's interpersonal style, satisfaction and thwarting of the basic psychological needs for independence, competence, and relatedness, and hedonic and eudaemonic well-being. To define, hedonic well-being refers to the pursuit of pleasure, enjoyment, and comfort. Workers who report that their work is satisfying is reported to be experience hedonic well-being and has frequent positive affect. Whereas eudemonistic well-being pertains to living well and/or actualizing one's human capabilities (Gillet et al., 2011).

Two organizational factors of well-being were assessed in the Gillet et al. (2011) study. One was a proximal source of support, which encompasses the interpersonal style from the direct

supervisor. Prior research disclosed that managers who display a more controlling interpersonal style tend to act in a more authoritarian and coercive way, which pressures the employees to act in a specific way that is more manager-directed. The second source of support, which is considered a more distal one is the individual's broad relationship to their employer. Perceived organizational support is seen as a way in which the organization values their contributions and cares about the worker's well-being. Other studies have shown that perceived organizational support produces positive work outcomes as well as other facets of hedonic and eudaemonic well-being (Gillet et al., 2011).

The study done by Gillet and colleagues (2011) tested a model speculating that perceived organizational support and supervisor's interpersonal style was associated to basic essential satisfaction and need thwarting. They hypothesized that need satisfaction anticipated greater levels of hedonic and eudaemonic well-being. Need thwarting was hypothesized to be adversely connected with hedonic and eudaemonic well-being. The results from the study supported these hypotheses. The results revealed that perception of supervisor support for autonomy was positively associated with basic need satisfaction. The more the employees perceived their supervisor to be autonomy-supportive, the more satisfied they were with their needs for competence, independence, and relatedness. The present finding also revealed that basic need satisfaction was negatively predicted if the supervisor showed more controlling interpersonal behaviors. For example, workers tend to not satisfy their needs for autonomy, competence, and relatedness when supervisors behaved in a more intimidating and authoritarian way to enforce a certain way of things and behaving. Gillet and colleagues (2011) also found that supervisor autonomy support was negatively associated with basic need thwarting. To explain further, when supervisors tend to take the employees perspective, encourage choice and self-regulation, and

temper extrinsic demands and pressures, there will be a decrease in need thwarting. The findings also supported that when supervisors are controlling, for example create unreasonable deadlines and commands, the employee's basic needs are thwarted.

Gillet et al. (2011) found that perceived organizational support was able to positively and negatively predict need satisfaction and need thwarting. This research was the first to validate that more employees perceive high levels of organizational support, less of their needs will be thwarted and more of their basic psychological needs will be satisfied (Gillet et al., 2011). This is consistent with other research which showed that perceived organizational support may help to fulfill socio-emotional needs in the workplace. Another finding was that the results supported other research (Eisenberger, Armeli et al., 2001; Eisenbeger, Cummings et al., 1997) that showed employees reported higher levels of well-being when they perceived that they are supported by their organization. The research findings highlight that perceived organizational support positively predicted employee hedonic and eudaemonic well-being. Gillet et al. found that feelings of autonomy, competence, and relatedness play a central role in the experience of well-being at work.

Another significant finding from the Gillet et al. (2011) study showed that when supervisors facilitated an autonomy-supportive work environment, it presented increases in employee well-being. This type of work climate facilitates basic need thwarting. Supervisor controlling behaviors were seen as unfavorable for the employee well-being because it is positively associated with need thwarting and negatively associated with need satisfaction. These findings are congruent with other field research from the past two decades, which revealed that autonomy supportive climate is associated with a multitude of positive consequences. The results also indicated that people who pursue hedonia and eudaimonia express higher levels of most

well-being variables than people with neither pursuit. Autonomy, competence, and relatedness must not be thwarted and instead satisfied in order for the individual to experience hedonic and eudaemonic well-being (Gillet, et al., 2011).

Self-Care

As previously mentioned, psychologists encounter much adversity and stressors, which put them at risk for experiencing burnout, distress, trauma, and impaired professional competence. Therefore, it is important for the individual(s) to participate in active attempts to effectively manage these challenges by engaging in self-care. Failing to do so may harmfully effect the psychologist's clients, themselves, the people in their lives, and to the profession as a whole. There has been a small amount of literature that has implied that self-care is viewed as critical by psychologists and it is essential to professional and personal outcomes (Rupert & Dorociak, 2019). Health professionals are often watched and modeled by others (Shakya, 2019).

Distress can't be avoided due to the demands of the field of psychology. It is a natural state, which is normally defined as a subjective emotional state or reaction that one experiences in response to ongoing stressors, conflicts, and demands. Burnout may occur if distressed is experienced over time and not addressed adequately. It is also possible for a psychologist to experience impaired professional competence due to maladaptive coping reactions to ongoing distress that is experienced in their professional and personal lives (Barnett et al., 2007). Therefore, self-care is portrayed as engaging in behaviors or activities that will endorse health and well-being. By doing so, it allows the individual to feel better emotionally and physically (Rupert & Dorociak, 2019).

There is a growth in the number of women who have entered the psychology field and are pursuing degrees in areas such as clinical, counseling, or school psychology. Research has shown

that female graduate students in psychology or other human services professions, have exhibited more levels of anxiety, depression, and severe emotional and physical exhaustion than males. This may put females at a increased chance for experiencing distress and challenges of professional competence (Ayala & Almond, 2018). Women have learned to prioritize their care for others than themselves through their socialization as girls, women, and psychotherapists. Despite the significance and effectiveness of self-care for handling stress, there has been great dissatisfaction of its emphasis in transiting programs. Students have conveyed that it would have been beneficial to have learned some self-care strategies while having faculty, mentors, and supervisors model the concept (Ayala & Almond, 2018). Ideally, it would be beneficial to have a culture of communitarian care that is cultivated. More specifically, having connections with people who pursue and endorse emotional health, well-being, and competence would be ideal. Other helping professions have utilized strategies that look at mindfulness, exercise, and social support (Ayala & Almond, 2018).

The study done by Ayala and Almond (2018) utilizing cluster analysis, revealed six discrete clusters of self-care activities. These activities included physical wellness, relaxation and stress management, hobbies, interpersonal relations, self-compassion, and outdoor recreating. Physical Wellness incorporated behaviors which included cooking healthy meals, getting exercise, and attending regular medical check-ups. Relaxation and stress management includes behaviors, which include taking frequent breaks during work, taking days off, and getting appropriate hours of sleep. Hobbies encompass behaviors such as listening to music, reading for pleasure, and cooking. The largest of the clusters was in the area of Interpersonal Relations, which comprise of social activities which include spending time with loved ones, monthly outings with classmates to bond, spending time with pets, and staying in contact with family and

friends. Self-Compassion is another cluster that pertains to cognitive and behavioral steps that ground oneself to be kind to him or herself. It can be done through meditation, mindfulness, and deep breathing. The last group is outdoor recreation, which includes time spent outdoors, exploring, and traveling. These clusters were identified as behaviors that reflect various facets of well-being.

Rupert and Dorociak (2019) offered a thorough investigation showing how self-care functions to lessen chance for burnout while increasing life satisfaction between practicing psychologists. Self-care has been found to promote professional well-being because it protects against a possible downward spiral that is represented in the stress-distress-impairment-improper behavior continuum that is proposed by the American Psychological Association's (APA) Advisory Committee on Colleague Assistance. Zahniser et al.'s (2017) study supported this idea finding that self-care shielded against any negative relationship between perceived stress and a student who was flourishing. The adverse association between perceived stress and student flourishing found that burnout was fainter with students who scored higher on the self-care factor in comparison to other students who scored less. A recent study done by Wise and colleagues (Wise & Barnett, 2016; Wise et al. 2012) took from positive psychology to highlight the role of self-care and how it protects from negative outcomes but more importantly how it promotes positive ones. Wise and colleagues encouraged a concentration on flourishing rather than surviving and supported the incorporation of self-care into daily routine. The incorporation of self-care into daily routine is in hopes to address one's ability to cope with stress but to also have self-care structured into their lives and practiced on a consistent basis, which then promotes personal and professional functioning. The perspective that self-care may help psychologists

structure their lives proposes that stress reduction is a crucial method through which self-care encourages well-being.

In a study done by Rupert and Dorociak (2019), the researchers wanted to increase their understanding of self-care by examining two perspectives on the role of self-care and by evaluating the inputs of diverse types of self-care in promoting professional and personal well-being. This study also went into more depth on self-care with the goals of being able to determine the role of each self-care factor as a moderator that will protect against the unpleasant effects of stress on well-being outcomes. Another goal was to understand the role of each self-care factor on impacting well-being outcomes through the process of reducing stress, and the last goal was to recognize the significance of each self-care element and how it influences well-being outcomes. The well-being outcomes of burnout, which are emotional exhaustion, depersonalization of clients, and personal accomplishment as well as life satisfaction, were investigated in this study.

The researchers used archival data, from 422 psychologists who completed the Professional Self-Care and Well-being Survey. This survey consisted of demographic questions that included measures of stress, self-care, and well-being. Self-care was assessed using the 21-item Self-Care Assessment for Psychologists (SCAP). The SCAP assessed aspects of self-care that relates to personal and professional functioning of mental health practitioners and has 5 subscales. These subscales are Professional Support, Professional Development, Life Balance, Cognitive Awareness, and Daily Balance. Perceived stress was assessed through the Perceived Stress Scale (PSS), a 10-item measure that is designed to assess perceived stress (which is seen as something that is uncontrollable and overwhelming). Life satisfaction was assessed using the Satisfaction With Life Scale (SWLS), a 5-item measure that is designed to evaluate the life

satisfaction component of personal well-being. Finally, burnout was assessed using the Maslach Burnout Inventory- Human Service Survey (MBH-HSS). The MBH-HSS is comprised of 22-items that evaluate the three components of burnout. The three components include, emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. This measure is commonly used to measure burnout among human services professionals and consistently reports thorough psychometric properties.

The results suggest that self-care is most successful when it is practiced proactively as a preventative measure that has a goal to reduce stress which then reduces and avoids the development to negative results such as burnout (Rupert & Dorociak, 2019). Most importantly in regard to the different types of self-care that is related to well-being outcomes, the findings suggested that life balance, cognitive awareness, and daily balance were of great importance to psychologists' personal and professional functioning (Rupert & Dorociak, 2019).

It is important have awareness of the components of our health and wellness. In regard to holistic health, our body, mind, emotion, soul and spirit need to be taken care of. There are seven important areas for self-care of health professionals. They are 1) sleep, 2) balanced meals, 3) physical activity, 4) socialization/hobbies, 5) vacation/down time, 6) spiritual engagement, and 7) obtaining a personal physician (Shakya, 2019).

Alleviation of Burnout

Founding a culture of health within the organization is one element of a successful program. A culture of health means individuals as well as their workplaces have the ability to create healthier life decisions within a larger social environment that provides and values chances that are qualified of making health and well-being for all. All-encompassing health

programs are formed on a culture of health that cares for individuals' efforts at altering lifelong health habits by putting in place policies, programs, benefits, management, and environmental practices that sustain health improvement and intentionally motivates the individual.

Kinnunen et al. (2019), explored individual variances in changes with burnout symptoms while utilizing a brief mindfulness, acceptance, and value-based intervention. They utilized a person-centered approach to explore the mechanism of change and effectiveness of mindfulness, acceptance, and value-based (MAV) interventions on burnout. Mindfulness indicates a non-judgmental awareness that arises from having full attention to the existing experience. Acceptance enables readiness to experience external and internal events as they are, without evaluation or avoidance. Values are incorporated into the MAV interventions because it stresses the significance of value-based actions in making lasting changes. It gives meaning to life and provides motivation for an individual's actions.

Better job performance, goal-related actions, and improved well-being have been linked to effective MAV skills (Kinnunen et al., 2019). The MAV process also appears to endorse change, for instance decreases in burnout and stress. The current research by Kinnunen et al. (2019) utilized a person-centered approach to obtain new data about MAV intervention processes within individuals on burnout. The group intervention lasted 8-weeks. It was merged with a web-based program with intentions to increase mindfulness and acceptance skills and to clarify values of the participant. Weekly group meetings presented basic principles and weekly practices. The participants were led to expand their experiences through exercises and through information that was provided by a website. There was a different theme each week. The intervention consisted of participants who were coached to complete formal mindfulness practices. Some of these mindfulness practices included body scan and breathing meditation for a duration of 10-15

minutes. The participants were instructed to complete these practices twice a day for six days a week. Also, they were tasked with completing informal practices, for example, mindfully completing routine tasks. The participants also had access to a diversity of audiotapes and videos, which intended to be used to encourage them to abandon their beliefs of their thoughts and evaluations and to follow lives of value. The researchers recommended that they perform and incorporate value-based actions into their everyday lives. A couple psychologists who had education and experiences relating to MAV interventions delivered the standardized interventions. There were six different profiles that were created to exhibit diverse baseline levels and change patterns for burnout and mindfulness skills. The profiles were as follows: (1) was *mild burnout- benefited greatly*, (2) *severe burnout- not benefited*, (3) *moderate burnout- benefited slightly*, (4) *severe burnout- benefits not maintained,* (5) *severe burnout- benefited greatly*, and (6) *moderate burnout- benefited*. Profiles 1 and 5 greatly benefited from the intervention and showed a significant and continuing lessening of burnout with an increase in mindfulness skills. The findings of the study revealed that people with severe burnout may benefit from brief MAV intervention. The person-centered approached allowed for a more detailed picture of the interactions between burnout and mindfulness skills. Through this approach, novel ways to investigate mechanisms of change. It also created methods to understand how individual variation affects the results of effectiveness studies (Kinnunen et al., 2019).

Participants showed that burnout and mindfulness skills may result in different change patterns. There is important to know that differences in the magnitude of the changes were observed. For example, a significant increase in mindfulness skills did not result in a major decrease in burnout. Short MAV is believed to be more cost-effective way to alleviate burnout.

The results also suggest that advanced learning of MAV skills throughout the intervention and continued practice after the completion of the intervention could yield to more significant changes in burnout and mindfulness skills. Follow-up sessions would be important to utlizie to improve practice continuation and learning post intervention therefore increasing long-term intervention effectiveness (Kinnunen et. al, 2018).

Burnout should be alleviated when it arises and prevented before it occurs. There are a multitude of perceptions on how to address burnout, which led to a variety of workshops, self-help books and pamphlets, as well as therapeutic and coaching programs. Some of the more popular suggestions have concentrated on changing work patterns. Examples of this would be to work less, take more breaks during the workday, avoiding overtime work, and having balance work with personal life. Another popular suggestion was the development of coping skills (i.e. which includes cognitive restructuring, conflict resolution, and time management), acquiring social support, implementing relaxation strategies, endorsing good health and fitness, and developing a more effective self-understanding. The listed are considered person-oriented meaning that the individual is to determine if they will or will not follow the recommendations and implement the activities/practices at their own time and expense. The person focused strategies allow for more effective coping for individuals with challenging jobs. In addition, it hopes for a more resilient worker when faced with obstacles within the workplace (Maslach & Leiter, 2017).

The job-oriented recommendations emphasize strategies implemented at the workplace and attempt to change the circumstances that trigger stress. These strategies may consist of restructuring job tasks, improving acknowledgment of distinguished work by the teams and individuals, and developing fair and reasonable policies. Other studies provide evidence that

personal factors and occupational factors somehow have a role in the formation of burnout and stress. Self-awareness and the psychologist's ability to be reflexive on their strengths and weaknesses have been emphasized so that psychologists are able to find and create balance between their job demands, personality and circumstances (Rupert et al., 2015). Programs would look to integrate constructing skills in adaptive coping mechanisms. Some of the coping mechanisms would include positive reinterpretation and reflection on rewarding work experiences, incorporating humor, and pursuing support when needed. Training that highlights the significance of balancing self-care and work-life is also necessary to lessen unrealistic self-expectations. A cost-effective strategy would be for organizations to offer motivations for psychotherapy staff to participate in leisure and recreational behaviors to relieve them from elevated job demands (Di Benedetto & Swadling, 2014; Simionato & Simpson, 2018). Self-care is also stressed as a way for sustained prevention from burnout (Rupert & Kent, 2007).

A study done by Wonjin et. al (2016), found that appropriate coping skills alleviated burnout. For example, turning to others for support reduced emotional exhaustion. Another coping strategy, such as self-care, was seen as activities such as exercise, yoga, healthy eating, meditation, and hobbies. Burnout and turnover rate can be decreased through a psychologist's and engagement in work. This can eventually lead to improvements in quality of their work. Ginoux, Isoard-Gautheur, and Sarrazin (2019) investigated to determine if a 10-week program, which included walking sessions every week, would be effective in improving employee well-being. They also investigated numerous psychological and physiological mechanisms where the use of physical activity in the intervention could impact burnout and vigor. They uncovered that an successful way to prevent burnout and encourage vigor among employees was to implement physical activity interventions in the workplace.

More efforts than just convincing individuals to take care better care of themselves is required in order to improve population health. An organization must be invested to spend a good amount of time prioritizing an atmosphere where a healthy lifestyle is promoted and modeled. There are organizational health tools that have established and commonly made available. These tools include CDC Worksite Health Score Card, the Health Enhancement Research Organization Scorecard, Corporate Health Achievement Award, National Business Group on Health's Wellness Impact Scorecard, and NIOSH Essentials Elements. These tools may initiate significant tactical changes to the workplace, but it does not define a healthy culture. A culture of health and well-being is engrained into the organization. The company leaders sincerely care for the well-being of their workers, including their families not because they think it will save them money but rather they perceive them to be a part of a larger family (Goetzel et al., 2014).

Previous Program Models

Work related stress can negatively affect health and trigger a significant amount of sick leave taken. Depression and anxiety are common mental disorders that are correlated to work-related stress. There is evidence, which shows implementing work-related stress management interventions could create positive effects on sick leave and productivity. Furthermore, organizational work-related stress management interventions have been proven to have positive results on employee outcomes, which include confidence, coping, general health, and job satisfaction (Hoek et al., 2017). On an individual level, stress management interventions, such as a mindfulness program or assertiveness training, have proven to have encouraging effects on employees' mental health. It has positive effects on perceived stress, emotional exhaustion, and

anxiety state. However, it has been seen that work-related stress management interventions are not commonly adopted by organizations for use (Goetzel et. al, 2014).

The challenge with self-care and burnout prevention seems to be with implementation of supportive interventions, which appears resolvable since there is a great amount of available work-related stress prevention strategies found through internet search engines. Sometimes there is difficulty in choosing the appropriate interventions that will fit well within the organization. Programs that purely conduct health risk assessment surveys or propose a website to improve health are mostly unsuccessful (Goetzel et. al, 2014). Hoek et al., (2017) created a program called Stress Prevention@Work (SP@W), which assists the choosing and use of interventions in organizations. This program comprises of two components. The first element is a digital platform (DP). The information technology platform contains a stepwise protocol that allows the user to choose and utilize stress management interventions that are work-related. The second element is a collaborative learning network. The DP creates an avenue to access and select matching work-related stress management interventions that can be evidence-based or practice-based. The interventions can be altered in a way that would attend to the specific needs of the team or organization and it can be done so by a specific individual within the organization or through an external coach. Stepwise protocol is effective because it provides structure for organizations that can be used to create appropriate decisions for work-related stress management interventions. The collaborative learning system was created in addition to the DP so that it provides contact between organizations to consent and assist the exchange of lessons learned during the application of work-related stress management interventions. In this current study, the researchers describe SP@W and the protocol for the evaluation of SP@W through a cluster-controlled trial, which includes a control and intervention group. Hoek and colleagues (2017)

hypothesized that SP@W would reduce the employee's perceived stress by decreasing implementation barriers and increasing the application of work-related stress management interventions.

The Digital platform is comprised of a stepwise procedure, multiple interventions, and screening tools. There are 5 steps of the stepwise protocol. Listed are the 5 steps: 1) *awareness of stress in the workplace*, 2) *problem assessment*, 3) *deciding on interventions*, 4) *implementation* and 5) *evaluation*. The first step, *awareness of stress in the workplace*, spotlights evaluating the stress level and awareness that is present in the workplace, in the team, or in the organization. A multiple-choice question of "Is there stress at your workplace or in your organization?" is proposed. Individuals can either answer yes or no. The second step is *problem assessment*. Here it has a checklist with work-related psychosocial risk factors. Priority levels are chosen for each. In addition, to measure work-related stress more accurately, a questionnaire may be distributed within the team. The third step is *deciding on interventions*. Depending on the priorities indicated in step 2, one or more work-related psychosocial risk factors are selected in step 3. The intervention teams then decide on the type of intervention and amount of interventions for implementation. The selected work-related psychosocial risk factors are connected to matching stress management interventions through a search engine. This search engine contains brief descriptions of each intervention and also includes specifics about the type of intervention and the costs. Practice samples are also provided on how other organizations confront psychosocial risks. Background information from this step emphasizes how to create an action plan to apply the stress management interventions and how to involve the employees. The fourth step is *implementation*. In this step, an action plan to apply and utilize the work-related stress management intervention(s) is created and the intervention is put to use. This plan

incorporates details as to who, how and when the intervention is implemented. Background information is offered to explain how to nurture decent interaction about the application of the intervention with the employees and/or management. It also keeps track of the implementation process by surveying the employees on their experience of the intervention. Lastly, *evaluation* is step five. Here the focus is on the evaluation of the process and effect of the utilized stress-management intervention. Questionnaires are used to collect the data. The results are then used to provide feedback to the organization on what worked and the areas of weakness that need to be addressed (Hoek et al., 2017).

Workplace health promotion (WHP) is stated to be beneficial to job stress prevention. Health-promoting workplaces should speak to health at both a systemic and individual level. Comprehensive WHP targets both individual and system-levels and has been linked with less absenteeism, financial returns on investment, and presenteeism (Jarman et al., 2015).

There are two ways in which WHP is correlated to job stress. The first is that investment in the "social capital" of the organization may add to workers' views of support from their organization since the employer demonstrates concern for their health and wellbeing. Having WHP present may help to lower the stigma that is connected with reporting health-related issues and may help to augment general health awareness between employees. Better job satisfaction and mental health has been associated with these emotional and cognitive effects. Secondly, exposure to excessive job stress can aggravate short-term behavioral responses such as inappropriate nutrition, smoking, physical inactivity, and alcohol consumption. Prolonged exposure to stressful conditions may lead to chronic arousal or strain. Engagement in workplace activities that focus on known health risks or which will improve work-related coping strategies intends to decrease stress within the workplace (Jarman et al., 2015).

Effort-reward imbalance (ERI) concepts seem to be well-matched to evaluating both pathways. There is also strong evidence-base which is obtainable across a extensive array of occupations which support the connection between self-reported measures of ERI and enduring health outcomes such as cardiovascular disease and diabetes. According to the effort-reward imbalance theory, which emphasizes that work is a shape of mutual exchange, meaning, job-related efforts are exchanged for rewards as a mean of a "social contract". Some of these rewards may include job security, career advancement and self-esteem. This theory suggests that inadequate reward for work effort can negatively impact an individual in a way that affects their ability to regulate their emotions, thoughts, and behaviors. This may then result in job strain. The following study hypothesized that higher availability of workplace health promotion would be positively linked with perceived reward. They also hypothesized that greater participation in workplace health promotion would be adversely linked with effort (Jarman et al., 2015).

In this study by Jarman et al. (2015), departments were reliable for founding internal WHP strategies and action plans. They were funded equipment and recreation spaces, a computer-based system to interrupt inactive time and prompt healthy activity, and activity or education programs to name a few. The strategies aimed individuals through mental health and well-being by health education, health assessments, physical activity, and injury management. Organizational change was targeted utilizing initiatives that include increasing physical space for health-activities, making healthy food options obtainable, financing onsite gymnasiums, providing access to stairs, and sponsoring health through bulletins and applying health endorsing strategies. The results supported the hypotheses. Higher availability of WHP was positively connected with perceived reward through improved self-esteem, however, it was supported for

females but not for males. The second hypothesis showed that greater involvement in WHP was negatively linked with perceived effort for males but not females (Jarman et al., 2015).

A comprehensive WHP program is comprised of five elements (Healthy People, 2010). The first element is having health education, which is geared towards skill development and lifestyle changes in behavior. In addition, awareness building and information dissemination is incorporated. The second element is having supportive social and physical environment. Included should be reflection of the organization's expectations regarding healthy behaviors and implementation of policies, which promote healthy behaviors. The third element focused on integrating the worksite program with the organization benefits, as well as the human resource infrastructure, and environmental and safety initiatives. Fourth, connections among health promotion and related programs welcome employee assistance. The fifth and final element includes screenings, which are followed by counseling and education to inform individuals on how to best utilize medical services necessary for follow-up (Goetzel et al., 2014).

Werneburg et al., (2011) developed a 12-session multidisciplinary stress reduction program on reducing perceived stress and improving health behavior and quality of life was conducted on 104 women. The program consisted of group support, skill building and cognitive behavioral relaxation methods. The women in the Werneburg's study participated in a *Stress Less* program. This lasted for 12 weeks, 1 hour per week during the lunch hour. The *Stress Less* program is a multifaceted program that was designed with behavior strategies, self-reflection, relaxation training, problem solving, and group support. The weekly session includes time for the group to discuss existing stressors and review of application of the previous week's topic. Skill-building methods were applied through presentations, situational skill building and related educational materials. The session was finished with a relaxation experience that was explained

by a wellness director. Weekly tasks were also given. The participants were encouraged to practice the skill building and apply stress reduction methods and techniques. Each week they were reminded through emails. Topics ranged from nutrition, physical activity, handling anger to topics such as assertiveness strategy and gifts of gratitude. Skill building methods included personal values and time management, assertiveness, conflict resolution, positive thinking and reframing thoughts, and relapse prevention to name a few. Some of the relaxation experience included deep breathing, chair yoga, resistance bands, guided imagery, and chair massage. Lastly, some of the assignments included reframed thought record, journal triggers, and choosing a stress management technique to implement throughout the week.

A 1-month follow up to determine if there were any improvements occurred at the completion of the program. Results showed that the participants reported having reduced perceived stress level, improvement in health behaviors, and upgraded quality of life (Wernburg et. al, 2011). This suggests and provides initial support for the hypothesis that workplace stress reduction programs, which incorporate a variety of techniques can be effective in helping female employees to reduce stress and increase their quality of life and health behaviors. It is important to note that a limitation of this model is that it is gender specific and lacked study randomization (Werneburg et al., 2011).

Brand et al., (2017) investigated whole-system approaches to improving the health and well-being of health care employees through a systematic review of 11 studies. The whole-system interventions under review included: 1) pre-determined and fixed from the outset without choice of activity, 2) pre-determined with choice of activity, 3) had choice of wide range of activities and some adaptivity of the programs responsive and adaptive to staff needs where the implementation process was part of the intervention.

There were two studies that offered a unchanging set of activities, with some element of group activities to all staff in a workplace. One study offered an eight-week Mentalisation-Based Stress Reduction (MBSR) intervention for staff. The Mentalisation-Based Stress Reduction (MBSR) (Brand et al., 2017), should not be confused for Mindfulness-Based Stress Reduction (MBSR) which is a different, more well known, type of intervention (Kabat-Zinn, 2003). The MBSR targeted individual coping but the team delivery design of the intervention enabled a whole system change. The findings from this program showed that there was a significant decrease self-reported psychological concern. These included a decrease in levels of self-reported anxiety. This suggests that the changes in distress and anxiety were due to augmented communication and activity-sharing between the workers in the workplace. The other study implemented a pre-determined 12-week intervention in anticipation to better physical activity and nutrition behaviors across a hospital site using a team-based approach and peer support. The results showed that those who completed the intervention had higher physical activity, fruit and vegetable consumption, water intake, and feeling less stressed than those who did not complete the intervention.

Second, included was an intervention that was pre-determined with some choice of activities. The researchers reviewed a research study with pre-determined choice of activities. It had fixed set of activities and some choice in regard to what activities to participate in. A self-care plan and holistic learning program was implemented for 103 nurses/ health-promoting behaviors in intervention units over 12 months. The results showed improvements in stress management, nutrition, and spiritual growth (Brand et al., 2017).

Third, included was choice and some adaptivity of the program (supplementary activities). There were 5 interventions, which provided an original range of activities for the

workplace to engage in. In addition, supplementary activities were incorporated during the implementation of the interventions. There were three out of five interventions, which involved "Workplace Champions" whose responsibilities were distribution as well as collecting feedback and planning further activities. In one intervention, the workplace champions role was to enhance and adapt the intervention activities provided. However, this was contingent on recognized need and context. Also created were employee leadership and advisory boards to cultivate site-specific strategies and approaches. There were three interventions that had an obviously participation approach in the design and delivery. Two interventions encompassed activities intended to engage the whole workplace and create connections to encourage healthy behaviors to better team communication, coordination, and stress management. Four out of the five studies showed improvements in health and well-being behaviors (Brand et al., 2017). Some of these improvements included an increase in fruit and vegetable consumption and an increase in physical activity. Three studies uncovered improvements in employee mental health, improved job satisfaction, more self-reports of staff satisfaction, and improvements in s tress management and spiritual well-being (Brand et al., 2017). Another study discussed that commitment to well-being and health helped to improve the employee's perception of the worksite. Also discussed were variations in perceptions of co-worker norms changed outcomes for participants. For example, greater perception of co-worker normative healthy eating behavior was related to greater fruit and vegetable consumption and less fat consumption. Also, greater perception of co-worker normative physical-activity behaviors was correlated with greater total physical activity.

Fourth, the interventions included adaptive and responsive workplace programs. Three large hospital studies perceived the process of creating the intervention to be a part of developing

a healthy workplace. These three interventions were responsive and adaptive to local needs and context from development and implementation until completion of the study and more. The three studies intended to improve the psychosocial work environment by using a participatory approach. The researchers would ask each work area to distinguish the enablers and barriers to work-place wellbeing. In addition, they asked them to create goals and distinguish areas for improvement. Key individuals were appointed to encourage the intervention and to act as communicators within and across departments and feedback was used to produce activities responsive to local need. There were a couple studies, which disclosed some indication of a dose-response effect where countless participation was seen to create more benefits. One study also showed that participation across departments had staff believing and realizing that change was possible.

The findings of these studies show that future research is needed due to the small amount of recognized studies that emphasized the influence of whole-system healthy workplace interventions for healthcare workers. Despite the lack of research, the results suggest interventions that take a whole system approach can make better physical, mental health and well-being of the staff. It may also promote healthier behaviors (Brand et al., 2017).

Challenges with a program addressing burnout

Although there are increasing amounts of workplace health promotion programs, there also are programs that are ineffective due to under investment, improper design, poor implementation, and uneven evaluation. Work-related stress management interventions are also not commonly utilized by organizations (Goetzel et al., 2014). Another challenge of implementing a program is in order to see effective results, programs may have to be across the span of a few weeks or even months (Stier-Jarmer et al., 2016). Workplaces may not have the

resources or time to implement a program for that long as it may take away from other prioritized duties.

CHAPTER III: CASE CONCEPTUALIZATION & PROGRAM

In the programs previously mentioned in the literature review, mindfulness, and assertiveness training have shown to have encouraging impacts on the employee's mental health. Some of the encouraging effects include confidence, coping, general health, and job satisfaction. Another program utilized a digital platform, named Stress Prevention@Work (SP@W). This encompassed a stepwise protocol to utilize work-related stress management interventions. Other interventions that work had elements where the health promoting workplaces addressed both systemic and individual levels. This approach lowers absenteeism and financial returns on investment. Individuals who feel supported and feel their employer demonstrates care for their health have improvements in job satisfaction and mental health. *The Stress Less* program was another program, which aimed to reduce perceived stress, improve health behavior and quality of life. After the 12-week program, individuals were seen to have reduced perceived stress and improvement in health behaviors and improved quality of life. Whole system approaches show evidence of being successful in improving physical and mental health and well-being and also may promote healthier behaviors. All programs, despite having differences on how they were administered, have benefits as they were seen to reduce stress within the workplace and promote well-being and a healthier lifestyle.

Case Presentation Revisited

This program can be applied to the case of Dr. Aubree. Dr. Aubree would first be provided an assessment to measure the burnout. An assessment such as the Maslach Burnout Inventory (MBI), which is commonly used can be provided. Other mentioned measures, such as the Job Burnout Syndrome Assessment Questionnaire and the Psychologist's Burnout Inventory (PBI) could be provided depending on what is available at the workplace. Assuming that her

results did indicate that levels of burnout existed, Dr. Aubree would then be able to engage and participate in the different component of the program. Dr. Aubree would then be able to engage in a supervisory system where would be partnered up with a colleague to have, at minimum, monthly supervision sessions. This would allow Dr. Aubree to debrief on any cases she may have to find different perspectives and support. This supervisory system also allows for added support within the workplace. She will also be encouraged to attend stress management classes. These classes will go over a variety of topics from other psychologists or qualified staff members at the workplace. Some classes included in these stress management classes will discuss topics such as nutrition and exercise.

Yoga classes will be offered three times a day at the workplace. The different times will be morning, at lunch and after work. Dr. Aubree will be able to participate in any of the offered times. Massage will also be offered to the psychologists at the workplace. This is another option that Dr. Aubree can engage in to address the burnout that she may be experiencing in the workplace. Dr. Aubree will have to have at least two supervision sessions and attend at least seven of the other activities offered.

Rationale for the Program

21% to 67% of psychologists experience burnout due to the ongoing stress and demands of the job (Waltman et al., 2016). They are more probable to develop burnout because of the exposure to constant emotional demands and a high necessity for empathy (Simionato & Simpson, 2017). Psychologists may experience a loss of concern and positive feelings for their clients, which then may decrease the quality of care or service that is given to them. Psychologists may also develop low morale, demonstrate poor job performance, have an increase in absence from work and may ultimately find a different job (Raquepaw & Miller, 1989).

Psychologists who provide care while experiencing burnout may be in potential violation of Ethical Principles because the burnout may negatively influence their professional effectiveness (Skorupa & Agresti, 1993).

Mental health professionals work in a demanding field. Many training programs do not speak about the issue of burnout once their students are set forth into the field to work. Many psychologists are aware of the phenomenon of burnout but there is little support to prevent it from happening. The program proposed aims to address the needs of psychologists working in the field of psychology, especially for organizations providing services for community mental health. This is to ensure that therapists are given support and are able to learn skills to allow them to take better care of their mind, bodies, and emotional well-being to be the best they can be personally and it their professional lives.

Theoretical Foundations

Person Centered

The Person-Centered approach, founded by Carl Rogers, provides a radically non-pathologizing, evidence-based, human vision of how to assist individuals to heal and grow. It differs from other therapies in the sense that it focuses on the potential of all human beings to self-actualize themselves into becoming a fuller human being and develop their aptitudes to care deeply for others (Cooper, Ohara, Schmid & Bohart, 2013).

Rogers believed that there were three necessary conditions, which were the mechanisms of change. The three core conditions consisted of unconditional positive regard, empathic understanding, and congruence. Unconditional positive regard is the acceptance, care, and positive regard for the client. Empathic understanding refers to entering the client's frame of reference to understand their experience. It encompasses being sensitive to the changed felt

meanings that flow from the other person. Lastly, congruence is having genuineness or realness (Rogers, 1959; Rogers, 1961). He later determined that presence was another condition essential for change. Presence is a mystical or spiritual quality, more specifically, it is a transcendental connection between therapist and client.

Rogers believed that all organisms have an actualizing tendency. It is an inherent ability to achieve one's fullest potential which allows the person to be the best that they can be. The actualizing tendency is completely trustworthy. Along with the actualizing tendency, Roger's believed that all humans have an organismic valuing process which can be described as one's natural ability to know what he/she needs for themselves.

The actualizing tendency is innate and exists from birth and lasts throughout the duration of life. The self transpires as an outcome of the person's interaction with the environment. More specifically, it is through the relationships with significant people that a child will develop their sense of self. Love and acceptance fuels the self and it is modeled from parents. For example, if a child is supplied unconditional love, the self and actualizing tendency will be in congruence. Therefore, the organismic valuing process will be utilized and trusted, and he/she will achieve self-actualization. Here, the individual is able to recognize oneself as a unique individual while also having the ability to value others. On the other hand, if the individual is supplied with conditional love, the person will begin to deny their real self and introject the beliefs of others which yields to a distortion in experience. The actualizing tendency will then be thwarted, and the organismic valuing process will not be trusted and instead abandoned. The individual will now be in a state of incongruence. An individual in this stated experience may perceive an inconsistency between the real self and the ideal self, or who they wish they could be. These incongruences are then manifested into psychological difficulties. The overall goal of Person-

Centered approach is to move the individual toward becoming a fully functioning person by experiencing congruence between the real self and ideal self. The individual will be able to feel more accept and safe and will be able to freely explore and eventually accept all aspects of themselves (McMillian, 2010). This proposed program provides basic environmental supports for psychologists to function at their greatest potential and engage in a healthier lifestyle that includes care for their body, mind, and soul.

Biopsychosocial Model

The biomedical model dominated medical practice and science for the past two centuries. It outlined health as liberty from disease, pain and defects. However, health is on a continuum and it does not inevitably mean that one is in a state of good health when there is an absence of disease. Health care professionals can attest to the significance of other factors instead of only disease and etiology of illness. Health psychology has offered revised models that take the factors into consideration (Johnson & Acabchuk, 2018).

The Biopsychosocial model, as described by George Engel, was created as an alternative to the classic bio-medical model, which included a classical mind-body division and a focus to recognize the patient's somatic symptoms. This model was developed to include psychosocial factors that can contribute to illness. He highlighted looking at the whole person and all contextual factors that may contribute to their experience of disease (Woods, 2019). The goal of the model is to be comprehensive since it includes specific aspects of three important domains of functioning. The important domains are biological, psychological or intrapsychic, and sociocultural. These mentioned domains help to facilitate a better understanding of the individual as a whole (MacDonald, Mikes-Liu, 2009).

The proposed program tries to include all aspects of the psychologists' life may contribute to stress and illness. Therefore, the program proposes engaging in healthy burnout-prevention options that create a healthier and more effective psychologist who is able to handle responsibilities for their clients, in the workforce, and within their personal lives. The environment, the workplace, as well as psychosocial factors, including relationships with supervisors and co-workers are assessed to see where support is needed to prevent burnout. Also taken into consideration is health; nutrition and physical exercise.

Core Assumptions

The program that has been created would be most beneficial for practicing psychologists in the field but especially beneficial for those practicing in the community mental health setting. The assumption of placing this program into practice is that it will allow the psychologist to become more reliable and productive. If symptoms of burnout are addressed, it will be likely that the psychologist will be able to identify the negative symptoms and prevent what may turn out to be burnout. This entails a general goal to diminish the amount of days that a psychologist needs to take off of work, which then improves the overall productivity of the organization. It is assumed that if a psychologist does not take care of their well-being, they may take more days off of work to fight off sickness or in avoidance of being in the negative environment. Research has also proven that high levels of occupational stress was correlated lower productivity and greater absenteeism (Gerber et al, 2019).

Another assumption is that you must take care of your body to not experience burn out. Eating a healthy nutritional meal, exercising, engaging in yoga or mindfulness practice, and massage are all ways, which have proven to reduce stress and negative symptoms. If the body is in a healthy place, it will be able to perform effectively and attend to the work and tasks set out

for the psychologist. The program assumes that a well person is a better professional. If a psychologist feels depleted from work, he or she will not be able to perform effectively. It may not allow the psychologist to work at their best abilities due to being too distracted with other responsibilities, not feeling satisfied with the progress that clients are making or feeling overwhelmed with the work that needs to be done at the workplace. However, if a psychologist is satisfied with the workload and feels that it is able to be get accomplished the person will be able to finish work in a timely manner and be able to simply get the work done.

Program Fundamentals

The Program: An Overview

The program proposed aims to address burnout in clinical psychologists who mainly work in the community mental health field. Due to the high demands of the field, case load, situation of cases and other responsibilities, psychologists are at a greater risk of experiencing burnout. This proposed program is created for psychologists, and administrators overseeing psychologists, to implement into their work force to take care of their psychologists and limit burnout. Since burnout is not mainly addressed in many training programs, it is a responsibility of organizations, who employ psychologists to gage the needs of their psychologists, to ensure their quality of life is taken into consideration.

Core Elements of the Program

The first element of the program is to conduct a needs assessment in the workplace. Psychologists will be monitored and assessed once a month to determine if any burnout if being experienced. They will be administered any of the burnout assessments such as the Maslach Burnout Inventory (MBI), Job Burnout Syndrome Assessment Questionnaire. The Psychologist Burnout Inventory (PBI) or any of the other previously mentioned burnout assessments. They

will be monitored to address any challenges they may be experiencing and to determine if any additional supports are needed to assist the psychologist.

Following the administration of burnout assessments, if the results show that support is needed, psychologists will be partnered up to engage in a supervisory and peer support system. This will allow the psychologist to engage in a blocked off time slot to talk with each other about issues ranging from difficult cases and to process issues pertaining to work. These sessions may occur as often as needed but encouraged to occur at least twice a month. This system will create an environment where the psychologist feels supported by peers and be able to build camaraderie within the workplace. This proposed supervisory and peer support system addresses the social aspects of the psychologist's work life.

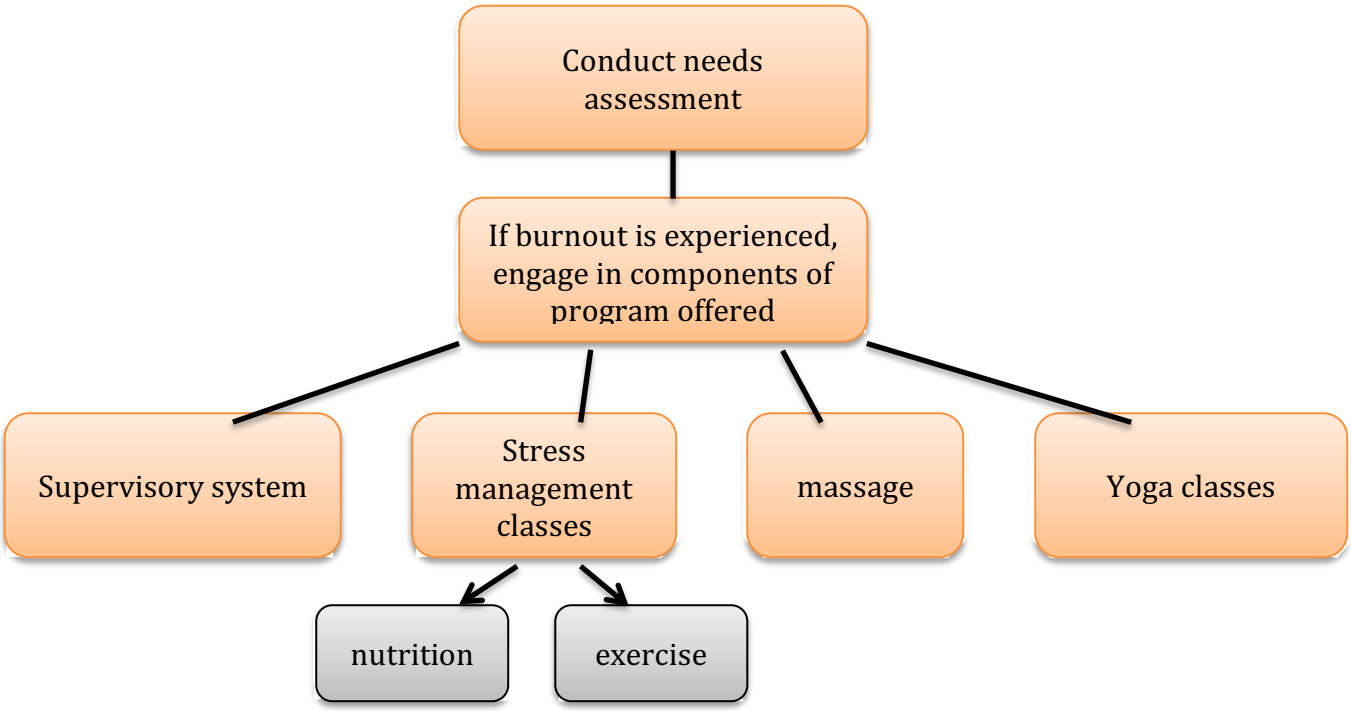
Further supports will be stress management classes that will be offered during lunchtime or a period in the psychologist's schedule that may be blocked off to attend the preferred course. Stress management classes may be provided by an employee at the organization or a qualified person may be hired to conduct the course if the organization has the means to pay for it. The skills included in a supervisory system, as mentioned previously, are social interaction which includes active listening, receiving and giving feedback, deepening the discussion, and the development of attuned interaction. The importance of this proposed service is that it will allow the psychologist to examine his or her own work and to recognize issues that may arise within a personal and professional level. This is also a way that the individual can consult the peers to maintain their performance in the workplace and to further increase the psychologist's skill set (Corlett, 2015).

Psychologists may also engage in yoga classes, nutrition classes, and massage therapy opportunities that will be offered through the organization. This will address the bio and psycho

aspect of the client's life. This aspect of the program is congruent with findings from Green et al. (2014), where they suggested that organizational interventions be established, and employees receive support from the administration as well as co-workers in order to improve the work context for providers. The suggested this will help to prevent or address burnout within the work environment.

Self-care encompasses self-awareness and self-regulation. Self-awareness is an ongoing observation and attunement to one's experience. This also includes risk factors and warning signs for challenges to psychological wellness. Self-regulation is the regular use of self-care practices and techniques that can be integrated in one's life. Self-care practices are meant to attend to an individual's emotional, physical, relational, and spiritual needs (Carter & Barnett, 2014). As Rupert and Dorociak (2019) stated, self-care is most beneficial if practiced proactively as it will reduce and help to avoid the negative outcomes such as burnout. Self-care was seen to reduce stress and promote professional and personal well-being.

Figure 1. Flowchart of Proposed Program



Application of Proposed Program

The proposed program will assess if there is a need for interventions that can be utilized based on the symptoms that the individual may be facing. The assessment will give more insight in regard to the severity of the burnout and hopefully how to better support the psychologist. In this case, Dr. Aubree will be able to take an assessment, preferably the Maslach Burnout Inventory (MBI) which can give clarity into the type of burnout that she may be facing. For further confirmation, she can also complete the Job Burnout Syndrome Assessment Questionnaire or the Psychologist's Burnout Inventory. Based on her results, she can move to the next step of engaging in supervision with a peer. This will create a space for the individual to meet with other psychologists within the workplace to discuss dilemmas, ask questions, and share their achievements. This is added support that the psychologists may have. This process would allow the two colleagues to meet at least twice a month but if time allows, Dr. Aubree and her colleague may meet more times if they want to.

To ensure and establish more well-being. Dr. Aubree may also participate in activities supported by her workplace. These stress-management/well-being classes, which offer classes such as nutrition and exercise classes. Also offered from the workplace would be time to engage in a massage and to participate in yoga classes which promote exercise and mindfulness skills. These activities should all promote well-being to address the burnout that she is facing.

Comparison and Contrast of the Two Approaches

Taking a closer look to the case of Dr. Aubree, it can be assumed that she is well on her way to experiencing burnout. She is tasked with various responsibilities at work, has difficult cases, and is putting in many hours at work. Dr. Aubree then comes home and is tasked with having to care for her family, the household and balancing time spent with them. If Dr. Aubree

fails to receive support, especially at work, she has the potential to experience burnout. She may continue to feel the stress from the workplace and the demands of the client. This may then lead her to experience one of the facets of burnout- emotional exhaustion, depersonalization, and lacking a sense of personal accomplishment (Ruper et al., 2009). In addition, she may start experiencing symptoms such as constant fatigue, insomnia, depression, frustration, lingering colds, gastrointestinal disturbances, and headaches (Raquepaw & Miller, 1989). This may then result in absenteeism from work, decrease in quality of life, and turnover from work (Simionato & Simpson, 2017).

On the other hand, if the program is implemented for Dr. Aubree, it can help address the burnout that she may be experiencing. First, since Dr. Aubree is already feeling exhaustion and stress from work, it should be reflected by the burnout assessment provided consistently at work. The scores should reflect some level of burnout where she may be able to engage in further supports. First, she will be set up with a colleague to begin supervisory sessions. Here they will be able to have a collaborative experience. This promotes social interaction with active listening, receiving and giving feedback, deepening discussions, and the development of attuned interaction (Corlett, 2015).

Next, Dr. Aubree will be able to engage in stress management classes. This will comprise of various topics that she will be able to learn adaptive coping skills (Holton et al., 2016). These classes will be congruent with their lifestyle, be able to be incorporate the techniques into everyday schedule and will be realistic to be able to set up into a schedule (Stein, 2001). Mindfulness will be a class offered as it is seen that these classes help to successfully deal with intrusive thoughts, rumination, and stress (Mendelson et al., 2010). Mindfulness is also linked with job satisfaction (Hülsheger et al., 2013). Other topics of nutrition would be provided. Dr.

Aubree will be able to learn what she should be putting into her body to help with overall wellness. Food affects the gut-brain and if she can learn healthier food options, it could help to regulate her behavior, cognition, and emotions (Liang et al., 2018). Classes on exercise will also be emphasized to Dr. Aubree. Exercise has been seen to help recover from job related stress (Sonentag & Jelden, 2009).

Yoga will be a consistent class that will be offered by a qualified individual. Yoga is a would be a way that Dr. Aubree can engage in physical activity and mindfulness. Yoga has been seen to reduce stress from work while increasing stress adaptation of psychologists (Wolever et al., 2012). Yoga will give Dr. Aubree a sense of being more "centered and grounded".

Lastly, Dr. Aubree will be provided massage therapy at the workplace. Someone will be contracted, and time will be allotted for and other individuals to utilize time for a session. Massage helps to increase the flow of blood and oxygen which helps to commonly reduce pain and stress (Barnett et al., 2014; Field, 1998).

Dr. Aubree will be provided these opportunities to engage in classes and activities to assist in the burnout that she may be feeling in the workplace due to the demanding field. It is hoped that after engaging in this program it will provide for her overall wellness as it is a more holistic approach encompassing the bio-psycho-social aspects of the individual. Dr. Aubree will then take an exit assessment, the same provided at the beginning, to determine if she has decreased in levels of burnout. With these learned skills, she will be able to apply both professionally and personally. The overall goal is to promote well-being for the individual so that ethically, she can provide the best care to her clients.

Summary

If Dr. Aubree feels supported by her workplace, it will be easier to engage in the activities that promote well-being and reduced job-related stress. She will feel encouraged to participate in healthier alternatives so that she may take care of her well-being and health and increase her perception on her job and increase job satisfaction. This program hopes to encourage participants to have a safe place to discuss difficult cases or to seek guidance in issues that they may be facing within the workplace and with their clients. Added support of the stress-management/well-being classes, massage session, and yoga classes are encouraged to participate in to further address the burnout so that the psychologist may feel supported and take better care of their health. This will ultimately increase job satisfaction and to help ensure that psychologists are providing the best care for their clients.

CHAPTER IV: DISCUSSION

As mentioned previously, burnout is a phenomenon that is commonly experienced by mental health professionals due to the demanding field that they work in. Burnout symptoms can be relatively stable across time and may negatively affect cognitive performance in the long run (Gerber et al., 2019).

Due to the lack of discussion about burnout and the exclusion of training on how to manage the problem in training programs, it is important to address the needs and consequences of burnout experienced in the mental health workplace. The proposed model can be used to support psychologists in becoming the most competent and fully functioning psychologist that they can be so that they can provide the best care and services to their clients. It is hoped that organizations will incorporate the activities such as the yoga, healthy eating habits, and self-care activities like massage into their daily workplace so that therapists can feel supported and implement a healthier lifestyle within the workplace.

Study Findings

1. Does work setting play a role in burnout? If so, how?

   Work setting has been seen to have an influence on burnout. The demanding needs of a psychologist's job may create a decrease in work morale (Green et al., 2014). Psychologists who work for agencies in a group practice were seen to have considerably greater amounts of emotional exhaustion, which is an aspect of burnout (Rupert & Morgan, 2005). These psychologists worked longer hours, had more administrative duties and paperwork, and evidenced an over-involvement with clients. Independent psychologists evidenced burnout less because they had more control over their activities and work (Rupert & Morgan, 2005).

2. How does burnout affect psychologists' work with clients?

   Psychologists are faced with constant burnout due to the ongoing stress and demands that the job entails (Barnett et al., 2007). They are disposed to cultivate burnout due to exposure of a constant emotionally taxing job and a high need to empathy. The psychologist may have a loss of concern or positive feelings toward the client, which may then decrease the quality of care or service that is provided to them. The psychologist may also be less away of body language or content that is being presented to them.

   a. What does this burnout look like for psychologists?

      There are three dimensions of burnout. These aspects are emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is the depletion of emotional resources. Depersonalization refers to the negative, cynical attitudes and feelings that a psychologist may have toward their client. Lastly, lack of personal accomplishment is the tendency to view oneself negatively and one's accomplishments negatively (Rupert et al., 2009). Burnout may also affect psychologists by decreasing quality of life and absenteeism and turnover from work (Simionato & Simpson, 2017). Psychologists may also experience constant fatigue, insomnia, depression, frustration, colds, gastrointestinal issues, and headaches. In extreme cases, they may even isolate or turn to substance abuse (Raquepaw & Miller, 1989).

3. What are some things psychologists do to take care of themselves?

   Ayala and Almond (2018) found that psychologists, specifically women, found self-care activities to engage in. The activities included physical wellness, relaxation and stress management, hobbies, interpersonal relations, self-compassion, and outdoor recreation.

Physical wellness activities may include healthy eating, exercise, and regular medical check-ups. Relaxation activities may include taking breaks from work, taking days off of work, or getting restful, increased hours of sleep. Hobbies include listening to music or reading for pleasure. Interpersonal activities include social activities, spending time with family/loved ones and spending time with pets. Self-compassion activities include meditation, mindfulness, or breathing. And lastly, outdoor recreation activities include traveling or exploring the outdoors. Self-care can promote professional well-being because it guards against a potential downward spiral (Rupert & Dorociak, 2019).

4. What types of self-care support are provided for psychologists?

   Activities that address and promote peer support fosters active listening, receiving and giving feedback, deepens discussion, and helps with the development of attuned interaction. Stress management classes help to focus on expanding the use of adaptive coping while targeting maladaptive coping (Holton et al., 2016). Promotion of physical fitness like yoga and other exercises are emphasized. Also emphasized is healthy nutrition and massage therapy. Wernburg et al., (2011) created a 12-session stress reduction program where they focused on group support, skill building, and cognitive behavioral relaxation techniques. Another program offered an eight-week Mentalisation-Based Stress reduction (MBSR) intervention for the staff.

5. What would a program that address burnout in psychologists look like?

   Please refer to page 79- 81 and Figure 1.

   First a needs assessment will be provided, for example through use of assessments like the commonly use Maslach Burnout Inventory (MBI) or the Job Burnout Syndrome Assessment Questionnaire (Raquepaw & Miller, 1989; Rodriguez & Carlotto, 2017).

Based on the needs, a supervisory system where the psychologists can team up with another colleague to provide support and debrief on difficult cases. In addition to this supervisory system, sessions to discuss various stress management topics will be provided as well as information on nutrition and mindfulness classes such as yoga classes. Psychologists will also be able to benefit from massage therapy. This is to promote well-being in different aspects of the psychologist's life.

a. How might this program be implemented in the workplace?

   Psychologists feel like there is not enough attention focused on their emotional needs. There has been urgency for the workplace and training setting to add recognition and support of the psychologists, their emotional needs, and self-care (Turnbull & Rhodes, 2019). Health-specific leadership styles are beneficial because if the psychologists feel supported by the organization to take care of their health, they will engage in more activities to do so (Horstmann, 2018).

b. How can we ensure the program will promote well-being for the psychologists?

   The components of the program have been shown to promote health and well-being for the psychologist. The supervisory system allows for connection with colleagues as well as added emotional support in the workplace. The stress management classes will provide effective and more adaptive ways of coping (Holton et al., 2016). Yoga helps with mindfulness and physical activity and allows the psychologist to feel more grounded and centered (Valente & Marotta, 2005). Massage therapy is an additional support to help with relaxation and to reduce stress for the psychologist (Barnett et al., 2014). Learning healthier nutrition can also improve the gut microbiota, which is closely linked with mental

processes (Liang et al., 2018). These various approaches are addressed to promote a more holistic well-being and address the bio-psycho-social needs of the individual. After all the classes are completed, the psychologist should then be given an exit assessment to measure if burnout is still being experienced. Comparison between the initial assessment and exit assessment should be assessed to determine if there are any decreases in scores. For example, if the Maslach Burnout Inventory is used in the initial assessment, it should be used again after the end of the classes to compare the results (Raquepaw & Miller, 1989).

Clinical Implications

The proposed program aims to affect the field of psychology in a positive way. It aims to cause improvements at an individual level- bio-psycho-social aspects, as well as at a systemic level- organization. If implemented into organizations, it will be able to increase productivity and quality of service for the psychologists as well as the organization as a whole. The working psychologist will be able to understand their needs in the workplace and work towards implementing the program to reduce experiences of burnout. The psychologists will be supported through peer support and will learn healthier alternatives. For example, he or she will be able to practice mindfulness through yoga, find relaxation through massage therapy, incorporate healthier nutrition, and incorporate more physical activities to their daily routine. Psychologists who utilize the program may benefit by being more able to handle patient load, difficult cases, and other stressors that the workplace may challenge them with. Furthermore, the proposed program provides a framework that may be implemented and tested in community mental health settings, providing current psychologists with a means to address burnout.

Strengths and Limitations of the Program

Strengths of this program is that it takes into consideration multiple factors of the psychologist's life. For example, it looks at supporting the psychologists in the workplace and providing health alternative, i.e. exercise, mindfulness practices, and nutrition, that can be incorporated to care for oneself. This is to promote well-being in the psychologist's life to increase performance in their professional lives as well as their personal lives.

The program also aims at providing more insight to a phenomenon that is rarely talked about in training programs. As seen in the study of graduate students, they would have appreciated if more emphasis was used for self-care to address the burnout that they may face due to the demands of the field. This will provide healthier alternatives for psychologists working in the field and may help to provide further explanation and exploration into a topic that is rarely talked about. Support is needed for psychologists working in a demanding field so that they can be the best and most competent psychologist for clients that they provide services for.

A limitation to this program is that not all organizations will be able to have the supports or funds to implement the activities proposed. It would be ideal to implement all courses and components, but some organizations may not have the manpower to carry out all supports. For example, organizations would have to question and determine who would take the time to provide these courses and how will the organization be able to pay to have them. They will also need to take into consideration how work will be handled if psychologists are attending the courses. The number of classes offered may also be a limitation. Classes on nutrition and physical fitness are proposed but other classes that address the specific factors of burnout; emotional exhaustion, depersonalization, and lacking personal accomplishment may also be beneficial. More structure may also be needed and a timeline to complete the courses would help

to keep focus and have more effectiveness with the individual. At this point no timeline is suggested which may cause the individual to complete the program in an extended period of time. This may prolong the burnout that is being experience. This may be contradicting as the burnout is not addressed immediately and the negative aspects of burnout (i.e. absenteeism and illness) may still occur, which also harms the productivity of the workplace.

Another limitation is that private practices were not specifically considered in this paper due to the understanding that burnout may not be as commonly experienced since they have more control over workload, administrative work, and client load/cases. It would be beneficial to investigate the differences in burnout experiences between the two settings. It would also be beneficial to determine or understand a psychologist's receptivity to the suggested program which promotes well-being.

Ethical Considerations

There are many ethical considerations that should be taken into consideration. The first is to be aware of the roles and boundaries of the psychologist. It may be easy to have a colleague, who is also a friend, be chosen to implement the peer support during allotted time at work. It may be possible that the time given may be used for more of a "talk-story", leisure time but it is important for the two to be in agreement that the time allotted will strictly be used for professional development and to be used to accomplish the main goal of diminishing and preventing the possibility of experienced burnout. All other business needs to be handled at another time.

Another ethical dilemma is the issue of having multiple relationships. As mentioned earlier, psychologists may be colleagues as well as friends. It is inevitable and very common that colleagues may also become friends since it is someone that they see so often. Also, if the

department is a smaller one, colleagues happen to have closer relationships since they have to work together as a team unit. It is important to acknowledge the multiple relationships but to also set boundaries to ensure the peer support and supervision occurs during the time allotted. Department heads should be aware of the multiple roles to monitor the integrity of the proposed program.

Patient care is another ethical issue that needs to be identified. If time is blocked off for psychologists to implement their peer support and supervisory system, then it takes time off their schedule to see clients in their day. psychologists need to be mindful of the time slot chosen and should pick a time that would not be in much demand. For instance, if a psychologist mainly sees children, the peer support time should not be blocked off in the afternoon due to that time being best for clients who need to attend after school. Patient care should not be affected if psychologists choose to attend stress management courses since the courses will be offered during the lunch hour.

Recommendations for Future Research

This theoretical study of a proposed program to promote well-being in the workplace and address burnout in the field of psychology is an initial step in addressing the phenomenon of burnout. The research and program from this study will hopefully encourage research on the clinical implications. In future research it would be beneficial to apply this program to a community mental health clinic in Hawai'i and to determine the efficacy of it. Future studies could also address the limitations to hopefully be able to apply this program to different areas of the field of psychology. It would also be beneficial to study the psychologist's receptivity to support. Some may be opposed to engaging in self-care practices because they may feel guilty of

utilizing time to care for themselves and not others or the principles of self-care may not align with their values and beliefs.

Conclusion

Burnout is a common phenomenon experienced by mental health professionals. Due to the stress within this field, greater amounts of sickness, absence, dissatisfaction, distress, and burnout is reported and developed. This phenomenon is not specifically addressed in training programs that these mental health professionals are educated from. Therefore, the classes that may be provided through he proposed program can shed light into interventions to utilize for a phenomenon that is not merely talked about. There is an increase in interest of improving the mental health, physical health, and well-being of the professionals in healthcare. This proposed program is needed to address burnout within the field and to provide supports which individuals, specifically psychologists, may utilize to address their needs and improve their perceived stress and well-being. It is of great importance that these healthcare professionals take care of themselves, physical and mentally, so that they may be available for their clients and provide the elite and most ethical care.

References

Ackerley, G.D., Burnell, J., Holder, D.C., & Kurdek, L.A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*(6), 624-631.

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). https://www.apa.org/ethics/code/

Ayala, E. E., & Almond, A. L. (2018). Self-care of women enrolled in health service psychology programs: A concept mapping approach. *Professional Psychology: Research and Practice*, *49*(3), 177–184. https://doi-org.ezproxy.chaminade.edu/10.1037/pro0000190

Bakker, A. B., Schaufeli, W. B., Leiter, M. P., & Taris, T. W. (2008). Work engagement: An emerging concept in occupational health psychology. *Work & Stress*, *22*(3), 187–200. https://doi-org.ezproxy.chaminade.edu/10.1080/02678370802393649

Baier, N., Rother, K., Felgner, S., & Henschke, C. (2018). Burnout and safety outcomes: A cross-sectional nationwide survey of EMS-workers in Germany. *BMC Emergency Medicine, 18*(1), 24.

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612. https://doi-org.ezproxy.chaminade.edu/10.1037/0735-7028.38.6.603

Barnett, J. E., Shale, A. J., Elkins, G., & Fisher, W. (2014). Massage therapy. In *Complementary and alternative medicine for psychologists: An essential resource.* (pp. 209–226). American Psychological Association. https://doi-org.ezproxy.chaminade.edu/10.1037/14435-015

Blustein, D. L. (2008). The role of work in psychological health and well-being: A conceptual,

historical, and public policy perspective. *American Psychologist*, *63*(4), 228–240. https://doi-org.ezproxy.chaminade.edu/10.1037/0003-066X.63.4.228

Brand, S. L., Thompson Coon, J., Fleming, L. E., Carroll, L., Bethel, A., & Wyatt, K. (2017). Whole-system approaches to improving the health and wellbeing of healthcare workers: A systematic review. *PLoS ONE*, *12*(12), 1-26. https://doi.org/10.1371/journal.pone.0188418

Carlotto, M.S., & Camara, S.G. (2019) Burnout syndrome in public servants: Prevalence and association with occupational stressors. *Psico-USF, Braganca Paulista 24*(3). 425- 435.

Cartwright, S., Cooper, C. L., & Murphy, L. R. (1995). Diagnosing a healthy organization: A proactive approach to stress in the workplace. In L. R. Murphy, J. J. Hurrell Jr., S. L. Sauter, & G. P. Keita (Eds.), *Job stress interventions.* (pp. 217–233). American Psychological Association. https://doi.org/10.1037/10183-015

Clifford, K. (2014). Who cares for the carers? Literature review of compassion fatigue and burnout in military health professionals. *Journal of Military and Veterans Health, 22*(3), 53-63.

Corlett, L. (2015). Future models of supervision: Supporting practice and promoting professional growth and well-being in educational psychology through Collaborative Peer Support (CPS). *Educational & Child Psychology*, *32*(3), 90–104. Retrieved from https://search-ebscohost-com.ezproxy.chaminade.edu/login.aspx?direct=true&db=a9h&AN=109323237&site=ehost-live

Di Benedetto, M., & Swadling, M. (2014). Burnout in Australian psychologists: Correlations with work-setting, mindfulness and self-care behaviors. *Psychology, Health, and Medicine, 19,* 705-715.

Dorociak, K.E., Rupert, P.A., & Zahniser, E. (2017). Work life, well-being, and self-care across the professional lifespan of psychologists. *Professional Psychology: Research and Practice, 48*(6), 429-437.

Dugani, S., Afari, H., Hirschhom, L.R., Ratcliff, H., Veillard, J., Martin, G., …Bitton, A. (2018). Prevalence and factors associated with burnout among frontline primary health care providers in low- and middle- income countries: A systemic review. *Gates Open Research, 2*(4).

Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of Applied Psychology, 86*, 42–51.

Eisenberger, R., Cummings, J., Armeli, S., & Lynch, P. D. (1997). Perceived organizational support, discretionary treatment, and job satisfaction. *Journal of Applied Psychology, 82*, 812–820.

Field, T. M. (1998). Massage therapy effects. *American Psychologist*, *53*(12), 1270–1281. https://doi-org.ezproxy.chaminade.edu/10.1037/0003-066X.53.12.1270

Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S., & Kuhn, C. (2005). Cortisol Decreases and Serotonin and Dopamine Increase Following Massage Therapy. *International Journal of Neuroscience*, *115*(10), 1397–1413. https://doi-org.ezproxy.chaminade.edu/10.1080/00207450590956459

Figley, C. (2015). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Taylor and Francis Group.

Gerber, M., Börjesson, M., Ljung, T., Lindwall, M., & Jonsdottir, I.H. (2016). Fitness moderates the relationship between stress and cardiovascular risk factors. *Medicine and Science in Sports and Exercise, 48,* 2075-2081.

Gerber, M., Schilling, R., Colledge, F., Ludyga, S., Pühse, U., & Brand, S. (2019). More than a simple pastime? The potential of physical activity to moderate the relationship between occupational stress and burnout symptoms. *International Journal of Stress Management*. https://doi.apa.org/doiLanding?doi=10.1037%2Fstr0000129

Gillet, N., Fouquereau, E., Forest, J., Brunault, P., & Colombat, P. (2012). The impact of organizational factors on psychological needs and their relations with well-being. *Journal of Business and Psychology*, *27*(4), 437–450. https://doi-org.ezproxy.chaminade.edu/10.1007/s10869-011-9253-2

Ginoux, C., Isoard-Gautheur, S., & Sarrazin, P. (2019). "Workplace Physical Activity Program" (WOPAP) study protocol: a four-arm randomized controlled trial on preventing burnout and promoting vigor. *BMC Public Health*, *19*(1), N.PAG. https://doi.org/10.1186/s12889-019-6598-3

Glesne, C. (2011). *Becoming qualitatiave researchers: An introduction* (4th ed.). Longman.

Goetzel, R.Z., Henke, R. M., Tabrizi, M., Pelletier, K.R., Loeppke, R., Ballard, D.W., Grossmeier, J., Anderson, D.R., Yach, D., Kelly, R.K., McCalister, T., Serxner, S., Selecky, C., Shallenberger, L.G., Fries, J.F., Baase, C., Isaac, F., Crighton, K, Wald, P… Metz, R.D. (2014). Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine, 30*(9), 927-934).

Govindaraj, R., Karmani, S., Varambally, S., & Gangadhar, B. N. (2016). Yoga and physical exercise – a review and comparison. *International Review of Psychiatry*, *28*(3), 242–253. https://doi-org.ezproxy.chaminade.edu/10.3109/09540261.2016.1160878

Green, A. E., Albanese, B. J., Shapiro, N. M., & Aarons, G. A. (2014). The roles of individual

and organizational factors in burnout among community-based mental health service providers. *Psychological Services*, *11*(1), 41–49. https://doi-org.ezproxy.chaminade.edu/10.1037/a0035299

Harrison, B.J. (1999). Are you destined to burn out? *Fund Raising Management, 30*(3), 25-27.

Healthy People 2010. With Understanding and Improving Health and Objectives for Improving Health. US Department of Health and Human Services; 2000. Available at: http://www.healthypeople.gov/2010/Document/HTML/Volume1/07Ed.htm#Toc490550857.

Hoek, R. J. A., Havermans, B. M., Houtman, I. L. D., Brouwers, E. P. M., Heerkens, Y. F., Zijlstra-Vlasveld, M. C., Anema, J. R., van der Beek, A. J., & Boot, C. R. L. (2017). Stress Prevention@Work: a study protocol for the evaluation of a multifaceted integral stress prevention strategy to prevent employee stress in a healthcare organization: a cluster controlled trial. *BMC Public Health*, *17*, 1–8. https://doi.org/10.1186/s12889-017-4585-0

Holton, M. K., Barry, A. E., & Chaney, J. D. (2016). Employee stress management: An examination of adaptive and maladaptive coping strategies on employee health. *Work: Journal of Prevention, Assessment & Rehabilitation*, *53*(2), 299–305. https://doi.org/10.3233/WOR-152145

Horstmann, D. (2018). Enhancing employee self-care: The moderating effect of personal initiative on health-specific leadership. *European Journal of Health Psychology*, *25*(3), 96–106. https://doi-org.ezproxy.chaminade.edu/10.1027/2512-8442/a000014

Hughes, G. (2014). *Competence and self-care in counselling and psychotherapy*.

Routledge/Taylor & Francis Group. https://doiorg.ezproxy.chaminade.edu/10.4324/9781315814407

Hülsheger, U. R., Feinholdt, A., and Nübold, A. (2015). A low-dose mindfulness intervention and recovery from work: effects on psychological detachment, sleep quality, and sleep duration. *J. Occup. Organ. Psychol. 88*, 464–489. doi: 10.1111/joop.12115

Jarman, L., Martin, A., Venn, A., Otahal, P., & Sanderson, K. (2015). Does workplace health promotion contribute to job stress reduction? Three-year findings from Partnering Healthy@Work. *BMC Public Health*, *15*(1), 1–10. https://doi.org/10.1186/s12889-015-2625-1

Johnson, B.T. & Acabchuk, R.B. (2018). What are the keys to a longer, happier life? Answers from five decades of health psychology research. *Soc Sci Med. 196,* 218-226.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clin. Psychol. Sci. Pract. 10*, 144-156. Doi:10.1093/clipsy.bpg016

Kim, J. J., Brookman-Frazee, L., Gellatly, R., Stadnick, N., Barnett, M. L., & Lau, A. S. (2018). Predictors of burnout among community therapists in the sustainment phase of a system-driven implementation of multiple evidence-based practices in children's mental health. *Professional Psychology: Research & Practice*, *49*(2), 132–141. https://doi.org/10.1037/pro0000182

Kinnunen, S. M., Puolakanaho, A., Tolvanen, A., Mäkikangas, A., & Lappalainen, R. (2019). Does mindfulness-, acceptance-, and value-based intervention alleviate burnout?—A person-centered approach. *International Journal of Stress Management*, *26*(1), 89–101. https://doi-org.ezproxy.chaminade.edu/10.1037/str0000095

Lacerda, S. S., Little, S. W., & Kozasa, E. H. (2018). A stress reduction program adapted for the

work environment: A randomized controlled trial with a follow-up. *Frontiers in Psychology*, *9*. https://doi.org/10.3389/fpsyg.2018.00668

Leão, E. R., Dal Fabbro, D. R., de Oliveira, R. B., dos Santos, I. R., da Silva Victor, E., Aquarone, R. L., … Ferreira, D. S. (2017). Stress, self-esteem and well-being among female health professionals: A randomized clinical trial on the impact of a self-care intervention mediated by the senses. *PLoS ONE*, *12*(2). Retrieved from https://search-ebscohost-com.ezproxy.chaminade.edu/login.aspx?direct=true&db=psyh&AN=2017-09888-001&site=ehost-live

LeCompte, M.D., & Preissle. J. (1993). *Ethnography and qualitative design in educational research* (2nd ed.). Academic Press.

Lin, S., Huang, C., Shiu, S., & Yeh, S. (2015). Effects of yoga on stress, stress adaption, and heart rate variability among mental health professionals—A randomized controlled trial. *Worldviews on Evidence-Based Nursing*, *12*(4), 236–245. https://doi-org.ezproxy.chaminade.edu/10.1111/wvn.12097

MacDonald, C., & Mikes-Liu, K. (2009). Is There a Place for Biopsychosocial Formulation in a Systemic Practice? *Australian & New Zealand Journal of Family Therapy*, *30*(4), 269–283. https://doi-org.ezproxy.chaminade.edu/10.1375/anft.30.4.269

Maslach, C., & Leiter, M. P. (2017). New insights into burnout and health care: Strategies for improving civility and alleviating burnout. *Medical Teacher*, *39*(2), 160–163. https://doi.org/10.1080/0142159X.2016.1248918

McCormack, H.M, MacIntyre, T.E., O'Shea, D., Herring, M.P., & Campbell, M.J. (2018). The prevalence and causes(s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology, 9,* 1-20.

McMillan, M. (2010). *The person-centered approach to therapeutic change.* SAGE Pub.

Mendelson, T., Greenberg, M.T., Dariotis, J.K. *et al.* Feasibility and Preliminary Outcomes of a School-Based Mindfulness Intervention for Urban Youth. *J Abnorm Child Psychol* 38, 985–994 (2010). https://doi.org/10.1007/s10802-010-9418-x

Moustakas. C. (1994). *Phenomenological research methods.* SAGE Publications, Inc.

Pauly, T., Michalowski, V. I., Nater, U. M., Gerstorf, D., Ashe, M. C., Madden, K. M., & Hoppmann, C. A. (2019). Everyday associations between older adults' physical activity, negative affect, and cortisol. *Health Psychology*, *38*(6), 494–501. https://doi-org.ezproxy.chaminade.edu/10.1037/hea0000743.supp

Raquepaw, J.M. & Miller, R.S. (1989). Psychotherapist burnout: A Componential Analysis. *Professional Psychology: Research and Practice, 20*(1), 32-36.

Riley, K. E., & Park, C. L. (2015). How does yoga reduce stress? A systematic review of mechanisms of change and guide to future inquiry. *Health Psychology Review*, *9*(3), 379–396. https://doi-org.ezproxy.chaminade.edu/10.1080/17437199.2014.981778

Rodriguez, S. Y. S., & Carlotto, M. S. (2017). Predictors of Burnout Syndrome in psychologists. *Estudos de Psicologia*, *34*(1), 141–150. https://doi-org.ezproxy.chaminade.edu/10.1590/1982-02752017000100014

Rogers, C. R. (1961). On becoming a person: A therapist's view of psychotherapy. Boston: Houghton Mifflin.

Rossman, G. B., & Rallis, S. F. (2017). *An introduction to qualitative research: Learning in the field* (4th ed.). SAGE Publications, Inc.

Rupert, P.A., & Morgan, D.J. (2005). Work setting and burnout among professional

psychologists. *Professional Psychology: Research and Practice, 36*(5), 544-550.

Rupert, P.A., & Kent, J.S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice, 38*, 88-96.

Rupert, P.A., Stevanovic, P., & Hunley, H.A. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice, 40*(1), 54-61.

Rupert, P.A., Miller, A.O., & Dorociak, K.E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice. 46,* 168-174.

Shakya, D. (2019). Self care among health professionals. *JBPKIHS. 2*(1), 1-3.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75.24(3), 281-285.

Simionato, G.K., & Simpson, S. (2017). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *J. Clin. Psychol. 74,* 1431-1456.

Skorupa, J. & Agresti, A.A. (1993). Ethical beliefs about burnout and continued professional practice. *Professional Psychology: Research and Practice, 24*(3), 281-285.

Sonnentag, S., & Jelden, S. (2009). Job stressors and the pursuit of sport activities: A day-level perspective. *Journal of Occupational Health Psychology, 14*, 165-181. http://dx.doi.org/101037/a0014953

Stein, F. (2001). Occupational stress, relaxation therapies, exercise and biofeedback. *Work: Journal of Prevention, Assessment & Rehabilitation*, *17*(3), 235–246.

Todaro-Franceschi, V. (2013). *Compassion fatigue and burnout in nursing: Enhancing PQoL.* Springer.

Tolman, R., & Rose, S. D. (1985). Coping with stress: A multimodal approach. *Social Work*,

30(2), 151–158. https://doi-org.ezproxy.chaminade.edu/10.1093/sw/30.2.151

Turnbull, M. G., & Rhodes, P. (2019). Burnout and growth: Narratives of Australian psychologists. *Qualitative Psychology*. https://doi org.ezproxy.chaminade.edu/10.1037/qup0000146

Unger, J. P. (2019). Physicians' burnout (and that of psychologists, nurses, magistrates, researchers, and professors) For a control program. *International Journal of Health Services, 50*(1), 73-81. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7134576/

Valente, V., & Marotta, A. (2005). The impact of yoga on the professional and personal life of the psychotherapist. *Contemporary Family Therapy: An International Journal*, *27*(1), 65–80. https://doi.org/10.1007/s10591-004-1971-4

van Mol, M. C., Kompanje, E. J. O., Benoit, D. D. M., Bakker, J., & Niijkamp, D. (2015). The prevalence of compassion fatigue and burnout among health care professional in intensive care units: A systematic review. *PLoS ONE. 10*(8), 1-22. https:/doi.org/10.1371/journal.pone.0136955

Waltman, S. H., Frankel, S. A., & Williston, M. A. (2016). Improving clinician self-awareness and increasing accurate representation of clinical competencies. *Practice Innovations, 3*(1), 178-188.

Werneburg, B. L., Herman, L. L., Preston, H. R., Rausch, S. M., Warren, B. A., Olsen, K. D., & Clark, M. M. (2011). Effectiveness of a multidisciplinary worksite stress reduction programme for women. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *27*(5), 356–364. https://doi.org/10.1002/smi.1380

Whitebird, R.R., Asche, S.E., Thompson, G.L., Rossom, R., & Heinrich, R. (2013). Stress, burnout, compassion fatigue, and mental health in hospice workers in Minnesota. *Journal of Palliative Medicine, 16*(12), 1534-1539. https://doi.org/10.1089/jpm.2013.0202

Wise, E. H., & Barnett, J. E. (2016). Self-care for psychologists. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & L. F. Campbell (Eds.), *APA handbook of clinical psychology: Education and profession* (pp. 290–322). http://dx.doi.org/10.1037/14774-014

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Re-envisioning the stress-distress contin- uum. *Professional Psychology: Research and Practice, 43,* 487–494. http://dx.doi.org/10.1037/a0029446

Wolever, R.Q., Bobinet, K.J., McCabe, K., Mackenzie, E.R., Fekete, E., Kusnick, C.A., & Baime, M. (2012). Effective and viable mind-body stress reduction in the workplace: A randomized controlled trial. *Journal of Occupational Health Psychology, 17*, 246-258.

Wonjin, S., Zanardelli, G., Loughran, M.J., Mannarino, M.B., & Hill, C.E., (2016). Thriving, burnout, and coping strategies of early and later career counseling center psychologists in the United States. *Counselling Psychology Quarterly, 29*(4), 382-404.

Woods, S. B. (2019). Biopsychosocial theories. In *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan., Vol. 1.* (pp. 75–92). American Psychological Association. https://doi-org.ezproxy.chaminade.edu/10.1037/0000099-005

Zahniser, E. Rupert, P.A., & Dorociak, K.E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology, 11,* 283-289.

Appendix

IRB Approval Letter