

THE EFFECTS OF SOCIAL SUPPORT ON
COUNSELOR BURNOUT

by

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(ABSTRACT)

The purpose of this investigation was to determine the relationship between burnout and social support in Minnesota high school guidance counselors during the 1983-84 school year. Social support consisted of: work supervisors, peers, spouses, and friends & relatives. Additionally, the relationships between burnout and four demographic and seven job-related variables were investigated. The demographic variables were: age, sex, marital status, and education. The job-related variables were: opportunity for times-out, percentage of contact with troubled students, student/counselor ratio, instruction on stress and burnout reduction, school setting, school size, and years of counseling experience. Finally, the relationships between burnout and several interactive variables were investigated in order to determine if social support had primarily direct or indirect (buffering) effects. Regression analysis was used to test these relationships. The following variables were consistently significant throughout the study: 2

social support variables--peer support and supervisor support (both negatively correlated with burnout); 1 demographic variable--age (negatively correlated with burnout), and 2 job-related variables--percentage of contact with troubled students and student/counselor ratio (respectively, negatively and positively correlated with burnout). None of the interactive variables were significant.

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Chapter 1

INTRODUCTION

Work is central to Americans. One-third of the waking lives of most adults in this country is spent at work. Vocational roles define lifestyles, social networks, self-image, and general health and happiness (Pines, Aronson, & Kafry, 1981). The importance of work was well expressed by Rothman (1977) who said, "The search for significance in work is . . . the search for self-meaning and immortality. We are what we do. We leave behind what we have done" (p. 161).

Because of the great importance of work and the psychologically central place it occupies in people's lives, it naturally has a major impact on the mental health or illness of workers. Osipow (1979), noting the recent resurgence of interest in worker health which has resulted in "a greater awareness of the physical and mental risks that people at work are exposed to," has declared "occupational mental health" a new area of concern for counseling psychologists.

Recognizing that work occupies a substantial portion of the time that people spend in their waking lives, and recognizing that in any context work is a major source of personal stress or satisfaction, it is clear that attention to occupational mental health provides a significant opportunity both to identify potential resources that people can use to enhance their life satisfaction and effectiveness, as well as a

significant source of difficulty that either has to be addressed through intervention or which can be prevented or minimized by appropriate programmatic interventions at earlier stages (p. 65).

For its part the Federal government, mindful that many jobs expose workers to particular health hazards, has since 1970 followed a legislated policy objective of "occupational safety and health" (House, 1980).

Promoting occupational safety and health traditionally has meant reducing or eliminating physical, chemical, or biological hazards in the work environment. Increasingly, however, psychological forms of occupational stress have been implicated in the etiology of poor mental health and psychosomatic disease. One such line of inquiry into the stress-illness process is that of the phenomenon called "burnout". Burnout has been defined as a state of physical, emotional, and mental exhaustion characterized by feelings of helplessness and hopelessness, by emotional drain, and the development of negative self-concept and negative attitudes towards work, life, and other people (Pines et al., 1981). Studied primarily in connection with the "helping" or social service professions, burnout is a young area of study. It is, for the most part, a development of the 1970s and has received great impetus from the works of Freudenberger (1974, 1975), Maslach (1976, 1978), and Maslach and Pines (1977; Pines & Maslach, 1978). The efforts of these individuals have had a strong impact on the helping professions, and it is now quite common to find

numerous articles (Boy & Pine, 1980; Daley, 1979; Hall, Gardner, Perl, Stickney, & Pfefferbaum, 1979; Shubin, 1978), book chapters (Maslach & Pines, 1979; Pines, Kafry, & Etzion, 1980), and books (Edelwich & Brodsky, 1980; Freudenberger & Richelson, 1980; Pines et al., 1981; Maslach, 1982) about the experience of burnout and its consequences (Watkins, 1983). Another indication of interest in this topic can be found in the overwhelming popular response to Warnath and Shelton's (1976) article in the Personnel and Guidance Journal, "The Ultimate Disappointment: The Burned-Out Counselor" and the subsequent debate it caused over the next three years between Warnath (1979) and David Tiedeman (1977, 1979), and between interested readers. A similar popular outpouring of letters to the editor (Bush, 1981; Dorr, 1981; Gottlieb, 1981; Vitulli, 1981) was engendered by a recent APA Monitor brief written by Larson (1981).

The popularity of the term "burnout" and the burgeoning literature concerning it represent important changes in the attitudes of people in the helping professions (Savicki & Cooley, 1982). The first, and primary, change in attitude is a conviction that burnout should be studied as a phenomenon of the helping professions rather than as a result of individual fault or defect. The pervasiveness of burnout in a wide range of professions belies the "personality flaw" hypothesis for explaining burnout and suggests, instead, that its origins lie

in universal factors involved in people-oriented work.

Closely related to this first and primary attitude change is the second--that burnout cannot be avoided simply by changing the work environment, without running the risk of defeating the purposes for which the helping professions were established in the first place:

no matter how much the work environment is modified, some of the deepest causes of Burn-out cannot be altered. It is beyond the power of the most well-intentioned administrators to do away with clients' resistance to change, the scarcity of funds for human services, the tendency of people living in our society to engage in bureaucratic and political manipulation, and (probably most important) the profound frustration of being unable to exert as much influence on the world as one would wish. No intervention can do away with the pain and suffering that make the helping professions necessary while sometimes defeating their best efforts. As Sheldon Kopp (1972) has emphasized, there is no magic. We just have to live with these situations (Edelwich & Brodsky, 1980, p. 193).

The third attitude change is that those who burn-out do not, for the most part, leave the professions. Metz (1979) in a study of burnout and renewal among teachers found that "at least half" of the educators who reported being professionally burned-out would have liked to leave the education profession but could not or would not because of "severely reduced opportunities for change by choice," leaving them "locked into their jobs, making some of them very vulnerable to professional burnout" (p. 104). In view of this fact, she concluded, "it is a joint responsibility of the individual educator and the school district which employs him/her to recognize and cope

with the problems created by professional burnout as well as to provide resources for professional renewal" (p. 103).

The last attitude change is that "burnout-prone" individuals should not be identified and weeded out before they are hired. If burnout in the professions is a problem, why not develop an initial screening device which will predict who will burn out and when? Pines et al. (1981) say that such a test, if it could be devised, would deprive the helping professions of their most valuable potential employees--those who, because of their idealism and concern, are "precisely those who are most apt to burn out." They say that, because burnout is largely an inevitable function of system characteristics, it is more practical to focus on the organizations who employ helping professionals, rather than on selecting individuals: "If we were in charge of an organization we would choose as our employees the most idealistic, caring, and concerned individuals we could find, and then we would work to create an environment that minimizes burnout" (p. 115). The National Education Association (NEA), in agreement with Pines et al. (1981), considers burnout such a severe problem that it has passed a resolution encouraging local school authorities "to develop stress management programs that will facilitate the recognition, prevention and treatment of stress related problems" (Swick & Hanley, 1979, p. 36).

Burnout, then, is an occupational-stress-related phenomenon that exists and is acknowledged as a serious problem, that is particularly prevalent in the helping or social service professions, and that is not easily or properly addressed by the restructuring of the work environment, or by the "weeding out" or "allowing to quit" of so-called "faulty" or "defective" individuals.

STATEMENT OF THE PROBLEM

Considering the interaction of the role of the counselor, presenting problems of clients, and client characteristics, Savicki and Cooley (1982) state that, "a fairly high level of stress is unavoidable in most counseling settings" (p. 417). Pines et al. (1981) state that three elements characterizing nearly all human service work--a selective sample of people who choose the profession in the first place, emotionally taxing work, and an asymmetry in the therapeutic relationship--"make the process of burnout almost inevitable" (p. 54). These three elements are present in the work of most school counselors. MacKenzie (1981), who studied burnout in teachers, counselors, and administrators in ten southeastern Michigan school districts, reported that "mean scores for all counselors on the emotional exhaustion subscale are 3.16 which is more than two fifths of the total possible score for emotional exhaustion.

These scores indicate that counselors in this study reported feeling emotionally drained from their work, frustrated by their jobs, and that working directly with people puts too much stress on them" (pp. 102-103).

If counseling is an inherently stressful job that can and does produce burnout in counseling professionals, if screening for burnout potential is undesirable, if many who do burn out remain in the profession out of economic necessity, and if nothing is being done to check this stress before it becomes burnout, then burnout is inevitably taking its toll not only on the counselors themselves, but on the schools and clients they serve. It behooves the counseling profession, therefore, to address this very costly problem: "What can be done for school counselors so that inevitable job stress does not escalate to the level of burnout?"

PURPOSE OF THE STUDY

If all school counselors are exposed to stress, and some burn-out while others do not, one must conclude that something must intervene in the latter group at some point between the stress and potential burnout that prevents the stress from escalating to the level of burnout. If this "something" that either lowers stress levels to tolerable limits, or that bolsters the resistance of counselors to the disease-producing

effects of high levels of occupational stress can be isolated (and if it is subject to intervention and manipulation) the counseling profession may hope to reduce burnout in counselors, even though the stresses of counseling are themselves difficult, if not impossible, to alleviate.

Logically, occupational burnout can be prevented in one of two ways (or by a combination of the two): (1) by directly (i.e., via main effects) reducing occupational stresses before they reach burnout-producing levels, or (2) by indirectly (i.e., via interactive of "buffering" effects) attacking burnout, not by attempting to reduce levels of stress but by increasing peoples' resistance to the deleterious health consequences of working under highly stressful conditions. House and Wells (1978) explain:

Both common sense and existing empirical evidence strongly suggest that supportive social relationships with superiors, colleagues, and/or subordinates at work should directly reduce levels of occupational stress for a variety of reasons. Supportive co-workers are less likely to create interpersonal pressures or tensions; and the experience of support satisfies important social or affiliative needs for most people and hence tends to make them feel more positively about themselves and their jobs. Thus, social support should reduce known occupational stresses such as role conflict and ambiguity, job dissatisfaction, and low occupational self-esteem; and available empirical evidence is quite consistent with this expectation. But our concern here is with a different, and more unique, type of effect of social support--its ability to "mitigate", "buffer", or "condition" relationships between occupational stress and health.

The idea here is that social support from persons outside the work setting as well as those within it can alter the relationship between occupational stress and

health. Whereas in the absence of social support, physical and/or mental disorders should increase as occupational stress increases, as levels of social support rise, this relationship should diminish in strength, even perhaps disappearing under maximal social support (p. 10).

Whereas many researchers (Pinneau, 1975, 1976; Andrews et al., 1978; LaRocco & Jones, 1978; Lin et al., 1979a) who have tested for both main and interactive (buffering) effects of given agents on stress and health have found only main effects, others (Caplan, 1972; Nuckolls et al., 1972; Cobb and Kasl, 1977; Eaton, 1978; Gore, 1978; House & Wells, 1978) have found buffering effects. Of the two explanations for stress and burnout reduction, the so-called "buffering" hypothesis, in recent years, has received considerably more attention from stress researchers. An increasing number of researchers (McGrath, 1970; Levine & Scotch, 1970; French, Rodgers, & Cobb, 1974; Kagan & Levi, 1974) have, in fact, converged on the buffering conceptualization as the nature of stress as a phenomenon or process. This theory posits that stress is ultimately in the eye of the beholder. Except perhaps for extreme situations like disasters or concentration camps, no objective social or occupational situation will produce perceptions of stress or its consequences in all people exposed to the situation. Rather, how people perceive a given situation will depend on other "conditioning variables"--characteristics of individuals or situations that condition (or moderate, or

buffer, or cushion) the relationship between perceived stress and health (House & Wells, 1978). Such conditioning variables and their effects are an increasingly central tenet of stress researchers, especially Lazarus (1966) and his colleagues (Lazarus, Averill, & Opton, 1974). The significance of this conceptualization is as follows: If the health effects of objective job conditions and/or perceived stress are exacerbated or ameliorated by certain conditioning variables, modifying these factors offers an alternative mechanism for improving health without directly modifying objective job conditions (House, 1980).

Perhaps the most promising conditioning variable discovered to date is social support. Much has been written in recent years about the ability of social support (which is defined as information leading the individual to believe that he or she is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligation--Cobb, 1976) to moderate, buffer, or cushion the impact of psychological stress on physical and mental health (e.g., Cassel, 1976; Cobb, 1976; Caplan, 1979). That is, deleterious effects of psychological stress on health may be lessened or even eliminated in the presence of social support, while remaining strong for individuals having little or no support. Several recent studies (e.g., Caplan, 1972; Nuckolls, Cassel, & Kaplan, 1972; Cobb & Kasl, 1977; Eaton, 1978; House & Wells,

1978; LaRocco, House, & French, 1980; House, 1980) have, indeed, found that support buffers the impact of stress on health.

The purpose of this study was to determine the relationships between five sources of social support and burnout in school counselors. Selected demographic and job-related variables were also examined for their relationships to the dependent variable, burnout. Finally, to test the buffering hypothesis, an attempt was made to differentiate between the kinds of effects on burnout produced by these independent variables: (1) main or direct (i.e., high stresses that lead to burnout--such as job dissatisfaction, boredom, dissatisfaction with work load, etc.--are directly reduced by peer support); or, (2) interactive (buffering) or indirect (i.e., positive effects on burnout are achieved not by directly attacking job stressors, but via strong marriage, family, or work ties which tend to compensate for or overshadow work problems and thus indirectly lower burnout levels).

RESEARCH QUESTIONS

The present study tested the relationships between burnout and several situational characteristics (five possible sources of social support) and a variety of individual characteristics (five demographic, seven job-related).

The major research question examined was:

1. What is the relationship between burnout and:
 - a. work supervisors
 - b. coworkers or peers
 - c. spouses
 - d. friends and relatives
 - e. total?

Other research questions were:

2. What is the relationship between burnout and:
 - a. age
 - b. sex
 - c. marital status
 - d. ethnic background
 - e. educational attainment?
3. What is the relationship between burnout and:
 - a. opportunity for sanctioned "times-out"
 - b. percentage of time spent in direct contact with troubled students
 - c. ratio of students to counselors
 - d. opportunity for instruction on stress or burnout reduction
 - e. setting of school (rural, suburban, urban)
 - f. size of school (number of students)
 - g. years of counseling experience?
4. What is the interactive relationship between burnout and 5 sources of support x the following 7 job-related variables:

- a. opportunity for sanctioned "times-out"
- b. percentage of time spent in direct contact with troubled students
- c. ratio of students to counselors
- d. opportunity for instruction on stress or burnout reduction
- e. setting of school (rural, suburban, rural)
- f. size of school (number of students)
- g. years of counseling experience?

These research questions formed the base of the null hypotheses which were used to analyze the data.

NEED FOR THE STUDY

Burnout has been a noted phenomenon in the helping professions. From the literature it has been reported to occur in crisis therapists, physicians, and mental health workers (Freudenberger, 1975), in graduate students (Warnath & Shelton, 1976), in day care workers (Maslach, 1976), teachers (McGuire, 1979; Hendrickson, 1979; Bloch, 1978), and in counselors (Moracco, 1978; Vestermark & Johnson, 1970). Other "helpers" who have been investigated and commented upon in connection with burnout include police officers, nurses, social workers, psychiatrists, psychologists, attorneys, probation officers, school principals (Maslach & Pines, 1977), nurses aids, orderlies, medical technicians (Patrick, 1979), prison

personnel, and child care workers (Maslach & Jackson, 1978). Clearly, burnout in the social services is gaining growing recognition as an important block to quality care and job performance.

Research shows that these professionals often pay a heavy psychological price for the constant or repeated emotional strain of helping people in trouble (Maslach, 1976; Maslach & Pines, 1977, 1979; Pines et al., 1981; Pines & Maslach, 1978; Pines & Kafry, 1978; Kafry & Pines, 1980). The incidence of burnout was found to be high in many of these professions and to be a major factor in low morale (Austin, 1981; Pines & Maslach, 1978; Stewart & Meszaros, 1981), absenteeism (Maslach & Jackson, 1981), high job turnover (Austin, 1981; Pines & Maslach, 1978), low productivity (Stewart & Meszaros, 1981), and other indices of job stress. Burnout has also been identified as a factor in the poor quality of health and welfare services delivered to clients (Pines & Kafry, 1978). Freudenberger (1977), speaking of burnout in child care workers, called burnout a "multiple threat": "It incapacitates the helper. It robs the child. It propagates negative feelings and despair within both, and it diminishes coping defenses against despair" (p. 98).

Despite the increased attention and interest in the phenomenon of burnout, little systematic research in the field has been done.

As in any new area of investigation, everyone has an opinion and more than a few express their views. In the current literature approximately 75% of articles vehemently decry the ravages of burnout and only 25% actually cite data specifically relevant to their burnout conceptions (Savicki & Cooley, 1982, p. 415).

In the smaller field of counselor burnout, as well, little systematic research has been done. Of the material this researcher reviewed specifically concerning counselor burnout (Metcalf, 1981; Casas, Furlong, & Castillo, 1980; Warnath & Shelton, 1976; Boy & Pine, 1980; Cohen, 1978; Romero & Pinkney, 1980; Ball, 1977; Kremer & Owen, 1979; Morrocco & McFadden, 1981; Keim, 1977; Tiedeman, 1977, 1979; Miller, 1979; Warnath, 1979; Savicki, 1979; Cranley, 1979; Van Auken, 1979; Terrill, 1981; Vestermark & Johnson, 1970; Redfering & Biasco, 1976; Savicki & Cooley, 1982; Forney, Wallace-Schutzman, & Wiggers, 1982; Rubner & Zaffrann, 1975; Pusateri-Vlach & Moracco, 1981; Stewart & Daly, 1981; Watkins, 1983; MacKenzie, 1981; Spicuzza & Devoe, 1982; Maher, 1983), only one study, done by MacKenzie (1981), could be considered "hard" research which provided empirical data. This fact, coupled with the overwhelming evidence of burnout (with its attendant adverse physical and mental consequences) in the helping professions, bespeaks a need for more empirical research to determine the nature of burnout and how it can be controlled.

Pines et al. (1981) have called the efficient and creative use of social support "among the most effective ways of coping with burnout" (p. 122). Social support is of particular

interest to Cassel (1976) because of the implications it has for preventive intervention between stress and physical and/or emotional illness. As he points out, "It seems more feasible to attempt to improve and strengthen the social supports rather than reduce the exposure to stressors" (p. 121). Mueller (1980) propounds another advantage of social support research with these words: "of the range of factors that may modify or mediate the effects of stress, social support appears to be a factor more amenable to change through intervention than some of the others (e.g. personality traits)" (p. 151). Finally, House and Wells (1978) present the following "good reasons" for attempting to enhance social supports in order to reduce stress and improve health:

First, although solid evidence of the buffering effects of social support is just beginning to accumulate, there is a broader data base indicating that increases in social support (e.g., from supervisors) would directly reduce certain kinds of occupational stress (e.g., role conflict) and hence improve health. Second, increases in social support or closely related phenomena are likely to contribute toward a variety of individual and/or organizational goals besides reducing stress or improving health (e.g., higher morale, lower absenteeism and turnover, and perhaps enhanced organizational effectiveness). Thus, efforts at enhancing social support or related phenomena (e.g., interpersonal skills) are justifiable on grounds other than reducing stress or improving health. In sum, the potential gains from enhancing social support are many and the potential risks and costs are few. Further, the literature of applied social science (from psychotherapy to organizational development) contains many techniques which might be directly used in, or adapted to, programs for enhancing social support. Thus, we can and should begin to experiment with social support as a mechanism for buffering people against the deleterious effects of occupational stress (p. 24).

If it was found, in the present study, that certain deficits in the personal and occupational social support networks of sampled counselors resulted in strain and burnout, efforts could (with greater confidence in significant beneficial results) be aimed at identifying and assisting those counselors now in training and in the field who have similar deficits. Such assistance might take the form of encouraging and facilitating use of available support relationships, and perhaps, attempting to create supplementary or alternative support systems for groups of individuals with unusually weak social ties. Furthermore, if social support was found to be as protective against burnout as predicted, data from the present study could be used by counselor educators to help them prepare prospective school counselors to successfully cope with the variety of stressors they will encounter as they assume the role of professional helpers.

DEFINITIONS

In the context of the present study, the following definitions apply:

Stress. Any characteristics of the environment which pose a threat to the individual--either excessive demands or insufficient supplies to meet his or her needs--and which result

in a misfit between the person and his or her environment (French, 1976).

Strain. Any deviation, psychologically or behaviorally, from normal responses in a person (French, 1976).

Conditioning variables. Characteristics of individuals or situations that condition (or moderate, or reduce, or cushion, or buffer) the relationship between perceived stress and health (House & Wells, 1978).

Burnout. A state of physical, emotional, and mental exhaustion characterized by feelings of helplessness and hopelessness, by emotional drain, and the development of negative self-concept and negative attitudes towards work, life, and other people (Pines et al., 1981). This variable is operationally defined as the score on The Burnout Measure (Pines et al., 1981).

Helping professions. Those professions whose major duties require close, personal contact with people in need. Human services and social services are considered synonyms for the term "helping professions".

Social support. Information leading the individual to believe that he or she is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligation (Cobb, 1976). Social support is operationally defined as the scores on The Social Support Measure (House, 1980). The Social Support Measure includes supervisor support,

peer support, spouse support, friend & relative support, and total support.

Social support networks. Enduring interpersonal ties to groups of people who can be relied upon to provide emotional sustenance, assistance, and resources in times of need, who provide feedback, and who share standards and values (Caplan, 1974). "Social support systems" is considered a synonym for the phrase "social support networks".

School counselors. Licensed, secondary school counselors employed in Minnesota public schools during the 1983-84 school year.

LIMITATIONS

The major limitations of the study are:

1. The sampled population was limited to a specific geographic area.

2. The sampled population was limited to counselors employed solely in public, secondary schools.

3. The study was cross-sectional in nature, making it difficult to establish casual orderings.

4. The study relied solely on self-report (therefore, subjective) indicators of all variables.

SUMMARY

Occupational stresses in various occupations have been shown to lead to physical and mental ill health in the professionals themselves, and to the delivery of poor service to the organizations and clients they serve. One such negative health outcome, burnout, has been found to disproportionately afflict members of the helping professions, including school guidance counselors. Recent stress research has revealed that social support can act directly to reduce stresses and consequent burnout, and can, as well, act as a buffer between occupational stress and various deleterious physical and mental health outcomes. The present study tested the relationships, the magnitudes of the relationships, and the kinds of effects (main or buffering) obtained between burnout and selected situational (social) variables and individual (job-related and demographic) variables in surveyed Minnesota school guidance counselors. Such information, it was believed, could lead to prevention and intervention strategies that would eliminate burnout altogether or, at least, ameliorate its harmful effects.

Chapter 2

REVIEW OF THE LITERATURE

Topics that are related to the present study are reviewed in Chapter 2. In order to provide the background for research into social support systems as they relate to counselor burnout, literature is examined that deals with stress, burnout, and social support. Literature on various theories of stress and finally with a particular paradigm of stress research is reviewed with the purpose of establishing the construct of burnout, conceptualized as a continuum, within the stress-distress process. Literature concerning burnout is examined in order to explain: what burnout is, whom it affects and why, what its causes and deleterious consequences are, the fact that it is consistent with current research regarding the stress-distress process and can thus be properly studied via stress-distress research models and, finally, that it is affected by certain aspects of the social environment. Studies on social support are examined in order to demonstrate the relevance, prominence, and utility of this construct as a factor in the prevention of various stress-related, ill-health outcomes--particularly occupational burnout. The examination focuses on various on and off-the-job social support variables that have previously been shown to positively affect occupational strain

and burnout. Various materials are reviewed as the basis of a discussion as to which set of social support variables, on-the-job or off-the-job, is more likely to be protective of school guidance counselors against burnout. Finally, the individual variables that were examined in the study are named and documented.

THEORIES OF STRESS

Stress As An Environmental Concern

There are many definitions of stress and approaches to research on stress. Some view stress in terms of physiological reactions to environmental stimuli. Cannon (1932) described an emergency response capability (fight or flight) characterized by sympathetic nervous arousal and neuroendocrine activation. This response, expressed in elevations in blood pressure, heart rate, blood sugar, and the like, prepared the individual to confront or flee a stressful situation.

Selye (1956, 1974, 1976) went on to detail the physiological mechanisms involved in the fight or flight response. He observed that when an individual was faced with either a physical or psychological assault or demand (an awareness of threat), his or her body tended to react to mobilize coping behavior. Messages sent from the nervous system went to the hypothalamus, where they were relayed to the pituitary and adrenal glands. This pituitary-adrenal axis pumped into the

bloodstream hormones that influenced heart rate and respiration, inhibited visceral activity, and, in general, prepared the body to cope with the perceived demand. If appropriate action was taken by the individual to meet the demand, mobilization was expressed, the demand was reduced (along with the need for responding), and arousal was diminished. The individual was then able to rest and his or her body was able to return to pre-exposure levels. In Selye's terms, "homeostasis" had been restored and the individual experienced "eustress." If, however, the extant mobilization was not used to cope in an adequately expressive way, arousal and preparedness continued in the body. This penting-up of physiological preparedness (if exposure to a stressor was prolonged) Selye observed, could cause the body to begin to maintain and adapt to heightened arousal levels. If the individual was not successful in reducing the stress, he or she could possibly enter a state of "distress," then to the exhaustion stage and, perhaps, to somatic breakdown and death. To Selye, then, stress was defined as the body's non-specific reaction to any demand made upon it; thus, any event or demand in the environment was a potential stressor (Kremer & Owen, 1979).

Stress As An Individual Concern

Burchfield (1979), conversely, views stress as an

individual and a psychological, rather than an environmental and physiological concern. It is not the stressor itself that is responsible for stress-related illnesses, she maintains, but the individual's learned maladaptive response to that stressor.

Events, she says, remain arbitrary in the environment until the individual perceives them and attaches meaning and value to them. This meaning, in turn, is dependent upon the appraisal process unique to each individual and dependent upon individual characteristics such as temperament or personality. An individual, then, may assign a positive or negative value to an event and either adapt or maladapt depending upon how he or she responds to the event, which, in turn, is contingent on the behavior repertoire available for restoring the individual to a relative state of homeostasis. If the individual is able to accommodate the event with appropriate behaviors, thereby reducing the demand and need for responding resources, psychological and physiological energy is preserved and homeostasis ultimately restored. If the individual is unable to accommodate the event with appropriate behaviors, and the event continues to demand accommodation, the individual will eventually deplete all psychological and physiological energy potentially available to accommodate the event, and burnout has occurred (Pusateri-Vlach & Moracco, 1981).

Stress As An Environmental-Individual Concern

French, Rodgers, and Cobb (1974), who study occupational stress in particular, hold that stress is neither out there in the environment nor wholly within the individual. Rather, it is the result of a mismatch between the individual and his or her environment, or a failure of person-environment fit.

They have constructed a general model to explain their view of stress and its effects (Figure 1). Each occupation is composed of a different set of job stresses or demands. If the demands of the occupation either exceed the abilities of the individual or if environmental supplies and opportunities leave major needs or motives unmet, the individual will experience threat or stress. This stress, unchecked, can lead to strain which they define as any deviation from normal responses in a person, either job-related (dissatisfaction, boredom, etc.) or of a more general and serious nature (anxiety, depression, irritation, etc.). These strains, in turn, are hypothesized to affect various measures of health and illness (French, Caplan, Harrison, & Pinneau, 1976).

A similar model of the basic concepts of stress, strain, and the consequences of strain--but with the addition of the concept of burnout--has been described by Shinn (1979) (Figure 2). According to Shinn, stress is defined as a potentially damaging environmental force or condition impinging on the individual. A stressor is an agent of stress. Role conflict, or

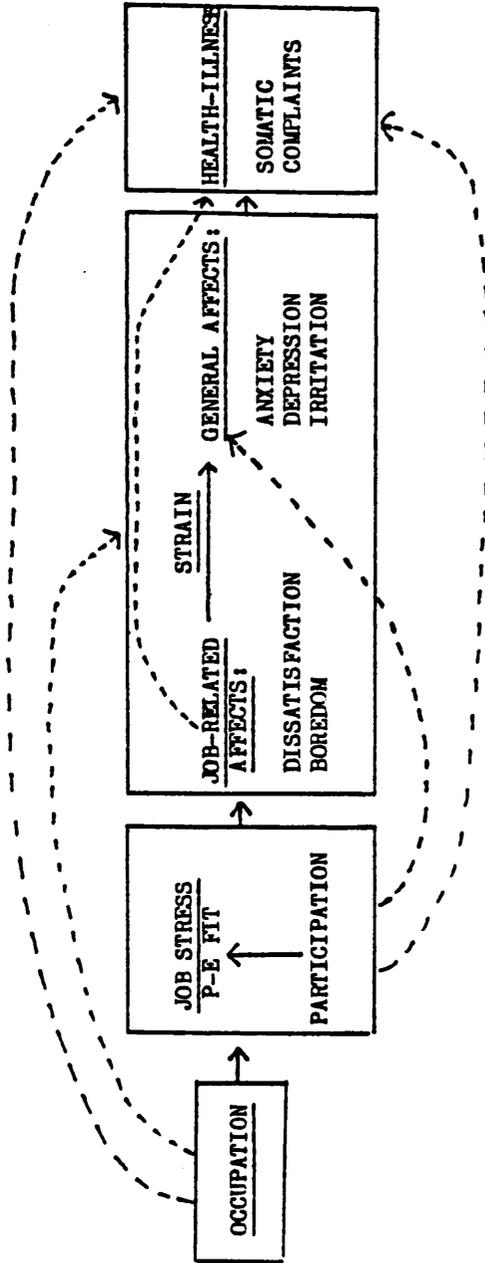


Figure 1. A General Model of the Relationships Between Occupation, Job Stress, Strain, and Health Illness. Dotted arrows represent relationships theoretically derivable if the causal arrows hold true. (From French et al., 1976, p. 11)

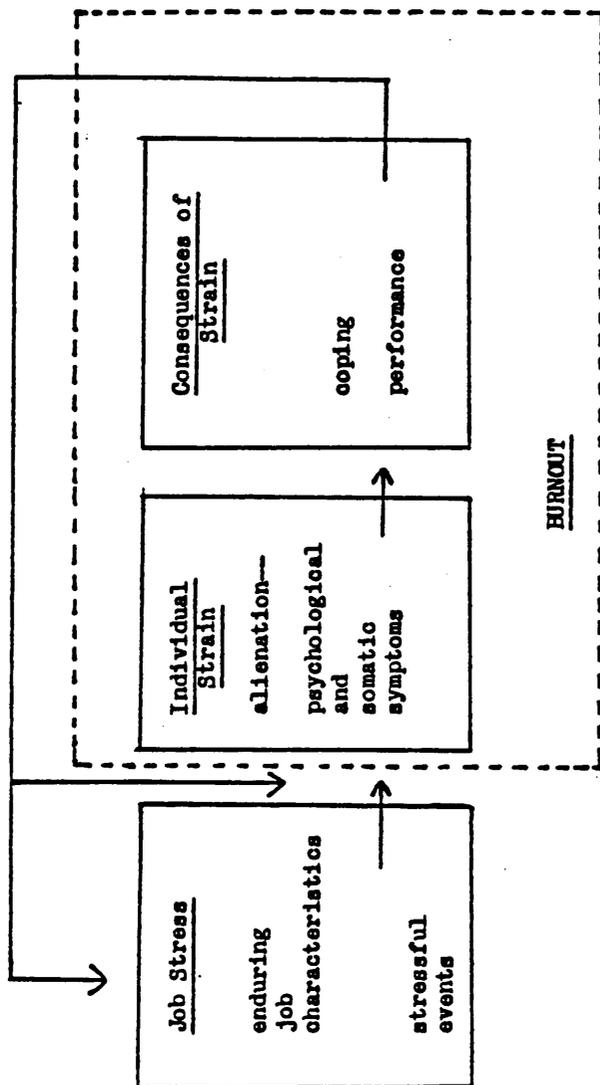


Figure 2. Theoretical Model of Stress, Strain, and Consequences of Strain.
(From Shinn, 1979, p. 19) (Mackenzie, 1981)

the impingement of logically inconsistent role demands on an individual, is one such stressor (Kahn, 1973). Stressors may be either discrete, perhaps catastrophic, events (Dohrenwend, 1979; Holmes & Rahe, 1967) or relatively enduring environmental conditions (Langer & Michael, 1963).

Strain is a psychological distress response to stress. Alienation (Berkeley Planning Associates, 1977), expression of dissatisfaction (Taylor & Bowers, 1972), and expression of psychological or somatic symptoms such as depression or headaches (Caplan, Cobb, French, Harrison, & Pinneau, 1975), are indicative of strain (Shinn, 1979).

According to Shinn, stress leads to strain, which in turn can have several psychological and behavioral consequences. One such consequence is burnout, which she describes as the entire pattern of job strain, maladaptive coping responses, and poor job performance (MacKenzie, 1981). Note in Shinn's model that burnout is conceptualized as a continuum ranging from "strain" (the product of job stress) to the more serious category of the "consequences of strain." Kafry and Pines (1980), major burnout researchers, agree that burnout occurs along a continuum with "feelings of strain" (a milder form of burnout) at one end and the "breaking point" of the individual (burnout in its "extreme form," beyond which "endurance and the ability to cope with the environment are severely hampered", p. 478) at the other.

A Paradigm Of Stress Research

An increasing number of researchers (McGrath, 1970; Levine & Scotch, 1970; French et al., 1974; Kagan & Levi, 1974) have converged on a similar conceptualization of the nature of stress as a phenomena or process. The paradigm of stress research which reflects this convergence expands the General Stress-Strain-Health/Illness Model presented earlier (French et al., 1976) and adds "conditioning variables." This paradigm (Figure 3) posits that "stress" is ultimately in the eye of the beholder and, in general terms, is perceived by people when they confront a situation in which their usual modes of behaving are insufficient and the consequences of not adapting are serious. These will be situations where the demands on people exceed their abilities or where they are unable to fulfill strong needs or values (McGrath, 1970; French et al., 1974). Except perhaps for extreme situations such as disasters or concentration camps, no objective social or occupational situation will necessarily produce perceptions of stress or resultant physiological, psychological, or behavioral responses and outcomes in all people exposed to the situation (House & Wells, 1978).

The model suggests that potentially stressful objective social conditions (e.g., monotonous work, deadline pressures, etc.) produce enduring health outcomes (e.g., physical and mental illness) only if these conditions are perceived as

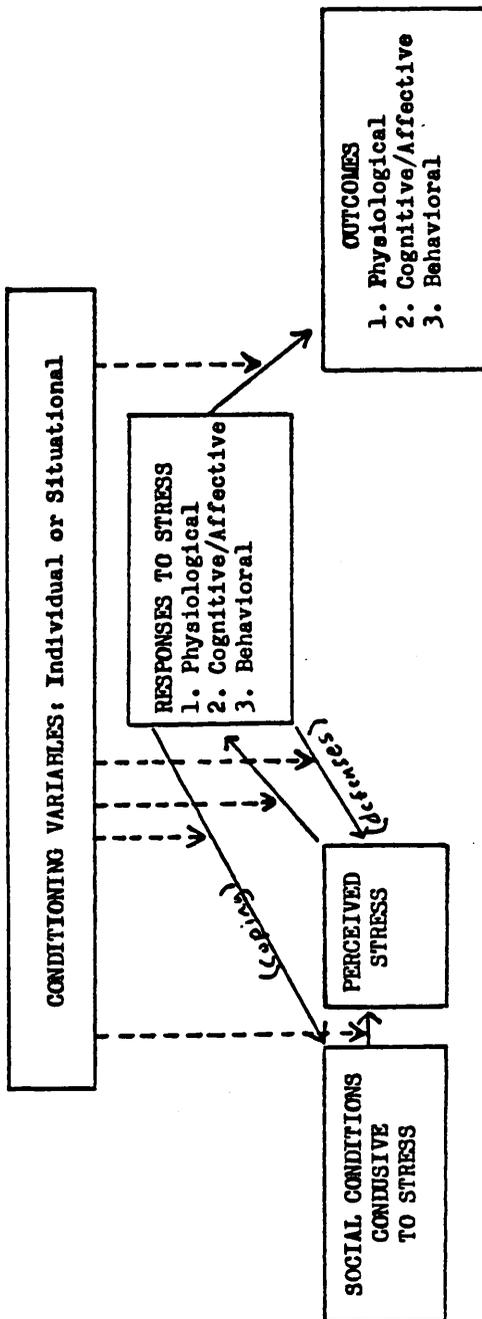


Figure 3. A Paradigm of Stress Research (From House & Wells, 1978, p. 13)

NOTE: Solid arrows between boxes indicate presumed causal relationships among variables. Dotted arrows from the box labeled "conditioning variables" intersect solid arrows, indicating an interaction between the conditioning variables and the variables in the box at the beginning of the solid arrow in predicting variables in the box at the head of the solid arrow.

stressful and responded to in a manner conducive to disease. Given two workers exposed to identical workload demands, for example, one may perceive the situation as quite stressful or threatening while the other views the pressure as a pleasant challenge. Which occurs will depend on the "conditioning variables" present, such as how competent and fast each worker is or whether he or she can count on help and support from others. Given several workers who all perceive the situation as threatening, one may alter the situation (or him or herself) to reduce the objective pressures and the perception thereof; another may alter his or her perception in the absence of a situational change; and a third may do nothing but become physiologically aroused, anxious, or behaviorally immobilized. Again, which response occurs depends on who is responding and in what situation, and the nature of the immediate response will determine the nature of the enduring outcomes (House, 1980).

Pearlin, Lieberman, Managhan, and Mullan (1981) summarize this latter and prevailing conceptualization of the stress process:

It is now consensually accepted that the intensity of the stress that people exhibit cannot be adequately predicted solely from the intensity of its sources, whether the sources be life events, chronic role strains, the diminishment of self, or all three. Instead, people typically confront stress-provoking conditions with a variety of behaviors, perceptions, and cognitions that are often capable of altering the difficult conditions or of mediating their impact. Among the elements having a crucial place in the stress

process, therefore, are those that can be invoked by people in behalf of their own defense. These are referred to collectively as mediators . . . (p. 340).

Summary

Stress has been variously described as a physical response to threat, as a psychological response to threat and, finally, as a combined physical-psychological response to threat. The latter and prevailing definition portrays stress as a physical and psychological response to threat caused by work that is either too difficult for the individual or that leaves major needs or motives of the individual unmet. In the Paradigm of Stress Research, perceived stress leads to negative outcomes only if conditioning or mediating variables do not intervene in defense of the individual. Shinn (1979) firmly ensconced burnout into the stress-strain-health/illness schema, conceptualizing it as a continuum ranging from "individual strain" (the result of job stress) to the "consequences of strain."

BURNOUT

Definitions

One of the most serious and pervasive outcomes of "unconditioned" or "unmediated" stress is "Burnout". The four major researchers of the phenomenon of burnout today are Herbert J. Freudenberger, Ayala M. Pines, Jerry Edelwich, and Christina Maslach.

In Freudenberger and Richelsons' (1980) view, to burn out is to:

deplete oneself. To exhaust one's physical and mental resources. To wear oneself out by excessively striving to reach some unrealistic expectation imposed by one's self or by the values of society (p. 17).

Pines et al. (1981) define burnout as a state of:

physical, emotional, and mental exhaustion. [It is] characterized by physical depletion, by feelings of helplessness and hopelessness, by emotional drain, and by the development of negative self-concept and negative attitudes towards work, life, and other people. [It is] the sense of distress, discontent, and failure in the quest for ideals. In [its] extreme form . . . burnout [can] reach a breaking point beyond which the individual loses the ability to cope with and enjoy the environment (p. 15).

Edelwich and Brodsky (1980) call burnout:

a progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work (p. 14).

Maslach (1982) calls burnout:

a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems (p. 3).

The Basic Cause Of Burnout: Disillusioned Idealism

The basic cause of burnout, the discrepancy between aspirations and accomplishments on-the-job or "disillusioned idealism," is explicit in all these definitions of burnout: "excessively striving to reach some unrealistic expectation," "failure in the quest for ideals," "a progressive loss of

idealism," "reduced personal accomplishment". All these phrases refer to a mismatch between efforts and results. Burnout victims start out full of enthusiasm and good intentions, but their efforts are not repaid in kind. The service, the accomplishment, the rewards they envisioned in training are not realized in the harsh reality of actual job conditions (Pines et al., 1981). Freudenberger (1980) goes so far as to say that burnout is "inevitable":

whenever the expectation level is dramatically opposed to reality and the person persists in trying to reach that expectation . . . (p. 54).

Referring specifically to members of the helping professions, Freudenberger and Richelson (1980) graphically describe this discrepancy:

Many idealistic students who want to do something for the world become doctors, nurses, lawyers, social workers, policemen, teachers, counselors or politicians. They hope to have an impact on the lives they deal with. They envision making people well again, improving world conditions or making lives productive. Unfortunately, the helping professions get to see a lot of failure and misery. Doctors and nurses see their patients suffer and die. Teachers face overcrowded classrooms and students with a disdain for learning. Social workers battle against the overwhelming odds of poverty and hopelessness. The people they are trying to help are likely to have surrounded themselves with impenetrable walls (p. 55).

This discrepancy or mismatch between dreams and reality is the same mismatch or "failure of person-environment fit" French et al. (1974) consider the basic cause of stress. House and Wells (1978), in connection with their use of the Paradigm of Stress Research, further explain this person-environment

mismatch as "situations where the demands on people exceed their abilities or where they are unable to fulfill strong needs or values" (p. 12). Burnout researchers Kafry and Pines (1980) confirm that, while burnout can occur as a result of a sudden or abrupt change such as a traumatic life event, it can also result from a "slow and gradual process of the daily grind and the never-ending struggles to achieve unattainable goals" (p. 478). More specifically:

Chronic stresses may stem from conditions in which demands are either below or beyond one's perceived resources [including both capacity (ability) and alacrity (willingness)], or from situations in which the rewards are below one's expectations and desires" (p. 478).

The fact that burnout researchers and stress researchers use basically the same language to describe these two seemingly different processes leads the researcher to believe that they are, indeed, the same process explained in different but similar terms. Since, however, the research methodology of the stress researchers is more substantive and rigorous than that of the burnout researchers, the present study follows more closely models of stress research.

Burnout In The Helping Professions

Present in the latter two definitions of burnout, but stressed in the writings of all burnout researchers, is reference to the fact that burnout seems to disproportionately

afflict members of the "helping professions"--those who do social service or "people work". Burnout has been a noted phenomenon in the helping professions. From the literature it has been reported to occur in crisis therapists, physicians, and mental health workers (Freudenberger, 1975), in graduate students (Warrath & Shelton, 1976), in day care workers (Maslach, 1976), teachers (McGuire, 1979; Hendrickson, 1979; Bloch, 1978), and in counselors (Moracco, 1978; Vestermark & Johnson, 1970). It has been commented on and investigated in a variety of occupations that employ "helpers" including police officers, nurses, social workers, psychiatrists, psychologists, attorneys, probation officers, school principals (Maslach & Pines, 1977), nurses aids, orderlies, medical technicians (Patrick, 1979), prison personnel, and child care workers (Maslach & Jackson, 1978). It is gaining growing recognition as an important block to quality care and job performance.

Research shows that these helping professionals often pay a heavy psychological price for the constant or repeated emotional strain of helping people in trouble (Maslach, 1976; Maslach & Pines, 1977, 1978; Pines et al., 1981; Pines & Maslach, 1978; Pines & Kafry, 1978; Kafry & Pines, 1980). The incidence of burnout was found to be high in many of these professions and to be a major factor in low morale (Austin, 1981; Pines & Maslach, 1978; Stewart & Meszaros, 1981), absenteeism (Maslach & Jackson, 1981), high job turnover

(Austin, 1981; Pines & Maslach, 1978), low productivity (Stewart & Meszaros, 1981), and other indices of job stress. Burnout has also been identified as a factor in the poor quality of health and welfare services delivered to clients (Pines & Kafry, 1978). Freudenberger (1977), speaking of burnout in child care workers, called it a "multiple threat": "It incapacitates the helper. It robs the child. It propagates negative feelings and despair within both, and it diminishes coping defenses against despair" (p. 98). The National Education Association considers burnout such a severe problem that it has passed a resolution encouraging local school authorities "to develop stress management programs that will facilitate the recognition, prevention and treatment of stress related problems" (Swick & Hanley, 1979, p. 36).

If the basic cause of burnout is the discrepancy between aspirations and accomplishments on-the-job or disillusioned idealism, and burnout is rife among helping professionals, the question naturally becomes: What is it about helping professionals and their jobs which so shatters their illusions and makes them so vulnerable to burnout?

The Illusion Shatterers

Pines et al. (1981) say that human service professionals snare three characteristics which are "the classic antecedents of burnout" (p. 48): (1) they share certain personality

characteristics that made them choose the human services as a career, (2) they perform emotionally taxing work, and (3) they share a "client-centered" orientation.

Shared Personality Characteristics. Shared personality characteristics of "helpers" that made them choose the human services as a career in the first place are the seeds of the disillusioned idealism referred to above. Their very natures seem to predispose them to burnout.

The human services, like most (if not all) professions, are characterized by the homogeneous qualities of the people who are attracted to them as a career. The nature of the occupational tasks tends to act as a screening device, attracting and selecting people with particular kinds of motives and personality attributes, while repelling and rejecting other kinds of people. Most human service professionals are "essentially humanitarians. Their dominant approach is to help people in trouble" (Billingsley, Streshinsky, & Gurgin, 1966, p. 53). They tend to be "oriented more toward people than to things . . . and value themselves most through being sympathetic, understanding, unselfish and helpful to others" (Registt, 1970, p. 11). Rosenberg (1964) who studied students aspiring to careers in the human services found that, to them, the ideal job "must permit working with people rather than things," and "give opportunities to be helpful to others."

Kadushin (1974) has termed this a "dedicatory ethic," which elevates service motives so that the work is seen not just as a job, but as a "calling" (Pines et al., 1981). Similarly, Freudenberger and Richelson (1980) say that "Two of the significant ingredients of Burn-Out are dedication and commitment, often affixed to an ideal or standard that is unrealistically high" (p. 24). They are quick to point out, however, that to burn out is no disgrace. On the contrary, those who burn out are "high-achievers, the men and women of action and purpose to whom the rest of us look for leadership and inspiration" (p. xvii). Burnout, they say, is a problem born of good intentions:

The people who fall prey to it are, for the most part, decent individuals who have striven hard to reach a goal. Their schedules are busy, and whatever the project or job, they can be counted on to do more than their share. They're usually the leaders among us who have never been able to admit to limitations. They're burning out because they've pushed themselves too hard for too long. They started out with great expectations and refused to compromise along the way (p. 12).

What's more, training institutions often promote these "great expectations." Warnath and Shelton (1976) claim that counselors-in-training are encouraged in unrealistic "altruistic idealism" that is soon shattered on-the-job.

Confused by the contradictions between their ideals and the demands of their work setting and uncertain of their value to the institution or community within which they work, counselors can only wonder whether a career in counseling is worth the psychological cost. Most simply answer "NO!" and begin looking for other outlets for their talents (p 174).

Freudenberger and Richelson (1980) summarize the predicament of the disillusioned helper:

The helper has come to his profession with visions of a supportive institution peopled with wise supervisors and cooperative patients, students, or clients. He has contemplated results and tangible proof of his ability to create a difference in people's lives. What he finds instead is red tape, harried administrators, intractable cases. No one has prepared him for this. No one comes forward to ameliorate his feelings of inadequacy, and this is where his own psychological make-up comes into play. If the worker has been looking for the kind of personal fulfillment he should be finding elsewhere, he will quickly begin to burn out (p 154).

Helping professionals, then, have a large component of social mindedness and a desire to help, plus much dedication and commitment to their jobs, but little preparation for the frustrations they are destined to face. The "frustrations" that snatter the illusions and "great expectations" of beginning helpers are the latter two of Pines et al. (1981) antecedents to burnout: emotionally taxing work, and a client-centered orientation.

Emotionally Taxing Work. In the human service professions, people work with others in emotionally demanding situations over long periods of time. The professionals are exposed to their clients' psychological, social, and physical problems and are expected to be both skilled and personally concerned. Such emotional over-exposure would be difficult for anyone, but particularly so for helpers: "That segment of the population

which is attracted to the helping professions is particularly sensitive to feelings and behavior, and unless an individual has strong compensating factors in his life, he can fall victim to the constant onslaught of despair his patients bring him" (Freudenberger & Richelson, 1980, p. 154). Dealing, thus, with such intense feelings every day, plus struggling against the general intransigence of human problems, contributes greatly to disillusionment and subsequent burnout.

A Client-Centered Orientation. The final antecedent of burnout, one that characterizes human service professions almost exclusively, is the "client-centered" orientation. Pines et al. (1981) explain this orientation:

In a client-centered orientation, the focus is on the people receiving service. The professionals' role of help, understanding, and support is defined by the client's needs. The professionals' presence is justified only as long as they continue to serve. Feelings are legitimate only when expressed by the clients (pp. 52-53).

Most human relationships, they say, are symmetrical, but the therapeutic relationship is not; it is complementary: the professionals give and the clients take. For many, the opportunity to work with people and help them in some way was their primary reason for entering their profession and is often the primary source of satisfaction in their jobs. They get their self-esteem from it. In many human service institutions, however, the nature of the staff-client interaction is such

that negative feedback from clients is far more prevalent than positive. Maslach (1978) writes: "Staff people often feel that their successes go away but their failures keep coming back to haunt them and provide constant visible proof that they are incompetent or make mistakes" (p. 116). Furthermore, "mistakes" are somewhat harder for helpers to take than other professionals. Since they use themselves as their primary instrument or tool for providing help, they may believe that failure with a client reflects both on their competence as technicians and on their competence as people and is, therefore, keenly felt and personalized (Kadushin, 1974).

Moreover, while the realities of the job regularly assault the emotions of health service professionals, they have probably never been trained to deal with the resulting emotional turmoil.

In scientific literature and course material relevant to human service fields, little attention is given to the emotional stresses experienced by the professionals. Instead the focus is almost exclusively on the recipients of services and their problems. Thus, in training, the students learn the implicit lesson that it is illegitimate for them to have needs while in the professional role . . . never is it the case that . . . training exercises are directed toward building empathy for the plight of the professionals who are forever giving and never taking (Pines et al., 1981, p. 53).

Pines et al. (1981) summarize: "A client-centered orientation defines an asymmetry in the therapeutic relationship and can become stressful for the professional providing help. Its effects are doubled when combined with the emotional intensity

characterizing most human service work and with the selective sample of people who chose to work in the human services. And since all three elements are present in nearly all human service work, they make the process of burnout almost inevitable" (p. 54).

Edelwich and Brodsky (1980) add to these three major antecedents of burnout some minor ones, including: (1) lack of criteria for measuring accomplishment (2) low pay at all levels of education, skill, and responsibility (3) upward mobility through the administrative channels only (4) inadequate funding and institutional support, and (5) high public visibility coupled with popular misunderstanding and suspicion.

Aside from the aforementioned sources of stress in their work, human service professionals are subject as well to the pressures and stresses that are likely to be present in any bureaucratic organization such as the absence of variety, autonomy, significance, success, and feedback, all or any of which may be negative correlates of burnout. Calling these five variables the "internal characteristics" of work (the intrinsic properties of the work conditions), Pines and Kafry (1978) undertook a study of social workers which compared these work properties to what they called "external work characteristics" (properties of the work environment) such as work relations, work sharing, support, times out, and social feedback from colleagues and supervisors. The purpose of the study was to

determine which of these two general sources of job stress would correlate more highly with burnout. Since the literature suggests that social service professionals are particularly sensitive to people and, thus, consider the social aspects of the work environment to be more important than work conditions, Pines and Kafry (1978) predicted that the external characteristics of the work environment would prove to be more significant correlates of burnout than would the work conditions.

They found that the external characteristics--the properties of the work environment that serve as social support systems--were all significantly correlated with burnout and work satisfaction. On the whole, the external work characteristics were more significant correlates of burnout than the internal factors, suggesting that social workers (whose work is analagous to that of guidance counselors) may be more than normally sensitive to people as sources of both emotional stress and support.

These findings were confirmed by Kafry and Pines (1980)--who studied social workers, college students, and professionals from a variety of occupations--and by House (1980)--who studied factory workers. House concluded:

These results suggest that interpersonal relations may be somewhat more important, and job characteristics somewhat less important than we expected in determining levels of perceived job stress. Overall, social support should be an important variable in future research and in any applied efforts to reduce job stress or its

impact on health (p. vii).

Burnout In Counselors

The three elements mentioned by Pines et al. (1981) as characterizing nearly all human service work and which "make the process of burnout almost inevitable" (p. 54)--a selective sample of people, emotionally taxing work, and a client-centered orientation which assures an asymmetry in the therapeutic relationship--are present in the work of most counselors.

A Selective Sample Of People. Counselors are, on the whole, idealistic, dedicated, and committed--often unrealistically so, especially at the beginning of their careers. Savicki (1979) described new staff he had observed in counseling agencies as overly responsible, do-gooders, rescuers, and "servoholics." In his opinion, this degree of overcommitment to helping generally creates a multitude of problems for young professionals. Freud-berger (1974) observed that people who are most likely to be afflicted by burnout are dedicated and committed. They work too much and accept too little in return. These same individuals have a need to be liked and accepted, as well as an excessive need to give to others. Tiedeman (1977, 1979) encouraged counselors to confront their needs to be liked. He hypothesized that much of the stress relating to burnout stems from an

inability to allow clients the freedom of accepting or rejecting help without equating the choice with personal acceptance or rejection. Counselors, he believes, rely too heavily upon external reinforcement systems. Van Auken (1979) noted the tendency of burned-out counselors to act in omnipotent ways, believing that they can determine the success or failure of the lives of their clients. Beliefs such as these cause needless, excessive anxiety for the counselor (Metcalf, 1981).

Counselor training often contributes to this unrealistic idealism and commitment.

Counselor preparation programs enthusiastically emphasize the rewards of becoming a counselor. Fledgling counselors are fired-up and expect results for their efforts. In fact they are led to believe that effective counseling always incorporates positive change (Srebalus 1975). Beginning counselors often expect a greater return for their efforts than they usually receive. If the outcomes of counseling are not observable or are difficult to define, the new counselor is confused and may begin to question his or her competencies. The beginner experiences some of the crucial counseling realities that are grossly neglected in counselor preparation programs: how to give a lot and get little in return, how to deal with emotional stamina in a close and personally demanding relationship, and what happens to the counselor in actual day-to-day practice.

The major emphasis during counseling preparation is on the client's concerns, with little if any emphasis on what happens to the counselor. If this is so, the beginning counselor has not been adequately prepared to face the disparity between theory and reality or between the emotional-psychological demands and the net result of counseling effort. Many counselors after training realize that the emotional demands are too great for the amount of return and quietly leave the profession (Ball, 1977, p. 230).

These two, the inherent characteristics of the workers and the nature of their training, combine to create the aforementioned discrepancy or mismatch between the inflated desire to make things better (or unrealistic idealism), and situational reality, which can lead to burnout.

The work conditions which shatter these expectations of counseling outcomes are two: (1) the emotional demands and needs of clients, and (2) the unbalanced or asymmetrical nature of the therapeutic interaction.

The Emotional Demands And Needs Of Clients. Counselors are exposed almost exclusively to the negative or dark sides of the people who come to them for help: "Patients don't come for counseling to talk about the positive parts of their lives. Those parts they're coping with. They come to discuss their problems. If they have a great sense of humor or profound thoughts about politics, the therapist seldom knows about it. In his role, he hears the worries and the complaints, the excuses and the 'I can't's'" (Freudenberger & Richelson, 1980, p. 153).

Counselors face the strain of direct emotional confrontation with clients. Writing of social workers, whose work is similar to counselors, Feldman et al. (1953) observed:

The worker face to face with the client . . . is exposed continually to an onslaught of unexpressed primitive feelings. The avalanche of feelings with which the social

worker is confronted is an unusual stress situation peculiar to the task of extending psychological help. It is in a sense an occupational hazard (p. 153).

Being thus continuously "emotionally available" to people can take its toll. Speaking of the lot of counselors in alternative institutions, Freudenberger (1975) said:

The population which we help is often in extreme need, and because of this they continually take, suck, demand. Let me be honest about it, and admit that the people I am referring to require a continuous giving on our part. And our feeding supplies appear, both to us and to them, to be endless. We soon learn, however, that this is a mistaken notion. The supply can--and often very quickly does--dry up (p. 75).

Fine (1980) considers this "emptying out" of the "maternal" reservoir of the counselor to be very serious. There must be some respite from the emotional storm, he says, or despair and depletion can result.

The Asymmetry Of the Therapeutic Relationship. In normal human relationships there usually exists a balance between giving and receiving; needs between friends, for example, are acknowledged and met in basically equal proportion. In the therapeutic relationship, on the other hand, the counselor is expected to disregard personal needs and concentrate exclusively on the needs of the client.

The "good" counselor strives to perceive and respond with empathy, respect, warmth, concreteness, genuineness, self-disclosure, confrontation, and immediacy (Gazda, 1978). The counselor is trained to create optimum conditions of facilitation for the client. Professional ethics require the counselor to always act in the best interests of the client and to limit the

expression of personal needs. The counselor must derive satisfaction from the counseling relationship by meeting the needs of the client and often the client's needs are not easily or immediately met. The counselor may work with an individual and derive little if any satisfaction from the relationship (Pusateri-Vlach & Moracco, 1981, p. 8).

Freudenberger and Robbins (1979), calling psychoanalysis the "profession of relatedness" in which the psychoanalyst "psychically feeds" others, also see the therapist-patient relationship as incomplete and one-sided: "We have many restrictions placed on how we are allowed to discharge our feelings. We may be affectionate, but we may not touch a patient. We may empathize, but we may not fuse; we may show indignation, but we may not show rage. The conflicts that these restrictions spawn can act as serious depleters of our energies and also on our affect" (pp. 291-292).

This constant attention to others and inattention to self can cause serious difficulties.

Often the therapist, in his busyness and preoccupation with hearing and responding to the patient's symbols, overlooks or is inattentive to his own dreams and fantasies. Indeed, he may well be playing the role of the good parent, splitting off from his life style the aggressive or bad part of himself. The analyst needs room and space both in his inner fantasy and in his external life to express and become in touch with these symbolic representations. Somewhere, somehow analysts need acceptable outlets to regress, let go, and experience the full dimensions of their polarities. This means loving and hating, building and destroying, taking and giving--indeed the whole range of our libidinal life style that accrues through our life history. When role-playing or social expectations make it difficult for us to hear these forces, an inevitable outcome may be professional emptiness or flatness (pp. 288-289).

The continuous emotional assault of raw human feelings and the one-sidedness of the therapeutic relationship, then, combine to create an energy drain. This drain, in turn, results in the "professional emptiness" or exhaustion that characterizes burnout--particularly when the counselor entered the profession with visions of quick, easy, and obvious "cures". Evidence of this emotional drain, exhaustion, and burnout in Michigan school guidance counselors was found by MacKenzie (1981). She reported that "mean scores for all counselors on the emotional exhaustion subscale are 3.16 which is more than two fifths of the total possible score for emotional exhaustion. These scores indicate that counselors in this study reported feeling emotionally drained from their work, frustrated by their jobs, and that working directly with people puts too much stress on them" (pp. 102-103).

This emotional-psychological energy drain, says Ball (1977) can become an occupational hazard: "After all, counselors are human and need a good balance between giving and receiving. If the counselor is constantly giving and using emotional-psychological energies without regaining them in some way, the counselor's effectiveness will be short-lived" (p. 231). In view of this fact, the following questions naturally arise: What can counselors do when they have been depleted by too much giving? Where can they go to refill the emotional-psychological void in themselves created by feeding others?

Where can respite from the emotional storm be found?

Counselor Renewal

The key to renewal, according to Freudenberger and Robbins (1979), is "fullness." The therapist must find ways to survive by "becoming a full person, with lots left over with which to fill the patient whose illness is emptiness and who must be filled from the reservoir which is--until such time as the patient can fill himself--the therapist" (p. 290). This reservoir can be filled only outside the counseling setting: "It is necessary for therapists to return regularly to a world that is not replete with problems, conflicts, pathologies, and feeding others" (p. 293). The counselor must him or herself be "fed" through reciprocally nourishing relationships in which the counselor receives as much as he or she gives.

The counselor has a special need for revitalizing friendships and satisfying interpersonal ties as a kind of psychic reservoir from which to draw. Should he "play solitaire" too frequently, it is probable that he may come increasingly to feel generally depleted and that he has less of himself to give in service to students. Admittedly, it may not be easy, either practically (because of time boundaries) or psychologically (because of habit and temperament), to cultivate and restore satisfying relationships. Recognition of this need, however, is the important first step (Vestermark & Johnson, 1970, p. 106).

Summary

The nature and causes of burnout were discussed. Burnout was shown to be a serious problem both to health-care

practitioners (counselors, in particular), and the organizations and clients they serve. It was shown to be an integral part of the stress-distress process which is known to be alterable by way of moderating or conditioning variables that can be invoked in peoples' defense. Aspects of the social environment, those relationships that nourish and revitalize, were touted as important exhaustion and burnout "inhibitors" for counselors, while variables pertaining to the internal characteristics of work or the work conditions, were not.

SOCIAL SUPPORT

Definitions

If work with troubled people drains and exhausts, "play" with significant others fills and restores. It seems that nourishing outside relationships or social support systems tend to have either direct beneficial effects on health, or they tend to operate in an indirect or interactive fashion to "mediate," "condition," "cushion," or "buffer" the noxious effects of stress on health outcomes, such as burnout.

Cobb (1976) has defined social support as information that leads the individual to believe "that he is cared for and loved," "that he is esteemed and valued," and "that he belongs to a network of communication and mutual obligation" (p. 300). Kaplan, Cassel, and Gore (1977) define it as the "gratification

of a person's basic social needs (approval, esteem, succorance, etc.) through environmental supplies of social support" and "the relative presence or absence of psychosocial support resources from significant others" (pp. 50-51).

Caplan (1974) defines social support systems as enduring interpersonal ties to groups of people who can be relied upon to provide emotional sustenance, assistance, and resources in times of need, who provide feedback, and who share standards and values. In Caplan's view, the major characteristic of social support systems is that the person with a problem "is dealt with as a unique individual . . . significant others help the individual mobilize his psychological resources and master his emotional burdens; they share his tasks; and they provide him with extra supplies of money, materials, tools, skills, and cognitive guidance to improve his handling of his situation" (pp. 5-6). He believes that support represents an enrichment of existing strengths, rather than a propping up of someone who is weak. Finally, Caplan conceives of support systems as something more than occasional or casual relationships: "Support system implies an enduring pattern of continuous or intermittent ties that play a significant part in maintaining the psychological and physical integrity of the individual over time" (p. 7).

All these definitions imply that people who support and sustain individuals through crisis and calm and with whom feelings can be shared without fear of condemnation, help these

individuals master their emotional problems by mobilizing their psychological resources, enabling them to avoid or overcome the deleterious effects of stress and burnout.

The Dynamics Of Social Support--How Does It Work

The hypotheses that are tested regarding social supports and their connection to mental and physical health seem to be based on one of two theoretical arguments. The first interprets social resources as having a direct beneficial effect on health (Durkheim, 1951; Leighton, 1959; Lerner, 1973; Henderson, 1977; 1980; Henderson et al., 1978a, 1978b; Miller and Ingham, 1976; Mueller, 1980) and some supporting evidence has been presented (Andrews et al., 1978; Dean et al., 1980; Turner, 1981; Williams et al., 1981). The second hypothesis suggests that social factors operate in an interactive fashion to modify or buffer the effects of stress on health outcomes (Dohrenwend & Dohrenwend, 1978; Eckenrode and Gore, 1981) and substantial evidence consistent with this argument has been assembled (Cassel, 1976; Cobb, 1976; Kaplan et al., 1977; Dean & Lin, 1977; Brown et al., 1975; De Araujo et al., 1973; Nuckolls et al., 1972).

Of these two hypotheses, the buffering hypothesis has of late received the most attention. As to why this is true, Mueller (1980) says that the buffering hypothesis is particularly interesting because of its implications for "preventive

intervention" (p. 151). Cassel (1976) says that "It seems more feasible to attempt to improve and strengthen the social supports rather than reduce the exposure to stressors" (p. 121). House and Wells (1978) feel that social support, in its buffering role, "should be viewed as a potential means of alleviating that occupational stress which we can not reduce" (p. 24). For whatever reason, the buffering hypothesis is currently a popular topic in stress/distress research.

Various explanations have been put forth as to how social support buffers or mediates the deleterious consequences of high stress. Among the most interesting are those of Cassel (1976) and Cobb (1979). Cassel (1976) draws an analogy between the buffering effects of social support and other processes ranging from immunization to proper nutrition, which increases people's resistance to disease-producing agents or phenomena. Similarly, Cobb (1979) says that the social support provided by nourishing relationships operates to "increase resistance to," "buffer," or "reduce" stress and its ill-health outcomes by improving the fit between the person and the environment. His hypothesis is graphically displayed in Figure 4. The three components of social support are located in the box in the middle of the figure. The arrows from Esteem Support (leading the recipient to believe that he is esteemed and valued) and Emotional Support (leading the recipient to believe that he is cared for and loved) to Adaptation indicate the belief that

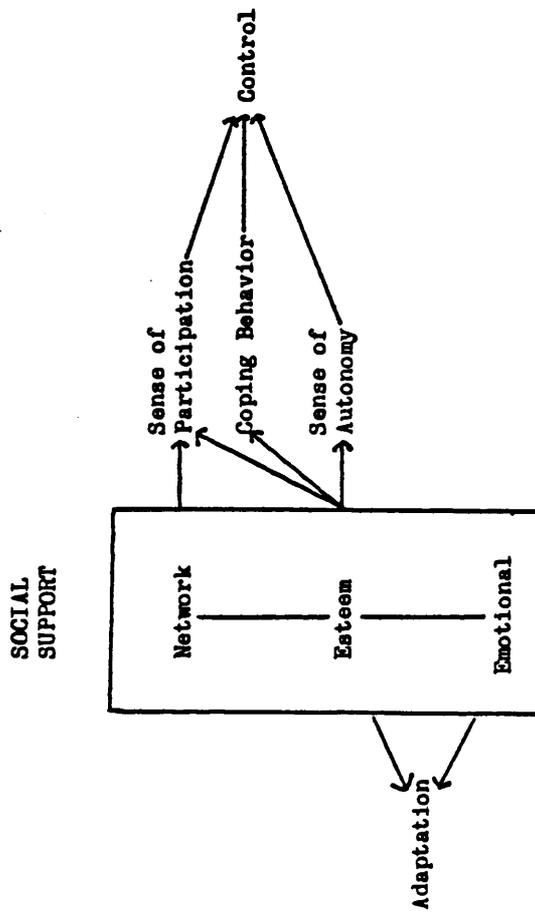


Figure 4. An hypothesis about the mechanism through which social support might operate to improve an individual relationship with the environment, thereby reducing psychosocial stress and thus relieving strain.
(From Cobb, 1979, p. 102)

those who are esteemed, therefore self confident, and those who are emotionally supported, therefore comfortable, are more able to change themselves to fit into a changed environment. Similarly, those who are confident have a sense of autonomy and are more likely to engage in coping behavior, and so are more likely to take control of their environments and to manipulate these environments into a more acceptable shape. By the same token, Network Support (leading the recipient to believe that he has a defined position in a network of communication and mutual obligation) and Esteem Support contribute to a sense of participation in decision making, which likewise contributes to environmental control, or at least to the "illusion of control" which Perlmutter and Monty (1977) have shown may be as important as actual control (Cobb, 1979, p. 103).

Of those studies which have tested for both main and buffering effects of social support on physical and mental health, the results are split. Some (Pinneau, 1975, 1976; Andrews et al., 1978; LaRocco & Jones, 1978; Lin et al., 1979a) have found only main effects, while others (Caplan, 1972; Nuckolls et al., 1972; Cobb and Kasl, 1977; Eaton, 1978; Gore, 1978; House & Wells, 1978) have found both main and buffering effects. The question remains, then, as to whether the effects of social support on physical and mental health are limited to moderating the impact of high stress, or whether social support has an effect independent of the presence of highly stressful

circumstances.

Another unanswered question in stress/distress research concerns the relative influences of the two general sources of social support: home (off-the-job) and work (on-the-job) support. The literature indicates that both significantly influence measures of physical and mental health.

Social Support Off-The-Job

The hypothesis that social support received from home or off-the-job sources may serve as a cushion or buffer against the ill effects of stress has generated considerable research on the relationship between social support and physiological and psychological well-being. Cobb (1976), Cassel (1976), Dean and Lin (1977), and Caplan (1979) have reviewed an array of studies suggesting that supportive social relationships with significant others can ameliorate or buffer the effects of potentially stressful objective conditions and/or perceived stress on physical and mental health. That is, deleterious effects of stress on health may be lessened or even eliminated in the presence of social support, while remaining strong for individuals having little or no support. Specific studies from these reviews and elsewhere demonstrate the powerful effects (both main and buffering) of social support on both physical and mental health.

Social Support And Physical Health. A confiding relationship, in which people can talk intimately about themselves and their problems, has been shown to be crucial to good physiological health in several studies. Commenting on the work of Holmes (1954), Kaplan, Cassel, and Gore (1977) note that tuberculosis "was occurring more frequently in 'marginal' people who, for one of various reasons, had no friends, family, or intimate social group to which they could relate. Similar findings have been reported for schizophrenia, multiple accidents, suicide, and respiratory diseases other than tuberculosis" (p. 49). Jackson (1954) found that men who tried to quit drinking on their own ran 20 times more risk of contracting tuberculosis than men who were supported by family, friends, or an organized program. Similarly, De Araujo, Van Arsdel, Holmes, and Dudley (1973) showed that asthmatic individuals with high levels of stress and low levels of social support required nearly four times the dosage of steroids compared to similar individuals who had high stress and high levels of support.

In a study of men who were forced to change their jobs when the plant they worked in closed, it was found that cholesterol levels and serum uric acid levels became elevated, but only for those men who received low social support from their wives, neighbors, and friends (Gore, 1973). Gore (1978)--who conducted a longitudinal study of the role of social support in modifying the stressful effects of unemployment--reported that

unsupported, unemployed men showed higher levels of cholesterol, illness symptoms, and self-blame than did the supported, unemployed men. Medalie and Goldbourt (1976) examined the influence of social support on risk of angina pectoris in a five-year study of 10,000 men in Israel. Social support was assessed through measures of family interaction and spousal demonstrations of love. Those who reported favorable love relationships with their wives were significantly less likely to present symptoms of angina pectoris even in the presence of physiological risk factors. Marmot (1975) questioned why Japanese people living in California showed higher incidents of coronary heart disease than did those living in Japan. He found that in the process of migration they had lost important sources of social support which accounted for the differences in heart disease. Lynch (1977), in a study of personal relationships and heart disease, reviewed a wide variety of evidence on the impact of social isolation on heart disease. He concluded that human companionship appeared to be associated with lower rates of all types of coronary disease. Finlayson (1976) assessed the impact of wives' level of social support provided by friends and family on husbands' recovery from myocardial infarction. Husbands whose wives felt most supported had higher rates of recovery. Nuckolls, Cassel, and Caplan (1972) studied the joint effects of stressful life events and "psychosocial assets" (made up of the patients' reports of

their relationships with their husbands and other significant persons) on complications of pregnancies. Taken alone, neither the life change score nor the psychosocial asset score was significantly related to complications. Considered jointly, it was found that 91 per cent of the women with a high life change score and a low asset score had one or more complications, whereas only 33 per cent of women with an equally high life change score, but with a high asset score, had any complications.

Individuals undergoing rapid social and cultural change (Marmot & Syme, 1976; Cassel & Tyroler, 1961; Tyroler & Cassel, 1964; Syme, Hyman, & Enterline, 1964; Mancuso & Sterling, 1974) as well as those living in situations characterized by social disorganization (Nesser, Tyroler, & Cassel, 1971; James & Kleinbaum, 1976; Harburg, Erfurt & Chape, 1973), and poverty (Antonovsky, 1967; Kitagawa & Hauser, 1973; Nagi & Stockwell, 1973; Syme & Berkman, 1976) appear to be at increased risk of acquiring many diseases. These situations have frequently been described in terms of the absence of stable social ties and resources available to individuals living in such circumstances.

Finally, it repeatedly has been observed that people who are married have lower mortality rates than those who are single, widowed, or divorced (Ortmeyer, 1974; Durkheim, 1951; Price, Slater, & Hare, 1971). The relationship between widowhood and increased morbidity and mortality is particularly

striking. The results of several investigations (Maddison & Viola, 1968; Marris, 1958; Parkes, 1964; Rees & Lutkins, 1967) indicate that widows, especially in the first year following bereavement, have many more complaints about their health, have more mental and physical symptoms, believe they have sustained a lasting deterioration to their health, and have increased mortality rates (Berkman & Syme, 1979). A nine-year study by Berkman and Syme (1979) of 7,000 persons in Alameda County, California showed that people with many social ties--such as marriage, close friends and relatives, church membership, and other group associations--had far lower mortality rates than others. The study found that even men in their fifties who seemed to be at high risk because of a very low socioeconomic status, but who scored high on an index of social networks, lived far longer than high status men with low social-network scores.

Social Support And Mental Health. A confiding relationship has also been shown to be crucial to good psychological health in several studies. Cobb (1976) has cited the striking example of a study conducted by Brown, Bhrolchain, and Harris (1975) on depression in women in relation to the presence or absence of a confidant (i.e., "a person, usually male, with whom the woman had 'a close, intimate and confiding relationship'"). Dividing the women into four groups (high stress without a confidant,

high stress with a confidant, low stress without a confidant, low stress with a confidant), the data clearly indicated "that those women who had severe events and lacked a confidant were roughly 10 times more likely to be depressed than those in any of the other three cells" (p. 307). Similarly, Lowenthal and Haven (1968), Roy (1978), and Miller and Ingham (1976) have reported that the availability of a confidant has beneficial effects for mental health in times of stress.

In psychiatric epidemiology, particularly in relation to neurosis, some of the observed differentials in prevalence rates could be partly explained by deficiencies in social bonds. This could apply to the increased morbidity observed in women (Gove, 1978; Nesselroade & Baltes, 1978; Weissman & Klerman, 1977), in the single or formerly married (Maizberg, 1964; Pearlin & Johnson, 1977), and at times in the lowest social class (Harkey, Miles, & Rushing, 1976; Hollingshead & Redlich, 1958) (Henderson, 1980).

The relationship between social support and psychological well-being has been examined by Dean and Lin and their associates in a number of studies (Dean & Lin, 1977; Dean, Lin, Tausig, & Ensel, 1980, 1981; Lin, Dean, & Ensel, 1979a). They developed a scale to assess what they call the instrumental and expressive dimensions of support (Lin, Dean, & Ensel, 1979b). The instrumental system is directed towards the completion of tasks, while the expressive system is concerned with the

satisfaction of individual needs. In the population as a whole, they found a significant relationship between social support and psychological well-being (Dean et al., 1981). In subsequent analyses of the same data, Dean et al. (1980) found that lack of companionship support showed the strongest association with depression for all age groups. Other types of support varied in their strength as predictors of depression across age groups.

Turner, Frankel, and Levin (1982) reviewed a series of studies by Henderson and his colleagues (Henderson et al., 1978a, 1978b; Henderson et al., 1980a, 1980b) which provides additional evidence for a positive relationship between social support and psychological health status. Henderson and his colleagues developed the Interview Schedule for Social Interaction (ISSI), which is designed to tap the availability and adequacy of attachment and social integration. The ISSI was employed in a large community survey of the prevalence of non-psychotic psychiatric morbidity. Availability and adequacy of both attachment and social integration were significantly related to neurosis and depression for both men and women, although there was some variation in the relationships between support and the dimensions of psychological health across the sexes (Turner, et al., 1982).

Andrews, Tennant, Hewson, and Valliant (1978) studied the effects of stressful life events, coping styles, and social support on psychiatric impairment in a suburban sample in

Sydney, Australia. Findings indicated that the availability of support from relatives, friends, and neighbors in times of crisis was associated with lower rates of psychiatric impairment. Findings from a study by Liem and Liem (1978) of college students indicated an association between social support and psychological well-being. In particular, they found that the higher the proportion of persons in one's personal network providing encouragement and emotional support, the lower the likelihood of reported feelings of depression and inadequacy.

Finally, Pearlin, Lieberman, Menaghan, & Mullan (1981) have examined social support and coping in an attempt to understand how life events, chronic life strains, and self-concept influence depression. Their results indicate that both social support and coping are mediators in the stress-distress process. These factors can reduce chronic strains that may occur following a life event, and prevent the loss of the sense of mastery and self esteem that chronic strains and life events may produce. In their view, it is through this effect on self-concept that social support and coping influence the risk of depression.

Social Support On-The-Job

Not only has home or off-the-job support been shown to be significantly and negatively related to ill health, but so has work or on-the-job support. In one of the few systematic

explorations of potential buffering agents, French and his associates (Caplan, 1972; Caplan, Cobb, & French, 1975; Cobb, 1976; French & Caplan, 1973; French, Rogers, & Cobb, 1974) suggested that social support represents one of the most likely and effective means of alleviating the negative effects of job stress. Cobb (1976) concluded that not only can social support buffer the individual from the deleterious effects of job stress (i.e., have an interaction effect), it can lessen the perception of stress itself (i.e., have a main effect). In both ways, he said, social support can protect the individual from negative outcomes of high job stress.

Work relations are mentioned repeatedly in the literature as a variable of great importance. Positive work relations were found to be related to job satisfaction and a sense of well-being (French & Kaplan, 1970; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). Feelings of burnout were reduced for professionals who were effectively embedded in social networks and support systems at work (Maslach & Pines, 1977, 1979; Pines & Maslach, 1978).

Cooper and Marshall (1976) have suggested that a major source of stress at work is the nature of the relationship with one's boss, subordinates, and colleagues. Seashore (1971) showed that when objectively equal pressure was applied to two groups, members of cohesive work groups felt less work pressure than those in noncohesive groups. Similarly, Klein (1971)

suggested that when work pressure is applied by supervisors it should be applied on a group basis, thus maximizing production and minimizing stress-producing intergroup conflicts. Argyris (1964) and Cooper (1973) have both suggested that good relationships between members of a group are a central factor in individual and organizational health.

Several reviews have indicated that social support from supervisors and coworkers is positively related to more favorable job attitudes and health (Cobb & Kasl, 1977; Gore, 1973; Pinneau, 1975). French (1974) and his colleagues found that the effects of work stresses were altered by the presence of social support on the part of supervisors, colleagues, and subordinates. House & Wells (1978) provided evidence of a buffering effect for leader support but not for coworker support. A study of workers in 23 occupations (Pinneau, 1975), showed consistent inverse relationships between social support and measures of psychological strain. Social support was negatively related to symptoms of depression, for example, in 15 of the 16 occupational groups large enough to permit such analysis. In a study of coronary heart disease (CHD) risk factors among administrators, engineers, and scientists, Caplan (1972) found that among those who reported poor relations with their subordinates (i.e., low social support), there was a positive relationship between role ambiguity and serum cortisol level, an indicator of physiological arousal tentatively linked

to CHD. Similarly, a positive relationship existed between perceived workload and serum glucose, blood pressure, and smoking among those having poor relations with their supervisor, coworkers, and subordinates. Among those having good relations with others at work (i.e., high social support), however, these types of work stress were not related to CHD risk factors.

Sources of support from both home and work have been shown to alter the stress itself (i.e., via main effects) or the effects of stress (i.e., via buffering effects) on various ill health outcomes. An interesting question presents itself: Which exerts the more powerful influence on occupational stressors (the stressors of interest in the present study)--social support garnered at home (off-the-job) or at work (on-the-job)?

Comparisons Between Off-The-Job And On-The-Job Social Support

Studies that have included both sets of these variables vary widely as to which is the more influential. In a study of 1,809 white males in a tire and manufacturing plant, House and Wells (1978) examined how perceived social support from four different sources (supervisor, wives, coworkers, and friends and relatives) taken singly and together conditioned the relationship between self-reported symptoms of five health outcomes and seven indicators of perceived occupational stress. They found potent conditioning effects for wife and supervisor

support, weak effects for friends and relatives, and almost no effects for coworker support.

LaRocco, House, and French (1980) reanalyzed data from a previous study (Pinneau, 1975) which had tested the buffering effects of social support (from supervisors; coworkers; and wife, family, and friends) on stress-health relationships, and found that all three sources of social support yielded more buffering effects than would be expected by chance, but that coworker support produced about twice as many effects as supervisor support and home support.

Pines et al. (1981) tested the buffering effects of social support (from family, work, friends, coworkers, and acquaintances) on stress-burnout relationships among 290 students and 241 professionals. They reported that all of the social relations were negatively and significantly correlated with burnout, with the highest correlations being for coworkers and friends.

MacKenzie (1981), in a study of burnout and social support among Michigan educators, found that school counselors indicated having "fairly intense feelings of emotional exhaustion" on-the-job, but that they did not utilize the support of any group (among family, friends, colleagues, and professionals) very often. When they did use social support, however, family support was usually the group chosen.

Some researchers, noting this variance in the

effectiveness of various sources of social support in various situations have ventured an explanation for it. The difference, they say, is based on the different ways social support can influence stress and its effects, and the different kinds of stress and stress outcomes being measured. House and Wells (1978) explain that social support, as mentioned above, can produce both direct or main effects, and indirect or interactive (buffering) effects. Social support may act directly to reduce stress or improve health, because supportive others make fewer stressful demands, or they meet important needs for positive relations with others.

Both common sense and existing empirical evidence strongly suggest that supportive social relationships with superiors, colleagues, and/or subordinates at work should directly reduce levels of occupational stress for a variety of reasons. Supportive co-workers are less likely to create interpersonal pressures or tensions; and the experience of support satisfies important social or affiliative needs for most people and hence tends to make them feel more positively about themselves and their jobs. Thus, social support should reduce known occupational stresses such as role conflict and ambiguity, job dissatisfaction, and low occupational self-esteem; and available empirical evidence is quite consistent with this expectation. Its direct stress-reducing properties provide one strong reason for attempting to enhance social support (p. 10).

In a pure buffering effect, however, support conditions or modifies the relationship of objective job conditions to perceived stress or the relationship of either of these to health.

The idea here is that social support from persons outside the work setting as well as those within it can alter the relationship between occupational stress and health. Whereas in the absence of social support,

physical and/or mental disorders should increase as occupational stress increases, as levels of social support rise, this relationship should diminish in strength, even perhaps disappearing under maximal social support Thus, although support from others at work tends to reduce occupational stress directly, it may, in addition, have this buffering effect. Further, even if social support has no direct impact on levels of occupational stress, as would generally be expected in the case of support from persons outside of work, it can still mitigate and perhaps even vitiate completely the deleterious impact of occupational stress on health (p. 10).

Studies that have tested both direct (main) and indirect (buffering) effects of social support on stress and health have, indeed, found that job-related stress and strain are more susceptible to social support from persons at work and that the effects are primarily main effects, whereas more general health outcomes (such as burnout) are more susceptible to social support from persons outside the work setting, and the effects are primarily buffering effects. LaRocco, House, and French (1980), for example, found that indicators of job-related stress and strain (job dissatisfaction, boredom, dissatisfaction with work load) were primarily affected by job-related sources of support (supervisor, coworkers) and that the effects were largely direct or main effects rather than buffering effects. More general health outcomes (somatic complaints and neurotic symptoms), on the other hand, were primarily affected by non-work-related sources of support (wife, family, and friends), and the effects were more likely to be buffering effects than main effects. Social support, in other words, had only main

effects on job strains, such as job dissatisfaction, but had substantial buffering effects with respect to many mental health and some physical health outcomes.

Similarly, House (1980) tested for both direct and buffering effects of social support from four sources: work supervisors, coworkers, spouses, and friends and relatives. He found that social support had substantial positive, main or additive effects on job-specific mental health (job satisfaction and occupational self-esteem) and to a lesser extent general mental health (life satisfaction, neurotic symptoms), while also having smaller, more isolated beneficial effects on smoking, drinking, and self-reported physical health outcomes. He attributed these additive effects both to the direct tendency of support to meet important human needs and a residue of past interactive conditioning effects.

More striking, however, than the additive effects of support were its pervasive interactive conditioning or buffering effects. Support, he said, conditioned relationships of job characteristics and/or perceived stresses "to almost every health outcome." Besides its buffering effects with respect to health outcomes, House also found that support "dampened" the impact of potentially stressful job characteristics on perceived stresses and life and job satisfaction. He speculated that social support, in these cases, operated via social comparison or judgement mechanisms. That is, the perceptions

and affects of persons in supportive relationships or networks may be simply less affected by objective environmental events, because the supportive network establishes its own definitions of social reality.

Additionally, House found that it appeared more critical to have solid support from one or two significant others than to have a little support from a lot of people, thus leading to the conclusion that efforts to enhance social support would be most efficiently focused on strengthening certain key relationships rather than providing persons with a diffuse network of support.

House concluded:

Considering both the additive and interactive effects of support in this study, the work supervisor is the most consistent source of effective social support, followed by spouses and coworkers. The effects of coworker support, however, are most prominent with respect to job related variables (e.g., job satisfaction) while the effects of spouse support are most evident for the more general health outcomes (e.g., drinking, neurotic and ulcer symptoms). Friend and relative support, as might be expected, has less consequential additive or interactive effects on health (p. 285).

Social Support, The Human Service, And Counselors

Social support has been recommended as a defense against burnout for members of all types of human service organizations (Maslach, 1977), but, again, some recommend work (on-the-job) sources of support, while others recommend home (off-the-job) sources of support.

Work Sources Of Social Support. Burnout was found in several studies of human service professions (Maslach & Pines, 1977, 1979; Pines & Aronson, 1981; Pines & Kafry, 1978; Pines & Maslach, 1978, 1979) to be reduced for individuals who had effective social networks or support systems at work. When work relations were good, professionals experiencing stress often turned to others for advice, comfort, tension reduction, help in achieving distance from stressful situations, intellectualizing such situations, and sharing painful responsibilities. It was also shown that burnout was less severe in institutions in which staff was allowed to express feelings openly, to get feedback and support from others, and to develop with colleagues a better understanding of their clients.

In one study involving 76 mental health professionals (Pines & Maslach, 1978), it was found that work relationships were related to staff members' attitudes toward their work, the institutions, and the patients. When relationships between staff members were good, staff members were more likely to confer with each other when having problems, express more positive attitudes toward the institution, enjoy their work, and felt successful in it, than when relationships between staff members were poor. When work relationships were good, staff members reported many "good days" and few "bad days."

There are a number of advocates for implementing

professional support groups as a means of reducing stress (Maslach ,1978b; Moracco, 1979; LaGrand, 1980; Cobb, 1973). Maslach (1979), for example, stated: "Burnout seems to be lower for those helping professionals who have access to some sort of social-professional support systems" (p. 253).

Wagner (1978) advocates developing support systems for school counselors. Regular support sessions, Wagner says, reduce isolation, facilitate sharing and the brainstorming of intervention strategies, and promote continuing education.

McSwain (1981) advocates using support groups as a place where school counselors can feel comfortable to share their accomplishments as well as their difficulties. Stewart and Daly (1981) agree:

In our culture we are taught to feel guilty when we mess up or fail, but not to share what we do well or even to be proud of our accomplishments. Most people do not know how to accept a well deserved compliment. The support system offers a place to learn this skill. As an added advantage it provides for the promotion of the mentor system. With the support group to love, trust, and care it becomes easy to share both accomplishments and failures (p. 19).

Home Sources Of Social Support. For human service professionals who are battling burnout, according to Edelwich and Brodsky (1980), social support received at home is more important than that gained at work.

Off-the-job interventions ultimately take precedence over on-the-job interventions. When one has made what adjustments are possible in the job situation, one still has to accept the job for what it is. One becomes able to do that when one's needs are being fulfilled elsewhere in life (p.240).

They say that "Work" is a social support system or network, as is "Family Life," "Social Life," "Schooling," and "Recreation." These systems must be in some sort of balance for the individual to be healthy and satisfied. When one strengthens these and other systems in one's life, they say, one gains strength for coping with work as well. With regard to burnout, they say that the importance of close personal ties with family and close friends is clear and crucial.

Developing and maintaining these relationships requires, and in turn creates, time commitments and emotional commitments that keep one from being swallowed up by the job When one is loved and appreciated by the folks back home, it is no longer a life-or-death matter whether one is loved and appreciated by clients or supervisors. When one enjoys the deep and constant support of family and friends, one is not putting one's whole self on the line when one goes to work in the morning (p. 242).

In confirmation of these observations, Forney et al. (1982), studying burnout among career development counselors, found:

Those with mates in satisfying marriages or living situations most often cited this relationship as a primary off-the-job rejuvenator. Those who had young children especially emphasized the role of family as a rejuvenator. The children, even more so than the spouses, seemed to make people forget about worries and problems on the job. Furthermore, people with children were less likely to take work home. One woman said, "When I walk in the door, I become Mommy." By contrast, those interviewees with unhappy, dissatisfying marriages tended to use work as an escape from problems at home (p. 438).

Similarly, Metz (1979), in a study of burnout and renewal among Denver educators, concluded:

Renewal may be enhanced by school-related sources, but

fundamentally, it stems from the quality of an educator's personal and home life (p. 104).

Based on the findings of both LaRocco et al. (1980) and House (1980) who concluded that more general health outcomes (and certainly burnout is a "general" health outcome; Chessick has called it a "sadness of the soul"--Chessick, 1978) are affected primarily by off-the-job sources of support, and the effects are more likely to be buffering effects than main effects; and based on the fact that burnout is characterized by emptiness, or exhaustion of emotional energies that can only be filled and restored by full, reciprocally nourishing relationships which, in turn, are more likely to be found outside the work setting, it was predicted, in the present study, that off-the-job social support would prove to be more protective of school guidance counselors from burnout than would on-the-job social supports.

SUMMARY

In summary, burnout, the result of unrelieved or "unbuffered" stress, has been shown to be pervasive, if not inevitable in the human services in general, and the counseling profession in particular; to be very costly to both clients and institutions served and to the counselors themselves; and to be reducible (if not extinguishable) by the judicious use of

social support.

Social support has been referred to by Dean and Lin (1977) as "the most important concept for future study," by Mueller (1980) as a promising direction for psychiatric sociology, and by Henderson (1980) as "specifically relevant in psychiatric research." Social support has been shown not only to directly reduce stress in general, and occupational stress in particular on physical and mental health but, more importantly, it has been shown to mitigate or buffer stress on jobs--such as that of school counselors'--the very nature of which involve stressful human exchange and which, therefore, cannot be significantly stress-reduced without destroying the jobs themselves and defeating the purposes for which they were established in the first place. House and Wells (1978) conclude:

In sum, current evidence suggests that social support can not only contribute toward reducing occupational stress, it can also help to alleviate the deleterious health consequences of such stress which we will not or can not reduce. Amelioration of the effects of occupational stress, like any disease-inducing or promoting agent, involves some combination of reducing exposure to the agent and increasing resistance to its effects. Social support seems uniquely promising in the latter respect Social support is not now, nor will it ever be, a panacea for all problems of occupational stress and health; but it deserves increasing attention in both research and practice as a major aspect of a comprehensive effort to improve occupational health, both mental and physical (p. 27).

THE INDIVIDUAL VARIABLES

In addition to the already discussed and documented

situational or social support variables (work supervisors, peers, spouses, and friends & relatives), the present study is also concerned with the effects of selected individual variables (five of them demographic, seven job-related) which have either been shown in previous studies to affect burnout scores, or are expected, by the researcher, to affect burnout scores but have not previously been studied in connection with burnout.

They are:

Demographic Variables

1. Age (the younger, the higher the burnout scores) (Maslach, 1982; MacKenzie, 1981).
2. Sex (women will have higher burnout scores than men) (Maslach, 1982; MacKenzie, 1981).
3. Marital status (married people will have lower burnout scores than the others) (Maslach, 1982; MacKenzie, 1981).
4. Ethnic background (Caucasians will have higher burnout scores than the others) (Maslach, 1982; MacKenzie, 1981).
5. Educational attainment (the lesser the amount of education, the higher the burnout scores) (Maslach, 1982).

Job-Related Variables

1. Opportunity for sanctioned "times-out" (if times-out can be taken, burnout scores will be lower; if not, burnout scores will be higher) (Maslach & Pines, 1977; Pines & Maslach, 1978).
2. Percentage of time spent in direct contact with troubled students (the greater the percentage, the higher the burnout scores) (Maslach & Pines, 1977; Pines & Maslach, 1978; Maslach & Jackson, 1982).

3. Ratio of students to counselors (the higher the ratio, the higher the burnout scores) (Maslach & Pines, 1977; Barad, 1979).
4. Opportunity for instruction on stress or burnout reduction (the more information gleaned or instruction taken, the lower the burnout scores) (Pines et al., 1981; Forney et al., 1982).
5. School setting (it is expected that burnout scores will be higher for those counselors working in schools in an urban as opposed to a suburban or rural setting).
6. Size of school (it is expected that burnout scores will be higher for those counselors working in larger schools).
7. Years of counseling experience (the fewer years of counseling experience, the higher the burnout scores) (Freudenberger, 1975; Pines et al., 1981; Sutton, 1977).

CHAPTER 3

METHODOLOGY

Topics that are related to the execution of the investigation are examined in this chapter. Topics included are: population and sample, instrumentation, procedures for analysis of data, research hypotheses, and chapter summary.

POPULATION AND SAMPLE

The population was defined as those persons who were employed as public, secondary school guidance counselors in the state of Minnesota during the 1983-84 school year. This group was comprised of approximately 925 individuals.

A random sample of this population was taken in the following manner:

- (1) a Minnesota state government publication which included an alphabetical list of all Minnesota secondary schools was obtained.
- (2) a set of mailing labels which listed the names and addresses of all the guidance counselors who had been employed in Minnesota secondary schools during the 1981-82 school year--an old, but surprisingly accurate list--was obtained from the Minnesota State

Department of Education.

- (3) a random mailing list of 375 counselors was deemed necessary to insure a return sufficient to carry out the study.
- (4) a table of random numbers was employed to convert the alphabetical list of Minnesota schools to a random list.
- (5) a sample mailing list was generated by choosing, from the random list of Minnesota schools, no more than two counselors from any school until the names of 375 counselors were obtained. If a given school employed more than two counselors, two from the group were selected by randomly drawing two cards from a shuffled deck of the number of playing cards corresponding to the number of counselors employed by the school (cards #1-?).
- (6) a phone call was made to all the chosen schools in the Metropolitan (Minneapolis-St. Paul) area in order to update, if necessary, counselor lists [a call to all chosen Minnesota schools was contemplated, but finally rejected because of a lack of funds, and because of the belief that there would be less turnover in non-Metropolitan schools anyway].
- (7) a cover letter, questionnaire, and self-addressed stamped envelope was sent to each counselor selected for the mailing list sample.

INSTRUMENTATION

Three instruments were used to collect data. These were the Burnout Measure, the Social Support Measure, and a measure of various demographic and job-related variables.

The Burnout Measure

Burnout was assessed via a 21-item questionnaire (Pines et al., 1981) which was designed to reflect the subjects' appraisal of three aspects of burnout: physical, emotional, and attitudinal exhaustion. On the Burnout Measure, subjects are asked to indicate how often they have had any of the listed exhaustion experiences. The items are presented in random order and are responded to on a 7-point frequency scale. The scale has the following anchors: 1-never, 2-once, 3-rarely, 4-sometimes, 5-often, 6-usually, 7-always. The overall score is the mean value of the responses to the items, with four items reversed (feeling energetic, being happy, having a good day, feeling optimistic). A score of 4 or above defines a state of "burnout".

Construction. The Burnout Measure, according to Pines (1981), was an outgrowth of burnout workshops begun in 1976:

At that time the definition of burnout as a state of physical, emotional and mental exhaustion emerged, and it became clear that a simple straightforward measure was needed; a unidimensional measure that could be used

in workshops as well as research: thus the measure that was developed included all three clusters of exhaustion reactions (i.e., physical, emotional and mental) (p. 1).

Reliability. Pines (1981) reports both internal and test-retest measures of reliability for the Burnout Measure. Samples of over 5,000 subjects produced the following results:

Test-retest reliability of the measure was found to be .89 for a one-month interval; .76 for a two-month interval; and .66 for a four-month interval. Internal consistency was assessed by the alpha coefficients for most samples studied; the values of the alpha coefficients ranged between .91 and .93. All correlations between the individual items and the composite score were statistically significant at the .001 level of significance in all the studies in which it was used. The overall mean value of burnout for all samples studied was 3.3. A factor analysis done on the responses of 352 nurses gave evidence supporting the notion that the questionnaire is assessing a single meaningful construct (p. 4).

A test of the reliability (via internal consistency) of the Burnout Measure on the 279 respondents in the present study (i.e., those counselors from the original mailing list sample who responded to the questionnaire and whose questionnaires were deemed complete and usable) produced an alpha coefficient of .85.

Validity. Pines (1981) describes various tests of the construct validity of the Burnout Measure via correlational analyses with several other theoretically relevant measures, such as: work satisfaction, life satisfaction, and satisfaction with oneself (all significantly and negatively correlated with

burnout); job turnover (significantly and positively correlated with burnout); hopelessness (significantly and positively correlated with burnout); and poor physical health (significantly and positively correlated with burnout). One study, in particular, demonstrated the validity and relevancy of the

Measure:

In a study involving 118 elementary school teachers it was found that self diagnosis of burnout was highly correlated ($r = .37$, $p < .001$) with diagnosis by a colleague. In this study after diagnosing themselves the teachers were asked to estimate the degree of burnout reported by one of their close colleagues. The significant correlation, in addition to demonstrating that one can recognize burnout in others, also served as an instrument validation (Pines, 1981, p. 6).

The Social Support Measure

Social support was measured via a 13-item questionnaire (House, 1980; House & Wells, 1978) which was designed to reflect the subjects' (in this case, 2,856 workers in a rubber manufacturing plant) appraisal of the support they were or were not receiving from each of four sources: supervisor, spouse, coworkers or peers, and friends & relatives.

Construction. The items in the Social Support Measure concerning the work conditions created by supervisors (items 4a, b, & c on page 3 of the questionnaire--see Appendix B) were taken from a questionnaire developed for the Quality of Working Conditions Study (Quinn, et al., 1974). The other items in the House instrument were adapted from social support items used by Caplan et al. (1975).

Reliability. House (1980) reports the following results of a test of internal consistency on a sample of 2,856: supervisor support--.88; coworker support--.75; friend & relative support--.83; spouse support--.92; and total support--.78. Four tests of the internal consistency of the Social Support Measure on the respondents in the present study produced the following alpha coefficients: supervisor support--.91; peer (coworker) support--.81; home support (combined spouse and friend & relative support)--.62; total support--.79.

Validity. Perhaps because of the substantial face validity of the Social Support Measure (it more or less directly asks for the information needed), Wells (1984) believes that the measure has never been independently validated. He adds, however: "there is evidence based on factor analysis for convergent and discriminant validity, i.e., support scales factor separately from stress scales and are more highly correlated with one another than with stress or health dimensions. (Thus, support is not simply the absence of stress, etc.)" (Wells, 1984, personal communication).

The Survey of Personal and Job-Related Variables

Information concerning a selected set of demographic and job-related variables was obtained via a 12-item survey. These variables were included in the study because most of them have been shown, in previous studies, to be related to burnout

(discussed at the end of Chapter 2). The survey was field-tested on a number of counselors for completeness and clarity.

PROCEDURE FOR ANALYSIS OF DATA

Data were gathered via a mailed questionnaire consisting of a measure of demographic and job-related variables, the Burnout Measure, and the Social Support Measure. The computer services of the University of Minnesota were used to analyze the data.

SPSS, Version 9.0 (Nie et al., 1984) was used to compute frequencies, percentages, ranges, means, standard deviations, and zero-order correlations. The regression subprogram of SPSS was used to determine the relationships and the magnitudes of the relationships between the dependent variable, burnout, and the two general kinds of independent variables employed in this study--individual and interactive.

The analysis was divided into three phases. In Phase 1, the demographic set or block of variables (Block 1: age, sex, marital status, and education--note, the variable "ethnic background" was dropped due to the small number of non-white respondents) and the job-related block of variables (Block 2: opportunity for sanctioned times-out, percentage of time spent in direct contact with troubled students, ratio of students to counselors, opportunity for instruction on stress or burnout

reduction, school setting, school size, and years of counseling experience) were entered, respectively, into five separate regression equations or models (note: all five models are identical through Block 2; it is only in Block 3--in which are added to the models, respectively, each of the five sources of social support--and Block 4 that they differ). As each block was added to each model, regression statistics were observed to determine the influence the addition of each block had on burnout. This procedure was designed to test hypotheses 1 and 2. To test hypothesis 3, a third block of variables was added to each model. Block 3 for each model consisted of only one variable--respectively (Models 1- 5): supervisor support, peer support, spouse support, friend & relative support, and total support. Again, regression statistics were observed to determine the influence each of the sources of support had on burnout.

In Phase 2, the demographic variables and the job-related variables were again entered into a regression equation (this time a stepwise as opposed to a hierarchical equation), but this time all the separate sources of social support were added to the equation. Regression statistics were then observed. The purpose of this procedure was to determine which of all 15 of the separate, individual variables (total support was excluded because it is a composite of the four individual sources of support) would contribute most to the explained variance in

burnout.

In Phase 3, the interactive variables (consisting of the five sources of support multiplied by the seven job-related variables) were added, as Block 4, to the original five regression models. Regression statistics were observed to determine the influence the addition of these variables to the models had on burnout. Regressing burnout on this fourth block tested the buffering or interactive hypothesis (hypothesis 4) which states that social support affects burnout levels in an indirect, "buffering," or interactive manner (i.e., social support prevents stress from reaching burnout levels--tested, in the present study, via hypotheses 1-3). That is, while social support does not prevent job stress from reaching burnout levels in workers, those who are strongly supported under such conditions suffer little or no ill effects to their health, while those having little or no support suffer many ill health effects. House and Wells (1978) graphically depict this indirect, interactive, or buffering hypothesis:

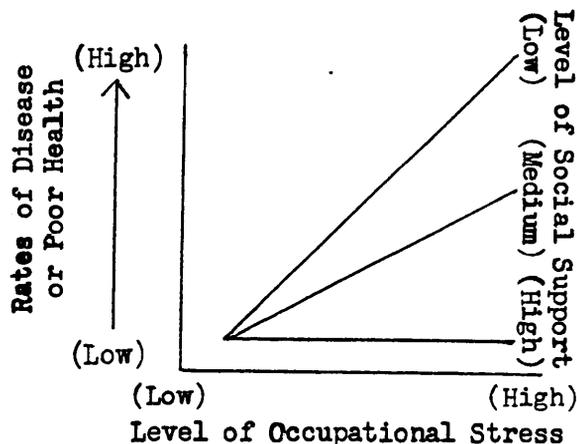


Figure 5. The "Conditioning" or "Buffering" (i.e., Interactive) Effect of Social Support on the Relationship Between Occupational Stress and Health (p. 11)

House and Wells (1978) explain that in the absence of social support, burnout should increase as occupational stress increases, but as levels of social support rise, this relationship should diminish in strength, even perhaps disappearing under maximal social support.

According to the buffering hypothesis, then, when stress is high, the low social support group should experience significantly higher burnout scores than the high support group. While the present study does not break the respondents into discrete social support subgroups (high, medium, low) as did House and Wells (1978), the effect, in a continuous manner, is statistically the same and the procedure, according to LaRocco et al. (1980), more appropriate:

Moderated regression analysis is appropriate whenever the moderator variable is viewed as continuous; subgrouping analysis may be more appropriate when the moderator variable discriminates among relatively discrete groups that are not linearly related (Zedeck, 1971). The stress-buffering hypothesis says that the impact of stress on health is reduced more or less continuously, certainly monotonically, as the level of social support increases. Such an effect is appropriately estimated and tested by including a product term (stress x support) in the prediction equation . . . (p. 208).

The level of significance was set, a priori, at .10. According to Kerlinger (1973), the .10 significance level is a legitimate risk level when conducting a field survey in which the potential results would not likely have adverse effects.

RESEARCH HYPOTHESES

The focus of the analysis was in response to the following null hypotheses:

1. There is no relationship between burnout scores and any of the following demographic variables:
 - a. age
 - b. sex
 - c. marital status
 - d. educational attainment
2. There is no relationship between burnout scores and any of the following job-related variables (after the influence of the demographic variables have been accounted for):
 - a. opportunity for sanctioned "times-out"
 - b. percentage of time spent in direct contact with troubled students
 - c. ratio of students to counselors
 - d. opportunity for instruction on stress or burnout reduction.
 - e. setting of school (rural, suburban, urban)
 - f. size of school (number of students)
 - g. years of counseling experience
3. There is no relationship between burnout scores and perceived social support from any of the following sources (after the influences of the demographic and job-related variables have been accounted for):
 - a. work supervisors
 - b. coworkers or peers

- c. spouses
 - d. friends and relatives
 - e. total
4. There is no interactive or "buffering" relationship between the five sources of support and any of the following job-related variables (after the influence of the demographic, job-related, and social support variables have been accounted for):
- a. opportunity for sanctioned "times-out"
 - b. percentage of time spent in direct contact with troubled students
 - c. ratio of students to counselor
 - d. opportunity for instruction on stress or burnout reduction
 - e. setting of school (rural, suburban, urban)
 - f. size of school (number of students)
 - g. years of counseling experience

SUMMARY

The population for this study was defined as those persons employed as secondary school guidance counselors in the state of Minnesota during the 1983-84 school year. A random sample consisting of 375 individuals was chosen from this population and mailed questionnaires. Two hundred seventy nine of those questionnaires returned were judged complete and usable for study purposes.

Three instruments were used to collect data: a measure of

selected demographic and job-related variables; the Burnout Measure, used to measure stress-induced burnout on-the-job; and, the Social Support Measure, used to measure perceptions of social support.

There were four research questions: (1) what relationship exists between burnout and four demographic variables? (2) what relationship exists between burnout and seven job-related variables (note: tables in Chapter 4 will indicate that there are 8 job-related variables instead of 7; this is because one of the variables, "school setting," had to be defined by 2 dummy variables)? (3) what relationship exists between burnout and five sources of social support? and, (4) what interactive relationship exists between five sources of social support and the seven job-related variables.

Data were collected by mailed questionnaire. The regression subprogram of SPSS (Version 9.0) was used to regress the dependent variable, burnout, on the independent variables included in the 3 phases of this study: Phase 1 included the demographic and job-related variables in Blocks 1 and 2 plus, respectively, each separate source of support; Phase 2 included all the variables in Blocks 1-3 (excluding total support) in combination; and, Phase 3 added to the variables of Phase 1 the interactive variables in Block 4. The level of significance for all regressions was set at .10.

Chapter 4

RESULTS

Chapter 4 contains analyses of the data for this study. Sections of the chapter include descriptive analyses, and statistical analyses by use of zero-order correlation coefficients and multiple regression--both hierarchical and stepwise. A summary of the chapter is the final section.

INTRODUCTION

A questionnaire containing the Burnout Measure (the dependent variable), the Social Support Measure, and a measure of combined demographic and job-related variables (the independent variables) was sent to a sample of 375 school counselors in the state of Minnesota. This was a random sample of the entire population (approximately 925 individuals) of public secondary school guidance counselors employed in Minnesota during the 1983-84 school year. Two hundred ninety six questionnaires (79 per cent) were returned, 279 of which were retained as complete and usable for study purposes. Data for each variable were based on 279 observations unless otherwise indicated.

DESCRIPTIVE ANALYSIS OF THE DATA

Several findings are notable from the descriptive data in Table 1:

- (1) the low percentage, only 11.5 per cent, of counselors that fell into the lower quarter, 25-35 years, of the age range.
- (2) the high average--as a consequence of "1"--length of service as a counselor, the mean being 14.7 years, with 73 per cent of the total having counseled for between 9-32 years.
- (3) the high percentage, nearly 90 per cent, of married counselors; a fact that would suggest that there was plenty of spousal support available to most of the respondents.
- (4) the high percentage, 99.3 per cent, of counselors having a Masters degree or higher.
- (5) the fairly low student ratio over 70 per cent of the counselors enjoyed--between 100 and 500 students per counselor.
- (6) the low average percentage of counseling time spent dealing with students with personal problems--the mean being 24.6 per cent, with 56.6 per cent of the sample spending less than 20 per cent of their counseling time with troubled students.
- (7) the fairly high percentage, nearly 90 per cent, of

Table 1. Frequencies, Percentages, and Ranges, Means, and Standard Deviations (where appropriate) of the Demographic and Job-Related Variables

Variable	f	% of N	Range	M	SD
Age					
25-35 years	32	11.5	25-65	46.83	8.60
36-45 years	93	33.5			
46-55 years	105	37.7			
56-65 years	48	17.3			
	1M				
Sex					
Male	216	77.4			
Female	63	22.6			
Marital Status					
Married	247	88.5			
Nonmarried (a compilation of all categories other than "married").	32	11.5			
Ethnic Background					
White	275	98.6			
Nonwhite (a compilation of all categories other than "white").	4	.4			
Level of Education					
Bachelor's Degree	2	.7			
Master's Degree	240	86.0			
Specialist Degree	27	9.7			
Doctorate Degree	5	1.8			
Other	5	1.8			
Years as a Counselor					
1-08 years	75	27.0	1-32	14.70	7.17
9-16 years	83	29.8			
17-24 years	90	32.4			
25-32 years	30	10.8			
	1M				

Table 1 (continued)

	f	% of N	Range	M	SD
School Size					
(by # of students)					
110-0370	38	13.6	110-2700	936.34	526.58
371-0740	78	28.0			
741-1110	58	21.5			
1111-1480	66	23.6			
1481-1850	18	6.5			
1851-2220	12	4.3			
2221-2590	7	2.5			
Ratio					
(students to 1 counselor)					
110-237	16	5.7	110-999	432.24	153.80
238-364	81	29.1			
365-491	108	38.7			
492-618	45	16.1			
619-745	14	5.0			
746-872	11	4.0			
873-999	4	1.4			
School Setting					
Urban	48	17.2			
Suburban	101	36.2			
Rural	130	46.6			
Opportunity for Times-Out					
No	178	63.8			
Yes	101	36.2			
% of Counseling Time Spent Dealing with Personal Problems					
0-20	158	56.6	0-80	24.55	15.81
21-40	79	28.3			
41-60	36	12.9			
61-80	6	2.2			
Knowledge of Burnout					
Nothing	5	1.8			
Very Little	32	11.5			
Some	155	55.6			
Quite A Lot	78	28.0			
Extensive	9	3.2			

counselors who had at least some knowledge of burnout. Also worthy of note is the very low percentage of non-whites in the sample, .4 per cent, prompting the dropping of the "ethnic background" variable from the study.

Table 2 contains descriptive information on burnout and total social support.

Table 2. Frequencies, Percentages, Ranges, Means, and Standard Deviations of Burnout and Total Social Support (i.e., supervisor support plus peer support plus spouse support plus friend & relative support)

Variable	f	% of N	Range	M	SD
Burnout Score					
1.10 - 2.24 (quartile 1)	66	23.7	1.10-4.71	2.75	.69
2.25 - 2.67 (quartile 2)	68	24.4			
2.68 - 3.14 (quartile 3)	70	25.1			
3.15 - 4.71 (quartile 4)	75	26.9			
Total Social Support					
19.00 - 35.47 (quartile 1)	70	25.1	19.00-53.00	40.31	7.03
35.48 - 40.88 (quartile 2)	63	22.6			
40.89 - 45.52 (quartile 3)	76	27.2			
45.53 - 53.00 (quartile 4)	70	25.1			

Since the response range for the Burnout Measure is between 1 and 7, it is noteworthy that the mean score, as evident in Table 2, is quite low (2.75). Also note that the scoring range (3.61 of a possible 7) is quite narrow. Pines et al. (1981) score the self-diagnostic Burnout Measure as follows:

If your score is between 2 and 3 you are doing well. The only suggestion we make is that you go over your score sheet to be sure you have been honest in your responses.

If your score is between 3 and 4, it would be wise for you to examine your work and life and evaluate your priorities and consider possible changes. If your score is higher than 4, you are experiencing burnout and tedium to the extent that it is mandatory that you do something about it. A score of higher than five indicates an acute state and a need for immediate help (p. 38).

Since nearly 73 per cent of the sample falls within the "doing well" range, it would seem that Minnesota counselors, on the whole, do not suffer from burnout.

Total social support, on the other hand, displays a greater relative range (34 of a possible 42; SD, 7.03) and a higher relative mean (40.3) than does burnout. The significance of these differences, as well as the aforementioned peculiarities in the demographic and job-related data, will be discussed in Chapter 5.

STATISTICAL ANALYSIS OF THE DATA

The purpose of this study was to determine the relationship between social support and burnout in school counselors. In addition, the study was designed to differentiate among sources of support (i.e., work supervisors, peers, spouses, friends & relatives, and total support) and to distinguish between types of effects found--main (additive) or buffering (interactive). Finally, various demographic and job-related variables known from the literature to be related

to burnout were also included in the study for two reasons: (1) to control variance (i.e., so that variance in burnout scores rightly attributable to, say, differences in age was not attributed instead to social support) and, (2) to pinpoint those groups which were in greatest need of social support enhancement (by virtue of unusually high burnout scores among any particular group--say, those at the lower end of the age range). Such information could be used to establish social support enhancement programs. Such programs could be directed to those counselors deficient in essential relationships (particularly if said counselors were members of specific groups shown to be especially prone to burnout) who were already suffering from burnout. Furthermore, the information could pinpoint those students and beginning professionals who, because of essential relationship deficiencies, were likely to burn out.

The first step in this inquiry was to identify a set of predictor variables known to be related to burnout. A review of the literature revealed 17 variables that were empirically related to burnout. In the course of the investigation, however, the variable "ethnic background" was dropped due to a lack of non-white respondents, bringing the total down to 16. Again, because the variable "school setting" was defined by 2 dummy variables, there appears in the tables to be one more variable than there actually is. These 16 variables logically

fell into three separate sets or blocks: demographic, job-related, and social support. Evidence in the literature of possible interactions between the social support variables and the job-related variables prompted the addition of a fourth block, the interactive variables.

The statistical analysis was divided into 3 phases. In Phase 1, the demographic variables of Block 1 and the job-related variables of Block 2 were forced into 5 separate hierarchical regression equations or models (note: all five models are identical through Block 2; it is only in Block 3--in which are added to the models, respectively, each of the five sources of social support--and Block 4 that they differ). The forced order of entry was determined generally by "what came first": (1) demographic (individual characteristics each counselor brought to the job), and (2) job-related (situational characteristics they found on the job). As each block was added to each model, regression statistics were observed to determine the influence the addition of each block had on burnout. This procedure was designed to test hypotheses 1 and 2. To test hypothesis 3, a third block of variables was added to each model. Block 3 for each model consisted of only one variable--respectively (Models 1-5): supervisor support, peer support, spouse support, friend & relative support, and total support. Again, regression statistics were observed to determine the influence each of the sources of support had on burnout. Figure 6

	Model 1	Model 2	Model 3	Model 4	Model 5
Block 1	*D1 D2 D3 D4	D1 D2 D3 D4	D1 D2 D3 D4	D1 D2 D3 D4	D1 D2 D3 D4
Block 2	**J1 J2 J3 J4 J5 J6 J7 J8	J1 J2 J3 J4 J5 J6 J7 J8	J1 J2 J3 J4 J5 J6 J7 J8	J1 J2 J3 J4 J5 J6 J7 J8	J1 J2 J3 J4 J5 J6 J7 J8
Block 3	*D1 D2 D3 D4 **J1 J2 J3 J4 J5 J6 J7 J8 ***S1	D1 D2 D3 D4 J1 J2 J3 J4 J5 J6 J7 J8 S2	D1 D2 D3 D4 J1 J2 J3 J4 J5 J6 J7 J8 S3	D1 D2 D3 D4 J1 J2 J3 J4 J5 J6 J7 J8 S4	D1 D2 D3 D4 J1 J2 J3 J4 J5 J6 J7 J8 S5

*Demographic variables: D1=Age, D2=Sex, D3=Mar Status, D4=Education

**Job-related variables: J1=Opp to take time off, J2=% of stress time, J3=Stud ratio, J4=Knowl of b/o, J5=Schl stng 1, J6=Schl stng 2, J7=Schl size, J8=Length of service

***Social Support variables: S1=Supervisor S, S2=Peer S, S3=Spouse S, S4=friend & relative S, S5=Total S

Figure 6. Phase 1 (hierarchical regression of burnout on the variables of Models 1-5, Blocks 1-3)

graphically illustrates the steps taken in regressing burnout on the independent variables of Blocks 1-3.

In Phase 2, the demographic variables and the job-related variables were again entered into a regression equation (this time a stepwise as opposed to a hierarchical equation), but this time all the separate sources of social support were added to the equation. Regression statistics were then observed. The purpose of this procedure was to determine which of all 15 of the separate, individual variables (total support was excluded because it is a composite of the four individual sources of support) would contribute most to the explained variance in burnout. Figure 7 depicts the table shell used to chart and analyze the data obtained.

In Phase 3, the interactive variables (consisting of the 5 sources of support multiplied by the 7 job-related variables) were added, as Block 4, to the original 5 regression models (see Figure 8). Regression statistics were observed to determine the influence the addition of these variables to the models had on burnout. This procedure was designed to test hypothesis 4, the "buffering" hypothesis.

Prior to regressing the independent variables on burnout, however, the interrelationships between them were examined by calculating zero-order correlation coefficients, Table 3.

INDEPENDENT VARIABLES	B	BETA	t	p
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*p<.10

Figure 7. Phase 2 (stepwise regression of burnout on the variables of Models 1-4, Blocks 1-3)

	Model 1	Model 2	Model 3	Model 4	Model 5
Block 4	*D1	D1	D1	D1	D1
	D2	D2	D2	D2	D2
	D3	D3	D3	D3	D3
	D4	D4	D4	D4	D4
	**J1	J1	J1	J1	J1
	J2	J2	J2	J2	J2
	J3	J3	J3	J3	J3
	J4	J4	J4	J4	J4
	J5	J5	J5	J5	J5
	J6	J6	J6	J6	J6
	J7	J7	J7	J7	J7
	J8	J7	J8	J8	J8
	***S1	S2	S3	S4	S5
	****S1J1	S2J1	S3J1	S4J1	S5J1
	S1J2	S2J2	S3J2	S4J2	S5J2
	S1J3	S2J3	S3J3	S4J3	S5J3
	S1J4	S2J4	S3J4	S4J4	S5J4
	S1J5	S2J5	S3J5	S4J5	S5J5
	S1J6	S2J6	S3J6	S4J6	S5J6
	S1J7	S2J7	S3J7	S4J7	S5J7
	S1J8	S2J8	S3J8	S4J8	S5J8

****Soc Sup x Job-rel vars: S1J1=Supvsr S x Opp to take time off,
 S2J2=Peer S x % of stress time,
 S3J3=Spouse S x Student ratio,
 S4J4=Friend & Relative S x Knowl of b/c
 S5J5=Total S x Schl setting i, and so on

Figure 8. Phase 3 (hierarchical regression of burnout on the variables of Models 1-5, Block 4)

Table 3. Pearson Correlation Coefficients of the variables of Models 1-5, Blocks 1-3 and burnout

Block 1--The demographic variables

	Burnout	1	2	3
1. Age	-.144*			
2. Sex	.071	.103*		
3. Marital Status	.044	.040	.344*	
4. Education	.039	-.075	-.119*	-.015

Block 2--The job-related variables

	Burnout	1	2	3	4	5	6	7
1. Time off?	-.172*							
2. % of stressful time	-.132*	-.013						
3. Student ratio	.130*	-.115*	.068					
4. Knowl of burnout	.005	-.006	.093	.077				
5. Schl setting-dummy 1	-.109*	-.007	.022	-.067	.073			
6. Schl setting-dummy 2	.005	.010*	.082	.214*	.045	-.343*		
7. School size	-.003	.041	.134*	.309*	.075	.196*	.401*	
8. Length of service	-.074	-.024	.024	.202*	-.057	.022	.143*	.194*

Block 3--The social support variables

	Burnout	1	2	3	4
1. Supervisor support	-.224*				
2. Peer support	-.287*	.218*			
3. Spouse support	-.035	.021	.009		
4. Friend & rel support	-.191*	.201*	.336*	-.010	
5. Total support	-.304*	.799*	.554*	.406*	.501*

*p(<.05

Zero-Order Correlations

Of the demographic variables (Block 1) in Table 3, only age was significantly (and negatively) correlated ($p < .05$) with burnout, suggesting that as age increases, burnout declines. Of the job-related variables (Block 2), one (student ratio) was significantly and positively correlated ($p < .05$) with burnout, while three were significantly and negatively correlated ($p < .05$) (opportunity for times-out, % of time spent with troubled students, and school setting 1). The positive correlation between student ratio and burnout suggests that as student ratios (students-to-counselors) rise, burnout increases.

The negative correlation between opportunity for times-out and burnout suggests that those counselors who can, without censure, do less stressful work than working directly with students, experience less burnout than those who cannot. The negative correlation between percentage of intimate contact and burnout suggests that as the percentage of intimate contact with troubled students increases, burnout, surprisingly, declines. The negative correlation between school setting 1 and burnout suggests that rural school counselors experience more burnout than do urban school counselors.

Of the social support variables (Block 3), three (supervisor, peer, and friend & relative support) were significantly and negatively correlated with burnout ($p < .05$), while spouse

support, surprisingly, showed no significance. Total support, predictably, was also significantly and negatively correlated with burnout ($p < .05$).

Also note that the correlations between the various pairs of social support variables are all significant--between supervisor support and peer support (.218, $p < .05$); between supervisor and friend & relative support (.201, $p < .05$); and between peer support and friend & relative support (.336, $p < .05$). These correlations are small enough, however, to suggest that the variables are all measuring different things and that their use in combination in a regression analysis is meaningful. Note, as well, that spouse support is not, surprisingly, correlated with any of the other individual social support variables.

Table 4 contains the zero-order correlations obtained when burnout was paired with Block 4, the interactive variables.

Table 4. Pearson Correlation Coefficients of the variables of Models 1-5, Block 4 (the interactions) and Burnout

Model 1		Model 2		Model 3		Model 4		Model 5	
B/O									
S1J1	-.185*	S2J1	-.195*	S3J1	-.147*	S4J1	-.215*	S5J1	-.192*
S1J2	-.216*	S2J2	-.220*	S3J2	-.132*	S4J2	-.199*	S5J2	-.214*
S1J3	-.000	S2J3	-.038	S3J3	.065	S4J3	-.018	S5J3	.002
S1J4	-.166*	S2J4	-.192*	S3J4	-.027	S4J4	-.135*	S5J4	-.175*
S1J5	-.110*	S2J5	-.131*	S3J5	-.109*	S4J5	-.127*	S5J5	-.120*
S1J6	-.037	S2J6	-.052	S3J6	-.016	S4J6	-.032	S5J6	-.037
S1J7	-.079	S2J7	-.094	S3J7	-.033	S4J7	-.084	S5J7	-.082
S1J8	-.142*	S2J8	-.166*	S3J8	-.040	S4J8	-.155*	S5J8	-.143*

Social Support (S1-S5) variables x Job-related (J1-J8) variables
* $p < .05$

As evident in Table 4, there are interactive variables which are significantly correlated with burnout. However, as will be seen below, it is the variables that make up the interactions and not the interactions themselves that are significant in the multiple regressions.

Regressions

Phase 1

Hierarchical Regression--Model 1, Blocks 1-3. Table 5 contains the regression statistics for Model 1, Blocks 1-3. The data indicate that the model was significant ($F=3.083$, $p<.001$), explaining approximately 13 per cent ($R^2=.131$) of the variance in the dependent variable, burnout.

The regression statistics in Table 5 also reveal the separate contributions to the whole made by each block of variables in Model 1. Block 1 (the demographic variables) was significant ($F=2.126$, $p=.078$); the block explained approximately 3 per cent ($R^2=.030$) of the variance in burnout. Within the block, age was the only significant predictor variable ($t=2.514$, $p=.013$).

Block 2 (the demographic variables, plus the job-related variables) was also significant ($F=2.551$, $p=.003$); the block explained approximately 10 per cent ($R^2=.103$) of the variance in burnout. The addition of the job-related variables to the

Table 5. Hierarchical Regression of Model 1, Block 1 (R=.173; R²=.030; F=2.126; p=.078)

	B	BETA	t	p
Age	-.012	-.151	-2.514	.013*
Sex	.138	.084	1.304	.193
Marital Status	.048	.022	.349	.727
Education completed	.075	.038	.631	.529

Hierarchical Regression of Model 1, Block 2 (R=.321; R²=.103; F=2.551; p=.003)

	B	BETA	t	p
Age	-.011	-.142	-1.769	.078*
Sex	.113	.068	1.030	.304
Marital Status	.082	.038	.599	.550
Education completed	.075	.038	.643	.521
Opportunity to take time off	.209	-.146	-2.457	.015*
% of time spent with troubled students	-.007	-.152	-2.557	.011*
Ratio of students to counselor	.585E-03	.130	2.052	.041*
Knowledge of burnout	.011	.011	.192	.848
School setting--dummy variable 1	-.187	-.103	-1.479	.140
School setting--dummy variable 2	-.058	-.041	-.552	.582
School size	.670E-04	.051	.707	.480
Length of service as a counselor	-.002	-.023	-.279	.781

Hierarchical Regression of Model 1, Block 3 (R=.362; R²=.131; F=3.083; p<.001)

	B	BETA	t	p
Age	-.009	-.114	-1.426	.155
Sex	.115	.070	1.064	.288
Marital Status	.010	.046	.740	.460
Education completed	.071	.036	.614	.540
Opportunity to take time off	-.165	-.115	-1.930	.055*
% of time spent with troubled students	-.007	-.150	-2.554	.011*
Ratio of students to counselor	.470E-03	.105	1.659	.098*
Knowledge of burnout	.012	.013	.217	.828
School setting--dummy variable 1	-.188	-.103	-1.502	.134
School setting--dummy variable 2	-.051	-.035	-.487	.627
School size	.407E-04	.031	.434	.665
Length of service as a counselor	-.004	-.040	-.482	.630
Supervisor support	-.028	-.177	-2.932	.004

*p<.10

model, then, increased the total explained variance in burnout by approximately 7 per cent. Within the block, four variables were significant predictor variables: age ($t=1.769$, $p=.078$), opportunity to take time off ($t=-2.457$, $p=.015$), % of time spent with troubled students ($t=2.557$, $p=.011$), and ratio of students to counselors ($t=2.052$, $p=.041$). When all 11 of the demographic and job-related variables in blocks 1 and 2 of Model 1 (and, by extension--since all the models are the same through Block 2--Models 2-5), then, were regressed on burnout one demographic variable (age), and three job-related variables (opportunity to take time off, % of time spent with troubled students, and ratio of students to counselors) proved to be significant contributors to the variance in burnout.

Block 3 (the demographic variables, the job-related variables, plus supervisor support), as reported above, was significant and explained approximately 13 per cent of the variance in burnout. Since the variance explained by the combined variables of Blocks 1 and 2 came to approximately 10 per cent ($R^2=.103$), and the addition of supervisor support to the model raised the total explained variance in burnout to approximately 13 per cent, the addition of supervisor support increased the total explained variance in burnout by approximately 3 per cent. Within the block, four variables were significant predictor variables: opportunity to take time off ($t=-.1.930$, $p=.055$), % of time spent with troubled students ($t=-2.554$,

$p=.011$), ratio of students to counselors ($t=1.659$, $p=.098$), and supervisor support ($t=-2.932$, $p=.004$). Note that the demographic variable "age" is no longer significant.

Hierarchical Regression--Model 2, Block 3. Table 6 contains the regression statistics for Model 2, Block 3 (the demographic variables, the job-related variables, plus peer support). The data indicate that the model was significant ($F=3.862$, $p<.001$), explaining approximately 16 per cent ($R^2=.159$) of the variance in the dependent variable, burnout. Since the variance explained by the combined variables of Blocks 1 and 2 came to approximately 10 per cent ($R^2=.103$), and the addition of peer support to the equation raised the total explained variance of the model to 16 per cent, the addition of peer support increased the total explained variance in burnout by approximately 6 per cent. Within the block, five variables were significant predictor variables: age ($t=-2.096$, $p=.037$), opportunity to take time off ($t=-1.826$, $p=.069$), % of time spent with troubled students ($t=-2.402$, $p=.017$), ratio of students to counselors ($t=1.911$, $p=.057$), and peer support ($t=-4.705$, $p=.000$). Note that the demographic variable "age," insignificant in Block 3, Model 1, is significant in Block 3, Model 2.

Hierarchical Regression--Model 3, Block 3. Table 7 contains the regression statistics for Model 3, Block 3 (the demographic

Table 6. Hierarchical Regression of Model 2, Block 3 (R=.399; R²=.159; F=3.862; p(<.001)

	B	BETA	t	p
Age	-.013	-.164	-2.096	.037*
Sex	.061	.037	.566	.572
Marital Status	.019	.009	.139	.889
Education completed	.079	.040	.691	.490
Opportunity to take time off	-.153	-.107	-1.826	.069*
% of time spent with troubled students	-.006	-.139	-2.402	.017*
Ratio of students to counselor	.529E-03	.118	1.911	.057*
Knowledge of burnout	.008	.009	.148	.882
School setting--dummy variable 1	-.143	-.079	-1.162	.246
School setting--dummy variable 2	-.032	-.022	-.308	.758
School size	.878E-04	.067	.954	.341
Length of service as a counselor	.579E-03	.006	.075	.940
Peer support	-.083	-.249	-4.205	(<.001*

*p(<.10

Table 7. Hierarchical Regression of Model 3, Block 3 (R=.351; R²=.123; F=2.859; p(<.001)

	B	BETA	t	p
Age	-.011	-.146	-1.837	.067*
Sex	.116	.070	1.070	.286
Marital Status	.556	.257	2.352	.019*
Education completed	.045	.023	.386	.700
Opportunity to take time off	-.230	-.161	-2.715	.007*
% of time spent with troubled students	-.006	-.144	-2.450	.015*
Ratio of students to counselor	.584E-03	.130	2.071	.039*
Knowledge of burnout	.003	.004	.061	.952
School setting--dummy variable 1	-.176	-.096	-1.402	.162
School setting--dummy variable 2	-.031	-.022	-.295	.769
School size	.576E-04	.044	.613	.540
Length of service as a counselor	-.002	-.019	-.230	.818
Spouse support	-.071	-.265	-2.446	.015*

*p(<.10

variables, the job-related variables, plus spouse support). The data indicate that the model was significant ($F=2.859$, $p=.001$), explaining approximately 12 per cent ($R^2=.123$) of the variance in the dependent variable, burnout. Since the variance explained by the combined variables of Blocks 1 and 2 came to approximately 10 per cent ($R^2=.103$), and the addition of spouse support to the equation raised the total explained variance of the Model to 12 per cent, the addition of spouse support increased the total explained variance in burnout by approximately 2 per cent. Within the Block, six variables were significant predictor variables: age ($t=-1.837$, $p=.067$), marital status ($t=2.352$, $p=.019$), opportunity to take time off ($t=-2.715$, $p=.007$), % of time spent with troubled students ($t=-2.450$, $p=.015$), ratio of students to counselors ($t=2.071$, $p=.039$), and spouse support ($t=-2.446$, $p=.015$). Note the addition of marital status to the list of significant predictor variables, perhaps because of the high correlation between marital status and spouse support ($r=.841$).

Hierarchical Regression--Model 4, Block 3. Table 8 contains the regression statistics for Model 4, Block 3 (the demographic variables, the job-related variables, plus friend & relative support). The data indicate that the model was significant ($F=2.906$, $p<.001$), explaining approximately 13 per cent ($R^2=.125$) of the variance in the dependent variable, burnout.

Table 8. Hierarchical Regression of Model 4, Block 3 (R=.353; R²=.125; F=2.906; p(<.001)

	B	BETA	t	p
Age	-.009	-.123	-1.543	.124
Sex	.077	.047	.704	.482
Marital Status	.037	.017	.269	.788
Education completed	.063	.032	.544	.587
Opportunity to take time off	-.193	-.135	-2.288	.023*
% of time spent with troubled students	-.007	-.149	-2.542	.012*
Ratio of students to counselor	.562E-03	.125	1.991	.048*
Knowledge of burnout	.028	.031	.517	.606
School setting--dummy variable 1	-.178	-.098	-1.420	.157
School setting--dummy variable 2	-.019	-.013	-.177	.860
School size	.506E-04	.039	.538	.591
Length of service as a counselor	-.003	-.030	-.366	.715
Friend & relative support	-.062	-.155	-2.555	.011*

*p(<.10

Table 9. Hierarchical Regression of Model 5, Block 3 (R=.416; R²=.173; F=4.266; p(<.001)

	B	BETA	t	p
Age	-.009	-.112	-1.441	.151
Sex	.080	.049	.757	.450
Marital Status	.257	.119	1.886	.060*
Education completed	.053	.027	.469	.640
Opportunity to take time off	-.142	-.099	-1.703	.090*
% of time spent with troubled students	-.006	-.140	-2.451	.015*
Ratio of students to counselor	.429E-03	.096	1.554	.121
Knowledge of burnout	.017	.018	.312	.755
School setting--dummy variable 1	-.162	-.089	-1.330	.185
School setting--dummy variable 2	-.009	-.007	-.093	.926
School size	.341E-04	.026	.373	.710
Length of service as a counselor	-.003	-.032	-.400	.690
Total support	-.030	-.287	-4.731	(<.001*

*p(<.10

Since the variance explained by the combined variables of Blocks 1 and 2 came to approximately 10 per cent ($R^2=.103$), and the addition of friend & relative support to the equation raised the total explained variance of the model to 13 per cent, the addition of friend & relative support increased the total explained variance in burnout by approximately 3 per cent. Within the block, four variables were significant predictor variables: opportunity to take time off ($t=-2.288$, $p=.023$), % of time spent with troubled students ($t=-2.542$, $p=.012$), ratio of students to counselors ($t=1.991$, $p=.048$), and friend & relative support ($t=-2.555$, $p=.011$). Note that the demographic variable "age" has again dropped out of the list of significant predictors, as has the demographic variable "marital status".

Hierarchical Regression--Model 5, Block 3. Table 9 contains the regression statistics for Model 5, Block 3 (the demographic variables, the job-related variables, plus total support). The data indicate that the model was significant ($F=4.266$, $p<.001$), explaining approximately 17 per cent ($R^2=.173$) of the variance in the dependent variable, burnout. Since the variance explained by the combined variables of Blocks 1 and 2 came to approximately 10 per cent ($R^2=.103$), and the addition of total support to the equation raised the total explained variance of the model to 17 per cent, the addition of total support

increased the total explained variance in burnout by approximately 7 per cent. Within the block, four variables were significant predictor variables: marital status ($t=1.886$, $p=.060$), opportunity to take time off ($t=-1.703$, $p=.090$), % of time spent with troubled students ($t=-2.451$, $p=.015$), and total support ($t=-4.731$, $p<.001$). Note the absence of the demographic variable "age" and the job-related variable "ratio of students to counselors," and the addition of the demographic variable "marital status".

In summary, then, data has indicated that (through Models 1-5, Blocks 1-3) each of the 5 social support variables has made a significant contribution to the variance in burnout.

Of the five models, Model 5 (which added total support in Block 3) explained the most variance in burnout--17 per cent. Second, explaining 16 per cent of the variance in burnout, was Model 2 (which added peer support in Block 3). This result was expected since, of the 5 support variables, total support and peer support showed the highest bivariate correlations with burnout ($-.304$ and $-.287$, respectively--see Table 3).

In addition, the following variables, regardless of the model, were consistently significant in Block 3:

(1) "opportunity to take time off"--significant in 5 models.

(2) "percentage of time spent with troubled students"--significant in 5 models.

(3) "ratio of students to counselors"--significant in 4 models.

Two demographic variables, "age" and "marital status," were each significant in 2 models.

In order to determine the relative contributions to the explained variance in burnout not only of peer support and the other individual social support variables, but also the demographic and job-related variables, all 15 of the individual variables (excluding total support) were entered into a stepwise regression equation.

Phase 2: Stepwise Regression--Models 1-4, Blocks 1-3

Table 10. Summary of Stepwise Regression Analysis of Burnout on Fifteen Independent Variables (inclusion level= $p.10$)

Variable	B	BETA	t	p
1. Peer Social Support	-.081	-.224	-4.266	(<.001*
2. Age	-.012	-.154	-2.735	.007*
3. Supervisor Social Support	-.022	-.137	-2.348	.020*
4. % of time with troub studs	-.006	-.136	-2.420	.016*
5. ratio of studnts to counslrs	.554E-03	.123	2.158	.031*

* $p(<.10$

Stepwise regression was chosen as a method of observing in combination all the variables of Models 1-4, Blocks 1-3. Table 10 contains the regression statistics obtained. Five of the 15 variables entered into the equation were found to be significant predictors of burnout: peer support, age, supervisor support, percentage of time spent counseling troubled students,

and ratio of students to counselors.

Of these 5 variables, peer support was the most important predictor variable ($t=-4.266$, $p<.001$). Next in predictive strength came age ($t=-2.735$, $p=.007$). Age was closely followed by: supervisor support ($t=-2.348$, $p=.082$); percentage of time spent counseling troubled students ($t=-2.420$, $p=.016$); and, ratio of students to counselors ($t=2.158$, $p=.032$). When all 5 of these variables were in the equation, approximately 16 per cent ($R^2=.157$) of the variance in burnout was explained.

Phase 3: Hierarchical Regressions--Models 1-5, Block 4 (The Interactions)

Tables 11-15 contain the regression statistics for Models 1-5, Block 4 (the interactions). The data indicate that the addition of the 7 interactive variables to:

- (1) Model 1 (which added supervisor support), although increasing the R^2 from .131 to .156, did not significantly change the percentage of explained variance in burnout (F Change=.949, p Change=.476). None of the individual interactive variables achieved significance.
- (2) Model 2 (which added peer support), although increasing the R^2 from .159 to .189, did not significantly change the percentage of explained variance

Table 11. Hierarchical Regression of Model 1, Block 4 (R=.395; R2=.156; F=2.267; p=.001; F Change=.949; Signif F Change=.476)

	B	BETA	t	p
Age	-.009	-.115	-1.419	.157
Sex	.130	.079	1.197	.233
Marital Status	.105	.049	.753	.452
Education completed	.074	.037	.636	.525
Opportunity to take time off	-.317	-.221	-.752	.453
% of time spent with troubled students	.007	.167	.621	.535
Ratio of students to counselor	-.947E-03	-.211	-.801	.424
Knowledge of burnout	.125	.135	.524	.601
School setting--dummy variable 1	-.874	-.479	-1.484	.139
School setting--dummy variable 2	-.009	-.006	-.020	.984
School size	.143E-03	.109	.319	.750
Length of service as a counselor	-.039	-.409	-1.444	.150
Supervisor support	-.053	-.336	-1.035	.302
Intact betwn supvsr s x opp for time off	.009	.126	.414	.679
Intact betwn supvsr s x % of time spent	-.708E-03	-.331	-1.163	.246
Intact betwn supvsr s x student ratio	.762E-04	.347	1.215	.225
Intact betwn supvsr s x knowl of burnout	-.006	-.167	-.461	.646
Intact betwn supvsr s x schl setting 1	.035	.368	1.161	.247
Intact betwn supvsr s x schl setting 2	-.003	-.045	-.141	.888
Intact betwn supvsr s x school size	-.467E-05	-.069	-.202	.840
Intact betwn supvsr s x length of service	.002	.413	1.373	.171

*p<.10

Table 12. Hierarchical Regression of Model 2, Block 4 (R=.435; R²=.189; F=2.855; p<.001; F Change=1.183; Signif F Change=.310)

	B	BETA	t	p
Age	-.015	-.197	-2.467	.014*
Sex	.032	.019	.293	.770
Marital Status	.075	.034	.553	.581
Education completed	.084	.042	.728	.467
Opportunity to take time off	-.595	-.415	-1.524	.129
% of time spent with troubled students	.012	.280	.943	.347
Ratio of students to counselor	-.499E-03	-.111	-.374	.709
Knowledge of burnout	-.092	-.100	-.391	.696
School setting--dummy variable 1	-.102	-.056	-.167	.867
School setting--dummy variable 2	.724	.505	1.526	.128
School size	-.408E-03	-.311	-.873	.384
Length of service as a counselor	-.020	-.210	-.823	.412
Peer support	-.193	-.580	-1.793	.074*
Intact betwn peer s x opp for time off	.048	.331	1.165	.245
Intact betwn peer s x % of time spent	-.002	-.453	-1.434	.153
Intact betwn peer s x student ratio	.114E-03	.275	.783	.434
Intact betwn peer s x knowl of burnout	.010	.152	.419	.676
Intact betwn peer s x schl setting 1	-.009	-.050	-.148	.882
Intact betwn peer s x schl setting 2	-.085	-.570	-1.658	.099*
Intact betwn peer s x school size	.541E-04	.425	1.072	.285
Intact betwn peer s x length of service	.003	.282	1.019	.309

*p<.10

Table 13. Hierarchical Regression of Model 3, Block 4 (R=.391; R²=.153; F=2.205; p=.002; F Change=1.124; Signif F Change=.348)

	B	BETA	t	p
Age	-.011	-.141	-1.752	.081*
Sex	.085	.051	.761	.447
Marital Status	.544	.252	2.272	.024*
Education completed	.057	.029	.482	.630
Opportunity to take time off	-.475	-.331	-2.039	.042*
% of time spent with troubled students	.003	-.063	-.375	.708
Ratio of students to counselor	.512E-03	.114	.637	.525
Knowledge of burnout	-.239	-.259	-1.227	.221
School setting--dummy variable 1	-.277	-.151	-.732	.465
School setting--dummy variable 2	.340	.237	1.089	.277
School size	.110E-03	.084	.423	.672
Length of service as a counselor	-.036	-.379	-2.181	.030*
Spouse support	-.245	-.915	-2.379	.018*
Intact betwn spouse s x opp for time off	.041	.193	1.169	.244
Intact betwn spouse s x % of time spent	-.622E-03	-.113	-.580	.562
Intact betwn spouse s x student ratio	.316E-04	.069	.271	.787
Intact betwn spouse s x knowl of burnout	.035	.494	1.276	.203
Intact betwn spouse s x schl setting 1	.013	.049	.233	.816
Intact betwn spouse s x schl setting 2	-.056	-.282	-1.233	.219
Intact betwn spouse s x school size	-.105E-04	-.064	-.270	.787
Intact betwn spouse s x length of service	.005	.473	2.338	.020*

*p<.10

Table 14. Hierarchical Regression of Model 4, Block 4 (R=.363; R²=.132; F=1.858; p=.014; F Change=.261; Signif F Change=.978)

	B	BETA	t	p
Age	-.009	-.124	-1.519	.130
Sex	.076	.046	.674	.501
Marital Status	.057	.026	.402	.688
Education completed	.070	.035	.584	.560
Opportunity to take time off	.068	.047	.235	.814
% of time spent with troubled students	-.001	-.029	-.152	.879
Ratio of students to counselor	.380E-03	.085	.373	.709
Knowledge of burnout	.066	.071	.331	.741
School setting--dummy variable 1	-.074	-.041	-.174	.862
School setting--dummy variable 2	.059	.041	.156	.876
School size	-.156E-03	-.119	-.448	.654
Length of service as a counselor	-.003	-.034	-.149	.882
Friend & relative support	-.037	-.092	-.270	.788
Intact betwn fr&rel s x opp for time off	-.048	-.206	-.973	.332
Intact betwn fr&rel s x % of time spent	-.001	-.147	-.681	.496
Intact betwn fr&rel s x student ratio	.286E-04	.047	.159	.874
Intact betwn fr&rel s x knowl of burnout	-.007	-.081	-.221	.825
Intact betwn fr&rel s x schl setting 1	-.020	-.064	-.274	.784
Intact betwn fr&rel s x schl setting 2	-.015	-.063	-.228	.820
Intact betwn fr&rel s x school size	.403E-04	.193	.632	.528
Intact betwn fr&rel s x length of service	.135E-03	.009	.037	.971

*p<.10

Table 15. Hierarchical Regression of Model 5, Block 4 (R=.455 R2=.207; F=3.196; p<.001; F Change=1.377; Signif F Change=.207)

	B	BETA	t	p
Age	-.010	-.136	-1.731	.085*
Sex	.063	.038	.590	.556
Marital Status	.309	.143	2.237	.026*
Education completed	.055	.028	.483	.630
Opportunity to take time off	-.420	-.293	-.753	.452
% of time spent with troubled students	.013	.299	.837	.403
Ratio of students to counselor	-.001	-.276	-.737	.462
Knowledge of burnout	-.009	-.009	-.026	.979
School setting--dummy variable 1	-.940	-.515	-1.181	.239
School setting--dummy variable 2	.090	.063	.145	.885
School size	.565E-03	.431	.850	.396
Length of service as a counselor	-.090	-.938	-2.411	.017*
Total support	-.061	-.586	-1.806	.072*
Intact betwn total s x opp for time off	.007	.215	.539	.590
Intact betwn total s x % of time spent	-.484E-03	-.461	-1.237	.217
Intact betwn total s x student ratio	.436E-04	.394	1.019	.309
Intact betwn total s x knowl of burnout	.434E-03	.023	.053	.958
Intact betwn total s x schl setting 1	.019	.412	.947	.345
Intact betwn total s x schl setting 2	-.003	-.088	-.199	.843
Intact betwn total s x school size	-.132E-04	-.406	-.793	.429
Intact betwn total s x length of service	.002	.988	2.432	.016*

*p<.10

in burnout (F Change=1.183, p Change=.310). One of the individual interactive variables achieved significance: peer support x school setting 2 (t =-1.658, p =.099).

- (3) Model 3 (which added spouse support), although increasing the R^2 from .123 to .152, did not significantly change the percentage of explained variance in burnout (F Change=1.124, p Change=.348). One of the individual interactive variables achieved significance: spouse support x length of service (t =2.338, p =.020).
- (4) Model 4 (which added friend & relative support), although increasing the R^2 from .125 to .132, did not significantly change the percentage of explained variance in burnout (F Change=.261, p Change=.978). None of the individual interactive variables achieved significance.
- (5) Model 5 (which added total support), although increasing the R^2 from .173 to .207, did not significantly change the percentage of explained variance in burnout (F Change=1.377, p Change=.207). One of the individual interactive variables achieved significance: total support x length of service (t =2.432, p =.016).

In summary, data has indicated that, regardless of the

model, the interactive variables (as a whole) did not significantly contribute to the variance in burnout. This fact, along with the fact that, throughout all 5 models (each with 8 interaction terms), only 3 individual interactions proved to contribute significantly to the variance in burnout, leads the researcher to conclude that it is the original variables that made up the interactions and not the interactions themselves that were significant in the multiple regressions.

SUMMARY

Analyses of the data were presented in Chapter 4. Descriptive aspects of the study which were reported included frequencies, percentages, ranges, means, and standard deviations (as appropriate) of all 16 independent variables. Of particular note were: the low percentage of counselors in the lower end of the age range, and the high average length of service of the respondents; the high percentage of married counselors; the high percentage of counselors with Masters degrees or higher; the low student-counselor ratio enjoyed by a majority of the respondents; the low average percentage of counseling time spent dealing with students with personal problems; the high percentage of counselors with at least some knowledge of burnout; the low percentage of non-whites in the sample (which resulted in the dropping of the "ethnic

background" variable from the study); and, the low mean and standard deviation--as well as the narrow range--of burnout scores.

Further statistical analyses of the data were conducted by determining and interpreting zero-order correlation coefficients and by regressing the dependent variable, burnout, on all 4 blocks of independent variables, across 5 separate regression models. Each of the 5 models was dominated by whichever social support variable was entered in Block 3. Burnout was also regressed on a combination of all the non-interactive study variables (excluding total support). Results of these procedures are as follows: within the correlation matrices, relationships between burnout and the following variables were found to be significant at the .05 level--age, opportunity for times-out, percentage of time spent with troubled students, ratio of students to counselors, school setting, supervisor support, peer support, friend & relative support, and total support. Of these variables (excluding total support), five proved in the stepwise regression to significantly contribute to the variance in burnout--peer support, age, supervisor support, percentage of time spent with troubled students, and ratio of students to counselors. In combination, these 5 variables explained approximately 16 per cent of the variance in burnout. Although 3 individual interactions proved

to significantly contribute to the variance in burnout, none of the blocks of interactions throughout 5 models proved significant in explaining variance in burnout.

Chapter 5

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

A summary of the present study is given in Chapter 5. Data from the study are discussed, and conclusions are drawn from the findings. Recommendations for action and for further research are made.

SUMMARY

The purpose of this investigation was to determine the relationship between burnout and social support in Minnesota high school guidance counselors. Social support consisted of support from four sources: work supervisors, coworkers or peers, spouses, and friends & relatives. Additionally, the relationships between burnout and four demographic and seven job-related variables were investigated. Finally, the relationships between burnout and the interactive variables created when the five sources of support (including total support) are multiplied by the seven job-related variables were investigated. The latter procedure was carried out in order to determine if social support had primarily direct or indirect (buffering) effects. Direct effects of social support on burnout would mean that when social support was high, stress levels never reached dangerous levels. Indirect effects would

mean that, when stress levels were high, strong social support protected or buffered the individual from its harmful effects. Such information would enable counselor educators, employers of counselors, and counselors themselves to not only identify those individuals in particularly vulnerable sub-groups or categories (say, those counselors under the age of 35), but which source (or sources) of social support would most likely protect them against burnout.

In order to obtain this information, answers to the following research questions were sought:

What is the relationship between burnout and the demographic variables, Block 1: (a) age, (b) sex, (c) marital status, (d) ethnic background, and (e) educational background?

What is the relationship between burnout and the job-related variables, Block 2: (a) opportunity for sanctioned times-out, (b) percentage of time spent in direct contact with troubled students, (c) ratio of students to counselors, (d) opportunity for instruction on stress or burnout reduction, (e) school setting, (f) school size, and (g) years of counseling experience?

What is the relationship between burnout and the social support variables, Block 3: (a) work supervisor support, (b) peer support, (c) spouse support, (d) friend and relative support, and (e) total support?

What is the relationship between burnout and the five sources of support multiplied by the seven job-related variables, Block 4?

The population from which the study sample was drawn consisted of all Minnesota secondary school guidance counselors employed in public schools during the 1983-84 school year. The sample consisted of 279 respondents, representing approximately

30% of the total population. Data were gathered via a mailed questionnaire which contained the Burnout Measure, the Social Support Measure, and a measure of demographic and job-related variables.

A computer program (SPSS, Version 9.0) was used to generate the basic descriptive characteristics of the variables. Secondly, it was used to determine the simple correlational relationships between all the study variables and burnout. Finally, the regression subprogram of SPSS was used to regress the dependent variable, burnout, on the independent variables included in the three phases of the study: Phase 1 included the demographic and job-related variables in Blocks 1 and 2 plus, respectively, each separate source of support; Phase 2 included all the variables in Blocks 1-3 (excluding total support) in combination; and, Phase 3 added to the variables of Phase 1 the interactive variables in Block 4. The level of significance for all regressions was set at .10.

The following is a summary of results:

Burnout scores for the sample were found to be relatively low (mean, 2.75 of a possible 7), and the range to be quite narrow (3.61 of a possible 7, with a standard deviation of only .69), indicating that Minnesota counselors do not suffer from burnout.

Of the demographic variables, only age (in the correlation matrix) proved to be significantly (and negatively) correlated

with burnout. That is, the lower the age, the higher the burnout scores. Age was also significant in two of the five hierarchical regression models. In the stepwise regression, as well, only age (of the demographic variables) contributed significantly to the variance in burnout.

Of the job-related variables, opportunity for times-out, percentage of time spent with troubled students, and school setting were significantly and negatively correlated with burnout, while student ratio was significantly and positively correlated with burnout. That is, the greater the opportunity for times-out and the higher the percentage of time spent with troubled students, the lower the burnout scores. For school setting, the negative correlation indicates that counselors in urban schools have lower burnout scores than those in rural schools. The positive correlation between student ratio and burnout indicates that counselors with higher student/counselor ratios have higher burnout scores than those with lower student/counselor ratios. The variables opportunity for times-out and percentage of time spent with troubled students were significant in all five of the hierarchical regression models; student ratio was significant in four. In the stepwise regression, however, only percentage of time spent with troubled students and student ratio contributed significantly to the variance in burnout.

Of the social support variables, four (supervisor, peer,

friend & relative, and total support) were significantly and negatively correlated with burnout, while spouse support showed no significance. That is, the more support from supervisors, peers, and friends & relatives, the lower the burnout scores. All five of the social support variables were significant in all five of the hierarchical regression models. In the stepwise regression, however, only supervisor support and peer support contributed significantly to the variance in burnout.

Of the interactive variables, three (of a possible 35) showed significance in the five hierarchical models. However, since none of the blocks of interactive variables, when added to any of the five models, significantly increased the percentage of explained variance in burnout, it was concluded that it was the original variables that made up the interactive variables and not the interactions themselves that were significant in the regression models.

These findings raise the following questions:

- (1) Why was the average burnout score so comparatively low?
- (2) Why wasn't more variance in burnout explained?
- (3) Why didn't the social support variables act as expected? More specifically:
 - (a) why did work support prove to correlate more strongly and explain explain more variance in burnout than did home support?

- (b) why did peer support, a work variable, stand out so prominently above prominently above the other social support variables as a correlate and predictor of burnout?
- (c) why did spouse support show no significance?
- (d) why was percentage of intimate contact with troubled students negatively correlated with burnout (that is, as the percentage increased, burnout declined) rather than positively correlated?
- (e) why were only main effects of social support observed, and not buffering or interactive effects?

DISCUSSION

The Low Burnout Scores

Pines et al. (1981), who used the Burnout Measure to assess the burnout scores of 38 counselors who participated in a burnout workshop in San Francisco, reported that the counselors achieved a mean burnout score of 3.7. In a study that included Michigan school guidance counselors, MacKenzie (1981) reported that "mean scores for all counselors on the emotional subscale [a scale that is similar to Pines et al. (1981) total Burnout Measure] are 3.16 which is more than two fifths of the

total possible score for emotional exhaustion," indicating that counselors in the study "reported feeling emotionally drained from their work, frustrated by their jobs, and that working directly with people puts too much stress on them" (pp. 102-103). While the mean score for counselors in the present study, 2.75, is also approximately two fifths of the total possible score for burnout, its interpretation is quite different than that of the MacKenzie study. According to Pines et al. (1981), anyone scoring in the 2-3 range is "doing well" (p. 38). It seems, then, that Minnesota school guidance counselors are not, on the whole, suffering from burnout--or, at least, they score as if they were not.

In attempting to explain the apparent discrepancy between the burnout scores of counselors in previous studies and those of the present study, one must first examine the populations from which the respondents were drawn. The aforementioned low mean, narrow range, and low standard deviation of the burnout scores recorded in the present study (plus the high average age, high average length of service, and low average student/counselor ratio--discussed below) make it reasonable to assume that Minnesota counselors enjoy more favorable working conditions than those counselors in other studies.

Another possible explanation for the relatively low average burnout scores observed in the present study is the fact that the respondents are rather under-represented (only

11.5 per cent of the total) in the lower quarter (25-35 years) of the age range, and have been on the job for quite a long time (mean, 15 years). Previous studies regarding age to burnout (Maslach, 1982; MacKenzie, 1981; Freudenberger, 1975) and length of service to burnout (Pines et al., 1981) have concluded that as both age and length of service increase, burnout declines. These relationships were confirmed in the present study.

The fairly low student ratio (between 100-500) over 70 per cent of the respondents enjoyed was also expected to substantially lower burnout scores and, indeed, student ratio proved to be one of the five "best" predictors of burnout. This result matches previous findings (Maslach & Pines, 1977; Barad, 1979).

Other possible explanations for the low burnout scores were proposed and rejected because of insignificant study results. The high percentage (nearly 90%) of married respondents led the researcher to believe that spousal support would be abundant and, as a result, burnout scores would be significantly lower. Study results showed, however, that spousal support was not a significant factor in explaining variance in burnout. This result is contrary to previous findings (Edelwich & Brodsky, 1980; Forney et al., 1982; Metz, 1979).

The high percentage (99.3%) of respondents with Masters degrees or higher led the researcher to believe that such

people would possess the knowledge and skills necessary to perform competently on the job and, as a result, would cause them to record low burnout scores. Study results showed, however, that educational attainment was not a significant factor in explaining variance in burnout. Maslach (1982), in contrast, found that burnout significantly declined as educational attainment increased.

The high percentage (nearly 90%) of respondents with at least some knowledge of burnout led the researcher to believe that such people would know how to prevent or curb burnout which, consequently, would cause them to record low burnout scores. Study results showed, however, that knowledge of burnout was not a significant factor in explaining variance in burnout. This result is contrary to previous findings (Pines et al., 1981; Forney et al., 1982).

Finally, it is possible that the Burnout Measure itself was responsible for the relatively low burnout scores. Perhaps the measure did not measure burnout as well as it could or should have. To attempt to answer this question, a reliability test of the measure was run (SPSS, Version 9.0). The alpha coefficient was .85, indicating that the measure is internally consistent. These results indicate that the measure is, at least, measuring a single construct. Whether the construct measured is, indeed, burnout (i.e., is the test valid?) will be discussed below.

The Explained Variance

Percentage of variance in the dependent variable explained by the independent variables is a function of the distribution of the dependent variable. It stands to reason that if the range of burnout scores is small and most of the scores are closely grouped in the middle or moderate ranges (as is the case in the present study), the range of the variation explained will also be restricted. If the burnout scores are not a true reflection of the burnout present in the sample, as suggested above, then some of the variance that could have been explained, had the burnout scores been truly accurate, lay outside the realm of calculation. Of the variance that is explained, the range is so narrow that it is difficult for the independent variables to take their share of the variance and to distinguish themselves and their contributions from one another.

In order to check the consistency of the measure of the focal independent variables in this study, the Social Support Measure, a reliability test was run (SPSS, Version 9.0). Individual tests of the internal consistency of the items making up each source of social support resulted in the following alpha coefficients: (1) supervisor support, .91, (2) peer support, .81, (3) home support, .62 (spouse support and friend & relative support were combined for lack of sufficient items to individually calculate internal consistencies), and (4) total

support, .79. These relatively high alphas (with the exception of home support--influenced by the unexpected nonsignificance of spouse support), along with the broad range and large standard deviation, attest to the reliability of the measure. It too, along with the Burnout Measure, is apparently measuring a single construct. The measure, as well, has face validity as the questions more or less directly ask: "Do you feel supported?" by the various significant others. Unlike the somewhat threatening questions asked in the Burnout Measure, those in the Social Support Measure were relatively non-threatening and, thus, probably truthfully answered (by answering truthfully, after all, the counselors in the upper burnout ranges were admitting that their lives were not in order).

The Social Support Variables

At the end of Chapter 2, it was predicted that off-the-job or "home" sources of support (from spouses and friends & relatives) would prove to be more protective of school guidance counselors against burnout than would on-the-job or work support (from supervisors and peers). That is, home sources would explain more of the variance in burnout than would work sources. This prediction was based, primarily, on the findings of two studies: LaRocco et al. (1980), and House (1980).

LaRocco et al. (1980) observed that, despite substantial similarities in their methods and underlying conceptual

frameworks, some studies of the relationship between social support and health found evidence of buffering or interactive effects, while others found only main effects. Those studies that found positive buffering effects included the following: Caplan (1972), Nuckolls et al., (1972), Cobb and Kasl (1977), Eaton (1978), Gore (1978) and, House and Wells (1978). Those that found positive main effects of social support on health, but no buffering effects included: Pinneau (1975, 1976), Andrews et al. (1978), LaRocco and Jones (1978) and, Lin et al. (1979a). In an attempt to reconcile these different results, LaRocco et al. (1980) reanalyzed the study by Pinneau (1975). One of the possible explanations for the differing outcomes of such similar studies that was posited before they undertook the reanalysis was the possibility that, "support may buffer some stress-strain or stress-health relationships, but not others. Job-related strains, for example, may be relatively impervious to buffering . . . whereas physical and mental health indicators may be more sensitive to buffering . . ." (p. 207). This speculation proved, in their study, to be true. They concluded:

In sum, it appears that indicators of job-related stress and strain [such as "job dissatisfaction and boredom with work", p. 211] are primarily affected by job-related sources of support, and that the effects are largely main effects, rather than buffering effects. In contrast, more general health outcomes [such as, "depression, anxiety, somatic complaints" and "ulcer symptoms", p. 213] are affected by a wider range of sources of support, and the effects are more likely to be buffering effects than main effects (p. 213).

Similarly, in a study of nearly 3,000 workers in a tire, rubber, plastics, and chemical plant in a northeastern city, House (1980) found "clear buffering effects" with respect to certain general health outcomes such as, "drinking and symptoms of neurosis, ulcers, cough and phlegm, and possibly angina" (p. 283), but not with respect to job-related outcomes such as job dissatisfaction. Furthermore, House found that the effects of coworker (peer) support, "are most prominent with respect to job related variables (e.g., job satisfaction) while the effects of spouse support are most evident for the more general health outcomes (e.g., drinking, neurotic and ulcer symptoms)" (p. 285).

Using these research reports as a guide, the researcher expected to find that burnout would be more affected by home sources of support than work sources of support, and that the most important support of all would likely be spouse support. These expectations were based on the fact that burnout, as described by Pines et al. (1981), could certainly be characterized as an all-pervasive phenomenon that affects not only the work-place but also the home. Indeed, burnout affects all of one's life and can therefore be described as a "general health outcome" as opposed to "job-related stress and strain," as LaRocco et al. (1980) use the terms. It was also reasonable to assume that one would take such pervasive problems to the person one knew best, presumably one's spouse. Based on the

findings of LaRocco et al. (1980), substantial buffering or interactive effects were also expected.

What was actually found, as discussed above, were non-significant buffering effects and significant main effects--most of which came from work sources. The observed results in this study, in fact, were very similar to those observed for job dissatisfaction in both the LaRocco et al. (1980) and House (1980) studies. Upon further reflection, it was concluded that virtually all of the unexpected findings concerning social support could be explained if it was job dissatisfaction that had been measured by the Burnout Measure and not burnout.

Several specific questions emerge. Why did work support prove to correlate more strongly and explain more variance in burnout than did home support? If what was called in this study a "burnout" score was really a "job dissatisfaction" score, the problem was truly a job problem (as opposed to the "life" problem posed by burnout) which many people consciously leave at work. A few respondents, in fact, penciled in beside the "spouse support" questions, responses such as "I don't bring work problems into my home". LaRocco et al. (1980) also found that job-related stress and strain were primarily affected by job-related sources of support.

Why did spouse support, unexpectedly, show no significance? In connection with "1", if people make it a policy to leave their work problems at work, then spouse support is not

sought, perhaps not even wanted. Some married respondents, in fact, initially circled the "does not apply" response designed for those who weren't married when they were came to the spouse support questions. House (1980) also found that spouse support was most prominent with respect to general health outcomes, and not to job-related variables such as job satisfaction.

Why did peer support figure so prominently as a correlate and predictor of burnout? If work problems stay at work, they must be resolved at work. Who is most likely to understand and empathize with work problems (and to whom is it "safe" to admit that one is doing a less than perfect job)? One's peers--those who face every day many of the same problems as every other counselor does; those who have some understanding of such problems and of the individuals experiencing them; and, those who may have some words of comfort or advise that may help. LaRocco et al. (1980) also found that coworker or peer support exerted the most influence on dependent variables: "co-worker support produces about twice as many effects (i.e., 19) as supervisor support (10) and home support (8)" (p. 210).

Why were only main effects of social support observed, and not buffering or interactive effects, as expected? Again, if one's problems exist only at work, it is most likely that work solutions are going to affect those problems, and they are likely to do so in a direct way. As House and Wells (1978) found, job-related strains (which appear to be what this study

is primarily measuring) are relatively impervious to buffering.

They explain:

Both common sense and existing empirical evidence strongly suggest that supportive social relationships with superiors, colleagues, and/or subordinates at work should directly reduce levels of occupational stress for a variety of reasons. Supportive co-workers are less likely to create interpersonal pressures or tensions; and the experience of support satisfies important social or affiliative needs for most people and hence tends to make them feel more positively about themselves and their jobs. Thus, social support should reduce known occupational stresses such as role conflict and ambiguity, job dissatisfaction, and low occupational self-esteem; and available empirical evidence is quite consistent with this expectation (p. 10).

Additionally, the test of the interaction or buffering effects in the regression formulas used in this study may have caused an under-estimation of possible buffering effects.

LaRocco et al. (1980), who used regression formulas similar to those used in this study, say that since the additive and interactive terms in their study were necessarily positively intercorrelated:

an exact partition of variance into additive (main) and interactive (buffering) effects is impossible. The moderated regression procedure used here essentially assigns to the additive effects all variance that cannot be unequivocally attributed to the interaction effects and hence makes the most conservative possible estimate of the buffering effect (p. 209).

Why was percentage of intimate contact with troubled students negatively rather than positively correlated with burnout? It was expected that as the percentage of contact increased, burnout would also increase, but in this study

burnout declined. Since people go into counseling to help others with personal problems, and since counselor education programs concentrate almost exclusively on training counselors to deal with other peoples' problems (Warnath & Shelton, 1976), it would seem that counselors would feel very disappointed if they weren't counseling people with personal problems. Since the descriptive data revealed that Minnesota counselors work with troubled students only an average of 25 per cent of their working day, it is easy to believe that those with higher percentages of intimate student contact would be less burned out than those with low or small percentages. Indeed, one individual responded to this question, quite pointedly, "If they would only let us do our jobs!"

In terms of the low burnout scores and why more variance in burnout was not explained, the notion that job dissatisfaction and not burnout, per se, was measured also applies. LaRocco et al. (1980) write of two basic indicators of job-related stress and strain. The most common, and least serious, of these indicators include such feelings as work dissatisfaction, work boredom, and role conflict and ambiguity. The other indicator includes more general and much more serious feelings such as depression, anxiety, and somatic complaints. Burnout researchers like Pines et al. (1981) would add "burnout" to this second list of indicators. If what was being measured in the present study was job dissatisfaction or

boredom with work and not actual burnout, "burnout" scores would be lower, as would the explained variance of which it is a function. After all, that which leads to burnout--job dissatisfaction, boredom, doing things on the job that are not supposed to be a part of that job, etc.--is not necessarily "burnout", and doesn't become burnout until it reaches a certain level.

But how could a so-called burnout measure be actually measuring job dissatisfaction? Recall from Chapter 2 that burnout was conceived as a continuum. Shinn (1979) constructed a model (see Figure 2, Chapter 2) that depicts the basic concept of a continuum from stress, to strain, to the consequences of strain. She defined stress as a potentially damaging environmental force or condition impinging on the individual. Strain, she said, is a psychological response to stress. Consequences of strain, she said, could range from expression of dissatisfaction to psychological or somatic symptoms such as depression or headaches. Kafry and Pines (1980) also describe burnout as a continuum with "feelings of strain" at one end and the "breaking point" of the individual at the other. Similarly, French, Rodgers, and Cobb (1974), researchers of occupational stress, describe a general model of stress and its consequences (see Figure 1, Chapter 2) that also conceives of the whole stress-distress process as a continuum. Stress, they say, leads to strain. Strain can range from

expression of dissatisfaction to expressions of psychological or somatic symptoms such as depression or headaches--the latter of which sound very much like the symptoms of burnout described by Pines et al., 1981). Since burnout, per se, appears in the stress-strain-illness continuum only at the far right end, that which occurs before in the continuum is not burnout but that which leads to burnout. What is called a "burnout" score in the Burnout Measure is not really burnout (as described by Pines et al., 1981) until that score reaches a certain point. That point in the Burnout Measure is defined as "higher than 4". Those scores that fall below 4 cannot, in the strictest sense, be called "burnout" scores. Perhaps they could be called job dissatisfaction scores or "burning-out" scores.

If what the Burnout Measure is measuring at the lower end of the continuum is not burnout but "burnout in the making", it seems that one's "burnout" score would be indistinguishable from one's "job dissatisfaction" or "work boredom" score, if such a measure were taken. Since most of the burnout scores of the respondents in this study fell into the lower end of the continuum it would seem, then, that what was essentially measured were not levels of burnout, but levels of job dissatisfaction. If this were true, it would explain the unexpected results in terms of the social support variables, the relatively low burnout scores obtained, and the low variance explained in the dependent variable, burnout.

CONCLUSIONS

The following conclusions are based on the findings of this study.

1. One of the demographic variables, age, was consistently significant throughout the study. For the counselors in this study, burnout increased with younger persons. This result supports the findings of Maslach (1982) and MacKenzie (1981).

2. Two job-related variables--percentage of time spent with troubled students and ratio of students to counselors--were consistently significant throughout the study. For the counselors in this study: (1) as the percentage of time spent in direct contact with troubled students declined, burnout increased. This result contradicts the findings of Maslach & Pines (1977), Pines & Maslach (1978), and Maslach & Jackson (1982); (2) as the ratio of students to counselors increased, burnout increased. This result supports the findings of Maslach & Pines (1977), and Barad (1979).

3. Two social support variables--peer support and supervisor support--were consistently significant throughout the study. For the counselors in this study, burnout was lower for those who were supported by their peers and supervisors. These results support the findings of French (1974), Cooper and Marshall (1976), and LaRocco, House, and French (1980).

4. None of the interactive variables were consistently significant throughout the study. This result supports the findings of Pinneau (1975, 1976), Andrews et al. (1978), LaRocco and Jones (1978a), and Lin et al. (1979a) and contradicts the findings of Caplan (1972), Nuckolls et al. (1972), Cobb and Kasl (1977), Eaton (1978), Gore (1978), and House and Wells (1978).

5. Five of the 15 original, non-interactive variables (excluding total support)--peer support, age, supervisor support, percentage of time spent with troubled students, and ratio of students to counselors--proved to be the "best" predictors of burnout scores. These five variables--a third of the original study variables--explained, in combination, approximately 16 per cent of the variance in burnout.

RECOMMENDATIONS FOR ACTION AND FURTHER RESEARCH

The following recommendations for action and for further research are proposed from the findings of this study.

1. Those who train or supervise counselors should institute programs designed to increase the flow of social support--particularly, peer support and supervisor support--to those counselors. These programs should focus specifically on those individuals in the following high-risk groups:

- (a) those counselors new to the field.

(b) those who spend little of their working day in direct contact with troubled students.

(c) those who have responsibility for a large number of students, or a high student ratio.

2. Experimental studies should be undertaken by schools and by counselor training institutions that attempt to discover if there are any significant, long-range differences in burnout rates between those who are trained as recommended in "1" above and those who are not.

3. A burnout study of counselors should be undertaken that includes as its subjects only those who are certifiably "burned-out" (as determined by the Burnout Measure, perhaps supplemented by the observations of peers and other significant individuals). If LaRocco et al. (1980) and House (1980) are correct, such a population should show substantial buffering effects, particularly from home (specifically spouse) sources. The present study of so-called "average" counselors, in contrast, showed only main effects, coming primarily from work sources of support.

4. A burnout study of counselors should be undertaken that includes the five "best" independent variables in the present study and a set of personality variables, such as: locus of control, self-esteem, type "A" behavior, personal belief system, etc.

5. Studies similar to the present study should be

undertaken in other states or nation-wide. It is quite possible that high school guidance counselors in other states do not have as favorable working conditions as do Minnesota counselors.

6. Studies of other counseling populations besides that of public secondary schools should be undertaken, such as that of: elementary schools, parochial schools, private schools, schools catering to special populations--handicapped, discipline problems, gifted, etc.

7. An investigation should be undertaken that would delve deeper into peer and supervisor social support: how is it concretely expressed (i.e., what is it that supportive others actually do that reduces stress and burnout); how, when, and why is it effective in reducing stress and burnout; and how can it be encouraged?

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APPENDICES

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APPENDIX A
COVER LETTER

Dear

The enclosed is a questionnaire designed to provide the data for an investigation of certain aspects associated with counselor performance in Minnesota's secondary schools.

You are an important part of a sample of secondary school counselors who have been randomly selected to be a participant in this study. It is very important to the validity of the study that you take the 10-15 minutes necessary to carefully complete and return the questionnaire. Be assured that your answers will be kept confidential; you will notice that your questionnaire has been coded, rather than identified with your name, for this very purpose: confidentiality. The code numbers are for followup purposes only, and will be removed as soon as the questionnaire is returned to me. I'm interested in the answers of all respondents taken together rather than in the answers of any one respondent. Results will be reported in general statistical form and never with reference to any particular individual or any particular school or school district.

I would be happy to answer any questions you have concerning the study. You can write me at the address on the return envelope or call me at

Results of this study could very well play a role in improving work conditions for Minnesota counselors, so please take a few minutes to complete the questionnaire and drop it in the mail.

Thank you very much for your time and cooperation.

Sincerely,

Clyde William Ekbohm
Ed.D. candidate, Va. Tech

p.s.--If you would like a summary of my findings, please write your name and address on the back of the return envelope.

APPENDIX B
THE QUESTIONNAIRE

Code _____

COUNSELOR SURVEY

Directions: Please circle the number or fill in the blank, as appropriate, for your responses to the following questions.

Personal and Job-Related Background

1. What is your age? _____ YEARS
2. What is your sex?
 1. Male
 2. Female
3. What is your marital status?
 1. Never Married
 2. Married (or in a relationship equivalent to marriage)
 3. Divorced
 4. Separated
 5. Widow/Widower
4. What is your ethnic background?
 1. Black (Negro)
 2. Chicano (Mexican-American)
 3. Native American (American Indian)
 4. White (Caucasian)
 5. Oriental
 6. Other (please specify)
5. What level of education have you completed?
 1. Bachelor's degree
 2. Master's degree
 3. Specialist degree
 4. Doctorate degree
 5. Other (please specify)
6. How long have you been a counselor?

_____ YEARS
7. How large is your school (by total number of students)

_____ STUDENTS
8. Please estimate the approximate ratio of students to counselors in your school

_____ STUDENTS to 1 COUNSELOR
9. How would you describe the setting of your school?

URBAN SUBURBAN RURAL
10. If you didn't feel up to working directly with students (because you didn't feel capable of giving that much of yourself that day) would you be able (without censure) to either put out a "See me tomorrow" sign, or arrange for someone else to "cover" for you while you did something less stressful?
 1. No
 2. Yes

If "Yes", what kinds of things would you otherwise do?

Code _____

11. Using the following list as a guide, please think about your major responsibilities as a counselor and estimate the relative percentage of time in an average week you devote to each one. (If activities listed are not part of your responsibilities, leave them blank). Percentage of time:

- _____ % Individual counseling with students with informational problems (financial aid, college applications, scheduling, etc.)
- _____ % Individual counseling with students with personal problems
- _____ % Group counseling with students
- _____ % Consulting with others (teachers, administrators, specialists, parents)
- _____ % In-service (staff meetings, workshops, etc.)
- _____ % Administrative work (planning personal work schedule, reading mail, reading professional literature, writing and filing reports, etc.)
- _____ % School-wide class scheduling

List other major activities and the % of time spent in each:

12. How much do you know about the phenomenon of professional burnout? (Please circle the appropriate number from the following scale:)

- | | | | | |
|---------|-------------|------|-------------|-----------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Nothing | Very Little | Some | Quite a lot | Have studied it quite extensively |

a. Below, please estimate by percentage where you acquired this knowledge:

- _____ % In a counselor training program
- _____ % Personal reading
- _____ % Workshops, seminars, or conferences outside-the-school
- _____ % Inservice training
- _____ % Other (please specify)

Personal Feelings

How often do you have any of the following experiences? Please use the following scale:

- | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|--------------------------------|--------|-----------|-------|--|--------|
| Never | Once in a while | Rarely | Sometimes | Often | Usually | Always |
| _____ | 1. Being tired | | | _____ | 12. Feeling worthless | |
| _____ | 2. Feeling depressed | | | _____ | 13. Being weary | |
| _____ | 3. Having a good day | | | _____ | 14. Being troubled | |
| _____ | 4. Being physically exhausted | | | _____ | 15. Feeling disillusioned and resentful about people | |
| _____ | 5. Being emotionally exhausted | | | _____ | 16. Feeling weak | |
| _____ | 6. Being happy | | | _____ | 17. Feeling hopeless | |
| _____ | 7. Being "wiped out" | | | _____ | 18. Feeling rejected | |
| _____ | 8. Feeling "burned out" | | | _____ | 19. Feeling optimistic | |
| _____ | 9. Being unhappy | | | _____ | 20. Feeling energetic | |
| _____ | 10. Feeling rundown | | | _____ | 21. Feeling anxious | |
| _____ | 11. Feeling trapped | | | | | |

Code _____

Feelings of Support or Non-Support1. How much can each of these people be relied upon when things get tough at work?Not at all A little Somewhat Very Much

A. Your immediate supervisor (boss)	1	2	3	4	
B. Other people at work	1	2	3	4	
C. Your wife (or husband, or person equivalent to a marriage partner)	1	2	3	4	5 Does Not Apply
D. Your friends and relatives	1	2	3	4	

2. How much is/are each of the following people willing to listen to your work-related problems?Not at all A Little Somewhat Very Much

A. Your immediate supervisor	1	2	3	4	
B. Other people at work	1	2	3	4	
C. Your wife (or husband, or person equivalent to a marriage partner)	1	2	3	4	5 Does Not Apply
D. Your friends and relatives	1	2	3	4	

3. How much is/are each of the following people helpful to you in getting your job done?Not at all A Little Somewhat Very Much

A. Your immediate supervisor	1	2	3	4
B. Other people at work	1	2	3	4

4. Please indicate how true of your immediate supervisor is each of the following statements?Not at all A Little Somewhat Very Much

A. My supervisor is <u>com-</u> <u>petent</u> in doing his/ her job	1	2	3	4
B. My supervisor is very <u>concerned</u> about the welfare of those under him/her	1	2	3	4
C. My supervisor goes out of his/her way to <u>praise</u> good work	1	2	3	4

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