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Relationship between job burnout and personal wellness in mental health professionals

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This study aimed to determine the nature of the relationship between job burnout and personal wellness among mental health professionals. The authors performed intercorrelations and multivariate multiple regression analyses to identify the relationship between subscales of job burnout and personal wellness. Results showed that all subscales of job burnout, except for the Negative Work Environment subscale, significantly predicted a large amount of the variance in the collective personal wellness subscales. Implications for mental health professionals' clinical practice, training, and supervision and limitations and prospects for future studies are discussed.

Keywords: burnout, wellness, mental health professionals

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Wellness has been described as the ideal model for counseling and development and is further defined "as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully" (Myers, Sweeney, & Witmer, 2000, p. 252). In addition, wellness can include various components related to self-care, including physical wellness and nutrition, managing stress effectively, and connecting with others and the environment (Ardell, 1977; Townes, 1984). Although mental health professionals may promote wellness among their clients, they often find it difficult to engage in a well lifestyle themselves (O'Halloran & Linton, 2000). In fact, a recent American Counseling Association (ACA) survey found that 75.7% of mental health professionals reported that impaired mental health professionals are a significant threat to the profession and 63.5% of mental health professionals reported knowing a colleague whom they would consider impaired (ACA, 2010).

It is no surprise that mental health professionals constantly experience a variety of job stressors, which may include heavy caseloads, demands for short-term therapy, financial constraints, and managed care limitations (O'Halloran & Linton, 2000). Human service professionals are at a high risk of burnout (Bakker, Demerouti, Taris, Schaufeli, & Schreurs, 2003), and research has shown that mental health professionals are experiencing burnout (Leiter & Harvie, 1996). (In this article, the terms *job burnout* and *burnout* and

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the terms *personal wellness* and *wellness* are used synonymously.) Job burnout has been described as "the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward symptom stress, and emotional/physical drain" (Lee et al., 2007, p. 143). Without appropriate monitoring of such stressors, mental health professionals may be at risk for experiencing job burnout, thus affecting both their wellness and treatment effectiveness (Lee, Cho, Kissinger, & Ogle, 2010). To address this issue, ACA has organized a taskforce with the sole purpose of decreasing impairment and enhancing wellness among professional counselors (ACA, 2010).

Earlier studies on job burnout describe it as a homogenous phenomenon (Farber, 1998). However, more recent studies have examined job burnout as a multidimensional construct (Lee et al., 2010; Loo, 2004). Identifying various dimensions of job burnout among mental health professionals may potentially provide more effective burnout prevention strategies and targeted interventions to nurture caregivers, thus allowing the caregivers to attend more fully to clients in an effort to improve therapeutic outcomes (Lee et al., 2010).

Wellness has also been described and measured as a multidimensional construct (Adams, Bezner, & Steinhardt, 1997; Hettler, 1980; Myers & Sweeney, 1999; Renger et al., 2000; Travis & Ryan, 1981) in which various aspects of self (e.g., physical, spiritual, and emotional) have been explored. Understanding how the various dimensions of job burnout may be related to the various dimensions of wellness is important to help design targeted intervention programs for enhancing mental health professionals' wellness and for burnout prevention.

Because of the potential connections between mental health professional wellness, burnout, and treatment efficacy, the *ACA Code of Ethics* (ACA, 2005, C.2.g., Impairment) mandates that counselors be aware of their own physical, psychological, and/or emotional problems; refrain from offering therapeutic services when these problems are likely to affect treatment; and seek help in dealing with their own problems as they arise.

PURPOSE OF STUDY

The purpose of this study is to explore the relationship between the dimensions of job burnout and the dimensions of personal wellness among mental health professionals. Because job burnout and wellness are multidimensional constructs, we posited that the specific constructs (e.g., exhaustion) of job burnout may relate to specific constructs of wellness (e.g., physical self). Previous studies (Chandler, 2009; Cordes & Dougherty, 1993; Gold & Michael, 1985; Vredenburgh, Carlozzi, & Stein, 1999) also found that job burnout is significantly related to personal wellness. In this study, we used existing job burnout and personal wellness measures, the Counselor Burnout Inventory (CBI; Lee et al., 2007), and the Five Factor Wellness Inventory–Form A (5F-Wel-A; Myers & Sweeney, 2004), respectively.

METHOD

Sample and Participant Selection

The sample consisted of 129 qualified mental health professionals recruited from a number of e-mail lists or groups (e.g., ACA, American Association for Marriage

and Family Therapy, American Psychological Association). The data were gathered from various regions of the United States through a web-based survey. Institutional review board approval was obtained, and respondents provided informed consent to participate by clicking on the "proceed to the survey" button on the web-based survey. Participation in the study was strictly voluntary. Of the participants, 17.8% were men and 82.2% were women; ages ranged from 24 to 71 years, with a mean age of 40.67 years (*SD* = 12.60). Most practitioners reported counseling with adults (44.1%) and adolescents (44.1%), and the remainder reported counseling with children (11.6%), with families (4.7%), and with couples (1.6%). For most respondents, the primary working environment was K–12 schools (42.6%), whereas some worked in colleges or universities (23.3%), in outpatient settings (17.1%), in private practice (10.9%), in day treatment (2.3%), in residential/inpatient programs (2.3%), and in medical/psychiatric hospitals (1.6%). Many participants' primary clinical training was in mental health counseling (29.5%), but some were trained in psychology (14.7%), in counselor education (8.5%), in marriage and family therapy (7.0%), in social work (1.6%), in rehabilitation counseling (0.8%), and in other disciplines (38%). The race/ethnicity of the sample was predominantly White (88.4%), and the remainder were Black (3.1%), Asian (1.6%), Hispanic or Latino (1.6%), and other (5.4%). (Percentages according to race/ethnicity do not total 100 because of rounding.) The expectation-maximization algorithm was used to handle the missing data.

Measures

CBI. The CBI is a 20-item self-report scale separated into five subscales: Exhaustion (e.g., "I feel exhausted due to my job as a counselor"), Incompetence (e.g., "I do not feel like I am making a change in my clients"), Negative Work Environment (e.g., "I feel frustrated with the system in my workplace"), Devaluing Client (e.g., "I am not interested in my clients and their problems"), and Deterioration in Personal Life (e.g., "My relationships with family members have been negatively impacted by my work as a counselor"). The five-factor model of the CBI was tested using a confirmatory factor analysis in this study. The goodness-of-fit indices of the model indicated adequate fit to the data (comparative fit index [CFI] = .92, Tucker–Lewis index [TLI] = .91, root mean square error of approximation [RMSEA] = .06). Each item has a 5-point answer scale (1 = *never true*, 5 = *always true*). The CBI contains items reflecting characteristics of feelings and behaviors that would designate a variety of levels of burnout. Support for construct validity was obtained through an exploratory factor analysis that recognized a five-factor solution and a confirmatory factor analysis with all goodness-of-fit indices also demonstrating an adequate fit to the data (Lee et al., 2007). Lee et al. (2007) reported alpha coefficient scores of .80 for the Exhaustion subscale, .83 for the Negative Work Environment subscale, .83 for the Devaluing Client subscale, .81 for the Incompetence subscale, and .84 for the Deterioration in Personal Life subscale. In the present study, alpha coefficient scores were .86 for the Exhaustion subscale, .78 for the Incompetence subscale, .85 for the Negative Work Environment subscale, .86 for the Devaluing Client subscale, and .67 for the Deterioration in Personal Life subscale.

5F-Wel-A. This study used the 5F-Wel-A to assess wellness as defined as the integration of mind, body, and spirit (Myers & Sweeney, 2005). The scale is a 73-item self-report inventory using a 4-point response scale: (1) *strongly agree*, (2) *agree*, (3) *disagree*, and (4) *strongly disagree*. The 5F-Wel-A has sound psychometric characteristics developed through an evidence-based model: The Indivisible Self (Hattie, Myers, & Sweeney, 2004). Exploratory and confirmatory factor analyses support each of the scales: 17 first-order factors, five second-order factors, and a higher order wellness factor. Wellness is generally evaluated based on five second-order factors (Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) and 17 first-order factors (Creative Self: Thinking, Emotions, Control, Work, and Positive Humor; Coping Self: Leisure, Stress Management, Self-Worth, and Realistic Beliefs; Social Self: Friendship and Love; Essential Self: Spirituality, Gender Identity, Cultural Identity, and Self-Care; and Physical Self: Nutrition and Exercise). The scale has been validated using structural equation modeling and has been used in numerous research studies of wellness (Abrahams & Balkin, 2006). The confirmatory factor analysis of the five-factor model of the 5F-Wel-A indicated that the goodness-of-fit indices of the model were adequately fit to the data in this study (CFI = .93, TLI = .91, RMSEA = .06). Myers and Sweeney (2005) reported that subscales of alpha coefficients ranged from .89 to .96. In the present study, alpha coefficients of scores were .88 for the Creative Self subscale, .89 for the Coping Self subscale, .79 for the Social Self subscale, .78 for the Essential Self subscale, and .90 for the Physical Self subscale. The alpha coefficients of the 17 first-order factors were as follows: Thinking (four items) = .59, Emotions (four items) = .59, Control (four items) = .68, Work (five items) = .75, Positive Humor (four items) = .83, Leisure (six items) = .85, Stress Management (four items) = .83, Self-Worth (four items) = .76, Realistic Beliefs (five items) = .68, Friendship (four items) = .75, Love (four items) = .74, Spirituality (five items) = .90, Gender Identity (four items) = .74, Cultural Identity (three items) = .75, Self-Care (four items) = .48, Nutrition (five items) = .89, and Exercise (five items) = .87.

RESULTS

All statistical analyses were calculated using SPSS (Version 12.0) software. Table 1 displays the means, standard deviations, and alpha coefficients of the subscales. In the burnout subscales (i.e., subscales of the CBI), the highest mean score was Exhaustion (M = 2.88, SD = .76). In contrast, the lowest mean score was Devaluing Client (M = 1.57, SD = .45). In the wellness subscales (i.e., subscales of the 5F-Wel-A), the mean of Social Self was the highest (M = 3.67, SD = .34), whereas the lowest mean score was Coping Self (M = 3.02, SD = .37).

Table 2 shows the intercorrelations between the burnout subscales and wellness subscales. The Exhaustion score was negatively associated with the Creative Self (r = –.32. p < .01), Physical Self (r = –.41, p < .01), and Coping Self (r = –.48, p < .01). Incompetence was significantly correlated with all wellness subscales except for Social Self. Incompetence was negatively related to Essential Self (r = –.25, p <

TABLE 1

Means, Standard Deviations, and Alpha Coefficients of the Burnout Subscales and Wellness Subscales

Scale and Subscale	*M*	*SD*	Cronbach's α
Burnout (Counselor Burnout Inventory)			
Exhaustion	2.88	.76	.86
Incompetence	2.42	.57	.78
Negative Work Environment	2.46	.84	.85
Devaluing Client	1.57	.45	.61
Deterioration in Personal Life	2.41	.60	.67
Wellness (Five Factor Wellness Inventory–Form A)			
Essential Self	3.30	.33	.78
Social Self	3.67	.34	.79
Creative Self	3.27	.32	.88
Physical Self	3.05	.61	.90
Coping Self	3.02	.37	.89

.01), Creative Self ($r = -.51$, $p < .01$), Physical Self ($r = -.28$, $p < .01$), and Coping Self ($r = -.39$, $p < .01$). Negative Work Environment had significant negative relationships to three wellness subscales: Creative Self ($r = -.35$, $p < .01$), Physical Self ($r = -.35$, $p < .01$), and Coping Self ($r = -.38$, $p < .01$). In addition, significant relationships were found between Devaluing Client and two wellness subscales: Creative Self ($r = -.39$, $p < .01$) and Coping Self ($r = -.25$, $p < .01$). Although Deterioration in Personal Life was significantly associated with Creative Self ($r = -.28$, $p < .01$), Physical Self ($r = -.31$, $p < .01$), and Coping Self ($r = -.49$, $p < .01$), there was no significant relationship found between Deterioration in Personal Life and Essential Self ($r = -.01$, *ns*) or Social Self ($r = -.11$, *ns*).

In turn, we performed a multivariate multiple regression analysis to identify the relationship between the five burnout subscales and five wellness subscales (i.e., second-order factor) simultaneously. Multivariate multiple regression analysis enables the independent variables to be entered either in a single step or hierarchically. We chose the former to give equal priority to each single variable. All independent

TABLE 2

Intercorrelations Between the Burnout Subscales and Wellness Subscales

Wellness Subscale[a]	Burnout Subscale[b]				
	Exhaustion	Incompetence	Negative Work	Devaluing	Deterioration
Essential Self	.00	–.25**	–.08	–.05	–.01
Social Self	.01	–.17	–.11	.03	–.11
Creative Self	–.32**	–.51**	–.35**	–.39**	–.28**
Physical Self	–.41**	–.28**	–.35**	–.11	–.31**
Coping Self	–.48**	–.39**	–.38**	–.25**	–.49**

Note. Negative Work = Negative Work Environment; Devaluing = Devaluing Client; Deterioration = Deterioration in Personal Life.

[a]Five Factor Wellness Inventory–Form A. [b]Counselor Burnout Inventory.

**$p < .01$.

variables could simultaneously compete for shared variance in all dependent variables. In a regression model, one of the most frequent problems is that two or more independent variables are highly correlated to one another. This is called multicollinearity. To assess for multicollinearity, we used the variance inflation factor (VIF). When scores of VIF are less than 10, this indicates that multicollinearity would not significantly influence the stability of the parameter estimates (Dielman, 1991). The scores of VIF ranged between 1.25 and 1.84 in this study.

The results of the multivariate multiple regression analysis indicated that all burnout subscales except for Negative Work Environment significantly predicted a large amount of the variance in the collective wellness subscales (see Table 3). Specifically, the Exhaustion burnout subscale significantly predicted only the Physical Self wellness subscale, $t(128) = -2.30$, $p < .05$. The Incompetence burnout subscale

TABLE 3

Multivariate Multiple Regression Analysis Between the Burnout Subscales and Wellness Subscales

Independent[a] and Dependent[b] Variable	*B*	*SE*	β	*t*	Wilks's Λ	*F*
Exhaustion					.90	2.67*
Essential Self	0.21	.21	.12	1.00		
Social Self	0.18	.10	.20	1.72		
Creative Self	–0.05	.21	–.02	–0.22		
Physical Self	–0.50	.21	–.25	–2.30*		
Coping Self	–0.44	.23	–.19	–1.95		
Incompetence					.85	4.13*
Essential Self	–0.70	.24	–.29	–2.89*		
Social Self	–0.26	.12	–.22	–2.16*		
Creative Self	–1.04	–.24	–.37	–4.39*		
Physical Self	–0.48	.25	–.18	–1.94		
Coping Self	–0.79	.26	–.25	–3.07*		
Negative Work Environment					.97	0.82
Essential Self	–0.13	.18	–.08	–0.74		
Social Self	–0.10	.09	–.13	–1.16		
Creative Self	–0.30	.18	–.16	–1.71		
Physical Self	–0.24	.18	–.13	–1.32		
Coping Self	–0.17	.19	–.08	–0.91		
Devaluing Client					.90	2.67*
Essential Self	0.16	.30	.05	0.54		
Social Self	0.18	.15	.12	1.23		
Creative Self	–0.66	.30	–.18	–2.22*		
Physical Self	0.08	.09	.08	0.85		
Coping Self	–0.08	.32	–.02	–0.25		
Deterioration in Personal Life					.89	3.05*
Essential Self	0.02	.24	.01	0.09		
Social Self	–0.18	.12	–.16	–1.52		
Creative Self	–0.27	.24	–.10	–1.14		
Physical Self	–0.28	.25	–.11	–1.13		
Coping Self	–0.92	.26	–.31	–3.61*		

[a]Burnout subscales (Counselor Burnout Inventory). [b]Wellness subscales (Five Factor Wellness Inventory–Form A).
*$p < .05$.

significantly predicted the Essential Self wellness subscale, $t(128) = -2.89$, $p < .05$; the Social Self wellness subscale, $t(128) = -2.16$, $p < .05$; the Creative Self wellness subscale, $t(128) = -4.39$, $p < .05$; and the Coping Self wellness subscale, $t(128) = -3.07$, $p < .05$. In addition, the Devaluing Client burnout subscale significantly predicted the Creative Self wellness subscale, $t(128) = -2.22$, $p < .05$. Finally, the Deterioration in Personal Life burnout subscale significantly predicted the Coping Self wellness subscale, $t(128) = -3.61$, $p < .05$.

Furthermore, we performed a multivariate multiple regression analysis to identify the relationship between the five burnout subscales and the 17 wellness subscales (i.e., first-order factors) within the five second-order factors simultaneously. The Exhaustion burnout subscale significantly predicted the Physical Self wellness subscales: Exercise, $t(128) = -2.03$, $p < .05$, and Nutrition, $t(128) = -2.09$, $p < .05$. The Incompetence burnout subscale significantly predicted the Essential Self wellness subscales: Cultural Identity, $t(128) = -2.64$, $p < .01$, and Self-Care, $t(128) = -.28$, $p < .01$. This burnout subscale also predicted the Social Self subscale: Friendship, $t(128) = -2.35$, $p < .05$, and the Creative Self subscales: Thinking, $t(128) = -3.70$, $p < .01$; Control, $t(128) = -4.73$, $p < .01$; Emotion, $t(128) = -2.93$, $p < .01$; and Work, $t(128) = -4.04$, $p < .01$. The Coping Self wellness subscales, Stress Management, $t(128) = -3.33$, $p < .01$, and Self-Worth, $t(128) = -4.24$, $p < .01$, were predicted by the Incompetence burnout subscale. In addition, the Devaluing Client burnout subscale significantly predicted the Creative Self wellness subscale: Thinking, $t(128) = -2.50$, $p < .05$. Finally, the Deterioration in Personal Life burnout subscale significantly predicted the Coping Self wellness subscales: Leisure, $t(128) = -2.93$, $p < .01$; Stress Management, $t(128) = -2.24$, $p < .01$; and Self-Worth, $t(128) = -2.67$, $p < .01$.

DISCUSSION

The current study examined how five job burnout subscales were related to five personal wellness subscales. The results showed that all subscales of job burnout, except for the Negative Work Environment subscale, significantly predicted a large amount of variance in the collective personal wellness subscales. First, the Exhaustion burnout subscale significantly predicted the Physical Self wellness subscale. The result is consistent with Meir, Melamed, and Abu-Freha's (1990) study, which reported the negative relationship between the exhaustion of job burnout and physical health of personal wellness. Specifically, the results of the current study indicated that the exhaustion of job burnout is negatively related to practitioners' exercise and nutrition within the physical self. This can be interpreted to mean that counselors who are exhausted from job stress do not feel up to exercising and eating well regularly and appropriately. Conversely, those who do not eat well and/or exercise regularly may also experience increased exhaustion and stress. Many studies (Hamberger & Stone, 1983; Leighton & Roye, 1984; Lowenstein, 1991; MacBride, 1983; Patrick, 1984; Ross, 1993) have reported a negative relationship between job stress and physical health.

Although the Negative Work Environment burnout subscale is not significantly related to any wellness subscales, the Incompetence burnout subscale is negatively

related to four dimensions of personal wellness (i.e., Essential Self, Social Self, Creative Self, and Coping Self subscales). According to Lee et al. (2007), the Incompetence subscale is the only one of the five burnout subscales that is negatively related to self-esteem. On the other hand, the Incompetence subscale is the only subscale that is not significantly related to job satisfaction. Experiencing incompetence as a mental health professional seems to be an intrapsychic variable, not an environment-related variable. Therefore, it is not surprising that the Incompetence subscale, which is also an intrapsychic variable, is significantly related to the four wellness subscales. Specifically, because incompetence includes specific items related to identity as a mental health professional, it is more likely that the Essential Self wellness subscale is negatively related to the Incompetence burnout subscale. In addition, a number of burnout studies (e.g., Leiter & Maslach, 1988) reported that a pleasant social relationship with others increased personal accomplishment in the job setting. Etzion's (1984) study also indicated that there was a negative relationship between social support and burnout symptoms. In the present study, the Incompetence burnout subscale is negatively related to the Friendship domain within the Social Self wellness subscale. As human beings, mental health professionals have the desire to think and solve problems effectively in their workplace, and they want to control their work. When they feel incompetent, it makes sense that their thinking, emotions, sense of control, and work management would be affected. The results of the current study also indicated that the Incompetence burnout subscale is related to Thinking, Emotions Control, and Work domains within the Creative Self wellness subscale. Additionally, the results show that the Incompetence burnout subscale is also negatively related to the Stress Management and Self-Worth domains within the Coping Self wellness subscale. Competence is related to stress management and the skill to cope with personal life-stress events because competence contributes to the psychological functioning of individuals (Bhagat & Allie, 1989). When mental health professionals feel incompetent in their job setting, they may not fulfill their functions or cope with stress appropriately in their personal life as well. The sense of competence also helps individuals recognize self-worth. Mental health professionals who feel incompetent in the job setting express low self-esteem overtly (Lee et al., 2007), and they may complain of low self-worth to others.

The Devaluating Client burnout subscale is significantly related to the Thinking domain within the Creative Self wellness subscale. The pattern of devaluing clients could be symptomatic of *compassion fatigue*, which is defined historically as secondary traumatic stress disorder (Figley, 1995). As a defense, mental health professionals may devalue parts, or in more severe cases, much of the client's story. Lee et al. (2010) named this type of mental health professional "disconnected counselors" (p. 131). The Thinking domain reflects the ability to solve problems and having a sense of curiosity (Myers & Sweeney, 2004). These disconnected mental health professionals may lack thinking ability for solving their own problems and may be indifferent about their life as well as their clients' lives.

The Deterioration in Personal Life burnout subscale is negatively related to the Leisure, Stress Management, and Self-Worth domains of the Coping Self wellness

subscale. The development of interests in non-work-related activities and hobbies is also related to burnout symptoms (MacBride, 1983). According to Stanton-Rich and Iso-Ahola (1998), leisure behavior and leisure satisfaction were negatively correlated with burnout symptoms. Pursuing leisure activities is touted as a way of offsetting job-related stress. In addition, when mental health professionals feel they do not have enough time to spend toward their personal interests due to heavy job demands, it is difficult to make time and create opportunities to engage in self-monitoring and to respond to stress in their personal life appropriately, which in turn reduces their self-worthiness (Bhagat & Allie, 1989).

Implications

The results of the present study have several important implications for mental health professional training, practice, and supervision. It may be important for mental health professional education programs to assess for burnout and wellness among their counseling trainees throughout their program. For example, this study has described the negative relationship between incompetence and four subscales of wellness (i.e., Essential Self, Social Self, Creative Self, and Coping Self). Feelings of incompetence may be of particular concern for mental health professional trainees as they begin to develop their clinical skills, and thus these four levels of wellness may also be affected negatively. Trainees exhibiting high scores of burnout and/or low wellness scores may be targeted for intervention strategies that might enhance their self-care and, in turn, clinical development as they progress through their training. In addition to mental health professionals-in-training, these findings can also apply to mental health professional practitioners. Similar to mental health professional education training programs, it may also be important for counseling practitioners to assess for burnout and wellness in their own private practice and agency settings. For example, our findings indicate that exhaustion is negatively related to mental health professionals' physical health. Therefore, it may be particularly important for practitioners exhibiting signs of exhaustion to attend directly and immediately to the basic physical aspects of their health, which include exercise and nutrition. In addition, because practitioners are often inundated with caseloads, findings indicate that it may be especially important for mental health professionals to pursue non-work-related activities to increase a sense of well-being. Finally, clinical supervisors in work settings may develop working groups that can be sources of support to mental health professionals who are wrestling with burnout. Group support was noted as an important variable to consider in efforts to prevent burnout symptoms. These groups can also provide mental health professionals with opportunities to practice wellness strategies (e.g., meditation, relaxation, and/or guided imagery).

In relation to supervision, mental health professional trainee supervisors should be attentive to their supervisees' vulnerability to burnout and emphasize the importance of personal wellness. The current *ACA Code of Ethics* added a section on mental health professional impairment that includes mental health professionals' ethical responsibility to not only seek help for their own impairment but also "as-

sist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients" (ACA, 2005, C.2.g.). ACA also started a campaign to help mental health professionals-in-training and professional mental health professionals to attend to issues of burnout and wellness in the course of their work. After a survey conducted in 2004, ACA created three ways to begin meeting the needs of impaired mental health professionals: (a) implement education programs targeted for prevention and resiliency, (b) provide impaired mental health professionals with intervention and treatment, and (c) advocate for ethical guidelines and ways to decrease the stigma associated with mental health professionals seeking treatment for themselves (ACA, 2010). Given the intimate nature of the supervisory relationship, it may be particularly relevant for supervisors to be "on the lookout" for their supervisees' levels of burnout and personal wellness in addition to empowering them to attend to their own sense of well-being.

Limitations of the Present Study

The present study has several limitations that warrant mentioning. First, the sample was one of convenience, was of rather small size, and was composed of self-selected mental health professionals and self-report instruments. Thus, participants may be vulnerable to social desirability bias, and the results may be reflective of mental health professionals who are particularly struggling with burnout issues or have a special interest in the topic. In addition, the 5F-Wel-A has several limitations. Wellness is a concept consisting of various factors that are complex and integrated (Adams et al., 1997; Ardell, 1977; Dunn, 1977; Hettler, 1980). Because this dynamic interaction of the dimensions leads the sum of the dimensions to be greater than total wellness, it is not easy to measure wellness using the 5F-Wel-A. Therefore, it is important to consider the interactions within persons and between persons and the environment to measure total wellness appropriately.

The sample characteristics also limit our ability to generalize findings to the population of practicing mental health professionals. Future studies should include more representative samples of mental health professionals from a broader spectrum of disciplines and specialties. This may help us to expand our understanding of burnout and wellness factors that may influence mental health professional practice and efficacy with diverse client populations. Conversely, conducting studies with homogeneous groups of mental health professionals (e.g., mental health counselors, school guidance counselors, marriage and family counselors) may help us understand the various ways in which particular disciplines may be affected by the work they do or the settings they work in.

Finally, another limitation is the study's correlational design. No inferences of causality can be made; thus, future research should consider experimental design with random selection and assignment of mental health professionals in practice to further explore the relationships among these multidimensional constructs.

CONCLUSION AND FUTURE PROSPECTS

Future studies could include observations of mental health professionals in their natural work settings to compare self-report with observed competencies on the job. Client groups may also be surveyed to further explore their perceptions of their mental health professionals' efficacy in helping them solve their presenting issues. Additionally, research that explores participants' self-perception of wellness and compares these values to significant others' perceptions of the participants' wellness may shed light on this issue. For example, interviewing supervisors about perceived mental health professional competencies, burnout symptoms, and wellness practices could shed light on these constructs and how they affect mental health professional practice. To address the problem of social desirability bias, future research could include measures of this construct along with the CBI and the 5F-Wel-A.

In conclusion, this study aimed to explore the relationship between the multidimensional constructs of mental health professional burnout and personal wellness. Despite the limitations, the information presented underscores the importance of promoting mental health professional wellness as mandated by the *ACA Code of Ethics* (ACA, 2005) and encouraging burnout prevention and wellness behaviors that mental health professional educators, clinicians, and supervisors can consider in the process of providing mental health professional training, supervision, and practice.

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