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Holistic Factors that Influence Counselor Wellbeing in a High Stress Environment

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Abstract

This is a phenomenological study of mental health professionals working in the high stress environment of a community mental health agency. Individual interviews were conducted to explore what attitudes and behaviors allow or inhibit wellness both at work and outside work. The existence of burnout was considered a given. Themes including initial attraction to the work, holistic balance, productivity requirements, and colleagueship emerged. While the establishment of boundaries was paramount to wellness, results indicated that there was a flow between home and work personas. Data showed that the personal characteristics of onsite leaders and staff were the primary factor that created a supportive environment. Participants agreed that colleagueship was the essential element that allowed a modicum of acceptance of the productivity demands to coexist with the inherently intense frustration. The generalizability of the success of this site was found to be uncertain due to data that indicated that personal characteristics of individuals are the key to achieving a well workplace within the clinic's chosen theoretical model of team leadership.

Keywords: burnout, wellness, medical model, holistic balance, team leadership

Holistic Factors That Influence Counselor Wellbeing In A High Stress Environment

It is increasingly known that workplace burnout exists, what contributes to it, and that certain techniques can help, including mindfulness, yoga, exercise, and stress-release techniques. These have been proven to be effective, and have a definite home within any wellness paradigm. Yet motivation to take action in order to achieve life balance is a variable trait. The purpose of this study is to investigate the ways various mental health professionals exist day-to-day working in the high-stress environment of an outpatient mental health setting in the northeast. It will explore factors, attitudes, and lifestyle choices that affect meaning-making and life satisfaction both at and outside of work. Within the constructs of contemporary wellness paradigms (lifestyle models structured via avenues of physical, intellectual, emotional, spiritual, social, and environmental assessment) this study will ask: How does the work environment address (or not address) the holistic wellness of its counselors? What is "right" about the work environment and how do some counselors find ways to amplify, focus, and strengthen these systemic strengths (or not)? What behaviors and/or attitudes allow or do not allow work to be a reflection or source of meaning-making? How does life outside of work influence work behavior and how does work experience influence time not spent at work?

The high stress environment of an outpatient mental health clinic can lead some counselors to burn out while others are able to thrive. Puig, Baggs, Mixon, Park, Kim, and Lee (2012) reported that 75.7% of mental health professionals stated that impairment of mental health professionals is a significant hazard to the profession and 63.5% reported knowing a fellow counselor whom they would consider impaired. The authors found a strong inverse relationship between job burnout and wellness. Swarbrick, D'Antonio, and Nemec (2011) stated that burnout has both occupational and emotional dimensions. Therefore it can affect not only

one's effectiveness at work but also one's entire life experience. Shapiro, Brown, and Biegel's (2007) conception of stress management encompassed the aspiration to balance aspects of self, including career, emotional, and psychological issues. This connection between stress management and life balance implies that attention to all aspects of people's lives, not just work, is necessary in order to address a counselor's functional location on the continuum of career burnout versus success.

This study will use qualitative means to explore this continuum of counselor effectiveness. Interviews will be conducted with mental health professionals in their offices at the mental health agency. Themes will be analyzed using a phenomenological method. Some or all of the following questions will be posed and follow up questions may be asked dependent upon the course of the interview. 1. Tell me about a typical day in your life. 2. What do you do when you are not at work? 3. Describe the best day of your life. (Either or both work and life overall.) 4. What made it good? 5. Describe the worst day of your life. (Either or both work and life overall.) 6. What made it difficult? 7. What is your sense of the phrase "meaning and purpose"? 8. What gives your work and/or life its meaning and purpose? 9. What is your sense of the concept of "burnout"? 10. How does burnout affect you (or not affect you) directly? 11. What does "balance" mean to you? 12. How do you create find/create balance in your life (or not)? 13. Is there anything that you want to share with me that I have not asked you? 14. How was it for you to talk about your experiences with me? All questions will be approached from each angle of a typical wellness paradigm (physical, intellectual, emotional, spiritual, social, and environmental.) Examination of counselor experiences through this all-inclusive lens could provide deepened understanding of which attitudes and behaviors best support wellness in a high-stress workplace.

Review of Literature

This literature review is anchored in the core belief of holistic well-being that human potential can only be optimized when the whole person is attended to (Myers & Sweeney, 2008). For the purposes of this review, wellness is defined as an integrative and multidimensional approach to achieving and maintaining a healthy lifestyle via environmental, intellectual, physical, social, emotional, and spiritual avenues (Swarbrick et al. 2011; Fetter & Koch, 2009; Myers & Sweeney, 2008). This review will present information about these various sectors of holistic wellness paradigms. It includes studies that discuss each of the common components of holistic wellness and its potential influence on counselor well-being. In addition, studies that explored the function of meaning and purpose for individual wellness within each component are included. This review concludes with a discussion of the characteristics of mental health professionals who maintain high levels of work commitment and satisfaction.

Holistic Health and Well-Being

In 1948 the World Health Organization defined health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Gross (1980) used the term holistic health to refer generally to all practices and philosophies that consider the whole individual in approaches to wellbeing. Wolf, Thompson, Thompson, and Smith-Adcock (2014) echoed WHO and Gross, stating that holism incorporates both preventative and diagnostic/therapeutic approaches that address the symbiosis of holistic wellness components. Seligman and Csikszentmihalyi (2000) also noted that tending to what is already healthy is as important as treating what is damaged.

It is broadly acknowledged that poor health is not an isolated event but is closely associated with people's social, psychological, and behavioral life habits (Cipolletta,

Consolaro & Horvath, 2013). In 1926, Smuts (as cited in Gross, 1980) founded the contemporary concept of holism, the root of which is from the Greek holos, which conceptualizes wholeness as greater than the sum of its parts. This implies a system wherein a change in one part affects all other parts. Gross (1980) suggested that holism is what brought the concept of "positive wellness" to light as an alternative to the notion of health as an absence of disease. Ultimately, well-being is proactive rather than reactive. Cipolletta et al. (2013) studied the effects of attitude upon well-being. They stated that it is an individual's sense of responsibility that can position him or her to be actively preventive with regard to health. They found that attitudes toward wellness were linked with both experiences and perceptions of well-being. These findings indicate that an individualized assessment of wellness needs is necessary to create optimal wellness conditions in the lives of counselors engaged in high-stress jobs. However, the authors did not provide a map to achieving positive attitudes. Swarbrick et al. (2011) discussed a person-centered supervisor/supervisee relationship as an ideal platform from which to consistently address issues of self-care, compassion fatigue, and burnout. The authors proposed that this could cultivate an interest in supporting wellness for both counselors and clients. It is possible that such a supervisory policy could influence the administrative environment of the agency as well, however the authors did not pursue this avenue.

Environmental Wellness

Much of the literature noted that a sometimes overlooked component of wellness is environment. Roscoe (2009) stated that an individual's interaction with physical space, nature, neighborhood, community, and workplace can have enormous impact upon individual well-being, just as an individual can have a positive or negative impact on the environment. Roscoe (2009) added that environmental wellness takes into account the level of control one has over one's

environment and includes efforts to improve the community. Reese and Myers (2012) also recognized the power of environment to affect well-being and explored the impact of natural environments as a missing link in wellness paradigms. They called this missing component "EcoWellness." They stated that connection with nature, even just viewing nature, has positive psychological, physical, and emotional benefits. These include relieving mental fatigue, decreasing headaches and stress, increasing focus and concentration, and enhancing vitality (mental or physical energy). The authors reported a randomized controlled trial which showed that surgery patients who had a view of a garden rather than a brick wall healed faster and spent less time in the hospital than those who had only a brick wall to look at (Ulrich, 1984, as cited in Reese & Myers, 2012). For counselors combatting compassion fatigue, or just in need of lunchtime rejuvenation, even a walk around the building could be restorative. In addition, EcoWellness, by including nature as an intervention for clients, is a creative and fruitful way to broaden existing therapeutic approaches to holistic systems of well-being (Reese & Myers, 2012).

Intellectual Wellness

Intellectual as well as natural stimulation is a crucial systemic component of wellness and particularly important to counselors in the workplace (Hillman, 2006; Dlugos & Friedlander, 2001). Roscoe (2009) conceptualized intellectual wellness as consisting of the continued pursuit, consumption, sharing, and applying the knowledge one gains both creatively and critically for personal and societal betterment. This conceptualization encompassed both perception of and motivation to pursue one's ideal level of intellectual stimulation.

Intellectual wellness was a primary theme in Dlugos and Friedlander's (2001) research. The authors conducted a qualitative study of "passionately committed" psychotherapists and found that 100 percent of the participants reported that "intentional learning" was key to their

ability to sustain high levels of work satisfaction and effectiveness. The intellectual stimulation of new cases and diverse clients was thought to be essential to stave off staleness and encourage continual professional renewal.

Physical Wellness

While intellectual stimulation addresses mental sharpness, physical well-being is equally significant as part of a healthy whole. Regan (2013) reported that all but one of the participants in her study on counselor burnout described some aspect of personal physical distress as job related. Trenbirth (2005) suggested that leisure activity may serve as a type of emotion-focused coping tool to manage job stress. Ryff and Singer (1998) concluded that attention to the full context of people's lives, i.e. all components of self, is necessary to shed light on why some individuals are able to sustain positive mindsets and motivation to pursue healthy physical behaviors and others are less able. Both Cipolletta et al. (2013) and Roscoe (2009) also emphasized individuality when assessing wellness outcomes. The latter posited that physical wellness included the precept that comparison with others is not the essential watermark of progress while the former noted that wellness is defined uniquely by different people based on their personal interpretations of their experiences. Regan (2013) noted the benefits of individualized forms of self-care in decreasing physical symptoms of burnout. Regardless of how self-care is pursued, Section C of the ACA Code of Ethics (2014) stated that engaging in self-care activities is a professional responsibility. ACA's encouragement of self-care behaviors referred to emotional, mental, and spiritual well-being in addition to physical wellness.

Social Wellness

While physical wellness is an intrapersonal component, social wellness encompasses interpersonal effectiveness. Roscoe (2009) suggested that the interactions between society and

nature as well as people inspire the movement toward balance and integration that reflects social wellness. Ryff and Singer (1998) emphasized that achieving interpersonal satisfaction is an ongoing process, not an achieved goal, and offered their belief that personal growth, positive self-regard, and mastery are closely linked with deep relationships. Dlugos and Friedlander (2001) also found a link between mastery and deep valuing of interpersonal relationship for 92 percent of the "passionately committed" psychotherapists they studied. Puig et al. (2012) noted that the support of colleagues was an important variable when considering burnout symptoms. The American Counseling Association Code of Ethics (2014) emphasized the importance of group support in section C.2.g. when it discussed the ethical responsibility to assist colleagues who show signs of impairment. Myers and Sweeney's (2011) Indivisible Self model of wellness was founded upon the Adlerian emphasis on social interests. Thus their wellness paradigm is rooted in the belief that emotional wellness comes out of the innate human desire to be part of a community. None of the included research specifically explored the impact of workplace activities such as team building retreats or shared social outings on the social wellness of counselors in high-stress environments.

Emotional Wellness

The social component of holistic wellness is closely linked with both the emotional and physical wellness components. Close interpersonal connections engender feelings. Roscoe's (2009) synthesis of common understandings of emotional wellness included a positive attitude as well as recognition and acceptance of feelings. Ryff and Singer (1998) reported research that demonstrated that negative self-evaluation can alter immune responses and that physical recovery is linked to positive beliefs, emotions, and relationships. Cipolletta et al. (2013) surmised that personal challenges can offer opportunities for counselors to gain self-awareness

and subsequent understanding about how self-knowledge can stimulate change. For example, counselors' awareness of their negative responses to the burnout potential of toxic working conditions and neglect of self-care could provide a valuable opportunity for counselors to become agents of their own improvement as well as their clients'. In addition, personal experience can be the source of valuable role-modeling for clients as well as increased empathy for clients and colleagues. Wolf et al. (2014) posited that if counselors do not pay attention to their own wellness needs they are less equipped to address, or even notice, the wellness needs of their clients.

Spiritual Wellness

Concepts of spirituality continue to evolve, especially as the space between organized religion and spirituality expands to accommodate more and more definitions that fulfill specific individual needs. Cashwell, Bentley, and Bigley (2007) reported their view that spirituality is universal and affects counselors' well-being and effectiveness and that counselors who acknowledge the spiritual nature of counseling tend to stay more open to the therapeutic process. Dlugos and Friedlander (2001) found that 83 percent of the passionately committed therapists they studied agreed that the therapeutic process has a spiritual nature. Ryff and Singer (1998) conveyed that human well-being overall is not an achieved state, but a dynamic one. Roscoe (2009) also proposed that one element of spirituality is its ever-evolving nature, implying the value of including a consistent attention to spiritual matters when attending to individual well-being. Cashwell et al. (2007) spoke of spirituality as a way to fill the vessel of a counselor's reserve of vitality. They offered a potent metaphor for burnout as the result of trying to continue pouring from the vessel of oneself when there is little left to give. Thus a counselor could

conceivably stave off burnout and increase effectiveness by incorporating spirituality in his or her life and practice.

Gross (1980) proposed a view of spirituality as having three parts: Mindfulness (nonjudgmental, present-moment awareness), Heartfulness (a heart open to love and compassion) and Soulfulness (an awareness of life's meaning and purpose). He believed that the three together can lead to full engagement in therapeutic sessions that does not overwhelm and lead to burnout. He suggested that a counselor's awareness of meaning and purpose in his or her personal life spills over into her or his work life and leads to a sharing of energy between counselor and client that amplifies wellness. Thus spirituality is a powerful opening for the use of self in counseling.

Meaning and Purpose

Spirituality is often linked in the literature to meaning and purpose. Frankl (1984) argued that the primary motivator in life is the search for meaning, which is to be sought through experience. His experience of deep suffering led him to believe that choosing to view life as meaningful and purposeful is a crucial factor in human well-being. In like manner, Cipolletta et al. (2011) emphasized that within a person-centered constructivist perspective the meaning of an individual's existence is dependent upon the context and interpretations of the individual. Therefore an individual's understanding of what wellness means is a personal interpretation. Based upon this theory, wellness is an intentional act, constructed and given meaning in each moment of a person's life. Counselors can therefore choose how to balance wellness components based on their life priorities in the moment, understanding that priorities will shift according to circumstances. According to Dlugos and Friedlander's (2001) "passionately

committed" study participants, the achievement of such balance contributed significantly to job performance and satisfaction.

Savolaine and Granello (2002) also concluded that meaning and wellness are significantly related. They explored how meaning relates to wellness within four functional categories: intrapsychic, individual, interpersonal, and cognitive. They concluded that meaning affects the development of personal identity, beliefs, and values, and the motivation to act upon them. They stated that a sense of meaning can guide an individual to situate experience within the context of a bigger picture. For example, the ability to filter events through the individual's belief and value system can place a negative experience in context. This is a valuable ability for counselors in an agency setting whose rules and regulations are out of their control. Ryff and Singer (1998) stated that the most important factors that embody a well-lived life are the autonomy to choose and actively pursue meaningful goals, and the achievement of those goals. Savolaine and Granello (2002) observed that the possession of the characteristic of meaningfulness is more important than where the individual finds it. The theme of relationships between individuality, holistic balance, and wellness as an intentional act resonates throughout the reviewed literature.

Sustaining High Levels of Work Commitment

One of the prominent themes for Dlugos and Friedlander's (2001) study participants was that of creating successful boundaries between personal and professional life. Other themes included participation in leisure activities as stress relief; a focus on obstacles as challenges; seeking diverse activities to provide new stimulation; ever-present openness and active seeking of feedback and supervision; taking on social responsibilities; and experiencing a strong sense of spirituality. The authors' conclusion was that "sustaining passionate commitment to work as a

psychotherapist reflects passionate commitment in other areas of life" (p. 298). These themes reflect the conclusions of much of the literature reviewed here regarding the common characteristics of holistic wellness. Regan (2013) found strong evidence of benefits when counselors pursued self-care programs that suited their individual wellness needs. These included the alleviation of stress and fewer distressing physical symptoms. Swarbrick et al.'s (2011) discussion about promoting staff wellness emphasized that a "well workforce" role models health for clients. Wolf et al. (2014) honed that concept for individuals by emphasizing that taking responsibility for one's own wellness practices influences the mental health and wellness of others.

The literature concluded overall that life balance is the key to holistic well-being, that the different components of wellness cannot be separated, and that boundary-making is essential. These conclusions reflected the essence of holistic thinking that a change in one component affects the others, for better or worse. The question of how attitudes affect choices and behaviors that impact well-being was not thoroughly explored. While balance was touted as an ideal state, how some can achieve it relatively easily and others cannot was not specifically addressed. There was an abundance of data regarding outcomes but little information about process beyond techniques such as meditation or exercise. An exploration of how holistic wellness factors affect a counselor's ability to choose and maintain a balance of positive attitudes and healthy behaviors could provide a useful direction in promoting the systemic strengths of both agencies and individuals. The aim of this research is to examine through a holistic lens the experiences of mental health professionals at a high-stress outpatient mental health clinic in order to study their attitudes and behaviors and observe how their experiences do or do not support well-being.

Method

Participants

The participants for this study were chosen from a convenience sample of counselors within an outpatient mental health clinic in the northeast. The inclusion criteria was that participants must be mental health professionals who are licensed or hold limited permits and are practicing under supervision. The participants included eight females and one male ranging in age from 27-65. They have been employed at the agency between four months and 15 years, two with extensive professional experience prior to employment at this clinic. Saturation of the data was reached by the fifth interview however all counselors who volunteered were interviewed.

Procedure

A phenomenological method was chosen to explore the life and work experiences of each participant. This approach to the study of lived experience was deemed the most effective to observe how holistic wellness factors influence a counselor's attitudes and behaviors, both at work and outside work, and explore how personal constructs affect well-being, self-efficacy, and perception of meaning and purpose. A phenomenological method was chosen over ethnography due to the author's focus on individual rather than group cultural characteristics. Grounded theory was not utilized as the author wished to focus on the experiential and not the theoretical. Case study could have been utilized but was deemed a less effective approach to this project's holistic focus, interest in seeking common themes, and goal of investigating the potential generalizability of results.

Semi-structured interviews were conducted with each participant in his or her office at the mental health agency. This author chose this technique in order to allow for the flexibility of open-ended questions and reflection that guided but did not dictate the direction of the interview.

The choice was made to interview participants in their own offices not only because "environment" was one of the holistic factors being explored but also to encourage a comfortable milieu. The interviews ranged in length from 40 minutes to 55 minutes.

Participants were recruited by email request. A statement of informed consent was reviewed and signed by each participant and this author prior to the interview. Since the author wanted to provide a safe environment, participants were assured that confidentiality would be maintained, no identifying information would be used, and they could withdraw from the study at any time. They were assured that all tapes would be erased once the transcription process was complete and would be stored in an encrypted file until that time.

This author had been an intern at the agency for approximately five months at the time she conducted the interviews. She had established working relationships with several of the participants but had no relationship to the agency regarding employment. This helped to establish an environment of trust and encouraged participants' willingness to speak openly about their experiences.

Data Collection

Selection of interview questions was accomplished with the input and feedback of an experienced qualitative interviewer. Some or all of the following questions were posed and follow up questions were asked to pursue the course taken by the participant. 1. Tell me about a typical day in your life. 2. What do you do when you are not at work? 3. Describe the best day of your life. (Either or both work and life overall.) 4. What made it good? 5. Describe the worst day of your life. (Either or both work and life overall.) 6. What made it difficult? 7. What is your sense of the phrase "meaning and purpose"? 8. What gives your work and/or life its meaning and purpose? 9. What is your sense of the concept of "burnout"? 10. How does

burnout affect you (or not affect you) directly? 11. What does "balance" mean to you? 12. How do you create find/create balance in your life (or not)? 13. Is there anything that you want to share with me that I have not asked you? 14. How was it for you to talk about your experiences with me? All questions were approached from each angle of a typical wellness paradigm (physical, intellectual, emotional, spiritual, social, and environmental components).

This author kept a field journal during the time she conducted her interviews in order to catalogue her own reactions and observations. The qualitative data derived from the interviews was coded using a variety of methods. The first cycle of coding used a provisional approach based upon holistic wellness components. The second cycle was exploratory, coding large sections of each interview to grasp an overall sense of content. Subsequent cycles became increasingly more focused and categories based on conceptual similarity were identified, then themes within those categories emerged. These themes were grouped and regrouped and sub-themes identified. Four major themes were evident: Initial Attraction to the Work, Balance, Colleagueship, and Productivity Requirements.

Results

As interviews evolved it became apparent that the discussion naturally encompassed the various components of the wellness paradigm laid out above, thus the individual components will not be addressed separately but will be referred to within discussion of the themes. With regard to the organic incorporation of overall wellness components one participant (P1) stated: "I think it was just society in general starting to pay better attention to that."

Themes

Initial Attraction to the Work. Each of the nine participants related childhood experiences or messages that presaged their choice of career. Three of the nine participants

mentioned psychology class in either high school or college as strengthening their draw to mental health counseling. Four participants echoed the reflection of P7: "I've always been that friend in school, that would listen to people's problems…." Two participants shared that their upbringing was a natural segue to the profession:

> P3: I grew up in a community where there was the state hospital system and I think having seen both my parents involved in that … people got discharged from the state hospital and I saw the impact on a community and how a community tried to support mental illness and work with individuals who were struggling to try to transition back into life after they had only known an institutional setting. So I didn't realize it at the time, but now as I look back I know that that's kind of what was behind where my career took me.
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> P7: I've been around this field long enough, my father [has] been a therapist for 30 years and … has been a social worker at [a local clinic] … so that's where I spent my entire life … in and out of group homes as a part of [him] running them…. So that's kind of the only environment I'm really familiar with. So I kind of knew that this was the kind of knack I had.

All participants resonated with P1's view: "I'm convinced more and more that I've been called to do this. There must be some way I'm put together that makes it be not much of an effort."

The most frequently mentioned personality characteristics that attracted the participants to mental health counseling included realness, integrity, ethical behavior, open-mindedness, responsibility, empathy, compassion, and respectfulness. Several participants also shared personal tendencies such as perfectionism, impatience, and difficulty with organization and time management. These tendencies were regarded as challenges that could be addressed by mindful

self-discipline. While the majority of the participants identified themselves as extroverts, three identified as introverts. Both types found advantages to their personality type with regard to their work with clients.

Balance. The component of balance was the primary "umbrella theme" for subthemes that addressed all components of holistic wellness. The topic of boundaries was strongly present. Each participant shared a version or versions of "boundary rituals" that they had come up with to cope with the pressures of the job.

> P1: I was the one that opened the door and closed the door at the beginning of the session. I was the one that opened the door and closed the door at the end of the session. I mean it was… conscious 'cause I just felt, okay that's the way this is going to begin and that's the way it's going to end. So my therapy was someone would come in and sit down and whatever happened within the relationship, when they left I consciously helped them to take what it is that they came in with them so that I didn't have that, 'cause it's not mine to carry.

Four of the nine participants mentioned the specific ritual of list making and clearing their desks in preparation for the next day. Seven of the nine participants shared that the drive to and from work was extremely important. The ride into work was used to relax and prepare while the ride home was used to decompress. Two of the nine participants added that at times if they arrived at home before enough decompression had taken place, they would keep driving in order to continue processing the day's work. Four of the nine participants mentioned changing out of their work clothes the moment they arrived home.

Despite the presence of conscious boundary setting, all of the participants voiced the belief that there was a fluidity of self-identity between work and non-work experiences that

encompassed common values and personality traits that flowed organically from work life to personal life. None of the participants perceived themselves as having a separate "work persona" that they shed when not at work. P1: "Yeah, 'cause it's about relationship no matter whether you're here [the clinic] or someplace else." All of the participants acknowledged a sense of "flow" when pondering meaning and purpose and how life and work experiences complement and amplify each other. All of the participants derived a sense of purpose and meaning from their work. The necessity of having outside passions was endorsed by all participants. P4: "I say hobbies aren't like a choice but more of a necessity, I think, for you to be happy."

Three of the participants described themselves as spiritual with regard to a specific religion, two of whom shared that they attended church regularly. Two described a felt sense of believing in something larger than themselves and four specifically mentioned nature as a source of spirituality. The subtheme of environment was prominent in each interview, encompassing both the inside and the outside environment. While there was a varying degree of interest in the décor of one's office, only one participant stated that it was relatively insignificant. Those who brought personal items such as judiciously chosen photographs or artwork shared that they viewed it as a way to bring important aspects of themselves to their working space. Four participants mentioned that it was more for their own sense of daily wellbeing while two endorsed the practice of using certain items, such as pictures of pets, as occasional points of departure for client interventions. Seven of the participants mentioned the importance of having a window in their office for the advantage of natural light while two did not have strong opinions and were not particularly bothered that they did not have a window in their office. The importance of the social environment of the clinic as an open and friendly place was strongly endorsed by all participants. The inclusion of physical activity into one's life as well as the

consistent pursuit of continued education was deemed important by all participants. Six participants shared that they experienced a self-care learning curve: early on in their careers they were not as aware of the importance of focusing on holistic balance and creating boundaries between work and personal life as they were currently.

Five participants described balance with an emphasis on their daily life activities, while three described balance with an eye toward longer-term lifetime goals. Two stated specifically that knowing they had future professional goals they were working toward helped them feel a sense of balance overall despite the stressful daily imbalance they were currently experiencing.

> P4: So right now I'm working more to get to my end goal. … I think it's very possible to work in a clinic setting and still do well but maybe not everyone has that goal. … So I think that thriving is having that movement forward, my eyes on the goal and knowing I'll be working towards the life I want, which right now for me means working a lot.
>
> P7: That's why a lot of people come here. … This is just a means or whatever for me. Come here, get a resume … get your two years, get their [sic] C [social work credential for clinical licensing] and go on. … And then you go into private practice. … 'Cause then I can do what I want with it. … That's why the turnover here is so high.

Productivity Requirements: Frustration and Acceptance.

> I love love love being a therapist and I thank God for this calling and my ability to fulfill it. But there is a downside that needs to be addressed! Let us all make a promise to be caring for each other so we can continue to do what we were called to do! Work factors that contribute to stress among psychotherapists: setting, client type, lack of progress, chronic conditions and relapses, on-call schedules, productivity requirements, crises, suicide attempts, violent and aggressive clients, documentation requirements, managed

> care, administrative requirements, professional isolation, fear of malpractice claims and ethics complaints, difficulties collecting fees, chronic sense of loss due to high turnover rates among clinicians/coworkers, etc. (personal communication, N. Ditch, March 28, 2015).

All participants expressed frustration with the demanding productivity requirements of the clinic. The productivity expectation is 120 billable hours a month, i.e. up to 32 billable hours a week. When one factors in the average of four mandatory weekly meetings, that ostensibly leaves four hours for paperwork, documentation, collateral contact, emails, phone calls, and lunch. Eight of the nine clinicians interviewed reported that they frequently stayed late, arrived early, and/or took work home. One participant stated it was not uncommon to put in 2-3 hours at home several nights a week. The ninth participant stated that she rarely worked at home but that she almost always worked through lunch. Two participants shared a combination of frustration and acceptance:

> P3: Never a dull moment, challenging but yet rewarding at the same time, it's always a mixture. Sometimes your head whirls, other days you feel blessed in thinking about, "Wow, I can't even imagine how somebody would wake up and start to get through their day with the challenges that they face." Then some days you have laughs with individuals and they have tears running down their cheeks and they hug you when you walk out of your office and you're looking at yourself thinking what did I do, I don't really feel like I did anything, but just being in their presence sometimes helps me get through, sometimes, the bureaucracy of what we have to do as well, and the business that is always at play underneath.

> P7: I don't think you can do this [work] without some sort of capacity for human understanding and the struggles people go through. … It's not about the numbers in this field. I've never viewed it about numbers. Obviously you have to because that's where you're going to get your funding from … [but] you have got to have both.

P3 also illuminated a new role that providers have to undertake that adds stress, that of educator:

> [Now we have to help] clients to understand that services are changing, kind of understanding how their world is going to change in the services that as a consumer that they're impacted to [sic] and I think that's been the most difficult level to kind of help them. You know, they're already disenfranchised at times and that could help them hold steady through a difficult system.

All participants endorsed feeling the stress of the clinic expectations. The following is reflective of overall responses:

> P3: It's been a struggle at times to embrace that myself, as a provider to know that, okay I can't maybe be as flexible as I'd like to be time-wise … with the new timeframe of holding people responsible to their appointment times, and knowing that they struggle just to get out of bed in the morning, and just to get going out of their home. Maybe they're anxious about leaving their home, and so it might take that extra five minutes for them to think about getting out the door and then I have to turn them away when they get here saying, "Oh, you missed your time," because I've already got somebody scheduled. Say it's a 9:00 appointment and they arrive at 9:10, I can't see them because I have to remind them that, "Nope, your appointment was at 9:00 and I've got somebody at 9:30," and I have to see people for 30 minutes. Can I bring them in and see them for like 20 minutes? I can, but I can't bill for that, which keeps the clinic open because I need to bill

for a 30-minute appointment and actually see them for 30 minutes. So if I can't bill then I get in trouble because, well – we need revenue to keep the clinic open. When they're struggling with depression it's hard to have to deliver that message too, to help them see the other side to it too. That to me doesn't seem very sensitive when people are already struggling with the huge burden of, for example, depression. Another balancing piece to delivering care in mental health.

One of the participants who was in a clinic leadership role is sensitive to this frustration: P1: "… I know that there is dissatisfaction … and I can't do anything about it. So, yeah, I can listen to the… whatever you want to call it, but I think sometimes things aren't said because it's like, maybe this isn't the best use of our time." One participant shared that she did take the initiative to express some ideas regarding staff wellness but was left frustrated. P6: One of the ideas I had was to have a rotating schedule of us therapists one day a month, [it would be less than one day a month] because there's enough of us in the clinic, having either half or all of our schedule in a day blocked for paperwork time and that person for that day would be the point person to go to should you have, like, an issue, whether it be for clinical support, or a patient died and you needed support in that moment, … or [if] you had something personal go on and you had to go get a client but you needed a minute … you would have a go-to person that could be there for you in that moment, because we do difficult work and you have to be "on" all the time and sometimes, you know, we can't be necessarily in the moment … we need the support in order to be able to meet that, but that was kyboshed because we couldn't *possibly* have *less than one day a month* in our schedules that we didn't see patients.

This led to a discussion of the difference between the job (productivity expectations as required when the medical model is applied to mental health care) and the work (the calling). One participant expressed her frustration particularly strongly when asked about the source of burnout for her:

> P6: Not my patients … it is not at all the content that our clients bring in the office. I can tolerate that stuff all day long. … It's the expectations that are absolutely not attainable. I have not found it to be consistently possible to meet both productivity and paperwork or documentation requirements. We don't have enough hours in the day to meet the expectations that they have. It's extremely discouraging, when you have your evaluation come out, to have them say, "Okay, you're meeting expectations" and when you ask, "Okay, well what would exceed expectations be?" they can't even tell you because they don't… there is no such a thing. … I can't accept that, like I think that… I am functioning and performing as well as I can, and probably as well as everyone else does, but yet I don't… yeah, I don't like that, I want to excel at the things that I do, so the fact that you can't… it's not possible to really excel in that way in this environment.

In response to how participants cope with the stress one (P5) responded, "Crying. In the beginning … it definitely got to a point where I was crying every day and really, like, I can't do this work if this is how I'm going to be." This sentiment led to the writer's initial question of "What *is* working well here?"

Social. The resounding answer to how all the participants coped with the inherent stress of the clinic due to productivity requirements was supportive colleagueship.

> P3: Our group supervision model and our team leadership model has been definitely a strong point here and an anchor for me, definitely. But I think [our team leader] is

> integral in how she's able to do it. She's an incredible person just in her personality and there's a grace and a wisdom that she carries I would say, it's a number of elements, but it certainly comes through that there's a spiritual base that she has, that she operates from and she doesn't call it that, somehow she exudes that, and to me it's the glue that holds us all together and it's just an incredible opportunity to have that experience over the years with her I would say, but she also has taught us how to carry that with us and nurture ourselves in that way and nurture each other that way. … I think it's just that opportunity sometimes that people cross your path and I believe that there's a blessing in that here.

Eight of the participants were not able to assess whether this supervision style was present system-wide, but one participant who was in a leadership position stated "perhaps not".

Regarding colleagueship, all participants stated they felt fortunate in that the providers and staff at the clinic are supportive, open, generous, and friendly. P2: "It's kind of like a community here." P3: "We all seem to carry each other. There's something about the spirit of the people that you work with." P1: "I think… it's a basic sort of value that I have that everybody has something to offer, more than something – I mean a lot, and there aren't any stupid questions or aren't any right or wrong necessarily."

Peer supervision and support were endorsed by eight of the nine participants as essential. The ninth stated he found it a positive benefit but did not seek it very often. P1: "Be aware of how sessions affect [you] and grab a colleague, find an open door, because the whole notion of vicarious trauma is real, I think." P3: "… the support of the people, the other colleagues that you have is really essential and that's become more clear to me over the years…."

> P6: That is really important to me, that I make connections with my co-workers, that they're my support system and vice versa because I think that's how this… that's how

> you maintain balance within a difficult, stressful work environment is to have parts of it that aren't difficult and stressful. Also, co-workers get it whereas not everyone in our lives understands what we do or gets the toll that what we do takes on us.

P4: "[Connecting with co-workers is] probably the best thing that I do here for myself." P5: "Oh, I wouldn't do this work if, I wouldn't be here in this clinic if it wasn't for the people."

Discussion

The purpose of this study was to investigate the ways mental health professionals thrive or do not thrive in the high-stress environment of a community outpatient mental health clinic. Individual interviews explored counselor experiences through the all-inclusive lens of a holistic wellness paradigm with the goal of assessing the possible generalizability of success.

Findings

This phenomenological approach yielded four primary themes including initial attraction to the work, balance, productivity requirements, and colleagueship. Childhood messages and experiences and exposure to psychology classes in high school and college were common subthemes of initial attraction. The theme of balance encompassed subthemes that touched on all the major components of holistic wellness (physical, intellectual, emotional, spiritual, social, and environmental). The subthemes of balance that appeared most often included boundaries, outside passions, family connections, continuing education, and time spent in nature. The majority of participants viewed balance in terms of daily activities while two participants embraced a longer-term view with an eye on future goals. The theme of productivity requirements raised passionate responses that illustrated attitudes and behaviors that allowed acceptance of the demands despite high levels of frustration. It was the theme of colleagueship that illuminated the source of the ability to thrive. This theme encompassed talk of mutual trust

and respect between co-workers, and the essentialness of connection with colleagues to emotional wellness onsite. Supervision styles and team leadership were also subthemes under the theme of colleagueship.

Schermerhorn, J. R., Osborn, R. N., Uhl-Bien, M., Hunt, J. G. (2012) addressed the topic of leadership and advocacy with the mindset that the ultimate respect a leader can give an employee is to provide enough resources to accomplish the required tasks. This writer did not perceive such resources as adequately present for the staff of this clinic. This writer's research showed that, in particular, productivity requirements that preclude opportunities to excel and uncoordinated mandates from hospital leadership, government mental health offices, and insurance companies are in essence disrespectful to clinical staff. Privitera M.R., Rosenstein A.H., Plessow F., and LoCastro, T.M. (2015) piloted research that addressed the issue of uncoordinated mandates beginning at the top levels of leadership and making their way down to providers. It was conducted within the context of physician burnout but was presented in a seminar attended by this author as applicable to mental health care professionals as well. Their initial findings concluded that this lack of communication between the top leaders of the organizations that mandate clinic operational requirements leads to repetitive paperwork demands and unnecessarily lengthy documentation that are obstacles to best practice and provider wellness. Research participants at this clinic all endorsed these administrative obstacles as a negative influence on holistic wellbeing.

This author noted a possible challenge to generalizability when observing the successful supervision model at her research site. The research question aimed to gain insight into what attitudes and behaviors best support wellness in a high stress mental health clinic setting. The most prominent finding of this study was that the model of team leadership embraced by this

clinic is supported by the excellence of the people who make up the team, from the leaders to the providers to the support staff. While data reflected that a person-centered environment was clearly key to workplace success, this author found it questionable that such success is generalizable. It appeared that such an environment is overwhelmingly dependent upon individual characteristics rather than a theoretical model of person-centered team leadership. (The excellence of such a model is not in question, just its potential successful generalization.)

Limitations

This study was limited by its small sample and single location. Further exploration of the possible generalizability of the results might benefit from a larger sample. The rigorous schedules of the participants dictated the length of time allotted for interviews. It is possible that additional material would have emerged without this time constraint. The sensitivity and personal nature of some of the interview material may have affected participants' willingness to disclose out of concern that such sharing could affect their employment.

Implications for Future Research

Future research regarding possible ways to coordinate upper level administrative mandates would be valuable. In addition, research that explores the benefits of improved systemic communication could serve community mental health clinics by exploring possible routes to an improved balance between provider wellbeing, optimal client outcome, and profit bottom lines. Valuable future directions might also include the unexplored issue of the effects on providers of the high turnover and chronic loss of co-workers due to the stress of the job.

Implications for Future Practice

A recent team meeting at the clinic included the presence of a psychiatrist who, amongst his many activities, directs communication efforts between medical and mental health staffs at

the behavioral health clinics that are part of the much larger hospital system. He shared that program efforts toward better communication leading to better outcomes and increased staff wellness are in an active phase. The staff of the clinic enthusiastically welcomed his invitation for providers to offer feedback and discuss needs (weekly clinic-wide team meeting discussion, April 21, 2015). This author believes that the personal outreach of this administrative and clinical professional exemplified the pursuit of best practice. Further, the author believes that similar outreach from the highest administrative levels would go far to influence the administrative possibilities, provider opportunities, and enhanced client care of the agency as well.

Conclusion

This research left the author with more questions than answers. The most prominent was regarding the theme of productivity requirements and concerns the issue of applying the medical model to mental health work. Can a broken leg be compared to a broken heart? Is it possible to quantify the human soul? Data supported the belief of this writer that mental health care is a dynamic intangible that is being forced into a static template that does not fit. Due to the current economic landscape and the reality of Health Care Reform, it is within this ill-fitting mold that the work has to happen, and the data suggested that is proving detrimental to client care in-the-moment, optimal client outcomes, and the well-being of mental health care providers.

The data gathered from this study suggest that the profession of mental health counselor is graced by the qualities of those who are drawn to it. The social connection, outside passions, awareness of self-care needs, and colleagueship shared by the participants of this study form a scaffold that appears to support them through the daily pressures of their work. The findings indicate that without that scaffold, which is dependent upon the individuals who make up the

clinical team, the success and clinician wellness of the team leadership model at this clinic would be uncertain. The current landscape of mental health care adds a great deal of stress to that already fragile scaffold. It is the opinion of this author that this leaves community behavioral health agencies increasingly vulnerable to losing the best of their clinicians due to burnout, low pay, and (perhaps unintentional) lack of respect in the big picture of the medical model of health care.

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