SCHOOL COUNSELORS COPING STRATEGIES AND LEVEL OF SELF-CARE IN RELATION TO THEIR LEVEL OF BURNOUT

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ABSTRACT

Burnout has been identified as a major concern at conferences but there appears to be a very limited exploration of the topic (Holman, 2018). In addition, in the local study of Baniqued and Castronuevo, it recommended that more local studies should be conducted to examine the coping strategies of the counselors. Thus, the purpose of this correlational study was to examine the relationship of coping strategies used by licensed school counselors, their level of self-care in relation to their level of burnout. The study involved 30 licensed school counselors from Bataan, Olongapo and Pampanga. Results suggest that the licensed school counselors are not suffering from burnout because they utilize proper coping strategies (both using problem-focused and emotion-focused) to manage their problems and usually engage themselves in different self-care activities (emotional, spiritual, workplace, or professional and balance) to prevent burnout. At the end of the study, the researcher found that there is a significant relationship between depersonalization with psychological and spiritual self-care, problem-focused coping strategies and balance were found to have a significant difference when group according to sex, and a significant difference between length of service (5 to 10 years and more than 15 to 20 years of service) and physical self-care.

Keywords: coping strategies, self-care, burnout, counselors

INTRODUCTION

Counseling is one of the helping professions with a high level of emotional engagement (Cho, Kissinger, Lee & Ogle, 2010). High levels of emotional engagement are directly associated with high levels of symptoms of burnout (Briet, Brouwers, & Naring, 2006). According to the studies of human service practitioners, people in daily contact with others (patients, pupils, users, and so on), have shown a high incidence of job burnout (Barrı́a, 2002). Among mental health practitioners, burnout is a common trend (Arias, Flores &Jenaro, 2007) and school counselor burnout has become a concern for the counseling profession (Boy & Pine, 2011). Along with counseling, school counselors are also asked to assume roles and duties that can stress and extend them out beyond their capacity of delivering effective, beneficial, and

quality service. School counselors placed with overwhelming demands put students at disadvantage especially in the quality of service that is provided to them, these demands can also have negative effects on the school counselor as well, leading to counselor burnout (Nobles, 2011).

Burnout is often experienced as a state of physical, mental, and emotional exhaustion caused by long-term involvement in emotionally demanding situations (James & Gilliland, 2001). This can be experienced uniquely by each individual and can be different in intensity and duration. Some counselors experience burnout after years of exposure to client problems, while others can be affected relatively early in their careers (Spicuzza & De Voe, 1982). Although the subject has been identified as a major concern at conferences, there appears to be a very limited exploration of the topic in professional literature with only two studies published in the past five years (Holman, 2018). In addition, in the local study of Baniqued and Castronuevo, it was further suggested that more local studies should be conducted to examine how school counselors cope with the challenges that they experience within their workplace.

Coping Strategies

Burnout is associated with caregiving and service occupations and occurs most often among such professionals as teachers, lawyers, physicians, nurses, social workers, and psychotherapists (Pines, 1993). Emotionally challenging jobs involving direct contact with patients or clients may cause burnout and high stress (Pienaar & Willemes, 2008).

One of the constructs related to employees' ways of buffering the negativity of the stressful events in their lives is through coping strategies (Eroglu & Arikan, 2016). Folkman defined coping ─as the person's cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources‖. Coping strategies can mediate or influence the relationship between stress and health outcomes (Folkman &

Moskowitz, 2004). An effective coping strategy plays an important role in reducing stress levels and increasing job satisfaction. It is one of the most popular concepts, and researchers have suggested that it plays a crucial role in predicting an individual's burnout level (Shin, Park, Ying, Kim, Noh, and Lee, 2014).

From this standpoint, burnout is a progressively established condition arising from the use of ineffective coping strategies that experts are trying to guard themselves against work-related stress conditions (Lazarus R, 1993). Furthermore, a person can be emotionally vulnerable to a particular situation if he or she does not possess sufficient coping resources to handle it effectively and places considerable importance on the potential consequences of their inability to manage the situations (Montero-Marin et al., 2014). Research has also found a significant link between coping strategies and mental wellbeing. Hostile job environment and maladaptive coping approaches strongly lead to the emergence of burnout in workers and without effective coping strategies, burnout can be detrimental to one's health and well-being over time (Angermeyer et al., 2006).

Self-care

Self-care behavior is recognized as an important component for the helping professional who practices in the field of counseling or who is training to become a helping professional. Occupational stress and burnout in the field of counseling are of great concern and practicing self-care can help prevent or lower the stress and burnout levels faced by professionals who work in the field of counseling (Zellmer, 2004).

World Health Organization (WHO) defines self-care (physical self-care, psychological self-care, emotional self-care, and spiritual self-care) as the activities individuals embark on with the intention of enhancing health, working toward preventing disease, limiting illness, and restoring health that

will be favorable to the personal and professional life of an individual. Self-care activities can be as simple as making sure you get plenty of sleep and eat healthy meals. Unfortunately, licensed school counselors and counseling students are bombarded with different and numerous demands on their time, talents, and resources, rendering self-care actions challenging (Osborn, 2004). Self-care activities are also rarely emphasized in counselors' training courses, supervision, and workplace environments (Star, 2015). Due to fear of rejection or consequences, concerns about compassion fatigue and burnout can be difficult to talk about with peers and supervisors (Maslach, 1993). But counselors who focus on their own personal self-care tend to help their clients focus and reflect on wellness behavior (Lawson, 2011). As Skovholt (2001) argued, it is hypocritical to expect others to follow suggestions if one is unable to do it oneself.

Counselors have an ethical responsibility to take care of themselves to avoid any potential for impairment (American Counseling Association [ACA], 2005). Despite being advocated as an ethical responsibility, little research has been conducted that examines the influence of self-care practices on counselors and helping professionals in relation to compassion fatigue, burnout, and compassion satisfaction. Without the development and establishment of self-care techniques to improve the symptoms of compassion fatigue, the helping profession runs the risk of losing valuable and empathetic clinicians (Star, 2015).

Job Burnout in School Counselors

Originally, burnout was considered taboo in the human services field. It was a social problem discussed silently among professionals (Maslach & Schaufeli, 1993). Burnout is often confused with various illnesses such as depression and stress. Stress is not the same as burnout; but a person can experience burnout if they do not effectively deal with the life situations that are creating elevated stress (Maslach & Leiter,

2008). In the study conducted by McCarthy et al. (2010) found that higher levels of stress are associated with the school counselors who reported demanding loads as a part of their job. This finding is troubling considering that school counselors oftentimes encounter unclear job duties, inconsistent job roles, and conflicts in their job expectations. An additional concern is that prolonging stress can lead an individual to have physical health and emotional problems (Sapolsky, 2004) along with an increased probability of leaving the profession and developing burnout (DeMato & Curcio, 2004).

Burnout does not happen suddenly, but rather, begins to be noticeable itself when work stresses and other lifestyle habits are not handled correctly by the person who eventually experiences burnout. Most people are unaware that the progression of burnout is happening in their lives (G. Mayorga, De Vries, & Ann Wardle, 2015). Once burnout happened, the potential consequences in a person's life in emotional, psychological, and physical health increase in a negative direction (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). School counselors, who are on their way to develop burnout, begin to show signs of behavior that include cynicism, an inflexibility within themselves and with others, and distancing from clients which affect the counselor/client bond (Farber, 1990). In addition, the emotional, attitudinal, interpersonal, behavioral, physical symptoms connected to burnout are present (Murray, 2010). Kim, Ji, and Kao (2011) conducted a three-year study and found that mental fatigue will impact the health of social workers within one year of exposure to vicarious and secondary trauma. Social workers with increased levels of burnout experienced a greater decline in health over a one-year period‖. According to Maslach and Leiter (1997), the physical symptoms of burnout include, headaches, muscle tension, high blood pressure, gastrointestinal illness, and chronic fatigue. The symptoms associated with burnout can be different depending on the

individual and can differ in intensity and duration (Spicuzza & De Voe, 1982).

Theoretical Background

Lazarus and Folkmans' (1984) Transactional Model of Stress and Coping rested on the assumption that coping is a representation of the cognitive and behavioral efforts of an individual to manage stressful encounters. This model views stress as the result of the perception that environmental demands exceed the person's ability to cope. Hence, the subsequent feelings, thoughts, and actions of people during stressful encounters depend on their appraisals of the situation. In primary appraisal, the stressful situation is perceived as a loss, threat, or challenge, depending in part on individual differences emanating from experience, demographic factors, personal aspects, and social support systems. In secondary appraisal, the individual assesses what he/she can do to solve the problem, remove the threat, or correct the loss, with these assessments based on available resources, personal capability to cope, and strategies or methods available for coping. Lazarus and Folkman's theory is relevant to the present study since coping can be directly linked to burnout and vice versa. An effective coping strategy plays a significant role in decreasing stress levels and increasing job satisfaction. Insufficient coping resources to handle a particular situation and placing importance on the threat implicit in the consequences of this poor handling lead the individual susceptible to develop psychological vulnerability.

The present study also anchors in the theory of Dorothea Orem' (1950) Self-Care Theory. Orem described self-care as, ―an ability of an individual to care for other individuals but still regulate their own functioning and development‖ (Orem, 2001). According to Orem, healthy self-care approaches can be essential for a successful career and enduring life. By having healthy self-care methods, a person can expect to have fewer health related conditions such as heart disease, high blood pressure, or potential diseases. Healthy and productive self-care practices can help a social work professional achieve well-being, productivity, and longevity. (Denyes et al., 2001). The Self-Care theory of Dorothea Orem (1950) is significant to the study since it explains to understand the importance of self-care not only in nurses but also in all professions related to social work. It also elaborates the crucial significance of self-care to combat, prevent and lower burnout rates that can befall on the professionals who work in the field of social work.

Another theory that has bearing on the present study is Arnold Bakker & Evangelia Demeroutis' (2004) Job Demand-Resources Model. The JD-R model explains the stress process that is sparked by excessive job demands and lack of resources can lead to negative outcomes such as sickness absence, poor performance, impeded workability, and low organizational commitment through burnout. Essentially, when job demands (bad things) are excessively high and work resources (good things) are not accounted for, employee's energy is progressively drained. This may ultimately lead to a state of mental exhaustion (burnout), which in turn may lead to negative outcomes for both the individual (poor health) and the organization (poor performance) (Schaufeli, 2017).

The three theories: Lazarus and Folkmans' Transactional Model of Stress and Coping, Dorothea Orems' Self-Care Theory and Evangelia Demeroutis' Job Demand-Resources Model involved the factors that increase job satisfaction, work engagement, prevent the occurrence of job burnout, and sustain the wellness of the well-being of the helping professionals. Burnout, stress, and other concerns should not be ignored hence maximum assistance should be given to ensure their best job performance that would contribute to the efficiency of service in their respective field of work.

Research Questions

The following are the research questions that the present study intends to address: (1) How may the profile of the respondents be described in terms of: (sex, age, and length of service)? (2) How may the coping strategies of the respondents be described in terms of: (emotion, problem, and dysfunctional)? (3) How may the self-care level of the respondents be described in terms of: (physical, psychological, emotional, spiritual, professional, and balance)? (4) How may the burnout risk level of the respondents be described in terms of: (emotional exhaustion, depersonalization, and personal accomplishment)? (5) Is there a significant relationship between the coping strategies and burnout risk level of the respondents? (6) Is there a significant relationship between the self-care level and burnout risk level of the respondents? (7) Is there a significant difference in the coping strategies, self-care and burnout risk level of the respondents when grouped according to their demographic variables?

Hypothesis

Drawing from the abovementioned research questions, it is hypothesized that: (H_05) There will be no statistically significant relationship between coping strategies and burnout of the licensed school counselors. (H_06) There will be no statistically significant relationship between self-care level and burnout of the licensed school counselors. (H_07) There will be no statistically significant difference between the demographic variables, burnout, coping strategies, and self-care level of the licensed school counselors.
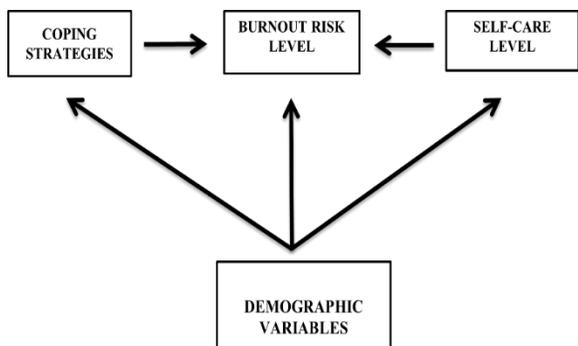
Conceptual Framework

Fig. 1: Paradigm of the Study

METHODOLOGY

Design

Descriptive correlational design was used to discover the significant relationship among the coping strategies, self-care level and burnout risk level of the licensed school counselors. The descriptive design aimed to describe the demographic profile, coping strategies, self-care level and burnout level of the respondents. The correlational design was intended to examine the relationship of coping strategies, self-care level, burnout, and demographic variables.

Participants

The study used snowball sampling, a type of non-probability sampling where the present subjects recruit future subjects through their acquaintances. There was a total of 30 respondents who are school counselors from Bataan, Olongapo and Pampanga. There are more female (73.3%) than male (26.7%) counselors, mostly of them are in 30-40 age range (50.0%) and has 10-15 years of service (33.3%).

Table 1: Demographic Profile of the Respondents

Demographic Profile of the Respondents		
Profile	Frequency	Percent
Sex		
Female	22	73.3
Male	8	26.7
Total	**30**	**100.0**
Age		
30 Years Old and Below	4	13.3
More Than 30 Years Old to 40 Years Old	15	50.0
More Than 40 Years Old to 50 Years Old	10	33.3
More Than 50 Years	1	3.3
Total	**30**	**100.0**
Length of Service		
5 Years and Below	9	30.0
More Than 5 Years to 10 Years	4	13.3
More Than 10 Years to 15 Years	10	33.3
More Than 15 Years to 20 Years	5	16.7
More Than 20 Years	2	6.7
Total	**30**	**100.0**

Data Measures

Demographic Informational Form - was composed of participants' profile that includes sex, age, and length of service as registered counselor.

Brief COPE Inventory

The Brief COPE is a self-report measure that has 28 items that use a 4-point Likert scale ranging from 1 *(I haven't been doing this at all)* to 4 *(I've been doing this a lot)* to assess 14 scales of coping, two items per scale. These scales are divided into three scores: emotion-focused coping, problem-focused coping, and dysfunctional coping. Brief COPE Inventory established good internal reliability of scales across three administrations of the scale. Internal consistency values for the scales established by Carver (1997) included: active coping (α = .68), planning (α = .73), positive reframing (α = .64), acceptance (α = .57), humor (α = .73), religion (α = .82), emotional support (α = .71), instrumental support (α .64), self-distraction (α = .71), denial (α = .54), venting (α = .50), substance use (α = .90), behavioral disengagement (α = .65), and self-blame (α = .69) (Carver, 1997).

Self-Care Assessment Worksheet (SCAW)

Self-Care Assessment Worksheet (SCAW) is created by Saakvitne and Pearlman (1996). It is a self-report questionnaire that measures the degree to which one engages in a 41 variety of self-care activities. This was mainly used to identify the overall involvement in self-care activities of an individual and did not provide psychometric indicators or determination of one's level of wellness (Saakvitne & Pearlman, 1996).

Maslach Burnout Inventory-Human Services Survey (MBI-HSS)

The MBI-HSS was created by Maslach and Jackson (1981, 1996) is the most frequently chosen measure of burnout and has the strongest psychometric properties (Dix, 2017). This is a questionnaire with 22 items that measure the emotional exhaustion *(I feel emotionally drained from my work)*, depersonalization (*I feel I treat some recipients as if they were impersonal objects*), and personal accomplishment (*I can easily understand how my recipients feel about things)* of an individual. The three-factor structure of the MBI-HSS demonstrates good convergent and discriminant validity and sound reliability (Maslach et al., 1996). Based on the normative sample, the mean score for emotional exhaustion was 20.99 (SD = 10.75), Cronbach's α = .90; the mean score for depersonalization was 8.73 (SD = 5.89), Cronbach's α = .79; and the mean score for personal accomplishment was 34.58 (SD = 7.11); Cronbach's α of .71 (Maslach et al., 1996).

Data Analysis

Pearson's Correlation was used to investigate the data collected for research questions 5 and 6. The T-test for Independent sample was used to compare the coping strategies, self-care, and burnout of counselors in their demographic variable (sex). The One-Way ANOVA was used to compare the coping strategies, self-care, and burnout of counselors in their demographic variable (age and length of service). These two statistical treatments were used to analyze the data collected for research question 7.

Ethical Consideration

The researcher sought written permission from the president of the Philippine Guidance and Counseling Association – Pampanga Chapter and the Head of the Division Office of Bataan (DepEd) to provide the list of possible respondents in Bataan, Olongapo, or Pampanga. But due to the

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threat of COVID, the following organizations were not able to provide the list needed to contact the respondents. With this, the researcher decided to ask her adviser to recruit future respondents among her friends and acquaintants. Once the licensed school counselors agreed to participate in the study, the researcher sent an informed consent letter together with the link of the online questionnaires. The consent letter includes the purpose of the study and an explanation of what the participation entails. Also, the respondents were given an assurance that all data that will be gathered will be treated with utmost confidentiality and their names will not be written in the research unless needed and with their consent.

RESULTS

Table 2: Descriptive Statistics for Coping Strategies

Descriptive Statistics for Coping Strategies

	N	Mean	Standard Deviation	Description
Emotion-focused	30	3.09	.524	A medium amount
Problem-focused	30	3.16	.755	A medium amount
Dysfunctional	30	1.73	.298	I haven't been doing this at all
Valid N (listwise)	30			

1.00	to 1.74	I haven't been doing this at all
1.75	to 2.49	A little bit
2.50	to 3.24	A medium amount
3.25	to 4.00	I've been doing this a lot

Table 2 shows the descriptive statistics for coping strategies and it can be seen in the table that problem-focused coping strategies produced the highest mean (M=3.16, SD=.755) followed by the emotion-focused coping strategies (M=3.09, SD=.524) which implies that the counselors are averagely engaged in using problem and emotion focused coping strategies to manage their problems. In the third domain which is the dysfunctional coping strategies provided a result that the counselors do not engage themselves in using this kind of coping strategy.

Table 3: Descriptive Statistics for Self Care

Descriptive Statistics for Self-care

	N	Mean	Standard Deviation	Description
Physical	30	4.03	.413	Occasionally
Psychological	30	3.93	.382	Occasionally
Emotional	30	4.30	.405	Frequently
Spiritual	30	4.28	.426	Frequently
Workplace or Professional	30	4.38	.303	Frequently
Balance	30	4.65	.458	Frequently
Valid N (listwise)	30			

1.00	to 1.79	It never occurred to me
1.80	to 2.59	Never
2.60	to 3.39	Rarely
3.40	to 4.19	Occasionally
4.20	to 5.00	Frequently

Table 3 shows the descriptive statistics for self-care. Result shows that emotional self-care, spiritual self-care, workplace or professional, and balance had a description of frequently which means that the counselors usually engage themselves in this kind of self-care activities to protect them from developing stress or burnout. The domain which counselors sometimes use and engage themselves in is the psychological self-care (M=3.93, SD=.382) and physical self-care (M=4.03, SD=.413).

Table 4: Descriptive Statistics for Burnout Risk Level

Descriptive Statistics for Burnout Risk Level

	N	Mean	Standard Deviation	Description
Personal Accomplishment	30	36.47	8.500	Moderate
Emotional Exhaustion	30	16.73	10.034	Low
Depersonalization	30	4.73	4.417	Low
Valid N (listwise)				

Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	frequency		frequency		frequency
High	27 or over	High	13 or over	High	0-31
Moderate	17-26	Moderate	12 to 7	Moderate	32-38
Low	0-16	Low	0-6	Low	39 or over

In this table results indicated that the respondents scored low on the emotional exhaustion (M=16.7, SD=10.034)

and depersonalization (M=4.73, SD=4.417). This means that licensed school counselors did not feel emotionally overextended or exhausted by their work and did not view their clients in an unfeeling or impersonal way. However, with personal accomplishment, counselors scored moderately (M=36.47, SD=8.500), which may indicate that they were moderately experiencing incompetence and feeling of being unsuccessful in their work professionally at this time.

Table 5: Correlation of Coping Strategies and Burnout Risk Level

Correlation of Coping Strategies and Burnout Risk Level		Personal Accomplishment	Emotional Exhaustion	Depersonalization
Emotion-focused	Pearson Correlation	-.137	-.280	-.133
	Sig. (2-tailed)	.470	.134	.484
	N	30	30	30
Problem-focused	Pearson Correlation	-.150	-.191	-.066
	Sig. (2-tailed)	.428	.311	.728
	N	30	30	30
Dysfunctional	Pearson Correlation	-.430*	.111	.249
	Sig. (2-tailed)	.018	.561	.185
	N	30	30	30

Coefficient		Interpretation
±.80	- ±1	high correlation
±.60	- ±.79	moderately high correlation
±.40	- ±.59	moderate correlation
±.20	- ±.39	low correlation
±.01	- ±.19	negligible correlation

The analysis revealed one (1) out of the nine (9) correlations was statistically significant, having a p value of less than 0.05. As seen in Table 5 below, the dysfunctional coping is significantly correlated with personal accomplishment having a correlation coefficient of .018 significant at 0.05 level. The results seem to suggest that when an individual feels unsuccessful, feels incompetent, and has reduced accomplishment at work they usually utilized dysfunctional coping strategies to easily combat the negative feelings and escape situation. On the contrary, the other correlations between coping strategies showed no direct relationship and not significant as to the burnout risk level of the counselors.

Table 6: Correlation of Self-care and Burnout Risk Level

Correlation of Self-care and Burnout Risk Level		Personal Accomplishment	Emotional Exhaustion	Depersonalization
Physical	Pearson Correlation	.131	-.371*	-.356
	Sig. (2-tailed)	.491	.044	.053
	N	30	30	30
Psychological	Pearson Correlation	.239	-.328	-.373*
	Sig. (2-tailed)	.203	.077	.042
	N	30	30	30
Emotional	Pearson Correlation	.093	-.231	-.245
	Sig. (2-tailed)	.626	.219	.191
	N	30	30	30
Spiritual	Pearson Correlation	.216	-.240	-.389*
	Sig. (2-tailed)	.251	.202	.033
	N	30	30	30
Workplace or Professional	Pearson Correlation	-.052	-.584**	-.284

	.787	.001	.128
N	30	30	30
Balance — Pearson Correlation	-.050	-.385*	-.150
Sig. (2-tailed)	.795	.036	.429
N	30	30	30

(First row above: Sig. (2-tailed))

* Correlation is significant at the 0.05 level (2-tailed).

The analysis of the correlation between self-care and burnout of the licensed school counselors revealed five (5) out of the 18 correlations were statistically significant with having a less p value than 0.05. The overall result from table 6 implies that there is a significant negative low correlation found between self-care activities (physical, psychological, spiritual, workplace or profession and balance) used by licensed school counselors, emotional exhaustion, and depersonalization.

Difference in Coping Strategies, Self-Care, and Burnout Level according to Demographic Variables

Table 7: T-test for Coping Strategies When Grouped According to Sex

T-test for Coping Strategies When Grouped According to Sex

		F	Sig.	t	df	Sig. (2-tailed)
Emotion-focused	Equal variances assumed	1.102	.303	1.020	28	.316
	Equal variances not assumed			.887	9.980	.396
Problem-focused	Equal variances assumed	.965	.334	2.062	28	.049
	Equal variances not assumed			1.802	10.043	.102
Dysfunctional	Equal variances assumed	.008	.929	1.300	28	.204
	Equal variances not assumed			1.279	12.116	.225

Table 7 shows the comparison of emotion-focused, problem-focused, and dysfunctional coping strategies when grouped according to sex. The respondents' results show the only factor that stood out and had a significant difference when grouped according to sex was the problem-focused coping strategies (p =.049) having a p value less than 0.05. The findings may indicate that there was a difference in terms of sex in the usage of problem-focused coping strategies in managing future danger or threat and efforts invested by counselors to adjust his/her interaction with the environment.

Table 8: ANOVA for Coping Strategies When Grouped

According to Age

ANOVA for Coping Strategies When Grouped According to Age						
		Sum of Squares	df	Mean Square	F	Sig.
Emotion-focused	Between Groups	.962	3	.321	1.193	.332
	Within Groups	6.993	26	.269		
	Total	7.955	29			
Problem-focused	Between Groups	2.250	3	.750	1.363	.276
	Within Groups	14.302	26	.550		
	Total	16.552	29			
Dysfunctional	Between Groups	.043	3	.014	.146	.932
	Within Groups	2.536	26	.098		
	Total	2.579	29			

The One-Way ANOVA ("analysis of variance") was used to compare the coping strategies and the age of the respondents. The result shows that with the comparison of coping strategies in the dimension of emotion-focused (p = .332), problem-focused (p = .276) and dysfunctional (p = .932) used by the licensed school counselors have no statistically significant difference having a p value of more than 0.05 when grouped according to their age.

Table 9: ANOVA for Coping Strategies When Grouped According to Length of Service

ANOVA for Coping Strategies When Grouped According Length of Service						
		Sum of Squares	df	Mean Square	F	Sig.
Emotion-focused	Between Groups	1.897	4	.474	1.958	.132
	Within Groups	6.057	25	.242		
	Total	7.955	29			
Problem-focused	Between Groups	1.074	4	.268	.434	.783
	Within Groups	15.478	25	.619		
	Total	16.552	29			
Dysfunctional	Between Groups	.722	4	.180	2.430	.074
	Within Groups	1.857	25	.074		
	Total	2.579	29			

The coping strategies used by the licensed school counselors had no statistically significant difference when grouped according to their length of service.

Table 10: T-test for Self-care When Grouped According to Sex

T-test for Self-care When Grouped According to Sex		F	Sig.	t	df	Sig. (2-tailed)
Physical	Equal variances assumed	2.425	.131	1.433	28	.163
	Equal variances not assumed			1.146	9.001	.281
Psychological	Equal variances assumed	1.061	.312	.159	28	.875
	Equal variances not assumed			.135	9.693	.895
Emotional	Equal variances assumed	.030	.863	.993	28	.329
	Equal variances not assumed			.944	11.414	.365
Spiritual	Equal variances assumed	3.684	.065	.103	28	.919
	Equal variances not assumed			.086	9.459	.933
Workplace or Professional	Equal variances assumed	.512	.480	.228	28	.822
	Equal variances not assumed			.244	14.334	.811
Balance	Equal variances assumed	36.751	.000	-1.673	28	.105
	Equal variances not assumed			-2.297	25.834	.030

The only factor that stood out and had a significant difference when grouped according to sex is the balance (p =.030) having a p value less than 0.05. The result seems to suggest that when grouped according to sex, the respondents were different in their sense of stability throughout their personal and professional roles.

Table 11: ANOVA for Self-care When Grouped According to Age

ANOVA for Self-care When Grouped According to Age		Sum of Squares	df	Mean Square	F	Sig.
Physical	Between Groups	.066	3	.022	.117	.949
	Within Groups	4.890	26	.188		
	Total	4.956	29			
Psychological	Between Groups	.159	3	.053	.338	.798
	Within Groups	4.082	26	.157		
	Total	4.241	29			
Emotional	Between Groups	.033	3	.011	.060	.980
	Within Groups	4.717	26	.181		
	Total	4.750	29			
Spiritual	Between Groups	.216	3	.072	.371	.774
	Within Groups	5.055	26	.194		
	Total	5.271	29			
Workplace or Professional	Between Groups	.203	3	.068	.716	.551

	Within Groups	2.453	26	.094	
	Total	2.656	29		
	Between Groups	.467	3	.156	.721	.548
Balance	Within Groups	5.608	26	.216	
	Total	6.075	29		

Table 11 shows that with the comparison of self-care in the dimension of physical (p = .949), psychological (p = .798), emotional (p = .980), spiritual (p = .774), work or professional (p = .551) and balance (p = .548) used by the licensed school counselors have no statistically significant difference having a p value of more than 0.05 when grouped according to their age.

Table 12: ANOVA for Self-care When Grouped According to Length of Service

ANOVA for Self-care When Grouped According to Length of Service						
		Sum of Squares	df	Mean Square	F	Sig.
	Between Groups	1.617	4	.404	3.025	.037
Physical	Within Groups	3.340	25	.134		
	Total	4.956	29			
	Between Groups	.340	4	.085	.545	.704
Psychological	Within Groups	3.901	25	.156		
	Total	4.241	29			
	Between Groups	.645	4	.161	.983	.435
Emotional	Within Groups	4.104	25	.164		
	Total	4.750	29			
	Between Groups	1.448	4	.362	2.367	.080
Spiritual	Within Groups	3.823	25	.153		
	Total	5.271	29			
	Between Groups	.494	4	.123	1.428	.254
Workplace or Professional	Within Groups	2.162	25	.086		
	Total	2.656	29			
	Between Groups	.719	4	.180	.840	.513
Balance	Within Groups	5.356	25	.214		
	Total	6.075	29			

The respondents' results show the only factor that stood out and had a significant difference when grouped according to the length of service is the physical self-care (p =.037) having a p value less than 0.05. The findings may indicate that there is a difference in terms of exposure to the work of the counselor in addressing their physical self-care such as engaging in activities that may improve their physical health (exercising, healthy diet, and staying hydrated).

Table 13: Post Hoc Test for Self-care (Physical) When Grouped According to Length of Service

			Post Hoc Test for Self-care (Physical) When Grouped According to Length of Service			95% Confidence Interval	
	(I) Length of Service	(J) Length of Service	Mean Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
Bonferroni	5 Years and Below	More Than 5 years to 10 Years	.595	.220	.120	-.08	1.27
		More Than 10 years to 15 Years	.245	.168	1.000	-.27	.76
		More Than 15 years to 20 Years	-.162	.204	1.000	-.79	.47
		More Than 20 Years	-.012	.286	1.000	-.89	.87
	More Than 5 years to 10 Years	5 Years and Below	-.595	.220	.120	-1.27	.08
		More Than 10 years to 15 Years	-.350	.216	1.000	-1.02	.32
		More Than 15 years to 20 Years	-.757*	.245	.049	-1.51	.00
		More Than 20 Years	-.607	.317	.666	-1.58	.37
	More Than 10 years to 15 Years	5 Years and Below	-.245	.168	1.000	-.76	.27
		More Than 5 years to 10 Years	.350	.216	1.000	-.32	1.02
		More Than 15 years to 20 Years	-.407	.200	.527	-1.02	.21
		More Than 20 Years	-.257	.283	1.000	-1.13	.61
	More Than 15 years to 20 Years	5 Years and Below	.162	.204	1.000	-.47	.79
		More Than 5 years to 10 Years	.757*	.245	.049	.00	1.51
		More Than 10 years to 15 Years	.407	.200	.527	-.21	1.02
		More Than 20 Years	.150	.306	1.000	-.79	1.09
	More Than 20 Years	5 Years and Below	.012	.286	1.000	-.87	.89
		More Than 5 years to 10 Years	.607	.317	.666	-.37	1.58
		More Than 10 years to 15 Years	.257	.283	1.000	-.61	1.13
		More Than 15 years to 20 Years	-.150	.306	1.000	-1.09	.79
Gabriel	5 Years and Below	More Than 5 years to 10 Years	.595	.220	.095	-.06	1.25
		More Than 10 years to 15 Years	.245	.168	.780	-.27	.76

		Mean Difference	Std. Error	Sig.	Lower Bound	Upper Bound
	More Than 15 years to 20 Years	-.162	.204	.994	-.78	.45
	More Than 20 Years	-.012	.286	1.000	-.83	.81
More Than 5 years to 10 Years	5 Years and Below	-.595	.220	.095	-1.25	.06
	More Than 10 years to 15 Years	-.350	.216	.645	-.99	.29
	More Than 15 years to 20 Years	-.757*	.245	.045	-1.50	-.01
	More Than 20 Years	-.607	.317	.443	-1.56	.34
More Than 10 years to 15 Years	5 Years and Below	-.245	.168	.780	-.76	.27
	More Than 5 years to 10 Years	.350	.216	.645	-.29	.99
	More Than 15 years to 20 Years	-.407	.200	.369	-1.01	.19
	More Than 20 Years	-.257	.283	.976	-1.06	.55
More Than 15 years to 20 Years	5 Years and Below	.162	.204	.994	-.45	.78
	More Than 5 years to 10 Years	.757*	.245	.045	.01	1.50
	More Than 10 years to 15 Years	.407	.200	.369	-.19	1.01
	More Than 20 Years	.150	.306	1.000	-.76	1.06
More Than 20 Years	5 Years and Below	.012	.286	1.000	-.81	.83
	More Than 5 years to 10 Years	.607	.317	.443	-.34	1.56
	More Than 10 years to 15 Years	.257	.283	.976	-.55	1.06
	More Than 15 years to 20 Years	-.150	.306	1.000	-1.06	.76

*. The mean difference is significant at the 0.05 level.

Table 13 shows the comparison of physical self-care when grouped according to the length of service. The respondents' results show the only aspect that stood out and had a significant difference when grouped according to the length of service is the more than 5 years to 10 years and more than 15 years to 20 years (p=.049 and .045). The result seems to suggest that respondents who have more than 5 years to 10 years of work experience as school counselors have a different way of utilizing his/her physical self-care than those respondents who have more than 15 to 20 years of work experience as school counselors.

Table 14: T-test for Burnout Risk Level When Grouped According to Sex

T-test for Burnout Risk Level When Grouped According to Sex						
		F	Sig.	t	df	Sig. (2-tailed)
Personal Accomplishment	Equal variances assumed	.779	.385	-.785	28	.439
	Equal variances not assumed			-.874	15.612	.395
Emotional Exhaustion	Equal variances assumed	.874	.358	.359	28	.722
	Equal variances not assumed			.311	9.934	.762
Depersonalization	Equal variances assumed	1.401	.246	-.850	28	.403
	Equal variances not assumed			-.669	8.850	.520

The comparison of personal accomplishment (p = .385), emotional exhaustion (p = .358), and depersonalization (p = .246) when grouped according to the sex of the licensed school counselors, there had no statistically significant difference having a p value of more than 0.05 when grouped according to their age.

Table 15: ANOVA for Burnout Risk Level When Grouped According to Age

ANOVA for Burnout Risk Level When Grouped According to Age						
		Sum of Squares	df	Mean Square	F	Sig.
Personal Accomplishment	Between Groups	34.167	3	11.389	.144	.933
	Within Groups	2061.300	26	79.281		
	Total	2095.467	29			
Emotional Exhaustion	Between Groups	719.783	3	239.928	2.835	.058
	Within Groups	2200.083	26	84.619		
	Total	2919.867	29			
Depersonalization	Between Groups	36.183	3	12.061	.592	.626
	Within Groups	529.683	26	20.372		
	Total	565.867	29			

In the comparison of burnout in the dimension of personal accomplishment (p = .933), emotional exhaustion (p = .058) and depersonalization (p = .626) of the licensed school counselors have no statistically significant difference having a p value of more than 0.05 when grouped according to their age.

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Table 16: *ANOVA for Burnout Risk Level When Grouped According to Length of Service*

		Sum of Squares	df	Mean Square	F	Sig.
		ANOVA for Burnout Risk Level When Grouped According to Length of Service				
Personal Accomplishment	Between Groups	216.678	4	54.169	.721	.586
	Within Groups	1878.789	25	75.152		
	Total	2095.467	29			
Emotional Exhaustion	Between Groups	439.067	4	109.767	1.106	.376
	Within Groups	2480.800	25	99.232		
	Total	2919.867	29			
Depersonalization	Between Groups	24.928	4	6.232	.288	.883
	Within Groups	540.939	25	21.638		
	Total	565.867	29			

Table 16 shows that personal accomplishment, emotional exhaustion, and depersonalization of the licensed school counselors had no statistically significant difference when grouped according to their length of service.

DISCUSSION

The relationship between coping strategies and burnout risk level

The negative moderate correlation between personal accomplishment and dysfunctional coping strategies implies that when an individual feels unsuccessful, feels incompetent to do his/her assigned tasks, and has reduced accomplishment at work they usually utilize dysfunctional coping strategies to easily combat the negative feelings and escape the situation. But when an individual feels successful at work and feels competent in his/her workplace, the possibility of utilizing dysfunctional coping strategies decreases. Dysfunctional coping strategies are usually used to easily escape and not to deal with the situation or with problems that will lead more to an individual developing burnout. As supported by the findings of Sunny Hu & Cheng (2010) found that the avoidance coping strategy was positively correlated to emotional exhaustion, depersonalization, and lack of personal accomplishment as job burnout dimensions. This suggests that avoidance coping strategy might not be effective in decreasing occupational stress in hotels. In more broad literature, Huang, van der Veen, & Song (2018) revealed that applying the avoidance coping strategy was associated with higher levels of occupational stress. Similarly, the workers who used avoidant coping strategies were emotionally exhausted and distanced from their clients and did not feel positive about their work accomplishments (Sunny Hu & Cheng 2010).

The relationship between self-care and burnout risk level

There is a significant negative low correlation found between self-care activities (physical, psychological, spiritual, workplace or profession and balance) used by licensed school counselors and emotional exhaustion and depersonalization. These results are consistent with previous research on the importance of self-care in addressing burnout-related issues and concerns. Chacksfield (2002) found that lack of self-care

caused burnout and vicarious traumatization. Therefore Norcross (2000) recommended that therapists must engage in self-care practices to best maintain their personal and professional well-being. Furthermore, a study conducted by Alkema, Linton, and Davies (2008) to 37 hospice care professionals (HCPs) also reported the same result, that when reported compassion fatigue increased, the number of self-care activities that HCPs reported decreased. In addition, a significant negative correlation also resulted between burnout and all aspects of self-care was also found. As reported, feelings of burnout increased, self-care activities in all domains decreased.

The difference in coping strategies, self-care and burnout risk level according to demographic variables

1. Coping strategies may depend on sex but not on the age and length of service of the counselors. This can be explained by Martinez, Meneghel & Penalver (2019) which stated that through gender role socialization, it would understand the use of different coping styles. Female individuals are more influenced by the social context, and their way of coping involves interpersonal relationships more than male individuals (Krajewski &Goffin, 2005). On the other hand, men have been mainly tasked to develop action skills, planning, and competing activities (Burke, 2002).

2. Self-care may depend on sex and length of service but not on the age of the counselors. On the contrary, a study conducted by Martin-Johnson (2017) revealed that several researchers have investigated the self-care behaviors of mental health professionals, but little was known about how gender affected the use of these behaviors in burnout prevention among mental health professionals. The present study also indicates that there is a difference in exposure to work of the counselor in addressing their physical self-care. This supports the findings of Tayoto (2019) indicated that once a career

progresses, an individual attains a greater level of well-being and burnout also decreases with age.

3. Burnout does not depend on sex, age, and length of service of the counselors. In the findings of, Lent & Schwartz (2012) it revealed that a complex interaction between gender, years of experience, and race significantly impacted burnout levels of the respondents. While in the meta-analysis of factors that influence burnout, both individual and work-related, Lim et al. (2010) found that age was the most significant predictor for both emotional exhaustion and depersonalization; gender and length of work experience were found to be significant predictors of depersonalization. Despite past research indicating such relationship between burnout and age or length of service, Star (2015) argued that there is no connection between burnout and age or years of experience. This may be influenced by the participants' demographics, with the majority being under the age of 40 with less than 10 years of experience in the field. This is also supported by the study of Hamama (2012) that is conducted on social workers who work with youth, found that age and years of experience are negatively correlated with burnout. The inconsistencies found in various research stated above suggest that the influence of demographic characteristics may be situation specific. In this study, age, gender, and length of service may have been dominated by situational or personal interactions that impacted the burnout levels of the respondents (Dix, 2017).

CONCLUSIONS

According to most studies conducted in the western area of the world based on the nature of work of a school counselor, developing burnout syndrome is inevitable and a common trend among helping professionals. But based on the findings of the present study, the respondents did not develop burnout. This is because the counselors were using different coping strategies (emotional–focused and problem–focused)

and engaging themselves in different self-care activities (emotional, spiritual, workplace, or professional and balance) depending on the situation that would allow them to combat the stress carried by a demanding job. Our culture as Filipinos might play a role as well in the findings of the study especially in the coping strategies used and self-care activities that have been engaged with.

RECOMMENDATIONS

Recommendations for future studies may want to widen the population of respondents in their future research by engaging themselves and asking for assistance from different organizations and associations so that the data gathered will be of different participants and with a different environment. Other considerations like using more scientific sampling to guarantee the representativeness of the sample in the study must be ponder upon. A different research design (qualitative) may also be used to discover possible individual factors that affect the usage of coping strategies, self-care, and burnout of school counselors (e.g. through interviews and case studies) and to better explain the association between the variables. As this research also used English instruments the use of Filipino instruments is highly recommended to measure the coping strategies and other variables to capture the Filipino context in the answers of the respondents.

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