

Wellness of Counselor Educators: An Initial Look

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Abstract:

This study with 180 counselor educators showed that, overall, educators appeared to have high levels of wellness. However, differences related to academic rank, children in the home, gender, and marital status were found. Perceived stress and number of children were found to have a negative impact on wellness. Implications for wellness are discussed.

Keywords: Educators | Research | Counselors | Job stress | Quality of work life | Teachers and health | Psychological aspects of work | Job satisfaction | Work-life balance | Burnout

Article:

Counselor educators are charged with a number of important roles pertaining to counselor trainee development: educators, mentors, supervisors, monitors of personal and professional growth, and gatekeepers for the profession. As part of their jobs, they are responsible for promoting the wellness of students and, thus, ultimately of professional counselors. Wellness includes being emotionally, mentally, and physically stable; being self-aware of possible impairments and biases; as well as being able to recognize stress and engage in appropriate coping methods (Mahoney, 1991). The need for wellness in counseling students and professionals was well articulated by Witmer and Young (1996), who stated, "Well counselors are more likely to produce well clients" (p. 151), whereas an unwell or impaired counselor may do harm to a client. It is the responsibility of student and professional counselors to be aware of impairment (see American Counseling Association [ACA], 2005; Standards C.2.g. and F.8.b.) and take action to prevent or remediate impairment when it occurs.

Meyer and Ponton (2006) observed, "Resiliency in counselors is not an accident. Rather it is the cumulative effect of counselors' healthy decision making" (p. 200). Regardless of whether this decision making begins prior to counselor training, positive personal growth is expected of all who enroll in counselor education programs. The responsibility of counselor educators assisting counseling students in the journey to self-awareness and wellness is stressed by various counseling organizations such as the Association for Counselor Education and Supervision (ACES, 2005) whose purpose is "to advance counselor education and supervision in order to improve the provision of counseling services in all settings of society" (para. 4) and the

Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2001) standards, where counselor educators are charged with assessing, evaluating, and promoting personal growth in counselor trainees. Counselor educators have an ethical obligation to teach self-care, provide opportunities for personal growth, and be models of wellness and competence (Meyer & Ponton, 2006). Although counselor educators are charged with this task of modeling wellness and self-care, not much is actually known about their wellness.

Mahoney (1991) emphasized the need for all professional helpers to devote attention to their personal wellness. Echoing the earlier statement by Witmer and Young (1996), Hill (2004) declared, "Well counselor educators may be more likely to produce well counselors" (p. 136), stressing the importance of educators focusing on their own mental, physical, and emotional stability in order to effectively evaluate and assess the wellness of their students. To date, several studies of counseling students' (e.g., Myers, Mobley, & Booth, 2003; Smith, 2006) and one study of professional counselors' wellness (Mobley, 2003) have been conducted, with few researchers directly examining the wellness of counselor educators. Studies with counselor educators have been focused on stress levels, job satisfaction, and mentoring relationships. For example, Bruce (1995) emphasized the need for counselor educators to serve as role models, particularly for female students. More recently, Hill (2004) explored the challenges faced by untenured faculty from a wellness perspective and summarized recommendations based on the connection between wellness and job satisfaction in academia. It appears that counseling professionals assume that counselor educators, who serve as role models to both students and future counseling professionals, are well and are able to role model self-care. However, the actual level of counselor educator wellness has yet to be determined. We begin to fill this gap in knowledge by examining the wellness of counselor educators.

When one studies wellness of counselor educators, it is imperative that specific demographic characteristics are examined in relation to wellness. Although an exploration of all literature pertaining to demographics and academia is beyond the scope of the present article, researchers have found that gender, rank, and family status, along with the interrelation of all these characteristics, can have an impact. For example, women tend to struggle more over the balance between work and family than men do (e.g., Armenti, 2004; Drago & Williams, 2000), which may contribute to more women resigning from their academic positions to take care of family (Hensel, 1991; McElrath, 1992). This may be a result of continued societal expectations for women to have more familial responsibility than men do (Draznin, 2004). Junior faculty, in particular, may be affected by this struggle for balance because they are faced with time constraints and the need to be academically productive, yet they may also be in their child-raising years (Draznin, 2004). Armenti found that most women believed that having a child before obtaining tenure was detrimental to their career prospects; therefore, they waited to have a baby during the summer between academic years, hid their pregnancy, or waited until posttenure to consider having children. These findings speak to the impact, specifically for women, that children and family can have on tenure-track junior faculty. However, this does not address men's experiences nor do most studies focus on the impact of family on men in academia. It has been suggested that having children actually enhances men's academic careers (Mason & Goulden, 2002).

Aside from the stress that having a family may produce, Ackerman and Gross (2007) emphasized that faculty life is a combination of immediate and arbitrary tasks that may lead faculty to procrastinate regarding meeting the arbitrary deadlines; this procrastination may reflect the faculty member's dislike of the activity, the perceived difficulty of the task, or the lack of

departmental norms, each of which can cause undue last-minute stress and anxiety. Procrastination can be detrimental to junior faculty because it can delay promotion and tenure by 3 to 5 years (Ackerman & Gross, 2007). None of these studies were specific to the counselor education population nor did they examine wellness; however, the findings substantiate the need to examine these individual characteristics in relation to wellness among counselor educators.

The present study was designed to explore wellness among counselor educators in a national study. The primary research questions were as follows: (a) What are the levels of wellness of counselor educators? (b) Are there differences in wellness based on selected demographic indices, including gender, rank, marital status, or presence of children in the home? and (c) What is the relationship between current responsibilities and pressures, perceived stress levels, and wellness? Before addressing these questions, we present a brief overview of the model on which the study is based.

The Indivisible Self (Is-Well): An Evidence-Based Model of Wellness

Data collection and analysis over more than 12 years on the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) led to the development of a new evidence-based model of wellness, the IS-Wel (Myers & Sweeney, 2005a), which provides a perspective for viewing wellness across the life span. It is an integrative model that is based on Adler's (see Sweeney, 2009) individual psychology and cross-disciplinary research on characteristics of healthy people who live longer, with a higher quality of life. Adler proposed that the self was indivisible and that purposiveness was central to understanding human behavior. This philosophy provided a structure for making sense of studies in which wellness emerged as a higher order and seemingly indivisible factor and as a factor composed of identifiable subcomponents. It is important that each of the components of the IS-Wel model interacts with all others to contribute to holistic functioning. These interactions may be for better or for worse, individually or collectively. In short, one area of wellness that improves can contribute to improvements in one or more areas, or one area that declines can have a global effect on holistic wellness.

The components of the IS-Wel model are measured with the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 2004; Myers & Sweeney, 2005a). IS-Wel components are measured through an overall factor of Total Wellness, composed of 5 second-order and 17 third-order factors (see Table 1 for factor names and descriptions; adapted from Myers & Sweeney, 2008, p. 485). The IS-Wel model and 5F-Wel have been used in more than three dozen doctoral dissertations and independent studies in counseling (Myers & Sweeney, 2008). The 5F-Wel has been found to be useful in discriminating wellness of various populations across the life span. Several studies have been conducted with counseling students serving as participants (e.g., Roach & Young, 2007); however, counselor educators have not been included. It appears that sufficient data exist to support the validity of the model and assessment instrument; hence, our focus was on the meaning of the findings in relation to counselor educators rather than on an assessment of the validity of the model per se.

Method

Counselor educator participants for this study were volunteers recruited through a targeted online mailing to each counselor educator listed in *Counselor Preparation 2000* (Clawson, Henderson, & Schweiger, 2004). A total of 1,583 counselor educators received e-mails; 60 (4%) of these e-

mails were returned as undeliverable, and 26 (1.6%) of the recipients indicated that they were not appropriate candidates (e.g., they were a practitioner, administrator, not in a mental health/counselor education position, on sabbatical). A second e-mail was sent to the remaining potential participants (N = 1,497) 2 weeks after the original e-mail. The final count of 180 respondents represented 12% of those contacted. All participants completed the survey online via a link provided in the e-mail in which their participation was requested.

Instrumentation

Counselor educator participants completed a demographic form along with the 5F-Wel and the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). The demographics included information on professional preparation; academic rank, experiences, and job responsibilities; recent professional presentations and publications; memberships and offices held in professional associations; and marriage and family issues.

TABLE 1

Abbreviated Definitions of Components of the Indivisible Self

Wellness Factor	Definition
Creative Self	The combination of attributes that people form to make a unique place among others in their social interactions and to interpret their world
Thinking	Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to solve problems
Emotions	Being aware of or in touch with one's feelings; being able to experience and express feelings appropriately
Control	Belief that one can usually achieve the goals one sets; having a sense of planfulness in life; being able to be assertive in expressing one's needs
Work	Being satisfied with one's work; having adequate financial security; feeling that one's skills are used appropriately; the ability to cope with workplace stress
Positive Humor	Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to use humor to accomplish even serious tasks
Coping Self	The combination of elements that regulate one's responses to life events and provide a means for transcending their negative effects
Leisure	Activities done in one's free time; satisfaction with one's activities; having at least one activity in which "I lose myself and time stands still"
Stress Management	General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth; ongoing self-monitoring and assessment of one's coping resources
Self-Worth	Accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual
Realistic Beliefs	Understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect
Social Self	Social support through connections with others in one's friendships and intimate relationships, including family ties
Friendship	Social relationships that involve a connection with others individually or in community but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed
Love	The ability to be intimate, trusting, and self-disclosing with another person; having a support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, healthy communication styles
Essential Self	One's essential meaning-making processes in relation to life, self, and others
Spirituality	Personal beliefs and behaviors that are practiced as part of the recognition that human beings are more than the material aspects of mind and body
Gender Identity	Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity (i.e., ability to be androgynous)
Cultural Identity	Satisfaction with one's cultural identity; feeling supported in one's cultural identity; transcendence of one's cultural identity
Self-Care	Taking responsibility for one's wellness through self-care and safety habits that are preventive in nature; minimizing the harmful effects of pollution in one's environment
Physical Self	The biological and physiological processes that comprise the physical aspects of one's development and functioning
Exercise	Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility through stretching
Nutrition	Eating a nutritionally balanced diet, maintaining a normal weight (i.e., within 15% of the ideal), and avoiding overeating

5F-Wel. The 5F-Wel is a 73-item instrument developed through structural equation modeling (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2005a,

2005b) designed to assess each of the factors in the IS-Wel model (Myers & Sweeney, 2004, 2005b). Each item is a statement (e.g., "I am an active person") that requires a response on a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*). Scale scores are sums of the responses to each item in the scale. A linear transformation is used to place all scales on a common metric, with scores ranging from 25 to 100; higher scores indicate higher levels of wellness. Norms are provided for general adult populations; however, specific norms for counselor educators have not been published. Score interpretations are not provided (e.g., a score of 85 is not meaningful in the absence of normative data). The instrument provides scores for Total Wellness, a factor that is composed of the sum of all items in the scale. Total Wellness is

composed of 5 second-order factors (Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) and 17 third-order factors that group within the second-order factors. In this study, the higher order Total Wellness factor and the 5 second-order factors were examined. Third-order factors were examined if significant differences were found on the second-order factors. Myers and Sweeney (2005a) reported alpha coefficients ranging from .91 to .94 for the 5 second-order factors. The alphas in the present study ranged from .79 (Social Self and Essential Self) to .84 (Creative Self and Coping Self).

PSS. The PSS was designed to measure the degree to which situations in one's life are viewed as stressful. Cohen et al. (1983) provided three versions of the PSS including 14, 10, or 4 items, with comparable reliability. The abbreviated 4-item inventory (PSS-4) was used in this study. The PSS-4 items are answered using a 5-point scale, ranging from 0 (never) to 4 (very often). The PSS-4 was normed on two samples of college students, totaling 446 individuals. Cohen et al. reported an alpha of .72 and a 2-month test-retest coefficient of .55. The Cronbach's alpha in the current study was .72.

Data Analyses

Analysis of variance and independent t tests were used to examine the differences in Total Wellness and wellness second-order factors (Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) across groups. Post hoc Scheffé tests were used to examine differences among third-order wellness factors when differences in second-order factors were discovered. A stepwise regression analysis was used to examine the relationship between participant characteristics, scholarly productivity, stress levels, and Total Wellness. An alpha of .05 was established to determine statistical significance.

Results

Participants constituted a diverse sample in terms of the various demographic items assessed. Slightly more than half of respondents who identified their biological sex were male ($n = 67$, 37.2%); 56 (31.1%) respondents self-identified as women. Some individuals did not report their biological sex; thus, the percentages for this variable do not equal 100%. There were slightly more assistant professors (30%) than either associate (27%) or full professors (24%), with 16% of participants reporting their current position as instructor/adjunct/visiting professor and 2% as emeritus; 2% did not report their current rank. (In the Results section, percentages may not equal 100% because of rounding.) Approximately two thirds (64%) reported counselor education as the field of their highest degree, 19% reported psychology, 3% indicated marriage and family, and 14% marked "other" (e.g., counseling psychology, forensic psychology).

Just over 80% of the respondents were Caucasian ($n = 147$, 82%); 4% were African American; 3% each identified as Asian, Hispanic, other, or multiracial; and 1% reported that they were Native American. Three individuals (2%) did not respond to this question. The percentages of racial categories found in this sample are similar to the makeup of the membership of ACES in general. Participants ranged in age from 26 to over 70 years, with a mean age of 48.6 ($SD = 10.14$).

To gain a better understanding of the responsibilities participants had in their academic position, we asked them to report their administrative duties. Almost 30% (28.9%) of participants reported being department chairs within the past 2 years, and over one third (36.1%)

were program track coordinators. Almost one fourth (23.9%) were internship coordinators, and 20.6% were admissions chairs. Approximately equal numbers were CACREP self-study coordinators (18.9%) and Chi Sigma Iota faculty advisers (17.2%). (Percentages do not equal 100% because participants could report more than one activity.) An examination of professional positions held in the counseling profession in the last 2 years revealed that participants held an average of .87 elected professional positions ($SD = .91$), an average of .89 professional association committee chairs ($SD = .93$), and an average of 1.46 committee memberships ($SD = 1.73$). They reported an average of 1.37 editorial board memberships ($SD = .62$). When all service activities were summed, participants reported an average of 3.92 ($SD = 2.79$) service positions held within the last 2 years, with a range of 0 to 12.

Scholarly productivity of the participants was reflected in an average of 6.49 ($SD = 5.45$) publications in the last 2 years, with a range between 0 and 37 publications. When the type of publications was examined, participants indicated an average of 2.8 refereed journal articles published in the last 2 years ($SD = 2.34$) and .75 ($SD = 1.1$) articles in nonrefereed journals. They published an average of .78 books ($SD = 1.17$); 1.68 book chapters ($SD = 2.05$); .71 online publications ($SD = .99$); and .47 creative works ($SD = .99$), such as videotapes and assessment instruments.

Personal characteristics of the respondents that were assessed included questions about marital status, children, and ethnic background. Approximately three fourths (74%) of the participants were married, 12% were single, 7% were divorced, and 4% were widowed or separated; 2% did not respond to this question. Approximately one fourth (26%) had no children, 18% had one child, 33% had two children, 13% had between three and four children, and 4% reported five or more children. Twelve individuals (7%) did not indicate whether they had children. Of the 122 participants who reported having children, 69 provided the age ranges of their children: 8% had children younger than 5 years, 4% had children 5 to 10 years old, 9% had children 11 to 19 years old, and the remainder indicated that their children were 20 years old or older. Approximately half of the participants reported living with their children all the time (49%), whereas 11% reported living with their children only sometimes and 37% indicated they did not live with their children. Four individuals with children (3%) did not respond to this question.

Wellness of Counselor Educators

Scores for Total Wellness ranged from 64.08 to 97.92, with a mean of 83.65 ($SD = 7.33$). Scores for the second-order factors were similar in range to the Total Wellness scores, with Social Self being the highest average score ($M = 91.10$, $SD = 10.59$), followed by Creative Self ($M = 86.45$, $SD = 7.92$), Essential Self ($M = 83.85$, $SD = 9.91$), and Coping Self ($M = 80.49$, $SD = 9.06$), with Physical Self ($M = 77.79$, $SD = 14.11$) being the lowest average score of the second-order factors. In contrast, Myers and Sweeney (2005b) reported mean scores for 3,343 adults of 73.18 for Total Wellness ($SD = 15.87$) and means of 77.35 ($SD = 23.56$), 73.18 ($SD = 16.15$), 73.38 ($SD = 20.07$), 68.73 ($SD = 12.73$), and 66.56 ($SD = 17.86$) for the five factors, respectively. Counselor educators' wellness scores are, thus, both higher and less variable than those of the 5F-Wel norm sample. Within the current sample, the range of possible scores was 75, the maximum possible, for four third-order factor scales—Love, Spirituality, Gender Identity, Cultural Identity—the last three of which compose part of the Essential Self factor. The range

was 33.83 for Total Wellness, 32.50 for the Creative Self, 44.74 for the Coping Self, 53.13 for the Social Self, 48.44 for the Essential Self, and 62.5 for the Physical Self.

Wellness Differences Across Demographics

Wellness was examined across various groups to determine if aspects such as gender, academic rank, the presence of children, or marital status were related to overall wellness. Ethnicity was not examined because the majority of the participants were Caucasian. As can be seen in Table 2, Total Wellness did not significantly differ across academic rank (i.e., instructor/adjunct, assistant, associate, full), with the exception of Coping Self, $F(3, 171) = 3.85, p < .05$. Post hoc Scheffé analyses revealed that tenure-seeking assistant professors were statistically, significantly lower on Coping Self than were full professors ($M = 77.05, SD = 8.24$; $M = 82.45, SD = 9.97$, respectively). Although Coping Self was significantly different, it needs to be noted that the practical significance was low ($\eta^2 = .06$). To further examine the significant differences that existed between assistant and full professors on the Coping Self, we examined the third-order factors of Coping Self from the IS-Wel model. These third-order factors consisted of Leisure (activities done in one's free time and through which flow is experienced), Stress Management (ongoing self-monitoring and assessment of one's coping resources and ability to respond to stress in one's life), Self-Worth (accepting who and what one is and accepting imperfections), and Realistic Beliefs (accurate perception of reality and avoidance of needs for perfection). The post hoc analyses revealed that the only statistically significant difference that existed between ranks were the scores on Realistic Beliefs. Specifically, assistant professors, as a group, were found to have lower levels of Realistic Beliefs ($M = 67.43, SD = 11.71$) than were either associate or full professors ($M = 73.82, SD = 10.06$; $M = 74.94, SD = 11.10$, respectively), $F(3, 171) = 4.30, p < .01, \eta^2 = .08$. No differences were found between instructors/adjuncts ($M = 71.85, SD = 12.94$) and other academic ranks on Realistic Beliefs. No statistically significant differences existed between any of the other groups on Total Wellness or on any of the second-order factors (i.e., Creative Self, Social Self, Essential Self, or Physical Self).

Wellness was examined based on whether participants had a child living at home (49%), not living at home (37%), or sometimes living at home (11%; see Table 2). No significant differences existed across groups on Total Wellness or for the majority of the second-order factors. However, we found that there was a significant difference on the second-order wellness factor Essential Self, $F(2, 117) = 4.64, p < .05, \eta^2 = .07$. Post hoc Scheffé analyses revealed that participants who had no children living in the home had higher levels of Essential Self than did participants with children sometimes living in the home ($M = 86.86, SD = 9.73$; $M = 78.53, SD = 11.23$, respectively). No significant differences were found between participants who had children living at home and the other groups on Essential Self.

To further examine the differences that existed between children not living at home versus sometimes living at home, we examined the third-order factors of the Essential Self. These consisted of Spirituality (personal beliefs and behaviors that are practiced as part of the recognition that human beings are more than the material aspects of mind and body), Gender Identity (satisfaction with one's gender and feeling supported in one's gender), Cultural Identity (satisfaction with one's cultural identity and feeling supported in one's cultural identity), and Self-Care (taking responsibility for one's wellness through selfcare and safety habits that are preventive in nature). When examining these four third-order factors, we found significant differences across all of them, with participants with no children living at home reporting higher

levels of Spirituality, Self-Care, and Gender Identity and Cultural Identity than did participants who sometimes had their children living at home (see Table 2). Wellness was compared across men and women using an independent t-test analysis. The only significant difference found between men and women was on the second-order factor of Essential Self ($t = 2.32, p < .05$), with men having a lower score on Essential Self than women (see Table 3). When examining the significant differences in Essential Self further by biological sex, we found that men reported significantly lower scores on the Gender Identity third-order factor (i.e., satisfaction with one's gender and feeling supported in one's gender) than did women. Men and women were not found to significantly differ on Spirituality, Cultural Identity, or Self-Care (see Table 3).

TABLE 2

Multivariate Analysis of Variance for Wellness of Counselor Educators Across Academic Ranks and in Relation to Presence of Children in the Home

Wellness Factor	Instr./Adjunct		Assist. Tenure		Assoc. Tenure		Full Tenure		Child Home		Child Not Home		Child Some		F	η^2
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD		
Total Wellness	84.74	7.79	82.23	7.31	82.87	6.60	84.59	7.37							1.26	.02
Creative Self	87.12	8.40	85.17	8.55	85.27	6.98	88.18	7.27							1.60	.03
Coping Self	82.38	9.90	77.05 _a	8.24	80.29	7.31	82.45 _a	9.97							3.85**	.06
Social Self	93.75	10.68	91.37 _a	10.24	89.46	11.04	89.98 _a	10.71							1.07	.01
Essential Self	82.52	10.86	83.71	9.76	83.51	9.34	84.47	10.17							0.22	.01
Physical Self	80.83	15.30	76.61	13.88	76.70	13.06	77.32	14.83							0.60	.00
Coping Self																
Leisure	82.87	12.46	77.03	15.32	80.67	12.26	84.46	13.51							2.63	.04
Stress Management	86.88	10.97	80.09	10.86	80.71	9.19	82.10	12.02							2.62	.01
Self-Worth	90.27	11.14	86.18	9.00	87.45	9.28	89.20	10.64							1.35	.01
Realistic Beliefs	71.85	12.94	67.43 _{a,b}	11.71	73.82 _a	10.06	74.94 _b	11.10							4.30***	.08
Total Wellness									82.78	6.35	84.34	6.88	81.52	8.75	1.12	.02
Creative Self									86.05	7.28	86.46	7.87	85.95	9.28	0.04	.00
Coping Self									78.77	8.46	81.81	8.04	78.02	10.39	1.93	.03
Social Self									91.33	9.42	90.07	9.73	89.18	12.14	0.37	.01
Essential Self									82.58	9.28	86.86 _a	9.73	78.53 _a	11.23	4.64**	.07
Physical Self									77.50	12.73	76.27 _a	13.39	77.69	14.23	0.13	.00
Essential Self																
Spirituality									77.75	29.70	81.22	18.19	65.38	15.82	3.40**	.06
Gender Identity									79.90	14.24	87.36	12.32	85.26	11.98	4.20**	.07
Cultural Identity									80.65	14.14	86.55	12.48	81.41	11.86	2.59*	.04
Self-Care									92.60	9.09	94.03	8.30	86.06	13.54	3.65*	.06

Note. Means in the same row that share subscripts indicate that groups were significantly different in post hoc Scheffé analyses. Instr./Adjunct = instructor/adjunct professor; Assist. Tenure = assistant professor on tenure track; Assoc. Tenure = associate professor on tenure track; Full Tenure = full professor on tenure track; Child Home = children living at home; Child Not Home = children not living at home; Child Some = children sometimes living at home.

* $p < .10$. ** $p < .05$. *** $p < .01$.

TABLE 3
Comparison of Wellness of Counselor Educators Across Gender and Marital Status

Wellness Factor	Female CE		Male CE		M/P		Not M/P		t
	M	SD	M	SD	M	SD	M	SD	
Total Wellness	84.47	6.72	83.13	7.26					1.03
Creative Self	87.24	7.10	86.12	8.28					0.78
Coping Self	80.44	8.38	81.13	8.97					-0.42
Social Self	92.72	9.49	89.85	12.06					1.42
Essential Self	85.62	9.62	81.39	10.07					2.32**
Physical Self	78.18	12.77	78.04	14.77					-0.88
Essential Self									
Spirituality	75.78	19.37	75.59	21.32					0.05
Gender Identity	88.31	11.84	79.75	14.63					3.32***
Cultural Identity	85.62	11.56	81.67	14.38					1.55
Self-Care	94.24	9.25	92.19	9.25					1.15
Total Wellness					84.17	7.17	82.32	7.45	1.43
Creative Self					86.58	7.86	86.62	8.08	-0.03
Coping Self					80.74	9.06	79.94	9.03	0.50
Social Self					92.43	9.58	86.97	12.67	2.95***
Essential Self					84.30	9.99	82.77	9.31	0.88
Physical Self					79.08	13.46	73.84	15.26	2.11**
Social Self									
Friendship					90.01	11.50	87.65	10.77	1.17
Love					94.82	10.38	86.28	17.52	3.86****
Physical Self									
Nutrition					77.83	16.01	71.83	17.17	2.07**
Exercise					80.29	14.27	75.85	18.50	1.62

Note. CE = counselor educator; M/P = married/partnered.
 ** $p < .05$. *** $p < .01$. **** $p < .0001$.

Because of the low number of respondents indicating that they were single, divorced, or widowed, these individuals were categorized as “not married/ partnered”; the other respondents were categorized as “married/partnered” (75% of the participants). Married/partnered individuals were not significantly different on Total Wellness when compared with those who were not married/ partnered (see Table 3). These groups also did not differ on Creative Self, Coping Self, or Essential Self. However, they were significantly different when examining Social Self and Physical Self, with married/partnered counselor educators reporting higher levels of both factors than did counselor educators who were not married/partnered ($t = 2.95$, $p < .01$; $t = 2.11$, $p < .05$, respectively). To identify the specific differences, we examined the third-order factors of both Social and Physical Self. The third-order factors for Social Self include Friendship and Love. The only significant difference found was for Love, with married/partnered individuals reporting a higher wellness score for this third-order factor than did those who were not married/partnered ($M = 94.82$, $SD = 10.38$; $M = 86.28$, $SD = 17.52$, respectively), $t = 3.86$, $p < .0001$. When we examined the third-order factors for Physical Self, which include Nutrition and Exercise, the only significant difference found was for Nutrition. Married/partnered counselor educators reported a higher level of Nutrition than did those who were not married/partnered ($M = 77.83$, $SD = 16.01$; $M = 71.83$, $SD = 17.17$, respectively), $t = 2.07$, $p < .05$.

Explaining Wellness

A stepwise regression was used to examine the relationship and variance between participant characteristics and demographics, amount of scholarly work the participant engaged in, as well as perceived level of stress (see Table 4). The final model was significant ($F = 7.27$, $p < .001$) and explained 44% (adjusted $R^2 = .38$) of the variance of Total Wellness, with participant

demographics explaining 2.5% and scholarly activity explaining an additional 2.5% of the variance; perceived stress level explained the majority of the variance ($DR2 = .33$).

The only variables that statistically and significantly related to Total Wellness were the number of children counselor educators had and perceived stress ($\beta = -.24, p < .05$; $\beta = -.59, p < .0001$, respectively). Both variables were negatively related, thus indicating that as the number of children or the amount of stress reported increased, the Total Wellness of a participant decreased. No other demographics, such as gender, marital status, or academic rank were statistically, significantly related to Total Wellness. Additionally, no significant relationship was found between scholarly activity and Total Wellness.

Discussion

The goal of this study was to begin to explore the wellness of counselor educators. The counselor educators in this study appeared to report a high level of wellness and seemed to have scores of wellness that were not as variable as those of the normed sample for the 5F-Wel. Although the impact of the wellness of counselor educators on the wellness of students is not known at this point, the data do provide a basis for better understanding the wellness of counselor educators slightly better. These results, along with those of future studies in this area, may in turn lend support to Hill's (2004) view that well counselors may help produce well students and future counseling professionals. From a theoretical perspective, these results provide support for the IS-Wel model as a means toward understanding differences in wellness across subgroups of individuals.

TABLE 4
Regression of Selected Demographic Indices, Amount of Scholarly Work, and Perceived Stress on Total Wellness

Step and Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>F</i> ²	Adj. <i>F</i> ²
Step 1					.079	.025
Sex (reference women)	-0.03	1.33	.00	-0.02		
Rank (reference assistant professor)	0.32	1.44	.02	0.22		
Marital status (reference married/partnered)	-3.90	1.98	-.20	-1.97		
No. of children	-1.33	0.56	-.24	-2.37**		
Step 2					.106	.025
Total publications	0.13	0.11	.12	1.16		
Total service activity	0.07	0.25	.03	0.29		
Step 3					.439	.379
Total perceived stress	-1.75	0.28	-.59	-6.22****		

Note. Adj. = adjusted.
 ** $p < .05$. **** $p < .0001$.

Although the wellness of counselor educators as a group appeared to be at satisfactory levels, there were some significant within-group variations. For example, assistant professors reported lower levels of Realistic Beliefs than did full professors, indicating that they may have held a less accurate picture of reality and may have had a higher need for perfection. This lack of a realistic picture and a higher need for perfection speaks to some of the developmental tasks that assistant faculty on a tenure track may have. More specifically, assistant-level faculty tend to be in the midst of learning to balance the aspects of teaching new classes, creating and engaging in a line of research, and determining the roles they would like to have in the area. In addition, being

on the track toward promotion and tenure means that assistant faculty are typically being evaluated by their colleagues. Thus, when assistant professors combine and balance all of these tasks and job responsibilities, holding realistic beliefs may be pushed to the side. In contrast, a full professor who has been an educator for 14 or more years may have a more practical perception of the position, the responsibilities of the position, and an understanding of the time specific tasks may take to complete. It is important to note that although a significant difference existed, the practical significance was low.

Myers and Sweeney (2004), along with other researchers who have studied the Total Wellness factor (e.g., Hattie et al., 2004), asserted that all aspects of wellness are interrelated. Hence, having a low or high score in any one area can function to help decrease or increase overall wellness, respectively. The significant difference in Total Wellness scores found across faculty rank in this study could be attributed to the Coping Self factor. Nonetheless, the difference in the Coping Self factor could function to depress holistic wellness within the sample of assistant professors. It is possible that lower levels of wellness in particular areas existed but were not measured by the 5F-Wel, which includes only a sample of possible items in each wellness domain. Thus, for example, lower Realistic Beliefs scores have greater significance than was shown here, but it is only through additional research inquiring about where these Realistic Beliefs, or the lack thereof, play out that this finding could be more fully explained.

Although the idea of assistant professors having significantly lower levels of Realistic Beliefs can be rationalized, it does not mean that it should be disregarded. For example, it may be helpful for senior faculty members to provide a structured orientation to assistant professors, informing them of what to expect in terms of the position, including pitfalls; advantages; how to balance their time between service, teaching, and research; and how to ask others in the department for help when things become overwhelming. Some form of mentoring may also be helpful. This may include collaboration or comentoring (Lick, 2000) or assistance in setting up less arbitrary deadlines (Ackerman & Gross, 2007).

In addition, it is hoped that, as assistant professors “get their feet wet,” they will be rewarded with successful academic experiences, which will, in turn, lead to greater self-efficacy. Helping assistant professors develop an accurate perception of academic life may be helpful in increasing their overall wellness. In addition, male counselor educators reported lower levels of Gender Identity than did female counselor educators. Gender identity, as conceptualized and measured by the 5F-Wel, encompasses a filter of experience by which one evaluates events as well as other people’s responses. Data from this study indicate that male counselor educators may not feel that they have a well-defined sense of gender identity or may not be satisfied with their male sex roles. There is some research to suggest that men do not fare as well as women do regarding sex role strain that is a result of gender socialization (Levant & Pollack, 1995). They may also struggle to feel supported as a man in a female-dominated field (Gilbert & Scher, 1999; Mobley & Myers, 2006), such as counseling.

Marital status also played a role in wellness. Specifically, the married/partnered counselor educators in the current study reported higher levels of the thirdorder factor of Love, as well as Nutrition. Although the Love factor makes sense, attention must be given to differences in the overall wellness and/or impairment of married/partnered individuals and those who are single, widowed, or divorced. For example, stress can definitely be a result of a person experiencing the death of a loved one or the separation from a loved one, either one of which can affect connections with others. Thus, this may be a time when it would be important for colleagues to be aware of, check in, or help pick up some of the extra tasks this person may be

dealing with in the department so that impairment is avoided. For the educator who is single and not partnered, the results indicate that there are no differences in terms of friendships and other support systems; it is the intimate relationship that may be lacking, thus interfering with some aspects of wellness. Regarding Physical wellness, married/partnered individuals reported higher levels of Nutrition than did single, widowed, or divorced individuals, but no differences were found between the two groups in terms of Exercise. Single persons report being less likely to eat a well-rounded diet; as a consequence, nutritional wellness may suffer. Inviting single persons to lunch or dinner can help counteract the negative effects here. Overall, although only one wellness factor such as Nutrition can seem inconsequential, because the wellness factors overlap and interact, any area of low wellness levels can contribute to low wellness levels in multiple areas. Conversely, if any one area is improved, such as Friendship or Love, Total Wellness may be expected to increase as well.

Finally, although differences exist between men and women and assistant and full professors, rank and biological sex did not significantly relate to overall wellness. However, perceived level of stress, along with the number of children, negatively related to Total Wellness. The number of children, although significantly and negatively related to Total Wellness, did not explain much of the variance. However, the significant relationship suggests that as the number of children counselor educators have increases, Total Wellness decreases slightly. Although it is unknown why this relationship occurs (e.g., Are they supported by the department or a spouse/significant other? Are there special needs of the children? Are there younger vs. older children at home? What might be one's workload in addition to responsibilities at home?), it does suggest a need to support colleagues who have children, regardless of whether the children live at home, do not live at home, or are only at home sometimes. Additional studies are needed to determine how children affect wellness among counselor educators, particularly those of different gender and rank, and how the relationship between having children and wellness changes over time.

Perceived stress significantly and negatively related to Total Wellness, accounting for approximately 33% of the variance. Again, although the origin of the stress (e.g., work, family, personal) cannot be deciphered from this particular study, the results clearly indicated that as perceived stress level increased, Total Wellness decreased. Therefore, it may be helpful for counselor educators to model for students and future counseling professionals appropriate methods of self-care and how to manage higher levels of stress. Specifically, counselor educators can demonstrate appropriate methods of coping with stress and understanding one's level of burnout on the job. This may include setting limits on one's tasks, if possible, or recognizing the need for balance across one's life. Although the ACA Code of Ethics (ACA, 2005) does not indicate what should be done when a counselor educator experiences impairment, it does recommend that counseling professionals seek assistance for problems they may be experiencing and that they limit, suspend, or terminate their professional responsibilities until it is safe to resume working (Standard C.2.g.). Thus, it is hoped that counselor educators will mirror the same actions if they become impaired or are not well enough to continue to train and work with counseling students. In addition, departmental faculty members may play a role in detecting counselor educators who might be impaired. This acknowledgment of impairment by counselor educators and their fellow colleagues may help in illustrating for students the appropriate actions they should take as professional counselors when they experience some of the same limitations to their wellness.

Although it appears that counselor educators may be well, the limitations that prohibit firm conclusions being drawn from the current results need to be noted. First, this study is an exploratory pilot study, and the first conducted on overall wellness and variables that have an impact on the wellness of counselor educators. The overall response rate and sample size for the current study, however, were low compared to the total population of counselor educators. Follow-up interviews to determine characteristics of nonrespondents were not conducted. It may be that those who chose to respond represent the counselor educators who are most interested in wellness; we might conjecture that these educators would report higher levels of wellness. If this were true, the current wellness scores might overstate the wellness of counselor educators to an unknown degree. Follow-up studies are needed to verify the current findings with a larger and more diverse sample of counselor educators. In particular, purposeful sampling may be required to obtain large enough samples of minorities and single counselor educators to permit valid within-group comparisons across additional demographic indices. Qualitative studies may also be needed to determine both the meaning of, and factors affecting, wellness for counselor educators.

Finally, although the wellness levels of counselor educators as a whole appeared to be high and stable in relation to other groups, mean scores may function to obscure important differences within groups. A review of the score ranges clearly demonstrates variability within the current sample, with at least some counselor educators experiencing very low levels of wellness on many of the 5F-Wel factors. Given the need for educators to be role models for students, the mandate for educators to practice what they preach is clearly evident. Along with additional studies to further explore the range of wellness among counselor educators and subgroups of educators, studies need to be undertaken to determine the best way to enhance wellness among those most at risk. To fail in this task places counselor education students and ultimately their clients at risk.

Implications for Counselor Education

Recognizing that academic careers can be multifaceted, we believe that our results have implications for the field of counselor education. They may be especially salient for faculty who are seeking tenure and/or raising children. In addition, given that the definition of wellness includes emotional, mental, and physical components, along with the ability to use suitable coping methods (Mahoney, 1991), we would like to highlight several proactive implications for counselor education faculty.

The results of our study indicate that assistant professors struggle with realistic beliefs, defined here as the accurate perception of reality and avoidance of needs for perfection. One of the paramount concerns of new faculty in any discipline is attaining tenure (Defleur, 2007), and this process can be unclear, at best. Moreover, faculty may be subject to increasing pressure and expectations for tenure, merit, and promotion, particularly in research institutions (Davis, 2003). Senior faculty members can play an important role in mentoring tenure-seeking faculty regarding academic expectations and scholarly productivity. For example, in a study of 1st-year counselor education assistant professors who were deemed to be successful in the area of scholarship, Magnuson et al. (2003) reported that mentoring and support from colleagues in tangible (i.e., assistance with manuscripts) and intangible ways (i.e., encouragement, brainstorming of ideas) was valued by new faculty. It has been suggested that there is a discrepancy between the definition of scholarship used by counselor education faculty and the one used by their

institutions, with faculty having a more diverse definition (Ramsey, Cavallaro, Kiselica, & Zila, 2002). Thus, it is important for senior faculty to prepare junior faculty for the tenure process that is specific to their institutions of employment.

Counselor education faculty have reported feeling a greater sense of well-being when they had more control over their work environment, including more control over what courses they taught and what they researched (Leinbaugh, Hazler, Bradley, & Hill, 2003). Assistant professors of counselor education have also reported that stress has been alleviated, in part, by supportive colleagues (Magnuson, 2002). Specific recommendations include 1st-year course reductions, choice of teaching assignments when possible, helping set deadlines for arbitrary activities such as research and publication, and funding to launch and support research efforts (Ackerman & Gross, 2007; Leinbaugh et al., 2003; Magnuson et al., 2003). By focusing on mentoring junior faculty and supporting them in formal and informal ways, senior faculty may help establish realistic beliefs about their position, help to lower stress levels, and possibly contribute to an increase in overall wellness.

Although the results of this survey do not detail the specific reasons participants reported that having children contributed negatively to their wellness, there are some plausible reasons that having children may have an impact on wellness, such as the struggle for balance between the competing demands of work and family (Armenti, 2004; Drago & Williams, 2000; Mason & Goulden, 2004). Programs, when possible, can seek to establish family friendly policies regarding the scheduling of classes and meetings, taking into account child-care needs (see Ward & Wolf-Wendel, 2003). Finally, given the paucity of research regarding counselor education faculty, this study invites future research on specific strategies used to enhance wellness, particularly for assistant professors as well as counselor educators who have children.

In light of the results of this study, perhaps it is important not only to consider recommendations for those already on the tenure track but also to take a step back and consider doctoral students who are interested in becoming counselor educators. Magnuson et al. (2003) recommended that preparation for the professorate begin in graduate school. For doctoral-granting counselor education programs, this means not only investing time and energy in helping students in the areas of teaching, service, and scholarship but also encouraging them to “experiment with approaches to time management and strategies for self-motivation” (Magnuson et al., 2003, p. 220). In addition to preparing students for the complexities of academic life, it may also be important for them to have role models in the area of academic wellness. These models may be direct mentors, such as advisers or dissertation chairs, or more involuntary choices. For example, most female counselor education doctoral students who were mothers indicated that they had at least one faculty mentor in their program who was also a mother (Stinchfield & Trepal, 2007). Consequently, that person served as an unintentional role model for the students, because the students might have been able to observe that faculty member negotiating how to balance her personal and professional lives. Students may be looking to counselor educators to provide an example of wellness within the academic life, and it is an important and inadvertent responsibility that educators cannot avoid.

Conclusion

Overall, the counselor educators in this study appeared to be fairly well. However, through the developmental cycles of life, events such as having children, life changes and transitions, and stress levels, wellness can be jeopardized. These are the times when it may be helpful to have

support or mentoring from colleagues and to become increasingly self-aware, respect individual limitations, and determine the current level of impairment. It is also a time when modeling for students and future professional counselors on how to handle stressors and possible impairment would be essential. In addition to modeling for counseling students, counselor educators have the responsibility to recognize when they need to address their wellness. Further studies addressing the impairment of counselor educators are needed to examine what happens when the gatekeepers are unable to function. In addition, studies with larger and more diverse samples of counselor educators need to be conducted to expand the understanding of the nature of wellness in this population, and strategies for enhancing wellness of educators should be developed and implemented where needed.

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