



## Influences of art therapists' self-efficacy and stress coping strategies on burnout<sup>☆</sup>



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### ARTICLE INFO

#### Article history:

Available online 8 October 2015

#### Keywords:

Art therapists  
Self-efficacy  
Stress coping strategies  
Burnout

### ABSTRACT

This study investigated the effects of therapists' self-efficacy and stress coping strategies on burnout. 140 art therapists with at least one year of professional experience completed a questionnaire designed to examine participants' professional characteristics along with measures of burnout, self-efficacy and stress coping strategies. Data were analyzed using frequency and percentage, mean and standard deviation, correlation analysis and multiple regression analysis. The findings indicated that art therapists had low-level burnout and moderate- or high-level self-efficacy. Seeking social support coping was most commonly used stress coping strategy. There were significant correlations among art therapists' professional characteristics, self-efficacy, stress coping strategies and burnout. The overall burnout of art therapists was influenced by supervision, self-efficacy, and emotion-relieving coping strategy. The three sub-factors of burnout, emotional exhaustion, depersonalization, and reduction in sense of personal achievement were significantly influenced by supervision and emotion-relieving coping strategies.

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### Introduction

Counselors have an important ethical duty to protect themselves (Corey, Corey, & Callanan, 2007) and a vocational duty to maintain continuous observation, patience, and sensitivity toward their clients (Remley & Herlihy, 2005). This increases their likelihood of suffering psychological exhaustion, since they must consider and understand their clients one-sidedly (Ryu, Park, & Yoo, 2003). Counselors are considerably stressed by the counseling itself, their environments and their own high levels of standard. When not coping with their emotions properly, they may experience burnout and exert unethical influences on their clients (Moon, 2006).

Burnout can be defined as a state of physical, emotional, intellectual and spiritual exhaustion that manifests itself as a feeling of helplessness or hopelessness (Corey et al., 2007). Maslach and Jackson (1981) conceptualized burnout as a syndrome

characterized by emotional exhaustion, depersonalization and lack of personal achievement feeling as chief symptoms among counseling professionals. Burnout, which occurs when a person-to-person task exceeds an individual's capacity (Raquepaw & Miller, 1989), is caused primarily by the oppressive feeling experienced when counselors are obliged to solve their clients' problems (Sapientza & Bugental, 2000). Such burnout induces a loss of energy, purpose and vision for counseling (Edelwich & Brodsky, 1980), or a reduced creativeness (Marshall & Kasman, 1980).

These negative effects of burnout on both clients and counselors have led to active studies in multiple fields since 2000. The studies address the following factors that influence burnout: self-efficacy (Cho & Park, 2007; Lim & Kim, 2011), ego-resilience (Kim & Sunwoo, 2012; I. Kim, 2012), social support (I. Kim, 2012; Kim & Jeong, 2012), stress coping strategies (Kim & Sunwoo, 2012; Montero-Marin, Prado-Abril, Demarzo, Gascon, & García-Campayo, 2014), and feelings of subjective well-being (J. Lee, 2010).

Self-efficacy means trust in personal ability to organize and implement a series of behaviors for the purpose of attaining a specific result (Bandura, 1993). According to Gündüz (2012), self-efficacy predicts the depersonalization and personal accomplishment of a school counselor's burnout. According to Choi (2006), self-efficacy is an important factor to improve personal accomplishment. Increased self-efficacy raises a person's ability to challenge difficult tasks and endeavors and achieve them for a

<sup>☆</sup> This manuscript is a part of Jihyun Gam's thesis for MA of Art Therapy, Yeungnam University in Korea and it was modified and supplemented.

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long time. On the contrary, a person with low self-efficacy evades difficult tasks, is easily stressed and falls into depression or burnout.

In the area of psychotherapy, unmanaged stress is a chief cause of burnout and can cause trouble (Corey et al., 2007). According to Skovholt (2000), burnout among counselors is caused by the various kinds of stress, which necessitates their careful management. According to Kim and Sunwoo (2012), play therapists show low levels of burnout, when they cope with stress actively. This indicates that burnout is determined by how stress is perceived and coped with, and hence that stress depends on how to interpret and perceive stimuli (Kim, 1987).

Higher levels of self-efficacy and perceived control improve results and reduce emotional pain in stress conditions (Litt, 1988). Lim (2007) reports significant correlations between teachers' self-efficacy and stress coping strategies, and Kim (2011) reports that self-efficacy has a partial effect on stress coping ability. These studies show that self-efficacy prevents burnout and helps clients efficiently improve their self-efficacy and stress coping ability.

Studies have been performed on the relationships between self-efficacy and stress coping strategies (Lee, 2009; I. Lee, 2010), self-efficacy and burnout (Cho, Lee, Song, & Chang, 2010; Gündüz, 2012; Lee, 2006), and stress coping strategy and burnout (Kim & Sunwoo, 2012; Oh, 2009; Skovholt, 2000). However, few studies have examined the relationships among self-efficacy, stress coping strategies and burnout. In terms of subjects, counselors, teachers, and nurses have been studied most commonly, and art therapists rarely studied except in Kim and Jeong (2012).

Art therapy focuses on solving psychological problems and promoting self-growth by combining psychotherapy theories with art activities. An art therapist requires insight and sensibility to understand clients through artistic works as well as psychotherapy theories. According to Landreth (1991), an art therapist should have an objective expertise to diagnose or analyze the relationships between a client's artistic works and his/her psychological symptoms, and an ability to select appropriate media and lead treatment. Unlike verbal counseling, art therapy applies to handicapped persons in many cases, which requires an ability to understand handicap characteristics and perform relevant art therapy. Consequently, art therapists need more capabilities than counselors need and bear more stress. When such capabilities are insufficient, art therapists can suffer serious stress and burnout.

According to Moon (2006), it is almost impossible for a burned out art therapist to provide their clients with good quality service. In general, art therapists lack sense of responsibility, are not well versed in their tasks, and perform treatment with a mechanical attitude. Suffering from psychological burnout, art therapists cannot help clients efficiently and may actually do harm. Hence, for art therapists' problems to not affect clients, it is necessary for therapists to solve their own problems properly through supervision. Supervision is the most essential factor to enhance therapists' professional capability (Malchiodi, 1998). To cope with private or occupational stress and get feedbacks regarding their tasks, therapists should be subjected to supervision or consultation (Corey et al., 2007). Art therapists are urged to grasp and cope with the factors that affect burnout to maintain their well-being.

Particularly in Korea, due to drastic changes in social and family structures and increased support for national projects, art therapists' roles and tasks have become diversified. In this situation, therapists have become exposed to overloaded tasks, stress, and lack of self-care and supervision, resulting in psychological burnout. Therefore, this study aims to deal with the impacts of art therapists' self-efficacy and stress coping methods on burnout. By doing so, this study will be able to offer important data for art therapists to enhance their own efficiency, cope with stress effectively, prevent burnout, and ensure self-protection.

Three specific study problems are as follows. First, how are the level of self-efficacy, stress coping strategies and burnout of art therapists? Second, what are the correlations among art therapists' professional characteristics, self-efficacy, stress coping strategies and burnout? Third, what are the influences of professional characteristics of art therapists, self-efficacy, and stress coping strategies on burnout?

## Method

### *Participants and procedures*

The present study was performed with 140 art therapists with one or more years clinical experience. The subjects were collected by random sampling from the art therapists who participated in the workshops organized by the Korean Art Therapy Association and worked at private art therapy centers. A survey was performed for them from March 1 through 28, 2012. From 400 questionnaires, 153 were collected and after 13 were excluded for incomplete answers, the remaining 140 were used in the study analysis.

Table 1 shows the general characteristics of the subjects. They were mostly in their thirties (34.29%) and forties (33.57%), with an average age of 37.5 years. The majority (55.72%) held M.A. degrees. They had 4.86 years of experience on the average, and 70% of them had three or more years. They had on average 10.88 cases a week, and 77% of them received supervision.

### *Instruments*

#### *Questions on general and professional characteristics of art therapists*

The general characteristics included gender, age, educational level, major, and workplace, and the professional characteristics included career, number of cases per week, and supervision.

#### *Self-efficacy scale*

The present study used the scale of Lee (2003) built by revising the general self-efficacy questionnaire of Jung (1987). This questionnaire consists of 23 questions, each of which uses a 4-point Likert scale: not at all (1 point) to strongly yes (4 points), where higher points mean higher self-efficacy. The reliability coefficient of the self-efficacy scale, Cronbach's  $\alpha$  is .919.

#### *Stress coping strategy scale*

The stress coping strategy questionnaire used the 62-item scale developed by Kim (1987) by making a factor analysis of the 69 items developed by Folkman and Lazarus (1985). Kim (1987) divided a subtype into active coping and passive coping. Active coping was classified into problem-centered coping (ex. analyzing a problem to understand it properly) and seeking social support (ex. talking with someone to examine a problem more closely). Passive coping was classified into emotion-relieving coping (ex. making a different activity to forget a problem) and hopeful thinking (ex. praying for succeeding in a task). Each item used a 4-point Likert scale: not used (1 point), a little used (2 points), moderately used (3 points), and very much used (4 points), where higher points mean better stress coping. Table 2 illustrates the subfactor-specific item details and reliabilities.

#### *Burnout scale*

The present study used Choi (2002)'s version of the Maslach Burnout Inventory (MBI) that Maslach and Jackson (1981) developed to measure the burnout of art therapists. MBI consists of 22 items under the three subfactors of emotional exhaustion (ex. I feel mentally exhausted by work), depersonalization (ex. I fear this work might make me cold-hearted), and reduction in personal

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