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Article 33

Student Perceptions of Wellness and Stress, Academic Progress and Program Satisfaction in Graduate Counselor Education

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ACA Student Members' Perceptions of Wellness, Stress Management, Academic Progress, and Program Satisfaction

A review of relevant literature reveals a largely academic focus on training, supervision, and accreditation issues. While this attention is crucial, some researchers believe students would benefit if educators examined other less studied factors that positively or negatively influence graduate students (Polson, Piercy, & Nida, 1996). Grant-Valone and Ensher (2000) suggested that understanding how students perceive their personal wellness and ability to handle stress might be helpful in providing students assistance in healthily managing the demands and pressure of graduate school. In this study, the authors explored ACA student members' perceptions of personal wellness, stress management skills, academic success, and program satisfaction.

Standard VI B of the Council on Accreditation of Counseling and Related Educational Programs (CACREP, 2001) specifies that faculty consider personal development when assessing student progress in a program. Logically, a profession committed to helping would include personal development such as wellness and positive stress management skills in the education and training of future professionals. At a national conference, Myers, Mobley, and Booth (2001) presented research on personal wellness of counseling students and discussed implications for training and supervision. Interestingly, the literature review reflected more research on the effect of graduate study on the wellness and stress of medical, law, and family therapy students than on counseling students (Dorff, 1997; Helmers, Danoff, Steinert, Leyton, & Young, 1997; Hudson & O'Reagan, 1994; Mallinckrodt & Leong, 1992a, 1992b; Polson & Piercy, 1993; Polson et al., 1996; Sori, Wetchler, Ray, & Neidner, 1996; Valdez, 1992). The

effect of graduate education on counseling students and how programs assist graduate counseling students to maintain emotional wellness and adjust to life changes associated with graduate school has been researched to a lesser degree.

Psychological stress has been related to graduate retention rates leading some researchers to survey stress and stressors of students (Polson et al., 1996; Rocha-Singh, 1994). Polson and Piercy (1993) studied the impact of training on marriage and family therapy students and noted concerns about workload, internship requirements, expectations of faculty, and family relationships. Polson and Nida (1998) found that most family therapy students had to work to support themselves. Financial worries and strain on personal or family relationships have been found to be common concerns of both psychology and medical students (Cushway, 1992; Dorff, 1997; Toews, Lockyer, Dobson, & Brownell, 1993).

Sori et al. (1996) recognized similar problems in still another study on the effect of graduate education on marriage and family therapy students. In particular, they identified emotional exhaustion, spousal stress, and higher stress levels in female students. Several studies show females in graduate psychology programs report higher stress levels than do males (Dorff, 1997; Hudson & O'Reagan, 1994). The literature also indicates international students, people of color, people with disabilities, gay men, and lesbians have higher levels of stress than non minority populations (Mallinckrodt & Leong, 1992a, 1992b; Valdez, 1992).

Still, research exploring the relationship of personal wellness and stress management with academic progress and program satisfaction has been met with mixed results. Hodgson (1990/1991) found a strong positive relationship between perceived academic success, graduate satisfaction, and faculty support in graduate students from humanities, life sciences, physical sciences, and social sciences. In contrast, Williams, Gallas, and Quiriconi (1984) found no relationship between increase or decrease in stress levels and grade point averages of social work student participants in experimental and control groups. Other authors, however, have asserted that personal wellness and stress levels are important concerns in graduate education programs (Dorff, 1997; Hudson & O'Reagan, 1994; Lovitts, 2001; Polson & Piercy, 1993).

Given that there are minimal studies describing counseling student perceptions of personal wellness and stress, we conducted a survey exploring self-perceived levels of personal wellness, stress management, progress in program, and program satisfaction of student members of the American Counseling Association (ACA). Results were examined for interactive effects with gender, age, race, degree, income, program accreditation status, marital status, number of children, income, hours of work per week, hours of partner's work per week, and use of medication to handle demands and stress of graduate studies. Hopefully the findings will increase understanding of how ACA student members cope with the challenges of a counselor education program, provide direction for improving wellness of graduate counseling students, and encourage improvement of orientation, advising, program management, and retention.

Method

Procedure

The authors first obtained approval for the project from the campus institutional review board for research on human subjects. Phone conversations with ACA staff revealed that a maximum of 999 addresses of the approximately 16,000 ACA student members would be available for research purposes. The decision was made to target a geographically stratified random sample of 999 ACA student members from a list provided by ACA. An introduction and consent letter, demographic data sheet, survey questions, and a stamped returned envelope were printed and placed in a packet for mailing. The September 11 tragedy occurred during preparations, and researchers decided to omit mailing military or overseas' packets due to problems in mail service. The total number of packets mailed was 990; all 50 states were represented. Postcards were mailed 10 to 12 days later to encourage recipients to respond to the survey and to contact researchers if their survey had not been received and the recipient wished to participate. Participants were asked to return the packets within five weeks of the original mailing.

Survey Instrument

The *Personal Skills Map (PSM)* (Nelson & Low, 1981) was selected as the assessment model for measuring perceived levels of wellness and stress management. The *PSM* has an extensive research base of more than 30 completed doctoral dissertations (Nelson & Low, 2002). Initial norming and validation included graduate counseling students, and *PSM* scales have been found to be significant predictors of student achievement and mental health (Nelson & Low, 1981; 2002). The *PSM* has a total of 15 personal skill scales that provide a positive approach to the self-assessment of skills considered important in healthy and creative living. The two scales of Stress Management and Personal Wellness selected for use in this study have a combined reliability coefficient of .83. Total test items total 244, including 34 in the Personal Wellness and Stress Management Scales selected for this survey. Responses to items are made on 3-point scales (most descriptive of me, sometimes descriptive of me, or least descriptive of me). Resulting scores reflect the participants' perceived level of personal wellness and stress management skills. High-range scores reflect perceived strengths on the part of the test-taker. Mid-range scores indicate the participant is only sometimes satisfied. A low-range score is a sign that the participant is not satisfied and desires to improve in the specified area. The *PSM* has been widely used with students and in research projects (i.e., Nelson & Low, 1981; Quintanilla, 1998; Stottlemeyer, 2002; Tennant, 1990).

Participants

The population of this study consisted of an ACA computer-generated list of 990 ACA student members randomly selected by state to receive the mailed survey. Responses totaled 406, a response rate of 41%. Eight additional recipients responded that they had graduated and were no longer students. Ten reminder postcards were returned not deliverable. Four students who did not receive the original packet requested it be sent to them. Mail delivery was inconsistent or delayed during this period of time, and three recipients communicated not receiving their survey packets until after the return deadline.

Data varies slightly as participants did not respond to all questions. Twenty-seven participants did not answer at least one survey question. Demographic characteristics are provided in Table 1.

Results

A one-factor repeated measures analysis of variance (ANOVA) was conducted to investigate whether ACA students' perceptions of their ability to manage stress (as measured by the stress management scale of the *PSM*) varied according to CACREP accreditation status of the program, marital status, prescribed medication for stress or mood, children, satisfaction with progress, and satisfaction with their program. All two-way interactions were included. Levene's test of equality of error variance was used to determine if the error variance of the dependent variable was equal across groups. Levene's test resulted in an F of 1.34, which was not significant, and therefore equal variances were assumed (Assumption of ANOVA).

Results indicated one significant main effect for the stress management index of the satisfied with progress group ($F = 5.09$, $df = 2$, $p < .05$). Post hoc tests were performed and results indicated that people satisfied with progress in their program perceived a significantly higher ability to manage stress than people not sure if they were satisfied, or were dissatisfied with their progress (Tukey HSD mean differences significant at the .05 level).

A significant interaction was also found between CACREP accreditation status of the program and children ($F = 4.11$, $df = 1$, $p < .05$). Students matriculating in programs accredited by CACREP and who had no children, perceived a significantly lower ability to manage stress than CACREP or non-CACREP program students who had children (see Figure 1). A plot of residuals for the stress index revealed that the errors were normally distributed (Assumption of ANOVA).

An analysis of variance (ANOVA) was conducted on the perception of physical wellness using the following factors: CACREP accreditation, marital status, prescribed medication for stress or mood, children, satisfied with progress, and satisfaction with one's program. Levene's test of equality of error variances revealed equal variances ($F = .83$, $p = .834$). Two significant interactions were found between marital status and medication for stress or mood ($F = 4.40$, $df = 3$, $p < .05$), and prescribed medication for stress and mood and satisfied with program ($F = 4.35$, $df = 2$, $p < .05$). Post hoc tests were performed to indicate where these differences existed. Results indicated that students who were taking prescribed medications, and single, married, divorced, or other, had significantly lower scores on their perception of physical wellness than those students who were not taking prescribed medication and were single, married, divorced, or other (see Figure 2). ACA student members who were not taking prescribed medication for stress or depression had significantly higher scores on their perception of physical wellness than student members who were taking prescribed medication and either not sure of their satisfaction with the program or who were dissatisfied with their program (see Figure 3).

Discussion

Results from this study indicate that students who were satisfied with their progress in their program perceived a significantly higher ability to manage stress than students who were not sure if they were satisfied, or who were dissatisfied with their progress. Counseling students who are satisfied with their progress in graduate school appear to report more stress management skills than students who were not sure they were satisfied with their progress or who were dissatisfied with their progress in graduate school. The development of personal skills such as stress management skills may have a positive impact on students' satisfaction with graduate programs. This research supports previous research that shows a relation between satisfaction and the ability to manage stress (Grant-Valone & Ensher, 2000; Polson et al., 1996). The relationship of students' ability to manage stress and their satisfaction with their graduate program also has implications for faculty in terms of interventions. Faculty may choose to facilitate the development of stress management skills as part of the graduate program. Often counseling degree programs offer students ongoing seminars during which stress management skills could be presented. Other alternatives are to emphasize involvement in organizations such as ACA, TCA, and Chi Sigma Iota, which could also provide opportunities for students to attend professional development seminars focusing on developing stress management skills.

Faculty must also work diligently with students in an advisory role. Advising students often involves not only assisting students with academic degree plans but also encouraging personal development (CACREP, 2001). Referrals to the career or personal counseling center are often helpful to students for professional and personal development. Results from this survey reveal the relationship between students who report that they can manage their stress and report satisfaction with their graduate program. In terms of student retention, these findings suggest that faculty that can enhance students' stress management skills may also enhance students' satisfaction with the degree program.

Additional findings reveal that students enrolled in counseling programs accredited by CACREP and who had no children perceived a significantly lower ability to manage stress than students who had children and were enrolled in counseling programs accredited by CACREP or not accredited by CACREP (see Figure 1). This finding indicates that there is a difference between students in graduate school who have children and those that do not in terms of their ability to manage stress and the accreditation level of the program. Specifically, results indicated that students who had no children and attended programs that were not accredited by CACREP had a significantly lower ability to deal with stress. It appears that there is a relationship between stress management and being a parent. Overall students with children reported higher levels of stress management skills than do students without children. Faculty may be especially attuned to their non-parent students and work with students to enhance their stress management skills.

In terms of graduate counseling students' perceptions of wellness, this study found that students who were taking prescribed medications and were single, married, divorced or other had significantly lower scores on their perceptions of physical wellness than those students who were not taking medication and were single, married, divorced or other (see Figure 2). Interestingly, students who were divorced and were not taking any

prescribed medications reported the highest level of physical wellness. Whereas students who were taking prescribed medications and were either single or other, reported the lowest levels of physical wellness. Faculty may want to take special notice of single students and students who would fall into the marital status “other.” These students in this study appear to report lower levels of physical wellness. Again in terms of student retention and graduation, these variables may be important.

Finally, perhaps the most surprising response was that 24.6% of the responding students answered yes to the question, “Have you used prescribed medication to help you with depression or stress while pursuing graduate studies?” This study found that students who were not taking medication for stress or depression had significantly higher scores on their perception of physical wellness than students who were taking medication and either not sure of their satisfaction with the program or who were dissatisfied with their program (see Figure 3). Students who took medication for stress or depression problems and were also unsure about their satisfaction with the counseling program reported the lowest levels of physical wellness. While overall students who did not take medication for stress or depression reported higher levels of physical wellness, the students who did not take medication for stress or depression and who were unsure about their satisfaction with the counseling program reported the highest levels of physical wellness. Students may be unsure of their satisfaction with their program and either report high levels of physical wellness or low levels of physical wellness based on their use of prescribed medication. Faculty may monitor students’ satisfaction with the graduate program and physical wellness indicators to help students matriculate in the program.

The characteristics of the participants also warrant discussion (see Table 1). Most respondents were from CACREP accredited programs. Females compose 84.2% of the responding population, Caucasians 81.3%. More than 65% of the respondents report being over 31 years of age. Sixty eight per cent attend programs accredited by CACREP; almost 85% report being enrolled in masters’ level counselor education programs. Married respondents number 51.5%; respondents with children 49.5%. Only 18% of those responding self identified as being a racial minority. Few survey respondents were full time students with more than 70% working to support themselves, 60.8% of the total group working more than 31 hours a week.

On the whole, student respondents had a positive view of their wellness and ability to manage stress, yet variability was found among specific groups. While it seems natural that students reporting satisfaction with progress in their program would perceive a higher ability to manage stress than students who are ambivalent or dissatisfied with their progress, what conclusions can be drawn from this result? Would interventions focused on increasing the ability to positively manage stress assist students in improving their progress in a counselor education program?

Several limitations are important to consider when interpreting this data. First, the study is based on self-report data, and respondents may answer more positively than they actually feel. Another limitation may lie in the sample. While procedures resulted in the survey being mailed to ACA student members in all states, the resulting sample may or may not be representative of ACA student membership or counselor education graduate students at large. Finally, the return rate of 41% may limit how the results generalize to all graduate counseling students. Despite these concerns, the results may provide helpful implications for counselor education programs.

Research examining progress in program, program satisfaction, and the perceptions of personal wellness and ability to manage stress among ACA student members, nonmembers, CACREP program students, and non-CACREP program students is recommended to obtain findings that might be generalized to larger a population of counseling students. Certainly, further research is needed to verify if any specific group of students is in need of help with wellness and stress management. Empirical studies are needed to prove if interventions to promote wellness and teach stress management are successful. Finally, educators may wish to explore options for encouraging personal wellness and the acquisition of stress management skills. We strongly believe a profession espousing a positive developmental philosophy is obliged to provide an educational climate that enhances the physical and personal wellness of future professionals.

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Table 1. Characteristics of Graduate Counseling Student Participants

Characteristics		Participants	
		n	%
Gender			
	Male	64	15.8
	Female	342	84.2
Age			
	25 or below	48	11.8
	26-30	91	22.4
	31-35	56	13.8
	36-40	47	11.6
	41 or above	163	40.1
Race			
	Caucasian	330	81.3
	Native American	2	0.5
	Hispanic	21	5.2
	Asian	8	2.0
	African-American	33	8.1
	Other	9	2.2
Educational level			
	Master's level	344	84.7
	Doctoral level	39	9.6
	Other postgraduate program	15	3.7

(Table continues)

Table 1. (continued)

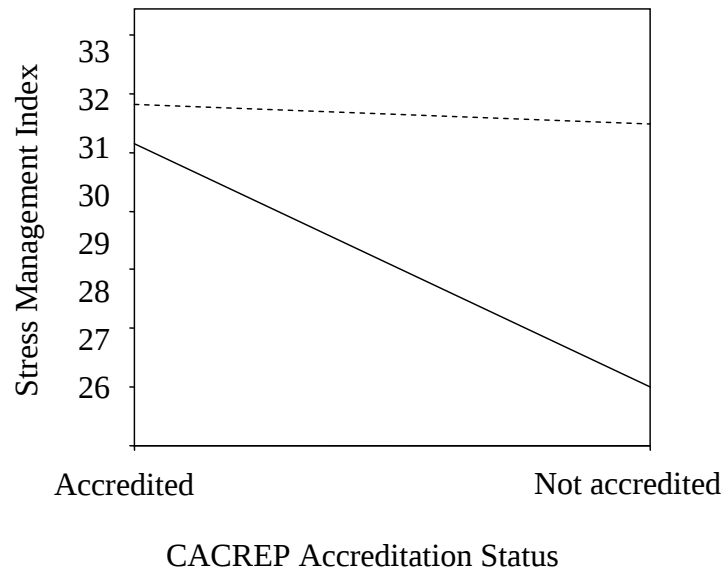
Program accreditation		
Accredited by CACREP	276	68.0
Non accredited by CACREP	111	27.3
Marital status		
Married	209	51.5
Widowed	2	0.5
Single	119	29.3
Separated	9	2.2
Divorced	47	11.6
Other	19	4.7
Number of children		
No children	205	50.5
1-2 children	152	37.4
3 or more children	49	12.1
Income		
\$0-9,999	59	14.0
\$10,000-19,000	39	9.6
\$20,000-29,000	60	14.8
\$30,000-49,999	110	27.1
\$50,000-75,000	63	27.1
Over \$75,000	65	16.0
Work to support self		
Yes	288	70.9
No	118	29.9

(Table continues)

Table 1 (continued)

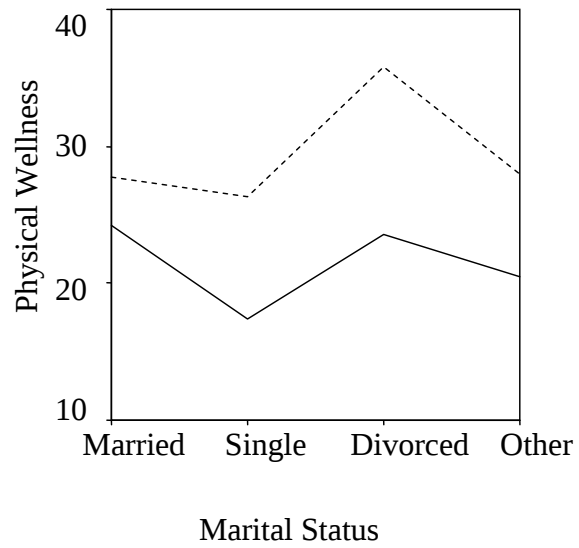
Partner works to support		
Yes	230	56.7
No	176	43.3
Work hours per week		
1-10	22	5.4
11-20	46	11.3
21-30	45	11.1
31-40	109	26.8
41 + hours	138	34.0
Partner's work hours per week		
1-10	6	1.5
11-20	5	1.2
21-30	8	2.0
31-40	103	25.0
41 + hours	117	28.8
Medication for depression or stress		
Yes	100	24.6
No	305	75.1

Figure 1: Graph showing the interaction effects of accreditation status of program by children by stress management.



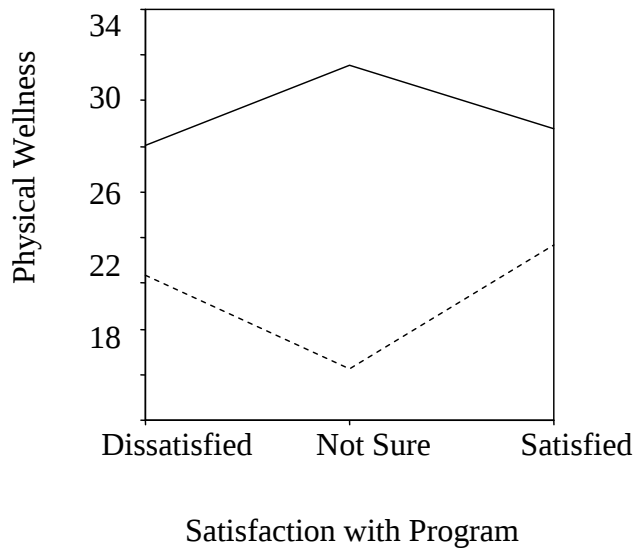
Note: — students without children; --- students with children

Figure 2. Graph showing the interaction effects of marital status by use of medication by physical wellness.



Note: ----use medication; —do not use medication

Figure 3. Graph showing the interaction effects of use of medication by satisfaction with program by physical wellness.



Note: —do not use medication; ---use medication