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The Impact of Supervisor Servant Leadership on Counselor Supervisee Burnout and Secondary Traumatic Stress

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Abstract

This study investigates the prediction of supervisee burnout and secondary traumatic stress by perceived supervisor servant leadership. Authors hypothesized that the servant leadership of supervisors would predict diminished burnout and secondary traumatic stress of supervisees. A sample of 241 counseling supervisees participated in the cross-sectional study and completed instruments measuring burnout, secondary traumatic stress, and perceived servant leadership of their direct supervisors. Data were analyzed with two simple linear regressions, and a one-way MANOVA was performed to determine if supervisee burnout, supervisee secondary traumatic stress, and perceived servant leadership of supervisors differed significantly according to supervisor type (i.e., clinical, administrative, or dual role). Results confirmed the main hypothesis, and administrative supervisors were perceived to demonstrate significantly less servant leadership qualities than the other two supervisor types. Limitations, avenues for future research, and implications for counselor education and supervision are discussed.

Significance to the Public

This study indicated that counselor supervisees experience less burnout and secondary traumatic stress when they have supervisors who emulate a servant leadership style of supervision. Additionally, it reported that administrative supervisors demonstrated significantly less servant leadership qualities than clinical supervisors and dual role supervisors. Counselor supervisors might consider including servant leadership attributes in their supervisory approach to promote counselor supervisee wellness.

Keywords: burnout, secondary traumatic stress, supervision, counselors, servant leadership

Novice counselors are at greater risk of developing burnout and secondary traumatic stress (STS) than experienced counselors (e.g., Skovholt & Rønnestad, 2003; Thompson et al., 2014; Yang & Hayes, 2020) and the supervisory context can ameliorate or exacerbate these symptoms (e.g., Beitel et al., 2018; Knudsen et al., 2013; McCrea & Bulanda, 2008; Sterner, 2009). Although positive supervisory experiences can promote supervisee well-being, clinical supervisors often take on additional administrative duties that may affect their efficacy in preventing supervisee burnout and STS

(Kreider, 2014). For example, dual role supervision (supervision that includes both clinical and administrative roles) may affect supervisee trust, disclosure, and well-being (e.g., Tromski-Kilingshirm & Davis, 2007; Veach et al., 2012). The empowering and supportive approach of servant leadership may provide a cohesive framework for both administrative and clinical supervisory responsibilities (Evans et al., 2016) and prevent burnout and STS in supervisees (Mahon, 2021a, 2021b).

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Servant leadership has been linked to burnout reduction in a variety of contexts (Babakus et al., 2011; Coetzer et al., 2017; Ma et al., 2021; Sheikh et al., 2019; Upadyaya et al., 2016; Upadyaya & Salmela-Aro, 2020) and proposed as a trauma-informed approach to supervision in health and social care settings (Mahon, 2021a, 2021b). However, further empirical research is needed to determine servant leadership's relationship to burnout and STS in the field of counseling. The current study investigates the impact of supervisor servant leadership on postdegree counseling supervisee burnout and STS, and determines the effect of supervisor type (i.e., clinical supervisor, administrative supervisor, or dual role supervisor) on perceived supervisor servant leadership and supervisee burnout and STS.

Postdegree Counseling Supervisees at Risk

The population of interest in the current study is postdegree counseling supervisees. These supervisees are recently graduated master's-level counselors who are providing supervised direct care to clients. Inexperience and young age are risk factors for burnout and STS (e.g., Craig & Sprang, 2010; Robinson-Keilig, 2014; Skovholt & Rønnestad, 2003; Testa & Sangganjanavanich, 2016; Yang & Hayes, 2020); however, most of the research on counselor burnout and STS is with more experienced counselors. Further research is needed to capture the experience of postdegree counseling supervisees to prevent the deleterious effects of burnout and STS, turnover, and counselor impairment.

Burnout

Burnout is the "failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/physical drain" (Lee et al., 2007, p. 143). High caseloads, lack of decision-making power, low support, and poor training are antecedents to burnout (Morse et al., 2012). Inexperienced counselors are more likely to endorse burnout (Thompson et al., 2014; Yang &

Hayes, 2020) and may require additional support to prevent burnout.

Postdegree counseling supervisees often launch their careers in high-acuity and demanding work positions, which are prone to precipitating burnout; whereas more experienced counselors may have advanced to less stressful and more positive working conditions (e.g., Lent & Schwartz, 2012; Thompson et al., 2014). Cook et al. (2021) identified that postdegree counseling supervisees are also more vulnerable to burnout due to challenging client issues, diminished effectivity due to competency level, and low income. Cook and colleagues conducted a content analysis of responses to open-ended questions about burnout with a sample of 256 postdegree counseling supervisees. The authors found that the counselors' experience with burnout included fatigue, unfulfilling counseling work, questioning one's career path, poor coping, and psychological distress. Considering burnout is linked to counselor distress, withdrawal from the profession, and poor client outcomes (e.g., Adams et al., 2008; Craig & Sprang, 2010), further research is needed to protect inexperienced counselors, clients, and the profession.

Secondary Traumatic Stress

Burnout and STS are positively correlated constructs (Cieslak, et al., 2013; Grunhaus, 2018) and counselors who experience burnout are more likely to eventually develop STS (Shoji et al., 2015). This indicates that postdegree counseling supervisees who experience burnout are also at risk of developing STS. STS is prompted by vicarious exposure to traumatic material through interaction with traumatized clients and results in symptoms mirroring the diagnostic profile of posttraumatic stress disorder (PTSD; Adams et al., 2008). Symptoms of STS include intrusive thoughts, nightmares, avoidance of stimuli related to clients' trauma, and arousal symptoms such as hypervigilance and an exaggerated startle response (Bride, 2007; Bride et al., 2004, 2009).

McNeill and Stoltenberg (2016) asserted that postdegree counseling supervisees' developmental stage is marked by a deepened empathic awareness of the client's affective and cognitive states and presents a risk of enmeshment in the client's experience. Counselors with a high empathic capacity are more likely to experience STS because they have difficulty distinguishing between the client's emotional crises and their own (Ludick & Figley, 2017). Unfortunately, traumatic events are a frequent occurrence with about 90% of the general population endorsing at least one traumatic experience (Kilpatrick et al., 2013) and postdegree counseling supervisees are likely to encounter clients with traumatic experiences in their continued clinical work. Considering the ubiquity of potential secondary trauma exposure and their increased vulnerability to developing STS, further research is needed to prevent burnout and STS among this population.

The Supervisory Context

Supervisors may provide a protective context against burnout and STS for supervisees (e.g., Beitel et al., 2018; Knudsen et al., 2013; McCrea & Bulanda, 2008; Sterner, 2009). A strategy that supervisees may employ to cope with the antecedents of burnout includes engaging more intentionally in supervisory experiences (Beitel et al., 2018). However, postdegree counseling supervisees who feel unsupported by their supervisors are more likely to report symptoms of burnout (Cook et al., 2021). Similarly, positive experiences in supervision are associated with decreased symptoms of STS (Quinn et al., 2019). These positive experiences that mitigate STS are marked by empowerment, consistency, and authenticity (Slattery & Goodman, 2009). Implementing a servant leadership supervision framework, which emphasizes empowerment and emotional healing, may accentuate the protective aspects of supervision for postdegree counseling supervisees.

Supervisor Type

Supervisees' well-being may be impacted by whether their supervisor is primarily their clinical supervisor, administrative supervisor, or a dual role supervisor (Kreider, 2014). Administrative supervisors facilitate the "efficiency of the delivery of counseling services" and serve in managerial roles (Association of Counselor Education and Supervision [ACES], 2011, p. 1). A clinical supervisor is concerned with the professional development of the supervisee and the supervisee's competent care for clients (ACES, 2011). Due to budget constraints, supervisors are often serving in both these roles simultaneously as a dual role supervisor (Tromski-Klingshirn & Davis, 2007). Although research on the prevalence of dual role supervisors is sparse, researchers have found that the practice was implemented in 36–50% of their samples (e.g., Kreider, 2014; Tromski-Klingshirn & Davis, 2007).

Supervisor type may affect supervisors' ability to facilitate burnout and STS prevention. Tromski-Klingshirn and Davis (2007) found that supervisees expressed diminished trust in their clinical supervisor when the supervisor also served in an administrative role. Veach et al. (2012) also found that dual role supervisors expressed greater preoccupation with performance issues such as paperwork and direct service quota than supervisee welfare or professional development. Furthermore, an enforcement-centered supervision style may dampen the protective benefits quality supervision usually provides for supervisee well-being (Lampropoulos, 2002). Further research is needed to determine if postdegree counseling supervisees' symptoms of burnout and STS differ according to supervisor type (i.e., administrative supervisor only, clinical supervisor only, dual role supervisor).

Despite the difficulties and conflicts of interest that may arise in dual role supervision, the practice is prevalent and is likely to continue (Tromski-Klingshirn & Davis, 2007). Formal models of clinical supervision do not address the intricacies of administrative supervision responsibilities. Evans et al. (2016) recommended integrating leadership models, such as servant leadership, into the

provision of counselor supervision as a structured solution to address the expansion of supervisor responsibilities.

Servant Leadership Supervision

Servant leadership was developed by Greenleaf (1977) as a style of leadership marked by service, humility, and vision. According to Liden and colleagues (2008), servant leadership has seven dimensions: conceptual skills, empowerment, helping subordinates grow and succeed, putting subordinates first, ethical behavior, emotional healing, and creating value for the community. Servant leadership is associated with reduced employee turnover (Babakus et al., 2011), increased employee job satisfaction (Mayer et al., 2008), and increased employee psychological safety (Ma et al., 2021; Schaubroeck et al., 2011). Furthermore, employees who perceive servant leadership traits in their supervisors are significantly less likely to experience burnout (Babakus et al., 2011; Coetzer et al., 2017; Ma et al., 2021; Sheikh et al., 2019; Upadyaya et al., 2016; Upadyaya & Salmela-Aro, 2020). This research indicates that integrating servant leadership into supervision in the field of counseling may promote supervisees' well-being and retention.

Servant leadership shares many characteristics with clinical supervision. For example, servant leaders develop caring and supportive relationships with followers (Greenleaf & Spears, 2002) and clinical supervisors develop a "supervisory working alliance that is collaborative and egalitarian" (Association for Counselor Education and Supervision [ACES], 2011, p. 3). Servant leaders value the empowerment and development of followers to reach their goals (Ehrhart, 2004); likewise, clinical supervisors "meet the professional development needs of supervisees while protecting client welfare" (ACES, 2011, p. 2). Servant leaders value ethical behavior and interact openly and fairly with others (Liden et al., 2008) and clinical supervisors must adhere to applicable counseling ethical codes and promote open and candid interaction with all professional relationships (ACES, 2011).

The integration of servant leadership with counselor supervision has only recently begun to be explored. Servant leadership aligns with trauma-informed supervision approaches that may mitigate the STS symptoms of supervisees (Mahon, 2021b). Mahon (2021a) provided a conceptual model of servant leadership supervision as an antidote for supervisee burnout and traumatic exposure in the medical and behavioral healthcare fields. In addition, Evans et al. (2016) advocated for the inclusion of servant leadership in counselor supervision because of the congruency of its philosophical underpinnings to counseling tenets and its ability to address administrative obligations while providing sufficient support to supervisees. Servant leadership has primarily been studied in managerial contexts, which suggests that it may provide a cohesive framework for the clinical and administrative responsibilities of dual role supervisors.

The Current Study

Although servant leadership has been shown to reduce burnout in a variety of professions (Babakus et al., 2011; Coetzer et al., 2017; Ma et al., 2021; Sheikh et al., 2019; Upadyaya et al., 2016; Upadyaya & Salmela-Aro, 2020), there is no known study that explores the relationship between supervisee burnout and perceived supervisor servant leadership in the field of counseling. Mahon (2021b) presents a connection between trauma-informed supervisory practices and servant leadership; however, empirical research that connects servant leadership with STS is needed to confirm this relationship. In addition, more research is needed on the practice of dual role supervision and its impact on supervisee welfare. The current study's aim is to address these gaps in the literature. In this study, the researchers investigated the following research questions:

- a. Does the perceived servant leadership of supervisors predict postdegree counseling supervisee burnout?

- b. Does the perceived servant leadership of supervisors predict postdegree counseling supervisee STS?
- c. Does the STS and burnout of postdegree counseling supervisees differ significantly according to supervisor type?
- d. Does the perceived servant leadership of supervisors differ significantly according to supervisor type?

Method

Participants and Procedure

To be included in the study, participants had to confirm they earned a master's degree in counseling, were providing direct care to clients, and were unlicensed. Upon approval by the university institutional review board (IRB), the first author disseminated a survey through Qualtrics to potential participants selected from the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling's full published list of postdegree counseling supervisees with contact information available for research purposes. The master's-level counselors on this list were assumed to be unlicensed and receiving supervision toward licensure. The list included 5,706 mental health counseling supervisees and 1,179 marriage and family counseling supervisees for a total of 6,885. Of these individuals, 5,716 had published email addresses available. The survey was successfully emailed to 5,498 supervisees as 218 of the original emails could not be successfully delivered.

A total of 393 respondents accessed the survey on Qualtrics for a response rate of 7.15%. The responses of 97 individuals who did not meet inclusion criteria were eliminated. Fifty-three cases were eliminated due to incomplete surveys; 241 respondents had usable data. Participants identified as cisgender female ($n = 209$, 86%) or cisgender male ($n = 32$, 14%). The participants' age ($M = 37.9$, $SD = 11.76$) and experience ($M = 4.74$, $SD = 4.22$) were significantly positively skewed with

medians of 33 years of age and 3 years of experience. Most participants graduated from CACREP-accredited counseling programs (65.6%, $n = 158$). Participants' race/ethnicity and work settings can be found in Table 1.

Instrumentation

Participants completed three instruments and a background survey. The background survey included screening questions to determine if the respondents met inclusion criteria, as well as demographic and professional experience questions. The background survey queried length of time in the field of counseling (including practicum or internship graduate experience), place of employment, gender identity, age, and race/ethnicity.

Servant Leadership Scale

Perceived servant leadership of supervisors was measured by the 28-item Servant Leadership Scale (SLS; Liden et al., 2008). Permission to use and modify the scale (*manager* was replaced by *supervisor*) was obtained through personal correspondence with the scale developers. Participants were asked to rate the supervisor they considered to be their "direct" supervisor and identify whether this supervisor is their clinical supervisor only, administrative supervisor only, or both their clinical and administrative supervisor.

According to Liden and colleagues (2008), the seven subscales have good internal consistency and include conceptual skills (e.g., *My supervisor can tell if something work-related is going wrong*), empowering (e.g., *My supervisor gives me the responsibility to make important decisions about my job*), helping subordinates grow and succeed (e.g., *My supervisor makes my career development a priority*), putting subordinates first (e.g., *My supervisor seems to care more about my success than his/her own*), behaving ethically (e.g., *My supervisor holds high ethical standards*), emotional healing (e.g., *I would seek help from my supervisor if I had a personal problem*), and creating value for the community (e.g., *My supervisor emphasizes the*

Table 1*Participant Demographics*

Variable	n	%
<i>Race/Ethnicity</i>		
American Indian or Alaska Native	1	0.4
Asian	3	1.2
Black or African American	38	15.8
Hispanic or Latinx	53	22
Middle Eastern or North African	2	0.8
Native Hawaiian or Pacific islander	1	0.4
White or Caucasian	131	54.4
2 or More Races	12	5
<i>Employment Setting</i>		
Private Practice	38	15.8
Community Mental Health Outpatient	92	38.2
Intensive In-Home	13	5.4
Residential/Psychiatric Inpatient	31	12.9
Higher Education Academic Setting	14	5.8
Corrections	8	3.3
Employee Assistant Program	1	0.4
K-23	9	3.7
Other	35	14.5

Note. $N = 241$. The table indicates the number and percentage of each race/ethnicity and employment setting represented in the sample.

Table 2*Descriptive Statistics of Variables*

Outcome Variables	<i>M</i>	<i>Md</i>	<i>Mo</i>	<i>s</i>	Range	Skewness (<i>SE_s</i>)	Kurtosis (<i>SE_k</i>)
SLS	139.77	151	173	36.36	158	-.77 (.16)	-.33 (.31)
CBI	56	53	36	22.23	96	.39 (.16)	-.87 (.31)
STSS	34.39	32	21	11.37	49	.49 (.16)	-.54 (.31)

Note. $N = 241$, M = sample mean, Md = median, Mo = mode, s = standard deviation, SE_s = standard error of skewness, SE_k = standard error of kurtosis, SLS = Servant Leadership Scale, CBI = Counselor Burnout Inventory, STSS = Secondary Traumatic Stress Scale.

importance of giving back to the community). The subscales of the SLS can be combined to produce an overall score (Liden et al., 2008) and the internal consistency for the full scale in this study was excellent ($\alpha = .97$).

Secondary Traumatic Stress Scale (STSS)

The STSS (Bride et al., 2004) has three subscales (intrusion, avoidance, arousal) that measure STS. Bride et al. (2004) created items for the STSS based off the DSM-IV criteria for PTSD that included symptoms of intrusion, avoidance of traumatic stimuli, and increased arousal. Participants rated how frequently they experienced each item over the past 7 days on a 5-point Likert scale ranging from *never* (1) to *very often* (5). Example items of the STSS included *My heart started pounding when I thought about my work with clients*, *I felt emotionally numb*, and *I had trouble sleeping*. In addition to the three-factor model, other researchers have found equivalent results of the STSS as a single-factor scale (Benuto et al., 2018; Grunhaus, 2018) and the combined total was used for this study's statistical analyses. Bride et al. (2004) found high internal consistency for all 17 items ($\alpha = .93$).

Counselor Burnout Inventory (CBI)

Burnout was measured by the 20-item CBI (Lee et al., 2007). Lee and colleagues determined the Cronbach's alphas for the five subscale scores ranged from .73 to .85, and .88 for the overall scale (Lee et al., 2007). Example items of the CBI included: *Due to my job as a counselor I feel tired most of the time* (exhaustion subscale), *I feel frustrated with the system in my workplace* (negative work environment subscale), *I have become callous toward clients* (devaluing of the client subscale), *I am not confident in my counseling skills* (incompetence subscale), and *I feel like I do not have enough time to engage in personal interests* (deterioration of personal life subscale; Lee et al., 2007). Participants rated each item on a 5-point Likert scale ranging from *never*

true (1) to *always true* (5), and the total score was used in this study's analyses.

Data Analysis Procedures

Data were analyzed using IBM SPSS (version 27). Data analyses performed included descriptive statistics, simple linear regressions (SLRs), a one-way multivariate analysis of variance (MANOVA), and one-way analyses of variance (ANOVAs). Two SLRs were performed to determine if perceived servant leadership of supervisors predicted the burnout and STS of supervisees. A one-way MANOVA was performed to determine if supervisee burnout, STS, and perceived servant leadership of supervisors differed significantly depending on the type of supervisor, and three one-way ANOVAs were performed to follow up on the significant one-way MANOVA.

Results

Descriptive Statistics

Researchers analyzed the descriptive statistics for all variables. All measures had absolute values of skewness below 3 and absolute values of kurtosis below 8 and were therefore considered to be normal distributions (Kline, 2011). The elevated mean of the SLS ($M = 139.77$) indicated that this sample of participants perceived heightened levels of servant leadership qualities in their supervisors. Table 2 displays the descriptive statistics of the SLS, CBI, and STSS. Because the instruments were utilized in six statistical analyses (two SLRs, a one-way MANOVA, and three one-way ANOVAs), a Bonferroni correction was applied to set the significance level at the $p < .008$ level.

Servant Leadership Prediction of Burnout and STS

To address the first and second research questions, researchers ensured statistical assumptions of linear regression were met (e.g., normality, homoscedasticity, independence of cases;

Tabachnick & Fidell, 2007). For the first model, perceived servant leadership of supervisors ($\beta = -.40, p < .001$) did significantly predict postdegree counseling supervisee burnout, $F(1, 239) = 44.35, p < .001, R^2 = .16$, and the model accounted for 16% of the variance (small effect size; Cohen, 1988). For the second model, perceived servant leadership of supervisors ($\beta = -.30, p < .001$) did significantly predict postdegree counseling supervisee STS, $F(1, 239) = 23.12, p < .001, R^2 = .09$, and the model accounted for 9% of the variance (small effect size; Cohen, 1988). This indicated that the more participants perceived servant leadership in their supervisors, the less they experienced burnout and STS.

One-Way Multivariate Analysis of Variance

The assumptions of a MANOVA were tested to include independence of cases, normality, multicollinearity, and homogeneity of variance-covariance matrices. The STSS and CBI had a moderate correlation ($r = 0.71, p < .001$) and did not indicate multicollinearity. The Box's Test of Equality of Covariance Matrices had a value of 17.28 and was not significant ($p = .15$), which indicated the homogeneity of covariance matrices assumption was not violated.

A one-way MANOVA was performed to compare the effect of servant leadership type on supervisee burnout, STS, and perceived supervisor servant leadership according to supervisor status as a clinical supervisor only ($n = 89, 37\%$), administrative supervisor only ($n = 67, 28\%$), or a dual role supervisor ($n = 85, 35\%$). A statistically significant MANOVA was found [Wilks' Lambda = .93, $F(6, 472) = 3.01, p = .006$]. Three one-way ANOVAs were conducted to follow up on the significant one-way MANOVA. A Levene's test yielded nonsignificant results, which indicated homogeneity of variances (an assumption of one-way ANOVAs). There was a significant effect of supervisor type on perceived servant leadership at the $p < .001$ level for the three supervisor type conditions [$F(2, 238) = 8.13, p < .001, \eta^2 = .064$]. The eta square indicated a medium effect size

(Cohen, 1988). There was not a significant effect of supervisor type on counselor burnout or STS.

Post hoc comparisons utilizing the Tukey HSD test indicated that the mean of the perceived servant leadership of the administrative supervisor only condition ($M = 124.99, SD = 41.07$) was significantly lower than the means of the perceived servant leadership of the clinical supervisor only condition ($M = 145.67, SD = 36.34; p = .001$) and the dual role supervisor condition ($M = 145.25, SD = 28.77; p = .002$). These results indicated that postdegree counseling supervisees perceived clinical supervisors and dual role supervisors to demonstrate greater servant leadership qualities than supervisors who provided only administrative supervision.



Discussion

The primary purpose of this study was to determine if supervisor servant leadership served as a protective factor for supervisee burnout and STS. Results of the study confirmed the primary hypotheses that supervisees who perceived their supervisors as strong servant leaders endorsed significantly lower rates of burnout and STS. This finding also reflects previous servant leadership findings in other fields that link burnout and servant leadership (Babakus et al., 2011; Upadyaya et al., 2016). Mahon (2021b) theorized that servant leadership would be protective of supervisee STS and the findings of the current study seem to confirm this conjecture.

It was also hypothesized that supervisees who rated a clinical supervisor (only) would experience less burnout and STS; this hypothesis was not supported. This differs from previous research that suggests that administrative-only supervision and dual role supervision contributes to a fatiguing work environment (Kreider, 2014; Tromski-Kilingshirm & Davis, 2007). The authors also hypothesized that supervisees would perceive greater servant leadership skills in their clinical supervisors than the other types of supervisors. This hypothesis was supported as supervisees perceived clinical

supervisors and dual role supervisors as greater servant leaders than supervisors who served as administrative supervisors only and this was a unique finding. This suggests that supervisors who implement clinical supervision are more likely to have skills that align with the traits of servant leadership than administrative only supervisors. Considering the findings from this study indicate that servant leadership predicts diminished burnout and STS in supervisees, all types of supervisors (e.g., clinical, administrative, and dual role) could integrate servant leadership into their approach to supervision.

Implications for Supervisors

Servant leadership and clinical supervision share similar precepts and aspirations. Both clinical supervisors and servant leaders value empowerment and professional development (e.g., ACES, 2011; Ehrhart, 2004), a collaborative and supportive working alliance (e.g., ACES, 2011; Greenleaf & Spears, 2002), and ethical behavior (e.g., ACES, 2011; Liden et al., 2008). To promote supervisee welfare, clinical and dual role supervisors may consider integrating servant leadership into their supervision practice by emphasizing the aspects of clinical supervision that already align with servant leadership attributes.

Administrative supervisors are uniquely focused on organizational outcomes of a counseling business or agency and the performance of the counselor as an employee within the organization (Tromski-Kilingshirm & Davis, 2007). To decrease supervisee burnout and STS, and possibly retain the counselor as an effective employee, administrative supervisors could consider intentionally incorporating service-oriented practices into their leadership style. According to Liden and colleagues (2008), this includes investing in supervisee's professional development, prioritizing the needs of supervisees, empowering supervisees through encouragement and delegation, and showing sensitivity to the emotional needs of supervisees. This also supports administrative supervisors' goals related to organizational performance. Schaubroeck and colleagues (2011) found that servant leadership

improved team performance through the mediation of trust and psychological safety. Clinical supervisors also maintain collaborative working relationships with administrative supervisors (ACES, 2011) and can provide support and guidance related to servant leadership development.

Implications for Counselor Education

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) requires that doctoral counselor education programs address professional identity roles, including leadership and advocacy (CACREP, 2016, §6.B). Counselor educators are required to teach doctoral students theories and skills of leadership (CACREP, 2016, §6.B.5.a.). Considering the positive impact of servant leadership on new counselors' well-being, counselor educators can address the CACREP requirements through modeling and teaching servant leadership skills.

Kiersh and Peters (2017) provided a model of student servant leadership development that included self-exploration of personal values and ethics, and participation in service and practical engagement in leadership roles (e.g., internships; Kiersh & Peters, 2017). Counselor educators could facilitate this leadership development model with doctoral students by integrating the components of servant leadership. This would be especially salient as doctoral students engage in role-taking experiences (e.g., teaching and supervision doctoral internships).

Limitations and Future Research

Some limitations were present in this study that may impact the generalizability of the results. The nonrandom sampling method and low response rate negatively affect the sample's representativeness of the population (Creswell, 2014). Also, a risk in online survey distribution is that individuals who choose to respond may differ systematically from those who choose not to participate, which diminishes representation of the target population.

Postdegree counseling supervisees were selected because they were under supervision and therefore would have a supervisor to rate. They were accessible through state licensing boards as they are accruing hours toward licensure. As is the case in other studies (e.g., Cook et al., 2021), this population excluded master's-level, unlicensed counselors who were not accruing hours toward licensure. Although these clinicians may also experience burnout and STS, they were not included in the scope of this study and results may not be easily generalizable to their experience. Newly graduated counselors were included in the study and may not experience as much burnout or STS as counselors who have been providing direct care for a longer period of time; this may have impacted the results of the study.

Although simple linear regression (SLR) provides a predictive model, the analysis cannot make causal predictions in the same way as intervention research. Future researchers may design an intervention study with a control group to determine if servant leadership supervision provided over an extended period causes a reduction in supervisee burnout and STS. The variables should be measured at the beginning and end of the study, and supervisors should be well-trained in exemplifying and implementing a servant leadership approach to supervision.

Conclusion

This is the first known study to explore servant leadership's impact on STS and burnout in the counseling profession. Findings indicated that supervisees that perceive servant leadership from their supervisors may experience less burnout and STS. In addition, counselor supervisors who hold a primarily administrative role may need to make more effort to infuse a servant leadership style into their supervision approach. Supervisors may consider integrating servant leadership with their model of clinical supervision to promote supervisee wellness. Supervisors can achieve this by focusing on the aspects of clinical supervision that already correspond with servant leadership attributes (e.g., empowerment, ethical behavior, emotional healing,

etc.). Counselor educators can also train future servant leaders in the counseling profession by modeling and teaching this leadership style to doctoral students.

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