Academic Advisors' Mental Health, Burnout, and Resilience

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Abstract: The purpose of this study was to determine if there are statistically significant relationships between academic advisors' demographic characteristics, advising-related variables, burnout, and risk for mental health disorders, such as generalized anxiety disorder (GAD) or major depressive disorder (MDD). In February 2023, we conducted a national survey of academic advisors (n = 1,598). Advisors with higher levels of burnout had increased odds of experiencing MDD and GAD symptoms. Resilience was significantly correlated with lower MDD, GAD, and burnout levels.

Keywords: burnout, academic advisors, resilience, mental health, organizational context factors

The rapid spread of the coronavirus disease (COVID-19) and the ensuing pandemic brought about immense changes in higher education institutions. Many college and university leaders rapidly adjusted their operations to curb the transmission of the virus. While most colleges and universities have since returned to pre-pandemic levels of operations, the disruption stemming from the COVID-19 pandemic has left a lasting impact on higher education. Researchers have seen significant upheaval in the higher education labor market as over 50% of employees will likely leave their positions next year (Bichsel et al., 2022). Although employees who work in education are the second-most group of burned out employees in the United States (Marken & Agrawal, 2022), scholars have not examined academic advisors' burnout or outcomes of burnout, including mental health disorders. Elevation in burnout and reduction in resilience during the pandemic may have culminated in increased levels of depression or anxiety among academic advisors, thus diminishing their ability to effectively support students (Koutsimani et al., 2019).

The purpose of this study is to examine the variables associated with academic advisors' burnout and their risks of major depressive disorder (MDD) and generalized anxiety disorder (GAD). The research questions guiding this study are as follows: 1) are there statistically significant relationships between academic advisors' demographic characteristics, advising-related variables, and level of burnout? 2) are there statistically significant relationships between academic advisors' demographic characteristics, advising-related variables, burnout, resilience, and advisors' symptoms of MDD and GAD? In this paper, we discuss the supporting literature, the design research methodology, and the survey data analysis. We also discuss the results and implications for future research.

Literature Review

Burnout poses significant risks to individuals' overall health and well-being because burnout is associated with decreased physical health (Peterson et al., 2008) and increased risk for GAD and MDD (Koutsimani et al., 2019). Academic advisors play a critical role in college students' success: they help students navigate the culture of higher education, direct students to essential resources and services, and foster students' sense of belonging (Soria, 2012). Moreover, academic advisors promote various positive outcomes, including students' academic achievement, retention, learning outcomes, academic and career planning, self-efficacy, and overall success in higher education (2012). Therefore, attrition and turnover in academic advising positions may significantly disrupt college students' outcomes and trajectories.

The variables we explored in this research are interrelated: burnout is positively correlated with higher rates of MDD and GAD (Koutsimani et al., 2019), so the rise in burnout among higher education

employees poses a concern for their mental health. Research about academic advisors' mental health is essential because of the effects of mental health disorders on individuals and institutions. Individuals who experience MDD and GAD are more likely to experience impairments in their overall quality of life, poorer physical health, increased sleep disruptions, limitations in social activities, a general sense of fulfillment, and reduced holistic well-being (Hoffman et al., 2008).

Conceptual Framework

We used Maslach et al.'s (2001) conceptualization of burnout, Fink's (2014) integrated model of mental health, and Glover et al.'s (2020) model for identifying and mitigating the equity harms of COVID-19 policy interventions as frameworks for this study. Burnout is a psychological syndrome that manifests after prolonged exposure to chronic stress, and three dimensions of burnout include emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). Fink's integrated model of mental health considered individual, interpersonal, and institutional factors related to individuals' mental health (2014). Glover et al. (2020) illustrated how pandemic-related policies negatively affected those already marginalized and disenfranchised before the pandemic. We utilized all three models in our research design and selection of variables.

Research Design

Instrument

In February 2023, we administered a survey to 8,122 individuals who were listed as professional academic advisors on over 1,300 two-year and four-year institutional websites. We collected the names and email addresses of the advisors via web scraping techniques and received IRB approval to conduct this study.

Participant

In total, 2,566 advisors (31.6%) from 737 unique two-year and four-year institutions representing all 50 U.S. states responded to the survey. One-third (n = 777) were randomly assigned to respond to items related to mental health, and one-third (n = 821) were randomly assigned to respond to the items associated with burnout. We did not have any missing data in the sample. Respondents from both modules predominantly identified as cisgender women (75.9% mental health and 75.2% burnout), White (77.5% mental health and 73.6% burnout), with a master's degree (72.2% mental health and 74.2% burnout) and an average age of 40 (SD = 10.5 mental health and 10.4 burnout).

Measures

Dependent Variables

Our dependent measures included items from the PHQ-2 instrument (Kroenke et al., 2003) to screen for MDD symptoms and items from the GAD-2 instrument (Kroenke et al., 2007) to screen for GAD symptoms. The PHQ-2 and GAD-2 each include two questions about depression and anxiety experiences over the past two weeks (scaled from 0 = not at all to 3 = nearly every day). The PHQ-2 and GAD-2 are clinical mental health screeners, not diagnostic tools.

We used a three-item abbreviated scale of Maslach's Burnout Inventory (Gabbe et al., 2002) to measure the three dimensions of burnout. Emotional exhaustion includes fatigue, a loss of energy, or feelings of depletion. Depersonalization features negative attitudes towards the individuals employees serve. Reduced personal accomplishment or professional inefficacy occurs when individuals have lower workplace productivity. All items were measured on the same scale: 0 = never to 6 = every day.

Independent Variables

Both modules included demographic variables related to gender, sexual orientation, race/ethnicity, age, disability, and level of education. Advising-related variables included the number of students the advisors advise per academic year (mental health M = 382.93, SD = 426.13, range = 3-5,197), length of time in

advising position, type(s) of students primarily advised, and location of advising position. The abbreviated measure of resilience (Connor & Davidson, 2003) included six items on a scale from 1 = not at all true to 5 = true nearly all the time.

Data Analyses

For the MDD and GAD analysis, first, we used the "lavaan" package in R (Rosseel, 2012) for a confirmatory factor analysis of burnout and resilience items. The factorial model had an acceptable fit (CFI = 0.940, TLI = 0.925, RMSEA = 0.059, SRMR = 0.050; Kline, 2015). Next, we used two binary logistic regressions examining academic advisors' odds of experiencing clinically significant symptoms for GAD or MDD. The results suggest the models fit well (MDD: $\chi^2 = 4.530$, $p = 0.806$; GAD: $\chi^2 = 13.397$, $p = 0.083$) (Hosmer et al., 2013).

For the burnout analysis, we also used the "lavaan" package in R (Rosseel, 2012) for confirmatory factor analysis on emotional exhaustion, depersonalization, personal accomplishment, and organizational factors. The factorial model had an acceptable fit (CFI = 0.930, TLI = 0.914, RMSEA = 0.054, SRMR = 0.052; Kline, 2015).

Next, we used three separate hierarchical linear regressions to assess the independent contributions of variables to the overall variance for emotional exhaustion, depersonalization, and personal accomplishment. We also examined advisors' clinically significant symptoms of MDD and GAD using binary logistic regression models.

Results

Burnout

In the first regression model predicting advisors' emotional exhaustion, genderqueer, nonbinary, or transgender advisors had significantly higher rates of emotional exhaustion. Conversely, men, advisors working less than five years, those working with honors programs, and older advisors had significantly lower rates of emotional exhaustion. Advisors with a higher caseload of advisees had significantly higher levels of emotional exhaustion.

For the second regression model, none of the demographic variables from the first block were significantly associated with depersonalization. Advisors with a higher caseload of advisees had significantly higher levels of depersonalization.

In the third regression model, we found none of the demographic variables from the first block to be significantly associated with personal accomplishment. Advisors with a higher caseload of advisees had significantly higher levels of personal accomplishment.

Major Depressive Disorder & Generalized Anxiety Disorder

The results suggested that 16.9% of academic advisors had clinically significant symptoms for MDD, and 29.6% had clinically significant symptoms for GAD. The model for academic advisors' clinically significant MDD symptoms suggested that Black or African American advisors, emotional exhaustion, and depersonalization had significantly ($p < .05$) increased odds of experiencing clinically significant symptoms of MDD. Advisors' personal accomplishment and resilience were significantly ($p < .05$) associated with decreased odds of experiencing clinically significant MDD symptoms.

The model for academic advisors' clinically significant GAD symptoms suggested that genderqueer, nonbinary, transgender, and advisors with a gender identity that was not included in the survey had significantly ($p < 0.5$) higher odds of experiencing clinically significant GAD symptoms. Other variables with significantly higher odds of experiencing GAD symptoms included White academic advisors ($p < 0.5$), age ($p < .05$), emotional exhaustion, and depersonalization ($p < .05$). Finally, advisors' personal accomplishment, being heterosexual, and resilience were significantly ($p < 0.5$) associated with decreased odds of experiencing clinically significant GAD symptoms.

Discussion

The results of the burnout study suggest that the one variable consistently associated with advisors' burnout was academic advisors' caseload of advisees, which was significantly and positively associated with higher levels of emotional exhaustion, depersonalization, and personal accomplishment. While personal accomplishment may serve as a buffer against burnout (Maslach & Leiter, 2016), more efforts are needed to stem the high burnout rates experienced by academic advisors.

The results from the mental health module of the study suggest that academic advisors have rates of clinically significant MDD and GAD symptoms that are higher than national averages (8.4% for MDD and 2.7% for GAD; National Institute of Mental Health, 2023a, 2023b). We also observed that burnout and resilience are strongly and consistently associated with academic advisors' clinically significant GAD and MDD symptoms. Advisors with higher levels of emotional exhaustion and higher levels of depersonalization had increased odds of experiencing clinically substantial MDD and GAD symptoms. In contrast, higher levels of personal accomplishment and resilience decreased the odds of experiencing clinically significant MDD and GAD symptoms congruent with prior research (Koutsimani et al., 2019).

Recommendations

With the understanding that some employee groups may be more likely to experience burnout, MDD, or GAD, we recommend advising administrators and campus leaders share information about available counseling or employee assistance programs with all advisors. Advising administrators should receive training to help recognize the signs of trauma and can use trauma-informed approaches in their work with academic advisors (Substance Abuse and Mental Health Services Administration, 2014). Finally, we recommend cultivating mentoring relationships to bolster resilience (Kao et al., 2014).

Conclusion

The results of our study suggest that academic advisors may be experiencing potentially high rates of clinically significant MDD, GAD, and burnout. As such, academic advisors may need help to support students effectively. We encourage advising administrators to be mindful of academic advisors' mental health, use trauma-based approaches in their work with advisors, and take proactive steps to change workplace conditions to reduce advisors' burnout and boost their resilience. Advising administrators should reduce advisors' caseload and workload, increase advisors' compensation packages and agency, expand reward/recognition programs, increase opportunities for advisors to engage in advising communities, and prioritize academic advisors' well-being while honoring their values to support students.

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