Severity and Correlates of the Symptoms of Depression, Anxiety, and Stress in a Nationally Representative Sample of Turkish Secondary Boarding School Counselors

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Abstract
The aim of this study was to examine the severity of the symptoms of depression, anxiety, and stress in a nationally representative sample of secondary boarding school counselors and their association with sociodemographics, school counselor self-efficacy, self-esteem, happiness, and stressful life events. Participants consisted of 181 (52.5% women; M = 26.91) school counselors working at different secondary boarding schools across Turkey who completed the measures related to sociodemographics, happiness, self-esteem, school counselor self-efficacy, stressful life events, depression, anxiety, and stress. After confirming construct validity and reliability of the self-esteem, depression, anxiety, and stress scales, data were analyzed using descriptive statistics, Pearson product moment correlation analysis, and multivariate multiple regression analysis. The study results suggested that depression, anxiety, and stress symptoms are prevalent among school counselors, approximately 23% of whom experience at least moderate symptoms of depression and stress, and approximately 31% experience at least moderate symptoms of anxiety. Moreover, the results indicated that the most commonly experienced symptoms were dysphoria in depression, situational anxiety in anxiety, and impatience in stress among school counselors. This study also found that sociodemographic factors and school counselor self-efficacy were not associated with symptoms of depression, anxiety, and stress. However, higher levels of happiness and self-esteem and fewer stressful life events experienced within the past year consistently showed a negative association with exhibiting decreased symptoms of depression, anxiety, and stress among school counselors. Self-care activities focusing on increasing self-esteem and happiness and teaching skills to cope effectively with stressful life events may help to diminish the symptoms of depression, anxiety, and stress among secondary boarding school counselors.

Keywords
school counselors, depression, anxiety, stress, nationally representative sample, boarding schools

Introduction
Although specific prevalence estimates of anxiety and mood disorders are not available for most mental health professions, the limited available evidence indicates that the demanding nature of the work of mental health professionals (e.g., psychiatrists, psychologists, and school counselors) makes them particularly vulnerable to depression-, anxiety-, and stress-related mental health problems (Firth-Cozens, 2007; Tay et al., 2018). For example, Tay et al. (2018) found that depression and anxiety were the most commonly experienced mental health problems among clinical psychologists. Similarly, Firth-Cozens (2007) indicated that anxiety and depression issues are common in psychiatrists.

These findings are concerning because previous studies have also suggested that psychological distress—characterized by complex feelings of depression, anxiety, or stress—is associated with a number of adverse consequences, such as poor physical health (Sinclair et al., 2012), lower self-efficacy (Rimm & Jerusalem, 1999), lower self-esteem (Sinclair et al., 2012).
feelings of unhappiness (Silva & Figueiredo-Braga, 2018), and burnout (Mullen et al., 2018), as well as impaired functioning in some daily personal and professional activities, such as concentrating, decision-making, information processing, interacting with others, and sleeping (Lovibond & Lovibond, 1995; Wong et al., 2006). Among mental health professionals, psychological distress is also associated with difficulties in providing effective care, as well as making useful clinical decisions and ethical choices (Pope & Vasquez, 2011; Zahniser et al., 2017). It is also associated with a loss of enthusiasm for and finding meaning in work, decreased job satisfaction, and loss of ability to establish positive therapeutic relationships with clients (Colman et al., 2016; Firth-Cozens, 2007; Mullen et al., 2018; Rudaz et al., 2017; Tay et al., 2018).

Given the high level of psychological distress among mental health professionals and its detrimental effects on their personal lives, service delivery, and quality of care, it is important to determine the prevalence, correlates, and consequences of psychological distress among different mental health professionals to alleviate or lessen this issue and develop evidence-based interventions for this population. However, most previous studies have focused on the mental health concerns of psychiatrists and psychologists, rather than other mental health professionals. School counselors are members of a mental health profession that is rarely examined in relation to the severity and correlates of common mental health concerns.

School counselors are expected to provide effective services to students for their academic, emotional, social, and career development (American School Counselor Association [ASCA], 2016). School counselors must fulfill many roles, responsibilities, and expectations within school systems. For example, school counselors provide direct and indirect services to students, such as conducting individual and group counseling for students, consulting with teachers and parents, supervising school counselor trainees, giving advice to students about career and academic matters, administering psychological and educational testing for screening, and evaluating the psychological and educational problems of a large student body. They also complete various administrative tasks, such as developing a school guidance and counseling program and providing classroom guidance (Butler & Constantine, 2005; Mullen et al., 2018). Because of the variety of professional roles and responsibilities, competing and multiple demands, ambiguity in responsibilities, and heavy workloads (Butler & Constantine, 2005; Mullen et al., 2018), school counselors may be particularly susceptible to depression-, anxiety-, and stress-related mental health problems.

Boarding schools can be a stressful work environment for school counselors. Previous studies comparing the physical and mental health of boarding school students with that of day students have indicated that boarding school students tend to exhibit more physical and mental health problems and more risky behaviors than day students (Mander et al., 2015; Noll et al., 2020; Wilk et al., 2017). For example, Wilk et al. (2017) reported that being a boarding school student is associated with lower emotional and mental well-being, more chronic diseases, poorer self-rated physical health, and increased substance abuse and suicidality. Similarly, Noll et al. (2020) found that boarding school students tend to exhibit higher rates of risky behaviors, such as sexual intercourse, alcohol intake, smoking, and drug use than non-boarding school students. Previous limited studies also indicated that boarding school students experience significantly higher levels of depression, anxiety, stress, and emotional difficulties than non-boarding school students (Mander et al., 2015). Finally, other studies have shown that depression, anxiety, and stress are associated with traumatic events (Park et al., 2015; Zeng et al., 2019).

As helping professionals, boarding school counselors may experience different forms of stressors, such as secondary traumatic stress, vicarious traumatization, burnout, and compassion fatigue while working with their clients (Merriman, 2015). Research has suggested that spending most of their time providing effective help to depressed, anxious, or stressed students so that they can cope with, balance, and manage their life problems, as well as intervening in the trauma and emotional distress of students, can lead to the internalization of students’ feelings, which is known as secondary traumatic stress among school counselors (Baum, 2016; Erçevik, 2019). Constantly providing services to psychologically distressed students may also produce compassion fatigue, a condition characterized by emotional and physical exhaustion, as well as a marked decrease in the ability to feel empathy and compassion for others (Turgoose & Maddox, 2017). Constantly seeing human suffering and absorbing clients’ pain during the counseling process, the emotional drain of remaining empathetic, and personal isolation, as well as other interpersonal and emotional stressors on the job, may also lead to burnout symptoms among school counselors, including feelings of incompetence, emotional and physical depletion, and emotional distance (Butler & Constantine, 2005; Mullen et al., 2018; Wilkerson, 2009). The constellation of these different forms of stressors may lead to school counselors developing harmful perceptions of themselves, others, and the world, which in turn increase the likelihood of experiencing psychological stress.

In addition to the inherent difficulties of being a boarding school counselor, working in a secondary boarding school also poses unique personal and occupational challenges and difficulties. School counselors are employed in Turkey by different educational institutions, such as preschools, primary schools, secondary schools, high schools, and counseling and research centers. One of these institutions is the Regional Secondary Boarding Public Schools (RSPBSs). These schools, which are established in sparsely populated areas, aim to provide secondary educational services to students in grades 5–8 from poor families and secondary school-age students living in villages and smaller settlements that
have no schools (Organisation for Economic Cooperation and Development [OECD], 2007).

All essential student needs, such as food, clothing, accommodation, textbooks, allowances, and course materials, are covered by the Ministry of National Education (MoNE) for the students of these schools. Due to the stressful nature of working in these schools, the MoNE also incentivizes teachers and school counselors to work in them by providing additional service scores, which may be used in relocating to different schools across Turkey. According to the National Education Statistics of Turkey, the majority of RSBPSs are located in the eastern and southeastern Anatolia regions of Turkey (MoNE, 2018). These regions are also notorious for their harsh living conditions, intense security concerns, limited social facilities, low quality of life, poor regional well-being, and low socioeconomic development level (Erdin & Ozkaya, 2020; OECD, 2018).

In addition to the fact that the school environment leads to stress in the personal lives of most Turkish school counselors, RSBPSs also possess a unique set of challenges for counselors’ occupational lives. The vast majority of Turkish families prefer to have their children educated in day schools, and boarding schools generally serve as a last resort (Ath, 2018). Because secondary school students spend most of their time with their friends and teachers in their boarding school settlement, as well as grow up and learn to care for themselves in very different circumstances from those who live at home with their families, Turkish secondary boarding school students may experience difficulties in dealing with the key developmental tasks of adolescence, including identity consolidation, intimacy, and separation from their family of origin, which includes a lack of nurturing and support from their primary bonding figures (Pavletic et al., 2016). Thus, boarding school students may require more help from school counselors, which in turn may increase the caseloads and ultimately lead to greater psychological distress among secondary boarding school counselors.

As a result, school counselors may become depressed, anxious, and stressed by attempting to balance their various personal and professional obligations. However, although several studies have investigated the severity and correlates of depression, anxiety, and stress in different health occupational groups and student samples, to the best of our knowledge, no such research exists for school counselors. Thus, the aim of this first study is to investigate the severity and correlates of the symptoms of depression, anxiety, and stress among secondary boarding school counselors.

Method
Research Design

We used a cross-sectional research design to examine the severity of the symptoms of depression, anxiety, and stress in a nationally representative sample of secondary boarding school counselors, as well as their association with sociodemographic factors and school counselor self-efficacy, self-esteem, happiness, and stressful life events.

Population and Sample

The population of this study consisted of all school counselors who held office in RSBPSs during the 2017 to 2018 academic year. According to the MoNE figures, during the 2017 to 2018 academic year, 254 of the 312 RSBPSs employed 277 school counselors (MoNE, 2018). The MoNE approved and planned a workshop related to RSBPS issues that was designed to help these school counselors. Attendance at this workshop was mandatory for all RSBPS counselors. Because the number of the population was known for this study, it was possible to calculate the necessary sample size within the desired confidence interval with different degree of accuracy (Krejcie & Morgan, 1970).

According to the frequently used formula for a known population size, as suggested by Krejcie and Morgan (1970), the recommended representative sample size for a population of 277, with a confidence interval of 95% and a margin of error (degree of accuracy) of 5%, would be 161 participants. Although Krejcie and Morgan’s (1970) sample size formula is frequently used to determine the required minimum representative sample size for educational and social science studies, one of the weaknesses of this formula is determining the sample size exclusively based on population size, without taking into account other important factors in the research process, such as the statistical analyses used and adequate power to detect significant findings when a difference exists in the construct of interests in the population. Thus, we also carried out a priori power analysis to determine the required minimum sample size for our main standard multiple regression analyses using G*Power software (Faul et al., 2007). We conducted a priori power analyses using a medium effect size ($R^2 = .13$) with a minimum statistical power of .95 for eight predictor variables for the multiple regression analyses. The results of these power analyses suggested that a minimum of 160 participants was required for the depression, anxiety, or stress linear multiple regression analyses. Overall, these analyses suggested that the required minimum sample size was 161 participants for a representative study with adequate power to detect significant findings when a difference exists in the construct of interests in the population, as was the case for this study.

According to the MoNE figures, 212 school counselors attended the workshop. Although the initial data were collected from 193 school counselors, seven of them had a large number of missing values above the tolerable missing value level and were excluded from the dataset (Parent, 2013). Additionally, five more school counselors who filled out scale items randomly were excluded from the dataset (e.g., giving the same answer on all scale items in the questionnaire). Consequently, the sample consisted of 181 school counselors.
counselors, with a response rate of 85%. Of these school counselors, 95 were female (52.5%) and 86 (47.5%) were male. The age of the school counselors ranged from 22 to 48 years old, with a mean age of 26.91 (SD = 3.82). There were 113 (62.4%) single and 68 (37.6%) married school counselors. With regard to educational level, 170 (93.9%) school counselors possessed an undergraduate degree and 11 (5.9%) held a master’s degree or above. The tenure of office among the school counselors varied from 3 months to 25 years, with a mean of 4.45 years (SD = 3.37).

Measures

Sociodemographic factors. A sociodemographic information form was used to provide information about sex, age, marital status, and tenure of office of the school counselors.

Depression, anxiety, and stress. Depression, Anxiety, and Stress Scale-21 ([DASS-21]; Lovibond & Lovibond, 1995) was used to measure the presence and severity of symptoms of depression, anxiety, and stress among the participants. The DASS-21 is the shorter version of the frequently used DASS-42. The DASS-21 consists of 21 items and three subscales, namely, depression, anxiety, and stress. Each subscale is composed of seven items. The depression subscale assesses the presence and severity of depressive symptoms related to feelings of anhedonia, dysphoria, inertia, worthlessness, absence of meaning in life, and unwillingness to be involved in daily activities. The anxiety subscale assesses the presence and severity of anxiety symptoms related to the subjective experience of anxious affect, situational anxiety, autonomic arousal, and skeletal musculature effects. Finally, the stress subscale assesses the presence and severity of stress symptoms related to nervous arousal, agitation, irritability, overreaction, impatience, and difficulty in relaxing (Lovibond & Lovibond, 1995). Participants rate how much each item applies to them with consideration of the severity of their depression, anxiety, or stress symptoms over the past week on a 4-point Likert-type scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time).

The depression, anxiety, and stress subscale scores were calculated by summing the response to each item in its corresponding subscales and then multiplying the results by 2 to obtain a score comparable to the DASS-42, as suggested by Lovibond and Lovibond (1995). The possible scores range from 0 to 42 in each subscale, and higher scores reflect greater symptoms of depression, anxiety, and stress in each subscale, respectively.

The scores of the depression, anxiety, and stress subscales can also be categorized into different severity levels (normal, mild, moderate, severe, and extremely severe) by using the suggested cut-off scores of the DASS manual (Lovibond & Lovibond, 1995). However, only people with moderate and higher levels are considered at risk of impaired functioning in some daily personal and professional activities (Lovibond & Lovibond, 1995; Wong et al., 2006).

Bilgel and Bayram (2010) carried out the adaptation of the DASS-42 to the Turkish language, as well as the validity and reliability studies. Because the underlying factor structure and reliability of the DASS-21 for Turkish school counselors are not yet known, using the translation of Bilgel and Bayram, we tested the construct validity and reliability of the DASS-21 among Turkish school counselors.

Confirmatory factor analysis and reliability of the DASS-21. We performed confirmatory factor analysis to determine the underlying factor structure of the DASS-21 responses among school counselors. Based on the theoretical evidence and previous studies on clinical and nonclinical samples (e.g., Lovibond & Lovibond, 1995; Sinclair et al., 2012; Wood et al., 2010), a correlated three-factor model was tested. We performed all confirmatory factor analyses with the Mplus 7.4 (Muthén & Muthén, 1998–2012) latent variable modeling program. We treated a very small amount of missing data by using the full information maximum likelihood in confirmatory factor analyses. The polychoric correlation matrix served as input, and the mean and variance adjusted unweighted least squares (ULSMV) estimation method was used to test the correlated three-factor model, taking into account the use of ordered-categorical variables with four response categories (e.g., Likert-type scales) in this study (Rhemtulla et al., 2012). We evaluated goodness of fit indices of the correlated three-factor model using the guidelines of Keith (2019).

The results of the confirmatory factor analysis indicated an excellent goodness of fit for the correlated three-factor model (χ²(186) = 296.35; comparative fit index [CFI] = .97; Tucker–Lewis index [TLI] = .97; root mean square error of approximation (RMSEA) = .06; RMSEA p-value = .167; 90% CI RMSEA = .05–.07). Table 1 reports the standardized item factor loadings together with the standard errors, z-values, and latent factor correlations between factors for the correlated three-factor model. As seen in Table 1, all standardized item factor loadings were large and statistically significant. The standardized item factor loadings ranged from .75 to .90 in the depression subscale, .46 to .84 in the anxiety subscale, and .50 to .84 in the stress subscale. All z-values were also statistically significant, at least at p < .001. Finally, the latent factor correlations among depression, anxiety, and stress were very strong, ranging from .89 (depression and stress) to .94 (depression and anxiety).

We examined the reliability of the DASS-21 among Turkish school counselors by means of item-total correlation, mean interitem correlation, and the Cronbach alpha internal consistency coefficient. As a general rule, item-total correlation values above .30, mean interitem correlation values above .15, and Cronbach alpha internal consistency coefficients above .70 are considered adequate in reliability analyses (Clark & Watson, 1995; Field, 2018).
As seen in Table 3, all items of the DASS-21 had an adequate item-total correlation value varying from .63 to .81 in the depression subscale, .37 to .64 in the anxiety subscale, and .46 to .67 in the stress subscale. Moreover, the mean interitem correlations of the depression, anxiety, and stress subscales were moderate to strong, indicating that the subscales contain items that are particularly intercorrelated and that measure different aspects of the construct of interest. Lastly, the Cronbach alpha internal consistency coefficients of the depression, anxiety, and stress subscales were .90, .79, and .83, respectively, indicating a high degree of internal consistency among the items on the subscales. Consequently, the findings of construct validity and reliability suggest that the DASS-21 is a valid and reliable scale for measuring depression, anxiety, and stress symptoms among Turkish school counselors.

Table 1. Results of DASS-21 Confirmatory Factor Analysis and Reliability Analyses.

| Item no./Item | λ   | SE  | z    | r   |
|---------------|-----|-----|------|-----|
| **Depression subscale (F1)** | | | | |
| 3. I couldn’t seem to experience any positive feeling at all. | .78 | .05 | 17.23 | .73 |
| 5. I found it difficult to work up the initiative to do things. | .84 | .05 | 16.55 | .63 |
| 10. I felt that I had nothing to look forward to. | .75 | .05 | 15.65 | .65 |
| 13. I felt down-hearted and blue. | .83 | .04 | 22.79 | .63 |
| 16. I was unable to become enthusiastic about anything. | .90 | .03 | 28.80 | .81 |
| 17. I felt I wasn’t worth much as a person. | .88 | .03 | 27.54 | .78 |
| 21. I felt that life was meaningless. | .82 | .04 | 19.94 | .72 |
| **Mean interitem correlation** | | | | .56 |
| **Coefficient alpha (α)** | | | | .90 |
| 95% Confidence interval of α lower bound | | | | .88 |
| 95% Confidence interval of α upper bound | | | | .92 |
| **Anxiety subscale (F2)** | | | | |
| 2. I was aware of dryness of my mouth. | .46 | .07 | 6.33 | .37 |
| 4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion). | .73 | .05 | 14.14 | .61 |
| 7. I experienced trembling (e.g., in the hands). | .84 | .04 | 21.66 | .64 |
| 9. I was worried about situations in which I might panic and make a fool of myself. | .56 | .07 | 8.58 | .37 |
| 15. I felt I was close to panic. | .81 | .05 | 15.66 | .61 |
| 19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat). | .73 | .05 | 14.31 | .56 |
| 20. I felt scared without any good reason. | .77 | .05 | 15.69 | .60 |
| **Mean interitem correlation** | | | | .37 |
| **Coefficient alpha (α)** | | | | .79 |
| 95% Confidence interval of α lower bound | | | | .75 |
| 95% Confidence interval of α upper bound | | | | .83 |
| **Stress subscale (F3)** | | | | |
| 1. I found it hard to wind down. | .50 | .07 | 7.58 | .49 |
| 6. I tended to over-react to situations. | .70 | .05 | 14.72 | .67 |
| 8. I felt that I was using a lot of nervous energy. | .84 | .04 | 20.65 | .54 |
| 11. I found myself getting agitated. | .81 | .04 | 18.92 | .65 |
| 12. I found it difficult to relax. | .77 | .04 | 17.26 | .62 |
| 14. I was intolerant of anything that kept me from getting on with what I was doing. | .52 | .06 | 8.44 | .46 |
| 18. I felt that I was rather touchy. | .74 | .05 | 16.24 | .67 |
| **Mean interitem correlation** | | | | .42 |
| **Coefficient alpha (α)** | | | | .83 |
| 95% Confidence interval of α lower bound | | | | .79 |
| 95% Confidence interval of α upper bound | | | | .87 |
| **Latent factor correlations** | | | | |
| Depression (F1) | F1 | F2 | F3 |
| Anxiety (F2) | | | | .94 |
| Stress (F3) | | | | .89 |

*Note. All factor loadings and latent factor correlations were statistically significant at least at p < .001, r = item-total correlation.*
School counselor self-efficacy. The School Counselor Self-Efficacy Scale (SCSES; Bodenhorn & Skaggs, 2005) was employed to measure Turkish school counselors' self-efficacy in performing various school counseling responsibilities or tasks related to personal and social development, leadership and assessment, collaboration, career and academic development, and cultural acceptance. Balcı (2017) carried out the scale’s adaptation, validity, and reliability studies for Turkish school counselors. The Turkish version of the SCSES consists of 37 items. The scale asks respondents to rate their level of confidence in performing each responsibility or task on a 5-point Likert-type scale, ranging from 1 (not confident) to 5 (highly confident). Possible scores range from 37 to 185, and higher scores indicate higher school counselor self-efficacy. Sample items from the SCSES are “Guide students in techniques to cope with peer pressure” and “Help teachers improve their effectiveness with students.” The coefficient alpha calculated in the present study was .95.

Self-esteem. The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to measure participants’ self-esteem levels. Çuhadaröğlu (1986), who carried out the scale’s adaptation to the Turkish language, as well as validity and reliability studies, examined the validity of the RSES using psychiatric interviews and found it to be .71. The 1-month test-retest reliability of the RSES was .75 (Çuhadaröğlu, 1986). The RSES consists of 10 items. It asks participants to indicate their degree of agreement or disagreement with each item on a 4-point Likert-type scale, ranging from 1 (strongly disagree) to 4 (strongly agree). Five items on the scale are reverse scored (items 3, 5, 8, 9, and 10). We summed the responses to each item after appropriate reverse scoring to yield a total score ranging from 10 to 40. Higher scores reflect greater self-esteem. Because the underlying factor structure and reliability of the RSES for Turkish school counselors are not yet known, using the translation of Çuhadaröğlu (1986), we also tested the construct validity and reliability of the RSES among Turkish school counselors, using the same procedure as was employed with the DASS-21.

Confirmatory factor analysis and reliability of the RSES. Although initially designed as a single-factor scale, subsequent studies demonstrated that the factor structure of the RSES is best represented by a bifactor model, in which a single global self-esteem factor with an adjustment for method effects associated with positively worded and negatively worded items among clinical and nonclinical samples (e.g., Hyland et al., 2014; Salerno et al., 2017). Thus, we tested a bifactor model and a single-factor model in confirmatory factor analyses. The results of the confirmatory factor analyses suggested that a single-factor model had a poor fit to the data ($\chi^2(35) = 192.38; CFI = .87; TLI = .83; RMSEA = .16; \text{RMSEA } p\text{-value} = .001; 90\% \text{ CI RMSEA} = .14-.18$). However, the bifactor model had a good fit to the data ($\chi^2(25) = 54.93; CFI = .98; TLI = .96; \text{RMSEA} = .08; \text{RMSEA } p\text{-value} = .040; 90\% \text{ CI RMSEA} = .05-.11$). Moreover, the results of a chi-square nested difference test suggested that the bifactor model had a significantly better fit to the data than the single-factor model ($\chi^2(10) = 113.96; p < .001$).

Consistent with previous studies, these findings suggest that the factor structure of the RSES is best represented by a single global self-esteem factor with a method effect, which is associated with both negatively and positively worded items. Table 2 shows the results of the confirmatory factor analysis for the bifactor model. As seen in Table 2, all standardized item factor loadings were large and statistically significant for the global self-esteem factor, ranging from .44 to .79. The results of the reliability analyses also suggested that all item-total correlations were adequate, ranging from .43 to .68, which indicates that the RSES items did a good job of discriminating between people with low, medium, or high self-esteem. The mean interitem correlation was also adequate ($M = .35$), suggesting that the RSES contains items that are particularly intercorrelated and measures different aspects of self-esteem. Finally, the coefficient alpha reliability coefficient was .84, which indicates a high degree of internal consistency among the items on the scale.

Happiness. We used a single-item happiness scale to measure participants’ happiness levels. The use of such scales is feasible when participants have limited time available (Topkaya et al., 2021), as was the case in this study. Specifically, participants answer the question: “Taken your life as a whole, how would you rate your happiness?” Participants indicate their happiness levels on a 10-point Likert-type scale, ranging from 1 (very unhappy) to 10 (very happy).

In addition to face and content validity, studies using a single-item happiness scale found substantial support for its convergent and discriminant validity, such that single-item happiness scale scores positively correlated with hope, self-esteem, optimism, positive affect, and self-rated physical and mental health and negatively correlated with anxiety, pessimism, and negative affect (Abdel-Khalek, 2006). Moreover, the scores of single-item happiness scales strongly and positively correlated with those of multi-item happiness scales (Abdel-Khalek, 2006). Possible scores on the single-item happiness scale range from 1 to 10, and higher scores reflect a greater happiness level.

Stressful life events. We used a single-item question to measure the number of stressful life events experienced within the past year. Specifically, participants answered the question: “How many life events (e.g., divorce, betrayal in a close relationship, separation from a loved one, major personal injury/illness, major injury/illness of a close family member, son or daughter leaving home, moving, experiencing financial difficulties, involvement in a serious traffic accident, and detention in jail or other institution) have you
experienced during the past year that negatively affected your life?"

Modified versions of a single-item stressful life events question were also used in previous international studies, which provided support for its utility with theoretically and empirically expected associations with external criteria (Kingston et al., 2012; Zeng et al., 2019). Possible scores depend on the studied sample for the single-item stressful life events question. Possible scores range from 0 to 7 in this study. Higher scores indicate greater stressful life events experienced within the past year.

Procedure

After obtaining official written permission from the MoNE to undertake this study, data collection took place during a workshop organized by the MoNE from December 8 to 9, 2017. Ethical approval was also obtained from the Ondokuz Mayis University Social Science and Humanities Institutional Review Board. We conducted a pilot study to test the applicability and clarity of the measures, as well as to identify any ambiguous items, with eight school counselors before the main study. All school counselors reported that all questionnaire items were clear and easy to read and understand. The questionnaire packet included a brief cover letter explaining the purpose of the study, a written informed consent form, and a copy of the measures administered to school counselors by the second researcher in small groups or individually at the beginning or end of workshop sessions. Before starting the questionnaire, all school counselors provided written informed consent. We let them

Table 2. Results of RSES Confirmatory Factor Analysis and Reliability Analyses.

| Item no/Item | $\lambda$  | SE  | $z$  | $r$  |
|--------------|------------|-----|------|------|
| Global self-esteem factor |            |     |      |      |
| 1. I feel that I'm a person of worth, at least on an equal plane with others. | .78  | .05 | 14.77 | .46  |
| 2. I feel that I have a number of good qualities. | .79  | .05 | 16.53 | .53  |
| 3. All in all, I am inclined to feel that I am a failure. | .52  | .06 | 8.83  | .49  |
| 4. I am able to do things as well as most other people. | .77  | .06 | 13.22 | .45  |
| 5. I feel I do not have much to be proud of. | .61  | .06 | 10.50 | .58  |
| 6. I take a positive attitude toward myself. | .88  | .05 | 19.08 | .64  |
| 7. On the whole, I am satisfied with myself. | .64  | .07 | 9.29  | .43  |
| 8. I wish I could have more respect for myself. | .44  | .07 | 6.72  | .47  |
| 9. I certainly feel useless at times. | .64  | .06 | 11.29 | .68  |
| 10. At times, I think I am no good at all. | .53  | .07 | 7.96  | .63  |
| Mean interitem correlation |            |     |      |      |
| Coefficient alpha ($\alpha$) |            |     |      |      |
| 95% Confidence Interval of $\alpha$ Lower Bound |            |     |      |      |
| 95% Confidence Interval of $\alpha$ Upper Bound |            |     |      |      |
| Positive method latent factor |            |     |      |      |
| 1. I feel that I'm a person of worth, at least on an equal plane with others. | -.06 | .09 | -0.64 |      |
| 2. I feel that I have a number of good qualities. | .14  | .10 | 1.38  |      |
| 4. I am able to do things as well as most other people. | -.35 | .15 | -2.29 |      |
| 6. I take a positive attitude toward myself. | .37  | .08 | 4.54  |      |
| 7. On the whole, I am satisfied with myself. | .60  | .12 | 4.81  |      |
| Negative method latent factor |            |     |      |      |
| 3. All in all, I am inclined to feel that I am a failure. | .36  | .08 | 4.69  |      |
| 5. I feel I do not have much to be proud of. | .43  | .07 | 5.86  |      |
| 8. I wish I could have more respect for myself. | .43  | .08 | 5.43  |      |
| 9. I certainly feel useless at times. | .62  | .05 | 11.54 |      |
| 10. At times, I think I am no good at all. | .77  | .06 | 13.08 |      |

Note. All factor loadings for the global self-esteem factor were statistically significant at least at $p < .001$, $r =$ item-total correlation.

Table 3. The Severity of Depression, Anxiety, and Stress Symptoms Among Turkish Secondary Boarding School Counselors.

| Level      | Depression $n$ | Depression % | Anxiety $n$ | Anxiety % | Stress $n$ | Stress % |
|------------|----------------|--------------|-------------|-----------|------------|----------|
| Normal     | 127            | 70.2         | 108         | 59.7      | 109        | 60.2     |
| Mild       | 12             | 6.6          | 17          | 9.4       | 30         | 16.6     |
| Moderate   | 22             | 12.2         | 22          | 12.2      | 20         | 11.0     |
| Severe     | 10             | 5.5          | 13          | 7.2       | 16         | 8.8      |
| Extremely severe | 10  | 5.5      | 21          | 11.5      | 6          | 3.4      |
| $M$        | 7.77           | 7.87         | 13.24       | 9.13      |
| $SD$       | 9.42           | 7.71         |             |           |

Note. $N=181.$
know that participation was voluntary, their answers would be kept confidential, their data would not be used for anything except research, and they could withdraw from the study at any time without penalty. All school counselors voluntarily agreed to participate for no incentive or reward. The questionnaires took approximately 30 minutes to complete.

Statistical Analysis

We performed all main statistical analyses with SPSS 23.0 and Stata 14.1 statistical computer software. We conducted the preliminary analyses to examine the accuracy of the data, missing values, and outliers, as well as the assumptions of statistical analyses used, as suggested by Hair et al. (2018). A very small amount of missing data was imputed using the expectation–maximization (EM) algorithm in the main analyses.

We used descriptive statistics to derive information about the sociodemographic characteristics and severity of the symptoms of depression, anxiety, and stress among school counselors. Since some participants had depression, anxiety, or stress total scores outside the cutoffs, as suggested by Lovibond and Lovibond (1995), due to the missing data estimation, we rounded up depression, anxiety, or stress total scores to the closest integer. We used the rounding up procedure for classification purposes only and the imputed dataset for the remaining analyses.

After examining and confirming there were no major violations of assumptions of normality, linearity, homoscedasticity, and multicollinearity in the relevant analyses, we used Pearson product-moment correlation analyses to investigate the strength and direction of the linear association between study variables. We employed multivariate multiple regression analysis to investigate predictors of depression, anxiety, and stress. This type of analysis, which is an extension of standard multiple regression analysis, allows researchers to test the significance of the multivariate main effect when the dependent variables are correlated, as in this study. It also enables researchers to simultaneously examine the predictors of each dependent variable (Dattalo, 2013).

When the multivariate main effect was significant in the multivariate multiple regression analysis, we also performed a series of follow-up multiple regression analyses to explore the association between depression, anxiety, or stress and the independent variables. Considering the relatively small sample size for the multivariate multiple regression analysis, we also performed a series of bootstrap regression analyses separately, using the same dependent and independent variables to examine the generalizability and robustness of the research findings based on 5,000 bootstrapped samples from the original dataset through random sampling with replacement (Hair et al., 2018). Our examination of 95% bias-corrected and accelerated bootstrap confidence intervals, as well as the p-values, suggested the same significant predictors for the dependent variables, with minor differences in regression standard errors and p-values. We used a two-tailed significance level of p < .05 in all statistical analyses.

Results

Severity and Commonly Experienced Symptoms of Depression, Anxiety, and Stress

Table 3 shows the mean and standard deviations of the depression, anxiety, and stress scores, as well as the frequencies and percentages according to the severity of the symptoms of depression, anxiety, and stress among Turkish regional secondary boarding school counselors. As seen in Table 3, the means for the depression, anxiety, and stress scores were 7.77 (SD = 9.42), 7.87 (SD = 7.71), and 13.24 (SD = 9.13), respectively. These means were within the normal range for the total sample. However, the severity of the symptoms of depression, anxiety, and stress varied considerably among school counselors. As seen in Table 3, 23.2% (n = 42) of school counselors experienced depressive symptoms, 30.9% (n = 56) experienced anxiety symptoms, and 23.2% (n = 42) experienced stress symptoms that varied from moderate to extremely severe.

Table 4 shows the mean and standard deviations of the depression, anxiety, and stress symptom characteristics among Turkish regional secondary boarding school counselors. As seen in Table 4, the most commonly experienced symptom was dysphoria (M = .87) in depression, situational anxiety (M = .91) in anxiety, and impatience (M = 1.18) in stress within the past week.

Pearson Product-Moment Correlation Analyses

The means and standard deviations of the study variables and bivariate zero-order correlations are presented in Table 5. As seen in Table 5, although the strength of the correlations varies, ranging from weak to strong, depression, anxiety, and stress scores are consistently positively correlated with the number of stressful life events experienced within the past year and consistently negatively correlated with school counselor self-efficacy, self-esteem, and happiness scores. However, depression, anxiety, and stress scores were not correlated with sex, educational level, marital status, or seniority.

Multivariate Multiple Regression Analysis

We performed a multivariate multiple regression analysis to test whether sex, educational level, marital status, seniority, school counselor self-efficacy, self-esteem, happiness, and the number of stressful life events experienced within the past year significantly predicted changes in depression, anxiety, and stress scores. The results of the multivariate multiple regression analysis suggested that the multivariate main effect was significant (Wilk’s Lambda = .40; F [24, 493.7] = 7.71; p < .001). These findings indicate that one or more independent variables significantly predicted changes
in depression, anxiety, or stress scores. We performed a series of multiple regression analyses to further explore the relationship between each dependent and independent variable. The change statistics for the depression, anxiety, and stress multiple regression analyses are reported in Table 6, and the results of the multiple regression analyses are presented in Table 7.

As seen in Table 6, the results of the multiple regression analysis showed that independent variables are statistically significant predictors of changes in depression ($F[8, 172] = 22.37; p < .001; \Delta R^2 = .51$), anxiety ($F[8, 172] = 12.86; p < .001; \Delta R^2 = .37$), and stress ($F[8, 172] = 12.12; p < .001; \Delta R^2 = .36$) scores. Multiple regression models for depression, anxiety, and stress had a high effect size, indicating that...
regression models are significantly better at estimating the depression, anxiety, or stress scores than the depression, anxiety, or stress mean for each participant. As seen in Table 7, sex, educational level, marital status, seniority, and school counselor self-efficacy were not significant predictors of depression, anxiety, or stress. However, the number of stressful life events experienced within the past year were positively associated with depression, anxiety, and stress scores; therefore, school counselors who had experienced a higher number of stressful life events within the past year were more likely to exhibit more significant symptoms of depression, anxiety, and stress. Moreover, happiness and
self-esteem scores were negatively associated with depression, anxiety, and stress scores, which means that school counselors who had higher self-esteem and higher levels of happiness were less likely to exhibit depression, anxiety, and stress symptoms.

Discussion

This study examined the severity and correlates of the symptoms of depression, anxiety, and stress among Turkish secondary boarding school counselors. Although the mean depression, anxiety, or stress scores of school counselors indicated a normal symptom level in the total sample, the results of this study revealed that approximately 23% of school counselors experience at least moderate symptoms of depression and stress, and approximately 31% experience at least moderate symptoms of anxiety. Moreover, the study results suggested that the most commonly experienced symptoms are dysphoria in depression, situational anxiety in anxiety, and impatience in stress among boarding school counselors. A direct comparison of the severity or commonly experienced symptoms of depression, anxiety, and stress in this sample with those of other mental health professionals is difficult because of the lack of published data using the DASS. However, consistent with previous studies among other mental health professionals (Harris et al., 2006; Tay et al., 2018), a substantial number of boarding school counselors are at risk for depression-, anxiety-, and stress-related mental health problems.

The results of this study suggested that sex, educational level, marital status, and seniority are not associated with symptoms of depression, anxiety, and stress among Turkish secondary boarding school counselors. These findings are consistent with those of previous studies conducted on different health occupations reporting that sociodemographic factors were not associated with experiencing greater symptoms of depression, anxiety, or stress. For example, Maharaj et al. (2019) found that sex was not associated with depression, anxiety, or stress in a sample of Australian nurses. Among a group of health professionals mainly consisting of social workers and psychologists, Harris et al. (2006) concluded that the number of years in a profession was not associated with depression, anxiety, or perceived stress. Gong et al. (2014) also found that marital status and educational level were not connected with depression and anxiety symptoms in a sample of Chinese physicians. Overall, the findings of this study indicated that sociodemographic characteristics are not associated with an increased likelihood of developing symptoms of depression, anxiety, and stress among Turkish school counselors.

Additionally, the study results showed that school counselor self-efficacy is not associated with psychological distress. Although there is no research to date examining the relationship between school counselor self-efficacy and depression, anxiety, and stress, the comparison of the study results with those of previous studies using general self-efficacy as an independent variable is possible because general self-efficacy represents a constellation of domain-specific self-efficacy beliefs. Previous studies among adult or college student samples indicated that general self-efficacy beliefs were negatively associated with depression, anxiety, or stress when investigated alone (Rimm & Jerusalem, 1999), but they were not correlated with psychological distress when examined with other affective or personality characteristics, such as forgiveness, self-compassion, and mindfulness (Gençoğlu et al., 2018; Soysa & Wilcomb, 2015).

The findings of this study also indicated that school counselor self-efficacy was weakly correlated with depression, anxiety, and stress but did not predict depression, anxiety, or stress when examined with self-esteem, happiness, and stressful life events. Therefore, our findings replicated and extended those of previous studies on general self-efficacy to domain-specific self-efficacy beliefs among school counselors. The contribution of school counselor self-efficacy feelings to better management of depression, anxiety, and stress symptoms amid potentially adverse and stressful situations may be limited when considered with other affective or personality characteristics, including self-esteem, happiness, and stressful life events experienced within the past year.

In addition, the study findings suggest that self-esteem is negatively associated with symptoms of depression, anxiety, and stress among school counselors. These findings are consistent with those of previous research among college students and the general population showing that individuals with high self-esteem tend to exhibit lower-level symptoms of depression, anxiety, or stress (Ratanasiripong et al., 2018; Sinclair et al., 2012); however, the results of the current study also extend the conclusions in the extant literature by demonstrating that the findings of previous studies are generalizable to school counselors. High self-esteem concurrently and longitudinally acts as a resource that buffers individuals from depression, anxiety, and stress, as well as some other forms of psychopathology (Zeigler-Hill, 2011). Therefore, having a positive attitude toward the self, accompanied by feelings of self-acceptance and self-worth, may help school counselors cope more effectively with symptoms of psychological distress and adversity.

The results of the current study also indicated that unhappy school counselors are more likely to experience symptoms of depression, anxiety, and stress. These findings are also congruent with those of previous studies indicating that happiness is negatively associated with symptoms of anxiety, stress, and depression (Silva & Figueiredo-Braga, 2018). Prior research examining the correlates of happiness has indicated that happy individuals tend to be healthier, have better relationships, cope better with stress, have more friends, be more prosocial, have more success at work, experience more positivity and less negativity, have a higher daily affective balance, and enjoy a plethora of other individual and social benefits (Diener et al., 2009; Diener & Seligman, 2008).
Thus, frequently feeling happy may allow school counselors to build and expand their own physical, psychological, social, and intellectual resources over time (Diener et al., 2009) and may help them cope more effectively with the symptoms of psychological distress in potentially adverse or unfamiliar situations.

Finally, the results of the present study demonstrated that stressful life events are positively associated with the symptoms of depression, anxiety, and stress among school counselors. These findings also support and extend previous study findings for school counselors, indicating that stressful life events significantly increase the likelihood of experiencing psychological distress symptoms in the form of depression, anxiety, or stress (Park et al., 2015; Zeng et al., 2019). The number of stressful life events experienced may be an important factor in increasing the vulnerability of school counselors to depression-, anxiety-, or stress-related problems.

Limitations

In addition to the inherent limitations of cross-sectional research design, several limitations of the present study should be noted. First, although this study employed a nationally representative sample of school counselors working in regional secondary boarding schools, the generalization of the study results to school counselors working in different institutions in the Turkish education system, such as day secondary schools, general high schools, vocational and technical high schools, and counseling and research centers, is limited. Additionally, the external validity of this study was low because school counselors working in secondary boarding schools represent only a small minority of school counselors.

Second, this study used single-item scales to measure happiness and stressful life events. Although previous studies and the current study provided evidence regarding the validity of single-item scales, with theoretically and empirically plausible associations with indicators of self-esteem, depression, anxiety, and stress, limited information exists regarding the reliability of these scales (e.g., test-retest reliability). Thus, measuring happiness and stressful life events using multi-item scales in future studies could provide more information regarding the psychometric properties of scales and help make a more comprehensive assessment.

Third, in this study, information from school counselors was collected with self-report scales, which can lead to a number of common method biases, such as social desirability and midpoint responses (Podsakoff et al., 2003). We tried to prevent some common method biases during data collection by ensuring school counselors could answer each measure anonymously and by keeping their personal information confidential. Similarly, to minimize the potential for midpoint responding, we excluded participants who gave the same answer to all scale items on the questionnaire (Podsakoff et al., 2003). However, future studies could use more direct and comprehensive assessment methods for evaluating the characteristics in this study.

The severity of depression, anxiety, and stress were measured with the DASS-21. Although the DASS-21 is among the most frequently used scales to simultaneously measure symptoms of depression, anxiety, and stress in diverse clinical and nonclinical populations with strong psychometric properties, the DASS-21 is not a clinical diagnostic instrument and only provides information about the severity of the core symptoms of depression, anxiety, and stress within a defined timeframe (Lovibond & Lovibond, 1995). Thus, the severity level of the depression, anxiety, or stress symptoms found through the DASS-21 are not clinical classifications.

Moreover, the timeframe used in the DASS-21 to evaluate depression and anxiety symptoms does not align with the recommendations of the latest version of the Diagnostic and Statistical Manual of Mental Disorders ([DSM-5]; American Psychiatric Association [APA], 2013), and some common symptoms of depression (e.g., changes in appetite and recurrent thoughts of death) and generalized anxiety disorder (e.g., impaired concentration and difficulty sleeping) were not assessed in the DASS-21 (APA, 2013). Thus, in future studies, assessing the symptoms of depression, anxiety, and stress with clinician-rated scales administered by psychiatrists could complement the findings of the DASS-21, by providing more relevant and unique information related to the severity of depression, anxiety, and stress symptoms not captured by the DASS-21.

Another limitation of this study was that we recruited boarding school counselors during a workshop rather than in their natural work environment. Thus, their moods might have affected their responses to the questionnaires, either positively or negatively, because of being in an unfamiliar environment rather at a familiar school. Additionally, the COVID-19 pandemic emerged worldwide approximately 13 months after this study was carried out. This situation forced schools to shut down and switch to online teaching and virtual education for a long time in Turkey, until the return regular face-to-face teaching for the 2021 to 2022 academic year. Therefore, future studies could replicate and test the external validity of these study findings by recruiting counselors directly from boarding schools after the COVID-19 pandemic.

Practical Implications

Despite the limitations of this study, its research findings have important practical implications for school counselors, policy makers, researchers, and organizations. School counselors have a professional responsibility to regularly monitor their mental well-being and maintain awareness about their influence on their clients (ASCA, 2016). Because members of this professional group are susceptible to impairments in their personal and work lives that could impact their school counseling practices, it is important for them to adhere to
best practices to alleviate their symptoms of psychological distress and to enhance their subjective well-being.

Previous studies have suggested that engaging in self-care activities is associated with a wide range of benefits for mental health professionals, such as alleviating psychological distress, improving subjective well-being and quality of life, and experiencing higher levels of positive affect and lower levels of negative affect (Colman et al., 2016; Zahniser et al., 2017). Thus, self-care activities may help boarding school counselors to promote their subjective well-being and prevent negative mental health outcomes (Posluns & Gall, 2020).

As research findings indicate that depression, anxiety, and stress symptoms are prevalent among boarding school counselors, these professionals should regularly monitor their symptoms of psychological stress as a self-care practice to prevent the detrimental effects of psychological stress on their school service delivery and quality of care (Rudaz et al., 2017). Encouraging boarding school counselors to use more effective time-management skills and promoting work-life personal life balance may also help them deal with feelings of inadequacy and unhappiness, which in turn may alleviate their symptoms of psychological stress (Posluns & Gall, 2020). Moreover, encouraging them to use more effective emotional regulation techniques, such as cognitive reappraisal, in potentially adverse and stressful situations, may also help school counselors to effectively manage psychological distress in the boarding school environment.

Boarding school counselors could also engage in regular physical activity as a means of increasing self-esteem and happiness and diminishing symptoms of depression, anxiety, and stress (Posluns & Gall, 2020). Extensive research has suggested that having strong formal and informal social support networks serves as a protective factor for mental health and well-being (Diener et al., 2009; Diener & Seligman, 2002; Posluns & Gall, 2020). Thus, seeking online or face-to-face professional support, such as colleague consultation and individual or group supervision from school counselor educators or school counselor supervisors via professional organizations, such as Turkish Psychological Counseling and Guidance Association, could also help improve the management of feelings of inadequacy, worthlessness, and unhappiness, which has the potential to alleviate psychological distress and enhance the ability to keep pace with student needs among boarding school counselors.

MoNE is responsible for developing national policies to aid students, teachers, and school counselors (OECD, 2007). Thus, these study findings could also help MoNE policy makers construct nationwide evidence-based strategies to promote the mental health of its staff; plan, develop, and implement prevention schemes; and create education and intervention programs for boarding school counselors. Since the research findings indicated that school counselors have particular vulnerabilities to psychological stress, which, if not appropriately dealt with, can hinder their school service delivery and quality, such programs could include regular screening, assessment, and monitoring of the severity of psychological distress among boarding school counselors. These programs could also incorporate education and training materials to foster the skills to effectively deal with commonly experienced psychological stress symptoms, such as dysphoria, situational anxiety, and impatience, as well as enhance the skills related to ensuring effective time-management, coping with anxiety and stress, and increasing self-esteem and happiness. Moreover, a good understanding of boarding school counselors’ needs and demands requires adequate data about this group. Therefore, the findings of the current study could also help MoNE administrators gain a deeper understanding of the specific needs of boarding school counselors.

**Conclusion**

The results of this study indicated that of school counselors working in secondary boarding schools, approximately 2 out of 10 experience depression and stress symptoms, and approximately three out of 10 experience stress symptoms, all of which could ultimately lead to impaired functioning in some daily activities, as well as in their school service delivery and quality of care. The study findings also suggested that increased self-esteem and happiness, as well as teaching effective skills for coping with stressful life events, could help to diminish the symptoms of depression, anxiety, and stress among secondary boarding school counselors.

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**Author Contributions**

Ergüçül Şahin: Conceptualization, project administration, methodology, data curation, formal analysis, writing—original draft, writing—review and editing.

Nursel Topkaya: Conceptualization, investigation, methodology, writing—original draft, writing—review and editing, validation.

Cem Gençoğlu: Conceptualization, writing—original draft, writing—review and editing, validation.

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**Ethical Approval**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the relevant
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Informed Consent
Informed consent was obtained from all individual participants included in this study.

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Data underlying this article is available from Open Science Framework (osf.io/nyk9h/).

References
Abdel-Khalek, A. M. (2006). Measuring happiness with a single-item scale. *Social Behavior and Personality: An International Journal, 34*(2), 139–150. https://doi.org/10.2224/ sbp.2006.34.2.139

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

American School Counselor Association. (2016). *ASCA ethical standards for school counselors*. Author.

Ali, A. (2018). Experiences of school counselors working in district boarding schools. *International Journal of School & Educational Psychology, 6*(2), 99–111. https://doi.org/10.1080/21683603.2017.1285732

Balcı, S. (2017). *Okul Psikolojik Danışmanı Öz Yetkinlik Ölçeği’nin Türk kültüründeki psikometrik özellikleri*[Psychometric properties of the School Counselor Self-Efficacy Scale in the Turkish culture]. *Ahi Evran Üniversitesi Kırşehir Eğitim Fakültesi Dergisi, 18*(2), 633–649.

Baum, N. (2016). Secondary traumatization in mental health professionals: A systematic review of gender findings. *Trauma, Violence, & Abuse, 17*(2), 221–235. https://doi.org/10.1177/1524838015584357

Bilgel, N., & Bayram, N. (2010). Turkish version of the Depression Anxiety Stress Scale (DASS-42): Psychometric properties. *Archives of Neuropsychiatry, 47*(2), 118–126. https://doi.org/10.4274/npa.5344

Bodenhorn, N., & Skaggs, G. (2005). Development of the school counselor self-efficacy scale. *Measurement and Evaluation in Counseling and Development, 38*(1), 14–28. https://doi.org/10.1080/07481756.2005.11909766

Butler, S. K., & Constantine, M. G. (2005). Collective self-esteem and burnout in professional school counselors. *Professional School Counseling, 9*(1), 55–62. https://doi.org/10.5330/prsc.9.1.11744151163720u5

Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment, 7*(3), 309–319. https://doi.org/10.1037/1040-3590.7.3.309

Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology, 10*(4), 188–197. https://doi.org/10.1037/tep0000130

Çuhadaroğlu, F. (1986). *Adolesanlarda benlik saygısı*[Unpublished master thesis]. Hacettepe University.

Dattalo, P. (2013). *Analysis of multiple dependent variables*. Oxford University Press.

Diener, E., Kesebir, P., & Tow, W. (2009). Happiness. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of individual differences in social behavior* (pp. 147–160). The Guilford Press.

Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science, 13*(1), 81–84. https://doi.org/10.1111/1467-9280.00415

Erçevik, A. (2019). The relationship between secondary traumatic stress and social problem-solving skills of school counselors. *Cukurova University Faculty of Education Journal, 48*(2), 1054–1071. https://doi.org/10.14812/cufej.546015

Erdin, C., & Ozkaya, G. (2020). Contribution of small and medium enterprises to economic development and quality of life in Turkey. *Heliyon, 6*(2), e03215. https://doi.org/10.1016/j.heliyon.2020.e03215

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). *G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*(2), 175–191. https://doi.org/10.3758/BF03193146

Field, A. P. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE.

Firth-Cozens, J. (2007). Improving the health of psychiatrists. *Advances in Psychiatric Treatment, 13*(3), 161–168. https://doi.org/10.1192/apt.bp.106.003277

Gençoğlu, C., Şahin, E., & Topkaya, N. (2018). General self-efficacy and forgiveness of self, others, and situations as predictors of depression, anxiety, and stress in university students. *Educational Sciences: Theory & Practice, 18*(3), 605–626. https://doi.org/10.12738/esp.2018.3.0128

Gong, Y., Han, T., Chen, W., Dib, H. H., Yang, G., Zhuang, R., Chen, Y., Tong, X., Yin, X., & Lu, Z. (2014). Prevalence of anxiety and depressive symptoms and related risk factors among physicians in China: A cross-sectional study. *PLoS One, 9*(7), e103242. https://doi.org/10.1371/journal. pone.0103242

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2018). *Multivariate data analysis* (8th ed.). Cengage Learning.

Harris, L. M., Cumming, S. R., & Campbell, A. J. (2006). Stress and psychological well-being among allied health professionals. *Journal of Allied Health, 35*(4), 198–207.

Hyland, P., Boduszek, D., Dinghra, K., Shevlin, M., & Egan, A. (2014). A bifactor approach to modelling the Rosenberg self esteem scale. *Personality and Individual Differences, 66*, 188–192. https://doi.org/10.1016/j.paid.2014.03.034

Keith, T. Z. (2019). *Multiple regression and beyond: An introduction to multiple regression and structural equation modeling* (3rd ed.). Routledge.

Kingston, D., Heaman, M., Fell, D., Dzakpasu, S., & Chalmers, B. (2012). Factors associated with perceived stress and stressful life events in pregnant women: Findings from the Canadian maternity experiences survey. *Maternal and Child Health Journal, 16*(1), 158–168.

Krejcic, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement, 30*(3), 607–610. https://doi.org/10.1177/001316447003000308

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales* (2nd ed.). Psychology Foundation of Australia.
Wood, B. M., Nicholas, M. K., Blyth, F., Asghari, A., & Gibson, S. (2010). The utility of the short version of the depression anxiety stress scales (DASS-21) in elderly patients with persistent pain: Does age make a difference? *Pain Medicine, 11*(12), 1780–1790. https://doi.org/10.1111/j.1526-4637.2010.01005.x

Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology, 11*(4), 283–289. https://doi.org/10.1037/tep0000172

Zeigler-Hill, V. (2011). The connections between self-esteem and psychopathology. *Journal of Contemporary Psychotherapy, 41*(3), 157–164. https://doi.org/10.1007/s10879-010-9167-8

Zeng, Y., Wang, G., Xie, C., Hu, X., & Reinhardt, J. D. (2019). Prevalence and correlates of depression, anxiety and symptoms of stress in vocational college nursing students from Sichuan, China: A cross-sectional study. *Psychology, Health & Medicine, 24*(7), 798–811. https://doi.org/10.1080/13548506.2019.1574358