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Trainee wellness: self-critical perfectionism, self-compassion, depression, and burnout among doctoral trainees in psychology

Clarissa M. E. Richardson, Wilson T. Trusty and Kylie A. George

Department of Psychology and Communication Studies, University of Idaho

ABSTRACT

Training to become a therapist is a uniquely challenging process with frequent evaluation and balancing of multiple roles (e.g. student, teacher, researcher, counselor, and supervisee). In fact, studies report high levels of stress and depression among graduate trainees in psychology. These vulnerabilities can be exacerbated when a trainee is in high in self-critical perfectionism, a feeling that one is never good enough. The present study examines associations between self-critical perfectionism, depression, and burnout among doctoral trainees in psychology, investigating the mediating role of self-compassion. The 119 participants were all students in clinical/counseling psychology doctoral programs. Results indicated that those higher in self-critical perfectionism reported higher levels of depression and burnout. Self-compassion partially mediated the relationship between self-critical perfectionism and depression, and burnout; those higher in self-compassion experienced lower levels of depression and burnout. These results point to the importance of facilitating the development of self-compassion among doctoral trainees, specifically those who are high in self-critical perfectionism.

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The rigors of doctoral training programs in psychology have well-documented effects on the psychological wellness of trainees (Kumary & Baker, 2008; Pakenham & Stafford-Brown, 2012). In addition to pressure related to balancing personal life with the various roles of a doctoral trainee (i.e. student, teacher, researcher, counselor, and supervisee), these students face stressors associated with the nature of being evaluated, specifically in regards to conducting therapy (Schwartz-Mette, 2009). Given that many doctoral trainees in psychology report being “obsessive overachievers,” it can be hard to cope with not having all the answers and learning a process that cannot be taught in a book (Pica, 1998, p. 361). This often creates self-doubt, which can interfere with building therapeutic relationships and engaging in the supervisory process (Ronnestad & Skovhelt, 2003). The pressure to perform well academically and in therapy can create feelings of inadequacy and lead to negative psychological outcomes (Truell, 2001).

While most doctoral trainees in psychology do not have clinically significant levels of mental illness, many report symptoms of depression (e.g. Brooks, Holttum, & Lavender, 2002; Kuyken, Peters, Power, Lavender, & Rabe-Hesketh, 2000). In a national survey of

doctoral training programs in the United States, Huprich and Rudd (2004) found that depression was one of the most common impairments among trainees. Trainees who report symptoms of depression at the beginning of their training programs also tend to increase in depressive symptoms over the course of training (Kuyken et al., 2000). In addition to the suffering this entails, it can negatively impact their clinical performance. Humphreys, Crino, and Wilson (2017) found that in a sample of students in postgraduate clinical and forensic psychology training programs, symptoms of depression impeded the development of clinical competencies; stress and anxiety were present but did not impede competency development.

In addition, many doctoral trainees in psychology experience burnout at some point during their education (Beaumont, Durkin, Hollins Martin, & Carson, 2016; Swords & Ellis, 2017). Burnout is typically characterized by feeling exhausted, dissatisfied, and even cynical toward life and others (Kristensen, Borritz, Villadsen, & Christensen, 2005), and is often the result of prolonged stress. Burnout among clinicians has a variety of negative consequences, such as distancing oneself from clients and disbelief in the effectiveness of treatment (eg Fothergill, Edwards, & Burnard, 2004). This presents a problem for the clients of these trainees, as well as mental health agencies that employ them following program completion, as clients of service providers with burnout are less satisfied with the services they receive (Leiter, Harvie, & Frizzell, 1998). Although not specific to mental health counseling, burnout predicts lower self-reported quality of care given by hospital nurses as well (Van Bogaert, Clarke, Roelant, Meulemans, & Vande Heyning, 2010). Graduate trainee burnout is also associated with lower compassion for others, which likely interferes with the counseling process (Beaumont et al., 2016).

According to a diathesis-stress model, certain predispositional factors increase the likelihood of developing depression and burnout when an individual faces high anxiety and stress (e.g. the anxiety and stress associated with doctoral training) (Flett, Hewitt, Blankstein, & Mosher, 1995; Ghorpade, Lackritz, & Singh, 2007). Since anxiety and stress are inevitable aspects of training (Hassan El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012), it is important to consider vulnerability factors that may impede coping and result in negative outcomes, such as depression and burnout. One such factor that has been implicated as a diathesis for negative outcomes is perfectionism (e.g. Eberhart, Auerbach, Bigda-Peyton, & Abela, 2011). A recent study with doctoral students from a variety of disciplines found that self-critical perfectionism, or the feeling that one is never good enough, is associated with higher perceived stress, higher levels of negative emotions, and lower levels of positive emotions (Moate, Gnilka, West, & Rice, *in press*). Studies with undergraduate students also indicate that self-critical perfectionism is associated with depression and burnout (see Smith et al., 2016; Hill & Curran, 2016; for reviews). Given that new doctoral trainees are often experiencing pressure to perform at a professional level for the first time (Schwartz-Mette, 2009) and that perceived failures to meet high standards drive negative outcomes in self-critical perfectionists (e.g. Rice, Bair, Castro, Cohen, & Hood, 2003), it is likely that this trait increases the likelihood of symptoms of depression and burnout in trainees as well.

Although there is some debate on how to conceptualize perfectionism, two main components of the trait have emerged: perfectionistic strivings (e.g. desires to perform perfectly) and perfectionistic concerns (e.g. worries or self-criticism related to not being good enough; see Stoeber & Otto, 2006, for a review). Perfectionistic strivings are generally associated with positive outcomes, and perfectionistic concerns are associated

with negative outcomes (Stoeber & Otto, 2006). Self-critical perfectionism is generally defined as being high in perfectionistic concerns or feeling as if one never lives up to her or his high standards (e.g. Richardson & Rice, 2015). In other words, it is when an individual never feels as if s/he is good enough. Given that perfectionistic strivings are often “healthy” and most college students report high levels of strivings, reducing variability within the dimension (Rice & Richardson, 2014), the current study focuses on the construct of self-critical perfectionism.

It is likely that doctoral trainees who are high in self-critical perfectionism are more susceptible to depression and burnout. Minimal research to date has investigated the associations between self-critical perfectionism and burnout, but self-critical perfectionism is associated with burnout in counselor educators (Moate, Gnillka, West, & Bruns, 2016), and Beaumont et al. (2016) reported that trainees who are high in self-judgment (a similar construct to self-critical perfectionism) experience more burnout. Additionally, longitudinal studies have found that self-critical perfectionism predicts the development of burnout in athletes (Madigan, Stoeber, & Passfield, 2015, 2016). Even though unstudied among graduate student trainees, the well-established link between perfectionism and depression in undergraduate students (eg Limburg, Watson, Hagger, & Egan, 2016) would imply that a similar association exists among trainees.

In addition to clarifying the role of self-critical perfectionism in doctoral trainees’ development of depression and burnout, there is a need to identify factors that may explain the association between self-critical perfectionism and such outcomes. Since one of the hallmarks of self-critical perfectionism is self-criticism related to perceived failures, it follows that a lack of self-compassion, or a lack of kindness toward oneself when facing failure (Neff, 2003), accounts for negative outcomes in self-critical perfectionists. Indeed, research has found that, among samples of undergraduates, self-compassion partially mediates the associations between self-criticism and depression (Joeng & Turner, 2015), as well as self-critical perfectionism and depression (Mehr & Adams, 2016). Additionally, low self-compassion is associated with higher burnout in master’s-level trainees in social work (Butler, Carello, & Maguin, 2017). It is plausible that self-compassion may also be a mechanism by which doctoral trainees in psychology who are high in self-critical perfectionism can experience lower burnout and depression, as it is intuitive that replacing self-critical thoughts with self-compassionate thoughts would cause some aspects of these negative outcomes to decrease.

Self-compassion has been defined as “(1) extending kindness and understanding to oneself rather than harsh self-criticism and judgment; (2) seeing one’s experiences as part of the larger human experience rather than as separating and isolating; and (3) holding one’s painful thoughts and feelings in balanced awareness rather than over-identifying with them” (Neff, 2003, p. 224). Self-compassion is strongly related to several facets of well-being (Zessin, Dickhäuser, & Garbade, 2015), and it is negatively associated with stress, depression, and burnout in trainees (Beaumont et al., 2016; Butler et al., 2017; Finlay-Jones, 2014; Finlay-Jones, Rees, & Kane, 2015). However, the effect of self-compassion on burnout in self-critical perfectionists has not yet been tested. Additionally, the effect of self-compassion on depression in doctoral trainees who are high in self-critical perfectionism remains untested.

The current study aimed to address these gaps in the literature by examining the associations between self-critical perfectionism, depression, and burnout among doctoral trainees in psychology, investigating the mediating role of self-compassion. Further understanding what leads to depression and burnout among trainees will help orient

training toward prevention/alleviation, which will allow for increased wellness among trainees, assisting them in developing competencies and better therapeutic relationships. To account for the possibility of depression being associated with the transition to graduate school and/or burnout being associated with time spent in graduate school, we control for year in school in each mediation model. We hypothesize that self-critical perfectionism will be associated with higher levels of depression and burnout in doctoral trainees and that lower levels of self-compassion will explain, or mediate, this association. We anticipate that those higher in self-compassion will report lower levels of depression and burnout.

Method

Participants

A total of 119 doctoral trainees in psychology participated in this study. All trainees were enrolled in doctoral programs for clinical (74%) or counseling (26%) psychology in the United States. Their mean age was 27.11 years ($SD = 3.12$), and the majority were female (86%). A 2010 American Psychological Association report found that clinical and counseling doctoral programs were, on average, 77% female. Participants identified their race/ethnicity as: 71% White, 12% Asian, 9% Hispanic, 5% African-American, and 3% Multicultural Mixed Race. Students in their first year of their program comprised 27% of the sample; others reported being in their second (17%), third (20%), fourth (18%), or fifth year and beyond (18%).

Measures

Self-critical perfectionism

The Discrepancy subscale of the Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001) was used to measure self-critical perfectionism, a feeling that one is never good enough or does not live up to the high standards set for oneself. The Discrepancy subscale has been used as a standard measure of self-critical perfectionism in various studies (e.g. Mandel et al., 2018; Richardson & Rice, 2015). An example item is "Doing my best never seems good enough." Respondents rate the 12 items on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Internal consistency has been reported as .92 in other studies (e.g. Slaney et al., 2001) and was .95 for the present study.

Self-compassion

The Self-Compassion Scale (SCS; Neff, 2003) was used to measure self-compassion, which is defined as, "being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them" (Neff, 2003, p. 223). The measure contains 26 items, consisting of six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The present study used only the total score which is calculated by averaging all item responses on each subscale. Respondents rate items on a 5-point scale ranging

from 1 (*almost never*) to 5 (*almost always*). An initial study conducted by Neff (2003) to develop the SCS found an internal consistency of .92. The internal consistency in the present study was .88.

Depression

The Depression subscale of the Inventory of Depression and Anxiety Symptoms-Second Version (IDAS-II; Watson et al., 2012) was used to measure symptoms of depression. The scale consists of 20 items, and participants respond to each item using a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*). Internal consistency of .95 has been reported (Watson et al., 2012). The internal consistency for the present study was .92.

Burnout

The Personal Burnout subscale of the Copenhagen Burnout Inventory (CBI; Kristensen et al., 2005) was used to measure burnout. This subscale has six items. Kristensen et al. (2005) report that *fatigue* and *exhaustion* are at the core of burnout, and they borrow a definition from Pines and Aronson (1988), “a state of physical and emotional exhaustion caused by long-term involvement in situations that are emotionally demanding” (p. 9). Cronbach’s alpha for internal validity of the subscale was high, at .87 (Kristensen et al., 2005). Internal consistency for the present study was .88 for the Personal Burnout subscale.

Procedure

An invitation to participate in the study was emailed to all clinical and counseling psychology Ph.D. and Psy.D. program training directors in the United States. In total, 292 programs were contacted. Because the survey was completed anonymously by participants, it is unclear how many training directors sent out the survey to their students. The survey was sent out to training directors at three different time points over the course of two different semesters, encouraging them to send to students if they had not already done so. Participants completed surveys in September–October and January–February; scores on the depression and burnout scales did not differ depending on the time of data collection within the academic semester. Participants were offered the chance to win a gift card for their participation. Doctoral trainees that agreed to participate completed all measures online using the Qualtrics survey system. The study was IRB approved, and all participants indicated consent prior to completing the online surveys.

Data analytic strategy

We tested models with self-compassion as a mediator of the association between self-critical perfectionism and outcomes of depression and burnout; two separate models were run. Year in school was entered as a covariate for each model. We used SPSS PROCESS macro with 10,000 bootstrap samples for coefficient and indirect estimation to run all three mediation analyses. General guidelines for mediation analyses outlined by Baron and Kenny (1986) were followed. They suggest that three main criteria are met for a significant mediation model to be present: (1) the regression analysis of self-critical perfectionism predicting self-compassion must be significant, (2) the regression analysis of self-critical perfectionism predicting the outcome variable must be significant, and (3)

the regression analysis of self-compassion predicting the outcome variable must be significant. Complete mediation is supported if the association between self-critical perfectionism and the outcome variable becomes nonsignificant after controlling for the mediating variable of self-compassion. Alternatively, partial mediation is supported if the association between self-critical perfectionism and the outcome variable is lessened, but does not become nonsignificant, after controlling for self-compassion. Indirect effects were considered significant if the 95% bias-corrected confidence interval did not include zero (Preacher & Hayes, 2004, 2008).

Results

Preliminary analyses

Table 1 presents correlations, means, and standard deviations for all variables. Means for self-critical perfectionism and self-compassion were comparable to other samples of doctoral trainees and clinicians (Finlay-Jones, 2014; Moate et al., *in press*). Although the IDAS-II and CBI have not been used with trainees before, depression scores were slightly above the mean of IDAS-II normative samples (Nelson, O'Hara, & Watson, 2018), and burnout scores were well above the mean of a normative sample with the CBI (Kristensen et al., 2005). Year in school was not significantly correlated with any variables. Visual inspection of scatterplots for each of the possible IV/DV, IV/mediator, and mediator/DV pairs revealed that the assumption of linearity was met. No outliers were detected.

Mediation analyses

Figure 1 shows results of mediation analyses for Depression and Burnout as outcome variables. In examining the association between predictor and mediator, the regression analysis of Self-Critical Perfectionism predicting Self-Compassion was negative and significant ($\beta = -.03$, $SE = .003$, $t(115) = -9.84$, $p < .001$). Next, we tested whether the predictor was significantly associated with the two outcome variables. Self-Critical Perfectionism was a positive and significant predictor of both Depression ($\beta = .45$, $SE = .07$, $t(115) = 6.39$, $p < .001$) and Burnout ($\beta = .35$, $SE = .12$, $t(115) = 2.88$, $p < .01$). Finally, we tested whether the mediator and outcome variables were significantly associated; Self-Compassion was negatively and significantly associated with both Depression ($\beta = -5.67$, $SE = 1.68$, $t(115) = -3.38$, $p < .01$) and Burnout ($\beta = -9.33$, $SE = 2.91$, $t(115) = -3.20$, $p < .01$).

We then proceeded to test for complete versus partial mediation for both models. Including Self-Compassion as predictor along with Self-Critical Perfectionism reduced the effect of predictor on outcome, although the effect of Self-Critical Perfectionism on

Table 1. Descriptive statistics and correlations for all variables.

Variable	<i>M (SD)</i>	1	2	3	4	5
1. Self-Critical Perfectionism	44.28 (16.89)	–	–.66**	.72**	.52**	–.06
2. Self-Compassion	2.99 (.71)	–	–	–.64**	–.53**	–.01
3. Depression	46.09 (14.23)	–	–	–	–.73**	–.09
4. Burnout	51.24 (19.89)	–	–	–	–	.02
5. Year in School	2.90 (1.63)	–	–	–	–	–

** $p < .01$; two-tailed tests.

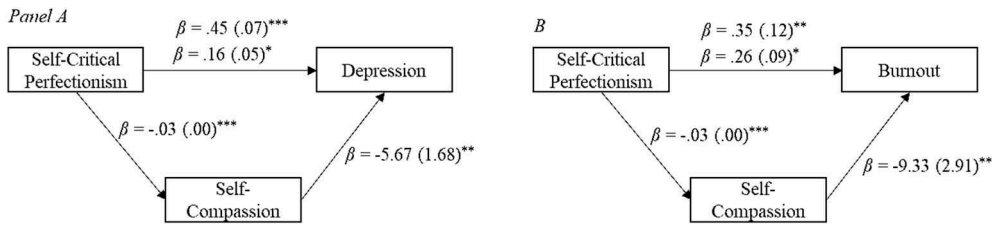


Figure 1. Results of mediation analyses. All numbers are standardized beta weights with standard error in parentheses. For the association of Self-Critical Perfectionism to outcome, the top path is the original, and the bottom path is the effect of the mediation. *** $p < .001$; ** $p < .01$; * $p < .05$; two-tailed tests.

outcome was still significant for both models. Confidence intervals for indirect effects for the Depression model (point estimate = .16, 95% CI [.07, .25]) and the Burnout model (point estimate = .26, 95% CI [.09, .46]) did not include zero suggesting that a partial mediation is supported for both models.

Discussion

The current study aimed to examine associations between self-critical perfectionism, depression, and burnout among doctoral trainees in psychology. Given the challenges of doctoral training in clinical and counseling psychology, such as pressure to perform, balancing multiple roles, learning a process that cannot be taught in a book, and being exposed to the pain and suffering of others, often for the first time (e.g. Pica, 1998; Schwartz-Mette, 2009), it is important to consider factors that may protect trainees against development of psychological distress and burnout, especially among those who are typically hard on themselves (i.e. self-critical perfectionists). In the present study, we focused on the mediating role of self-compassion for those who are high in self-critical perfectionism. We hypothesized that controlling for year in school, self-critical perfectionism will be associated with depression and burnout and that self-compassion will mediate this relationship.

In fact, this is exactly what was supported by the data. In testing the mediational model (Figure 1), all paths were significant for depression and burnout. Specifically, self-critical perfectionism (predictor) was negatively associated with self-compassion (mediator), as well as positively associated with depression and burnout (outcome variables), indicating that those higher in self-critical perfectionism are more likely to experience depression and burnout than those lower in self-critical perfectionism. These results are consistent with prior research on self-critical perfectionism; among undergraduate populations, the construct has been found to be associated with higher levels of depression and burnout (see Smith et al., 2016; Hill & Curran, 2016; for reviews), although the topic has not been studied in clinical/counseling doctoral trainees.

Also, as expected, self-compassion was negatively and significantly associated with depression and burnout. In other words, those higher in self-compassion experienced lower levels of depression and burnout. Prior research on self-compassion in clinical/counseling trainees has also found support for these findings (Beaumont et al., 2016; Finlay-Jones, 2014; Finlay-Jones et al., 2015).

After establishing associations between predictors, mediators, and outcome variables, we tested our main hypothesis which was that self-compassion would mediate the associations between self-critical perfectionism and depression and burnout. A partial mediation model was supported for both the depression and burnout models suggesting that self-compassion does, indeed, partially explain the association between self-critical perfectionism and depression and burnout for clinical/counseling doctoral trainees. This suggests that self-compassion is a mechanism which connects self-critical perfectionism to depression and burnout. The partial mediation suggests that there may be other possible mechanisms that further explain the associations. Future research may focus on mindfulness (Wimberley, Mintz, & Suh, 2015) or social connectedness (eg Rice, Leever, Christopher, & Porter, 2006) that may help to further explain these associations. Despite it being a partial mediation, the findings suggest that for those who struggle with self-critical thoughts, self-compassionate thoughts and behaviors may help to reduce the impact of self-criticism on depression and burnout.

Implications

There are many reasons to believe that self-compassion may benefit doctoral trainees in psychology, and the results of this study only serve to further support this premise, especially among those who are self-critical perfectionists. It may be beneficial to implement interventions to improve self-compassion among graduate trainees. In fact, Stafford-Brown and Pakenham (2012) found that an Acceptance and Commitment Therapy (ACT)-informed intervention helped to improve self-compassion in this population.

Interventions to improve self-compassion are promising given that research suggests self-critical perfectionists may resist relinquishing harmful perfectionistic beliefs (Merrell, Hannah, Van Arsdale, Buman, & Rice, 2011). Perhaps these interventions may indirectly address the psychological distress and burnout that is common among self-critical perfectionists, although research is needed to examine the benefits of self-compassion and related interventions for self-critical perfectionists.

The results of this study also point to the importance of identifying those most vulnerable to psychological distress through focusing on self-critical perfectionism as a predictor of distress. Graduate trainees having knowledge of their own struggles with self-critical perfectionism and the promise of self-compassion as a means of protecting against depression and burnout may help to facilitate their own progress toward being more self-compassionate. Additionally, supervisors may benefit from understanding the role of self-critical perfectionism and self-compassion in the wellness of their supervisees as they may wish to facilitate the development of self-compassion in this vulnerable population. The fact that depression and burnout were problematic despite having many first-year students in the sample points to the importance of addressing self-critical perfectionism early in training; perhaps a self-compassion intervention within the first year of training would be most beneficial, even before students begin conducting therapy.

Limitations and future directions

There are a number of limitations that warrant discussion. First, the study was limited by its cross-sectional design. Future studies may implement longitudinal designs to better assess causality and long-term outcomes of self-critical perfectionism and self-

compassion among graduate student trainees in clinical/counseling doctoral programs. Additionally, the rigors of training are not restricted to doctoral students, and future studies may also expand to include students in master's programs in clinical/counseling or social work, as well as medical-related professional students, such as dentistry, veterinary, and medical students. Future studies may also measure and control for other variables, such as gender, age, or even parenthood which may cause additional stress when going through a doctoral program. Also, as mentioned previously, expanding this research into implementing interventions that target self-compassion will be beneficial in producing change in these vulnerable populations, which will likely have benefits for them and their clients long-term.

It is notable that the level of burnout in this sample was higher than a major normative sample with the CBI (Kristensen et al., 2005). Kristensen et al. (2005) measured burnout among Danish professionals from a variety of fields, but their sample did not include graduate students or psychologists. It could be that the stress of graduate clinical training puts individuals at higher risk of burnout than those who are already employed. Future research could compare the level of burnout in doctoral psychology trainees with graduate students and professionals in other fields. Longitudinal studies could also examine whether burnout decreases in trainees after they complete their training programs. It is also possible that the measure of burnout was assessing factors related to stress, so future studies may also measure stress to better understand the role of stress, especially if first year students are to be included in the sample as they may not be burned out but simply stressed by the adjustment to graduate school.

Additionally, burnout and depression are only two of the many constructs that would be interesting to assess in relation to self-critical perfectionism and self-compassion. Focusing on how self-critical perfectionism and self-compassion impact working alliance with clients and supervisors, as well as counselor self-efficacy, would help to better understand the effects on therapists and clients. It may also be interesting to examine associations between adaptive components of perfectionism (e.g. perfectionistic strivings), self-compassion, burnout, and depression given that these adaptive aspects are often associated with positive well-being indicators (e.g. Stoeber & Otto, 2006); perhaps perfectionistic strivings are protective against burnout and depression among graduate student trainees. Future studies may also consider other psychological distress measures, such as anxiety or even emotion regulation capacities which may help to better understand the mechanism by which self-critical perfectionism affects mental health outcomes. As with many studies, this study is also limited by the use of self-report measures. Using measures from supervisors or clients, as well as physiological measurements may help to add to a broader understanding of how trainee self-critical perfectionism and self-compassion impact them and their relationships with supervisors and clients.

Conclusion

In conclusion, the present study examined the mediating role of self-compassion in the association between self-critical perfectionism and depression and burnout among doctoral trainees in psychology. Results indicated that those higher in self-critical perfectionism experienced higher levels of depression and burnout and self-compassion partially mediated these associations where those higher in self-compassion

experienced lower levels of depression and burnout. These results point to the importance of facilitating the development of self-compassion among doctoral trainees, specifically those who are high in self-critical perfectionism.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Clarissa M. E. Richardson is an assistant professor in the Department of Psychology and Communication Studies at University of Idaho. She completed her doctorate in counseling psychology at University of Florida in 2015. She is also a licensed psychologist with a small private practice. Her research interests include perfectionism, stress (particularly physiological stress), training therapists, psychotherapy process, and rural mental health disparities.

Wilson T. Trusty is a first-year doctoral student in clinical psychology at Idaho State University. He received his BS in psychology at the University of Idaho and his BM in music at Brigham Young University-Idaho. His research interests include psychotherapy process and outcome, clinical supervision, and stigma related to mental illness.

Kylie A. George is a first-year doctoral student in counseling psychology at the University of North Dakota, and she received her BS in psychology from the University of Idaho in 2017. Her research interests include positive psychology, perfectionism, and rural integrated health care.

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