

DOES SPIRITUAL WELL-BEING PREDICT JOB SATISFACTION AND BURNOUT  
AMONG SUBSTANCE ABUSE COUNSELORS

by

Angela Louisa Colistra

A dissertation submitted to the faculty of  
the University of North Carolina at Charlotte  
in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy in  
Counseling

Charlotte

2012

Approved by:

---

Dr. John Culbreth

---

Dr. Pam Lassiter

---

Dr. Sean McCloud

---

Dr. Do-Hong Kim

---

Dr. Ed Wierzalis

©2012  
Angela Louisa Colistra  
ALL RIGHTS RESERVED

## ABSTRACT

ANGELA LOUISA COLISTRA. How does spiritual well-being predict job satisfaction and burnout among substance abuse counselors? (Under the direction of DR. JOHN R. CULBRETH)

Job satisfaction and burnout are directly related to turnover within the substance abuse counseling field and a variable that could predict burnout and job satisfaction such as spiritual well-being was of interest. This study explored how spiritual well-being predicts job satisfaction and feelings of burnout among substance abuse counselors. The research design included bivariate correlational and regression analyses to evaluate the data from substance abuse counselors who were members of a national organization. Results revealed that spiritual well-being was significantly negatively correlated to burnout and significantly positively correlated to job satisfaction. Furthermore, burnout was significantly negatively correlated to job satisfaction. The two hierarchical multiple regression analyses displayed that spiritual well-being was a predictor of burnout and job satisfaction. The multiple regressions indicated that spiritual well-being accounted for 5% of the variance in substance abuse counselor burnout and spiritual well-being accounted for 6% of the variance in substance abuse counselor job satisfaction. Implications for the fields of counseling, counselor education, and clinical supervision are discussed.

## DEDICATION

I would like to dedicate this dissertation to my family. First, to my handsome, smart, and loving husband, Craig, who without his selfless love and support this dissertation and doctoral degree would not be possible. Thank you for putting your dreams on hold for me to achieve mine. Without his presence, love, and home cooking, I would never have survived this journey. I love the way you love me.

To my two older sisters who always set the bar high, high enough for me to dream big and believe that I too could achieve greatness. Without their endless support of telephone conversations, pick-me-ups, and long hours with SPSS, I would have never completed this degree. Thank you for always achieving great things, this has kept me on my toes. Without your greatness, I would have never realized mine.

To my mom, who always believed in me even when I was doing everything different than what is normal. She gave me the ability to laugh at myself and have fun. Also, to trust that if I keep showing up, even when I am not doing my best, I will succeed in the end. She taught me to believe in myself because if I do not believe in myself no one else will. Without these gifts, I would be lost. To my in-laws, Karen and Mike, who are always there to support me and tell me that they are proud of me, thank you for loving me like your very own. During times of weakness, you helped pick me up.

To my son, Michael, you came into world at the end of this journey and you do not realize it, but we did this together. Thank you for allowing me to be your mom. This is for you.

## ACKNOWLEDGMENTS

I would like to acknowledge the individuals who provided me with support, grace, and guidance during my doctoral degree. First, to my cohort mates, Kathleen, Jared, Keith, and Stephen, thank you for being a great support team for the past four years.

Dr. Jack Culbreth, my dissertation chair, provided guidance, open ears, wisdom, and endless support from the very beginning of this journey, which have made me feel prepared to be a counselor educator and a better clinician. Dr. Culbreth spent endless hours providing feedback and suggestions and listening to me vent during this process, and without his help I would have never made it to the end. I am very appreciative of your support. I am very grateful for my other dissertation committee members: Dr. Pamela Lassiter, Dr. Ed Wierzalis, Dr. Sean McCloud, and Dr. Do-Hong Kim. These members were always nurturing and helpful when I needed them to be and without their insights and expertise, this dissertation would have never reached its full potential. Thank you for your guidance. Dr. Phyllis Post, whom was not on my committee but started me off on this journey during prospectus and gave me guidance and helpful feedback as if she was. To all of the faculty members that helped me along the way, thank you for the relationship you provided, that is really what it is all about.

Lastly, to my McLeod family and Dr. David Powell for always believing in me professionally and personally, without all of these wonderful people in my life this dream would have never been achieved.

## TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	1
Turnover	1
Spirituality and the Counseling Profession	3
The Role of Spirituality in Substance Abuse Recovery	4
Spiritual Well-Being	7
Job Satisfaction	8
Burnout	10
Purpose of the Study	11
Significance of Study	12
Research Questions	12
Statement of Hypothesis	13
Research Design	14
Assumptions	14
Delimitations	15
Limitations	15
Threats to Validity	16
Threats to Internal Validity	16
Threats to External Validity	16
Operational Definitions	17
Burnout	17
Spiritual Well-Being	18
Job Satisfaction	18

Summary	19
Organization of the Study	20
CHAPTER 2: LITERATURE REVIEW	22
Introduction	22
Understanding the Profession	23
Substance Abuse Counseling	23
The Substance Abuse Counselor	24
Future Growth and Needs of the Profession	25
Substance Abuse Counselor Turnover	27
Understanding Burnout	33
Burnout Feelings	33
Burnout Sources	34
Substance Abuse Specific Contributing Sources	36
Burnout: A Systemic or Individual Dilemma	37
Job and Person Match	39
Impacts of Burnout on Treatment	41
Burnout Prevention	42
Burnout Summary	46
Job Satisfaction	47
Job Satisfaction and Burnout	47
Job Satisfaction and Spiritual Well-Being	49
Understand Spirituality and Spiritual Well-Being	51
Religion and Spirituality	52

	viii
Spiritual Wellness	57
Spiritual Well-Being	60
Summary	65
CHAPTER 3: METHODOLOGY	67
Introduction	67
Research Design	67
Overall Research Question	68
Research Questions	68
Statement of Hypotheses	68
Description of Participants	69
Data Collection Procedures	71
Phase One	71
Phase Two	71
Introductory Letter	72
Informed Consent	72
Phase Three	73
Threats to Validity	73
Instrumentation	74
Spiritual Well-Being Scale	74
Maslach Burnout Inventory	75
Job Satisfaction Measure	77
Demographic Questionnaire	79
Data Analysis	79

Multiple Regression	80
Assumption of Regression Analysis	81
Summary	82
CHAPTER 4: RESULTS	83
Participants	83
Demographics	84
Instrumentation	89
Pilot Testing of Instrumentation	89
Spiritual Well-Being Scale	91
Maslach Burnout Inventory-Emotional Exhaustion	92
Job Satisfaction	93
Data Management	94
Independent T-Test	96
Bivariate Analysis	97
Hierarchical Regression Analysis	99
Summary	102
CHAPTER 5: DISCUSSION	105
Overview	105
Discussion of Results	107
Limitations	113
Implications and Recommendations for Future Research	115
Conclusions	120
REFERENCES	122

APPENDIX A: INTRODUCTORY EMAIL	132
APPENDIX B: SUBSEQUENT FOLLOW UP EMAIL	133
APPENDIX C: INFORMED CONSENT	135
APPENDIX D: SPIRITUAL WELL-BEING SCALE	137
APPENDIX E: MASLACH BURNOUT INVENTORY	138
APPENDIX F: JOB SATISFACTION MEASURE	139
APPENDIX G: DEMOGRAPHICS	140
APPENDIX H: INSTITUTIONAL REVIEW BOARD APPROVAL	142

## CHAPTER 1: INTRODUCTION

### Turnover

High attrition rates among substance abuse counselors have been an important issue among professionals and researchers in the field (Ducharme, Knudsen, Johnson, & Roman, 2005; Eby, McCleese, Owen, Baranik, & Lance 2007; Fahy, 2007; Shoptaw, Stein, & Rawson, 2000; Williams, 2006). Substance abuse counselors' turnover rates are proven to be higher than any other health care industry (Eby et al., 2007). The yearly turnover rate among substance abuse counselors in the United States has been estimated to be around 20 % (Williams, 2006).

Substance abuse counselor turnover has been compared to the fast food industry, which turnover is projected every 90 days (Hoffman & Froemke, 2007). Williams (2006) exclaimed that in the next four years more than half of the substance abuse counselors will leave the profession entirely, which compromises the quality of care provided to those with addiction problems. A Maryland based firm hired to project future needs of substance abuse counselors estimated that 5,000 new substance abuse workers are needed each year to replace those leaving the field (Smith, Whitaker, & Weismuller, 2006 as cited in Fahy, 2007).

With these turnover rates, it is not alarming that the Princeton Review (2008) reported that substance abuse counseling is considered one of the most demanding areas of social services. The substance abuse counseling field is characterized by high stress,

consistent crisis, eclectic workloads and management practices, and consistent high burnout and turnover is prevalent (Ducharme et al., 2005). In high stress settings such as the substance abuse industry, it can be assumed that burnout is directly related to high attrition rates (Maslach & Jackson, 1981; McLellan, Carise, & Kleber, 2003).

A national study with substance abuse counselors found signs of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Shoptaw et al., 2000), all signs of burnout. Because substance abuse counseling has a high rate of burnout, it is not unusual for people to turn to other forms of counseling as an alternate career. Fahy (2007) asserts that the unspoken question is why substance abuse counselors leave the field? Therefore, continuing our understanding of what contributes to high attrition rates, such as burnout and job satisfaction, will help implement improved vocational planning (Weiss & Dawis, 1967) and substance abuse counselor training.

Substance abuse counselor turnover is a recognized issue and has been linked to additional problems such as staff replacement cost, lower quality patient care, and loss of institutional knowledge costs (Eby et al., 2007). Furthermore, it has been shown that substance abuse counselors who experience burnout have a negative impact on client treatment (McCarthy & Frieze, 1999). It is apparent that substance abuse counselors leave the field at alarming rates, and those counselors who experience burnout and remain in the field have a negative impact on their clients and services; therefore, understanding what contributes to high attrition rates such as feelings of burnout of substance abuse counselors is essential.

Numerous studies focused on health care professionals have found burnout (Bakshi, 2009; Deary, Watson, & Hogston, 2003; Kraeger & Walker, 1992; O'Brien,

O'Keeffe, & Goddard, 2007) and job satisfaction to be related to high turnover (Alqashan & Alzubi, 2009; Kraeger & Walker, 1992; Prosser et al., 1999; Spear, Wood, Chawla, & Nelson, 2004). To add to the development of the research that already exists, it is paramount that researchers continue to understand the unique variables that may relate with job satisfaction and burnout, yet are specific to the work of substance abuse counselors, such as spirituality (Anglin, & Conner, 2008; Brook & Mathews, 2000; Hoffman & Froemke, 2007; Maslach & Leiter, 1997, McNulty, Oser, Johnson, Knudsen, & Roman, 2007; Powell, 2004).

### Spirituality and the Counseling Profession

To understand the role spirituality plays in substance abuse counseling, we must first understand the role it plays in the counseling profession. The Summit of Spirituality, hosted by Mary Thomas Burke and Judy Miranti, met in 1995 in Belmont, North Carolina to produce the first description of spirituality and the development of a series of competencies for counselors and counselor educators. This summit addressed four domains: (a) general knowledge of spiritual phenomena, (b) awareness of one's own spiritual perspective, (c) understanding of client's spiritual perspective, and (d) spiritually related interventions and strategies (Miller, 1999). This summit acknowledged the importance of the counselor's spiritual well-being. In the past 14 years since the summit, the counseling profession has continued to develop in the quest to address the spiritual domain.

Today, the Association for the Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has established 14 competencies for supervisors and counselors in order to respect the values and beliefs that their clients bring into the clinical setting

(2009). The historical development and contribution of spirituality into the counseling field is one of utmost importance, and it represents a call for multiculturally competent counselors. Due to the uniqueness of substance abuse counselors' job duties and broad range of training among substance abuse counselors (Culbreth, 1999; & Sias, Lambie, & Foster, 2006), it is an ethical obligation for counselors and supervisors to have an understanding of the role spirituality plays in their job duties and how it ultimately impacts the field. Spirituality encompasses all areas of counseling, but, more importantly, it is directly linked to the treatment plan of all substance abuse clients.

#### The Role of Spirituality in Substance Abuse Recovery

Alcoholics Anonymous (AA) originated from the works of a religious movement called the Oxford Group, and their formula for self improvement was admitting wrongs, making amends, using prayer and meditation, and passing the messages to others (Alcoholics Anonymous, 2009). Carl Jung first recommended this treatment when an alcoholic visited the psychoanalyst for help with his alcoholism, and Jung deemed his alcoholism medically hopeless and referred him to the Oxford Group for a spiritual recovery (Alcoholics Anonymous, 2009). This man and several others recovered from their alcoholism through the Oxford Group. Furthermore, Bill W., an important figure in the AA movement, experienced his own spiritual awakening throughout his journey to conquer his alcoholism and depression (Alcoholics Anonymous, 2009). These influential individuals and this timeline illustrate a monumental spiritual recovery movement, and AA and 12-step work are still in full force today.

For decades spirituality has been a focal point of recovery and self-help groups (Davis, Benschhoff, & Koch, 2006). The focus of most substance abuse treatment is based

on the traditional AA, 12-step treatment modality (Powell, 2004), or programs supplement their treatment by referring out to 12-step programs (Hoffman & Froemke, 2007). The core belief of these traditional 12-step programs is that spirituality plays a central role in the addiction recovery process. The 12-steps are meant to be flexible and carried out over one's life, while the core principle requires clients to surrender their lives to a Higher Power (Davis et al., 2006).

The main goal of the substance abuse counselor is to stop the substance abuse, which interferes with the client's well-being (Center for Substance Abuse Treatment, 2001). Overall, the pervasive effects of substance abuse affect the physical, psychological, social, and spiritual components of a person's life (Powell, 2004). Numerous treatment programs adopt the "biopsychosocialspiritual" model of treatment and this model is considered a "holistic" approach, which includes the biological, social, psychological, and spiritual development of the client (Wallace, 2003). Therefore, it is implied that the inclusion of spirituality into substance abuse counselors' work is an essential job duty.

Within substance abuse treatment, many treatment providers, recovered drug users, and faith leaders believe that spirituality is critical to continued recovery success (Hoffman & Shoemke, 2007; Longshore, Anglin, & Conner, 2008; Powell, 2004). However, counselors graduating from a master's degree program, who do not have personal recovery experience, or an understanding of the 12-step philosophy, will most likely find themselves working in substance abuse treatment programs with a spiritual component to the treatment philosophy (Brook & Mathews, 2000) and with little personal understanding of spirituality. Therefore, due to the personal connection to the spirituality

principle, it is conceptualized by this researcher, that substance abuse counselors in recovery who have utilized spirituality in their recovery may have lower feelings of burnout and higher reports of job satisfaction. On the contrary, for those who are not in recovery, it is proposed that this lack of spiritual understanding could impact job satisfaction and feelings burnout.

If spirituality is a main part of the clinical work for substance abuse counselors and is a driving force of the 12-step philosophy, then counselors who acknowledge the importance of their own spiritual well-being might be more satisfied and experience less burnout with the job. Counselors who have higher levels of spiritual well-being have been found to have higher empathic ability and lower personal distress (Maciak, 2002). Substance abuse counselors and clients would benefit from the counselor's ongoing development of spiritual well-being.

Understanding the counselor's spiritual well-being process could help increase the client's spiritual wellbeing (Brooks & Mathews, 2000), decrease counselor burnout (Brooks & Mathews, 2000; Longshore et al., 2008), and increase job satisfaction (Robert, Young, & Kelly, 2006). The investigation of spirituality in human service workers has been of particular interest in recent years (Clark et al., 2007; Delaney, Miller, & Bisono, 2007; Howard, McMinn, Bissell, Faries, & VanMeter, 2000; Robert et al., 2006). More specifically, other human service fields such as career counseling (Robert et al., 2006) and hospice nurses (Clark et al., 2007) have investigated the relationship between spiritual well-being and job satisfaction, and both studies examined how the human service professionals' spiritual well-being had an effect on treatment services. However, to date, no empirical studies could be found that have investigated the relationship

between spiritual well-being and job satisfaction (Robert et al., 2006) and between in spiritual well-being and burnout of substance abuse counselors specifically.

Researchers have implemented a call for action in order to improve religious and spiritual interventions of substance abuse counselors, optimize staff training on religion and spirituality, and increase overall understanding of these two concepts (Longshore et al., 2008, Shirley, Uebel, & Windsor, 2008). Therefore, understanding the relationship between spiritual well-being and job satisfaction and between spiritual well-being and burnout is essential. In addition, consideration about how spiritual well-being relate to job satisfaction and burnout will provide the substance abuse field with a continuation of knowledge, which could contribute to a decrease in overall substance abuse counselor attrition and, thus, improve substance abuse treatment services provided to client.

### Spiritual Well-Being

The spiritual well-being of mental health and health care professionals has been of particular interest in recent years (Clark et al., 2007; Delaney et al., 2007; Howard et al., 2000; Robert et al., 2006). Spirituality has emerged as a noteworthy topic to examine, and is directly related to substance abuse counselor training (Davis et al., 2006). More importantly, the counselor should have an understanding of this multicultural component present when addressing the client's spiritual perspective (Amodia, Cano, & Eliason, 2005).

Spirituality is understood and defined by individuals in unique and diverse ways. Without a doubt, clients are bringing their spiritually diverse views with them into treatment, and helping professionals will have reactions to the spiritual worldview of their clients (Aponte, 2002; Ellis & Campbell, 2004; Maciak, 2002). These reactions to

the client and the spiritual discussion can impact how much the client explores spiritually. Chronically ill patients report that spiritual discussions with health care providers are essential to their health (Ellis & Campbell, 2004). However, patients believed if they had a rapport with and trusted the health care professional, and, if it was communicated that the professional cared, honored, and respected them, they were more inclined to have spiritual discussions. It is recommended that professionals should avoid criticizing patient's spiritual beliefs or coming across like "they have all the answers" (Ellis & Campbell, 2004). Similarly, due to the spiritually focused work of substance abuse counselors and the need to respond appropriately to clients during spiritual discussions, counselors are forced to consider their own spiritual well-being and understanding (Davis et al., 2006; Powell, 2004; Stebnicki, 2006) as well.

#### Job Satisfaction

High job satisfaction can lead to low absenteeism, reduced staff attrition, and increased job effectiveness (Alqashan & Alzubi, 2009). An individual's feelings of job satisfaction is reliant on fulfilling his or her unique needs as it pertains to different facets of the job, such as: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication (Spector, 1985). However, it was concluded that making distinctions between what satisfies individuals in their profession was not an important part to this study. However, measuring if there is satisfaction or dissatisfaction with the work itself (substance abuse counseling) is of interest. Satisfaction is related to the fulfillment one receives from his or her job duties. It is proposed that employees' attitudes would imply that those that are satisfied with their

work would stay with the job and those dissatisfied would quit or avoid the job (Spector, 1985).

In the past job dissatisfaction has been directly related to burnout and attrition (Deary et al., 2003; Prosser et al., 1999). Professional fields characterized with high stress and staff shortages, such as occupational therapy and nursing, have been found to have strong relationships between job dissatisfaction, burnout, and attrition (Deary et al., 2003). Job satisfaction has been negatively related to counselor burnout and positively related to psychological well-being (Prosser et al., 1999).

More specifically, substance abuse counselors are dissatisfied with salary, workload, amount of time they have for their clients, clinical supervision (NAADAC, 2003), and professional advancement (Evans & Hohenshil, 1997). Substance abuse counselors are satisfied with the opportunity to help clients (Evans & Hohenshil, 1997). In order to focus training and educational efforts to improve job satisfaction and retention of substance abuse counselors, we must look at areas of needed training.

Substance abuse counselors listed spirituality as 1 of 10 most frequently volunteered area of interests and request for additional training (NAADAC, 2003). Therefore, it can be assumed that substance abuse counselors feel unprepared for this essential job duty, which could lead to job dissatisfaction. Furthermore, job dissatisfaction has been positively correlated with burnout across professions. Counselors with higher spiritual well-being reported less distress (Maciak, 2007), which could impact burnout and job satisfaction rates among substance abuse counselors. Therefore, this study examined how spiritual well-being relates with feelings job satisfaction and burnout among substance abuse counselors.

## Burnout

Burnout is commonly used in many professions, not just the helping profession, to describe the consequences of different forms of job stress (Rothschild, 2006). Maslach and Jackson (1981) are the leading contributors to understanding burnout in professional workers, and they asserted that burnout is important to study because it is directly connected to voluntary turnover. Maslach and Jackson (1981) created the Maslach Burnout Inventory for professionals working in human service related industries, and assessed three areas: emotional exhaustion, depersonalization, and personal accomplishment.

Burnout represents a specific set of symptoms that the substance abuse counselor will experience, which are related to the unique demands of the job. Substance abuse counselors commit to providing daily support to those experiencing tragedy and addiction struggles. Due to extreme stress and emotional pressure on the counselor, they experience fatigue, frustration, and negativity; thus, it appears that substance abuse counselors' burnout would be hard to avoid.

Throughout the past three decades counselor burnout has been related to a number of different variables. Counselor burnout has been related to demographic variables, treatment orientation, and caseload number (Racquepaw & Miller, 1989). Closely related to spirituality, the relationship between sense of purpose in life and increased rates of burnout were explored (Yiu-Kee & Tang, 1995). Lastly, and more recently, leadership, clinical supervision (Webster & Hackett, 1999), work environment, team dynamics, role ambiguity, social support, and stress levels (Spear et al., 2004) have all been shown to affect feelings of burnout. Consequently, burnout has been directly related to high

turnover intentions of substance abuse counselors (Eby et al., 2007). Understanding as many factors that have related to burnout can help professionals to understand the possible causes of burnout and aid in the direction of further research and vocational planning.

### Purpose of the Study

The purpose of this study was to look at how substance abuse counselors' spiritual well-being relates to their reports of job satisfaction and feelings of burnout. Spirituality is directly related to the job duties of substance abuse counselors, as spirituality is a main theme in the client's recovery process (Davis et al., 2006; Longshore et al., 2008; Powell, 2004). Recognizing that spirituality is a component of multicultural sensitive counseling, spiritually competent substance abuse counselors have been part of a call for action since the Summit on Spirituality in 1995 (Miller, 1999).

With little to no training on spirituality (Brooks & Mathews, 2000), substance abuse counselors are left unprepared for their vocation. Job satisfaction, burnout, and attrition have been correlated in numerous studies across health care professions (Alqashan & Alzubi, 2009; Bakshi, 2009; Deary et al., 2003; Kraeger & Walker, 1992; O'Brien et al., 2007; Prosser et al., 1999; Spear et al., 2004), but a facet that is directly related to the job duties of substance abuse counselors, such as spiritual well-being has been neglected. This study expanded on previous research by looking at a national sample of substance abuse counselors', and shifting the focus from the client's spiritual well-being to that of the substance abuse counselor's spiritual well-being. Lastly, investigating how spiritual well-being related with job satisfaction and feelings of burnout was examined. The aim was to assist vocational planners, clinical supervisors,

educators, and counselors to reduce turnover rates in the substance abuse field and impact future research to consider this variable as a contributor to job satisfaction and burnout.

### Significance of the Study

The significance of this study is copious as the focus was to provide a baseline of quantitative data to evaluate the spiritual well-being of substance abuse counselors. How spiritual well-being is related to burnout and job satisfaction is critical in retaining counselors to meet the growing demands of the substance abuse field. Therefore, this study is significant because burnout and job satisfaction among substance abuse counselors is related to high attrition rates (Ducharme et al., 2005; Eby et al., 2007; Fahy, 2007; McLellan et al., 2003; Shoptaw et al., 2000; Williams, 2006).

Attrition rates among substance abuse counselors are a detrimental problem in the field and it affects treatment services (Kaplan, 2003). A gap that exists in the literature pertaining to substance abuse counselors is the relationship between spiritual well-being and burnout and spiritual well-being and job satisfaction. A considerable amount of research and literature exists about the client's spirituality and the effect it has on recovery and treatment recidivism; however, a lack of knowledge about the counselor's spiritual well-being and how it contributes to job attrition is missing. Understanding factors that increase or decrease feelings of burnout and job satisfaction, such as spiritual well-being, will help educators to better prepare substance abuse clinicians and offer suggestions for future vocational planning.

### Research Question

The overall research question for this study is as follows:

*After controlling for recovery status and time in the field, how does spiritual well-being predict job satisfaction and burnout among substance abuse counselors?*

To examine the relationships among the variables of spiritual well-being, job satisfaction, and burnout among substance abuse counselors, two specific research questions were proposed.

Question 1: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor burnout as measured by the Spiritual Well-Being Scale (SWBS) and the Maslach Burnout Inventory's (MBI) Emotional Exhaustion Subscale.

Question 2: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor job satisfaction as measured by the Spiritual Well-Being Scale (SWBS) and the Job Satisfaction Single Item Measure.

#### Statement of Hypothesis

Based on the empirical literature across professions suggesting the connection between spiritual well-being and burnout ( Brooks & Mathews, 2000; Dierendonck, Garssen, & Visser 2005, McNulty et al., 2007; Persing, 2000; Tsuang, Simpson, Koenen, Kremen, Lyons, 2007) and spiritual well-being and job satisfaction (Amodia et al., 2005; Clark et al., 1992; Robert et al., 2006) the following hypotheses were posed:

1. After controlling for recovery status and time in the field, spiritual well-being is negatively related to burnout of substance abuse counselors.
2. After controlling for recovery status and time in the field, spiritual well-being is positively related to job satisfaction of substance abuse counselors.

## Research Design

To examine these questions, the research design utilized was a correlational non-experimental survey design. A hierarchical multiple regression was used to test a predictable relationship among a set of variables (Mertler & Vannatta, 2005). A hierarchical multiple regression can be used to determine which independent variable is more important to the prediction of the dependent variable (Tabachnick & Fidell, 2007). Within this research design there are three independent variables, spiritual well-being, recovery status, and time in the field. The purpose for controlling for recovery status and time in the field will be explored in great detail chapter two. In addition, there are two dependent variables one related to substance abuse counselor burnout (emotional exhaustion) and job satisfaction. It was the researcher's intent, after controlling for recovery status and time in the field, to determine if spiritual well-being makes a meaningful contribution to the overall prediction of the dependent variables (burnout and job satisfaction).

## Assumptions

1. Participants will answer the questions truthfully and honestly.
2. Participants will be able to understand the survey instruments.
3. The instruments are valid and measure the constructs.
4. I assumed the individuals taking the survey are substance abuse counselors
5. I assumed that the individuals I send the survey to are the individuals that will complete the survey.

6. I assumed the participants are a homogeneous group because they share a common characteristic, which is they are current members of a national organization of substance abuse professionals.

#### Delimitations

1. The study was delimited to data based on self-report instruments.
2. Participants voluntarily participated and received no incentives to participate.
3. Participants were professional, associate, or student members of the Association for Addiction Professionals formerly known as the National Association for Alcohol and Drug Abuse Counselors (NAADAC) membership directory.
4. Participants who are employed as substance abuse counselors, who work in varying substance abuse treatment agencies, across different treatment modalities, and have varying years of experience took part in this study.
5. Anonymity and confidentiality were ensured, but the population selection was maintained by the researcher to protect the integrity of the research study.
6. I assured high reliability and validity with the instruments I choose for my survey.
7. I controlled the amount of information I put in the survey, which affected the amount of time it took an individual to complete the survey.

#### Limitations

1. A convenience sample is dependent upon the participants' choice of whether or not to participate in the study.
2. There may be a difference in attitudes between NAADAC members and non-members.

3. Results from the study are from NAADAC members and may not be generalizable to substance abuse counselors who are not members of this professional association.
4. The data was collected using online survey methods of NAADAC members and thus omitted substance abuse counselors who do not have computer access.
5. There may be a perception from NAADAC member's of NAADAC's endorsement of this study.

### Threats to Validity

Validity is important because it purports that the data are valid and the measurement results are correct (Huck, 2008). Due to threats to internal and external validity, the results of this study were confounded. In addition, to minimize these possible threats, measures were taken to reduce the amount of threats to validity.

#### Threats to Internal Validity

In this research study, internal validity is related to the measurement instruments utilized. The measurement instruments that will be used in this study which are the Spiritual Well-Being Scale (SWB), Single Item Job Satisfaction Measure, and the Maslach Burnout Inventory's (MBI) Emotional Exhaustion subscale, are all valid and reliable. However, the major threats to internal validity for this study are self report bias. To control for this threat to internal validity the survey was conducted online, and the participants' identity was confidential and anonymous. Furthermore, confidentiality and anonymity was assured prior to participants' agreement in taking part in the study.

#### Threats to External Validity

External validity is defined as problems that threaten the researcher's ability to draw inferences from the sample to other people, places, and situations (Huck, 2008).

Therefore, to reduce the amount of threat to external validity, the sample for this study was obtained using a selection a national professional organization for substance abuse counselors, NAADAC. The national association membership consists of registered members who are substance abuse counselors and professionals with varying political views, religious views, socioeconomic status of origin, race, numbers of years of experience, substance abuse work settings, and span the United States.

### Operational Definitions

The operational definitions that were used in this study are as follows:

#### Burnout

Substance abuse counselor burnout was operationally defined in this study as the participants' score on the emotional exhaustion subscale of the Maslach Burnout Inventory (Maslach & Jackson, 1981). It should be noted that the MBI consists of three subscales which consists of specific symptoms related to burnout, which are (a) emotional exhaustion, as an experience of tiredness from job related stress; (b) personal accomplishment, an experience of a lack of individual achievement in ones work; and (c) depersonalization, an experience of developing loss of empathy and intolerance for clientele (Maslach & Jackson, 1981). Research supports that the emotional exhaustion scale is the most significant measure of the Maslach Burnout Inventory (Cropanzano, Rupp, & Byrne, 2003; Knudsen, Ducharme, & Roman, 2009; Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Taris, 2005) and is considered above the other two dimensions, personal accomplishment and depersonalization (Toppinen-Tanner, Kalimo, & Mutanen, 2002). Therefore, for the purposes of this research, the participants score on the emotional exhaustion subscale of the Maslach Burnout Inventory (MBI) defined burnout.

## Spiritual Well-Being

Spiritual well-being was operationally defined in this study as the participants overall total score on the Spiritual Well-Being (SWB) scale, which consists of a Religious Well-Being Subscale (RWB) and Existential Well-Being Subscale (EWB) (Ellison & Paloutzian, 1982). The RWB scale is in relation to God or a Higher Power, and the EWB scale is not related to God (Ellison & Paloutzian, 1982), but includes the individual's sense of purpose in life and life satisfaction (Ellison & Smith, 1991). Overall, the total scale score was utilized, which combines the two aforementioned subscales. Therefore, spiritual well-being includes components of individuals' abilities to make meaning, create a purpose, and connect with their transcendent self (Robert et al., 2006).

The SWB scale (Ellison & Paloutzian, 1982) was developed to provide a general measure of spirituality that is not attached to any particular theology. Spiritual well-being is seen as a continuous variable that is developed throughout an individual's life span. Therefore, it is understood as an underlying state of being, with the focus on how much spiritual well-being a person has and how it can be enhanced (Ellison, 1983).

## Job Satisfaction

Numerous causes of substance abuse counselor satisfaction and dissatisfaction are known (NAADAC, 2003). For this study, job satisfaction is a feeling of fulfillment that one receives from performing his or her duties related to the work itself. To determine the level of job satisfaction or dissatisfaction, a single-item measure was utilized to inquire if the individual is satisfied or dissatisfied with their job, validation for this single item measure will be provided in chapter three.

## Summary

Chapter one provided an introduction regarding the high attrition rates of substance abuse counselors. There are empirically established links between attrition, burnout, and job satisfaction of substance abuse counselors, which illustrate the ever-increasing need to develop research studies that look at variables that contribute to burnout and job satisfaction. The specific job functions of a substance abuse counselor highlight the need to look at spiritual well-being as it relates to feelings of burnout and job satisfaction.

Studies have indicated that job satisfaction and burnout are related to one another. However, the new variable of interest is spiritual well-being. While a main part of a substance abuse counselor's job is focused on the client's spirituality, how counselors understand spirituality and how they develop their own spiritual well-being as it relates to their job satisfaction and feelings of burnout was of particular interest.

Spirituality is not a new idea in the field of substance abuse counseling. The need for this study in this area was solidified by the notion that while substance abuse counselor educators, supervisors, recovery treatment programs, and refereed journal articles emphasize the importance of the substance abuse counselors' understanding of their own spirituality, there is no research to date that focuses on how spiritual well-being relate to reports of job satisfaction and feelings of burnout among substance abuse counselors.

Due to the growing demands of the substance abuse field, substance abuse counselor retention is of great interest (NAADAC, 2003). Substance abuse counselors report being satisfied when they can help their clients (Evans & Hohenshil, 1997;

NAADAC, 2003), and spirituality is the foundation of most substance abuse treatment programs and support groups (Davis et al., 2006; Hoffman & Froemke, 2007; Powell, 2004). Therefore, it was proposed that a focus on the counselor's spiritual well-being would decrease burnout and increase job satisfaction. The purpose of this study was to examine how spiritual well-being relates to reports of job satisfaction and feelings of burnout among substance abuse counselors.

### Organization of Study

This dissertation is divided into five chapters. The following will outline each chapter's focus. Chapter one explores the importance of conducting the research, a statement of the problem, purpose of the study, significance of the research study, research questions, hypotheses, assumptions, delimitations, limitations, external and internal validity concerns, and operational definitions.

Next, chapter two will provide a review of the literature available as it pertains to the variables of spiritual well-being, job satisfaction, and burnout. Analysis of past research will also be explored in depth, and research examining other helping professions is utilized to help signify the importance of the study and fill in where there is a lack of substance abuse counselor specific research. The underlying principles will be provided regarding the importance of this study and its potential contributions to the substance abuse counselor literature and profession.

Chapter three will consist of the proposed methodology for this study. To begin, an introduction followed by the research design and guiding hypotheses will be discussed. Furthermore, this chapter will provide detailed information regarding the participants chosen for this study, the procedures used to conduct this study, and the

instrumentation selected, including reliability and validity measures. In conclusion, the method of data analysis will be provided.

Chapter four will present an analysis of the data. First, an overview of the data will be discussed. To do this, demographic data of the participants will be provided. Following discussion of the instrumentation and data management will be outlined. Lastly, correlation matrix of the study variables and hierarchical regression analyses will be reviewed.

Lastly, chapter five will consist of a brief summary of the study. First, there will be an overview of the study and research question. Next, a discussion of the results and limitations of these results will be detailed. Lastly, implications and recommendations for future research will be explored.

## CHAPTER 2: REVIEW OF THE LITERATURE

### Introduction

The purpose of this study was to examine how spiritual well-being is related to feelings of burnout and reports of job satisfaction among substance abuse counselors. To do this, it is important that the reader understands the current state of the substance abuse profession. Therefore, first, substance abuse counseling and substance abuse counselor will be defined then, the future expected growth of the substance abuse profession will be illuminated.

Next, substance abuse treatment provider turnover will be explored from multiple angles. First the rates of turnover and systemic causes of turnover will be outlined. Then, there will be a connection made between systemic turnover and counselor burnout, which will highlight why this study is important to the substance abuse counseling field and why certain demographic variables were controlled for in the study.

Following, the variable of counselor burnout will be explored. First will be a discussion about burnout, who is impacted by burnout, and contributing sources of burnout. Additionally, systemic and individual sources of burnout will be highlighted. The literature will illustrate that since the substance abuse counselor's job requires implementation of a spiritual component in treatment, the substance abuse counselor must also attend to his or her spiritual well-being, which leads to the need for a match between the substance abuse counseling job and the substance abuse counselor as a

person. Lastly, the impact of burnout on treatment and an exploration of prevention methods will be presented.

The next section will explore the job satisfaction variable. First, to do this there will be a discussion about the correlation between job satisfaction and burnout. Lastly, this section will connect job satisfaction with spiritual well-being to provide an understanding of the variable and the role it plays in this research.

Following the exploration of the job satisfaction variable, spirituality will be explored. Spirituality will be differentiated from religion and a definition for both constructs will be provided. Further, spiritual wellness will be examined to help link the possible connection spiritual well-being could have with helping substance abuse counselors be resilient to burnout and job dissatisfaction. In the last section of this chapter, an exploration of the spiritual well-being variable will be provided. To do this, the importance of this variable to this study and population, substance abuse counselors and counseling, will be discussed.

## Understanding the Profession

### Substance Abuse Counseling

Substance abuse counseling is a specialty area within the counseling profession and distinct from other specialty areas (Crabb & Linton, 2007) due to variations in degree and non-degree holding counselors providing substance abuse services (Culbreth, 1999; Sais et al., 2006). In addition to the varied levels of training and education found in the field, substance abuse counseling consists of multiple job functions. Substance abuse counseling often includes the utilization of the 12 core functions. These 12 core functions consist of the following job functions: screening, intake, orientation, assessment,

counseling, treatment planning, case management, crisis intervention, client education, referral, report and record keeping, and consultation (Center for Substance Abuse Treatment, 2006).

The substance counseling profession is unique in multiple ways. To understand this profession, it is important to consider the following: (a) substance abuse counseling draws people from multiple professions (social work, counseling, psychology, forensics, law enforcement, nursing, medicine, and education), (b) there is variation in requirements for certification and licensure per state, (c) the profession utilizes counselors in recovery and not in recovery from addiction, and (d) it attracts people with and without higher education (Capuzzi & Stauffer, 2008). Furthermore, the profession requires counselors to be equipped to deal with multiple issues related to the addiction, behavior, and recovery.

#### The Substance Abuse Counselor

A *substance abuse counselor* is someone who might have one or more of the characteristics listed above, and who works with individuals, families, loved ones, and communities impacted by drug and alcohol addiction. A substance abuse counselor is trained to provide crisis intervention, individual, group, and family counseling sessions to help people cope with the destruction caused by addiction (Occupational Outlook Handbook, 2010) through the utilization of the twelve core functions (Center for Substance Abuse Treatment, 2006). In addition, the substance abuse counselor can be found providing educational sessions and outreach programs within communities in order to increase awareness about addiction (Occupational Outlook Handbook, 2010). Therefore, substance abuse counselors generally aim to achieve the following objectives when providing services to their clients: (a) exploring a problem and its ramifications, (b)

examining attitudes and feelings, (c) considering alternative solutions, and (d) decision making (NCSAPPB, 2009).

#### Future Growth and Needs of the Profession

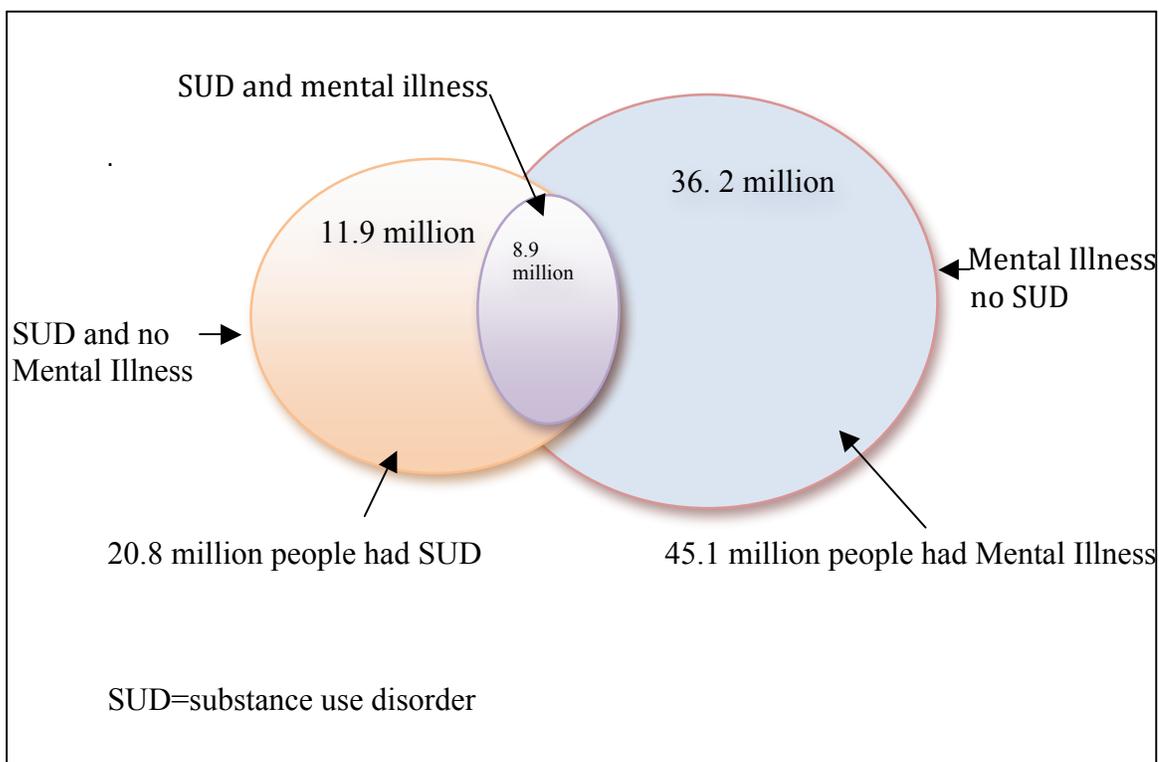
As outlined above, substance abuse counseling consists of numerous job duties and various levels of counselors within the profession. To add to this distinctiveness, substance abuse counseling is one of the fastest growing industries in the mental health arena and it is expected to grow 21 % in the next eight years (Occupational Outlook Handbook, 2010). In addition, the amount of clients needing substance abuse services is robust.

A national survey conducted by the Substance Abuse and Mental Health Service Administration (SAMSHA) (2010) reported that in 2009 an estimated 22.5 million people age 12 and older had a substance dependence or substance abuse diagnosis in the past year. Out of the 22.5 million people, 3.2 million people were diagnosed with dependence and or abuse of both alcohol and illicit drugs, 3.9 million were dependent on or abused illicit drugs, and 15.4 million were dependent on or abused alcohol. These numbers require trained substance abuse professionals to meet the treatment needs of this population.

In addition to this demand for service providers to meet the needs of the substance abuse population, co-occurring disorders is a growing force in the field as well. *Co-occurring* refers to the combined occurrence of mental illness and mental health problems with substance use and substance use disorders (illicit drug or alcohol dependence or abuse) (SAMSHA, 2010). This increases the need for trained and prepared substance abuse professionals.

SAMSHA (2010) reported findings on co-occurring disorders that increase the demands for the substance abuse counseling profession. In 2009, 20.8 million adults in the past year had a substance use disorder, 8.9 million adults had a co-occurring mental illness with their substance use disorder, and 17.6 % had a mental illness with no substance use disorder present. Below is an illustration of these figures.

Graph 1. *Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2009.*



*Note.* Adapted from Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings* (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD. US Department of Health and Human Services (2009).

With these numbers, it is clear that there is a demand for trained professional substance abuse counselors and mental health counselors with substance abuse training.

To accommodate this need for professionally trained and prepared counselors, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) added a requirement that all CACREP programs must provide adequate training in addiction counseling to addiction counselors and mental health counselors. “Students who are preparing to work as addiction counselors will demonstrate the professional knowledge, skills, and practices necessary to work in a wide range of addiction counseling, treatment, and prevention programs, as well as in a mental health counseling context” (CACREP, 2009, p.18).

In addition to the occupational growth, which is faster than the average occupation, and the size of the population that needs services, the field has to keep up with the substance abuse counselors who are leaving the field. Williams (2006) stated that more than half of all substance abuse counselors will leave the field entirely over the next four years. Therefore, in its current state, the substance abuse counseling profession must keep up with its expected growth, meet the needs of the clients requiring services, improve staff retention, and meet the training requirements of the diverse staff. To understand ways to improve staff retention and training needs, it is essential to understand substance abuse counselor turnover.

#### Substance Abuse Counselor Turnover

It has been suggested that substance abuse counselor turnover is a problem in the field, but how much of a problem is unclear. It has been recommended that substance abuse counselor turnover needs further investigation (Mulvey, Hubbard, & Hayashi, 2003) because of the inconsistency found in research related to what contributes to and the amount of turnover in the substance abuse field (Gallon, Gabriel & Knudsen, 2003;

Hoffman & Froemke, 2007; McLellan et al., 2003; McNulty et al., 2007; Williams, 2006). Hoffman & Froemke (2007) state that substance abuse counselor turnover happens every 90 days. Yearly turnover within the substance abuse field is significant, with reports ranging from 16 %, (McNulty et al., 2007), 20 % (Williams, 2006), and up to 25 % for agency staff (Gallon et al, 2003). Furthermore, a Maryland based firm projected a need for 5,000 new counselors each year to replace the ones leaving the field (Smith, Whitaker, & Weismuller, 2006 as cited in Fahy, 2007). Additionally, multiple studies reported that the problem is that substance abuse counselors are moving from one facility to another facility, as opposed to leaving the field entirely (Gallon et al., 2003; Mulvey et al., 2003). Nonetheless, substance abuse counselor turnover is a problem and it impacts services that clients receive in treatment.

With high turnover causing stress on the substance abuse system and substance abuse counselors, it is a concern that the substance abuse profession lacks the appropriate tools necessary to meet the dynamic needs of the clients (McLellan et al., 2003). High volumes of staff turnover are a concern at every level in the system, not just at the clinical level, and this turnover impacts the quality of care a system can provide to clients (McLellan et al., 2003). In addition, with high amounts of turnover there are increased costs associated with recruiting, hiring, and training new staff (Knudson, Johnson, & Roman, 2003).

Therefore, variables that contribute to substance abuse counselor turnover are important to consider. In order to elucidate the current state of the substance abuse counseling profession, systemic problems related to substance abuse counselor turnover must also be considered. Recently, several studies have looked at turnover as a systemic

issue (Knudson et al., 2003; McLellan et al., 2003; McNulty et al., 2007). It has been suggested that when a system has high turnover, one must take a deeper look at the practices within the system (McNulty et al., 2007). McNulty et al. (2007) argued that individuals should look at “turnover rates as an indicator of center performance, effectiveness, and health, and high turnover reflects collectively experienced strains that are reproduced within the workplace as a function of the social organization of work” (p. 168).

To do just this, a study of 173 substance abuse treatment providers outlined the following problems with substance abuse systems: (a) organizational and administrative infrastructures of many programs are inadequate and unstable, (b) extreme instability of the national workforce at all levels within the national treatment system, (c) unnecessary data collection requirements are causing stress on treatment (McLellan et al., 2003). Furthermore, with high levels of turnover and systemic instability, these problems prevent clinical effectiveness from taking place within the system (McLellan et al, 2003), and they add pressure on the substance abuse counselor. This understanding of the larger system will aid in the understanding of contributing factors of burnout and turnover.

Gallon et al. (2003) conducted a study on clinical directors and counselors throughout 462 substance addiction treatment agencies in the Pacific Northwest Region of the United States and found multiple variables related to turnover intention as it pertained to the system. It was found that agencies that received public funding and had directors with higher years of experience in the field were less likely to experience high turnover. The highest rates of staff turnover, 50 %, were at agencies with directors who had less than five years of experience. Likewise, agencies with the lowest rates of

turnover, 22 %, had directors with 11 + years of experience. These researchers suggested that directors with more years experience were able to relate with their staff and provide them with opportunities to better meet their needs than less experienced directors (Gallon et al., 2003).

In addition to this study, several studies have looked at what predicts high and low turnover intention among substance abuse counselors (Gallon et al, 2003, McNulty et al., 2007, McLellan et al., 2003). These studies revealed that systemic problems contributing to turnover include: past turnover in the company; higher amounts of female counselors working for the agency, counselors with graduate degrees, and counselors in recovery (McNulty et al., 2007); and being lead by directors with less than five years experience (Gallon, et al., 2003) predict high levels of turnover in the substance abuse system. In contrast, low levels of turnover intention have been predicted by counselors with higher pay, centers with certified counselors and diverse counselors, counselors with clients covered by managed care (McNulty et al., 2007), and counselors that are lead by directors with 11 or more years experience (Gallon et al., 2003).

Other natural occurrences will impact the stability of the profession and system as well. Numerous studies have highlighted the systemic problem related to the natural aging of the substance abuse profession (Gallon et al., 2003; Knudsen et al., 2003; Mulvey et al. 2003). One study of the substance abuse workforce found that 60.4 % of the workforce was between the ages of 40-55 (Mulvey et al., 2003). Another study looking at counselors and staff at 345 privately funded substance abuse treatment facilities found that nearly their entire sample was between 40-50+ years of age (Knudsen et al., 2003). Likewise, a study of the Pacific Northwest substance abuse treatment

workforce found the same results; generally the sample was 40+ years old (Gallon et al., 2003). These descriptive statistics suggest the need to attract and infuse the profession with younger people in order to avoid more staff shortages in the next decade (Mulvey et al., 2003).

In addition, systemic practices that contribute to lowering turnover intention among substance abuse counselors were identified. McNulty et al. (2007) studied 217 privately funded substance abuse treatment centers across the United States. A key finding was that “participatory management policies encourage a collective commitment among counselors to the job and center, which in turn reduces the rate of turnover” (p. 182). Furthermore, Knudsen et al. (2003) studied 345 privately funded substance abuse treatment facilities and found that counselors were less likely to have turnover intentions if they had high job autonomy. In addition, supporting substance abuse counselor creativity and innovation on the job was related to high organizational commitment.

It is suggested that counselors that work in a rewarding environment, that provides a reciprocal give and take relationship, will be more likely to stay committed to the system and be less likely to quit (Knudsen et al., 2003). Involving counselors in policies and decisions made in the company could aid in staff commitment to the company and connection to the social structure of the system. Further, allowing counselors to make decisions about their jobs and be creative on the job can aid in the system’s stability and decrease turnover.

Based on the above findings, it was suggested that instability in the substance abuse system is an area of needed reform, but the majority of the systemic concerns are out of the counselor’s control. For example, as highlighted above, gender, who the center

hires, years experience that the director has in the field, counselor's age, the type of insurance coverage the client has, management practices the company utilizes, and the overall past of the company is not something the substance abuse counselor can change. Therefore, areas that would help decrease the likelihood that the substance abuse counselor will leave the company, or more specifically, what would make him or her more resilient to burnout, was of interest for this research.

Specific evidence linking turnover to burnout is found from the numerous studies focused on health care professionals, which have found burnout (Bakshi, 2009; Deary et al., 2003; Kraeger & Walker, 1992; O'Brien et al., 2007) and job satisfaction to be related to high turnover (Alqashan & Alzubi, 2009; Kraeger & Walker, 1992; Prosser et al., 1999; Spear et al., 2004). Therefore, job satisfaction and burnout are the dependent variables of interest for this study.

In summary, turnover is a noticeable issue in the substance abuse profession. Systemic problems related to turnover among substance abuse treatment professionals range from management practices, directors' years of experience, natural aging of the profession, funding sources, characteristics of the counselor, and working in rewarding environments that support creativity and autonomy. Clearly, understanding variables that contribute to the instability of the substance abuse treatment workforce is of great importance. It is understood that turnover is a problem in the substance abuse field, and understanding all dimensions of this concern is important. Therefore, this chapter will take a closer look at variables that contribute to individual substance abuse counselor turnover, such as burnout.

## Understanding Burnout

Maslach (1978, 1986) explored burnout, workaholism, and how people cope and began to conceptualize burnout for the human service profession during this time. Due to the increase in work demands and decrease in work related resources, it is not surprising that human service type careers have been reporting the pervasiveness of burnout for decades (Dierendonck et al., 2005; Duggleby, Cooper, & Penz, 2009; Eastman, 1996; Knudson, et al., 2003; Maslach, 1978; Maslach & Leiter, 1997). The majority of this research was made possible with the development of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981).

### Burnout Feelings

The development of the MBI (Maslach & Jackson, 1981) helped categorize burnout into three feelings: (a) depersonalization, (b) emotional exhaustion, and (c) personal accomplishment. To help understand these categories of burnout more clearly, a definition will be provided. First, *emotional exhaustion* is the psychological and physical strain that leads to fatigue, anxiety, tension, and insomnia (Maslach, Jackson, & Leiter, 1996). Second, *depersonalization* is described as the worker's disengagement from or unfeeling for the clients, treatment, and services being offered in order to avoid depleting energy (Maslach et al., 1996). Lastly, *personal accomplishment* is related to the personal feelings of competence with one's contribution and work with one's clients (Maslach et al., 1996). Therefore, it is not alarming that burnout symptoms have been reported to include: job dissatisfaction, depression, boredom, unpreparedness, negativity, forgetfulness, and fatigue (Eastman, 1996).

During the same time that the above researchers were conceptualizing burnout, the National Drug Abuse Center for Training and Resource Development (1980) and National Institute for Drug Abuse (NIDA) were exploring the impact of substance abuse staff burnout and outlined physical symptoms related to burnout, such as respiratory problems, sleeplessness, headaches, and under- or over-eating. These physical symptoms related to burnout impact the overall health of professionals and cause strain on their work effectiveness. In addition to this study, a more recent national study with substance abuse counselors found signs of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Shoptaw et al., 2000). Currently, it appears that not much has changed because the field is still exploring burnout, turnover intention, and retention within the substance abuse profession (Gordon, Chun, Hodgkins, Rieckman, & Winstanley, 2007).

It has been proclaimed that burnout often happens to those highly motivated in their work, because these individuals find meaning from their work; therefore, when work begins to not fulfill this meaning making process and growth in life is stifled, burnout begins (Dierendonck et al., 2005). Therefore, understanding burnout and the contributing sources of burnout as it relates to the substance abuse systems and counselors are important in order to conceptualize the entire problem. Identifying ways to retain highly motivated staff and keep workers connected to their work is essential in order to provide quality care to clients.

#### Burnout Sources

In addition to these physical and emotional characteristics of burnout, Maslach & Leiter (1997) explored sources of burnout, which include: work overload, lack of control,

insufficient rewards, unfairness, breakdown of community, and value conflict. Following is a brief definition of these sources of burnout:

- Work overload: Workers are expected to do more work than the resources and hours available to work.
- Lack of control: Workers have no choice in decisions and choices related to their job.
- Lack of reward: Workers are not valued for their work or recognized for their contributions to the workplace.
- Lack of community: The job causes workers to isolate from one another and there is a lack of social support.
- Lack of fairness: Workers are not respected or treated fairly or equally due to poor and dishonest management.
- Value conflict: When job expectations and personal values and beliefs operate differently. (Maslach & Leiter, 1997, pp. 9-16)

It is clear that these six sources of burnout and the three previous feelings related to burnout cover a broad range of contributing factors and effects of burnout. This suggests that while many work related forces contribute to burnout, which are outside of the workers' control, perhaps spiritual well-being, which is in the workers control, could be related to job satisfaction and burnout.

The aforementioned outlined a burnout theory which was constructed over three decades by Maslach (1978, 1986) Maslach and Jackson (1981), Maslach and Leiter (1997), Maslach et al.(1996). Day (2004) exclaims that a theory is

A set of principles that (a) explains a group of phenomena or facts, (b) can be used to make predictions about future or coexisting phenomena, (c) can be tested by checking the accuracy of those predictions, and (d) helps comprehension of the phenomena it explains and guides action in relevant situations. (p. 22)

The burnout theory explored in the aforementioned sections, which outlines the three feelings associated with burnout and the six contributing sources, will be the foundation used for this research. The following paragraphs will continue to conceptualize this theory and connect this burnout phenomenon to the substance abuse field.

#### Substance Abuse Specific Contributing Sources

You cannot talk about burnout without talking about the substance abuse system, which was explored in the aforementioned sections. However, it has been decided that measuring systemic support for spiritual well-being would be premature at this time and would be beyond the scope of this research project. It is conceptualized that the first step would be to understand if spiritual well-being is, indeed, connected to burnout and job satisfaction of substance abuse counselors. However, this section will explore systemic sources related to burnout in order to clarify the bigger picture.

Connecting the specific elements of the substance abuse system and how they contribute to burnout as it pertains to the six sources of burnout (Maslach & Leiter, 1997) will be outlined in this section. As the aforementioned reported, there are elements of the substance abuse system that contribute to the burnout and turnover rate (McLellan et al., 2003). Further, these systemic problems are directly linked to the six sources of burnout and three feelings associated with burnout as previously outlined (Maslach & Leiter, 1997).

To connect these, it has been found that organizational and administrative infrastructures of many programs are inadequate and unstable (McLellan et al., 2003), which could contribute to lack of fairness, reward system, and control (Maslach & Leiter, 1997). Next, the extreme instability of the national workforce at all levels within the

national treatment system (McLellan et al, 2003) could contribute to the lack of community, increase in workload, and lack of control (Maslach & Leiter, 1997). Lastly, the unnecessary data collection requirements (McLellan et al., 2003) could contribute to increases in work load, lack of control, and lack of fairness (Maslach & Leiter, 1997). It is clear that feelings of burnout would be undesirable for the worker, client, and workforce and would be prevalent in the current substance abuse system.

To support this theory, a study of 79 full-time substance abuse therapists in Ohio and southwestern Pennsylvania found that occupational stress and psychological strain were strongly correlated with burnout, especially as it pertained to emotional exhaustion (Elman & Dowd, 1997). Multiple areas of occupational stress and psychological strain were reported and included multiple job demands, inadequate performance recognition, uncertain performance expectations, role conflicts, poor attitudes toward work, emotional distress, and frequent physical symptoms (Elman & Dowd, 1997). In addition, personal stress was correlated with depersonalization, and this was described by Elman and Dowd (1997) as generalized withdrawal or distancing from the work and personal pressure. Without a doubt the substance abuse system contributes to overall stress and strain experienced by substance abuse counselors, which in turn impacts their feelings of burnout and job satisfaction.

#### Burnout: A Systemic or Individual Dilemma

There have been two central ways to look at what contributes to burnout. Some researchers proclaim that the system is the problem (Knudson, et al., 2003; Maslach & Leiter, 1997, McLellan et al., 2003; McNulty et al., 2007), and other researchers suggest that the workers are the problem (Gallon et al., 2003, McNulty et al., 2007) However,

let's not assume that looking at the spiritual well-being of the counselor suggests that the counselor is the problem. This section will suggest that both the system and the individual are part of the problem.

If research shows that low spiritual well-being relates to high levels of burnout, it is suggested that this should be viewed as a system and individual dilemma. As suggested, it is essential to spotlight the individual and the workplace together (Maslach & Leiter, 1997), which was done in the beginning sections of this chapter. For the purposes of this study, we will first examine if spiritual well-being indeed is related to job satisfaction and burnout. It is recommended that future research look at the quality of the social interactions, culture, and relationships among employees, and the person and job in the workplace as predictors of turnover (McNulty et al., 2007). This study attempts to look at attributes related to the person and job by utilizing the spiritual well-being variable. To understand the connection that burnout may have with spiritual well-being and the individual and systemic contributions to burnout, one must first understand the role spirituality has with the substance abuse counseling field.

To understand the individual and systemic contributions to burnout, it is important to understand the reciprocal interchange that is expected between the substance abuse counselor and substance abuse counseling. More notably, one must understand the unique role spirituality plays in the substance abuse system. The following section will explore the role spirituality plays in substance abuse counseling, and suggests that there is a need for a connection between the job and the person. For the purposes of this study, this will be described as the connection between the nature of the person, as it pertains to the

counselor's spiritual well-being, and nature of the job, as it pertains to addressing client's spiritual well-being.

#### Job and Person Match

It is conceptually believed that understanding the spiritually focused work of the substance abuse counselor will aid in the connection it has to burnout and job satisfaction, due to the connection that role clarity has with decreasing burnout in previous studies (Alqashan & Alzubi, 2009). For the purposes of this study, role clarity is specifically connected to the counselor's ability to address the spiritual domain of the client's recovery, but it is suggested that to be able to do this substance abuse counselors must have high spiritual well-being themselves. Therefore, supporting the employee's development of spiritual well-being might be advantageous to companies, educational programs, and substance abuse counselors, due to the possible connection it has with burnout and job satisfaction. However, this study will be one of the first, if not the only, study that attempts to determine if spiritual well-being is indeed connection to burnout and job satisfaction of substance of counselors.

For example, it has been acknowledged that "burnout is always more likely when there is a major mismatch between the nature of the job and the nature of the person who does the job" (Maslach & Leiter, 1997, p. 9). More specifically, if substance abuse counselors are expected to address the spiritual dimension of a client's recovery (nature of the job), but yet the spiritual well-being of the counselor is low (nature of the person), then this could be a mismatch and a possible predicting factor to burnout and job dissatisfaction for the counselor.

To illustrate this more clearly, one must understand the role spirituality plays in the substance abuse field. It was described in chapter one that spirituality is a central theme in substance abuse recovery and treatment efforts. Most substance abuse treatment programs supplement their treatment with AA or NA (Davis et al., 2006; Hoffman & Froemke, 2007; & Powell, 2004), and an undercurrent of AA and NA remains influential in treatment services (Davis et al., 2006). In the historical readings about the foundations of AA and NA, it is clear that spirituality is the foundation of this recovery support group, and the founder himself, Bill W, reported that spiritual awakening comes from one alcoholic or drug addict talking with another (Alcoholics Anonymous, 2011). Therefore, this spiritual theme is prevalent within substance abuse treatment.

Furthermore, it is often taught in formal educational training that substance abuse counselors must address the biological, psychological, social, and spiritual elements of the addiction, or take a holistic treatment approach (Capuzzi & Stauffer, 2008). It has been strongly suggested that spirituality is seen as the central curative factor in chemical dependency (Piedmont, 2001). Therefore, it would be expected that substance abuse counselors would deal with clients' spiritual issues as they relate to recovery efforts, and this would be a central role of the substance abuse counselor.

Due to this unique role of spirituality in the substance abuse field, it was suggested by the researcher that substance abuse counselors with low spiritual well-being will be predicted to have low job satisfaction and feelings of burnout. Therefore, it is recommended that the system must support and provide a place for spiritual growth and spiritual well-being to be incorporated into one's personal work. Second, the worker must commit to keeping up with his or her spiritual health while at work. Lastly, the

training for substance abuse professionals must include the spiritual dimension (for both the counselor and client) and the counselor must receive this training. Therefore, both the system and the worker are responsible for diminishing the burnout effect and reducing turnover. To support this, Maslach and Leiter (1997) stated the "...effective responses to burnout must involve prevention rather than just treatment" (p. 22). Therefore, this researcher suggests that the first step to conceptualizing the entire issue would be addressing if there is a connection between the substance abuse counselor's spiritual well-being and predicting job satisfaction and burnout. If so, recommendations for future studies will be discussed in chapter five.

#### Impacts of Burnout on Treatment

Understanding the impacts burnout can have on treatment helps provide evidence of why it is important to explore predicting factors more closely. Substance abuse counselor burnout can inevitably impact the counseling within the agency; therefore, with lowered levels of burnout within the field, treatment services could be improved. Holmqvist and Jeanneau (2006) looked at the relationship between staff members' feelings towards clients and burnout at 28 treatment units. The results showed that high burnout was associated with negative feelings, while low levels of burnout were associated with positive feelings towards clients. In addition, this study found that burnout had the strongest correlations with unhelpful and rejecting feelings towards patients, whereas personal accomplishment was most strongly correlated with accepting and close feelings towards clients (Holmqvist & Jeanneau, 2006). Therefore, burnout effected how the workers performed their jobs and ultimately impacted treatment services provided.

A study of 100 mental health workers (nurses, co-nurses, social workers, psychologists, and occupational therapists) working in the psychiatric setting looked at the relationship between work performance and job burnout (Ashtari, Farhardy, & Khodae, 2009). The results showed that 45.6 % of the sample had high levels of burnout and that there was a positive relationship between burnout and job inability. This research showed that burnout could impact one's ability to perform essential job duties, thus supporting the concept of looking at variables that contribute to burnout.

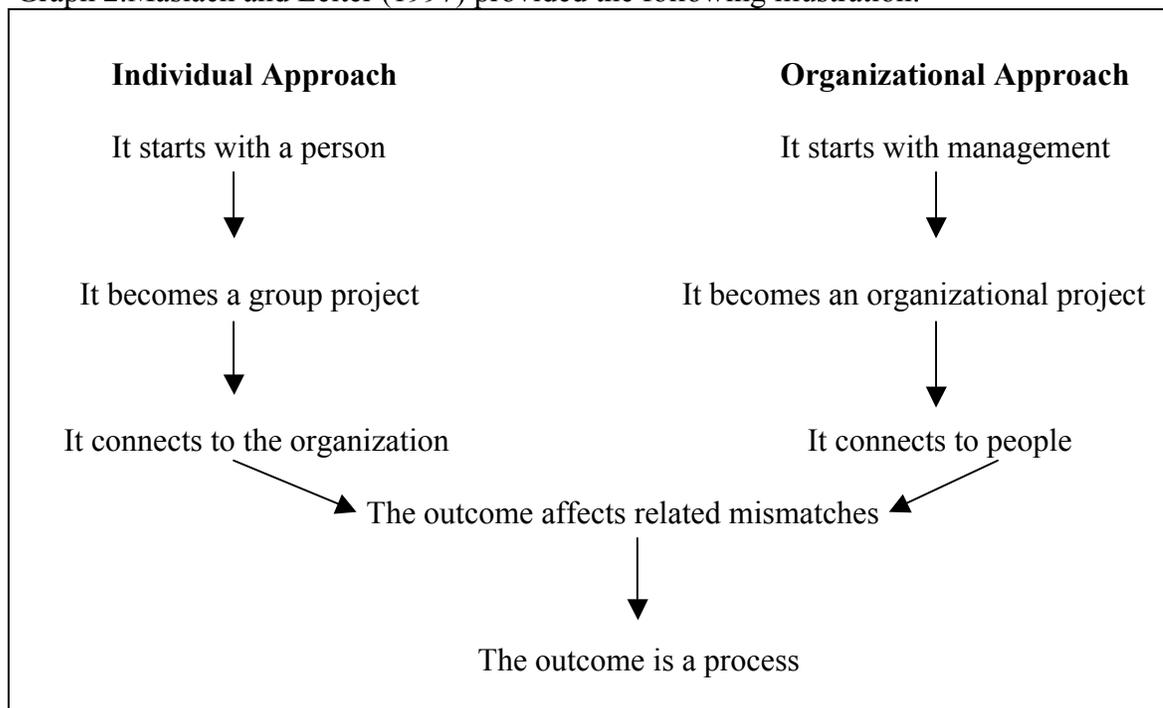
McCarthy and Freize (1999) found that counselors that experienced burnout negatively impacted their clients as well. Those counselors who showed signs of burnout influenced their clients by using coercion methods and impacted treatment as evidence by clients terminating prematurely. This study revealed the direct impact that burnout has on the quality of care provided to clients, which makes it a significant concern. These concerns raise the need for prevention methods.

#### Burnout Prevention

To illustrate the approaches that can be followed to ameliorate burnout and allow for individual and organization prevention methods, Maslach and Leiter (1997) provided a table that outlined a parallel for the individual and organization to follow to prevent burnout. Both the individual and organization would work together toward preventing burnout. For example, substance abuse counselors must start prevention programs for themselves. Next, they would incorporate others into the project, which, in turn, would impact and connect to the substance abuse organization. The goal of the prevention program would be to address the related mismatches between the system and the individual, and, in this case, it would be focused on spiritual well-being. Likewise, the

substance abuse organization would also begin a prevention program that would initiate with management. Eventually the prevention program would become an organizational project that involves all those working in the system, and it would be directly related to the mismatches between the workers and the system. This approach was offered as a systemic way of problem solving within the system to help decrease burnout.

Graph 2. Maslach and Leiter (1997) provided the following illustration:



*Note:* Adapted from Maslach and Leiter, 1997, p. 80, Two Approaches to the Problem-Solving Process.

This illustration supports the idea that the spiritual well-being development of the substance abuse counselor would be part of an individual and organizational approach to prevent burnout. Further, burnout prevention must start with management and an overall project that groups, individuals, and organizations can take part in. It acknowledges that

preventing burnout is ongoing and continuously developing within the organization and individual.

Over the past three decades it has been an aim of the substance abuse profession to ameliorate burnout (Lacoursiere, 2001). Since this progression of understanding burnout and how it impacts the substance abuse profession, burnout has been understood as this “idea that the “fuel” of functioning is exhausted and the person cannot go on with the work” (Lacoursiere, 2001, p.1). Therefore, after the review of the literature, it has been shown that burnout leads to turnover (Maslach & Leiter, 1981) and preventing burnout would be of high concern for the profession. Thus, due to the spiritual focus of the substance abuse counselor’s job duties and the need for a match between the job (nature of job) and person (nature of person), it is suggested that spotlighting the link between spiritual well-being and burnout is a necessary beginning point. Also, looking at the relationship between the substance abuse counselor’s spiritual well-being, job satisfaction, and burnout is a clear gap in the existing literature.

One study was identified in the literature that examined spiritual well-being prevention and how it helps workers prevent individual burnout. Dierendonck et al. (2005) studied thirty-eight individuals who were between the ages of 35-45 and who worked in engineering, and they examined the participants burnout prevention through personal growth. More specifically, this study used a psychosynthesis program, which focuses on personal and spiritual development. Psychosynthesis, a practice taken from transpersonal psychology, utilizes practices of visual imagery, meditation, journaling and discussions on body, consciousness, emotions, “heroes”, personalities, personal missions, values, and love for oneself.

Dierendonck et al. (2005) examined the effects of the psychosynthesis program on burnout, happiness, spirituality, emotional intelligence, and relative deprivation with one's career. Participants took part in a 10-day psychosynthesis program over a period of three months and completed pre- and post-test measurements. There was a control and intervention group. The results showed that the intervention group had a decrease in burnout. More specifically, the intervention group reported a decrease in exhaustion and an increase in professional efficacy, happiness, clarity in emotions, repair of negative emotions, purpose and meaning in life, inner resources, and transcendence. Furthermore, these effects were stable after a six month follow-up.

This study showed that prevention programs aimed at increasing spiritual well-being can be effective at decreasing burnout and possibly increasing job satisfaction. In addition, it shows the correlation between high spiritual well-being and low burnout. However, no studies to date have looked at the relationship between spirituality well-being on burnout among substance abuse counselors. Further, the spiritually focused work of substance abuse counselors, highlighting the need for a match between the nature of the person and nature of the job, makes this study essential. This research intends to fill this gap in the research.

There has been some research examining what some substance abuse agencies do to retain their staff and help them prevent burnout (Gallon et al., 2003; Knudsen et al. 2003; McNulty et al., 2007; & McClellan et al. 2003). Variables explored have included mentoring, direct supervision, continuing education, and in service training (Gallon et al., 2003). The majority of research associated with substance abuse treatment facility turnover and retention also mentions the stress associated with the job. These findings

reported contributing factors to burnout, such as addiction, stigma, continue trauma and crisis shared by the client with the counselor, caseload demands, time in the field, paperwork, or lack of resources to deal with the issues (Gallon et al, 2003; Knudsen et al., 2003; McClellan et al., 2003; McNulty et al., 2007). However, with one study looking at engineers' spiritual well-being and burnout (Dierendonck et al., 2005), there has been no articles or research located that was focused on substance abuse counselors spiritual well-being and how that could assist counselors with preventing burnout.

### Burnout Summary

In summary, when substance abuse counselors experience burnout, they experience feelings of emotional exhaustion, depersonalization, and low levels of personal accomplishment (Maslach et al., 1996) and they may experience numerous physical symptoms (NIDA, 1980). Research has suggested that those impacted by burnout are those highly motivated towards their work (Dierendonck et al., 2005). Also, those counselors experiencing burnout can negatively impact the treatment clients are receiving (Holmqvist & Jeanneau, 2006; McCarthy & Freize, 1999). It is suggested that burnout within the substance abuse system is both a systemic and an individual problem. Furthermore, specifically related to the substance abuse field is the spiritually focused work of the substance abuse counselor, which could contribute to a mismatch between the nature of the person and nature of the job. Therefore, the spiritually focused work of substance abuse counselors, need for a link between the nature of the person and nature of the job (Maslach & Leiter, 1981; McNulty et al., 2007) and the spiritual well-being focused prevention methods that have been shown to have a significant impact on preventing burnout for engineers (Dierendonck et al., 2005) suggest a link between

spiritual well-being and burnout. Due to studies outlining other impacts on burnout such as recovery status and time in the field, (Gallon et al, 2003; Knudsen et al., 2003; McClellan et al., 2003; McNulty et al., 2007), these variables will be controlled for in the chosen methodology section explored in chapter three. The following section will introduce the variable of job satisfaction and the role it plays in this research study.

## Job Satisfaction

### Job Satisfaction & Burnout

Due to the lack of information found in the substance abuse counseling literature concerning job satisfaction and burnout, collecting data from the fields of nursing, clergy, and health care professionals was essential to accumulate adequate data for this literature review. This link is important to consider due to related studies that suggest the link job satisfaction has with burnout.

Understanding how job satisfaction connects to burnout has been explored in recent years across professions. A cross sectional study of 213 hospital doctors, nurses, and mental health workers working with patients with Human Immunodeficiency Virus looked at the relationship between job satisfaction, job stressors, and burnout (Brown et al., 2002). The results found that hospital workers' retention rates were significantly positively associated with initial job satisfaction and colleague support (Brown et al., 2002)

In order to better understand how job dissatisfaction contributors to attrition and burnout, a study of 74 social workers who work with soldiers with Post Traumatic Stress Disorder (PTSD) reported that the highest amount of job satisfaction was related to being “of service to others”, social status, their opportunities to use their abilities, achievement

with work, and variety while at work. In addition, workers were dissatisfied with compensation, office policies, and supervision (Alqashan & Alzubi, 2009). In their discussion, Alqashan and Alzubi (2009) suggested that it was important to have role clarity with the service implementation and that when role ambiguity was present, workers were more dissatisfied. In conclusion, Alqashan and Alzubi (2009) reported that social workers who were dissatisfied with their job intended to leave the profession.

It is clear that job dissatisfaction is related to salary and benefits afforded to substance abuse counseling staff (Gallon et al., 2003, Knudsen et al., 2003; Mulvey et al., 2003). However, looking at what is within reach during times of economic distress, when companies are expected to do more with less, is important. Substance abuse counseling staff report being satisfied with personal growth opportunities, interactions with clients, collegiality with their coworkers, and their commitment to treatment (Gallon et al., 2003). Exploring avenues to increase these positive circumstances would be advantageous to the field.

The impact of job dissatisfaction on the substance abuse profession is significant. In addition, the causes of job dissatisfaction are also diverse, ranging from the system infrastructure, training needs, and lack of stability in the field. The most damaging impact of low job satisfaction is the impact it has on the services provided to the client. It is apparent that high quality of care is enhanced by low turnover rate (Clark et al., 2007), increased job satisfaction, and congruence with job duties (Alqashan & Alzubi, 2009), making spiritual well-being an import factor to consider.

In order to broaden the scope of knowledge, the aforementioned studies have looked at research involving substance abuse counselors, doctors, nurses, and mental

health professionals. Furthering the research about what contributes to substance abuse counselors' feelings of job satisfaction is essential for stability in the field, which is the bigger goal of this study. The above studies have illuminated the continued need to understand what would decrease substance abuse counselor turnover. The connection job satisfaction has with spiritual well-being will be explored in the following section. .

### Job Satisfaction and Spiritual Well-being

The investigation between spiritual well-being and job satisfaction has been ignored in the counseling research until recently (Amodia et al., 2005). More importantly, researchers have reported that those who have expressed a positive sense of spiritual well-being did not experience symptoms related to depression or loss of productivity at the workplace (Ellison, 1983; Westgate, 1996). The relationship between spiritual well-being and job satisfaction is important to consider because it will help counselors integrate the issues between job and spiritual satisfaction (Amodia et al., 2005).

To do this, Amodia et al. (2005) studied the relationship between spiritual well-being and job satisfaction and the impact these had on the individual and work place. They studied 200 professional workers and reported that there was a significant positive relationship between overall spiritual well-being and general job satisfaction and between the two subscales of existential well-being and religious well-being and general job satisfaction (Amodia et al., 2005). These results suggest that meaning and purpose in life might be connected to high levels of job satisfaction, making this important to look at in substance abuse professionals.

Robert et al. (2006) looked at the relationship between spiritual well-being and job satisfaction of adult workers. They studied 200 full-time adult workers and found a significant positive correlation between job satisfaction and spiritual well-being. They suggested that their results supported the link between work and spiritual domains of workers (Robert et al., 2006).

The nursing profession also investigated the relationship between spiritual well-being and job satisfaction and found promising results. A study of 215 hospice interdisciplinary team members examined whether spirituality is related to job satisfaction and looked at the structural path relationship between spiritual belief, integration of spirituality at work, self actualization, and job satisfaction (Clark et al., 2007). The study reported that hospice interdisciplinary team members' integration of their spirituality and self-actualization significantly improved reports of job satisfaction (Clark et al., 2007). Like substance abuse counseling, hospice care nearly always includes a spirituality dimension (Clark et al., 2007), suggesting the need for a match between the nature of the person, spiritual well-being, and the nature of the job, addressing the clients spirituality as it pertains to recovery.

Other findings within other professions were not so promising. In an attempt understand work stress and develop strategies to reduce burnout, Duggleby et al. (2009) studied 64 continuing care assistants, using a mixed method procedure, to look at the relationship between, hope, self-efficacy, spiritual well-being, and job satisfaction. Qualitative data found that faith, relationships, helping others, and positive thinking helped them have hope. Likewise, hope positively impacted their job satisfaction and performance. However, in this study, hope and spiritual well-being were negatively

correlated (Duggleby et al., 2009). This contributes interesting findings to the current study, suggesting that spiritual well-being is not related to job satisfaction for this population. In addition, burnout was not measured in this study.

These studies between spiritual well-being and job satisfaction (Amodia et al., 2005; Clark et al., 2007; Robert et al., 2006) suggest that counselors' awareness of their own spiritual well-being can have an impact on their job satisfaction and their ability to include spirituality into their clients' treatment. In contrast, Duggleby et al. 2009 did not find a link between spiritual well-being and job satisfaction. For the purposes of this study, it is suggested that the spiritual well-being of substance abuse counselors will aid in predicting job satisfaction, which will be in contrast to Duggleby et al.'s (2009) findings. Lastly, understanding spirituality and the spiritual well-being variable of this study will be explored in the following section.

### Understanding Spirituality and Spiritual Well-Being

Spirituality and religion have become topics of increasing importance over the past 30 years. Wiseman (2003) reported that a 1999 Gallup survey asked respondents to define spirituality, and one third defined it without reference to God or a higher authority but as "a calmness in my life," "something you really put your heart into," or "living the life you feel is pleasing." In addition, according to the Gallup Poll (Wiseman, 2003), 47% of respondents strongly agreed with the statement, "I am a person who is spiritually committed." This poll, and the spiritually focused work of substance abuse counselors (Powell, 2004), suggests that spirituality is present in the clinical work of substance abuse counselors, and therefore, it is important that the counselor understands it too.

The predicting variable in this study is spiritual well-being, but first we must fully understand this variable in all of its contexts. As previously mentioned, some proclaim spirituality is the central component to substance abuse counseling (Davis et al., 2006; Hoffman & Froemke, 2007; Powell, 2004). In order to clearly understand spirituality, one must first understand the similarities and differences it has with religion. The following section will provide a definition of religion and spirituality and a connection between these two concepts.

### Religion and Spirituality

Religion has been explored for centuries by hundreds of authors, but in an effort to keep this concept straightforward, the definition from the online Merriam Webster Dictionary (2011) and Manno (1978) will be utilized. Religion can be understood as (a) a state of religious, (b) the service or worship of God or the supernatural, (c) commitment or devotion to religious faith or observance, (d) a personal set or institutionalized system of religious attitudes, beliefs, and practices, (e) scrupulous conformity, (f) a cause, principle, or system of beliefs held to with ardor and faith (Merriam Webster Dictionary, 2011). Furthermore, religion was simply defined decades ago as follows:

Religion is most fundamentally an inferential system of preferences or values. It uses the language of symbols to address the basic identity questions all people encounter. As a system of symbols, it involves persons in the passionate and inexhaustible search for the ultimate conditions or boundaries of human existence (Manno, 1978, p .597-98).

For the purposes of this research a definition of religion will be offered. After considering these two definitions and a culmination of personal experiences, the

following definition was constructed. Religion can be viewed as a culture of individuals who come together to follow like-minded rituals and belief systems in order to relate to their human experiences and worldviews in a comfortable and coherent manner. Through these ritualistic practices, this culture of individuals can find peace of mind or condemnation in the midst of these human experiences.

Spirituality can be understood by looking at its origination. Spirit comes from the Latin word *spiritus*, which means breath or life. In addition, it is common for one to use spirit and soul interchangeably during communication. Lastly, in everyday discussion one may refer to one's spirit or ghost after a death. Therefore, breath, soul, spirit, ghost, and life are all foundational words when one considers the word spirituality.

As cited by Miller (1999), spirituality was first discussed as an essential component of the counseling profession during the first Summit of Spirituality in 1995, and it was published in *Counseling Today* as "Summit Results in Information of Spirituality Competencies" which birthed the following definition of spirituality:

The animating force in life represented by such images as breath, wind, vigor, and courage. Spirituality is the infusion and drawing out of the spirit in one's life. It is experienced as an active and passive process. Spirituality is also described as a capacity and tendency that is innate and unique to all persons. This spiritual tendency moves through the individual toward knowledge, love, meaning, hope, transcendence, connectedness, and compassion. Spirituality includes one's capacity for creativity, growth, and the development of a value system.

Spirituality encompasses the religious, spiritual, and transpersonal. (p.30)

Spirituality has also been considered to be “broad enough to accommodate the uniqueness of all individuals... a universal given” (Hollins, 2005, p 22). Therefore, as the above definitions illustrate, whatever makes one’s soul sing, can generate a feeling of transcendence and connection to self, all energy forms, and life experiences, translates into someone’s spirituality. Spirituality is often utilized in the current society as one might report “I consider myself spiritual but not religious.”

Gold (2010) stated that when considering religion and spirituality one must remember “these concepts are related but not identical” (p.2). Furthermore to complicate the role spirituality plays in substance abuse counselor resilience to burnout and improvement of job satisfaction, Gold (2010) stated that ”...one could be (a) spiritual without being religious, (b) religious within being spiritual, (c) both religious and spiritual, or (d) neither religious nor spiritual” (p.2). Therefore, it is clear that spirituality and religion have some similarities and differences. For example, some individuals might connect to their spirituality through religion and others might connect through nature. Craigie (2010) eloquently stated, “Spirituality is uniquely experienced and understood by individual people” (p. 21).

To understand the uniqueness spirituality might play for the client and counselor, one must consider some substance related scenarios. Within the substance abuse treatment realm, consider working with a client who has overdosed three times, recently woke up to his wife who overdosed and died in the bed next to him, and who asks himself “why am I still alive”. Or, the intravenous drug user who has been in recovery for three years, recently found out she is HIV positive, and pregnant. The homeless pregnant poly-substance abuser who miraculously finds the healing energy to remain abstinent for

one month and is facing challenges with forgiveness, shame, and love. These are all spiritual issues, which call on clients' personal definitions and relationships with their personal divine. However, how does this information impact counselors who are working with these clients, indeed their own personal spiritual questions may surface as well, and the impacts of these sessions could leave the counselor depleted if spiritual care is not a focus for both the client and counselor (Craigie, 2010).

Bulka (1984) stated in order to prevent burnout one must consider self-transcendence. Spirituality is directly connected to transcendence (Emmons, 1999), meaning that the individual has the ability to go beyond oneself and take in a larger perspective of the present circumstances and see unity in all events (Piedmont, 1999), which would apply to the events described above. Therefore, when individuals are tending to their spiritual well-being, they have an ability to experience transcendence in moments of stress, concern, and crisis, such as when providing substance abuse services. In support of this, Eastman (1996), in his conference presentation, strongly suggested that educators should closely monitor their burnout and incorporate wellness techniques to prevent burnout.

To understand the appropriateness of the spiritual well-being variable, one must be aware of how spirituality and health related research has progressed in the past several decades. Craigie (2010) explored the progression of spirituality and health related research and outlined the development of this research, starting with the initial wave of research and moving to the current wave of research:

1. Health status and denominational affiliation
2. Health status and behavior associated with denominational affiliation.

3. Measures of spirituality rather than religion and the development of assessment instruments.
4. Looking at religion and spirituality simultaneously while also studying the dimensions of spirituality. A vast amount of research is focused on spiritual well-being.

Therefore, to fall in line with the current trend of research in this area, the current study utilizes the Spiritual Well-Being (SWB) scale (Ellison & Paloutzian, 1982), which simultaneously measures religion and spirituality. This is illustrated by the two subscales of religious well-being and existential well-being (Ellison & Paloutzian, 1982). The SWB scale combines these two measures to create a total scale score for spiritual well-being. The current study is utilizing the spiritual well-being variable as the predicting variable for burnout and job satisfaction as it applies to substance abuse counselors. By using the SWB, the current study is following the trend of spirituality research as reported by Craigie (2010).

To support this current research trend, Tsuang et al. (2007) looked at the relationship between the three components of spiritual well-being, existential well-being and religious well-being, with physical and mental health in 345 pairs of twins from the Vietnam Era twin Registry. Their results found that existential well-being and religious well-being have significant relationships with mental health and physical health, with existential well-being having more statistical explanatory power. Again, this finding provides support for the significant role that spiritual well-being could play in helping counselors be resilient to feelings of burnout, and suggests that low spiritual well-being could predict burnout and job satisfaction.

In summary, spirituality encompasses a variety of meanings, which would be unique to the individual and it might or might not include one's religion. With these connections and the role of spirituality within substance abuse treatment services, it is clear that spiritual well-being is an important variable that contributes to lowering burnout and turnover rates as well as increasing job satisfaction. To finish conceptualizing spiritual well-being, the next section will explore spiritual wellness.

### Spiritual Wellness

Understanding ways to prevent burnout and increase job satisfaction aids this research in identifying ways to stay healthy or "well" at work. In addition, it is important to understand wellness models, which will establish a continued understanding between using spiritual well-being as the predictor for burnout and job satisfaction. First, to do this one must define wellness and the major role spirituality plays within wellness models. The most recent definition of wellness, and the one chosen for this research, was provided by Myers, Sweeney, Whitmer, (2000), who defined wellness as:

A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252)

This definition illustrates that wellness is a state of well-being that is achievable by all individuals and helps people cope with life situations. However, it must incorporate the integration of the whole self, body, mind, and spirit, which were described by Maslach and Leiter (1997) as components of the individual that burnout negatively effects.

Numerous wellness models exist in the literature (Chandler, Holden, & Kolander, 1992; Hetler, 1984; Sweeney & Witmer, 1991; Myers et al., 2000), with all of them including spirituality as either one component or as the central component of the model. Hetler's (1984) model proclaimed that physical, occupational, social, intellectual, emotional, and spiritual aspects are the human functions that must be focused on to achieve wellness. Chandler et al, (1992) amended Hetler's (1984) model by taking spirituality out as a separate area and making it an integral component in each of Hetler's five areas (physical, occupational, social, intellectual, and emotional). Sweeney and Witmer (1991) proclaimed to contribute the first wellness model to the counseling literature, which was the Wheel of Wellness. This wheel was finalized by Myers et al., 2000, to illuminate spirituality as the central part of the wheel and most essential element of well-being. Surrounding spirituality are what Myers et al. (2000) termed "spokes" or aspects of spirituality, including sense of worth, sense of control, realistic beliefs, emotional responsiveness and management, intellectual stimulation, problem solving and creativity, sense of humor, exercise, nutrition, self care, stress management, gender identity, and cultural identity.

Understanding these wellness models and the role they play in substance abuse counselor spiritual well-being and training are important to this study. Developing counselor's counseling skills, especially working with client's spiritual values, beliefs and identity, can become quite challenging for the substance abuse counselor and educator (Stebnick, 2006); therefore, assessing the counselors own spiritual well-being is paramount to providing quality services and improving retention of counselors.

Understanding why spiritual health is essential to substance abuse counselors' well-being was described by Chandler et al. (1992)

Spiritual health provides an avenue through which the individual can create the new and more complete self. Attending to both personal and spiritual modalities for transformation contributes to greater balance and will more likely lead to transformation of the self with its accompanying opportunity to achieve higher level of wellness. (p. 171)

When considering spiritual training models for counselors to utilize during their own development within their formal educational training and in the field, the above models can be used as a source. Lastly, connecting spiritual well-being to wellness models will aid the reader to understand the benefits of considering spiritual well-being as a possible prevention tool and resiliency method for burnout. This, in turn, suggests that spiritual well-being could predict burnout and job satisfaction among substance abuse counselors.

There is no doubt that spirituality is a major influencing factor in wellness models. Pointedly, spiritual wellness has also been identified in the literature by numerous authors (Briggs, Apple, & Aydlett, 2004; Gold, 2010; Myers, 1990; Purdy & Dupey, 2005; Ryan & Deci, 2002). The following will provide a brief summary of each of the different spiritual wellness definitions.

First, Myers (1990) suggested that spiritual wellness incorporates many forces, such as one's beliefs, appreciation for the universe, life, and all other natural forces. Further, three characteristics of spiritual wellness were outlined by Ryan and Deci (2002) to include autonomy, relatedness, and competence. Gold added that spiritual wellness

cannot be understood without first outstanding one's connection with a Supreme God or Being (2010). Furthermore, Briggs et al. (2004) highlighted four constructs of spiritual wellness, which included meaning and purpose in life, positive connectedness, transcendence, and inner resources. Lastly, the Holistic Flow Model of Spiritual Wellness (Purdy & Dupey, 2005), which incorporates the majority of the above definitions, includes the following six constructs: a belief in an organizing force in the universe, a notion of connectedness, faith, movement toward compassion, the ability to find meaning in life, and the ability to find meaning in death.

In conclusion, wellness and spirituality go hand in hand; one cannot be understood without the other. The literature available concerning spirituality, wellness, and health is vast. An EBSCOhost search using the words "spirituality" and "wellness" yielded 8,173 citations, and using the words "spirituality" and "health" yielded 89,774 citations. This data suggests the strong connection spirituality has with overall well-being. Multiple researchers have found that those workers who have a positive spiritual health have lowered mental health symptoms and higher rates of work productivity (Ellison, 1983; Tsuang, Williams, Simpson, & Lyons, 2002), supporting the idea that spirituality can increase counselors' resilience to burnout and increase job satisfaction. The following section will explore the spiritual well-being variable.

### Spiritual Well-Being

Maslach and Leiter (1997) proposed that burnout was reaching epidemic proportions for human service workers and was leading to workers being emotionally, physically, and spiritually exhausted over a decade ago, and, currently, it is possible that not much has changed for the substance abuse profession. As mentioned, burnout and

turnover is a problem within the substance abuse profession (Gordon et al., 2007). Understanding how spiritual well-being is related to burnout and job satisfaction is essential for the purpose of this study.

A study of 127 practicing psychologists examined the effects of spirituality on feelings of burnout and other predictors of burnout (Persing, 2000). The results indicated that 45% of the psychologists were experiencing moderate to high levels of emotional exhaustion, with 23% experiencing moderate to high levels of depersonalization, and 100% scored in the high range for personal accomplishment (Persing, 2000). These results showed significant rates of burnout among psychologists. Most important was the discovery of empirical evidence demonstrating a connection between spirituality and well-being. This research found a significant correlation between spiritual support and personal accomplishment, suggesting that psychologists who are more “spiritually mature” feel less burnout at work (Persing, 2000).

How the counselor perceives spirituality and the role it plays in the recovery treatment process may be related to his or her spiritual well-being. In addition, work challenges can directly or indirectly impact feelings of job satisfaction and burnout. The first empirical study to examine the spiritual well-being of substance abuse counselors (Brooks & Mathews, 2000) suggested that there is a need for further empirical studies of this kind. Furthermore, Brooks and Mathews (2000) stated that continued research focused on the spiritual well-being of counselors could help prevent job stress and burnout (Brooks & Mathews, 2000). This call in the literature validates the need for this study in order to begin to fill the gap in the existing research and literature.

Brooks and Mathews (2000) surveyed a random sample of 45 certified addiction therapists and 94 patients participating in inpatient treatment in the Commonwealth of Virginia about the relationship between counselors' spiritual well-being and the impact it had on patients' spiritual well-being. Although the results surrounding the impact were nonsignificant, the study made the first contribution to the development and understanding of a substance abuse counselor's definition of spiritual well-being.

Brooks and Mathews (2000) successfully made the first step to identify the counselor's definition of spiritual well-being. They attempted to delineate what counselors defined as spiritual well-being and showed three variables that statistically accounted for half of the variance of spiritual well-being as defined by the SWB scale: self-acceptance, loving, and wisdom. They suggested that counselor educators and supervisors can assist counselors with their self acceptance, ability to love, and knowledge, which will ultimately contribute to their spiritual well-being, and, thus, produce better counselors. Brooks and Mathews also suggested that counselors' spiritual well-being impacts clients' spiritual well-being, and dealing with counselors' spiritual well-being in clinical supervision could help protect them from feelings of burnout. This data supports that counselors' internal beliefs about spirituality (nature of the person) will impact their treatment services provided and potentially impact their rates of burnout.

Davis et al. (2006) suggested that the nature of the person can impact treatment services provided to clients by looking at 151 undergraduate and graduate students in substance abuse training programs. This study looked at the relationships between counseling students' attitudes towards spirituality and AA, and the relationship of these attitudes on whether they included spirituality into substance abuse treatment. To

measure attitudes towards AA, Davis et al. looked at students' attitudes towards powerlessness and Higher Power. They found a significant positive relationship between the students attitudes towards a Higher Power and thoughts on including spirituality into substance abuse treatment ( $r = .233$ ,  $t = 2.92$ ,  $p < .05$ ) and a significant positive relationship between students attitudes about their own spirituality and how they felt about ( $r = .345$ ,  $t = 4.50$ ,  $p < .05$ ) including spirituality into substance abuse treatment (Davis et al., 2006). This study suggests that if students have a positive attitude toward their own spirituality, they would be more likely to incorporate it into their work with clients.

This study illustrates that if counselors feel that spiritual well-being is important in their own life, they will feel that the clients' spiritually focused work in treatment is important and they will help facilitate this work in treatment. This aligns with the notion that if the nature of the person, counselor's spiritual well-being, is aligned with the nature of the job, incorporating spirituality into substance abuse treatment, then counselors are more likely to include spirituality into their work with clients. In addition, if counselors do not feel that spirituality is important, and their job and their clients demand spiritually focused work, this could relate to feelings of low job satisfaction or high burnout. Furthermore, counselors who understand their own spiritual well-being could feel more accomplished in their work. This supports the idea that congruence between the job and person can increase job satisfaction, which was found in a previous study of social workers working with clients with PTSD (Alqashan & Alzubi, 2009). Furthermore, as mentioned in the previous section on job satisfaction and spiritual well-being, the investigation between spiritual well-being and job satisfaction and spiritual well-being

and burnout can provide valuable information for both practice and future research efforts towards counselors (Amodia et al., 2005).

Burnout and low job satisfaction among substance abuse counselors may be a threat not only to their profession but also to their life calling. Often, counselors in recovery enter into the profession as a way of giving back; in fact, the profession was built on the backbones of individuals in recovery (Powell, 2004). It is suggested through this research that if organizations or substance abuse training efforts do not support spiritual well-being development, then modification to include this area should be considered. Yet there are no studies to date that look at how substance abuse counselor spiritual well-being is related to feelings of burnout or job satisfaction, making the need for this study essential.

Maslach and Leiter (1997) suggested that the previously mentioned six sources of burnout lead to “erosion of the soul” (p. 17), which essentially means the wearing-away of “... values, dignity, spirit, and will” (p.17). However, for the purposes of this study, this concept is taken a step farther, suggesting that those workers who have high spiritual well-being and continuously work on the development of their spiritual health could be more resilient to burnout and experience higher levels of job satisfaction. Essentially, this resilience could change the climate of the organization.

In conclusion, Brooks and Mathews (2000) made the first contributions towards looking at substance abuse counselors’ spirituality and suggested in their discussion that spiritual well-being could be connected to substance abuse counselor burnout. Second, Davis et al. (2006) illustrated how substance abuse counselors’ attitudes towards spirituality impacted whether or not they attended to their clients’ spirituality.

Additionally, making the connection to research cited in previous sections that stated when there was congruence between the job and the person, which was defined as role clarity, this could lead to an increase in job satisfaction (Alqashan & Alzubi, 2009 & Amodia et al., 2005). Elucidating the theoretical research on burnout, uniqueness of the substance abuse system, and the role spirituality plays has led this researcher to outline three dimensions that contribute to the connection of spiritual well-being, burnout, and job satisfaction: (a) the required job expectation of the substance abuse counselor to deal with the spiritual dimension of the client's recovery, or nature of the job, must be considered; (b) the spiritual well-being of the counselor, or nature of the person, could predict burnout; and (c) the spiritual well-being of the substance abuse counselor, or nature of the person, could predict job satisfaction.

#### Summary

First, understanding the current state of the substance abuse system was explored in great detail. In doing so, it was suggested that the substance abuse counseling system is plagued with high turnover, burnout, and low job satisfaction. These experiences of high burnout and low job satisfaction could impact the ability of the system to serve its growing client population due to employee turnover.

It was also suggested that those who are leaving the field could be the most motivated and skilled workers. In order to understand turnover, a burnout theory was provided, which was constructed over three decades by Maslach (1978, 1986) Maslach and Jackson (1981), Maslach and Leiter (1997), and Maslach et al. (1996). This burnout theory illustrated that burnout is a systemic and individual problem and can be related to a mismatch between the nature of the person and nature of the job. Systemic research

outlined other factors that influence job satisfaction and burnout, therefore, recovery status and time in the field will be controlled for in this study.

Due to the unique role spirituality plays in the substance abuse addiction treatment field, it was suggested that substance abuse counselor's spiritual well-being would contribute to burnout and low job satisfaction because of this possible mismatch between the job and person. It was also highlighted that when there is incongruence between the job and the person, this could lead to job dissatisfaction (Alquashan & Alzubi, 2009; Amodia et al, 2005), which was also discussed as role ambiguity. Furthermore, understanding the difference between spirituality and religion was highlighted. This was shown to be important because the current trend of spirituality research (Craig, 2010) provides support for the current predicting variable chosen for this study, spiritual well-being.

Understanding the connection spiritual well-being could have to burnout and job satisfaction (Brooks & Mathews, 2000; Bulka, 1984; Eastman, 1996; Emmons, 1999; Persing, 2000; Piedmont, 1999; & Tsuang et al, 2007) and the connection spirituality has with wellness (Myers et al., 2000) were all explored. This illustrated the importance of the predicting variable and how it could impact the substance abuse counselor. Therefore, this study filled the gap in the substance abuse literature by examining how substance abuse counselors' spiritual well-being predicts their job satisfaction and feeling of burnout.

## CHAPTER 3: METHODOLOGY

### Introduction

Currently, there is no research on the relationship between substance abuse counselor spiritual well-being, feelings of burnout, and job satisfaction. The purpose of this study was to address this gap in the literature. Therefore, this chapter will consist of seven sections, with the goal to present the methodology of the research study. The purpose of this chapter is to describe the methodology and procedures used in investigating how spiritual well-being relates to feelings of burnout and job satisfaction. The first section will discuss the research design and list the two guiding research questions. The second section will present the two guiding hypotheses. The third section will detail the selection of participants. The fourth section will describe the data collection procedures. The fifth section will explain the instrumentation that was used, including information regarding reliability and validity. The sixth section will then describe the data analysis. Finally, the chapter will conclude with a summary.

### Research Design

A non-experimental correlational research design was used to examine how the four independent variables: spiritual well-being, recovery status and time in the field, relate to the two dependent variables, job satisfaction and the one area of burnout, emotional exhaustion. Three survey instruments and a brief demographic questionnaire were used to gather the information necessary to answer the research questions and

hypotheses that have been posed. A hierarchical multiple regression was the statistical method for testing the research hypotheses.

#### Overall Research Question

The research question for this study is as follows:

*After controlling for recovery status and time in the field, how does spiritual well-being predict burnout and job satisfaction among substance abuse counselors?*

#### Research Questions

Question 1: To what extent, after controlling for recovery status and time in the field,

does spiritual well-being predict substance abuse counselor burnout?

Question 2: To what extent, after controlling for recovery status and time in the field,

does spiritual well-being predict substance abuse counselor job satisfaction?

#### Statement of Hypotheses

Based on the empirical literature across professions suggesting the connection between spiritual well-being and burnout (Brooks & Mathews, 2000; Dierendonck et al., 2005, McNulty et al., 2007; Persing, 2000; Tsuang et al., 2007) and spiritual well-being and job satisfaction (Amodia et al., 2005; Clark et al., 1992; Robert et al., 2006) the following hypotheses were posed:

1. After controlling for recovery status and time in the field, spiritual well-being is negatively related to burnout of substance abuse counselors.
2. After controlling for recovery status and time in the field, spiritual well-being is positively related to job satisfaction of substance abuse counselors.

## Description of Participants

This study consisted of a convenience sample from The Association for Addiction Professionals formerly known as National Association for Alcohol and Drug Abuse Counselors (NAADAC). NAADAC is the biggest membership organization of addiction professionals who focus on treatment, prevention, and education (NAADAC, 2010). NAADAC is a national association that provides national certification for substance abuse counselors. The organization, which spans the United States and the world, consists of 8,000 members, and 43 state affiliates (NAADAC, 2010).

NAADAC's main focus is to support the development of professional addiction counselors (NAADAC, 2010). The organization's members reflect the spectrum of professionals in the addictions field, which is characterized by counselors, administrators, social workers and others, who are active in all areas of the substance abuse treatment field (NAADAC, 2010). Therefore, the members work in the public, private, hospital, and community settings and are involved in all aspects of the job, such as treatment, prevention, research, and education (NAADAC, 2010). NAADAC members represent a very diverse group (NAADAC, 2010), which is characteristic of the substance abuse field.

According to NAADAC's 2008 Annual Report (NAADAC, 2010), these members represent a variety of demographic categories. Men account for 45.1 % of the membership and women account for 54.9% of the membership. Members who are certified and licensed vary: 23.7% are Licensed Professional Counselors, 14.3% are Social Workers, 15.1% are Clinical Supervisors, 9.2% are other, 3.9% are Prevention Specialists, 3.0% are Clergy, 2.5% are Nurses, 2.3% are Psychologists, and 1.5% are

Rehabilitation Counselors, and 0.2% are Physicians/Psychiatrists. Lastly, NAADAC members report varying years of experience in the addiction profession: 76.4% with more than ten years, 9.7% with 7-10 years, 7.7% with 4-6 years, and 6.2% with 0-3 years (NAADAC, 2010).

Members of NAADAC will represent varying levels of development and job functions as it pertains to providing counseling services to the substance abuse population. Participants also have varying years of experience and various credentials. The following is a description of the substance abuse counselors and professionals that may participate in the study as it pertains to their membership status with NAADAC:

- Professional Membership: Individuals who are current addiction professionals.
- Associate Membership: Individuals who are working on completing their qualification, licensure, or certification as an addictions professional.
- Student members: Students who are at college or university or who are involved in full or part time internship (NAADAC, 2010).

The goal of the study was to examine how substance abuse counselors' spiritual well-being relates to their feelings of burnout and job satisfaction. In addition to the aforementioned, participants needed to comprehend English because survey, instruments, and instructions of the study was displayed in English. The minimum age of the participants was 18 years old. In addition, participants needed to be a current resident of the United States and an individual member of NAADAC.

The goal was to recruit members who vary in demographic characteristics but still meet the inclusion criteria and are a representative sample of current substance abuse counselors who are practicing nationally. As the aforementioned stated, substance abuse

counselors nationally range in age, certification level, and education level. Therefore, this study proposed to access the NAADAC membership, which provides a national credential, and obtain participants from the following membership groups: professional, associate, and students.

### Data Collection Procedures

Dillman's (2007) Tailored Design Method was utilized for the framework of how this study will solicit participation from the NAADAC population. This method is a proven framework and has consistently demonstrated proven return rates and accurate results (Dillman, 2007). Data collection procedures for this study followed Dillman's (2007) Tailored Design Method.

#### Phase One

First, permission was obtained from the Institutional Review Board for Human Subjects of the University of North Carolina at Charlotte. The study proceeded after all permissions are granted. Next, an email was sent to the NAADAC membership board to request use of the membership listserv. An explanation of the rationale for the study and basic information, such as an estimation of instrument completion time, time-line for the implementation of the study, and the nature of the study instruments, was provided in the email request. Once the NAADAC board reviewed my research proposal they allowed access to the listserv, and the research moved to phase two.

#### Phase Two

Once permission was granted, an email was sent to the NAADAC membership listserv. All members with a valid email address received all emails. NAADAC disseminated 6,124 emails to its members with valid email addresses (D. Croy, personal

communication, August, 16, 2011). The initial email consisted of an introduction to the study and an invitation for participants to take part in the study. The introductory email contained a direct link to the web-based survey link within Survey Monkey. Survey Monkey was the electronic survey program that administered the instruments.

**Introductory letter.** The web-based survey followed Dillman's (2007) principles for web-based surveys. Using the NAADAC email list-serve, participants were sent an email with an introductory letter. An Introductory Letter was sent out in the body of the email to all NAADAC members with an active email account on file with NAADAC. The letter explained the purpose of the study and asked for voluntary participation. Participants were assured that by agreeing to participate in this survey, their participation was voluntary, anonymous, and confidential. Participants were able to click on a link to the Survey Monkey website where the survey was provided.

**Informed consent.** When the website appeared on the participant's computer screen, an Informed Consent Form appeared. Prior to completing the assessments, participants were able electronically sign an Informed Consent Form. To properly inform the participants, this form will include the following: inclusion criteria, purpose of the research study, estimated time required to take the survey, and benefits and risks to taking part in this human subjects study.

**Inclusion criteria** required members to have a valid email address on file with NAADAC, are a current resident of the United States, and are an individual member (professional, associate, student) of NAADAC. In addition, the participants were required to speak English and be at least 18 years old. Participants were notified that their participation in the survey will take no longer than 20 minutes to complete.

Furthermore, as mentioned in the introductory letter, participants were again assured that their participation is voluntary, anonymous, and confidential. Lastly, participants were informed they can stop at any time without penalty. After clicking on the link at the end of the Informed Consent Form indicating their agreement and eligibility to take part in the research study, participants were then be directed to the Spiritual Wellbeing Scale (SWB), Maslach Burnout Inventory (MBI), Job Satisfaction Single Item Measure, and the Demographic Questionnaire. Participants were asked to complete the one time on-line survey.

### Phase Three

To ensure a high response rate, an email remainder was sent out at the end of the first week. Valid email addresses on file for NAADAC's reported 8,000 members (6,124) determined the population size. After IRB approval was received and the NAADAC introductory solicitation email was sent, which was August 15, 2011, the survey remained on the website for a week and a half until the required sample size was obtain. After a week and half and the target sample size was surpassed which assured adequate power, the link was shut down on August 24, 1011. Following the shut down, all of the data collected was input into the Statistical Package for Social Sciences (SPSS) software (SPSS Inc, 2006).

### Threats to Validity

Due to the nature of the survey research, there were threats to validity that were considered. The first consideration was regarding self-report bias. Because participants have wanted to answer the questions based on what it is socially acceptable or they may not wanted to admit that they are experiencing negative feelings towards their job,

participants may not have answered the questions truthfully. The second consideration regarding sampling was response bias. While the researcher tried to obtain the best sample for the study, it was still possible that some portions of the population were more likely to respond than others. To control for these, a large sample size was used, and participants were informed that their responses were kept both anonymous and confidential.

### Instrumentation

Participants were asked to complete the following instruments: Spiritual Well-Being Scale (SWBS), Maslach Burnout Inventory (MBI), and, Job Satisfaction Measure. Afterwards, demographic information were collected from all participants. This section will review each of these instruments.

#### Spiritual Well-Being Scale

After completing the informed consent participants were directed to the Spiritual Well-Being Scale (SWB) (Ellison & Paloutzian, 1982), which is a 20 item scale, measured on a six point Likert scale from “strongly agree” to “strongly disagree.” The SWB has two subscales, religious well-being subscale (RWBS) and existential well-being subscale (EWBS), which are considered interrelated to spirituality. The scale has ten items designed to measure spirituality from the perspective of religious well-being (RWB), and ten items designed to measure spirituality from the perspective of existential well-being (EWB) (Ellison & Paloutzian, 1982).

The Spiritual Well-Being (SWB) scale was designed to measure a general form of spirituality that is not connected with any theology (Ellison & Paloutzian, 1982). The spiritual well-being scale acknowledges that when people discuss their spirituality they

are talking about either religious well-being or existential well-being. The religious well-being scale is for individuals whose spiritual well-being is defined by their relationship with god or a higher power (Paloutzian & Ellison, 2009). The existential well-being scale is for those individuals that define their spiritual well-being through their sense of satisfaction with life or purpose of life (Paloutzian & Ellison, 2009). Therefore, the scale is nonsectarian and can be used to address spirituality with or without religious beliefs (Paloutzian & Ellison, 2009). The overall score on the SWB scale is gathered by summing the 20 items. The subscale scores are gathered by summing the ten items on the RWB and EWB scales separately (Paloutzian & Ellison, 2009). For the purposes of this study, the total scale score was utilized.

Past research reported the Cronbach's alphas as .81 for the SWB scale, .94 for the RWB scale, and .80 for the EWB scale, which indicates that the scales had acceptable internal consistency (Robert, Young & Kelly, 2006). Pre-established test-retest reliability for the SWB scales were .93 for the SWB scale overall, .96 for the RWB subscale, and .86 for the EWB subscale (Brooks & Mathews, 2000). Furthermore, significant relationships were found between the overall scale scores and subscale scores related to scores of other instruments measuring things such as loneliness, purpose in life, intrinsic and extrinsic religious orientation, self-esteem, and individualism (Shorkey et al., 2007).

Maslach Burnout Inventory (MBI)

After completing the spiritual well-being scale, participants were directed to the Maslach Burnout Inventory. The Maslach Burnout Inventory (MBI) was designed to assess three areas of the burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). This inventory consists of a 22

item questionnaire, assessed on a seven point Likert scale ( 0 =“never,” 1 = “a few times a year or less,” 2 = “once a month or less,” 3 = “a few times a month,” 4 = “once a week,” 5 = “a few times a week,” and 6 = “every day”), with three subscales: emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981). The three subscales provide separate scores to measure burnout. Due to empirical research that suggests that the emotional exhaustion measure is the most significant measure of burnout and is above and beyond the other two measures (Cropanzano et al.,2003; Knudsen et al., 2009; Maslach et al., 2001; Schaufeli & Taris, 2005; Toppinen-Tanner et al., 2002), the emotional exhaustion subscale was utilized to measure burnout.

The nine items in the emotional exhaustion subscale discuss feelings and attitudes of being emotionally overextended at work. For this subscale, higher mean scores equal higher degrees of feelings of burnout. The scores on the emotional exhaustion subscale were utilized as the measure of burnout (Maslach & Jackson, 1981).

The MBI was originally given to a sample of 605 professionals working in a variety of health and service occupations. In all of the occupations assessed the professionals had to deal directly with clients issues that could be problematic. After appropriate factor analysis, three factors were chosen as subscales for the inventory (Maslach & Jackson, 1981).

Internal consistency for the MBI was estimated by Cronach’s coefficient alpha (n= 1,136) (Maslach & Jackson, 1981). The three subscales yielded the following reliability coefficients: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The standard error of measurement results for each

subscale yielded the following: 3.80 for Emotional Exhaustion, 3.16 for Depersonalization, and 3.73 for Personal Accomplishment.

Test-retest reliability for the MBI was reported for graduate students in social welfare and for administrators in the health care industry, and the two step sessions were separated by an interval of two to four weeks. The test-retest reliability coefficients for the three subscales were as follows: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment. All of these test-retest reliability coefficients were found to be significant beyond the .001 level (Maslach & Jackson, 1981).

Convergent validity for the MBI was found in many ways. First, the MBI score was correlated with behavioral ratings made by an independent person who knew the individual taking the MBI well (Maslach & Jackson, 1981). In addition, the MBI scores were correlated with the presence of job duties that are expected to add to feelings of burnout. Both sets of correlations provided evidence for validity of the MBI (Maslach & Jackson, 1981).

#### Job Satisfaction Measure

Next, participants completed the single item measure for Job Satisfaction. Job Satisfaction is the fulfillment one receives from his or her job duties. The single item measure was used to determine if job satisfaction or dissatisfaction is indicated for the work itself. It is recommended that when an affective construct is narrow and unambiguous to the respondent, then a single item measure is recommended (Sackett & Larson, 1990).

Job Satisfaction is related to the fulfillment one receives from his or her job duties. Nagy (2002) reports that single item measures take up less space, are more cost effective, and may be a better measure of job satisfaction. Additionally, it is reported that single item measures of job satisfaction were consistently significantly correlated to multiple item measures of the facet of satisfaction. Therefore, the single item measure will be used to see if job satisfaction or dissatisfaction is indicated as opposed to measuring what contributes to the participant's job satisfaction. This method will provide less confusion to the participant in the study and take less time.

To validate this single item method, Nagy (2002) measured the facet of job satisfaction by measuring the Job Descriptive Index (JDI), which is comprised of five facets of satisfaction: work itself, pay, opportunities for promotion, supervision, and co-workers against five single items measuring the same facets. For the purposes of this study, the single item measure related to the work itself facet will be explored.

The JDI has documented evidence of convergent and discriminant validity and has been used to measure job satisfaction in over 400 studies (Nagy, 2002). A correlation of .90 between the single item and multiple item scales was used to determine correlation between these scales because it was argued that single item scales may encompass more of the construct than multiple item scales (Nagy, 2002). Nagy (2002) found that the single item scale measuring the work itself facet was significantly correlated with the work itself facet of the JDI  $r=.65, p < .01$ . Therefore, it is supported that the single-item measure for work itself will be an acceptable measure for job satisfaction. To conclude, how satisfied a person is with his or her job based on a 7 point Likert Scale (1 = "very unsatisfied" to 7 = "very satisfied") was utilized.

### The Demographic Questionnaire

The researcher utilized a 14 item multiple choice and open ended demographic questionnaire. This questionnaire provided descriptive information regarding gender, age, ethnicity, highest level of education, specified master's or doctoral degree, number of years in the profession, years of education specifically related to substance abuse counseling, if they had received any spirituality training, type of setting that the participants works in, caseload size, recovery status, if they consider themselves a spiritual person, if they take part in spiritual self care and a description of their religious affiliation. The demographic questionnaire was utilized to describe the sample utilized in this study. Two variables from the demographic questionnaire were controlled for in the hierarchical multiple regression: recovery status (considers oneself in recovery and does not consider oneself in recovery from a primary addiction illness), and time in the field.

### Data Analysis

The Statistical Package for Social Sciences (SPSS) software was used to analyze the data. Descriptive and Inferential statistics were utilized to report the data collected from the demographic survey and the three research instruments Spiritual Well-Being Scale (SWBS), Maslach Burnout Inventory's (MBI) Emotional Exhaustion subscale, and Job Satisfaction single item measure. Hierarchical multiple regression analyses was utilized to determine the accuracy of spiritual well-being (independent variable) on predicting substance abuse counselor emotional exhaustion and job satisfaction (dependent variables) after controlling for demographic variables of recovery status (considers oneself in recovery and does not consider oneself in recovery addiction

illness), and time in the field. The following section will provide an overview of multiple regression and the assumptions of regression procedures.

### Multiple Regression

A regression procedure was utilized to test the association of the independent variable (IV) to the dependent variable in order to make specific predictions about the dependent variable (DV). A simple linear regression involves a single IV and a single DV, with the goal of predicting the value of the DV if the value of the IV is known. Furthermore, in contrast to a simple linear regression, a multiple regression allows the researcher to assess the influence of *several* predictor IV's on the DV. There are various types of multiple regression procedures. However, for the purposes of this study, hierarchical multiple regression was used to test the research hypotheses.

Hierarchical multiple regression allowed the researcher to examine the predictor variables in a specific order to determine the amount of variance accounted for by each variable above and beyond the IV's that have already been entered, thus allowing the influence of certain predictor IV's to be controlled for in the analysis. Because research has shown that recovery status and and time in the field are related (Elman & Dowd, 1997; Gallon et al., 2003, & McNulty et al., 2007) to turnover which has been directly related to job satisfaction (Alqashan & Alzubi, 2009; Kraeger & Walker, 1992; Prosser et al., 1999; Spear et al., 2004) and burnout (Bakshi, 2009; Deary et al., 2003; McLellan et al., 2003; Watson, & Hogston, 2003; Kraeger & Walker, 1992; O'Brien et al., 2007), *recovery status and time in the field* were entered in the regression equation in this specific order, allowing the researcher to examine the unique contribution of spiritual well-being on burnout and job satisfaction above and beyond these control variables.

These demographic variables were controlled in a specific order. Due to the uniqueness of the substance abuse field, which attracts counselors in recovery and not in recovery (Capuzzi & Stauffer, 2008) and the specific IV related to this study, spiritual well-being and how it is connected to the job duties of the counselor, recovery status will be entered in the regression equation first. The second variable to be entered into the equation will be time in the field. Since evidence suggests that time in the field impacts turnover rates (Gallon et al., 2003) and turnover has been directly related to job satisfaction and burnout, time in the field will be entered into the equation second.

#### Assumptions of Regression Analysis

Regression analyses are considered robust when the assumptions of normality, linearity, and homoscedasticity between the predicted DV scores and the errors of prediction have been satisfied (Tabachnik & Fidell, 2007). However, outliers, ratio of cases to predictor variables, and multicollinearity can compromise the reliability of the regression analysis. Therefore, an examination of residual scatterplots, histograms, and the skewness and kurtosis values using SPSS regression and frequency were used to assess normality, linearity, and homoscedasticity of the DV's and IV's.

Alpha level, number of predictors, expected effect sizes, and including the desired power are all factors that impact a researcher's sample size (Tabachnick & Fidell, 2007). Tabachnick and Fidell (2007) offer some guidance in determining a sample size, which are "... $N \geq 50 + 8m$  (where  $m$  is the number of IVs) for testing the multiple correlation and  $N \geq 104 + m$  for testing individual predictors" (p. 123). It is suggested that if one is interested in the overall correlation and the individual IVs, to utilize both calculations and choose the larger number of cases (Tabachnick & Fidell, 2007). Therefore, with three

IVs,  $N \geq 50 + 8(3) = 74$  and  $N \geq 104 + 3 = 107$ . The larger calculation would equal a sample size of greater than or equal to 107. “These rules of thumb assume a medium-size relationship between the IVs and the DV  $\alpha = .05$  and  $\beta = .20$ ” (Tabachnick & Fidell, 2007). However, it was this researcher’s desire to obtain as many participants as possible and, therefore, aimed to obtain 300 participants, which was above and beyond the recommended sample size of 107.

### Summary

This chapter presented methodological framework that was used in this research study. The outlined methodology was designed to analyze the study’s three independent variables (SWB, recovery status and time in the field) and two dependent variables (job satisfaction and burnout) and make statements about the significant findings. The sections within this chapter provide details regarding research design, guiding hypotheses, participants, data collection procedures, instrumentation and data analysis used within this study.

## CHAPTER 4: RESULTS

The purpose of this study was to look at how substance abuse counselors' spiritual well-being relates to their reports of job satisfaction and feelings of burnout. This chapter is broken up into five sections: (a) a section reviewing the descriptive statistics of the research sample; (b) instrumentation; (c) data management which presents the correlation matrix of the study variables, (d) the hierarchical regressions analyses, and (e) summary.

### Participants

The Association for Addiction Professionals formerly known as the National Association of Alcohol and Drug Abuse Counselors (NAADAC), which spans the United States and the world, consists of 8,000 members, and 43 state affiliates (NAADAC, 2010). NAADAC disseminated 6,124 emails to its members with valid email addresses (D. Croy, personal communication, August, 16, 2011), which consisted of an introduction to the study and an invitation for participation. The total number of possible NAADAC members meeting the inclusion criterion of having a valid email address on file with the association was 6,124.

In total, 603 participants agreed to the informed consent and chose to voluntarily participate in the study, providing a response rate of 10.16%. This sample size exceeds the recommendation by Tabachnick and Fidell (2007), "some simple rules of thumb are  $N \geq 50 + 8m$  (where  $m$  is the number of IVs) for testing the multiple correlation and  $N \geq$

104 +  $m$  for testing individual predictors” (p. 123). With three predictor variables,  $N \geq 74$  for testing the multiple correlations and  $N \geq 107$  for testing the individual predictors, therefore, the response rate of 603 was considered acceptable.

An initial pre-analysis screening was conducted and 14 individual responses to the caseload question were excluded from the analysis. These individuals reported that they had caseloads that were within the 40,000 range and these responses were considered outliers. The 603 participants included those who decided not to respond to each item of the survey. These individuals were not removed from the sample, as individuals were not required to answer each item. Individuals choosing to omit any demographic information were included. The number of participant omitted responses is reported in the demographic information collected.

#### Demographics

Demographic data collected in this study consisted of gender, age, ethnicity, education level, type of higher education, number of years in the profession, years of education specifically related to substance abuse counseling, spirituality training received, work setting, caseload demand, recovery status, if participants consider themselves a spiritual person, take part in any spiritual self-care, and religious affiliation. The demographic information provides descriptive information about the sample.

Of a total of 603 participants in the study, 242 were male (40.13%) and 330 (54.73%) were female, and 31 did not respond to this question (5.14%). This sample descriptive is similar to the population reports. According to NAADAC’s 2008 annual report (NAADAC, 2009), men account for 45.6 % of the membership and women account for 54.5% of the membership.

The age of the participants ranged from 22 to 80, with a mean age of 53.63 ( $SD = 11.33$ ). The median age of the sample was 56, with the mode of 59. Forty-two participants omitted their age ( $n=42$ , less than 10% of the total  $N=603$ ).

Participant ethnicities are reported in Table 1. The predominant reported ethnic background of participants was Caucasian ( $n = 461$ , 76.45%), followed by African American ( $n = 55$ , 9.12%), Latina/Latin ( $n = 18$ , 2.99%), Multi-racial ( $n = 18$ , 2.99%), Native American ( $n = 14$ , 2.33%), and Asian/Pacific Islander ( $n = 4$ , 0.66%), and other ( $n = 4$ , 0.66%). Twenty-nine individuals chose not to report their race ( $n=29$ , 4.81%). The general population also reports its members ethnic backgrounds in the following order: Caucasian (85.5%), African American (8.8%), Hispanic/Latino (2.4%), Native American (1.5%), Other 1.1%, and Asian/Pacific Islander (0.6%) (NAADAC, 2011).

Table 1: Participants by Race

Race	N	%
Caucasian	461	76.45
African American	55	9.12
Latina/Latin	18	2.99
Multi-Racial	18	2.99
Native American	14	2.33
Asian/Pacific Islander	4	0.66
Other	4	0.66
Omitted	29	4.81
Total	603	100.00

Educational levels of participants are reported in Table 2. The majority of participants reported a high level of educational experience, with 45.94% completing their master's degree. Followed by 14.10% reported completing some college, 9.95% reported completing a bachelor's degree, 9.29% reported completing their doctoral degree, 7.79% reported completing some master's level work, and 7.46% reported some

doctoral work. Only 0.66% reported completing high school and 0.16% reported completed trade or business school. NAADAC's (2010) report cites that 56.1% of its members have completed their master's degree. This sample of participants having completed their master's degree is 10.16% less than the general population of NAADAC members.

Table 2: Participants by Educational Level.

Education	<i>N</i>	%
Completed High School	4	0.66
Completed Trade or Business School	1	0.17
Some College	85	14.10
Completed Bachelor's Degree	60	9.95
Some Master's Level Work	47	7.79
Completed Master's Degree	277	45.94
Some Doctoral Work	45	7.46
Completed Doctoral Degree	56	9.29
Total	603	100

If participants had completed a master's or doctoral degree, they were asked to specify the type of degree program they completed. They were asked to check one or more of the following boxes, counseling, social work, psychology, nursing, criminal justice, clergy, and/or other. Of the participants, 35.15% ( $n=212$ ) had a higher education in counseling, 10.78% ( $n=65$ ) in social work, 11.77% ( $n=71$ ) in psychology, .83% ( $n=5$ ) in nursing, 4.48% ( $n=27$ ) in clergy, and 8% ( $n=50$ ) chose other.

Participants were asked to indicate how long they have been in the substance abuse counseling profession and were given an open-ended response. Participants' years in the profession ranged from 0 to 42 ( $M=16.95$ ,  $SD=10.29$ ). The median years reported in the profession was 16, with the reported mode of 20 years. Sixteen participants omitted

their years of experience in the substance abuse counseling profession ( $n=16$ , less than 3% of the total  $N=603$ ).

Participants were asked to report how many hours of formal education they have received specifically related to substance abuse counseling. Participants' years of formal education ranged from 1 to 12,000 hours ( $M=1143.27$ ,  $SD=1655.77$ ). The median years of formal education specifically related to substance abuse counseling was 600, with the reported mode of 1000. One hundred and fifty eight participants chose to omit their response to this question ( $n=158$ , less than 27% of the sample  $N=603$ ), which was the highest omitted response.

The work settings that sample participants work in were collected. The majority of the participants in the sample reported that they work in the private for profit setting ( $n=215$ , 35.66%), followed by 32.17% ( $n=194$ ) in the non-profit setting, 19.07% ( $n=115$ ) in the public setting, 8.13% ( $n=49$ ) in the hospital, 5.31% ( $n=32$ ) are not currently working in the field, and 3.15% ( $n=19$ ) in the schools. Thirteen participants chose more than one setting of employment. Similarly, NAADAC reported that 36.6% of its members work in a private practice setting (NAADAC, 2010), which can be compared to the 35.5% of sample participants that work in the private for profit setting.

Participants were asked to report their current caseload size. Participants were given an open-ended response. Participants reported having caseloads ranging from 0 to 700 ( $M=31.98$ ,  $SD=46.50$ ). The median caseload size was 20.50, with a reported mode of 20. Fourteen responses were omitted due to participants reporting caseloads in the 40,000s, which were considered outliers. One hundred and fifty five participants omitted their response to this question.

Participants were asked to identify if they consider themselves to be in recovery from a primary addictive illness. The question asked participants to select “yes” or “no.” Of the participants, 49.25% reported being in recovery and 45.61 % reported not being in recovery. A slight majority of the participants reported being in recovery ( $n=297$ , 49.25%). Thirty-one participants selected to omit their recovery status ( $n=31$ , less than 6% of the total  $N=603$ ).

Information was gathered from participants about spirituality training received. Sample participants were asked if they had received any formal spirituality training, which could include continuing education credit, college campus classes, conference sessions, and personal spiritual study. Participants were asked to select “yes” or “no.” More than half, 64.51% ( $n=389$ ), of the study participants responded “yes,” while 30.85% ( $n=186$ ) responded “no.” Twenty-eight of the sample participants chose not to report if they have received any spirituality training.

Sample participants were asked if they consider themselves a spiritual person. A high majority, 91.54% ( $n=552$ ), of the sample responded “yes,” while 3.81% ( $n=23$ ) responded “no.” Twenty-eight of the participants chose not to report on this. Following, participants were asked if they take part in any spiritual self-care. Likewise, the majority of the sample, 90.88% ( $n=548$ ), responded “yes,” while 4.48% ( $n=27$ ) responded “no,” and twenty-eight participants chose to omit their response to this question.

Participants were asked how they would currently describe their religious affiliation. Participants were given an open-ended response. Participants provided an abundance of responses. The most reoccurring response from participants was Christian (13.76%,  $n=83$ ), followed by none (12.60%,  $n=76$ ), spiritual (9.95%,  $n=60$ ), Catholic

(9.13%,  $n=56$ ), non-denominational (5.64%,  $n=34$ ), United Methodist (3.15%,  $n=19$ ), Baptist (2.82%,  $n=17$ ), 12-Step Support Group (2.16%,  $n=13$ ), Lutheran (2.00%,  $n=12$ ), Episcopalian (1.82%,  $n=11$ ), Buddhist (1.49%,  $n=9$ ), Atheist (1.34%,  $n=8$ ), Jewish (1.34%,  $n=8$ ), Presbyterian (1.16%,  $n=7$ ), Agnostic (1.16%,  $n=7$ ), Native American (1.16%,  $n=7$ ), Unitarian Universalist (1.16%,  $n=7$ ), Protestant (1.00%,  $n=6$ ), Baha'i (.33%,  $n=2$ ), and Mennonite (.33%,  $n=2$ ). Other responses included words such as: strong, active, good, believer, freethinker, with God, eclectic, and mix. Fifty participants (8.29%,  $n=50$ ) chose to omit their responses to this question.

### Instrumentation

For this study, participants completed an online survey. This researcher pilot tested the online survey to clarify instructions and procedures for participants. This pilot test helped with the clarity of procedures and may have increased the response rate. The job satisfaction measure was reduced to a single item measure, which was supported by Nagy (2002) and ultimately reduced participants' survey time completion. The pilot testing and the single item job satisfaction measure may have increased complete survey items.

#### Pilot Testing of Instrumentation

Pre-data collection procedures are reviewed in this section. The pilot testing examination consisted of the survey design and instructions. Pilot participants were asked to comment on readability and provide feedback about the overall experience. The goal of the pilot was to gain logistical feedback about the survey design, specifically the layout of the survey and readability of the demographic questions. Dillman (2007) encourages a respondent-friendly process to help increase survey response rates.

The pilot study population included substance abuse counselors who work in substance abuse treatment facilities in North Carolina. Five participants were asked to complete the survey and answer the following questions:

1. What were your overall comments about the survey?
2. What questions or comments do you have about the demographic questionnaire?
3. What questions or comments do you have about any particular question in the survey?
4. What questions or comments do you have about the time frame it took you to take the survey?
5. Would you add anything to the demographic questions or selections?
6. Were you confused at any time? Please explain.
7. Was there any section more difficult to complete than the others?
8. Did you feel offended at any time? Please explain.
9. Anything else you would like to say about this experience?

Following the completion of the pilot study, logistical changes were made to the wording of questions in the demographic questionnaire and one specification detail was added to the survey questionnaire instruction. Rather than asking participants if they considered themselves to be in recovery, participants were asked if they considered themselves in recovery from a primary addiction illness. The second clarity detail was added to the instructions of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). Recipients of services was the language used in the MBI (Maslach & Jackson, 1981) instructions, and to help with readability the statement “such as clients” was added in parenthesis. In addition, participants were initially asked how many hours of formal

education they have received specifically related to substance abuse counseling. After the pilot, the following was added, “please estimate 1 college course to equal 45 hours and 1 continuing education course to equal 6 hours.” A total of 5 individuals participated in the pilot study.

### Spiritual Well-Being Scale

The Spiritual Well-Being (SWB) scale (Ellison & Paloutizian, 1982) measures the independent variable of spiritual well-being. The SWB consists of 2 subscales, the Religious Well-Being (RWB) and Existential Well-Being (EWB). The SWB is a 6 point Likert scale where 1 = strongly disagree and 6 = strongly agree. . Items are scored 1 to 6 and higher numbers represent greater well-being (Ellison & Paloutizian, 1982). Reverse scoring is used for the negatively worded items (1, 2, 5, 6, 9, 12, 13, 16, 18). Participants that scored in the range of 20-40 reflect a low overall spiritual well-being, 41-99 reflect a moderate spiritual well-being, and 100-120 reflect a high spiritual well-being. The scoring and response options are consistent with the published guidelines of the SWB (Ellison & Paloutizian, 1982).

The mean score, standard deviation, and estimate of internal consistency for the 20 item SWB Scale are presented in Table 3. This data provides spiritual well-being scores for respondents. Participants’ scores ranged from 0 to 120, with a mean score of 100.26 ( $SD= 17.86$ ). Cronbach’s alpha internal consistency estimate for the SWB Scale was .923, reflecting a sufficiently high estimate of reliability for this scale. For the SWB scale the skewness values ranged from -.44 to -2.76 and the kurtosis values ranged from -.23 to 8.60. A Q-Q plot was observed for the SWB variable, which resembled a straight line supporting the assumption of normality (Mertler & Vannatta, 2005).

Table 3: Instrument Means, Standard Deviation, and Coefficient Alphas

Instrument Scale	<i>N</i>	<i>M</i>	<i>SD</i>	Cronbach's $\alpha$
SWB	603	100.26	17.86	.923

*Note.* SWB= Spiritual Well-Being Scale (Ellison & Paloutizian, 1982).

#### Maslach Burnout Inventory: Emotional Exhaustion

The dependent variable of burnout was measured by the emotional exhaustion subscale of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). The MBI consists of three subscales (a) emotional exhaustion, (b) personal accomplishment, and (c) depersonalization. Numerous researchers have supported that the emotional exhaustion subscale is above the other two dimensions and the most significant (Cropanzano et al., 2003; Knudsen et al., 2009; Maslach et al., 2001; Schaufeli & Taris, 2005). For the purposes of this study, data were collected on all three measures of the MBI, but scores from the emotional exhaustion subscale are utilized to measure burnout for this study. The emotional exhaustion subscale consists of item numbers 1, 2, 3, 6, 8, 13, 14, 16, and 20. The emotional exhaustion subscale is measured on a 6 point Likert scale where 0 = never and 6 = everyday. Items scored 0-16 represent low emotional exhaustion, 17-26 represent moderate emotional exhaustion, and 27 and over represent high emotional exhaustion (Maslach & Jackson, 1986) The scoring and response options are consistent with the published guidelines for the MBI emotional exhaustion subscale (Maslach & Jackson, 1986).

The mean score, standard deviation, and estimate of internal consistency for the 9 item emotional exhaustion subscale are presented in Table 4. This data provides burnout

scores for respondents. Participants' scores ranged from 0 to 54, with a mean score of 15.96 ( $SD= 10.96$ ). Cronbach's alpha internal consistency estimate for the emotional exhaustion subscale was .925, reflecting a sufficiently high estimate of reliability for this scale. For the burnout items used to score the Emotional Exhaustion subscale, the skewness values ranged from .51 to 2.33 and the kurtosis values ranged from -.18 to 6.03. A Q-Q plot was observed for the burnout variable, which resembled a straight line supporting the assumption of normality (Mertler & Vannatta, 2005).

Table 4: Instrument Mean, Standard Deviation, and Coefficient Alphas

Instrument Scale	$N$	$M$	$SD$	Cronbach's $\alpha$
Emotional Exhaustion	603	15.96	10.78	.925

### Job Satisfaction

Job satisfaction is measured by a single-item measure which measures job satisfaction on a 7 point Likert scale where 1 = very unsatisfied and 7 = very satisfied. The mean score, standard deviation, and skewness for the 1 item job satisfaction measure are presented in Table 5. This data provides job satisfaction scores for respondents. Participants' scores ranged from 1 to 7, with a mean score of 6.22 ( $SD= 1.20$ ), median of 7, and a mode of 7. The results revealed values of skewness at -2.00 and kurtosis 4.59 with a range of skewness from . It is noted that larger samples may show significant skewness and kurtosis but may not make a significant impact on the analysis (Tabachnick & Fidell, 2007). A Q-Q plot was observed for the job satisfaction variable, which resembled a straight line supporting the assumption of normality (Mertler & Vannatta, 2005).

Table 5: Instrument Mean, Standard Deviation, and Skewness

Instrument Scale	<i>N</i>	<i>M</i>	<i>SD</i>
Job Satisfaction	603	6.22	1.20

### Data Management

Following the data collection period, the dataset was created. Data were downloaded from Survey Monkey and saved onto an excel spreadsheet located on encrypted and password protected USB drives. The excel spreadsheet was transferred into an SPSS file to allow analyses of the data. The SPSS data file was password protected.

First, data were screened for missing items. The sample ( $N=603$ ) included all participants who agreed to take part in the study, including those participants whom did not respond to each item. Individuals were not required to answer each item, and therefore, those individuals were not removed. After scanning the missing data it was determined that all missing data appeared to be random. The missing items in the demographic questionnaire were left blank and included in the overall analysis. After screening the individual variables, the burnout variable had 19 missing responses, which is less than 5% of the sample ( $N= 603$ ) and therefore, the missing values were replaced with the mean (Mertler & Vannatta, 2005). In addition, the job satisfaction variable had 22 missing values, which is less than 5% of the sample size ( $N=603$ ) and those values were replaced with the mean score (Mertler & Vannatta, 2005). The spiritual well-being variable had 2 missing values, which were left blank.

The data were screened for outliers. Univariate outliers were identified and examined for impact upon analysis results. The dummy coding of variables included respondents who reported whether they consider themselves in recovery from a primary addictive illness (1=yes and 0=no).

The SPSS program generated output containing histograms and indices of skewness and kurtosis to determine the normality distribution for each variable. Histogram analysis found that the caseload variable and spiritual well being variable both had skewness and kurtosis values that needed further exploration, while burnout, years of experience, job satisfaction, and recovery status had skewness and kurtosis values that were in the acceptable range.

Following, outliers for each univariate variable were examined more closely. Reviewing outliers for the spiritual well-being variable, it was decided to truncate outliers. All of the highest scores (120) on the spiritual well-being score were replaced with the next highest non-outlier number (119). After a closer look of the lowest spiritual well-being score, which was zero it revealed that those participants did not answer any of the question and the 0 was changed to a missing score. Following, the univariate analysis was conducted again and skewness and kurtosis values fell within  $\pm 1.0$  for the spiritual well-being variable. However, the skewness (3.355) and kurtosis (16.303) indices of caseload size indicated concerns of normality. The decision was made to exclude caseload size as variables within the research question. Screening for normality of distribution indicated a number of variables with departures from normality and a mahalanobis distance test was used to access outliers. When burnout was the dependent variable, three cases exceeded the chi square criteria of 16.27 (df. 3) and alpha level of

.001 and when job satisfaction was the dependent variable two cases exceeded the chi square criteria of 16.27 (df=3) and alpha level .001, and these cases were removed from the sample, with a total of 5 cases removed from the sample ( $N=598$ ). Final skewness and kurtosis values for each univariate variable are presented in Table 6.

Lastly, SPSS was used to analyze data for linearity, homoscedasticity of residuals, and collinearity and there were no areas of concern indicated by scatterplot or scores from predicted or residual regression plots.

Table 6: Skewness and Kurtosis Indices

Variable	Skewness	Kurtosis
Spiritual Well-Being	-.873	-.051
Burnout	1.018	.528
Job Satisfaction	2.048	4.904
Recovery	.074	-2.002
Caseload	10.796	159.314
Time in the field	.227	-.913

#### Independent T-Tests

This study found that participants in recovery and not in recovery were not significantly different. Independent t-tests revealed that participants in recovery and not in recovery were not significantly different in their feelings of burnout  $t(565) = -1.615$ ,  $p = .591$ . In addition, people in recovery and not in recovery were not significantly different in their reports of job satisfaction  $t(562) = .324$ ,  $p = .798$ . Lastly, participants in recovery and not in recovery were not significantly different in their spiritual well-being scores  $t(565) = .356$ ,  $p = .552$ . Table 7 reports mean, standard deviation, and standard error of mean for the main variables burnout, spiritual well-being, and job satisfaction.

Table 7: Independent T-Test Results Variables of Burnout, Job Satisfaction, and Spiritual well-being.

	Group	N	Mean	St. Deviation	St. Error of Mean
Burnout	In Recovery	294	16.57	10.91	.64
	Not in Recovery	273	15.10	10.73	.65
Job Satisfaction	In Recovery	293	6.22	1.17	.07
	Not in Recovery	271	6.25	1.21	.07
Spiritual Well-being	In Recovery	294	100.82	15.66	.91
	Not in Recovery	273	101.29	16.02	.97

### Bivariate Analysis

Variables were examined for outliers, missing data, and normality prior to running the correlation analysis. Bivariate correlation analysis revealed significant negative relationships between spiritual well-being and burnout, and between burnout and job satisfaction. Also, a significant positive relationship was found between spiritual well-being and job satisfaction. The following will discuss those relationships.

A listwise pearson product-moment coefficient was conducted between burnout, job satisfaction, and the predictor variables of spiritual well-being and time in the field. A point biserial coefficient was utilized for the dichotomous variable of recovery status. A significant negative relationship was found between spiritual well-being and burnout ( $r = -.22, p < .01$ ). Likewise, a significant positive relationship was found between spiritual well-being and job satisfaction ( $r = .24, p < .01$ ). Also, a significant negative relationship

was found between burnout and job satisfaction ( $r=-.57, p<.01$ ). The relationship findings suggest that spiritual well-being does have an impact on feelings of burnout and job satisfaction among substance abuse counselors. Table 8 presents the correlation matrix.

There was not a significant relationship found between the predictor variables, recovery status and time in the field, and job satisfaction, burnout, and spiritual well-being. This lack of correlation could be due to lack of variance in the data. Of the participants, 61.69% (n=372) had high spiritual well-being scores and 37.31% (n=225) had moderate spiritual well-being scores. Furthermore, 61.52% (n=371) reporting low burnout, 18.08% (n= 109) reporting moderate levels of burnout and 16.58% (n=100) reporting high burnout. In regards to job satisfaction, the highest reports were in the satisfied range (5-7), 15.82% reported being satisfied, 17.54% reported being somewhat satisfied, and 56.53% reported being very satisfied. Due to the majority of the sample falling on the high end of spiritual well-being and job satisfaction, and on the low end of burnout, this could have impacted the correlations.

Table 8: Correlation Matrix for Dependent Variables and Independent Variable

Factors	1	2	3	4	5
1. Burnout	1.00	**-.57	**-.22	-.07	-.01
2. Job Satisfaction		1.00	**-.24	-.01	.02
3. SWB			1.00	.02	.01
4. Recovery				1.00	.06
5. Time in the field					1.00

Note\*\*Correlation is significant at the 0.01 level (2-tailed).

SWB= Spiritual Well-Being Scale (Ellison & Paloutizian, 1982)

## Hierarchical Regression Analysis

Hierarchical regression analyses were used in this study to determine if spiritual well-being predicts burnout and job satisfaction among substance abuse counselors. The purpose of this study is to examine the following research questions:

Question 1: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor burnout?

Question 2: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor job satisfaction?

Two hierarchical regression analyses were conducted to determine (a) the amount of variance spiritual well-being accounts for in burnout after controlling for recovery status and time in the field, and (b) the amount of variance spiritual well-being accounts for in job satisfaction after controlling for recovery status and time in the field. Data were examined for missing data, normality of distribution, outliers as well as multicollinearity.

Predictor variables of spiritual well-being and time in the field had skewness and kurtosis scores did not exceed  $\pm 1.0$ , while recovery status had a kurtosis value that exceeded  $\pm 1.0$ . The variable that was dichotomized included recovery status (1=yes, 0=no). The skewness scores were considered legitimate to the sample. Before these multiple regression analyses were performed, multicollinearity was checked. When burnout was the dependent variable, results for the variance inflation factor (all less than 1.1) and collinearity tolerance (all greater than .95) (Mertler & Vannatta, 2005) suggest that the estimated  $\beta$ 's are well established in the regression models. When job satisfaction was the dependent variable, results for the variance inflation factor (all less than 1.1) and collinearity tolerance (all greater than .95) suggest that estimated  $\beta$ 's are well established

in the regression models (Mertler & Vannatta, 2005). Three burnout cases and two job satisfaction cases exceeded the chi square criteria of 16.27 (df=3) and alpha level set at .001 and these cases were removed from the sample, which was discussed above.

A hierarchical multiple regression was conducted to examine if spiritual well-being predicted burnout and job satisfaction among substance abuse counselors after controlling for recovery status and time in the field. Due to the uniqueness of the substance abuse counseling field and the role spirituality plays in both the treatment of clients and their recovery (Piedmont, 2001), recovery status was entered into the regression first. Time in the field has been shown to decrease turnover intention, which has been directly related to burnout and job dissatisfaction, therefore, it was entered into the regression second. For the first regression, burnout was entered first as the dependent variable. Following, recovery status was entered in the second step, time in the field as the third step, and spiritual well-being as the final predictor variable. In step one recovery status did not significantly contribute ( $F(1,550) = 2.30, p = .13$ ). In step two recovery and time in the field did not significantly contribute ( $F(2, 549)=1.15, p = .32$ ). In step three, spiritual well-being did significantly predict burnout,  $R^2 = .05$  (adjusted  $R^2 = .05$ ),  $F(3, 548)=9.76 p < .001$ . The change in variance between the previous model and final model accounted for ( $\Delta R^2$ ) was equal to .05, which was statistically different from zero ( $\Delta F(3,548) = 26.86, p < .001$ ). This model accounts for almost 5% of the variance in substance abuse counselor burnout. Table 9 reports regression coefficients and indicates that spiritual well-being significantly contributes to the prediction of burnout among substance abuse counselors after controlling for recovery status and time in the field.

Table 9: Unstandardized Regression Coefficients (B), and Constant, Standardized Regression Coefficients ( $\beta$ ),  $t$ -values,  $p$ -values, Bivariate  $r$ , Semi Partial  $r$ , and Partial  $r$  for Independent Variables.

IVs	B	$\beta$	$t$	$p$	Bivariate	$sr$	Partial $r$
Constant	30.09		9.93	<.001			
SWB	-.15	-.22	-5.18	<.001	-.22	-.22	-.22
Recovery	1.32	.06	1.46	.15	.07	.06	.06
Time in the field	.00	.00	.03	.98	-.01	.001	.001

*a* Dependent Variable: Burnout

*b* SWB= Spiritual Well-Being Scale (Ellison & Paloutizian, 1982)

In the second hierarchical multiple regression, job satisfaction was entered first and recovery status was entered in the second step, time in the field as the third step, and spiritual well-being was entered as the final predictor variable. In step one, recovery did not significantly contribute ( $F(1, 550)=.15, p=.71$ ). In step two, recovery and time in the field did not significantly contribute ( $F(2,549)=.12, p=.88$ ). In step three, spiritual well-being significantly predicted job satisfaction,  $R^2 = .06$  (adjusted  $R^2 = .06$ ),  $F(3, 548)=12.40, p<.001$ . This model accounted for over 6% of the variance in substance abuse counselor job satisfaction. The change in variance between the previous model and the final model accounted for ( $\Delta R^2$ ) was equal to .06, which was statistically different from zero ( $\Delta F(3,548) = 36.93, p <.001$ ). Table 10 reports regression coefficients and indicates that spiritual well-being significantly contributes to the prediction of job satisfaction among substance abuse counselors.

Table 10: Unstandardized Regression Coefficients (B), and Constant, Standardized Regression Coefficients ( $\beta$ ),  $t$ -values,  $p$ -values, Bivariate  $r$ , semi partial  $r$ , and Partial  $r$  for Independent Variables.

IVs	B	$\beta$	$t$	$P$	Bivariate $r$	$sr$	Partial $r$
Constant	4.32		13.02	<.001			
SWB	.02	.25	6.08	<.001	.25	.25	.25
Recovery	-.03	-.01	-.27	.791	-.02	-.01	-.01
Time in the field	.00	.01	.23	.822	.02	.01	.01

*a* Dependent Variable: Job Satisfaction

*b* SWB= Spiritual Well-Being Scale (Ellison & Paloutizian, 1982)

### Summary

In summary this chapter provides data analysis for the study. The statistical conclusions for this study were as follows. The majority of the participants in the study were female (54.73%), Caucasian (76.45%), and reported being in their early to mid fifties ( $M=53.63$ ). Almost half of the sample reported completing a master's degree 45.94% and had an extensive amount of continuing education hours in the substance abuse counseling profession ( $M=1143$ ). The participants had a number of years experience in the profession, with the average reporting being in the profession for almost seventeen years ( $M=16.95$ ). In addition, participants were managing a range of caseload sizes, with the reported range being 0-700 ( $M=31.98$ ). Half of the participants reported being in recovery from a primary addictive substance (49.25%), making the sample an evenly split between those in recovery and those not in recovery. In regards to spirituality, more than half of the participants had received spirituality specific training (64.51%) and nearly the entire sample felt they were spiritual (91.54%) and agreed that they take part in spiritual self-care (90.88%). Lastly, with the numerous responses given to the open-ended religious affiliation question, the most common reported religious

affiliation was Christian (13.76%), followed by “none” (12.60%) and then “spiritual” (9.95%).

Cronbach’s alpha internal consistency estimate for the SWB Scale (SWB) was .923, reflecting a sufficiently high estimate of reliability for this scale. With a high spiritual well-being score being from 100-120, it was evident that participants were very spiritual with a mean score of 100.26 ( $SD= 17.86$ ). Of the participants, 61.69% ( $n=372$ ) had high spiritual well-being scores and 37.31% ( $n=225$ ) had moderate spiritual well-being scores.

Cronbach’s alpha internal consistency estimate for the emotional exhaustion subscale was .925, reflecting a sufficiently high estimate of reliability for this scale. A low emotional exhaustion score fell between 0-16, with the average of the sample falling in this range ( $M= 15.96$ ). With 61.52% ( $n=371$ ) reporting low burnout, 18.08% ( $n= 109$ ) reporting moderate levels of burnout and 16.58% ( $n=100$ ) reporting high burnout.

Job satisfaction among participants appeared to be high, where 5= “satisfied”, 6= “somewhat satisfied” and 7= “very satisfied”. The average report from participants was being somewhat satisfied with their job ( $M=6.21$ ). The highest reports were in the satisfied range (5-7), 15.82% reported being satisfied, 17.54% reported being somewhat satisfied, and 56.53% reported being very satisfied.

A number of correlations were found between the dependent and independent variables. Significant relationships were found between spiritual well-being and job satisfaction, spiritual well-being and burnout, and job satisfaction and burnout. There were not significant relationships found between the control variables of recovery status and time in the field and job satisfaction (dependent variable), burnout (dependent

variable), and spiritual well-being (independent variable). Hierarchical regression analysis between spiritual well-being and burnout and between spiritual well-being and job satisfaction demonstrated these correlations to be significant predictors as well.

The two hierarchical multiple regression analyses displayed that the independent variable, spiritual well-being, was a predictor of burnout and job satisfaction. The results of the hierarchical multiple regression indicated that recovery status and time in the field were not significant predictors of job satisfaction or burnout. The multiple regression indicated that spiritual well-being accounted for 5% of the variance in substance abuse counselor burnout  $R^2 = .05$ . Additionally, the results of the hierarchical multiple regression indicated that spiritual well-being accounted for 6% of the variance in substance abuse counselor job satisfaction  $R^2 = .06$

## CHAPTER 5: DISCUSSION

The purpose of this study was to examine how substance abuse counselors' spiritual well-being relates to their reports of job satisfaction and feelings of burnout. An earnest attempt was made to look at indirect causes of substance abuse counselor turnover such as burnout and job satisfaction. In addition, a review of the literature has revealed the importance of spiritual well-being in the substance abuse counseling profession and its relationship with burnout and job satisfaction, which supported the argument for investigating these relationships. The findings of the study are presented as they relate to spiritual well-being, burnout, and job satisfaction literature. This chapter consists of the following sections: overview of the study and research questions, discussion of the results, limitations, implications and recommendations for future research, and concluding statements.

### Overview

The purpose of this study was to examine how substance abuse counselors' spiritual well-being relates to their reports of job satisfaction and feelings of burnout. To review the research questions for this study were as follows:

Research Question 1: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor burnout?

Question 2: To what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor job satisfaction?

An extensive literature review identified spirituality as a focal point of substance abuse counselors' work (Davis, Benschhoff, & Koch, 2006; Hoffman & Shoemke, 2007; Longshore, Anglin, & Conner, 2008; Powell, 2004). In addition, a major problem in the substance abuse counseling field is high attrition rates (Ducharme, Knudsen, Johnson, & Roman, 2005; Eby McCleese, Owen, Baranik, & Lance 2007; Fahy, 2007; Shoptaw, Stein, & Roman, 2005; Williams, 2006), and other health care professions have related high attrition to burnout (Bakshi, 2009; Deary, Watson, & Hogston, 2003; Kraeger & Walker, 1992; O'Brien, O'Keeffe, & Goddard, 2007) and job satisfaction (Alqashan & Alzubi, 2009; Kraeger & Walker, 1992; Prosser et al., 1999; Spear, Wood, Chawla, & Nelson, 2004). After synthesis of the literature, it was suggested that substance abuse counselor's spiritual well-being could help decrease counselor burnout (Brooks & Mathews, 2000; Longshore et al., 2008) and increase job satisfaction (Robert, Young, & Kelly, 2006). However, this study is one of the first, if not the first, in the substance abuse counseling literature to look at a possible prediction between these variables, increasing the significance of this study for the substance abuse counseling field.

The researcher sought out participants from The Association for Addiction Professionals formerly known as the National Association for Alcohol and Drug Abuse Counselors (NAADAC), which is a national organization and one of the biggest membership organizations of addiction professionals (NAADAC, 2010). NAADAC reports having 8,000 members and 44 state affiliates (NAADAC, 2010). The sampling frame consisted of 6,124 NAADAC members. A total of 603 responded to the survey, resulting in a response rate of almost 10% (9.84%). The participants completed the SWB (Appendix D) (Ellison & Paloutizian, 1982), MBI (Appendix E) (Maslach & Jackson,

1986), job satisfaction single item question (Appendix F), and demographic questionnaire (Appendix G).

### Discussion of Results

The results of this study add to the research for the continued growth and support of the substance abuse counseling field and acknowledge the need to stabilize the field through retention of substance abuse counselors. To do this, causes of attrition such as high burnout and low job satisfaction were examined closely. In addition, the possible predicting variable of spiritual well-being was explored. The substance abuse counselors participating in this study (a) demonstrated the presence of spiritual well-being, burnout, and job satisfaction among counselors, and (b) illuminated the role spirituality plays in the lives of substance abuse counselors in predicting burnout and job satisfaction. The results are discussed in terms of the counselors' demographic characteristics, presence of burnout as measured by the MBI (Maslach & Jackson, 1986), job satisfaction as measured by the job satisfaction single item question, and spiritual well-being as measured by the SWB (Ellison & Paloutizian, 1982). Lastly, correlations between the variables and multiple regression analyses will be discussed.

Demographic data suggested a lack of diversity among the sample participants. Data revealed that participants were Caucasian (76.45%), female (54.73%), and highly educated as reports indicated the majority of the sample completed their master's degree (45.94%). These reports are consistent with the published membership demographics of NAADAC (2010) as reported in chapter four.

Research has shown an aging of the substance abuse counseling profession (Gallon et al., 2003; Knudsen et al., 2003; Mulvey et al., 2003). Additionally, research

has suggested the need to attract and train more young people for the profession (Mulvey et al. 2003). Demographic results from this study support this finding, with a mean age of participants of 53 years. In addition, the participants in this sample were highly experienced professionals with the most reported number being 20 years of experience ( $M=16.95$ ) in the field. Again, young and inexperienced substance abuse counselors were not highly represented in this research.

The most diversity reported among participants was within religious affiliation. It should be noted that this demographic question was an open-ended response, which elicited an abundance of religious affiliations. The most reported religious affiliation being Christian but with only 13.76%, followed by none (12.60%,  $n=76$ ), and spiritual (9.95%,  $n=60$ ). Another noteworthy religious affiliation among participants was 12 step support groups (2.16%).

Lastly, these demographics do not support the notion that substance abuse counselors are lacking expertise in spirituality. It was reported that counselors graduating from a master's degree program who do not have a personal recovery experience are working in substance abuse treatment program with little understanding of spirituality (Brooks & Mathews, 2000). In fact, as previously mentioned, 45.94% of the sample had a master's degree and appeared to have a high understanding of spirituality, with 64.51% having received spirituality training, 91.54% considering themselves spiritual, and 90.88% reported participating in spiritual self-care. In addition, 61.69% ( $n=372$ ) had high spiritual well-being scores and 37.31% ( $n=225$ ) had moderate spiritual well-being scores. None of the participants scored low on the spiritual well-being scale.

It was demonstrated that the substance abuse counseling profession is plagued

with high turnover (Gallon et al. 2003; Hoffman & Froemke, 2007; McLellan et al., 2003; McNulty et al., 2007; Williams, 2006), which has been linked to high burnout in other health care professionals (Bakshi, 2009; Deary et al., 2003; Kraeger & Walker, 1992; O'Brien et al., 2007). However, the majority of the sample had low burnout scores as reflected on the emotional exhaustion subscale with 61.52% (n=371) reporting low burnout, 18.07% (n= 109) reporting moderate levels of burnout, and 16.58% (n=100) reporting high burnout. In addition, high turnover has been linked to low job satisfaction (Alqashan & Alzubi, 2009; Kraeger & Walker, 1992; Prosser et al., 1999; Spear et al., 2004), but the majority of this sample reported being satisfied with their job, with 15.82% reporting being satisfied, 17.54% reporting being somewhat satisfied, and 56.53% reporting being very satisfied.

Correlation analysis indicated significant correlations among the variables. High statistical integrity is placed on the correlation findings between burnout and spiritual well-being, as SWB and MBI demonstrated high estimates of reliability. Spiritual well-being had a negative relationship to burnout. The analysis indicated that as spiritual well-being scores went up, feelings of burnout went down. Respectively, spiritual-well-being had a positive relationship with job satisfaction. These results indicated that as spiritual well-being scores went up, job satisfaction scores went up. Lastly, job satisfaction was found to have a significant negative relationship with burnout indicating that as job satisfaction went up, feelings of burnout went down.

The negative relationship between spiritual well-being and burnout supports the research by Dierendonck et al. (2005), who examined the effects of a psychosynthesis program, which focuses on spiritual development, on burnout and spirituality. This study

found that attending to one's spirituality decreased feelings of burnout (Dierendonck et al., 2005). However, it should be noted that the above study was conducted on engineering students, not substance abuse counselors.

There was a positive relationship found between spiritual well-being and job satisfaction. This study supports research that found significant positive relationships between job satisfaction and spiritual well-being (Amodia et al., 2005; Robert et al., 2006). Clark et al. (2007) also found that integration of spirituality improved reports of job satisfaction. This study is in alignment with these findings.

The negative relationship found between job satisfaction and burnout found in this study, suggests that counselors who experience feelings of emotional exhaustion are less satisfied with their job. This finding supports the results from Weng et al. (2011), who found that as doctor burnout went up job satisfaction went down. Dierendonck et al. (2005) suggested that burnout often happens to those highly motivated in their work, and when these people begin to feel less fulfilled, they may experience burnout. These findings and trends in the research supports the need to understand the relationship these two variables have with each other. Therefore, it appears that the workers most passionate about their work as substance abuse counselors are the one's the field is threatened to lose if more research is not done on prevention methods to decrease burnout and avoid job dissatisfaction.

The demographic variables of recovery status and time in the field were controlled for in this study. Neither variable revealed significant correlations with spiritual well-being, burnout, or job satisfaction. Past research has linked burnout to turnover (Bakshi, 2009; Deary et al., 2003; Kraeger & walker, 1992; O'Brien et al., 2007)

and it has been shown that agencies with the lowest turnover had directors with 11+ years of experience (Gallon et al., 2003). Furthermore, Maslach and Leiter (1997) outlined lack of control as being a contributing factor to burnout. Therefore, it was conceptualized that counselors with more time in the field would have more control over their jobs, and experience less burnout, suggesting that if people had more years of experience within the system there would be less turnover, thus, less burnout. However, years of experience was not found to be related to burnout and did not support these conceptualizations.

It was conceptualized that individuals in recovery from a primary addictive illness would be more likely to be involved in a 12-step recovery program and, thus, have higher spiritual well-being scores. It has been stated that, “burnout is always more likely when there is a major mismatch between the nature of the job and nature of the person who does the job” (Maslach & Leiter, 1997, p.9). It was conceptualized in this study that individuals in recovery and who follow a 12 step program would be more connected with the nature of the job, which requires counselors to work within the spiritual domain of clients. However, a significant relationship between recovery status and spiritual well-being was not discovered. As noted before, the entire sample scored moderate to high on the spiritual well-being scale, with 49.25% reporting being in recovery and 45.61% reporting not being in recovery. This could be the results of a lack of variance in the data. Regardless, the entire sample, whether in or out of recovery, claimed to have moderate to high spiritual well-being. This sample showed that regardless of counselor recovery status, spirituality is still an important part of their lives and health. Lastly, regardless of the recovery status of the clinician, both groups (in recovery and not in recovery) are just as prepared to deal with the spiritual side of the client’s treatment.

The first research question examined to what extent, after controlling for recovery status and time in the field, does spiritual well-being predicted substance abuse counselor burnout. It was hypothesized that as spiritual well-being scores increase, burnout scores decrease. Specifically, the findings for this question demonstrated that spiritual well-being accounted for 5% of the variance in substance abuse counselors feelings of burnout. This hypothesis was supported.

This finding suggests that counselors with high spiritual well-being have lower burnout scores. One possible explanation for this is that those counselors who have high spiritual well-being continuously work on the development of their spiritual health and are more resilient from the negative impacts of the job such as emotional exhaustion. Numerous researchers put spirituality as the central component to wellness (Chandler, Holden, & Kolander, 1992; Hetler, 1984; Sweeney & Witmer, 1991; Myers et al., 200), which would align with the fact that, as counselors increase in their spiritual well-being, or spiritual health, they decrease their chances of experiencing the negative impacts of the job, such as emotional exhaustion. Maslach and Leiter (1997) pointed out that burnout negatively affects the spirit, self, body, and mind, but with high spiritual well-being perhaps one becomes resilient to these impacts. In addition, this supports the idea that spiritual care programs for counselors, such as psychosynthesis (Dierendonck et al, 2005), could help decrease feelings of burnout among substance abuse counselors.

The second research question examined to what extent, after controlling for recovery status and time in the field, does spiritual well-being predict substance abuse counselor job satisfaction. It was hypothesized that spiritual well-being would positively predict the job satisfaction of substance abuse counselors. It was demonstrated that

spiritual well-being accounted for 6% of the variance in job satisfaction. This hypothesis was supported. This finding suggests that spiritual well-being could open individuals up to being more content and overall more satisfied with their work.

It is important to elucidate that this research study is the first study to examine spiritual well-being and its impacts on burnout and job satisfaction among substance abuse counselors. Spiritual well-being was found to be associated with burnout and job satisfaction. This research also contributes to the understanding of turnover among substance abuse counselors, as both job satisfaction and burnout have been related to turnover intention. The current study's results contribute to the research on spiritual well-being, burnout, and job satisfaction among substance abuse counselors and allows for increased opportunities to improve retention efforts.

#### Limitations

Results from this study may be impacted by extraneous factors and therefore, limitations of this study must be explored and outlined. Due to these limitations, which may have been out of the researcher's control, findings from the study must be interpreted with caution. These limitations include, social desirability responses, response bias, nonresponse bias, generalizability of the findings, and questionnaire selection.

Social desirability is when participants answer items in a way that will represent themselves in the most positive light, which can ultimately distort information gained from the measure (Fisher, 1993). Furthermore, social desirability has been shown to be a methodological challenge when measuring spirituality (Gray, 2006) or measuring attitudinal research. Variables in this study, such as spiritual well-being, job satisfaction, and burnout, are all measured using self report questionnaires and could have been

influenced by social desirability. In addition, participants could have interpreted item questions differently than the authors of the measure intended. Due to the possible impacts that social desirability could have had on the main variables, the results could have been influenced and this must be considered before interpretation is applied.

The second limitation is related to response bias. The spiritual well-being questionnaire chosen for the study uses the word “God” in all of the questions pertaining to religious well-being. This could have been seen as a leading word to assume that religious well-being is only linked to “God” and fails to include individuals who pray to a different higher power. This could have created a response bias from participants.

The third limitation pertains to a non-response bias. The NAADAC participants who chose to complete the survey could have been significantly different than those who chose not to participate. In addition, those who had valid email addresses on file with the organization could have been different from those who did not, making the results of the study limited.

The inability to generalize the results to substance abuse counselors is a limitation of the study. The sample selected for this study was a national sample of addiction professionals (NAADAC), making this study’s results representative to the individual members of NAADAC who completed the survey. NAADAC reports more than 8,000 members, and 44 state affiliates (NAADAC, 2011), making them one of the largest national organizations of substance abuse professionals. However, only members with a valid email address received an invitation to participate, which consisted of 6,124 emails being disseminated to its members (D. Croy, personal communication, August, 16, 2011). This lack of email addresses on file and the researcher’s choice of a national membership

organization as a population sample may have influenced the response rate and results.

Nagy (2002) supported that the single item measure of job satisfaction measuring the work itself facet was significantly correlated with the work itself facet of the Job Descriptive Index (JDI), and therefore, demonstrating the single-item measure as an acceptable measure for job satisfaction. However, reducing this variable to one question may have placed limitations on measuring this variable among participants and perhaps failed to capture true reports of job satisfaction among participants. Due to this limitation, scores on the single item measure and results that capture this variable should be cautiously interpreted.

#### Implications and Recommendations for Future Research

This research contributes to the existing research on substance abuse counselors' spiritual well-being, burnout, and job satisfaction. This research makes an earnest attempt to add valuable data to substance abuse counselor research and provide information for clinical supervisors, agency directors, and counselor educators. This section provides implications and recommendations for future research in the areas of substance abuse counselor training and research, and continued development of the spiritual well-being variable.

The response rate of the study was acceptable, but limiting the study to a national organization and to include only email and Internet accessibility to the survey was restricting. Increasing accessibility to the survey through multiple venues could have increased sample size. As previously mentioned the national organization was not diverse in its members and failed to accurately represent substance abuse counselors from different racial and cultural backgrounds. Future research could be collected on a

different, more diverse population. Suggestions would include using more than one national organization or using different state substance abuse counseling licensing boards, which could increase generalizability and help accurately reflect the substance abuse counselors in the field.

The choice to use a one question item to measure job satisfaction could have been confining and could have not accurately measured the variable. Taking into consideration that job satisfaction is a bigger construct than the work itself construct. Other constructs of job satisfaction include pay, promotion, supervision, and environment when measuring job satisfaction. The present study asked participants if they felt satisfied with their work, which measured the work itself construct only. Recommendations for future research would include looking at job satisfaction among substance abuse counselors and using a full questionnaire that is reliable and valid and fully measures the construct such as the JDI.

As previously reported, the field is not attracting young and new professionals to the substance abuse counseling profession. Also, with the aging of the profession, there is a need to replace those who will be retiring in the next decade. Recommendations include the need for research focused on attracting young professionals into the field and sustainable training and educational methods geared toward young professionals and their learning styles.

The study's results revealed a negative relationship between job satisfaction and burnout. Burnout is associated with job satisfaction and looking at this relationship more closely would be advantageous for the substance abuse counseling field. In this study, burnout and job satisfaction were both dependent variables, however, it would be

interesting to look at possible predictions between the two variables. A possible research question would include does job satisfaction predict burnout? When considering that substance abuse counseling is plagued with high stress, low resources, and client crisis, burnout would appear inevitable. However, if one was satisfied with the work, could it mediate the effects of burnout? If workers who were experiencing emotional exhaustion from the work with clients could have improved satisfaction with the work in regards to supervision, co-workers, environment, and compensation, could this have an impact on feelings of burnout? Research focused on the effects that improved satisfaction at work has on burnout would be advantageous to the substance abuse counseling field and retention efforts.

This study found that spiritual well-being was related to burnout and job satisfaction among substance abuse counselors. Multiple studies have examined what substance abuse agencies do to retain staff and help them prevent burnout (Gallon et al., 2003; Knudsen et al., 2003; McNulty et al., 2007; & McClellan et al. 2003), and the causes of job dissatisfaction among substance abuse counselors (Gallon et al., 2003, Knudsen et al., 2003; Mulvey et al., 2003) However, attending to substance abuse counselors' spiritual well-being has not been a variable of interest when exploring burnout and job satisfaction. Future research should consider further development and understanding of these variables. This study shows that spiritual well-being predicts low levels of burnout and increased feelings of job satisfaction. This implies that the spirituality of substance abuse counselors should be applied to clinical supervision efforts, educational planning, and agency wellness efforts.

Clinical supervision efforts could focus more attention on the spiritual well-being

of substance abuse counselors. This could entail the inclusion of a spiritual well-being section as part of the clinical supervision plan. In doing so, clinicians commit to caring for their spiritual health, as they define it, at the workplace, when time permits.

Agency wellness efforts can support staff by providing space for clinicians to nurture their spiritual well-being, such as a garden space, or an open, quiet room for clinicians to tend to their spiritual health during work hours. In addition, encouragement of spiritual care practices would be recommended when counselors are experiencing the impacts of client crises, following a client death, relapse, suicidal situation, and rewarding experiences as well. This addition to the work place could act as a prevention method for burnout and job dissatisfaction.

Counselor educators could assign reflective exercises that encourage students to think about how they tend to their spiritual well-being at work, school, and home. This exercise would support their development of their spiritual health and their understanding of how to apply spiritual care at the work place. Attention focused on how this requires multicultural sensitivity and that one's spiritual care is very personal and is not a one size fits all model could help decrease discomfort when applying these activities. Also, educational interactive activities where students are encouraged to take part in spiritual practices five minutes prior to a test would encourage students to utilize spiritual skills to help them through stressful situations.

Brooks and Mathews (2000) made the initial contribution of looking at substance abuse counselors' spirituality and suggested that spiritual well-being could be connected to substance abuse counselor burnout. In addition, David et al., (2006) illustrated how substance abuse counselors' attitudes towards spirituality impact their work and how they

attended to the spirituality of the client. This study contributes to this research by making the first attempt to connect substance abuse counselor spiritual well-being to reports of job satisfaction and feelings of burnout. The study results suggest that spiritual well-being could be connected to reducing turnover and improving client care by reducing burnout and increasing job satisfaction.

More specifically, building on previous work from Dierendonck et al. (2005), the application of spiritual well-being prevention programs to help substance abuse counselors prevent their feelings of burnout and improve job satisfaction is recommended. Creating experimental groups with pre and post testing on feelings of burnout and job satisfaction could help monitor the impact of the program. In addition to the spiritual well-being prevention programs, researchers could examine turnover rates within the agencies before and after program implementation.

Over the past decade, spirituality has become a popular research topic of interest (Craigie, 2010; Persing, 2000; Tsuang et al., 2007). However, the most widely used measurement scale, the Spiritual Well Being Scale (SWB), for this construct was created three decades ago (Ellison & Paloutizian, 1982). Furthermore, as previously mentioned, the results from this study revealed a diverse response to the religious affiliation demographic question, making religion and spirituality more encompassing than the single word of “God”. Future research should focus on the development of a more up to date questionnaire on spiritual well-being that accurately captures current trends and definitions of spiritual well-being.

Continuing to build on the current research by implementing the recommendations could help to stabilize the substance abuse counseling profession by

understanding more about the variables that lead to turnover, such as burnout and job satisfaction. Understanding spiritual well-being and the unique role it plays in the work, school, and lives of substance abuse counselors would be advantageous. Understanding the role spiritual well-being plays in helping counselors battle feelings of burnout and improve satisfaction would apply to the work of clinical supervisors, educators, and agency directors. Researchers and counselor educators could continue to develop these areas of research with the contribution of more current instruments.

### Conclusions

The link between the substance abuse counseling profession and spirituality dates back to the days of Carl Jung, when the recommendation for a spiritual treatment to battle the disease was first recorded (Alcoholics Anonymous, 2009). The profession was built on the hard work and determination of those in recovery from a primary addictive disease in an effort to help those still suffering and as a means to stay well themselves. To this day, spirituality remains the focal point of treatment programs and self help groups alike (Davis, Benschhoff, & Koch, 2006; Hoffman & Froemke, 2007; Powell, 2004). Current trends in the field consist of counselors who are in recovery and those not in recovery from a primary addictive disease. In addition, spirituality remains the focus of the clients work and those clinicians who are not in recovery are just as prepared as those who are in recovery for the work. Spiritual well-being is a personal construct for most, but this study provides promising data that it is an essential building block for stabilization of the substance abuse profession.

The variable of spirituality has a strong significance and association with the substance abuse counseling profession. Working with clients who have died from

overdoses and drug related accidents, on the verge of death, and who have lost friends and loved ones to drug and alcohol use, makes spirituality a focal point not only for the client, but for the counselor as well. This clinical journey consists of life and death experiences with clients who are on the road to recovery and those who still remain very sick from the disease; therefore, it is no surprise that the substance abuse counseling profession is plagued with high turnover and feelings of burnout. Systemic pressures of the profession put extra strain on counselors as well, increasing the chances of burnout and job dissatisfaction.

With large amounts of turnover in the profession, more attempts need to be made in the research on variables that could contribute to future stabilization of the field. Looking at variables that would decrease burnout and job dissatisfaction could have an impact on turnover rates. The relationships and predictions found in this study between job satisfaction and burnout, spiritual well-being and burnout, and between spiritual well-being and job satisfaction build a strong foundation for continued research in this area with promising results. Continued efforts to stabilize the substance abuse counseling field through greater understanding of these variables is warranted.

## REFERENCES

- Alcoholics Anonymous (2009). Origins. Retrieved from [www.aa.org/aatimeline](http://www.aa.org/aatimeline)
- Amodia, D. S., Cano, C., & Eliason, M. J. (2005). An integral approach to substance abuse. *Journal of Psychoactive Drugs*, 37(4), 363-371.
- Aponte, H. J. (2002). Spirituality the heart of therapy. *Journal of Family Psychotherapy*, 13, 13-27.
- Alqashan, H. F., & Alzubi, A. (2009). Job satisfaction among counselors working at stress centers-social development office in Kuwait. *Traumatology*, 15(1). 29-39.
- Ashtari, Z., Farhardy, Y., Khodae, MR. (2009). Relationship between job burnout and work performance in a sample of Iranian mental health staff. *African Journal of Psychiatry (February)*, 71-74.
- Association for Spiritual, Ethical, and Religious Values in Counseling. (2009). *Competencies for addressing religious and spiritual issues in counseling*. Retrieved from <http://www.aservic.org/competencies.html>
- Bakshi, A. (2009, October). Occupational burnout-one of the reasons for attrition. *Human Resources Magazine*. Retrieved from [www.humanresources.net.in](http://www.humanresources.net.in)
- Briggs, M. K., Apple, K. J., & Aydlett, A. E. (2004). Spirituality and the events of 9/11: A preliminary study. *Counseling and Values*, 45, 145-153.
- Brooks Jr., C. W., & Mathew, C. O. (2000, October). The relationship among substance abuse counselors' spiritual well-being, values, and self actualizing characteristics and the impact on clients' spiritual well-being. *Journal of Addictions & Offender Counseling*, 21(1), 23-34. Retrieved September 20, 2009, from Academic Search Premier database.
- Brown, L. K., Schultz, J. R., Forsberg, A. D., King, G., Kocik, S. M., & Butler R. B. (2002). Predictors of retention among HIV/hemophilia health care professionals. *General Hospital Psychiatry*, 24(1), 48-54.
- Bulka, R. P. (1984). Logotherapy as an answer to burnout. *International Forum for Logotherapy*, 7(1), 8-17.
- Bureau of Labor Statistics, U.S. Department of Labor. (2009) *Occupational Outlook Handbook, 2010-11 Edition*, Counselors. Retrieved from <http://www.bls.gov/oco/ocos067.htm>

- Capuzzi, D., & Stauffer, M., D. (2008). *Foundations of addictions counseling*. Boston, MA: Pearson.
- Center for Substance Abuse Treatment. (2001). *A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals*. Rockville, Maryland: US. Department of Health and Human Services.
- Center for Substance Abuse Treatment. (2006). *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21. DHHS Publication No. (SMA) 06-4171. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Chandler, C., Holden, J., & Kolander, C. (1992). Counseling for spiritual wellness: Theory and practice. *Journal of Counseling & Development, 71*, 168-175.
- Clark, L., Leedy, S., McDonald, L., Muller, B., Lamb, C., Menedez, T., Kim, S., & Schonwetter, R. (2007). Spirituality and job satisfaction among hospice interdisciplinary team members. *Journal of Palliative Medicine, 10*(6), 1321-1328.
- Council of Accredited Counseling and Education Related Programs. (2008). 2009 Standards. Retrieved from: <http://www.cacrep.org/2009standards.html>.
- Crab, A. C., & Linton, J. M. (2007). A qualitative study of recovering and nonrecovering substance abuse counselors' belief systems. *Journal of Addictions and Offender Counseling, 28*(1), 4-20.
- Craigie Jr., F. C. (2010). *Positive spirituality in health care: Nine practical approaches to pursuing wholeness for clinicians, patients, and health care organization*. Minneapolis, MN: Mill City Press.
- Cropanzano, R., Rupp, D. E., & Byrne, Z. S. (2003). The relationship of emotional exhaustion to work attitudes, job performance, and organizational citizenship behaviors. *Journal of Applied Psychology, 88*, 160-169.
- Culbreth, J. R. (1999). Clinical supervision of substance abuse counselors: Current and preferred practices. *Journal of Addictions & Offender Counseling, 20*(1), 15-26.
- Davis, S. J., Benschoff, J. J., & Koch, S. (2006). Attitudes towards spirituality and the core principles of Alcoholics Anonymous. *Journal of Teaching in the Addictions, 5*(1), 19-30.
- Day, S. X. (2004). *Theory and design in counseling and psychotherapy*. Boston: Houghton Mifflin.

- Deary, I. J., Watson, R., & Hogston, R. (2003). A longitudinal cohort study of burnout and attrition in nursing students. *Journal of Advanced Nursing*, *43*, 71-81.
- Delaney, H. D., Miller, W. R., & Bisono, A. M. (2007). Religiosity and spirituality among psychologist: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice*, *38*(5), 538-546. doi: 10.1037/0735-7028.38.5.538
- Dierendonck, D., Garssen, B., & Visser, A. (2005). Burnout prevention through personal growth. *International Journal of Stress Management*, *12*(1), 62-77.
- Dillman, D. (2007). *Mail and Internet Surveys: The Tailored Design Method 2007 Update with New Internet, Visual, and Mixed-Mode Guide (2<sup>nd</sup> ed.)*. Hoboken, New Jersey: John Wiley & Sons.
- Ducharme, L. J., Knudsen, H. K., Johnson, A., & Roman, P. M. (2005, August). *Burnout and turnover intention in substance abuse counselors: The protective role of coworker support*. Paper presented at the annual meeting of the American Sociological Association, Marriott Hotel, Loews Philadelphia Hotel, Philadelphia, PA.
- Duggleby, W., Cooper, D., & Penz, K. (2009). Hope, self-efficacy, spiritual well-being and job satisfaction. *Journal of Advanced Nursing*, *65*(11), 2376-2385.
- Eastman, W. (1996). Avoiding faculty burnout through the wellness approach. Retrieved from EBSCOhost.
- Eby, L. T., McCleese, C. S., Owen, C., Baranik, L., & Lance, C. (2007). A process-oriented model of the relationship between clinical supervision, burnout, and turnover intentions among substance abuse counselors. Retrieved from [www.ctndisseminationlibrary.org/PPT/250.ppt](http://www.ctndisseminationlibrary.org/PPT/250.ppt)
- Elman, B., & Dowd, E. (1997). Correlates of burnout in inpatient substance abuse treatment therapists. *Journal of Addictions & Offender Counseling*, *17*(2), 56-65.
- Ellis, M. R., & Campbell, J. D. (2004). Patients' views about discussing spiritual issues with primary care physicians. *Southern Medical Journal*, *97*(12), 1158-1164
- Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology*, *11*, 330-340.
- Ellison, C. W., & Paloutzian, R. F. (1982). *Spiritual Well-Being Scale*. Nyack, New York: Life Advance.
- Ellison, C. W., & Smith, J. (1991). Toward an integrative measure of health and well-being. *Journal of Psychology & Theology*, *19*, 35-48.

- Emmons, R. A. (1999). *The psychology of ultimate concerns*. New York: The Guilford Press.
- Evans, W. N., & Hohenshil, T. H. (1997). Job satisfaction of substance abuse counselors. *Alcoholism Treatment Quarterly*, 15(2), 1-13. doi: 10.1300/J020v15n02\_01
- Fahy, A. (2007). The unbearable fatigue of compassion: Notes from a substance abuse counselor who dreams of working at starbuck's. *Clinical Social Work Journal*, 35, 199-205.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G\*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160.
- Fisher, R. J. (1993, Sept). Social desirability bias and the validity of indirect questioning. *Journal of Consumer Research*, 20(2) 303-315.
- Gallon S. L., Gabriel, R. M., & Knudsen, J. R. W. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment*, 24, 183-196.
- Gallup, G. H. (2003). Americans' spiritual searches turn inward. Retrieved from <http://www.gallup.com/poll/7759/Americans-Spiritual-Searches-Turn-Inward.aspx>
- Gordon, S. M., Chun, J., Hodgkins, C., Rieckman, T. R., & Winstanley, E. L. (2007). Staff turnover and retention in addiction treatment: Annotated Bibliography. Retrieved from: <http://ctndisseminationlibrary.org/PDF/251.pdf>
- Gold, J. M. (2010). *Counseling and spirituality: Integrating spiritual and clinical orientations*. New Jersey: Pearson Education Inc.
- Gray, J. (2006). Measuring spirituality: Conceptual and methodological considerations. *Journal of theory construction & testing*, 10(2), 58-64.
- Hettler, W. (1984). Wellness: Encouraging a lifetime pursuit of excellence. *Health Values: Achieving High Level Wellness*, 8, 13-17.
- Hoffman, J., & Froemke, S. (Producers). (2007) *Addiction* [DVD].
- Hollins, S. (2005). Spirituality and religion: Exploring the relationship. *Nursing Management*, 12, 22-26.
- Holmqvist, R., & Jeanneau, M. (2006). Burnout and psychiatric staff's feelings towards patients. *Psychiatry Research*, 145 (2-3), 207-213.

- Howard, N. C., McMinn, M. R., Bissell, L. D., Faries, S. R., & VanMeter, J. B. (2000). Spiritual directors and clinical psychologists: A comparison of mental health and spiritual values. *Journal of Psychology and Theology*, 28(4), 308-320.
- Huck, S. W. (2008). (5<sup>th</sup> ed.). *Reading statistics and research*. New York: Person
- Kalliath, T., & Morris, R. (2002). Job satisfaction among nurses: A predictor of burnout levels. *Journal of Nursing Administration*, 12, 648-654.
- Kaplan, L. (2003). Substance abuse treatment workforce environmental scan. Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from [http://pfr.samhsa.gov/docs/Environmental\\_Scan.pdf](http://pfr.samhsa.gov/docs/Environmental_Scan.pdf).
- Knudsen, H. K., Ducharme, L. J., Roman, R. M. (2009). Turnover intention and emotional exhaustion “at the top”: Adapting the job demands-resources model to leaders of addiction treatment organizations. *Journal of Occupational Health Psychology*, 14(1), 84-95.
- Knudsen, H. K., Johnson, A., & Roman, P. M. (2003). Retaining counseling staff at substance abuse treatment centers: Effects of management practices. *Journal of Substance Abuse Treatment*, 24, 129-135.
- Kraeger, M. M., & Walker, K. F. (1992). Attrition, burnout, job dissatisfaction and occupational therapy managers. *Occupational Therapy in Health Care*, 8, 47-62.
- Lacoursiere, R. B. (2001). “Burnout” and substance user treatment: The phenomenon and the administrator-clinician’s experience. *Substance use and misuse*, 36(13), 1839-1874.
- Longshore, D., Anglin, D. M., & Conner, B. T. (2008). Are religiosity and spirituality useful constructs drug treatment research. *Journal of Behavioral Health Services and Research*, 36 (2), 177-188.
- Maciak, A. T. (2002). *A study of empathic ability and spirituality in graduate students undergoing clinical skills training* (Doctoral dissertation) Retrieved from <http://search.ebscohost.com.librarylink.uncc.edu/login.aspx?direct=true&db=psyh&AN=2002-95018-256&site=ehost-live>
- Manno, B. V. (1978). Defining religion: The reflections of an American Catholic religious educator. *Religious Education*, 73(5), 592-600. Retrieved from EBSCOhost.
- Maslach, C. (1978). Job burnout: How people cope. *Public Welfare*, 36, 56-58.

- Maslach, C. (1986). Stress, burnout, and workaholism. In R. R. Kilburg, P. E. Nathan, R. & W. Thoreson (Eds.), *Professionals in distress: Issues, syndromes, and solutions in psychology* (pp.53-76). Washington D.C.: American Psychological Association
- Maslach, C., & Jackson, S. E. (1981) *The Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory*. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C. & Jackson, S.E. (1986). *Maslach Burnout Inventory: Second Edition*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass Publishers.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- McCarthy, W. C., & Frieze, I. H. (1999). Negative aspects of therapy: Client perceptions of therapists' social influence, burnout, and quality of care. *Journal of Social Issues*, 55(1), 33-50. doi: 10.1111/0022-4537.00103
- McLellan, T. A., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality of care? *Journal of Substance Abuse Treatment*, 25, 117-121.
- McNulty, T. L., Oser, C. B., Johnson, A. J., Knudsen, H. K., & Roman, P. M. (2007). Counselor turnover in substance abuse treatment centers: An organizational-level analysis. *Sociological Inquiry*, 77(2), 166-193.
- Mertler, C. A., & Vannatta, R. A. (2005). *Advanced and multivariate statistical methods* (3<sup>rd</sup> ed.). Glendale, CA: Pyrczak Publishing.
- Miller, G. (1999). The development of the spiritual focus in counseling and counselor education. *Journal of Counseling & Development*, 77, 498-501.
- Mulvey, K. P., Hubbard, S., & Hayashi, S. (2003). A national study of the substance abuse treatment workforce. *Journal of Substance Abuse Treatment*, 24(1), 51-57. doi:10.1016/S0740-5472(02)00322-7
- Myers, J. E. (1990, May). Wellness throughout the lifespan. *Guidepost*, 11.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness, counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, 78, 251-268.

- NAADAC-The Association for Addiction Professionals. (2003). Year 2 final report: A survey of early career substance abuse counselors. Retrieved from <http://www.naadac.org/pressroom/files/Year2SurveyReport.pdf>
- NAADAC- The Association for Addiction Professionals (2009). *NAADAC Annual Report 2008*. Alexandria, VA.
- NAADAC-The Association for Addiction Professionals (2011). *NAADAC Annual Report 2010*. Alexandria, VA
- NAADAC- The Association for Addiction Professional. (2010). About NADAAC. Retrieved from [www.naadac.org](http://www.naadac.org)
- Nagy, M. S. (2002). Using a single-item approach to measure facet job satisfaction. *Journal of Occupational and Organizational Psychology*, 75, 77-86.
- National Drug Abuse Center for Training & Resource Development. (1980). Staff Burnout: Trainer Manual. National Institute on Drug Abuse, Pub. no. 80-00115. National Drug Abuse Center for Training & Resource Development: Washington, D. C.
- National Drug Abuse Center for Training & Resource Development. (1980). Staff Burnout: Participant Manual. National Institute on Drug Abuse, BURNOUT AND SUBSTANCE USER TREATMENT 1869, Pub. no. 80-00127. National Drug Abuse Center for Training & Resource Development: Washington, D. C.
- North Carolina Substance Abuse Professional Practicing Board. (2009). *Administrative Rules*. Retrieved from <http://www.ncsappb.org/boardsteve/administrative.htm>
- O'Brien, P., O'Keeffe, M., & Goddard, R. (2007). *Burnout confirmed as a viable explanation for beginning teacher attrition*. In: AAARE 2007: Australian Association for Research in Education Annual Conference 2007: Research Impacts: Proving or improving?, 25-29 Nov 2007, Fremantle, Australia.
- Paloutzian, R. F., & Ellison, C. W. (2009). *Manual for the Spiritual Well-Being Scale* [Electronic version] Nyack: New York, Life Advance Publishers.
- Persing, J. M. (2000). An exploration on the effects of spirituality on psychologist burnout. *Dissertation Abstracts International*, 61(1-B), 545.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual Transcendence and the five-factor model. *Journal of Personality*, 67(6), 985-1013.

- Powell, D. J. (2004). *Clinical supervision in alcohol and drug abuse counseling*. San Francisco, CA: Jossey Bass.
- Princeton Review (2008) A day in the life of a substance abuse counselor [Electronic version]. *Princeton Review*. Retrieved from <http://www.princetonreview.com/Careers.aspx?cid=172&uidbadge=%07>
- Prosser, D., Jonson, S., Kuipers, E., Dunn, G., Szmukler, G., Reid, Y., et al. (1999). Mental health, “burnout” and job satisfaction in longitudinal study of mental health staff. *Journal of Social Psychiatry and Psychiatric Epidemiology*, 34(6), 295-300. doi: 10.1007/s001270050147
- Purdy, M., & Dupey, P. (2005). Holistic flow model of spiritual wellness. *Counseling and Values*, 49, 95-106.
- Religion. 2011. *Merriam-Webster Online Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/religion>
- Robert. T. E., Young, S., & Kelly, V. A. (2006). Relationship between adult workers’ spiritual well-being and job satisfaction: A preliminary study. *Counseling and Values*, 50, 165-175.
- Roquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice*, 20(1), 32-36.
- Rothschild, B. (2006). *Help for the helper*. (1<sup>st</sup> ed.). New York: W. W. Norton & Company.
- Sackett, P. R. & Larson, J. R. (1999). Research strategies and tactics in industrial and organizational psychology. In M.D. Dunnette & L.M. Hough (Eds), *Handbook of industrial organizational psychology* (2<sup>nd</sup> ed). Palo Alto, CA: Consulting Psychologists.
- Schaufeli, W. B., & Taris, T. W. (2005). The conceptualization and measurement of burnout: Common grounds and worlds apart. *Work & Stress*, 19, 256–262.
- Shirley, C., Uebel, M., & Windsor, L. C. (2008). Measuring dimensions of spirituality in chemical dependence treatment and research: Research and practice. *International Journal of Mental Health Addiction*, 6, 286-305. doi: 10.1007/s11469-007-9065-9
- Shoptaw, S., Stein, J. A., & Rawson, R. A. (2000) Burnout in substance abuse counselors: Impact of environment, attitudes, and clients with HIV. *Journal of Substance Abuse Treatment*, 19(2), 117-126.

- Shorkey, C., Uebel, M., & Windsor, L. C. (2007). Measuring dimensions of spirituality in chemical dependency treatment and recovery: Research and practice. *International Journal of Mental Health and Addiction, 6*(3), 286-305.
- Sias, S. M., Lambie, G. W., & Foster, V. A. (2006). Conceptual and moral development of substance abuse counselors: Implications for training. *Journal of Addictions & Offender Counseling, 26*, 99-110.
- Spear, J., Wood, L., Chawla, D. A., & Nelson, J. (2004). Job satisfaction and burnout in mental health services for older people. *Australasian Psychiatry, 12*(1), 58-61.
- Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the job satisfaction survey. *American Journal of Community Psychology, 13*(6), 693-713.
- SPSS Inc. (2006). SPSS 15.0. Chicago: SPSS Inc.,
- Stebnicki, M. A. (2006). Integrating spirituality in rehabilitation counselor supervision. *Rehabilitation Education, 20*(2), 115-132.
- Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings* (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.
- Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4856Findings). Rockville, MD.
- Sweeney, T. J., & Witmer, J. M. (1991). Beyond social interest: Striving toward optimal health and wellness. *Individual Psychology, 47*, 527-540.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate analysis (5<sup>th</sup> Ed.)*. Needham Heights, MA: Allyn & Bacon.
- Toppinen-Tanner, S., Kalimo, R., & Mutanen, P. (2002). The process of burnout in white-collar and blue-collar jobs: Eight year prospective study of exhaustion. *Journal of Organizational Behavior, 23*, 555-570.
- Tsuang, M. T., Simpson, J. C., Koenen, K. C., Kremen, W. S., & Lyons, M. J., (2007). Spiritual well-being and health. *Journal of Nervous & Mental Health, 195*(8), 673-680.
- Tsuang, M. T., Williams, W. M., Simpson, J. C., & Lyons, M. J. (2002). Pilot study of

- spirituality and mental health in twins. *American Journal of Psychiatry*, 159, 486-488.
- Wallace, J. (2003). Theory of 12-step-oriented treatment. In F. Rotgers, J Morgenstern & S. T. Walters (Eds.), *Treatment substance abuse: Theory and technique (2<sup>nd</sup> ed)*. New York: The Guilford Press.
- Webster, L., & Hackett, R. (1999). Burnout and leadership in community mental health systems. *Administration and Policy in Mental Health*, 26, 387-399.
- Weiss, J. D., & Dawis, R. V. (1967). *Manual for the Minnesota satisfaction questionnaire*. Minnesota: University Computing Center, University of Minnesota.
- Weng, H., Hung, C., Liu, Y., Cheng, Y., Yen, C., Chang, C., & Huang, C. (2011). Associations between emotional intelligence and doctor burnout, job satisfaction and patient satisfaction. *Medical Education*, 45(8), 835-842. doi:10.1111/j.1365-2923.2011.03985.x
- Westgate, C. E. (1996). Spiritual wellness and depression. *Journal of Counseling & Development*, 75, 26-35.
- Williams, P. L. (2006). National institutes of health awards UGA researchers \$2.55 million over five years to study turnover in substance abuse treatment professionals. University of Georgia Newsletter. Retrieved from [http://www.franklin.uga.edu/news/2006/article133\\_06.htm](http://www.franklin.uga.edu/news/2006/article133_06.htm)
- Winseman, A. L. (2003). New spiritual commitment study: Belonging is key. Retrieved from <http://www.gallup.com/poll/7906/New-Spiritual-Commitment-Study-Belonging-Key.aspx>
- Yiu-kee, C., & Tang, C. S. (1995). Existential correlates of burnout among mental health professionals in Hong Kong. *Journal of Mental Health Counseling*, 17(2), 220-230. Retrieved from Education Research Complete database.

## APPENDIX A: INTRODUCTORY EMAIL



Dear Substance Abuse Professional Counselor,

You have been selected to receive this email as an invitation to participate in an online survey titled “Evaluating how Spiritual Well-Being impacts Job Satisfaction and feelings of Burnout among Substance Abuse Counselors” as part of my dissertation requirements of the Doctor of Philosophy Degree in counseling at the University of North Carolina at Charlotte. With the exception of demographic information and the Job Satisfaction single item measure, these survey instruments, Maslach Burnout Inventory (Maslach & Jackson, 1981) and Spiritual Well-Being Scale (Ellison & Paloutzian, 1982), have been used in previous studies (Elman & Dowd, 1997; Holmqvist & Jeanneau, 2006; Robert, Young, & Kelly 2006; Shoptaw, Stein, & Rawson, 2000). The purpose of this study is to investigate what contributes to substance abuse counselor burnout and job satisfaction and not intended to offend anyone’s spiritual preference but gather information in order to determine if spiritual well-being is related to these variables. Due to the subjective nature of the material, efforts were made to be as inclusive as possible, and to not offend anyone based on terminology that was used.

You are receiving this email directly from the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), The Association for Addiction Professionals, though this study does not express or represent the beliefs or opinions of NAADAC. Any inquiries regarding this survey should be directed to Angela Colistra, [achild10@uncc.edu](mailto:achild10@uncc.edu) or phone 828-719-6759. This study has received UNC-Charlotte’s Institutional Review Board (IRB) for Research with Human Subjects approval.

This study will take approximately 20 minutes or less to complete. Your participation in this research will be valuable contribution to the field of substance abuse counseling. If you choose to participant in this study, the information you provide will be anonymous and confidential. There is no identifying information being sought in your response. You may choose to withdraw from participation any time without penalty.

Please click on the following link to complete the survey.

**<https://www.surveymonkey.com/s/YVCMZSY>**

Your participation is sincerely appreciated. Thank you

Angela Colistra, MS, CCS, LCAS, LPC  
Doctoral Candidate  
Department of Counseling, University of North Carolina at Charlotte

## APPENDIX B: SUBSEQUENT FOLLOW UP EMAIL



Dear Substance Abuse Professional Counselor,

If you have already participated in this study, please disregard this email. However, if you have NOT yet participated, please read this email and reconsider participating. Your participation is sincerely appreciated. This is the second email participation solicitation for this study. The survey will close on **enter date here**.

You have been selected to receive this email as an invitation to participate in an online survey titled “Evaluating how Spiritual Well-Being impacts Job Satisfaction and feelings of Burnout among Substance Abuse Counselors” as part of my dissertation requirements of the Doctor of Philosophy Degree in counseling at the University of North Carolina at Charlotte. With the exception of demographic information and the Job Satisfaction single item measure, these survey instruments, Maslach Burnout Inventory (Maslach & Jackson, 1981) and Spiritual Well-Being Scale, have been used in previous studies (Elman & Dowd, 1997; Holmqvist & Jeanneau, 2006; Robert, Young, & Kelly 2006; Shoptaw, Stein, & Rawson, 2000). The purpose of this study is to investigate what contributes to substance abuse counselor burnout and job satisfaction and not intended to offend anyone’s spiritual preference but gather information in order to determine if spiritual well-being is related to these variables. Due to the subjective nature of the material, efforts were made to be as inclusive as possible, and to not offend anyone based on terminology that was used.

You are receiving this email directly from the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), The Association for Addiction Professionals, though this study does not express or represent the beliefs or opinions of NAADAC. Any inquiries regarding this survey should be directed to Angela Colistra, [achild10@uncc.edu](mailto:achild10@uncc.edu) or phone 828-719-6759. This study has received UNC-Charlotte’s Institutional Review Board (IRB) for Research with Human Subjects approval.

This study will take approximately 20 minutes or less to complete. Your participation in this research will be valuable contribution to the field of substance abuse counseling. If you choose to participant in this study, the information you provide will be anonymous and confidential. There is no identifying information being sought in your response. You may choose to withdraw from participation any time without penalty.

Please click on the following link to complete the survey.  
**<https://www.surveymonkey.com/s/YVCMZSY>**

Your participation is sincerely appreciated. Thank you

Angela Colistra, MS, CCS, LCAS, LPC  
Doctoral Candidate  
Department of Counseling, University of North Carolina at Charlotte

## APPENDIX C: INFORMED CONSENT



Dear Participant,

As a substance abuse counseling professional you are invited to participate in a quantitative research study that will examine how spiritual well-being predicts burnout and job satisfaction among substance abuse counselors. You are eligible to participate because you are either a professional member, associate member, or student member; you speak and comprehend English; you are at least 18 years old; and you are located geographically in the United States. Your participation in this study will involve completing a brief survey.

This study will take approximately 20 minutes or less. The data collected by the investigator will not contain any identifying information or any link back to your participation in this study. In addition, any information collected will be kept confidential and anonymous.

The benefits of your participation in this human subjects study include contributing to the current knowledge, characteristics, and research regarding issues in the substance abuse profession. The results may assist substance abuse educators, supervisors, and vocational planners in curriculum development and career planning for future substance abuse counselors and trainees.

A potential risk may involve uncomfortable emotions. Should this occur, the researcher, a Licensed Professional Counselor, will be available through email ([achild10@uncc.edu](mailto:achild10@uncc.edu)) or direct telephone contact at 828-719-6759. Due to the web-based and on-line interactions, there is a risk for intrusion. Virus scans and firewalls can add greater security for anyone utilizing the Internet. These risks have been anticipated and to further minimize the possibility of these risks, the researcher is utilizing a survey site that utilizes Secure Sockets Layer (SSL) encryption within the survey server and databases. However, you may withdraw or decline at any time without penalty.

You are a volunteer. The decision to participate in this study is entirely up to you. If you decide to be in the study, you may change your mind at any point in the process and stop without penalty. Due to the subjective nature of the material, efforts were made to be as inclusive as possible, and to not offend anyone based on terminology that was used.

UNC Charlotte intends to ensure that you are treated in a fair and respectful manner. Contact the University's Research Compliance Office at 704-687-3309 at any time if you have questions about how you are being treated as a study participant. If you have

questions about the research study, you may contact me, Angela Colistra at 828-719-6759 or my Dissertation Chair, Dr. John R. Culbreth at 704-687-8973.

By clicking the “Next” button at the bottom of the screen, you are indicating that you have read the above information and consent to participate in this study. You are also agreeing that you are currently a professional, associate, or student member of NAADAC; that you are at least 18 years old; and that you are geographically located in the United States. Click “Next” to AGREE to participate and continue to the survey.

Thank you for taking the time to participate.

Sincerely,

Angela Colistra, MS, LCAS, CCS, LPC  
Doctoral Candidate  
Department of Counseling  
University of North Carolina at Charlotte

John R. Culbreth, PhD.  
Dissertation Chair  
Department of Counseling  
University of North Carolina  
at Charlotte

## APPENDIX D: SPIRITUAL WELL-BEING

## Partial Instrument: SWBS (Ellison &amp; Paloutzian, 1982)

For each of the following statements check the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SWB Scale © 1982 by Craig W. Ellison and Raymond F. Paloutzian. All rights reserved.

SA = Strongly Agree	D = Disagree
MA = Moderately Agree	MD = Moderately Disagree
A = Agree	SD = Strongly Disagree

- 
1. I don't find much satisfaction in private prayer with God.  
 SA     MA     A     D     MD     SD
  2. I don't know who I am, where I came from, or where I'm going.  
 SA     MA     A     D     MD     SD
  3. I believe that God loves me and cares about me.  
 SA     MA     A     D     MD     SD
  4. I feel that life is a positive experience.  
 SA     MA     A     D     MD     SD
  5. I believe that God is impersonal and not interested in my daily situations.  
 SA     MA     A     D     MD     SD
  6. I feel unsettled about my future.  
 SA     MA     A     D     MD     SD
  7. I have a personally meaningful relationship with God.  
 SA     MA     A     D     MD     SD
  8. I feel very fulfilled and satisfied with life.  
 SA     MA     A     D     MD     SD
  9. I don't get much personal strength and support from my God.  
 SA     MA     A     D     MD     SD
  10. I feel a sense of well-being about the direction my life is headed in.  
 SA     MA     A     D     MD     SD
  11. I believe that God is concerned about my problems.  
 SA     MA     A     D     MD     SD
  12. I don't enjoy much about life.

## APPENDIX E: MASLACH BURNOUT INVENTORY

Partial Instrument: MBI-Human Services Survey (Maslach & Jackson, 1986).

The purpose of this survey is to discover how various persons in the human services or helping professionals view their job and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it used the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work (such as clients).

On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number “0” (zero) in the space before the statement. If you have had this feeling, indicate “*how often*” you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

Copyright © 1986 by CPP, Inc. All rights reserved in all mediums. Published by Mind Garden, Inc., [www.mindgarden.com](http://www.mindgarden.com)

---

How often:

---

- 0- Never
  - 1- A few time a year or less
  - 2- Once a month or less
  - 3- A few times a month
  - 4- Once a week
  - 5- A few times a week
  - 6- Everyday
- 

**How Often**

**0-6      Statements:**

---

1. \_\_\_\_\_ I feel emotionally drained from my work.
2. \_\_\_\_\_ I feel used up at the end of the workday.
3. \_\_\_\_\_ I feel fatigued when I get up in the morning and have to face another day on the job.
4. \_\_\_\_\_ I can easily understand how my recipients feel about things.
5. \_\_\_\_\_ I feel I treat some recipients as if they were impersonal objects.

## APPENDIX F: JOB SATISFACTION MEASURE

Please check which the response that matches how you feel about your work.

1. I feel satisfied with my work.

- very unsatisfied
- somewhat unsatisfied
- unsatisfied
- neither satisfied or unsatisfied
- satisfied
- somewhat satisfied
- very satisfied

## APPENDIX G: DEMOGRAPHICS

Please respond to the following questions by checking the appropriate box or responding to the open-ended question.

1. Gender
  - Male
  - Female
2. What is your age?
3. What is your ethnicity?
  - African American
  - Asian American
  - Caucasian
  - Latina/Latino
  - Multi-racial
  - Native American
  - Other \_\_\_\_\_

If you answered Latina/Latin to the question above, please specify.

4. Your highest level of education attained
  - Completed high school
  - Completed trade or business school
  - Some college
  - Completed bachelor's degree
  - Some master's level work
  - Completed master's degree
  - Some doctoral work
  - Completed doctoral degree
5. If you completed either a master's or doctoral degree, please indicate the type of degree program you completed.
  - Counseling
  - Social Work
  - Psychology
  - Nursing
  - Criminal Justice
  - Clergy
  - Other (please specify) \_\_\_\_\_
6. How many years have you been in the substance abuse counseling profession?
7. How many hours of formal education, which could include continuing education and college courses, have you received specifically related to substance abuse counseling?

Please estimate 1 college course to equal 45 hours and 1 Continuing Education Course to equal 6 hours.

8. Have you received any formal spirituality training, which could include continuing education credit, college campus classes, conference sessions, personal spirituality study?
- Yes                       No
9. What type of setting do you currently work in as a substance abuse professional?
- Public
  - Private for Profit
  - School
  - Hospital
  - Non-Profit
10. What is your current caseload size?
11. Do you consider yourself to be in recovery from a primary addiction illness?
- Yes                       No
12. Do you consider yourself a spiritual person?
- Yes                       No
13. Do you take part in any spiritual self care, which could include but is not limited to: church, gardening, yoga, meditation, nature walks, prayer, moments of silence, spiritual dancing?
- Yes                       No  
 Other, Please Specify
14. How would you describe your religious affiliation?

## APPENDIX H: INSTITUTIONAL REVIEW BOARD APPROVAL



## Office of Research Compliance

9201 University City Boulevard, Charlotte, NC 28223-0001  
t/ 704.687.3311 f/ 704.687.2292 <http://research.uncc.edu/compliance-ethics>

## Institutional Review Board (IRB) for Research with Human Subjects

*Approval of Exemption*

<b>Protocol #</b>	<b>11-04-35</b>		
<b>Title:</b>	<b>How Does Spiritual Well-Being Predict Job Satisfaction and Burnout Among Substance Abuse Counselors</b>		
<b>Date:</b>	<b>6/14/2011</b>		
<b>Responsible Faculty</b>	<b>Dr. John</b>	<b>Culbreth</b>	<b>Counseling</b>
<b>Investigator</b>	<b>Ms. Angela</b>	<b>Colistra</b>	<b>Counseling</b>

The Institutional Review Board (IRB) certifies that the protocol listed above is exempt under category 2 (45 CFR 46.101 2.b.4).

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

- information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and
- any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

This approval will expire one year from the date of this letter. In order to continue conducting research under this protocol after one year, the "Annual Protocol Renewal Form" must be submitted to the IRB. Please note that it is the investigator's responsibility to promptly inform the committee of any changes in the proposed research, as well as any unanticipated problems that may arise involving risks to subjects. Amendment and Event Reporting forms are available on our web site: <http://research.uncc.edu/compliance-ethics/human-subjects/amending-your-protocol> or <http://research.uncc.edu/compliance-ethics/human-subjects/reporting-adverse-events>

  
Dr. M. Lyn Exum, IRB Chair

  
Date

