THE RELATIONSHIP BETWEEN SPIRITUAL WELL-BEING, BURNOUT, AND JOB SATISFACTION AMONG MENTAL HEALTH PROFESSIONALS WORKING WITH TRAUMA IN COMMUNITY SETTINGS

A Dissertation

by

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This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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ABSTRACT

Burnout presents a potential risk to mental health professionals in high-demand work settings. Mental health professionals (MHPs) who work in community settings with traumatized populations are at risk of physical and emotional exhaustion resulting from increased caseloads, management responsibilities, organizational policies and procedures, and limited resources. The current study examines the extent to which the variance in burnout is accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction. In addition, the study examines the relationships between spiritual well-being and job satisfaction. The results show that there was a statistically significant relationship between burnout and job satisfaction. There was no correlation between burnout and spiritual well-being. A hierarchical multiple regression analysis was performed to assess the degree to which spiritual well-being and job satisfaction predict levels of burnout, after controlling for job satisfaction. Spiritual well-being did not make a unique contribution when included, explaining 16% of the variance in burnout.

DEDICATION

This study is wholeheartedly dedicated to my loving parents, who have been my source of inspiration and my strength when I felt like giving up. Esto es para ustedes, mamá y papá, por brindarme continuamente su apoyo moral, espiritual y emocional. Los Amo!

To my loving husband who has been supportive and encouraging throughout this whole process – Thank you for bringing out the best in me and never allowing me to give up on my dreams.

And lastly, I dedicate this to the Almighty God. Thank you for the guidance, strength, and health you have given me through this challenging times.

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CHAPTER I: INTRODUCTION

All types of therapeutic work, including counseling, carry potential risks and adverse effects for the counselor (Trippany et al, 2004). Working with traumatized clients exposes mental health providers (MHPs) to hearing explicit detailed accounts of their clients' traumatic encounters, as well as seeing the emotional and physical impact these events have on their clients (Canfield, 2005). Mental health workers also work with circumstances in which they are supposed to relieve their clients' anxiety as they address situations rife with emotional and physical pain, and may, in some cases, undergo transference (Kanno & Giddings, 2017).

School violence, terrorist attacks, and natural disasters have made MHPs more aware of the scope and forms of trauma that people face (McKim & Adcock, 2014). According to the Substance Abuse Mental Health Services Administration (SAMHSA, 2014),

> Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

It has been estimated that 82% to 94% of individuals seeking mental health treatment have experienced trauma (Chu & Dill, 1990; Foreman, 2018; Saur et al., 1997; Switzer, 1999). Bride (2004) examined 17 studies about the impact of providing services to traumatized individuals. He found that MHP's are at risk of experiencing traumatic stressors such as disrupted beliefs about self and others, avoidant responses, physiological distress, emotional exhaustion, and burnout. Mental health practitioners are more likely to be exposed to their clients' traumatic experiences if a high percentage of people seeking treatment has undergone a traumatic event. When MHPs listen to their clients' trauma accounts, they can be adversely

impacted because they are exposed to repetitive explanations of disturbing incidents. Exposure to client trauma events has a detrimental effect, placing MHPs at risk of undergoing vicarious traumatization and, as a result, affecting their health (Bober & Regehr, 2006). Vicarious trauma (VT) is used to describe the counselor's reactions after listening to the explicit details of the client's traumatic experiences, which can in turn affect the counselor's mental and emotional functioning (Trippany et al., 2004). According to Bober and Regehr (2006), MHPs with impaired belief systems are less likely to use coping mechanisms like recreation or self-care to shield themselves from acute anxiety symptoms, negatively impacting their health.

MHPs who work with trauma victims have shown lower productivity, more sickness absence, and employee turnover because of traumatic stress and negative psychological effects (Neswald-Potter & Simmons, 2016). The authors suggest the implementation of a regenerative approach, using expressive modalities in supervision with counselors who are at risk of vicarious trauma due to the impact vicarious trauma can have on their well-being. MHPs who work with traumatized clients are at risk of developing secondary traumatic stress, vicarious trauma, or burnout (Jenkins et al., 2011). Working with traumatized clients for an extended period and being exposed to a variety of trauma-related stressors can trigger a variety of reactions in counselors, including burnout (Craig & Sprang, 2010).

According to Craig and Sprang (2010), age, clinical experience, and setting in which MHPs work are some of the predictive factors of burnout, leading to the inability to engage fully with clients and thus, leading to reduced job satisfaction. The presence of strains in the environment appears to harm the ability to use one's role as a helper. MHPs working with traumatic clients can develop burnout that shows compatibility tiredness and affects mental

health. Providing necessary support for MPHs working with trauma victims may help ensure their well-being and their continued service to such a vulnerable population.

Burnout

The burnout variable is essential to examine in the context of job performance among MHPs working in community settings. Since the 1970s burnout has been defined as "the psychological syndrome that develops in response to chronic emotional and interpersonal stress and is characterized by three features: emotional exhaustion, depersonalization, and feelings of ineffectiveness or lack of personal accomplishment" (Maslach et al., 2001, p. 399). Initially, burnout was thought to be a reaction to job stress brought about by the demands of serving clients and several organizational factors in the workplace. According to Wardle and Mayorga (2016), job burnout has become a social problem for many human service providers due to the persistent exhaustion both physically and psychologically experienced in their work setting. The dilemma is that people do not know that the burnout process is taking place in their lives. Burnout symptoms may affect MHPs' mental and physical health, contributing to the decision to leave the counseling profession (Wardle & Mayorga, 2016). In a meta-analysis intended to estimate the level of burnout in MHPs, O'Connor et al. (2018) found that MHPs had high levels of emotional fatigue and mild depersonalization, however, they also had a strong sense of personal achievement. Despite feeling tired and detached, MHPs maintained a reasonable sense of achievement and competence (O'Connor et al., 2018). In a study investigating the presence of burnout among master's students, researchers found 85.72% of participants reported burnout as either something they should be conscious of and pay attention to, are already showing signs of, or a condition that may endanger their physical and mental health (Wardle & Mayorga, 2016). According to the results, 25.75 % scored between 26 and 35 on the Freudenberger Burnout

Scale, suggesting that they should be conscious of something; 14.28 % scored between 36 and 50, indicating that they were a candidate for burnout; 22.85 % scored between 51 and 65, indicating that they were burning out; and 22.85 % scored over 65, indicating that they sounded burnt out. The findings indicate that students in counseling programs may experience burnout or chronic fatigue, both physical and psychological, which raises questions about their well-being as they enter the mental health profession.

Burnout is a well-researched topic in the mental health field (Rothschild & Rand, 2006; Sabo, 2011; Stamm, 2010). However, little has been done to reduce or prevent burnout among MHPs (Velimirovic et al., 2017). In community agencies, burnout has been shown to cause issues such as poor employee and workplace performance (Morse, 2012). Job demands such as workload, job control, coworker support, supervisor support, and salary are contributing factors (Yetunde, 2017). Factors that have been reported by psychiatrists as stressful include patient violence, suicide, limited resources, high work demands, high caseloads, and emotions about work (Velimiromic et al., 2017). Work-related stress causes MHPs to experience not only burnout but also physical illness and mental health issues (Fleury et al., 2017). Issues within the organization such as time constraints, loss of control over organizational structures, job demands, and relationship issues between staff and with management, as well as personal risk factors and the emotional depth in the clinical setting, put clinicians at risk (Lyndon, 2016). Clinicians who are burned out are at risk of losing their motivation and becoming less trusting and sympathetic to their patients (Hardiman & Simmonds, 2013).

Mental health providers working with complex trauma patients in community settings (e.g., transitional foster care facilities, community mental health centers, Office of Refugee Resettlement) are at higher burnout risk as opposed to private (independent or group private

practice at the practitioner's office for mental health treatment/counseling) and inpatient settings (e.g., stand-alone behavioral health hospitals, behavioral health units in hospitals, substance abuse in-patient treatment facilities; Fleury et al., 2017). According to Fleury et al., (2017) stressors in community settings are different from those in inpatient settings. Community-based clinicians, psychotherapists, social workers, and psychologists found interacting with challenging patients more fulfilling, but they were also burdened by a profound and uncomfortable sense of constant responsibility for their clients' well-being and behavior (Fleury et al., 2017). Other challenging factors experienced by these professionals at their place of work were lack of autonomy, levels of responsibility as helping professionals, and dealing with aggressive clients. According to O'Conner et al. (2018), levels of work demand and emotional exhaustion were higher among community MHPs when compared to MHPs based in inpatient settings. Mendez (2017) found that counselors working with immigrant children in a community organization experienced burnout arising from overwhelming case management duties and facility limitations, such as the agency's policies and procedures, in an agency with high demands and limited resources (Mendez, 2017). Guhan and Klifani (2011) sought to better understand the experiences of staff (e.g., social workers, teachers, law enforcement, and legal sector) working with refugees residing in an asylum in the United Kingdom. They indicated that staff reported burnout and job dissatisfaction stemming from overwhelming case management, facility limitations, agency policies and procedures, and limited resources. The workers described feeling nervous, frantic, exhausted, and overwhelmed with high job demands. Some of those responsibilities included immigration issues and dealing with clients who had no family support or financial means. Furthermore, workers were astounded by their clients' ability to speak about their trauma without showing emotion. The high burden of the workplace and the pressures and responsibilities of

working with refugees and asylum-seekers were discussed frequently by staff. These results seem to indicate that professionals who work within these community settings may be at risk of experiencing high personal and organizational stress.

Job Satisfaction

Organizations aim to maintain job satisfaction to offer professional and quality services to the clients they serve (Dyrbye et al., 2017). Due to the high caseloads, management responsibilities, organizational policies and procedures, limited resources, job satisfaction, and burnout are often associated with one another. The degree to which an individual enjoys or dislikes their work is referred to as job satisfaction (Spector, 1997). In a study examining job satisfaction among mental health nurses, psychologists, psychiatrists, and social workers associated with the Veterans Health Administration, the results implied supportive supervisory relationships and emotional exhaustion predicted job satisfaction and turnover intent (Yanchus et al., 2017). The results suggested that to provide quality patient care, MHPs ought to discuss with supervisors about treatment modalities and alternatives when faced with difficult cases. The inability to provide good patient care was also related to feelings of anger and unhappiness at work and a will to leave. Overall, the study suggests burnout and job dissatisfaction can result in reduced efficacy in their work setting.

In another study, Yanchus et al. (2015) examined turnover among psychiatrists, social workers, and MHPs from the Veterans Health Administration. Results showed that respectful behaviors, a sense of independence, fairness in the processes of resolving disputes, and allocating resources in the workplace positively predicted job satisfaction and less intention of leaving their job. The findings indicated positive supervisory support impacted job satisfaction due to the challenging patient population, including psychological disorders such as posttraumatic stress

disorder and depression. Similarly, hospital nurses and psychologists have expressed high levels of work satisfaction as a result of their roles' autonomy, variety, versatility, and challenge (Dallender & Nolan, 2002). Participants reported being part of a team, having a friendly environment, and being valued by clients and families led to higher job satisfaction. According to Fleury et al. (2017), nurses, psychologists, and psychotherapists reported high levels of job satisfaction due to confidence, loyalty to the team, team environment, belief in the benefits of interdisciplinary expertise, teamwork, and work role performance. Workplace satisfaction is without a doubt, a significant factor for employees.

Spiritual Well-Being

Although research has addressed the psychological, social, and physical aspects of MHPs working in different professional disciplines, there is limited literature surrounding the influence of spiritual well-being as a protective factor against burnout. It is self-evident that a favorable working environment is critical to job satisfaction. Spirituality in counseling has been defined as "the capacity and tendency in all human beings to find and construct meaning about life and existence and to move toward personal growth, responsibility and relationship with others" (Myers & Willard, 2003, p.149). Spiritual self-care is any ritual (e.g., prayer, meditation) that people do to have a closer connection with their higher power and their higher self (Coaston, 2017). According to Sweeney and Myers (2005), every person defines spirituality uniquely, with that personal definition changing frequently at different times in their lives. Counselors must be mindful of and care for themselves to attend to the spiritual needs of the clients (Sweeney & Myers, 2005). Sorri et al. (2006) indicate that a counselor's spiritual self-awareness and being in touch with their faith will help them acknowledge their clients' personal spiritual beliefs and be conscious of how the client's spirituality can aid in the counseling process.

In a study investigating the relationships between spiritual well-being and clinician burnout among 89 counselors and psychotherapists, Hardiman and Simmons (2013) found results indicating that emotional well-being (EWB) and not religious well-being (RWB), was a significant predictor of low emotional exhaustion, low depersonalization, and high personal accomplishment. Based on their results, the researchers suggested age was a significant factor in this study. They found that older clinicians are less likely to experience depersonalization than younger clinicians. The findings did not show a significant relationship between the number of years of experience and any aspect of burnout. Hardiman and Simmons (2013) projected that burnout and spiritual well-being would be positively correlated with perceptions of the magnitude of client trauma. Findings showed that EWB was a strong predictor of low emotional exhaustion, low depersonalization, and high personal accomplishment. Another outcome of this research was that EWB reduced the degree of the intensity of the client's emotional exhaustion (Hardiman and Simmons, 2013). However, the findings show that the connection between emotional exhaustion and the client's perceived intensity of trauma was only important for clinicians who scored high on the EWB scale. According to the findings, EWB acts as a moderator between the severity of trauma and stress, and clinicians with high EWB are better able to deal with their clients without experiencing high levels of mental exhaustion and depersonalization. Hardiman and Simmons (2013) looked at various aspects of spiritual well-being in clinicians and how they could react to the effects of trauma and stress intensity. For this reason, it’s worth looking into spiritual well-being and its relationship to other factors such as burnout, job satisfaction among mental health professionals.

Statement of the Problem

Many mental health workers working with traumatized clients in community environments can find it difficult to strike a balance between self-care and client-care. The climate in which one works may have a direct effect on one's mental health. Burnout, compassion exhaustion, and vicarious traumatization are more common among mental health professionals who work with clients who have suffered complex trauma (Figley, 2013; Hinder et al., 2014; Trippany et al., 2004). Direct exposure to those suffering from the effects of traumatic events puts mental health workers at risk of developing compassion fatigue (Simpson & Starkey, 2006). This vulnerability may lead to misdiagnoses, inability to respond to the clients' needs, and general feelings of discouragement, ultimately affecting the way they view their job (Figley, 2013; Williams et al., 2012). Further research is needed to better understand the relationship between burnout, spiritual well-being, and job satisfaction and provide additional research information for MHPs working in highly demanding settings and working with traumatized clients. The results of this study may start to address the potential spiritual well-being has as a protective factor against burnout.

Purpose of the Study

A lack of self-care and self-awareness combined with a lack of healthy coping strategies (e.g., spiritual practices) can increase the risk of burnout and job dissatisfaction among MHPs, specifically counselors working with trauma victims (Trippany et al., 2004). The American Counseling Association Code of Ethics (2014) states that

> Counselors monitor themselves for signs of impairment from their physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional

impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. (p. 9)

Although some studies have assessed job satisfaction concerning burnout of MHPs, specifically among mental health nurses, psychologists, and psychiatrists (Morse et al., 2012), there is a gap in the literature concerning the relationship between burnout, job satisfaction, and spiritual well-being, which this study aimed to address that gap. The purpose of this study was to examine the relationship between burnout, job satisfaction, and spiritual well-being among MHPs working with trauma clients. An additional goal of this study was to examine the degree to which spiritual well-being and job satisfaction predicted levels of burnout. There is a need to address not only the relationship between the variables mentioned above but to know the extent to which burnout is affecting MHPs to better understand the unique stressors and challenges they are experiencing in their work settings. The study may shed light on the challenges and personal experiences of mental health professionals and the need for supportive environments and ongoing assessments of their wellness, including positive strategies for resilience, such as spirituality.

Research Questions

The present study examines the degree to which spiritual well-being and job satisfaction predict levels of burnout among MHPs who work with trauma victims. To do this, a hierarchical regression was used by the researcher to examine the extent to which the variance in burnout was accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction. In addition, the study examined the relationship between spiritual well-being and job satisfaction. Three specific research questions were proposed:

Q1: What are the levels of perceived burnout, job satisfaction, and spiritual well-being among MHPs working in community mental health settings?

Q2: What is the relationship between perceived burnout, job satisfaction, and spiritual well-being?

Q3: To what extent can the variance in burnout be accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction?

Research Hypotheses

To examine the relationship between spiritual well-being and job satisfaction, the following hypotheses were posed:

H1: Spiritual well-being is negatively correlated to burnout among MHPs working with trauma.

H2: Spiritual well-being is positively related to job satisfaction of MHPs working with trauma.

H3: Sense of spiritual well-being will serve as a significant variable to the relationship between job satisfaction and perceived burnout.

Significance of the Study

While much research has been done on client spirituality and how it affects their recovery from traumatic events, little has been done on how spirituality affects MHP burnout and job satisfaction when working with traumatized clients. Job satisfaction and burnout are significant problems in the work setting and can affect the way employees perceive their jobs (Khamisa et al., 2015). In community settings, mental health professionals are frequently exposed to stressful situations related to their ethical practice with the public (Fleury et al., 2017). Such situations may include competence within the field, dealing with an array of clients with complex trauma, and the basic demands of their work settings. Spirituality may serve as a protective factor against burnout and a decreased sense of job satisfaction. The findings of this study could provide

information to counselor educators and supervisors about the relationship between burnout, spiritual well-being, and job satisfaction, which could then be used to inform future MHPs' education and training. The connection between spiritual well-being, burnout, and work satisfaction needs to be investigated further. The findings may provide information that can aid in the retention of mental health professionals who work with traumatized clients. Counselor educators may gain a better understanding of the relationship between spiritual well-being and burnout as a result of the findings of this study.

Methodology

Population and Sample

The researcher conducted this study with a sample of mental health professionals who worked with trauma victims in community settings within the previous year. The researcher excluded participants working in private settings due to differences in environmental stressors (e.g., size of the caseload, percentage of low-income families served, agency policies, workplace culture) from those than in community settings. Prospective participants were required to be 18 years of age or older with a master's degree in counseling or related field (e.g., psychology, social work). This study proposed to access several professional listservs including the ACA Connect Discussion Forum, COUNSGRAD Listserv, and CESNET Listserv to recruit participants. The population was obtained through purposive sampling, which allowed the researcher to intentionally select participants with experience in the topic under investigation. (Balkin & Kleist, 2017). A link with information about the study and instruments was attached to the recruitment email sent to potential participants. All participation in the study was voluntary. Participants were provided with the researcher's contact information in the case that they had further questions about the study. No incentives were offered for participation.

Instrumentation

Demographic Questionnaire

A demographic questionnaire (see Appendix B) was designed to collect data related to participants' age, gender, ethnicity, master's degree in counseling or related field, mental health work setting, years of experience, and religious affiliation. The demographic questionnaire was utilized to describe the sample in this study to meet journal reporting standards (American Psychological Association, 2018).

Maslach Burnout Inventory-Human Services Survey (MBI)

For this study, the researcher only used the emotional exhaustion subscale (see Appendix M) of the Maslach Burnout Inventory-Human Services Survey (MBI) to investigate the level of burnout. The subscale's items measured feelings of being emotionally overextended and exhausted by one's work. The researcher used the Emotional Exhaustion subscale as it has shown to be the best indicator of burnout (Maslach & Leiter, 1997). The nine items were answered on a 7-point Likert-type scale ranging from 1 (never) to 6 (every day), indicating how often a given job-related feeling applied. The preliminary form of the MBI was administered to a sample of 605 people working in various health and service occupations that had a high potential of burnout. To obtain confirmatory data for identified factors, the survey was administered to a new sample of 420 people in different occupations (e.g., nurses, social workers, MHPs, teachers, probation officers, and agency administrators). The three-factor structure had been replicated in several samples from around the world employed in various human services occupations. Cronbach's coefficient alpha was used to calculate internal consistency (N = 1,316). Emotional fatigue had a reliability coefficient of .90, depersonalization had a reliability coefficient of .79, and personal achievement had a reliability coefficient of .71.

Job Satisfaction Survey (JSS)

The Job Satisfaction Survey (JSS, see Appendix N) is a 36-item questionnaire designed to evaluate nine dimensions or facets of job satisfaction related to overall satisfaction (Spector, 1994). Pay, promotion, supervision, fringe benefits, contingent rewards (performance-based rewards), operating procedures (required rules and procedures), colleagues, nature of work, and communication are the nine facets to consider (Spector, 1994). Among the work satisfaction scales, the JSS is well-known. For each item, participants had six choices of responses, ranging from 1 (strongly disagree) to 6 (strongly agree). According to the author, the JSS can be completed in 5-10 minutes (Spector, 1994). The primary data collected was from a sample of 3,148 respondents working in various human service organizations. The nine dimensions of the JSS were found to relate moderately well to each other, with internal consistency scores ranging from.60 for coworkers to.91 for the total scale, according to research into its reliability and validity. A survey of 43 people provided a test-retest reliability estimate, with correlation coefficients ranging from .37 to.74 for the subscales and .71 for the entire scale (Spector, 1994).

Spiritual Well-Being Scale (SWBS)

The Spiritual Well-Being Scale (SWBS, see Appendix O) is a general measure of perceived well-being that is used to assess spiritual well-being in individuals. There are 20 items on the scale. Each object is graded on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly disagree) (strongly disagree). The SWBS includes a religious and existential well-being subscale as well as an overall measure of a person's perception of spiritual quality of life. The Existential Well-being Subscale measures a person's sense of life purpose and life satisfaction. The Religious Well-being Subscale provides a self-assessment of an individual’s relationship with God. Past research reported Cronbach’s coefficient alpha as .81 for the SWBS

scale, .94 for the Religious Well-Being Scale (RWBS), and .80 for the Existential Well-Being Scale (EWBS), which indicates that the scales had acceptable internal consistency (Robert et al., 2006). The overall reliability of the SWBS was.93, the RWB subscale was.96, and the EWB subscale was.86. (Brooks & Mathews, 2000).

Data Analysis

Statistical Power Analysis

An a priori power analysis using G*power was used to evaluate the required sample size for this research. Statistical power analysis techniques enabled the researcher to determine: (a) how large a sample was required to make accurate and reliable statistical findings, and (b) how likely the statistical test detected the effects of a sample size in a given situation (Field, 2013).

Preliminary Analysis

I utilized SPSS (version 26) to analyze the data. For each scale used in the analysis, descriptive statistics and alpha coefficients were computed first. After that, three Pearson product-moment correlations were computed to look at the relationships between the study variables and see whether there was any multicollinearity. Finally, a hierarchical multiple linear regression analysis was performed to assess the relative contribution of job satisfaction and spiritual well-being to the variation in perceived burnout scale scores.

Primary Analysis

To investigate the relationship between burnout, job satisfaction, and spiritual well-being, a non-experimental correlational research design was used. Furthermore, the study sought to determine the extent to which spiritual well-being and job satisfaction predicted burnout levels. A correlation analysis and moderated multiple regression using a hierarchical regression analysis were conducted to examine the interaction among these variables. When applied to a known

relationship between predictor and criterion variables, a hierarchical multiple regression may be used to calculate the effects of a moderating variable (Tabachnick & Fidell, 2018).

Basic Assumptions

In this study, the following assumptions were made: The participants answered the questions truthfully and honestly, and the participants were able to understand the survey instruments. The researcher assumed the individuals taking the survey were MHPs working with trauma. The researcher also assumed that the individuals to whom they sent the survey to were the individuals who completed the survey.

Delimitations

Results from the study were from members of the ACA Connect Discussion Forum, COUNSGRAD listserv, and CESNET Listserv and may not be generalizable to MHPs working with trauma who are not members of the professional listservs or forum. A second delimitation is that the variables used to represent the latent constructs in the study were based on measures used. Other measures of spiritual well-being, job satisfaction, or burnout might have provided different results.

Limitations

Data is based on self-report instruments. Self-reported answers might have been exaggerated, or respondents might not have wanted to disclose personal information. Participants voluntarily participated and received no incentives. A significant limitation was that the researcher could not report on response rates nor comment on how many people had access to the survey.

Threats to Validity

Validity implies that the data and measurement findings are accurate (Field, 2013). Internal validity is discussed concerning the measurement instruments used in this analysis. In this study, self-report bias was a significant challenge to internal validity. The survey was administered online to control for self-report bias. In addition, participants' identities were kept anonymous. The researcher was aware that the percentage of participants could not be obtained.

Definition of Terms

Mental Health Professional (MHP): For this study, A MHP was characterized as a person with a master's degree in counseling or a related field (e.g., social work, psychology) who is eligible to perform on-site mental health evaluations, provide individual and group counseling, and administer mental health screenings.

Trauma: "Individual trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014, p.7)

Burnout: A three-dimensional phenomenon that manifests as a negative self-evaluation of one's work with clients or overall job satisfaction. It has three associated characteristics: job-related stress, emotional exhaustion, and reduced personal accomplishment (Velimirovic et al., 2017).

Spiritual Well-Being: For this study, spiritual well-being was defined as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness" (Ellison, 1983, pg.331).

Job Satisfaction: "Job is a person's overall evaluation of his or her job as favorable or unfavorable" (Spector, 1997, p.1).

Vicarious Trauma: Used to describe an MHP's reactions after listening to the explicit details of the client's traumatic experiences, which can, in turn, affect the MHP's mental and emotional functioning (Trippany et al., 2004).

Secondary Traumatic Stress: The indirect effects, which are often felt by those who have not been directly affected by a traumatic event and is similar to the symptoms of post-traumatic stress disorder (Figley, 1995).

Organization of the Remainder of the Study

The study consists of five chapters. Chapter 1 includes an introduction to the problem, purpose of the study, research questions, significance of the study, methodology, definition of terms, assumptions, delimitations, limitations, and threats to validity. Chapter 2 includes a review of the current literature on burnout, job satisfaction, spiritual well-being. Chapter 3 includes a description of the population, sample, instruments, data collection procedures, and the statistical procedures used for data analysis. The findings are presented in Chapter 4. A critical analysis and interpretation of the data, the limitations, and proposed suggestions for future research are presented in Chapter 5.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

This chapter includes a review of the research concerning MHPs who work with trauma victims in community settings and the relevant literature on burnout, job satisfaction, and spiritual well-being. To date, there is limited research that provides information on how spirituality and job satisfaction may affect occupational burnout or the protective factors that help prevent the harmful effects of working with clients with complex trauma. Counselors who work with trauma victims and provide care can be affected by the patient (direct and indirect exposure to trauma), institutional (supervision and management support), and organizational factors (percentage of traumatized clients and scale of caseload (Cieslak et al., 2013).

How Client Trauma Affects Mental Health Professionals

Individual trauma is defined as "the results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7). According to Hernandez-Wolfe et al., (2015), the amount of indirect and direct interaction can cause substantial mental, cognitive, and behavioral changes in professionals who offer services to distressed clients. Mental health professionals with a history of previous anxiety or mood problems, prior history of personal abuse, interpersonal tension, and a lack of training and experience are at a higher risk for secondary traumatic stress when working with traumatized clients (SAHMSA, 2014).

The forgoing information appears to suggest working with traumatized clients can place mental health counselors at risk of secondary traumatic stress (STS). Secondary traumatic stress develops from vicarious traumatization. Symptoms can involve subsequent actions and feelings

when a person learns of a traumatic incident another person has gone through (Figley, 1995). In a research study designed to assess the prevalence of secondary traumatic stress (STS) symptoms among MHPs working with military clients with indirect trauma (both on and off military installation), researchers tested the relationship between indirect and direct exposure to trauma to a possible correlation to STS (Cieslak et al., 2013). The researchers did two studies, with the first focusing on the prevalence and correlation to STS, and the second focusing on a meta-analysis to compare the prevalence of the first study with other indirectly exposed samples. In the first study, MHPs reported working with a few hundred traumatized patients (63% of the caseload), having too much paperwork to complete, having a large caseload. Regarding the prevalence of STS, 19.2% met the criteria for PTSD. The ratio of traumatized clients and more negative appraisal of impact on indirect exposure led to higher levels of STS. The meta-analysis found that indirect workplace trauma had a small effect on the development of STS in 33% of military mental health staff, but at least one in five developed PTSD as a result of indirect workplace trauma. This study showed that military health personnel, first responders, substance abuse prevention counselors, and social workers had common adverse reactions because of working with traumatized clients.

Bober and Regehr (2006) conducted a study investigating whether mental health professionals (N = 259) believed and engaged in prevention strategies (e.g., leisure activities, self-care activities, supervision, professional training,) to help prevent STS and vicarious trauma (VT). The participants were given surveys to complete. An additional goal of their study was to assess whether engaging in prevention strategies resulted in a decreased level of stress. The researchers found no associations between time spent in leisure, self-care, supervision and traumatic stress scores on The Impact of Event Scale (IES; Bober & Regehr, 2006). According to

Bober & Regehr (2006), people who had more time allocated to traumatic exposure had more traumatic stress and intrusion symptoms (e.g., flashbacks, worrying about loved ones' safety, agitation, being easily irritated, emotional withdrawal). However, although therapists indicated they believed in engagement in different types of prevention strategies, they did not devote time to participating in those forms of prevention strategies.

Another significant aspect of working with distressed clients is the risk of vicarious trauma (VT) among MHPs (Finklestein et al., 2015). The researchers looked at symptoms of PTSD and vicarious trauma in mental health workers who worked in community environments and were subjected to high levels of trauma from the Gaza Strip attacks. Findings indicated MHPs were at risk of both PTSD and VT symptoms, particularly in areas most impacted communities. They noted that while PTSD and VT were correlated, VT was predicated by years of education and professional support in addition to those that predicated PTSD (professional experience, subjective exposure, and professional efficacy. The study shows that years of clinical experience, trauma exposure, and self-effectiveness can protect against PTSD and VT. MHPs should be provided with adequate training and support to enable them to develop their competence and capability in coping with a significant direct trauma.

The literature suggests that MHPs who work with trauma victims are more likely to experience secondary traumatic stress and compassion fatigue symptoms (Figley, 2013; 2014, Salyers et al., 2015; Shallcross, 2015; Trippany et al., 2004). Working with trauma victims puts mental health workers at risk for work-related stress responses like secondary traumatic stress (Bober & Regehr, 2006; Jones & Stephens, 2016; Trippany et al., 2004). Various symptoms of traumatic stress include loss of productivity, decreased quality of life, and psychological distress

(Trippany et al., 2004). Working with traumatized people can produce mental, cognitive, behavioral, and physical changes (Hernandez-Wolfe et al., 2015).

Impact of Burnout on Mental Health Professionals

According to Schaufeli et al. (2009), the definition of burnout was first introduced in the 1970s and initially referred to as an interpersonal job stress reaction. Schaufeli et al. (2009) defined burnout as “feelings of exhaustion, a cynical attitude toward the job and people involved in the job, and through a reduced personal accomplishment or work efficiency” (p.7). Being emotionally exhausted is characterized by feeling fatigued both physically and emotionally. Burnout is progressive, not sudden, and may last several years. Excessive work demands and the employee's inability to keep up with those demands cause burnout.

Maslach and Leiter (2016) indicated that burnout not only impacts personal components such as individual stress levels but also impacts employee retention and work performance. Burnout can affect workers on an organizational and personal level. Slayers (2015) used the Self-Reported Quality of Care scale, which has three different variables, to investigate the relationship between burnout and self-reported quality of care among community mental health staff (e.g., client-centered care, general work conscientiousness, and low errors). Findings indicated that burnout may have a contagion effect in organizations, affecting employee productivity and contributing to employees leaving their jobs. Findings indicated conscientiousness was moderately related to job satisfaction, turnover intentions, emotional exhaustion, and depersonalization. Slayers (2015) found that MHPs who were unhappy with their work expressed a desire to leave the organization and lacked organizational commitment. The findings revealed that MHPs' loyalty to their clients was unaffected by work satisfaction, turnover, or fatigue. In this analysis, reporting major errors in one's work had no clear correlation

with other variables. MHPs with higher levels of personal accomplishment provided more client-centered care, even when controlling for background variables. Client commitment was higher among MHPs with higher levels of personal accomplishment. Slayers (2015) suggests that focusing on increasing feelings of personal accomplishment of MHPs can help improve client-centered quality rather than focusing on addressing emotional exhaustion and depersonalization.

Papathanasiou (2015) investigated whether burnout was associated with mental health status among 240 doctors, nurses, midwives, and social workers. Burnout was found to be mild in all three dimensions (i.e., emotional exhaustion, depersonalization, and personal accomplishment). The findings showed a statistically significant association between emotional exhaustion and personal accomplishment. Thirty-eight percent of the sample experienced high levels of emotional exhaustion and depersonalization, while 40% experienced a high level of personal accomplishment. In addition, the results indicated that 20.3% experienced high levels of energy, 17% experienced high levels of anxiety, 16% reported feelings of melancholia, and 14.30% experienced high levels of depression. Based on the researcher's suggestion, emotional fatigue is the burnout dimension that is most closely linked to workers' mental health.

Puig et al. (2012) examined the relationship between the dimensions of job burnout and the dimensions of personal wellness among 129 MHPs using the Five-Factor Wellness Inventory–Form A (FFWEL; Myers & Sweeney, 2004) and the Counselor Burnout Inventory (CBI; Lee et al., 2007). Mental health professionals were recruited from the American Counseling Association and the American Association for Marriage and Family Therapy. The results indicated sub-scales of the CBI (i.e., Exhaustion, Incompetence, Devaluing Clients, and Deterioration in Personal Life) were correlated with personal wellness (Puig et al., 2012). The Exhaustion Scale was the highest predictor of burnout which significantly predicted the Physical

Self-Wellness scale on the FFWEL. Exhaustion and job burnout were also negatively related to the participants' exercise and nutrition. The researchers also noted that the amount of exhaustion experienced by MHPs may impact how they feel about exercising or eating healthy regularly (Puig et al., 2012). An important finding in the study was that feeling incompetent was negatively correlated with all four dimensions of personal wellness (i.e., the essential self, social self, creative self, and coping self). Feeling incompetent may affect the way MHPs see their jobs as it has more to do with how they see themselves psychologically rather than being an environmental factor (Puig et al., 2012). Within the Coping Self Wellness sub-scale, the incompetence burnout sub-scale was negatively linked to the stress management and self-worth domains. Equally important, the Devaluating Client sub-scale was significantly correlated with the thinking domain within the Creative Self wellness sub-scale. The findings are consistent with the idea that feeling incompetent, exhausted, and devaluating clients can all be symptoms of STS while affecting the MPH's well-being.

As indicated previously, the type of environment (e.g., private practice, community agency) may affect the level of burnout experienced by MHPs. In a study of 340 licensed counselors, Lent and Schwartz (2012) discovered that community mental health service providers had more fatigue on all three subdimensions of the MBI than private and inpatient counselors. The researchers found that when compared to those in private practice and inpatient environments, MHPs employed in community mental health agencies scored lower on personal achievement, had higher levels of emotional exhaustion, and had higher levels of depersonalization. While age, sex, race, and years of experience were all positively associated, there was no significant impact on the burnout level. For example, female Euro-American counselors with the same years of experience recorded higher levels of emotional exhaustion

than male Euro-American counselors. Neuroticism, as measured by the International Personality Item Pool Big Five (IPIP), was also found to be the best indicator of burnout. Increased neuroticism was linked to higher levels of emotional fatigue and depersonalization, as well as lower levels of personal achievement (Lent & Schwartz, 2012). Participants in this study who presented as pleasant, sympathetic, and cooperative were more involved with colleagues and invested in their clientele, and thus, found their work more rewarding.

Lim et al. (2010) also examined burnout experienced by MHPs in a private setting versus in a community setting. The researchers conducted a meta-analysis to examine individual and work-related variables as correlates of burnout. They searched electronic databases such as PsycINFO, Science Direct, EBSCO, ERIC, and 67 articles (a total of 3,613 participants) that met the criteria. The researchers included articles with statistical data such as means, standard deviations, t statistics, and correlation coefficients, as well as the participant and work-related variables (age, gender, education level, work hours, work experience, and work setting). The participants included counselors, psychotherapists, and psychologists. When compared to practitioners working in an organizational environment, participants in private practice experienced considerably less burnout. The researchers concluded that working in an organizational environment could entail occupational factors that lead to burnout, such as increased caseloads, perceived loss of power, and administrative problems. Based on their findings, they also concluded that practitioners working in these organizational settings were more likely to suffer burnout because of their inability to handle occupational stressors. Age and years of work experience had positive correlations, which indicated that MHPs with more years of experience were able to deal with clients without becoming overly stressed, thus leading to high levels of personal accomplishment. Age, on the other hand, was the most important

predictor of the degree of personal achievement, while education and years of work experience were only moderately significant (Lim et al., 2010).

Other personal characteristics and organizational factors have also been examined concerning burnout. Thompson et al. (2014) examined MHP gender, job length, working conditions evaluation, and five personal tools from a transactional stress management perspective (i.e., level of compassion satisfaction, the extent of general mindfulness attitudes, problem-solving coping strategy, emotion-focused coping strategy, and maladaptive coping strategy). The sample consisted of 213 licensed MHPs. Gender was not a predictor of compassion fatigue or burnout in the outcome of the study. In addition, neither working conditions nor length of time in the field was found to be significant predictors of compassion fatigue. Job conditions were positively associated with both compassion exhaustion and burnout and were far more strongly connected with burnout than with compassion fatigue. There was a connection between the number of years worked as a counselor and the amount of burnout. reported. A significant finding in this study was that working conditions, such as coworker support and work setting, significantly predicted burnout. For example, having coworker support helped reduce burnout. Negative coping styles (substance use, denial, distraction, and self-blame) used by MHPs were strongly associated with burnout. On the other hand, other counselors who used emotion-focused coping strategies reported fewer symptoms of burnout. Overall, the results suggest that both work environment evaluation and relevant personal resources can play a role in burnout.

Green et al. (2014) investigated the correlates of burnout including provider demographics, provider work characteristics, and leadership organization characteristics among clinical social workers, psychologists, and marriage and family therapists. According to the

findings, age was the only demographic variable linked to burnout. Clinical case managers with little public health expertise seemed to be more affected by a low sense of personal achievement and high levels of burnout. Livini et al. (2012) investigated how the structure and process of supervision have an impact on supervision outcomes among 42 supervisors and 10 public health supervisors using a repeated measure in groups and among groups design. Throughout the 6-month supervisory relationship, improved perceived supervisory effectiveness and a positive supervisory relationship were linked to lower burnout, higher levels of well-being, and job satisfaction. Having an encouraging leader who offered individualized attention contributed to higher levels of perceived job effectiveness (personal achievement). In addition, an improvement in collaboration between team members and a clear understanding of the roles lead to a higher degree of competence and efficacy in mental health providers' work. Supportive figures in the workplace can have an impact on encouraging workers to effectively express and sort through their feelings alongside their peers or other supportive mentors. (Green et al., 2014).

On the whole, the need for continued research on burnout within the mental health profession, specifically counselors working with traumatized clients in community settings, is clear. Burnout affects mental health providers, clients, and organizations, which is unsurprising. The type of work setting, organizational factors, and lack of resources, to name a few, have been shown to affect the counselor on a personal and organizational level. This increases the urgency for more information on how to combat the impact of burnout among MHPs working in community agencies to promote an increased sense of well-being and job satisfaction among these professionals.

Job Satisfaction

This section addresses job satisfaction concerning burnout and the well-being of mental health professionals. Job satisfaction, according to Armstrong (2006), is characterized as people's attitudes and feelings about their employment, with positive attitudes indicating job satisfaction and negative attitudes indicating job dissatisfaction. According to Weiss (2002), attitudes formed about our jobs are shown through feelings, beliefs, and behaviors. Job satisfaction may improve areas such as self-care maintenance, physical well-being, and family relationships (Allan et al., 2018). Past and recent research has explored mental health clinicians' attitudes that can be directly related to experiencing burnout (Maslach & Florian, 1988; Salyers et al., 2015; Wegge & Schmidt, 2007). According to Wegge and Schmidt (2007), satisfaction with work advancement, pay, and supervision were closely linked to higher ratings of one's power and achievement of goals. Maslach and Florian (1988) identified a perceived lack of control on the part of the counselor on the job, which contributed to burnout symptoms. The researchers found that the emotional exhaustion was also related to job dissatisfaction. Limited opportunities for job promotion was also reported to be indicative of job dissatisfaction. Job involvement affected absenteeism more when job satisfaction was low.

Maslach and Leiter (2008) investigated early signs of burnout development among 992 business and administrative employees at North American University. Participants completed a survey that measured six areas of work-life, the three dimensions of experienced job burnout, and some basic demographic and departmental information. According to Maslach and Leiter (2008), there was a correlation between work burnout and job satisfaction. They discovered that workplace burnout and job satisfaction could affect workers' mental health, as well as their perceptions of jobs and the organizations they worked with. The authors suggested attention be given to the complications of role overload and the range of responsibility of employees. Mental

health professionals may experience role confusion due to added job demands outside of what is required to be a counselor. Ambiguity or role confusion is a factor that contributes to high turnover rates for mental health professionals within the community setting (Maslach & Leiter, 2008). Maslach (2003) indicated that community mental health agencies have been reported to place excessive work demands on mental health professionals by requiring them to maintain large caseloads of at-risk clients. Having large caseloads increases documentation requirements for mental health professionals. Consequently, an increase in the amount of work required for each case may also put mental health professionals under pressure due to changes to laws and policies or other accountability requirements.

Picco et al. (2017) examined sociodemographic differences among 58 doctors, 201 nurses, and 203 allied health professionals. The findings suggest that associations exist between domain-specific and overall positive mental health. At the Institute of Mental Health, allied health professionals included case managers (n = 57), medical social workers (n = 47), occupational therapists (n = 25), pharmacists (n = 28), physiotherapists (n = 3) and psychologists (n = 43). The researchers also examined the relationship between job satisfaction and positive mental health for participants in the study. Job satisfaction among nurses and doctors was correlated to improved mental health. Nurses outperformed allied health staff and physicians in terms of overall coping, personal development and autonomy, interpersonal abilities, global impact, as well as positive mental health and spirituality. Professionals who had worked for ten years displayed higher levels of mental health than people who worked 6-10 years. According to Picco et al., (2017) job dissatisfaction has a significant effect on the health of mental health and healthcare professionals, and shows to be closely linked to physical symptoms, emotional tension, anxiety, and depression. The results highlight that the older the person was the greater

the levels of positive mental health and spirituality scores were. In addition, the researchers indicated that the more years of experience the participants had in the mental health field the higher their well-being existed.

More broadly, the relationship between meaningful work, job satisfaction, and organizational citizenship behavior (OCB) has been investigated (Eissenstat & Lee, 2017). The researchers collected data from the Work, Family, and Health Study (WFHS) public data from 2009 to 2012. The sample compromised 500 information technology corporation employees, including counselors. An eighteen-month intervention aimed to give workers more flexibility over their work schedule. This study examined how counselors and human resource managers can enhance OCB by looking at the relationship between productive work, work time flexibility, job satisfaction, and OCB. The results showed significant mediation effects of job satisfaction were found in the relationship between meaningful work and OCB. In other words, employees were satisfied with their employment if their work was meaningful, resulting in high OCB levels. When people's own workplace needs were met, their attitudes toward listening to and fulfilling their coworkers' needs improved. According to Eissenstat and Lee (2017), job satisfaction creates a more positive environment among workers, as well as reinforcing feelings of job satisfaction, thus creating a more positive environment. Additionally, employee autonomy at work was found to be effective in enhancing job satisfaction and OCB.

Scanlan and Still (2019) investigated the relationships between burnout, turnover, and job satisfaction among 277 medical personnel, nursing, occupational therapists, psychologists, and social workers working in an Australian mental health organization. The sample was collected from 21 inpatient units and neighborhood teams distributed across ten support centers, representing around 1100 clinical personnel. The researchers found that job satisfaction, desire to

leave, and burnout were all found to be closely associated. Furthermore, job rewards and appreciation, job management, feedback, and engagement were all strongly linked to lower burnout, lower turnover intentions, and higher job satisfaction (Scanlan & Still, 2019). The results of the study indicated positive relationships with upper management, job rewards, and job control led to a greater positive attitude towards their workplace.

Roncalli and Byrne (2016) investigated the levels of job satisfaction and burnout among a sample of 77 psychologists working in Irish community mental health teams (CHMT). The relationships among levels of job satisfaction and burnout and three relational predictors (teamwork, liaison with management (a psychologist in a management role), and relationship among coworkers) were examined. The results suggested that worker cooperation with the supervisor and teamwork were significant predictors of job satisfaction. Positive working relations were also related to a higher degree of workplace satisfaction and decreased employee emotional exhaustion and depersonalization. There was also a relationship between emotional exhaustion and turnover. The correlations between absenteeism and turnover capacity were also investigated. The most common reasons for quitting a CMHT were a better work offer, undue tension, a lack of support, and a low sense of job satisfaction (Roncalli and Byrne, 2016). Overall, positive liaison with psychologist supervisors and positive relationships with their coworkers led to high levels of job satisfaction.

Baumgart et al. (2015) examined the cooperation, job satisfaction, levels of burnout, and levels of satisfaction among psychiatrists working in a shared practice setting and high quality of cooperation among other professionals. Results suggested professional cooperation within professional exchanges can help to increase job satisfaction. Results indicated a connection between mental health professionals' overall job satisfaction and burnout levels and their

perceived competence in working with managed care organizations (e.g., Medicaid managed healthcare providers). Burnout or reduced job satisfaction among mental health workers may be a result of the workplace and additional roles within the organization, which could influence the quality of services offered to clients. Similarly, a study of 172 primary clinics across eight states reported burnout as a significant predictor of job satisfaction (Whitebird et al., 2017). Clinicians who were happy in their employment were more likely to give themselves high marks for their ability to handle difficult patients (Whitebird et al., 2017). Moreover, clinicians who said they could provide tough patients quality care also reported higher levels of happiness due to the available resources in their workplace. This study suggests that positive professional relationships and feeling competent in their area of discipline can help view their job more positively.

Spiritual Well-being

Spirituality has been described as "the capacity and tendency in all human beings to find and construct meaning about life and existence and to move toward personal growth, responsibility and relationship with others" (Myers & Willard, 2003, p.149). Sometimes, spirituality has to do with how happy one is with life, or whether one can heal and resolve emotional burden effects on themselves (Browning et al., 2019). Spirituality can be a method MHPs can use to cope during stressful events. According to the National Alliance on Mental Health Illnesses, spirituality and religion can help people create a sense of belonging and engagement in positive relationships; help people with challenging and stressful life events; and teach compassion, forgiveness, and gratitude (Greenstein December 21, 2016). Spirituality can help others feel connected to a power or something larger than themselves. It helps people implement healthy practices for the mind, body, and emotional well-being, which can help

improve overall mental health (Greenstein, December 21, 2016). According to Ellison (1983), spiritual well-being is understood as being connected to and at a deep level with God, oneself, as well as to society, where one thrives and is connected and thrives with all that which enables and celebrates life wholeness. Human beings are still evolving, according to Ellison, and as a result, spiritual well-being is always shifting and improving within us. Our innate desire or capacity to be in touch with the spirit exists as an integrated and interconnected mechanism for us as humans, not only within ourselves but also outside us. Spirituality affects our whole being, assisting our physical well-being, emotions, perceptions, and relationships.

Brown et al., (2013) investigated the relationship between religious coping styles, spiritual well-being, anxiety, and depression among 121 undergraduate and graduate students from a large public institution. The authors noted that a correlation does exist between the symptoms of anxiety and depression based on levels reported on the Beck Depression Inventory-II, the Beck Anxiety Inventory and the Spiritual Well-being Scale among graduate students. Even if participants were suffering anxiety or depression, most felt that they were able to create a collaborative relationship with God to help cope with challenging life stressors. Mostly all of the participants indicated good religious well-being as well as a high degree of existential well-being. It appears that those individuals who felt fulfilled in their relationship with God and had a strong sense of identity with spiritual/religious traditions often felt fulfilled in their lives. Furthermore, those with lower levels of depressive and anxiety symptoms were found to have a higher degree of religious well-being. In summary, those who showed high levels of spiritual and religious well-being had greater mental health.

Job Satisfaction and Spiritual Well-being

It is essential to take into consideration spirituality when analyzing the factors that can lead to job commitment, work burnout, and engagement. The effect of spirituality on the well-being of staff is a major concern (Lizano et al., 2019). In a study of 200 mental health professionals, researchers found that 60% of their study participants agreed that spirituality influenced their daily working lives (Parkes et al., 2010). On the other hand, in an article looking at the relationship between spirituality, job burnout, and work engagement among 133 human service workers (Lizano, et al., 2019), the results suggested that spirituality was not significantly related to any of the job burnout dimensions examined (i.e., emotional exhaustion, depersonalization, and personal accomplishment). The nonsignificant relationship between these variables is inconsistent with other studies that have tested spirituality as a protective factor concerning burnout development (Bickerton et al., 2014). However, in the same study, there was a significant relationship between spirituality and three dimensions of worker engagement (i.e., vigor, dedication, and engagement). Individual spirituality can be a personal resource that can help cultivate inspiration and purpose in work among mental health professionals. Furthermore, understanding the link between spiritual well-being, burnout, and job satisfaction may be especially relevant to MHPs who treat trauma victims in community settings.

Robert et al. (2006) investigated the relationship between spiritual well-being and job satisfaction among 200 skilled employees (i.e., engineers and managerial staff). The results indicate a strong connection between spiritual well-being, existential well-being, and religious well-being, indicating that feeling a sense of purpose in life is strongly correlated to overall job satisfaction (Robert et al., 2006). Researchers found that spiritual well-being was an important factor in work satisfaction, which means that a sense of purpose in life can be related to a high degree of job satisfaction. Spiritual well-being was found to be a better indicator of work

satisfaction than religious well-being in this study. Similarly, Clark et al. (2007) investigated the relationship between spiritual well-being and job satisfaction among 215 hospice interdisciplinary team members (i.e., nurses, home health aides, social workers, chaplains, and physicians). The researchers also examined the connection between interdisciplinary workers' workplace spirituality, self-actualization, and job satisfaction. Among other findings, the authors noted that integration of spirituality at work and self-actualization are more likely to result in job satisfaction than attempts to establish a direct path from spirituality to job satisfaction. . These studies exploring the relationship between spiritual well-being and job satisfaction (Clark et al., 2007; Robert et al., 2006) suggest that hospice workers' and professional workers' (i.e., engineers and managerial staff) awareness of their spiritual well-being may affect the way they perceive their jobs.

Tejeda (2015) studied the relationship between job satisfaction and spiritual well-being among 200 employed managers in the Southern US. The findings show that the association between spiritual well-being and job satisfaction is meaningful and tends to mitigate against unfavorable work outcomes. According to Tejeda (2015), spirituality at work can have beneficial effects on personal spiritual well-being and organizational performance, such as increased job satisfaction in the face of adversity (e.g., job frustration, work tension, and workplace conflict). While a few studies have looked into the effects of spirituality or spiritual well-being in the workplace, research is limited. Further investigation of the relationship between job satisfaction and spiritual well-being for MHPs who work with trauma may provide valuable contributions to both the practice and future research efforts of MHPs.

In conclusion, a myriad of factors may influence job satisfaction among mental health professionals (e.g., large caseloads, work environment, administrative support, pay, rewards, and

role conflict). Job satisfaction remains a problem for primary care and other mental health providers who treat patients with complex trauma in community settings. It is important to better understand the relationship between job satisfaction and spirituality. In general, the results indicate that spirituality in the workplace may contribute to higher job satisfaction levels among workers.

Conclusion

There is a great deal of literature regarding job satisfaction and burnout and the effect that working in challenging environments has on the mental health of professionals who work with trauma clients. A review of the literature indicates mental health professionals working with trauma victims are susceptible to experiencing symptoms of vicarious trauma, compassion fatigue, and burnout. The literature suggests spirituality may aid in enhancing a person's quality of life, minimize burnout, and increase work satisfaction. This focus on the role of spiritual well-being can be useful to mental health professionals in promoting their well-being while employed in stressful work environments. This study may begin to address the relationship between burnout, job satisfaction, and spiritual well-being, and the degree to which spiritual well-being and job satisfaction predict levels of burnout.

CHAPTER 3: METHODOLOGY

Introduction

The purpose of this quantitative study was to examine the relationship between job burnout, job satisfaction, and spiritual well-being among MHPs working with trauma victims in community settings. The results of this study may provide researchers, educators, and MHPs who work with traumatized clients, a knowledge that can contribute to a decrease in counselor burnout, and thus, improve quality treatment services provided to clients who are seen in community agencies. It is vital to consider the causes that lead to greater workplace well-being in human service organizations to improve worker well-being. Spirituality is a valuable personal resource for MHPs, and it has the potential to improve worker well-being. In this chapter, I describe the methodology and procedures used in examining how spiritual well-being and job satisfaction relate to perceived job burnout.

Description of the Methodology

This study used a non-experimental complex correlational research design to describe the statistical association between three variables: burnout, job satisfaction, and spiritual well-being. To collect the information needed to answer the research questions, three survey instruments and a brief demographic questionnaire were used. With the data collected from these measures, a hierarchical multiple regression analysis was used to assess the relationship between spiritual well-being and job satisfaction (predictor variables) in predicting burnout (response variable). The researcher defined the order in which the predictor variables should be entered into the equation. For each stage, the researcher conducted a regression analysis with ample theoretical justification for the variables to determine the coefficient of the selected variables, and to

confirm whether the change in the coefficient of the variables when adding each variable was statistically significant.

Research Questions

As indicated in Chapter 1, this study was designed to examine the following three questions:

Q1: What are the levels of perceived burnout, job satisfaction, and spiritual well-being among MHPs working in community settings?

Q2: What is the relationship between perceived burnout, job satisfaction, and spiritual well-being?

Q3: To what extent can the variance in burnout be accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction?

Research Hypotheses

To examine the relationship between spiritual well-being and job satisfaction, the following hypotheses were posed:

H1. Spiritual well-being is negatively correlated to burnout among MHPs working with trauma.

H2. Spiritual well-being is positively correlated to job satisfaction of MHPs working with trauma.

H3. Spiritual well-being will serve as a significant variable to the relationship between job satisfaction and perceived burnout.

Description of the Sample

The researcher conducted this study with a sample of mental health professionals who have worked with trauma victims in community mental health settings within the last year. The

researcher excluded participants working in private settings due to differences in environmental stressors (e.g., size of the caseload, serving a large percentage of low-income families, agency policies, and workplace culture) being different than in community settings. Participants in this study were 18 years old or older and held a master's degree in counseling or related field (e.g., psychology, social work). The sample for this research was obtained through purposive sampling in which the researcher intentionally selects participants (Balkin & Kleist, 2017). This study proposed to access several professional listservs including the ACA Connect Discussion Forum, COUNSGRAD Listserv, and CESNET Listserv to recruit participants. The CESNET-L listserv is a support forum for counselor education and supervision. Counselors, counseling students, colleagues, and counselor educators may use the listserv to address problems and share resources relevant to the profession. The researcher tried to get counselor educators and supervisors to distribute the surveys to students, supervisees, and alumni through the listserv. A link with information about the study and instruments to complete was attached to the email requesting participants. The participants' identities were kept confidential. Prospective participants could volunteer if they so wished. Participants were given the researcher's contact information for further questions about the study.

Data Collection Procedures

First, permission was obtained from the Institutional Review Board for Human Subjects at Texas A&M University-Corpus Christi. Emails were sent to the listservs mentioned above, requesting permission to post a research request. The study's logic and basic information, such as the approximate time needed to complete the instrument and the study's design, were shared via email. The study proceeded after all permissions were granted.

Data Collection

Once permission was granted, an email was sent to the professional listservs including the American Counseling Association Connect Discussion forum, COUNSGRAD Listserv, and CESNET Listserv. The initial email included an overview of the study, inclusion criteria, an invitation to participate, and a direct link to the Qualtrics study instruments. The listserv posts requested that the invitation be forwarded to others who meet study criteria and might be interested in participating. The survey link included an informed consent document, demographic form, the Maslach Burnout Inventory, the Job Satisfaction Scale, and the Spiritual Well-being Scale. Prospective participants were informed that their participation in the survey should not take longer than 40 minutes to complete. A second email reminder was sent out after two weeks until the researcher reached the number of participants needed. The surveys were stored on Qualtrics servers under the researcher's ID until the required sample size was obtained.

Instrumentation

Participants were asked to complete a demographic questionnaire (see Appendix C), the Maslach Burnout Inventory, the Job Satisfaction Scale, and the Spiritual-Well-being Scale.

Maslach Burnout Inventory (MBI)

Prospective participants were directed to the MBI. For this study, the researcher only used the emotional exhaustion subscale to investigate the level of burnout. The subscale's items measure feelings of emotional exhaustion and exhaustion caused by one's job. Maslach and Leiter (1997) assert that employees in all professions must engage directly with clients on several problems that are or may be troublesome. As a result, strong emotions are more likely to be present in their workplace, contributing to constant emotional tension and the risk of burnout (Maslach & Leiter, 1997). The researcher used the emotional exhaustion subscale, as it has shown to be the best indicator of burnout (Maslach & Leiter, 1997). The nine items are answered

on a 7-Likert-type scale, ranging from 0 (never) to 6 (every day), indicating how often a given job-related feeling applies. The subscale ratings are computed by adding the rating scale answers together. Since burnout is perceived as a continuum, the MBI categorizes it as either strong, moderate, or low. The higher mean scores indicate a greater degree of burnout.

The MBI was first administered to a group of 605 professionals who worked in healthcare and service-related fields. Professionals in all of the professions surveyed had to deal directly with potentially difficult clients (Maslach & Leiter, 1997). Three variables were selected as subscales for the inventory following sufficient factor review. For each of the three MBI-HSS subscales, the MBI reliability coefficients have typically shown sufficient internal consistency. It should be noted, however, that the Depersonalization scale has had several studies with lower reliabilities. The three subscales yielded the following reliability coefficients among the 605 professionals: .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 (Maslach & Leiter, 1997). The standard error of measurement is a metric that measures the average number of points from which measured and real scores vary. The standard error of calculation for each subscale indicated a high degree of internal accuracy. The MBI's test-retest reliability was recorded for graduate students in social welfare and healthcare administrators, with the two-step sessions separated by two to four weeks. The test-retest reliability coefficients for the three subscales were .82 for Emotional Exhaustion, .60 for Depersonalization, and.80 for Personal Accomplishment, respectively. These test-retest reliability coefficients were discovered to be meaningful at the.001 stage and higher (Maslach & Leiter, 1997).

Job Satisfaction Survey (JSS)

The JSS was founded by Paul Spector to evaluate job satisfaction in human service, public, and non-profit organizations. The JSS is a 36-item questionnaire that was used to assess nine aspects or dimensions of work satisfaction that are linked to overall satisfaction (Spector, 1994). The nine components of the survey are pay, promotion, supervision, fringe benefits, contingent rewards (performance-based rewards), operating procedures (required rules and procedures), coworkers, nature of work, and communication (Spector, 1994). The JSS is well established among job satisfaction scales. For each item, participants have six choices of responses, ranging from 1 (strongly disagree) to 6 (strongly agree) on a Likert-type scale. The JSS can be completed in five to ten minutes (Spector, 1994). The reliability and validity of the JSS are determined to be moderate, with internal accuracy ratings ranging from.60 for coworkers to.91 for the overall scale. A pilot study was conducted with a sample of 202 Vietnamese white-collar workers. The results indicated a high level of internal consistency of .91 for the JSS with this population (Pham, 2016). Internal accuracy was found to be an average of.70 across a study of 3,067 participants. Over an 18-month duration, the JSS maintained an internal stability of .37 to.74. In five of the JSS subscales, a correlation of.61 for coworkers to.80 for supervision was determined. Test-retest data ranged from 48 to .075 over various time intervals (Speilberger & Vagg 1999). Overall, the JSS has been normalized and tested on human service workers, making it exclusive to the sector (Spector, 1985). The JSS uses a six-point agree-disagree scale. This means that for the four-item subscales and the 36-item total score, scores with a mean item response of 4 or more reflect satisfaction, while scores with a mean item response of 3 or less suggest dissatisfaction. Ambivalence is indicated by a mean score between 3 or 4. When converted to summed ratings, scores of 4 to 12 indicate dissatisfaction, 12 to 16 indicate

ambivalence, and 16 to 24 indicate satisfaction (Spector, 1985). Scores for the 36-item total range from 36 to 216, with disappointment ranging from 36 to 108, satisfaction from 144 to 216, and ambivalence ranging from 108 to 144.

Spiritual Well-being Scale (SWBS)

Last, participants were directed to the SWBS, which is a 20-item scale, measured on a 6-point Likert- type scale from 1 (strongly agree) to 6 (strongly disagree). The SWBS has two subscales, Religious Well-being (RWB) and Emotional Well-being (EWB), which are considered interrelated to spirituality (Paloutzian & Ellison, 1982). The SWBS was created to assess a non-theological aspect of spirituality. The SWBS was developed to determine an element of faith that is not theological. As individuals discuss faith, the SWBS understands that they are referring to religious or existential well-being. Individuals whose SWBS is decided by their relationship with God or another higher authority are entitled to use the RWBS. The EWBS is for those who define spiritual well-being as a sense of fulfillment in life or a sense of meaning in life. As a result, the scale is nonsectarian and can be used to assess spirituality regardless of religious preference. The cumulative score on the SWBS scale is determined by adding the 20 elements together. It ranges from 20 to 120 points, with a higher score reflecting a higher degree of SWBS. Subscale scores are determined by combining the RWB and EWB scales' ten items. For this study, the total scale score was used. Cronbach's coefficient alpha for the SWBS scale was .81, .94 for the RWBS, and .80 for the EWBS in previous studies, indicating that the scales had reasonable internal consistency (Paloutzian & Ellison, 1982). The relationship between SWBS scores and subscales from the Rokeach Importance Survey and the Sexual Orientation Inventory was investigated in this study of 45 substance abuse counselors in Virginia (Robert et

al., 2006). The SWBS scale overall had a test-retest reliability of .93, the RWB subscale had a reliability of .96, and the EWB subscale had a reliability of .86 (Brooks & Mathews, 2000).

Data Analysis

Statistical Power Analysis

An a priori power analysis using G*power was used to evaluate the required sample size for this study. Based on an alpha of .05, the desired power level of .80, and two predictors, the calculation revealed that at least 68 participants were be required to detect a moderate effect size (.15).

Preliminary Analysis

SPSS (Version 26) was used to perform all statistical analysis. First, for each scale used in the analysis, descriptive statistics and alpha coefficients were computed. The researcher then performed a sequence of Pearson product-moment correlations to examine the relationships between the study variables and determine if multicollinearity existed. Lastly, a hierarchical multiple regression analysis was performed to address research question #1 (descriptive), question #2 (correlations), and question #3 (hierarchical multiple regression).

Primary Analysis

A non-experimental correlational study design was used to investigate the relationship between burnout, job satisfaction, and spiritual well-being. A hierarchical multiple linear regression analysis was used to evaluate the relative contribution of job satisfaction and spiritual well-being to the variance in the perceived burnout scale scored. The hierarchal multiple regression was used to show spiritual well-being moderates the relationship between job satisfaction and perceived burnout. For each analysis conducted, statistical significance was determined by using an alpha level of .05.

Research Question 1

What are the levels of burnout, job satisfaction, and spiritual well-being among MHPs who work with trauma?

To answer the first research question, the overall levels of burnout, job satisfaction, and spiritual well-being were analyzed. Means, standard deviations, score ranges, and alpha coefficients were calculated for all scales (Creswell, 2014).

Research Question 2

What is the relationship between perceived burnout, job satisfaction, and spiritual well-being?

To determine the relationship between the three variables in this analysis, a series of Pearson product-moment correlations were computed. These variables included the results of the instrumentation on burnout, job satisfaction, and SWBS. The correlation analysis generated a Pearson-product moment correlation coefficient, which calculated the intensity and orientation of a linear relationship between two variables. Four main assumptions needed to be met to produce a valid result. The assumptions included: a) variables should be measured on at least an interval scale and the researcher visually inspected the variables measured; b) there must be a linear relationship between two variables. The researcher checked for major outliers and a linear association between two variables using a scatterplot; c) there should be no significant outliers, and d) the variables should have a roughly normal distribution. Lastly, the results of the SPSS output were reported.

Research Question 3

To what extent can the variance in burnout be accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction?

To answer this question a hierarchical multiple regression was conducted. The following model assumptions were first verified: a) The dependent variable should be evaluated on a continuous scale; b) more than two independent variables should be either continuous or categorical; c) residuals should be independent; d) linear relationship; e) homoscedasticity; f) multicollinearity; g) no major outliers; and h) residuals (errors) should be roughly normally distributed (Field, 2013).

To test the assumption of independence of residuals, the researcher used the Normal Plot (P-P) of the Regression Standardized residuals. The residuals should not indicate any trend, as this would mean that the residuals were not independent. This indicates that there are no significant deviations from normalcy. If the residuals had a strongly rectangular distribution, with the bulk of the scores concentrated in the center (along the 0 point). Deviations way from the centralized rectangle suggest some violation of the assumption. Linearity and homoscedasticity were assessed through standardized residual plots. The relationship between the independent and dependent variables had to be linear and scatterplots cab be used to check the linearity. The assumption of homoscedasticity states that the variance of error terms is similar across the values of the independent variables (Field, 2013). A plot of standardized residuals will reveal whether points are spread uniformly across all independent variable values. The researcher used standardized residuals and scatterplots to distinguish outliers. Outliers or drastic scores can be excluded from the data collection or given a score that is high but not too distinct from the remaining cluster of scores. To assess for multicollinearity, the researcher examined the correlation matrix of the variables. The premise behind multiple regression is that the independent variables are not highly correlated. When computing a matrix of Pearson's bivariate correlations among all independent variables, the magnitude of the correlation coefficients

should be less than.80. If there is multicollinearity in the data, one approach is to focus the data by subtracting the mean score from each observation for each independent variable. A hieratical multiple regression analysis was performed after it was determined that none of the model assumptions had been violated.

With a hierarchical multiple regression, the researcher entered variables into the regression equation one by one, in a certain order determined in advance by the researcher based on prior knowledge or theory (Keith, 2015). According to Keith (2015), the amount of variance explained by each independent variable varied based on their order of inclusion in the regression analysis. Variables can be entered in order of actual time precedent, reasoning, or prior study findings, as the order of entry has a significant impact on the results. In this study, the predictor variables were spiritual well-being and job satisfaction. The criterion variable is the scores of burnout of the participants. The researcher was interested in finding out to what extent the variance in burnout can be accounted for by the counselor's sense of spiritual well-being after controlling for job satisfaction. Previous research suggested that spiritual well-being being can aid in burnout experienced by MHPs. The researcher decided to "control" for job satisfaction, the variable was entered into the first block of the analysis. Spiritual well-being was entered in the second block of the analysis to determine its unique contribution to the variance in burnout scores.

Assumptions

I believed that the participants answered the questions honestly and truthfully, that they understood the survey instruments, and that the instruments were valid and measured the constructs in this analysis. I also assumed the individuals who completed the survey were the

ones to whom it was sent and they were MHPs working with trauma. Finally, I assumed individuals who suffer from burnout may have preferred to not respond.

Threats to Validity

Internal validity is related to the measuring instruments used in this analysis (Field, 2013). Internal validity measures the extent to which the instruments are accurate in their measurement and the extent to which the instruments themselves may be responsible for the outcomes of this study. The survey was administered online to minimize self-reported bias, and the participants' identities were kept anonymous. The researcher was aware the percentage of participants cannot be obtained. Furthermore, significant events (i.e., pandemic) during the study could have affected the findings of this study.

Delimitations

Results from the study are based on responses from ACA Connect Discussion Forum, COUNSGRAD listserv, and CESNET Listserv members and may not be generalizable to MHPs working with trauma who are not members of the ACA Connect Discussion Forum and the professional listservs. A second delimitation is that the variables used to represent the latent constructs in the study were based on measures used. Other measures of spiritual well-being, job satisfaction, or burnout may have provided different results.

Limitations

The study was be limited to data based on self-report instruments. Self-reported answers may be exaggerated, or respondents may not want to disclose personal information. The participants voluntarily participated and received no incentives. A significant limitation is that the researcher could not report on response rates nor comment on how many people had access to the survey.

CHAPTER IV: RESULTS

This chapter includes results based on a quantitative analysis aimed at examining the relationship between burnout, job satisfaction, and spiritual wellbeing. This chapter describes the data preparation steps that were taken, includes a demographic profile of the participants, and summarizes the findings of the preliminary and primary analyses that were performed. To answer the first research question, descriptive statistics were computed. To address the second research question, a series of Pearson product-moment correlations were computed to evaluate the relationships between the study variables. To address the third research question, A hierarchical multiple regression analysis was used to understand how the identified predictor variables explained the variance in the outcome measure.

Q1: What are the levels of perceived burnout, job satisfaction, and spiritual well-being among MHPs working in community mental health settings?

Q2: What is the relationship between perceived burnout, job satisfaction, and spiritual well-being?

Q3: To what extent can the variance in burnout be accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction?

Data Preparation

A total of 99 participants responded to this study. Not all participants completed the surveys, resulting in the need to drop cases from the sample. This step led to the removal of 22 cases, leaving a final sample of 77 people. After inspecting the data from the remaining participants, 4 of 5,467 values (.07%) were found to be missing. I evaluated the data to determine if it was missing randomly or not. According to Carpenter (2012), researchers can use many methods for cases with missing data. Data were transformed with the NMISS formula (0=

data I had; -1= missing data) to determine their randomness (Carpenter, 2012). The NMISS functions can be used to count the number of missing values in a list of values. NMISS functions returned a zero if no missing values are found. Bivariate correlations of replaced data were also computed and compared to each untransformed variable to determine if the data were missing completely at random (MCAR) or missing at random (MAR). The percentage of lost data and bivariate analysis showed that the data were missing completely at random (MCAR). With no discernible pattern among the missing values, I opted to replace them using the series mean function in SPSS. After addressing missingness in my sample and replacing missing values, my data was ready for analysis.

Demographics

The sample in this study included 77 mental health professional working with trauma in a community setting within the past year. The mean age of the participants was 41.73 years (*SD* = 11.65; range 27-71 years). The median age of the participants was 45 years. The mean years of experience working with trauma clients was 9.22 (*SD* = 8.62; range 1- 42), with 8 participants failing to respond to the demographic query. The median years of experience working with trauma clients was 11.5 years. The mean typical caseload size was 26.44 (*SD* = 24.06; range 0-120). Participants identified themselves as Hispanic Latino Spanish Origin or non-Hispanic Latino or of Spanish Origin. Twenty-six participants (*n*= 26, 33.8%) reported Hispanic, Latino, or of Spanish origin and 51 participants (*n*= 51, 66.2%) reported not being of Hispanic, Latino, or of Spanish Origin. More women (*n*= 66, 85.7%) than men (*n*= 9, 11.69 %) participated in the study, with one participant failing to respond to the demographic query. Participants reported their academic levels as completed master's degree (n= 49, 63.6%), completed some doctoral work (*n*= 14, 18.2%), and completed doctoral degree (*n*= 12, 15.6%). Participants identified

themselves as White or Caucasian (n= 61, 79.2%), African American (*n*= 6, 7.8%), American Indian or Alaska Native (*n* = 1, 1.3%), Native-American (*n*= 1, 1.3%), and multi-racial (*n*= 4, 5.2%). With respect to type of setting currently working in, participants reported working in public sector (*n*= 17, 22%), non-profit organization (*n*= 44, 77%), Other participants reported working in private practice (*n*= 3, 9.09%), both private and nonprofit (*n*= 1; 1.3%), college counseling center (*n*= 2; 2.6%), contract counseling (*n*= 2, 1.3%), for profit organization (*n*= 1, 1.3%), residential treatment center (*n*= 1, 1.3%), School district (*n*= 1, 1.3%), and not working (*n*= 1, 1.3). Lastly, 87% (*n*= 67) reported taking part in any religious or spiritual self-care while 13% (*n*= 10) reported they did.

Primary Analyses

Research Question 1

The mean standard deviations, score ranges, and alpha coefficients for all scales were computed (see table 1). Burnout scores were obtained using one of the MBI-HSS subscales, Emotional Exhaustion. The mean Emotional Exhaustion score for all respondents was 24.78 (SD = 11.53; Range 10 – 54), with a score of 17 to 26 indicating a moderate level of emotional exhaustion. To establish further evidence, estimates of reliability were assessed using Cronbach's coefficient alpha. The Cronbach's coefficient alpha for Emotional exhaustion was .85. Past research shows the estimated internal reliability using Cronbach's coefficient alpha yielded an estimate for the MBI scale as .90 for Emotional Exhaustion (Maslach, Jackson, & Leiter, 1996). The job satisfaction scores were obtained by using the overall score from the JSS and computed by summing the responses to all thirty-six items. The mean for job satisfaction was 132.20 (SD = 11.38; Range 99 – 158), with a score of 108 – 144 indicating ambivalence (uncertainty). The Cronbach's coefficient alpha for job satisfaction was .82. Pre-established test-

retest reliability shows the Cronbach's coefficient alpha estimate for the JSS scale reported as .91 (Spector, P. E., 1985). Last, the mean for spiritual well-being was 67.72 (SD = 7.14; Range 50 – 87), with a score of 41-99 indicating a sense of moderate spiritual well-being. The Cronbach's coefficient alpha was .88. Pre-established test-retest reliability shows the Cronbach's coefficient alpha estimate for Spiritual Being-Scale as .93. 99, and .82 (Paloutzian & Ellison, 1991). The total scale score for the MBI, JSS, and SWBS was computed (see Table 1).

Table 1

Descriptive Statistics and Alpha Coefficients for all Study Variables (N = 77)

Variable	***M***	***SD***	**Range**	$\boldsymbol{\alpha}$
Maslach Burnout Inventory (MBI) Score	24.78	11.53	10 – 54	.85
Job Satisfaction Scale (JSS)	132.2	11.38	99 – 158	.82
Spiritual Well-Being Scale (SWBS)	67.72	7.148	50 – 87	.88

Research Question 2

To address this question, a series of Pearson-product moment correlations were computed to assess the relationship between burnout, job satisfaction, and spiritual well-being. The results show that there was a statistically significant relationship between burnout and job satisfaction r = .301, *n* = 77, p = .008). There was no correlation between burnout and spiritual well-being r = .154, *n* = 77, p = .18). A correlational matrix summarizes the results (Table 2). Overall, there was a strong positive correlation between levels of burnout and job satisfaction. Based on these results, participants reported a moderate level of burnout. Burnout is viewed on a continuum and measures levels of burnout as either high, moderate, or low (Maslach & Leiter, 1997). The higher the mean score on the Emotional exhaustion scale corresponds to higher levels of burnout.

Results suggest MHPs suffering from burnout may feel emotionally exhausted which refers to feeling overextended. The results showed that participants were ambivalent in their overall job satisfaction range.

Table 2

Summary of Pearson's Product-Moment Correlations between all Variables

Variables	1	2	3
1. Burnout	-		
2. Job Satisfaction	.30**	-	
3. Spiritual Well-Being	.15	-.03	-

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

Tests of Model Assumptions

To assess the assumption of normality for the correlation analysis, box plots were inspected by looking at the skewness values of the burnout (.94), job satisfaction (-.36), and spiritual wellbeing variable (.36), the values were considered acceptable to prove normality (George & Mallery, 2010). According to George and Mallery (2010), skewness and kurtosis values between -1.96 and +1.96 are appropriate for demonstrating a normal univariate distribution. Box plot analyses and the Shapiro-Wilk test of normality ($W > .01$) indicated the data to be normally distributed for all measures. To assess for multicollinearity, bivariate correlations, and variance inflation factors (VIF) were examined. VIF values greater than 10 indicate multicollinearity, which is a cause for concern. This is supported by the VIF value, which is 1.001, which is well below the cut-off of 10. As a result, I determined that this assumption was met. To assess the assumptions of linearity and homoscedasticity, standardized residual plots were inspected. These assumptions were checked by inspecting a Normal

Probability Plot (P-P) of the regression Standardized Residual and a Scatter plot. Deviations from a centralized rectangle on the scatterplot would indicate a violation of the assumption (Fidell, 2013 p.125). The residuals were rectangularly distributed, with the majority of the scores concentrated in the middle (along the 0 point). The findings of these preliminary analyses revealed no indications that these assumptions had been violated. Therefore, I determined that this assumption was met. As a result, the data were considered appropriate to analyze using a series of Pearson product-moment correlations and hierarchical multiple regression.

Research Question 3

A hierarchical multiple regression analysis was performed to assess the degree to which spiritual well-being and job satisfaction predict levels of burnout, after controlling for job satisfaction. Job satisfaction was entered in step 1. The predictor variable job satisfaction explained a significant portion of the variance in burnout, F (1, 75) = 7.5, p <.008, R^2 = .091 (adjusted R^2 = 7.8). In the second step, spiritual well-being was added to the model as a predictor variable to determine the extent to which spiritual well-being improves the prediction of burnout. The inclusion of spiritual well-being resulted in a non-significant portion of the variance in burnout, F (1, 74) = 2.3, p < .136, R^2 = .118 (adjusted R^2 = .094), with 2.7% of variance being added to the model. Collectively, the two models predicted 9.4 of the variance in burnout.

Table 3

Summary of Hierarchical Multiple Regression Analyses

Variable	B	SE B	β	t	F	ΔR2	R2
Model 1					7.5	.09	.09**
Job Satisfaction	.30	.11	.30	2.7			
Model 2					2.3	.03	.12
Job Satisfaction	.31	.11	.30	2.8			
Spiritual Well-Being	.26	.18	.16	1.5			

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

Chapter Summary

Utilizing the survey responses of 77 mental health professionals, various statistical analyses were employed to answer the research questions. First, mean, standard deviations, range, and alpha coefficients were computed for all scales to assess overall levels of burnout, job satisfaction, and spiritual well-being. Second, a series of Pearson product-moment correlations were computed to assess the relationship between the three variables in this study. Last, a hierarchical multiple regression analysis was performed to evaluate the relationship betw³een burnout, job satisfaction, and spiritual well-being. There was a significant relationship between burnout and job satisfaction, with job satisfaction explaining 7.8% of the variance in burnout. However, the addition of the spiritual well-being variable did not significantly contribute to the explained variance.

CHAPTER V: DISCUSSION

The current study was conducted to better understand the relationship between burnout, job satisfaction, and spiritual well-being among MHPs working with trauma clients. An additional goal of this study was to understand the degree to which spiritual well-being and job satisfaction predict levels of burnout. In this chapter, a discussion of the results of the current study is provided within the context of previous research on burnout, job satisfaction, and spirituality. This section includes the implications of the findings, limitations of the study, and recommendations for future research.

Researchers have previously been successful in determining the environmental antecedents of burnout in a variety of mental health professions (Lim et al., 2010; Papathanasiou, 2015; Schwartz, 2012; Slayers, 2015). As stated earlier, there is a lack of research on how burnout affects MHPs working with traumatized clients. Mental health professionals working in demanding environments are at risk of burnout if not addressed early (Fleury et al, 2017; Wardle & Mayorga, 2016). Job burnout results in physical and emotional exhaustion, as well as job dissatisfaction, which results in reduced productivity in the workplace. (Schaufeli et al., 2009). Job satisfaction has a significant influence on job-related behaviors like turnover, absenteeism, and performance (Maslach & Leiter, 2008; Scanlan & Still, 2019). Spirituality is a potential protective factor for MHPs who are faced with burnout and other problems in their work (Hardiman & Simmons, 2013). While spirituality may be difficult to measure, it plays a big role in our mental well-being, and interpersonal lives as well as in the way we see things and understand (Ellison, 1983).

Findings

Research Question 1

What are the levels of perceived burnout, job satisfaction, and spiritual well-being among MHPs working in community mental health settings?

To examine question 1, the mean standard deviations, score ranges, and alpha coefficients for all scales were computed (see Table 1). The average degree of burnout found in the present sample of MHPs was similar to the levels reported in the normative sample of MHPs by Maslach et al. (1996). Other studies report similar findings, with MHPs showing levels of burnout ranging from low to moderate levels (Slayers, 2015; Papathanasiou, 2015). It should be noted that the findings are based on moderate levels of burnout reported by this sample. The results of this study show that the mean Emotional Exhaustion score for all respondents was 24.28 (SD = 11.53), indicating a moderate level of emotional exhaustion. Results indicate MHPs suffering from burnout may feel emotionally exhausted or overextended.

The mean job satisfaction score reported by the current sample was 132.20 (SD = 11.38), indicating ambivalence towards their jobs. The average degree of job satisfaction found in the present sample of MHPs was slightly lower than expected levels reported in the normative sample of MHPs by Spector (1985). Past research shows that due to high caseloads, management responsibilities, organizational policies and procedures, and limited resources, job satisfaction, and burnout are often associated with one another. Mental health professionals are more likely to leave their place of employment when they are less satisfied with their jobs. According to Maslach & Leiter, 2008), job burnout and job satisfaction can affect employees' mental health and eventually affect the way they perceive their work. The workplace environment can have a significant impact on an individuals' physical and mental well-being. It is possible that events at the time of the study (i.e., the COVID-19 pandemic) could have caused added stress influencing the way they perceived their work. In the face of unprecedented need, many mental health

professionals may have been working overtime, working with more trauma complex cases, and/or dealing with changes in their work environment while addressing their pandemic-related stress. This might explain why participants in this sample reported feeling ambivalent towards their job.

Last, the mean for spiritual well-being was 67.78 (SD = 7.14), which indicated a sense of moderate spiritual well-being. The average degree of spiritual well-being found in the present sample of MHPs was lower than the normative sample (Paloutzian & Ellison, 1982). Other studies report similar findings, with samples of MHPs reporting lower to moderate levels of religious spiritual well-being (Brown et al. (2013; Lizano, Godoy, Allen, 2019). However, Hardiman and Simmons (2013) reported higher levels of spiritual well-being among 89 counselors and psychotherapists working in private practice and organization-based community mental health settings. The difference in results may have been due to other studies having bigger samples or recruiting participants from different sites. In addition, findings suggest that 87% of participants reported not taking part in any religious or spiritual self-care, however, others may have used other forms of self-care that are not spiritually related.

Research Question 2

What is the relationship between perceived burnout, job satisfaction, and spiritual well-being?

To answer this question, a series of Pearson-product moment correlations were calculated to determine the relationship between work burnout, job satisfaction, and spiritual well-being. The current study found that there was a statistically significant relationship between burnout and job satisfaction (r = .30, n = 77, p = .8). Past research shows there is a link between job burnout and job satisfaction (Lim et al., 2010 & Thompson et al., 2014). As mentioned in the

literature, these authors suggest that job burnout and job satisfaction can affect employees' mental health. These authors suggested attention should be given to the complications of role overload and the range of responsibility of employees. The findings of this study did not demonstrate a correlation between burnout and spiritual well-being ($r = .154$, $n = 77$, $p = .18$). A correlational matrix summarizes the results (see Table 2). The nonsignificant relationship between these variables is inconsistent with other studies that have tested spirituality as a protective factor concerning burnout development (Parkes et al., 2010; Ellison; Hardiman & Simmonds, 2013). Therefore, I concluded that this study does not support the hypothesis that spiritual well-being is positively related to job satisfaction among MHPs working with trauma. In other studies, involving non-counselors, findings show higher levels of spiritual well-being. According to Tejeda (2015) and Robert et al. (2006), spirituality tends to have a positive impact on workplace outcomes and attitudes. However, participants in these two studies were not mental health professionals and instead worked in managerial or engineering positions. The findings of the current study were consistent with findings from a recent study of social workers, mental health professionals, and human service workers (Lizano et al., 2019). Results from that study indicated that spiritual well-being was not positively correlated with job satisfaction. The fact that the study by Lizano et al. (2019) was conducted with a population more consistent with the current study may explain the similarity in results between the current study and the research of Lizano et al., (2019). Alternatively, it could simply mean that mental health professionals may have more experience working with trauma clients and thus can mitigate job burnout symptoms in other ways that are not related to spirituality or religion (e.g., professional training, other forms of self-care).

Mental health professionals who deal with emotional issues of trauma regularly may be more vulnerable to other mental health issues such as vicarious trauma (Bober & Regehr, 2006) and burnout (Craig & Sprang, 2010). Maslach and Leiter (1996) suggest that burnout manifests primarily as emotional exhaustion or "emotional fatigue" (p. 192). Mental health professionals may devote more attention and energy to other people's well-being, and the fact that they do so for long periods may explain why they experience such high rates of major emotional, cognitive, and behavioral changes (Hernandez-Wolfe et al., 2015). Results in the current study indicated a moderate level of emotional exhaustion which could explain why spiritual well-being was not a significant factor. Although they were taught the value of self-care during their preparation, MHPs may not recognize their symptoms until they are already burned out. It is possible that MHPs could have been experiencing impairment or the inability to function or cope with stress during the study, which could have impacted how they responded to the Spiritual Well-Being Scale.

Research Question 3

To what extent can the variance in burnout be accounted for by MHPs' sense of spiritual well-being after controlling for job satisfaction?

To address question 3, a hierarchical multiple regression analysis was performed to assess the degree to which spiritual well-being and job satisfaction predict levels of burnout, after controlling for job satisfaction. In the regression model, job satisfaction was entered in the first step and spiritual well-being was entered in the second step. Results confirmed a statistically significant relationship between job satisfaction and burnout. The predictor variable job satisfaction explained a significant portion of the variance in burnout, F (1, 75) = 7.5, p <.001, R^2 = 9.1 (adjusted R^2 = 7.8). The results show job satisfaction to be a statistically significant

predictor of burnout, explaining 7.8% of its variance. MHPs who reported a moderate level of burnout also reported feeling unambivalent towards their job. The last predictive factor added into the model to predict burnout was spiritual well-being. In the second step, spiritual well-being was added to the model as a predictor variable to determine the extent to which spiritual well-being improves the prediction of burnout. The inclusion of spiritual well-being resulted in a non-significant portion of the variance in burnout, $R^2 = 9.4$, F (1, 74) = 2.3, $p < .136$ being added to the model. The results indicate the addition of spiritual well-being accounted for only 1.6% in additional explained variance in your model. This is inconsistent with the previous literature that suggests spirituality may aid in enhancing a person's level of quality of life, reduced sense of burnout, and increased job satisfaction (Bickerton et al., 2014; Greenstein, 2016). Overall, the study does not support the hypotheses that spiritual well-being is negatively correlated to burnout, that spiritual well-being is positively correlated to job satisfaction, or that spiritual well-being serves as a significant variable to the relationship between job satisfaction and perceived burnout. As I previously stated, this could be due to different study samples, participants having more experience working with trauma clients and thus being able to mitigate job burnout symptoms in ways other than spirituality or religion, or participants were experiencing impairment or the inability to function or cope with stress during the study.

Practical Implications

Burnout Awareness in Mental Health Programs

First and foremost, students, educators, supervisors, and practitioners should be aware of job burnout and the impact it can have on themselves and students' well-being. According to Wardle and Mayorga (2016), burnout or persistent exhaustion, both physical and psychological, are experienced by students in counseling programs, which also raises concerns regarding their

well-being entering the mental health field. The study's findings indicate that mental health services should train students for the realistic facets of mental health workers and provide them with the necessary resources and skills to balance professional and managerial responsibilities. Supervisory guidance and in-class preparation should be considered to help prevent future burnout and its negative consequences. Furthermore, intervention programs to avoid and intervene with MHPs' burnout and occupational stress at the individual level are needed. MHPs will be able to deliver higher quality services as a result of measures to avoid burnout, which would help both the MHPs and the clients they serve. Furthermore, burnout and the impact it can have on their wellness can be part of the orientation phase when entering mental health counseling programs to promote awareness and self-care in the field of mental health work. An optimistic attitude to better self-care will help reduce adverse effects for MHPs and improve client care, all of which are ethical standards of the field (ACA, 2014).

Burnout Awareness in Mental Health Community Settings

Previous literature indicated that MHPs' responsibilities, such as work culture (e.g., dealing with large caseloads, management responsibilities, role conflict, organizational policies and procedures, and limited resources) are factors that have shown to have an impact on the MHPs' wellness and commitment to their work (Cieslak et al., 2013). Additionally, factors such as social support, job control, and role conflict have been linked to physical symptoms, emotional stress, anxiety, and depression (Picco et al., 2017). To protect employees' mental health, it is necessary to reduce psychological and social threats in the workplace, as well as physical ones. Improving management is one way to enhance the working environment. According to Livini et al. (2012), increased perceived supervisory effectiveness and a positive supervisory relationship were associated with decreased burnout, increased well-being, and job

satisfaction. Additionally, better communication among team members and a clear understanding of responsibilities resulted in an increased level of competence and effectiveness in the work of mental health professionals. Supervisors and organizations should collaborate to foster a sense of organizational belonging and encouragement, as well as provide preparation and tools for self-care and stress management. Prior research indicates that providing managers with training in communication and social skills may help reduce burnout symptoms. Supervisors will be able to enhance their ability to communicate with and assist mental health professionals with further training. Supervisors must inform themselves about burnout and engage in open dialogue and training about it to promote self-awareness and self-care practices for those they supervise.

Due to their work, MHPs can experience traumatic stress symptoms, cognitive impairment, and general psychological distress while maintaining their role as a therapist and continue helping others (Bride, 2004). As previously stated in this review, burnout does not occur overnight; rather, it is a prolonged and slow process that may last up to several years. Burnout occurs as a result of unreasonable work pressures and an employee's failure to meet them (Schaufeli et al. (2009). It is important that community mental health organizations comprehend the harmful effects of burnout on MHPs. As a result, burnout poses risk to clients as well as a liability to MHPs, who are working at a reduced capacity, not to mention the costs of employee turnover. It's also believed that those starting in the mental health field are more prone to burnout (Wardle & Mayorga, 2016). Mental health workers are at risk of burnout because they prioritize the needs of others over their own. Employee burnout can be dramatically minimized by managers, leaders, and HR professionals working to shape the work atmosphere and community to avoid burnout by keeping communication channels open, assessing workloads,

encouraging healthier work practices, providing mental wellbeing resources, and striving for environmental justice.

MHPs who deal with trauma victims are not only at risk of experiencing secondary traumatic stress disorder, but they are also at risk of burnout due to occupational problems. In these cases, MHPs can delay finding care, which can have an impact on their well-being and, as a result, the services clients receive. MHPs must educate themselves about burnout. Mental health and self-care for counselors entails prioritizing one's own mental health needs and not just those of clients. To build patterns of mental health promotion for clients, counselors must first and foremost believe in their welfare and then set forward measures to help it. MHPs may find it helpful to take additional preventative measures against burnout, such as having adequate training in working with trauma victims, communicating openly with their supervisor about burnout and job-related problems, or seeking advice with other mental health practitioners outside of their workplace. Mental health professionals should also be aware of organizational resources such as corporate wellness programs and employee assistance programs that help staff members' wellbeing. Lastly, a good work-life balance is important. This includes self-care habits, taking vacation days, and avoiding long work hours. Being aware of the symptoms of workplace burnout and consciously trying to mitigate its consequences is an important aspect of all counselors' career growth. According to the American Counseling Association's (ACA) Code of Ethics (2014), counselors must not only track their efficacy but also request help for persistent issues impairing clinical efficiency.

Future Research

The study has found that job burnout and changes in attitudes about the working climate have resulted in distress among MHPs. Findings in this study showed the mean age of the

participants was 41.73 years; the median age was 45 years. The mean number of years of experience working with trauma clients was 11.5 yrs. Future research might utilize a longitudinal design that can follow people across stages of life and stages of practice in order to gain clarity about potential differences that might exist. An additional longitudinal study might provide better understanding about how burnout develops and improves over time, as well as protective factors that could slow the onset of burnout and mitigate any negative effects MHPs can face at work. This type of study would be beneficial for determining the association between risk factors at their place of employment and the development of burnout, as well as the effectiveness of treatments over different periods. According to Maslach, Jackson, Leiter (1996-2018), a longitudinal design can present challenges such as maintaining a collaborative relationship with the organization, funding for the research, and the participants' willingness to repeatedly complete surveys for an extended time; however, longitudinal studies may provide data that short-term studies do not. Such research will aid MHPs in maintaining a higher degree of well-being, allowing them to provide more successful care to their clients while also continuing to grow as MHPs. Future burnout studies will help us better understand how MHPs' well-being and job behavior fluctuates regularly or shifts over time.

The study's results revealed that 79% of the sample classified themselves as white. Similar research with participants who more closely match the population might provide useful information. A qualitative approach can help aid in better understanding spirituality and the lived experiences of participants. Qualitative research can help capture complex habits, beliefs, and norms that other approaches are unable to. This type of approach can be more effective in explaining something that numbers alone cannot show. Further, future research on burnout, job satisfaction and spirituality among a group of participants with demographics similar to that of

the population at large may yield additional information that would be helpful to educators, supervisors, and practitioners. Additional research that examines differences among racially and ethnically diverse samples may also be of benefit.

Limitations

A limitation of this study is that MHPs who participated may have been less burned out than others who did not. It is unknown how much the amount of time that has passed after stress exposure affected subjective scores. For example, participants may have changed their work environment, which in turn affected their levels of burnout. Changes, whether in the work environment or participants' personal lives, brought about by COVID-19 (pandemic) may also have impacted results. In addition, differences in reporting may be due to a personality style (e.g., resilient, optimistic, keeping calm during stressful times) that minimizes levels of burnout. Another limitation in this study is the psychometric instruments used to measure burnout, job satisfaction, and spiritual well-being. Self-reported answers may be exaggerated, or respondents may not want to disclose personal information. Another limitation is that the survey consisted of three scales (burnout, job satisfaction, spiritual well-being) and may have been perceived as too long by the participants. This could have influenced how participants answered the questions. The sample size (N = 77) could have been too small to find statistically significant relationships from the data. Lastly, I was not able to report on response rates nor comment on how many people had access to the survey.

Conclusion

This study examined the relationships between burnout, job satisfaction, and spiritual well-being. The results showed a significant relationship between burnout and job satisfaction. The spiritual well-being variable did not show significant results when added to the regression

model, explaining for only 1.6% of its variance. Future research should continue to make research efforts in the development of burnout and protective factors to better understand MPHs who work in a range of occupations that are at risk of burnout. In addition, future research should include the utilization of longitudinal and qualitative research designs to better understand what predicts burnout among therapists working with traumatized clients. Such research can help MHPs who work in demanding community settings maintain an improved level of well-being.

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Appendix A: Information Sheet/Implied Consent

THE RELATIONSHIP BETWEEN SPIRITUAL WELL-BEING, BURNOUT, AND JOB SATISFACTION AMONG COUNSELORS WORKING WITH TRAUMA IN COMMUNITY SETTINGS

Marvarene Oliver, Ed.D., Principal Investigator and Julissa Espinoza, Student Researcher

Introduction

The purpose of this form is to provide you information to help to make the decision on whether to participate in this research study.

Why is this research being done?

The purpose of this quantitative study is to examine the relationship between job burnout, job satisfaction, and spiritual well-being among mental health professionals (MHPs) working with trauma victims in community settings. The results of this study may provide researchers, educators, and MHPs who work with traumatized clients, knowledge that can contribute to a decrease in counselor burnout.

Who can be in this study?

To be eligible to be in this study, you must meet the following criteria:

- You are a mental health professional who has worked with trauma victims in a community setting within the last year.
- You are 18 years old or older.
- You hold a master's degree in counseling or related field (e.g. psychology, social work)
- You estimate at least 25% of your cases are/were with clients who have experienced trauma.

Exclusion criteria:

- Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

What will I be asked to do?

Being in this study involves filling out a demographic form and taking the Spiritual Well-Being Scale, Job Satisfaction Scale, and the Maslach Burnout Inventory. If you agree to be in this study, you will be in this study for approximately 40 minutes.

If you choose to be in this study, the following things will happen:

- You will be asked to complete a demographic sheet and the series of surveys named above.

What are the risks involved in this study?

This research involves minimal risks or risks that are no more than what you may experience in everyday life. The main risk may include:

- Confidentiality risk: Your participation will involve collecting information about you. There is a slight risk of loss of confidentiality. Your confidentiality will be protected to the greatest extent possible. You do not have to give any information to the study that you do not want to give.

- Psychological Risk: If some questions are uncomfortable you do not need to answer any questions you do not want to answer. You may leave the study at any time without penalty.

What are the alternatives to being in this study?
Instead of being in this study, you may choose not to be in the research study.

What are the possible benefits of this study?
There may be no direct benefit to you from being in this research study. By being in this study, you may help researchers learn more about the experiences of mental health professionals working in community settings with traumatized clients. The results of this study may provide researchers, educators, and MHPs who work with traumatized clients, knowledge that can contribute to a decrease in counselor burnout.

What will I receive if I am in the study?
There are no incentives for participating in this study.

Do I have to participate?
No. **Being in a research study is voluntary.** If you choose not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled.

What if I change my mind?
You may quit at any time. There will be no penalty or loss of benefits to which you are otherwise entitled.

You may decide not to participate or quit at any time without your current or future relations with Texas A&M University-Corpus Christi or any cooperating institution being affected.

What about protecting my information?

When information collected about you includes identifiers like your email the study can involve confidential information.

Your information will be protected by:

- The survey will not ask for or collect any identifiers from you so researchers will not know who participated and who did not.

- All research records will be kept securely.
- Research records will be seen only by authorized research team members.
- We will share your information only when we must, will only share the information that is needed, and will ask anyone who receives it from us to protect your privacy.
- No identifiers linking you to this study will be included in any report that might be published or presentation.

Once data analysis is complete, your identifiers will be removed from the research data. Your information collected as part of this research, even after identifiers are removed, will not be used or distributed for future research studies.

Who can I contact with questions about the research?
Dr. Marvarene Oliver is in charge of this research study. You may contact Marvarene Oliver at Marvarene. Oliver@tamucc.edu with questions at any time during the study.

You may also contact Julissa Espinoza at jespinoza22@islander.tamucc.edu with any questions you may have.

Who can I contact about my rights as a research participant?

You may also call Texas A&M University-Corpus Christi Institutional Review Board (IRB) with questions or complaints about this study at irb@tamucc.edu or 361-825-2497. The IRB is a committee of faculty members, statisticians, researchers, community advocates, and others that ensures that a research study is ethical and that the rights of study participants are protected.

CONSENT TO PARTICIPATE

To participate in the study, you are consenting by clicking on the link at the end of the form, which will then direct you to the survey. By filling out the survey, you are agreeing to participate in the study. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, you have a master's degree in counseling or related field (e.g., social work, psychology), and you estimate at least 25% of cases are clients who have experienced trauma.

If you do not agree to participate in the research study, please exit this form and do not fill out the survey.

Appendix B: Demographic Form

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

1. With what gender do you identify with?

2. What is your age?

3. Are you Hispanic, Latino, or of Spanish origin?
□ Yes
□ No

4. What race do you identify with?
□ Black/African American
□ Asian
□ White
□ American Indian or Alaska Native
□ Native Hawaiian or Other Pacific Islander
□ Multi-racial
□ Other_____

5. Your highest level of education attained
□ Completed master's degree
□ Some doctoral work
□ Completed doctoral degree

6. Please indicate the type of degree program you completed.
□ Counseling
□ Social Work
□ Psychology
□ Other (please specify) _____

7. How many years have you worked with clients who have experienced trauma?

8. What type of setting do you currently work in?
□ Public Sector
□ Non-Profit Organizations
□ Other (please specify) _____

9. What is or was your typical caseload size?

10. Do you take part in any religious or spiritual self-care, which could include but is not limited to church, gardening, yoga, meditation, nature walks, prayer, moments of silence, and/or spiritual dancing?
□Yes □ No

Appendix C: ACA Connect Discussion Post

Greetings ACA Connect Members,

My name is Julissa Espinoza and I am a doctoral candidate at Texas A&M University-Corpus Christi.

I am inviting you to participate in my dissertation research study, The Relationship between Spiritual Well-Being, Burnout, and Job Satisfaction Among Mental Health Professionals Working with Trauma in Community Settings. The purpose of this study is to investigate the relationship between spiritual well-being, burnout, and job satisfaction. I am also requesting that you share this post with anyone you believe meets inclusion criteria and might be interested in participating.

You are eligible to participate in this study if:

1. You are a mental health professional who has worked with trauma victims in a community setting within the last year.
2. You are 18 years old or older.
3. You hold a master's degree in counseling or related field (e.g. psychology, social work)
4. You estimate at least 25% of your cases with clients have experienced trauma.

Exclusion criteria:

1. Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

Participants will be asked to complete a series of surveys and demographic sheet that should take approximately 40 minutes or less to complete. An Information Sheet/Implied Consent is provided as the first page of the survey and includes additional information about my research. After you have read the consent form, you can proceed to survey document. Doing so will indicate that you have read the information/consent document and would like to take part in the survey. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, and has a master degree in the counseling or related field (e.g., Social work, psychology). Participation in the study is voluntary and you may leave the study at any time without penalty. The data collected will be anonymous and no identifying information that can link the information to the participants will be sought.

This study has been approved by Texas A&M University's IRB office, Study #_____.

If you are interested in participating, please click on the link below:

Access Survey Here: _____

If you have questions, you are encouraged to contact Julissa Espinoza at jespinoza22@islander.tamucc.edu or my dissertation chair, Dr. Marvarene Oliver at Marvarene.Oliver@tamucc.edu

Wishing you continued success,

Julissa Espinoza

Appendix D: CESNET Post

Greetings CESNET Members,

My name is Julissa Espinoza and I'm a doctoral candidate at Texas A&M University Corpus Christi.

I am inviting you to participate in my dissertation research study, The Relationship Between Spiritual Well-Being, Burnout, and Job Satisfaction Among Counselors Working with Trauma in Community Settings. The purpose of this study is to investigate the relationship between spiritual well-being, burnout, and job satisfaction.

I am also requesting that you share this post with anyone you believe meets inclusion criteria and might be interested in participating.

You are eligible to participate in this study if:

1. You are a mental health professional who has worked with trauma victims in a community setting within the last year.
2. You are 18 years old or older.
3. You hold a master's degree in counseling or related field (e.g. psychology, social work).
4. You estimate at least 25% of your cases with clients have experienced trauma.

Exclusion criteria:

1. Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

Participants will be asked to complete a series of surveys and demographic sheet that should take approximately 40 minutes or less to complete. An Information Sheet/Implied Consent is provided as the first page of the survey and includes additional information about my research. After you have read the consent form, you can proceed to survey document. Doing so will indicate that you have read the information/consent document and would like to take part in the survey. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, and has a master degree in the counseling or related field (e.g., Social work, psychology). Participation in the study is voluntary and you may leave the study at any time without penalty. The data collected will be anonymous and no identifying information that can link the information to the participants will be sought.

This study has been approved by Texas A&M University's IRB office, Study #_____.

If you are interested in participating, please click on the link below:

Access Survey Here: _____

If you have questions, you are encouraged to contact Julissa Espinoza at jespinoza22@islander.tamucc.edu or my dissertation chair, Dr. Marvarene Oliver at Marvarene.Oliver@tamucc.edu

Wishing you continued success,

Julissa Espinoza

Appendix E: International Society For The Study Of Trauma & Dissociation Post (ISST)

Greetings ISST members,

My name is Julissa Espinoza and I am a doctoral candidate at Texas A&M University- Corpus Christi.

I am inviting you to participate in my dissertation research study, The Relationship between Spiritual Well-Being, Burnout, and Job Satisfaction Among Counselors Working with Trauma in Community Settings. The purpose of this study is to investigate the relationship between spiritual well-being, burnout, and job satisfaction. I am also requesting that you share this post with anyone you believe meets criteria inclusion and might be interested in participating.

You are eligible to participate in this study if:

1. You are a mental health professional who has worked with trauma victims in a community setting within the last year.
2. You are 18 years old or older.
3. You hold a master's degree in counseling or related field (e.g. psychology, social work)
4. You estimate at least 25% of your cases with clients have experienced trauma.

Exclusion criteria:

1. Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

Participants will be asked to complete a series of surveys and demographic sheet that should take approximately 40 minutes or less to complete. An Information Sheet/Implied Consent is provided as the first page of the survey and includes additional information about my research. After you have read the consent form, you can proceed to survey document. Doing so will indicate that you have read the information/consent document and would like to take part in the survey. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, and has a master degree in the counseling or related field (e.g., Social work, psychology). Participation in the study is voluntary and you may leave the study at any time without penalty. The data collected will be anonymous and no identifying information that can link the information to the participants will be sought.

This study has been approved by Texas A&M University's IRB office, Study #_____.

If you are interested in participating, please click on the link below:

Access Survey Here: _____

If you have questions, you are encouraged to contact Julissa Espinoza at jespinoza22@islander.tamucc.edu or my dissertation chair, Dr. Marvarene Oliver at Marvarene.Oliver@tamucc.edu

Wishing you continued success,

Julissa Espinoza

Appendix F: ACA COUNSGRAD Post

Greetings COUNSGRAD Members,

My name is Julissa Espinoza and I'm a doctoral candidate at Texas A&M University Corpus Christi.

I am inviting you to participate in my dissertation research study, The Relationship Between Spiritual Well-Being, Burnout, and Job Satisfaction Among Counselors Working with Trauma in Community Settings. The purpose of this study is to investigate the relationship between spiritual well-being, burnout, and job satisfaction.

I am also requesting that you share this post with anyone you believe meets inclusion criteria and might be interested in participating.

You are eligible to participate in this study if:

1. You are a mental health professional who has worked with trauma victims in a community setting within the last year.
2. You are 18 years old or older.
3. You hold a master's degree in counseling or related field (e.g. psychology, social work)
4. You estimate at least 25% of your cases with clients have experienced trauma.

Exclusion criteria:

1. Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

Participants will be asked to complete a series of surveys and demographic sheet that should take approximately 40 minutes or less to complete. An Information Sheet/Implied Consent is provided as the first page of the survey and includes additional information about my research. After you have read the consent form, you can proceed to survey document. Doing so will indicate that you have read the information/consent document and would like to take part in the survey. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, and has a master degree in the counseling or related field (e.g., Social work, psychology). Participation in the study is voluntary and you may leave the study at any time without penalty. The data collected will be anonymous and no identifying information that can link the information to the participants will be sought.

This study has been approved by Texas A&M University's IRB office, Study #_____.

If you are interested in participating, please click on the link below:

Access Survey Here: _____

If you have questions, you are encouraged to contact Julissa Espinoza at jespinoza22@islander.tamucc.edu or my dissertation chair, Dr. Marvarene Oliver at Marvarene.Oliver@tamucc.edu

Wishing you continued success,

Julissa Espinoza

Appendix G: EMDR Therapists Resources Facebook Post

Greetings,

My name is Julissa Espinoza and I'm a doctoral candidate at Texas A&M University Corpus Christi.

I am inviting you to participate in my dissertation research study, The Relationship Between Spiritual Well-Being, Burnout, and Job Satisfaction Among Counselors Working with Trauma in Community Settings. The purpose of this study is to investigate the relationship between spiritual well-being, burnout, and job satisfaction.

I am also requesting that you share this post with anyone you believe meets inclusion criteria and might be interested in participating.

You are eligible to participate in this study if:

1. You are a mental health professional who has worked with trauma victims in a community setting within the last year.
2. You are 18 years old or older.
3. You hold a master's degree in counseling or related field (e.g. psychology, social work)
4. You estimate at least 25% of your cases with clients have experienced trauma.

Exclusion criteria:

1. Anyone who does not speak English will be excluded from the study because not all assessments are validated in other languages.

Participants will be asked to complete a series of surveys and demographic sheet that should take approximately 40 minutes or less to complete. An Information Sheet/Implied Consent is provided as the first page of the survey and includes additional information about my research. After you have read the consent form, you can proceed to survey document. Doing so will indicate that you have read the information/consent document and would like to take part in the survey. By participating in this study, you are also certifying that you are 18 years of age or older, you are a mental health professional who is working in a community agency or has worked in a community agency in the past year, and has a master degree in the counseling or related field (e.g., Social work, psychology). Participation in the study is voluntary and you may leave the study at any time without penalty. The data collected will be anonymous and no identifying information that can link the information to the participants will be sought.

This study has been approved by Texas A&M University's IRB office, Study # TAMU-CC-IRB-2020-07-061.

If you are interested in participating, please click on the link below:

Access Survey Here: _____

If you have questions, you are encouraged to contact Julissa Espinoza at jespinoza22@islander.tamucc.edu or my dissertation chair, Dr. Marvarene Oliver at Marvarene.Oliver@tamucc.edu

Wishing you continued success,

Julissa Espinoza

Appendix J: Permission for Use of CESNET Listserv

Thank you for taking the appropriate and ethical procedure to contact me and ask permission to post to the listserv. Please also pass on to your advisor my gratitude.

Take a look at the survey recommendations at www.cesnet-l.net for ideas about doing research using CESNET-L. Make sure that your request contains all of the specified information. After that, feel free to proceed and post.

With best regards,

Dr. Marty Jencius
Associate Professor of Counseling
Kent State University
Counseling & Human Development Services
Rm 310 - White Hall Bldg
Kent, OH 44242
mjencius@kent.edu

Appendix K: Permission for Use Of ACA Connect Discussion Listserv

Hello Julissa,

Thank you for contacting the ACA! I would consider utilizing the ACA Connect discussion forum. You can utilize this platform as long as you are an ACA member (https://community.counseling.org/home then click on all communities, you will want to select "Calls for Study Participants" and you can post there. If the dissertation topic includes a subject matter that is represented throughout some of the other communities you may post it there as well. Another place I would recommend is the COUNSGRAD listserv (this is not regulated by ACA) https://www.counseling.org/aca-community/listservs. CESNET might be a great option too.

Please let me know if you have any questions.

Kindest regards,

Danielle

Danielle Irving-Johnson, EdS, LGPC
Career Services Specialist
Ph 703-823-9800 x214
Facebook | **Twitter** | **Linkedin** | **Instagram**

Appendix L: Permission for Use of COUNSGRADS Listserv

You may post to COUNSGRADS.

You must be a member to post.

To join, go to:
http://go.osu.edu/COUNSGRADS

Best of luck with your research,

Dr Granello

Darcy Haag Granello, Ph.D., LPCC
Professor of Counselor Education
Director, Suicide Prevention Program
The Ohio State University
Counselor Education website:
http://counselored.ehe.osu.edu/

Appendix M: MBI-HSS Survey

Partial Instrument: MBI-Human Services Survey (C. Maslach, S.E. Jackson, M.P. Leiter, 1996). The researcher used the Emotional Exhaustion subscale as it has shown to be the best indicator of burnout (Maslach & Leiter, 1997). The nine items are answered on a 7-point Likert-type scale ranging from 1 (never) to 7 (every day), indicating how often a given job-related feeling applies.

Appendix N: Job Satisfaction Survey

	JOB SATISFACTION SURVEY Paul E. Spector Department of Psychology University of South Florida 	
	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much
1	I feel I am being paid a fair amount for the work I do.	1 2 3 4 5 6
2	There is really too little chance for promotion on my job.	1 2 3 4 5 6
3	My supervisor is quite competent in doing his/her job.	1 2 3 4 5 6
4	I am not satisfied with the benefits I receive.	1 2 3 4 5 6
5	When I do a good job, I receive the recognition for it that I should receive.	1 2 3 4 5 6
6	Many of our rules and procedures make doing a good job difficult.	1 2 3 4 5 6
7	I like the people I work with.	1 2 3 4 5 6
8	I sometimes feel my job is meaningless.	1 2 3 4 5 6
9	Communications seem good within this organization.	1 2 3 4 5 6
10	Raises are too few and far between.	1 2 3 4 5 6
11	Those who do well on the job stand a fair chance of being promoted.	1 2 3 4 5 6
12	My supervisor is unfair to me.	1 2 3 4 5 6
13	The benefits we receive are as good as most other organizations offer.	1 2 3 4 5 6
14	I do not feel that the work I do is appreciated.	1 2 3 4 5 6

15	My efforts to do a good job are seldom blocked by red tape.	1 2 3 4 5 6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1 2 3 4 5 6
17	I like doing the things I do at work.	1 2 3 4 5 6
18	The goals of this organization are not clear to me.	1 2 3 4 5 6

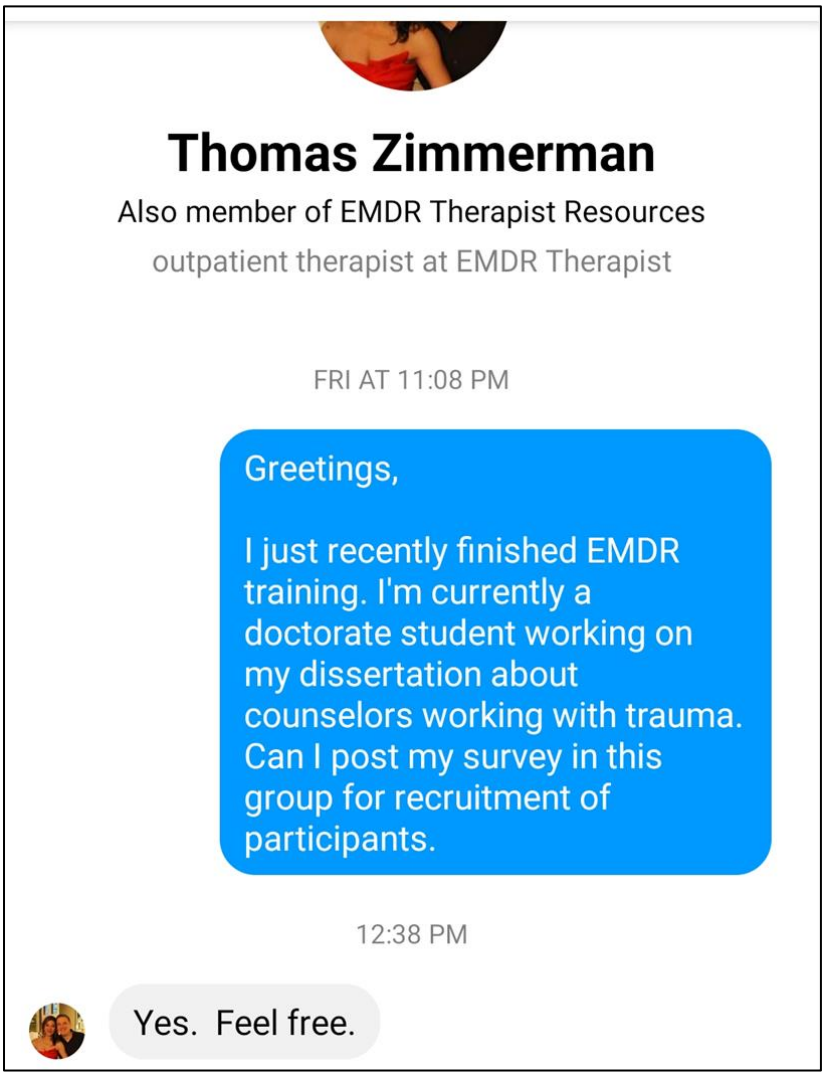
	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very mcuh Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much
19	I feel unappreciated by the organization when I think about what they pay me.	1 2 3 4 5 6
20	People get ahead as fast here as they do in other places.	1 2 3 4 5 6
21	My supervisor shows too little interest in the feelings of subordinates.	1 2 3 4 5 6
22	The benefit package we have is equitable.	1 2 3 4 5 6
23	There are few rewards for those who work here.	1 2 3 4 5 6
24	I have too much to do at work.	1 2 3 4 5 6
25	I enjoy my coworkers.	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization.	1 2 3 4 5 6
27	I feel a sense of pride in doing my job.	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases.	1 2 3 4 5 6
29	There are benefits we do not have which we should have.	1 2 3 4 5 6
30	I like my supervisor.	1 2 3 4 5 6
31	I have too much paperwork.	1 2 3 4 5 6

32	I don't feel my efforts are rewarded the way they should be.	1 2 3 4 5 6
33	I am satisfied with my chances for promotion.	1 2 3 4 5 6
34	There is too much bickering and fighting at work.	1 2 3 4 5 6
35	My job is enjoyable.	1 2 3 4 5 6
36	Work assignments are not fully explained.	6 1 2 3 4 5

Appendix O: Spiritual Well-Being Scale (SWBS)

The SWBS is a general indicator of perceived well-being used for the assessment of individual and congregational spiritual well-being. The scale is composed of 20 items. Each item is answered on a 6-point Likert-type scale from 1 (strongly agree) to 6 (strongly disagree). The SWBS provides a subscale for religious and existential well-being, as well as an overall measure of the perception of an individual's spiritual quality of life. The Existential Well-being Subscale gives a self-assessment of an individual's sense of life purpose and overall life satisfaction. The Religious Well-being Subscale provides a self-assessment of an individual's relationship with God.

Appendix P: Permission for Use of EMDR Therapist Resources Facebook Page



Appendix Q: IRB Approval Email

From: irb@tamucc.edu <irb@tamucc.edu>
Sent: Monday, July 20, 2020 6:03 PM
To: Oliver, Marvarene <Marvarene.Oliver@tamucc.edu>
Cc: IRB <irb@tamucc.edu>
Subject: Exempt Determination Approved

Dear Marvarene Oliver,

On 07-20-2020, the Texas A&M University-Corpus Christi Institutional Review Board reviewed the following submission:

IRB ID:	TAMU-CC-IRB-2020-07-061
Principal Investigator:	Marvarene Oliver
Title:	The Relationship Between Spiritual Well-Being, Burnout, and Job Satisfaction Among Counselors Working with Trauma in Community Settings

ed has determined the research meets exempt category: 45 CFR 46.104(d)(2) (Research involving use of educational tests, survey procedures, interview procedures or observation of public behavior).

Therefore, **this project has been determined to be exempt from IRB review.** You may proceed with this project.

Reminder of Investigator Responsibilities: As principal investigator, you must ensure:

1. **Informed Consent**: Ensure informed consent processes are followed and information presented enables individuals to voluntarily decide whether to participate in research.
2. **Amendments**: This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. Any planned changes require an amendment to be submitted to the IRB to ensure that the research continues to meet criteria for exemption. The Amendment must be approved before being implemented.
3. **Completion Report**: Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted.
4. **Records Retention**: All research related records must be retained for 3 years from the completion of the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all

correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.

5. **Adverse Events**: Adverse events must be reported to the Research Compliance Office immediately.
6. **Post-approval monitoring**: Requested materials for post-approval monitoring must be provided by dates requested.

Please do not hesitate to contact the Office of Research Compliance with any questions at irb@tamucc.edu.

Respectfully,

Rebecca Ballard

Office of Research Compliance