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Spiritual Transcendence and Burnout Rate Among Psychologists and Social Workers Working with Severely Mentally Ill Patients

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Abstract

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Working With Severely Mentally Ill Patients

by

Cynthia Cameron

MS, Walden University, 2008

BS, University of California San Diego, 1995

Dissertation Submitted in Partial Fulfillment

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Abstract

Burnout is a psychological syndrome caused by occupational stress, which often manifests in mental health professionals who experience demanding and emotionally charged relationships with clients. Guided by the equity theory, this study examined the relationship between spiritual transcendence and burnout in psychologists and social workers who work with severely mentally ill patients after accounting for specific personality traits. Constructs were measured via the Spiritual Transcendence scale (STS), Maslach Burnout inventory (MBI), and the NEO-Five Factor Inventory (NEO-FFI). Sixty eight psychologists and social workers were selected from psychiatric hospitals, community centers, and private practice in Nevada to participate in the study. A quantitative approach using hierarchical regression was used for statistical analysis. The results suggest that, after controlling for the NEO-FFI scales, STS was not significantly related to burnout. The results also suggest that, as the personality factor of neuroticism increases, burnout rates also increase and as the personality factors of extraversion and agreeableness increase, burnout tends to decrease. The social change implication of this research is identifying personality factors that contribute to, or are protective factors of, burnout. For example, individuals who score high on neuroticism scales can be aware of their susceptibility to burnout, and those with high scores on agreeableness and extraversion can be conscientious of those factors and potentially put protective factors in place. These findings are beneficial to employers of mental health professionals, program developers, and mental health professionals themselves.

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Chapter 1: Introduction to the Study

Background of the Study

Burnout is a label given to a psychological syndrome caused by occupational stress that manifests primarily in mental health professionals when they experience demanding and emotionally charged relationships with clients and other work issues (Peisah, Latif, Wilheim, & Williams, 2009). Burnout has been defined as a consistent, pessimistic frame of mind related to one's work; it is characterized by feelings of exhaustion, a decreased feeling of effectiveness, a decrease in motivation, and developing negative work attitudes and behaviors (Maslach, 1982). Furthermore, burnout is experienced when an individual has had extended exposure to chronic stressors in the work place (Maslach, 1982). Theories regarding burnout developed from the equity theory; this theory states that the level of satisfaction that humans have in relationships is based upon whether the individual perceives there is a fair or unfair input and output of gains (Truchot & Deregard, 2001). The symptoms of burnout can include emotional exhaustion, depersonalization, and reduced personal accomplishment (Peisah et al., 2009). Depersonalization has been defined as to becoming disconnected from oneself and feeling a sense of operating on autopilot. Having reduced feelings of personal accomplishment means that one no longer views oneself as valuable and, in addition, one loses proper perspective about how one contributes to their work environment. Research has found that the prolonged experience of burnout can lead to generalized anxiety, low self-esteem, self-doubt, as well as significant health problems (Corrigan, Holmes, & Luchins, 1995).

Research has shown that mental health professionals who work with severely mentally ill patients experience a considerable amount of stress that can end up as burnout and can be detrimental to patient care (Sorgaard, Ryan, Hill, & Dawson, 2007). The term "severely mentally ill" describes persons who have a substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory that significantly impairs their judgment, their behavior, and/or their ability to cope with the basic demands of life (National Institute of Mental Health, 2010). Therapeutic progress with this population can be sporadic or feel stagnant; this can be frustrating for the mental health care worker. In fact, the emotional investment of the mental health worker is often higher than the investment of the patient (Sorgaard et al., 2007). The literature about burnout in mental health professionals emphasizes the need of the therapist to provide adequate self-care and find productive coping skills (Baker, 2003).

Spiritual Transcendence and Burnout

Some recent studies have focused on examining the importance of spirituality and religiosity in relationship to mental health and stability (Good, Willoughby, & Busseri, 2011). Spirituality incorporates themes regarding the meaning of life and transcendence (Piedmont, 1999). Health workers experiencing high levels of spirituality have been shown to demonstrate increased effectiveness for the medical and psychological interventions that they make (Feher & Maley, 1999; Kirkpatrick & McCullough, 2008). Piedmont (1999) proposed a theory that suggests there is a natural tendency for persons to have a global perspective when individuals experiencing spiritual transcendence think beyond themselves and view the experience of life as not individually focused.

The theory behind the concept of spiritual transcendence is that spirituality can be defined as a characteristic of an individual or as a personality trait (Piedmont, Ciarrochi & Dy-Liacco, 2009). Piedmont (1999) developed a scale showing that spiritual transcendence incorporates personality characteristics not included in the five dimensions identified in the five factor model (FFM) of personality. The FFM of personality has been useful in predicting behavior and has been used to identify specific personality characteristics that can serve as predictor variables for burnout (Golden, Piedmont, Ciarrocchi, & Rodgerson, 2004). Personality traits not included in the FFM have been identified in a sixth personality factor termed spiritual transcendence (Golden et al., 2004).

According to Piedmont (1999), when a person possesses a high level of this factor, this perspective remains constant despite daily life issues that may have a great or minor effect on an individual's life. A low level of spiritual transcendence might correlate with the existence and extent of burnout in professionals who work with severely mentally ill patients (Golden et al., 2004). Previous research has demonstrated that spirituality has an effect on scores obtained using burnout scales with various professional groups (Golden et al., 2004; Piedmont, Ciarrochi & Dy-Liacco, 2009). Oman, Hedberg, and Thoresen (2006) evaluated a group of health professionals who were participating in learning spiritually based self-management tools in order to decrease burnout over an 8 week period. Eight major stress outcomes were measured using the Maslach Burnout Scale (Maslach, 1982) a 14-item measure developed by Cohen (1988) that measures mental health and vitality, and a five-item scale that

measures life satisfaction (Oman et al., 2006). The stress levels, general mental health, and psychological well being of the professionals were shown to have benefitted from the spiritually based self management practices. The evidence gathered from this study suggests that stress can be reduced and overall mental health improved with the use of practices that focus upon building and utilizing one's spirituality (Oman et. al., 2006).

Problem Statement

During the past 2 decades, the influence that spirituality has on the experience of burnout has been recognized. Research has identified predictor variables in psychologists and social workers that can lead to burnout in these groups (Vredenburgh, Carlozzi & Stein, 2007). More specifically, researchers have theorized that the likelihood of experiencing burnout can be predicted by examining an individual's work environment, their personality, their type of psychological practice, their age, as well as their level of spirituality (Golden et al., 2004).   Studies have examined burnout rates in various mental health professions, as well as assessing burnout rates when clinicians work with particular client populations (Sorgaard et al., 2007). Research that has used participants other than mental health professionals has consistently shown an inverse relationship between scores on spiritual transcendence scales and burnout scales (Golden et al, 2004; Piedmont, 1999). This means that individuals with higher levels of spiritual transcendence report lower levels of burnout. However, this relationship has not been demonstrated for mental health professionals. This represents a gap in the literature regarding the influence of spiritual transcendence on mental health professionals. Individuals in these professions are exposed to factors that have the potential to cause a

considerable amount of burnout that can have a negative impact on patient care (Sorgaard et al., 2007). Identifying an additional predictive factor for burnout in this profession related to spirituality, as predicted by spiritual transcendence theory (Piedmont, 1999), can assist us in developing protective factors that can preserve a mental health professional's quality of care. This study examined spiritual transcendence as a potential predictive factor for mental health professionals who work with severely mentally ill patients. There is no information in the literature using scores on the assessment tool, the spiritual transcendence Scale (Piedmont, 1999), as a predictive factor for burnout in mental health professionals (Golden et al., 2004). The central problem addressed in the present study concerned the existence of an incomplete understanding of the predictive factors that may lead to burnout among mental health professionals. Consequently, the present study examined the potential relationship between spiritual transcendence scores and burnout rate scores on the Maslach Burnout Inventory in psychologists and social workers who work with severely mentally ill patients after accounting for the personality characteristics measured by the Neuroticism-Extroversion-Openness-Five Factor Inventory (NEO-FFI; Costa & McCrae, 1992) .

Purpose of the Study

The practice of psychology can be demanding, challenging, and emotionally taxing. Failure to adequately attend to one's own psychological wellness and self-care can place the mental health care worker at risk for impaired professional functioning. Stress and prolonged exposure to emotionally exhausting environments can lead to such effects as a decrease in job satisfaction, feelings of depression, a decrease in work

efficiency and satisfaction, a decrease in decision making skills, and impaired relationships with patients or clients (Oman et al., 2006). This can damage the patient to worker relationship, as well as damage actual patient care. Reports have shown that belief in the power of prayer can assist in promoting and maintaining one's mental well-being (Piedmont, 1999). Such studies have focused on examining the importance of spirituality and religiosity in maintaining good mental health and emotional stability (Good, Willoughby, & Busseri, 2011). Previous studies have demonstrated a relationship between spiritual transcendence and burnout (Golden et al., 2004; Piedmont, 1999). The purpose of this study was to identify whether there is a relationship between Spiritual Transcendence scores and burnout as measured by the Maslach Burnout Inventory in those individuals who work with severely mentally ill patients after accounting for the effects of the FFM identified personality characteristics, as measured by the NEO-FFI. In turn, the purpose of this study is to develop a more complete understanding of what leads to burnout among these professionals and how that knowledge can help insure better client and patient care by these practitioners.

Nature of the Study

Psychologists and social workers who work with severely mentally ill patients were recruited from psychiatric hospitals, community centers and private practice settings in Nevada. The demographics of the therapist sample were collected so that the number of clients who are designated as severely mentally ill within the clinician's practice would be known. The psychologists and social workers who participated in the study completed the Maslach Burnout Inventory, (MBI; Maslach, 1982), the Spiritual

Transcendence Scale, (STS; Piedmont, 2001), and the NEO-FFI (Costa & McCrae, 1992). Permission agreements have been signed for all assessments (see Appendices F, G, and H).

Hierarchical regression statistical analysis was used for data analysis. Demographic variables were entered in the first step of the hierarchical regression. Scores on the Spiritual Transcendence scales were entered as the final step in the regression, while controlling for demographic variables and other personality variables. All assessments were available on Survey Monkey, an online service that facilitates the use of web-surveys, collects responses and analyzes data in an organized matter. Data were entered into the SPSS program and a score was obtained using hierarchical regression analysis. Follow up emails were sent after 2 weeks to encourage participation of previously nonresponsive participants. G-power was used to calculate that a sample size of 64 participants is needed for a medium effect size.

Assumptions

This study assumed that those clinicians who work with the severely mentally ill experience an impact on their own personalities from this work. This study is based on assessments that are self-reported by the participants. It was assumed that the participants would give accurate and relevant responses and would follow the definition provided to them for describing the severely mentally ill. The term *severely mentally ill* is defined as a substantial organic or psychiatric disorder of thought, mood, perception, orientation or memory that significantly impairs an individual's judgment, behavior and/or their ability to cope with the basic demands of life (National Institute of Mental

Health, 2010). It was also assumed that the definition of severely mentally ill being used is accurate in defining the relevant population of mental health clients.

Research Question

I asked the following research question in the proposed study: Is there a relationship between scores on a Spiritual Transcendence Scale and scores on a Burnout Scale in psychologists and social workers who work with severely mentally ill patients after accounting for the specific personality traits identified by the NEO-FFI that remain constant over time? The assessment tools used were the STS (Piedmont, 1999), MBI (Maslach, 1986), and the NEO-FFI (Costa & McCrae, 1992).

Hypotheses

The following hypotheses were tested in this study:

Null Hypothesis 1: There is no relationship between spiritual transcendence and burnout rates in psychologists working with severely mentally ill patients as measured by the Spiritual Transcendence Scale (STS) and Maslach Burnout Scale (MBI).

Alternative Hypothesis 1: There is a significant negative correlation between scores on the Spiritual Transcendence Scale (STS) and the Maslach Burnout Scale (MBI) in psychologists working with severely mentally ill patients.

Null Hypothesis 2a: The personality characteristic of neuroticism as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2a: The personality characteristic of neuroticism as measured by the NEO-FFI will be positively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2b: The personality characteristic of agreeableness as measured

by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2b: The personality characteristic of agreeableness as measured by the NEO-FFI will be positively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2c: The personality characteristic of extraversion as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2c: The personality characteristic of extraversion as measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2d: The personality characteristic of conscientiousness as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2d: The personality characteristic of conscientiousness as measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2e: The personality characteristic of openness as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2e: The personality characteristic of openness as measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 3: Once variance for personality as measured by the NEO-FFI is controlled for, spiritual transcendence as measured by the STS will not correlate with

MBI scores beyond what can be accounted for by the NEO-FFI alone.

Alternative Hypothesis 3: Once variance for personality as measured by the NEO-FFI is controlled for, spiritual transcendence as measured by the STS will correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone.

Theoretical Basis for the Study

Theories about burnout developed from the equity theory which states that the level of satisfaction that humans have in relationships is based on whether the individual perceives there is a fair or unfair input and output of gains in a dyad (Truchot & Deregard, 2001). Dissatisfaction is said to develop when contribution and cost is higher than the payoff (Maslach & Jackson, 1986; Miner, Downson, & Sterland, 2010; Truchot & Deregard, 2001). This can lead to burnout. An additional but related perspective is the conservation of resource (COR) model, which theorizes that a person strives to maintain what they value and perceive is important (Hobfoll, 1989). This theory suggests that, in order to protect oneself from emotional exhaustion, an individual must invest in resources so as not to be vulnerable to resource loss. Personal resources include money and shelter, social and psychological support, self-esteem and sense of autonomy (Hobfoll, 1989). Both perspectives suggest that stress and burnout are experienced when a person loses or perceives that they have lost the resources needed to maintain what they value. Experiencing stress affects a person's perception of themselves as well of others (Maslach & Jackson, 1986; Miner et al., 2010; Truchot & Deregard, 2001).

Freudberger (1980) began the study of the phenomenon of burnout. He defined it as a state of fatigue or frustration caused by failed expectations in a relationship, cause,

work or the way an individual is living his or her life. Maslach (1982) later developed

the multidimensional theory of burnout that divides symptoms into three components:

emotional exhaustion, depersonalization and reduced personal accomplishment. This

theory is distinct in that it incorporates both the individual's stress level as well as their

dissatisfaction in relationship to their environment. It postulates that levels of stress

affect individuals' social perspective, social interaction and reaction to other people as

well as how they see their environment. The experience of stress affects a person's

perception of him or herself as well as his or her perceptions of others. Interpersonal

relationships are a major focus in this theory. It has found that burnout is experienced

when an individual has experienced extended exposure to chronic stressors in the work

place (Freudberger, 1980; Maslach, 1982; Truchot & Deregard, 2001). Acker (1999)

found that, for mental health professionals, the frequency of the occurrence of burnout

was related directly to the intensity of their client's mental illness; he also discovered that

those clinicians working with persons identified as severely mentally ill tended to

experience burnout more often than those working with clients who require a lower level

of care.

Burnout is a critical issue for various professions, specifically those professions

that are geared towards human services (Miner et al., 2010). The equity theory states that

an individual's costs and contributions in a relationship are directly related to their level

of satisfaction in a relationship (Maslach & Jackson, 1986; Miner et al., 2010; Truchot &

Deregard, 2001). Individuals working in helper positions or care giving environments

often experience unequal reciprocity in their interactions with, feedback from, and

communication attempts and effort exerted with their clients. This puts them at greater

risk to for experiencing burnout. An additional but related perspective is the conservation

of resource (COR) model, which theorizes that people strive to maintain what they value

and perceive is important (Hobfoll, 1989). This theory suggests that in order to protect

oneself from emotional exhaustion, an individual must invest in resources so as not to be

vulnerable to resource loss. Personal resources can include money and shelter, social and

psychological support, self-esteem, and sense of autonomy (Hobfall, 1989). Stress and

burnout are experienced when a person loses, or perceives that they have lost the

resources needed to maintain what they value (Maslach & Jackson, 1986; Miner et al.,

2010; Truchot & Deregard, 2001).

Research has supported the idea that a positive relationship exists between the

presence of religious and spiritual aspects in an individual and good mental and physical

health (Golden et al., 2004; Rohricht et al., 2009). Spirituality has become a topic of

focus for every professions including mental health (Cook, Powell, Sims, & Eagger,

2011).

Religiosity can be defined as incorporating beliefs, rituals and practices that have

a basic foundation created around a religious institution (Piedmont et al., 2009).

Spirituality differs in that it incorporates a belief system and themes regarding the

meaning of life and transcendence and does not necessarily need or even imply the

existence of a relationship to a religious institution (Rohricht, 2009). Reports have

shown that an increase in the belief of the power of prayer assists in promoting mental

well-being and avoiding illness (Piedmont et al., 2009). Studies have focused on

examining the importance of spirituality and religiosity to mental health and stability

(Good, Willoughby, & Busseri, 2011). The belief that spirituality can increase the

effectiveness of medical and psychological interventions as well as decreasing time

needed in recovery has increased in health care workers in recent years (Feher & Maley,

1999; Good et al., 2011; Kirkpatrick & McCullough, 1999).

Current research theorizes that the likelihood of an individual experiencing

burnout can be predicted by examining that individual's work environment, personality,

and level of spirituality (Golden et al., 2004). The past 2 decades have recognized the

influence spirituality has on the experience of burnout. Spiritual transcendence is defined

as the ability of an individual to stand outside of his/her immediate sense of time and

place and view life from a more objective perspective (Piedmont, 2001).

Definition of Terms

Burnout: A psychological syndrome caused by occupational stress that manifests

primarily in mental health professionals when they experience demanding and

emotionally charged relationships with clients and other work related stresses (Peisah,

Latif, Wilheim, & Williams, 2009).

The five factor model (FFM) of personality: A theoretical model that has been

useful in predicting behavior and has been used to identify specific personality

characteristics that remain constant over time (Costa & McCrae, 1992).

The Maslach Burnout Inventory (MBI):   A measure for assessing emotional exhaustion and reduced sense of accomplishment (Maslach et al, 1996; Maslach et al., 2006).

NEO-FFI short version (NEO-FFI):   A 60 item measure that is a short version of the scale based on the FFM; it measures extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience (Costa & McCrae, 1992).

Severely mentally ill: Individuals who have a substantial organic or psychiatric disorder of thought, mood, perception, orientation or memory that significantly impairs their judgment, behavior or ability to cope with the basic demands of life (National Institute of Mental Health, 2010).

Spiritual transcendence (ST): The ability of a person to view life outside his or her own environment and see that life is an experience that goes beyond the immediacy of one's own existence and binds all things into cohesiveness (Golden et al., 2004).

Spiritual Transcendence Scale (STS):   A 24-item Likert scale measuring three dimensions of Spiritual Transcendence (Piedmont, 1999). The three dimensions are: connectedness, universality and prayer fulfillment.

Limitations

The results of this study probably have limited generalizability since the sample population were from one state and thus are not a randomized sample of psychologists and social workers across the United States. Only one scale was used for measuring burnout. Other studies that have examined and measured burnout have used multiple assessments for burnout (Leiter & Maslach, 2009; Miner et al., 2010). The Maslach scale

was specifically developed to measure burnout as a specified stress reaction to occupational challenges in individuals working in human service professions, which is the justification for selecting only this particular scale (Maslach & Jackson, 1986; Maslach, Jackson, & Leiter, 1996). Using only one scale however may have contributed to the limitations of this study.

Significance of the Study

Mental health professionals are exposed to a considerable amount of stress and burnout that can be detrimental to patient care (Sorgaard et al., 2007). When the therapeutic progress may be stagnant or the investment of the patient potentially low, there can be an increase in the susceptibility to burnout in these mental health professionals working with severely mentally ill patients (Sorgaard et al., 2007). The literature about burnout in mental health professionals emphasizes the need of the therapist to provide adequate self-care and find productive coping skills (Baker, 2003). The more research that can identify the factors involved in burnout, the more educated psychologists and social workers can be about developing preventative techniques. Studies have examined burnout rates in various mental health professions as well as assessing burnout rates when working with particular client populations (Sorgaard et al., 2007). Research specifically examining predictive and protective factors of burnout could be extremely important in increasing quality care of patients and decreasing burnout rates in mental health professionals. Identifying a correlation between spiritual transcendence and burnout in this particular population had the potential of providing a specific area to focus on with respect to decreasing burnout. The social change

implication of this research is its potential contribution for finding specific characteristics and predictive factors for burnout factors that negatively impact the work environment, specifically for professionals working with the severely mentally ill population. Results from this research could potentially be used to help develop training techniques that could be implemented in various communities and hospitals in order to reduce the experience of burnout and increase the effectiveness of care and improve the patient-therapist relationship. Moreover, this study can potentially contribute to research by helping to identify predictive factors for burnout in psychologists and social workers, as well as offering information to assist mental health professionals in developing preventative techniques for themselves and others.

Summary

Chapter 1 introduced the concepts of burnout, spiritual transcendence, and the potential significance of these concepts in examining the experiences of psychologists and social workers who work with the severely mentally ill. Theories that contribute to the understanding and significant research studies on burnout, spiritual transcendence, and the severely mentally ill were summarized. The research question addressed in this study was to examine the correlation between spiritual transcendence scores and burnout rate scores on the Maslach Burnout Inventory in psychologists and social workers who work with severely mentally ill patients after accounting for the personality characteristics measured by the NEO-FFI. The significance of selecting the three assessment scales that were used in the study, MBI, NEO-FFI and ST scales, was addressed. The hypotheses presented in this study examined whether a significant

relationship between spiritual transcendence and burnout rates in psychologists and social workers working with severely mentally ill patients can be determined. The significance and social change importance of studying spiritual transcendence scales in psychologists and social workers working with the severely mentally ill were addressed. Chapter 2 will review current and relevant literature related to burnout, wellness related to burnout, the severely mentally ill, personality traits and spiritual transcendence, as well as the theoretical foundations behind this proposed research. Chapter 3 will describe the methodology used in the study; as well an explanation of the sampling method, and research design. Chapter 4 will review the statistical results of the study. Reliability of scores, frequencies and percentages for descriptive statistics, as well as mean and standard deviations for work characteristics will be discussed. Chapter 5 will review the purpose of examining spiritual transcendence as a potential predictive factor for mental health professionals, as well as reviewing the theoretical basis, and methodology used in the study. The findings from the study will be discussed and interpreted.

Chapter 2: Literature Review

In this chapter, I present research showing how the experience of burnout has been demonstrated to be related to personality factors, including the trait of spirituality. I have identified the origin of the concept of burnout and research supporting contributing factors to burnout. Additionally, I have presented research supporting one's level of spirituality as a contributing factor to burnout as well as an explanation and report regarding the empirical research available for the Spiritual Transcendence scale (Piedmont, 1999).

I conducted a literature search digitally through a variety of databases including: PsycINFO, PsycARTICLES, SocINDEX, and Mental Measurements Yearbook as well as through the websites of apa.org and questia.com. Literature searches used the terms: *burnout, emotional exhaustion, wellness, religion, religiosity, mental health, severely mentally ill, psychologists, mental health care workers, social workers, personality, spirituality, spiritual transcendence, FFM, stress, Piedmont, and Maslach.*

Theoretical Framework

Burnout

An individual's work environment and the effect that work has on an individual is a subject that has been the focus of research during the past decades (Maslach et al.,2009). Burnout is a critical issue for various professions, specifically those professions that are geared towards human services (Miner et al., 2010). For example, consider the work of Butler and Constantine (2005) who studied 1,000 school psychologists whose names were randomly selected from the American Psychological

Association (APA) membership. These psychologists were administered a demographic

questionnaire, the Collective Self-Esteem Scale (Crocker, Luhtanen, Blaine & Broadnax,

1994) and the Maslach Burnout Inventory (Maslach & Jackson, 1986) via a data

collection website. Multiple regression analysis of their scores determined that a

relationship existed among the presence of burnout, the degree of self-esteem present,

and the presence of symptoms such as exhaustion and motivation; all were found to have

an impact on work efficiency in this sample of school psychologists (Butler &

Constantine, 2005).

Freudenberger (1980) and Maslach (1982) were among the first to describe the

symptoms of burnout in the workplace. Freudenberger, a psychologist working in

alternative health care, and Maslach, a social worker studying emotions in the workplace,

both wrote early articles reporting their observations of an experience in the workplace

where workers lacking motivation became disconnected and experienced emotional

exhaustion due to stress and high work demands. Freudenberger (1980) coined the term

burnout for this experience, defining it as a constant feeling of fatigue, irritability and

frustration caused by failed expectations in a relationship, work or the way in which an

individual is living his or her life. His early conceptualization of burnout defined it as a

consistent, pessimistic frame of mind related to work that is defined by exhaustion, a

decreased feeling of effectiveness, a decrease in motivation, and a development of

negative work attitudes and behaviors (Freudenberger, 1980).

Maslach (1982) continued studying burnout using both qualitative and

quantitative methods to develop the multidimensional theory of burnout. Leiter (1996)

also contributed to the study of burnout, theorizing that workload and interpersonal conflict are the strongest contributing factors to the experience of burnout. Leiter believed that burnout occurs when an individual's work life becomes disorganized and disconnected from the individual. He proposed that the six areas in an individual's work life within which this could occur be categorized as workload, control, reward, community, fairness, and values (Maslach et al., 1996). Being treated unfairly with vaguely defined role expectations, feeling time-pressured to complete work, perceiving that work load was inappropriate, and feeling lack of support in the workplace are aspects of these areas that have been shown to impact an individual's satisfaction and experience in the work environment (Maslach et al., 2009). These aspects primarily address the work environment while also incorporating self-fulfillment and interpersonal relationships (Maslach, 1982; Maslach et al., 2009).

Burnout is now accepted as a psychological syndrome that can occur when an individual reacts negatively to constant interpersonal stressors on the job (Maslach et al., 2009). Burnout is differentiated from anxiety in that it is promoted by the stress that accumulates from a chronically stressful work environment, particularly in professionals involved in human service (Winstanley & Whittington, 2002). The multidimensional theory of burnout differs from unidimensional models of stress in that it involves three component dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1986). Maslach (1986) was interested in examining the emotional arousal that she observed in social workers about their jobs and their relationship between the experience of emotional exhaustion and negative feelings

towards the work environment. Psychometric development, a technique she used, is concerned with establishing theories and techniques of psychological measurement (Schaufeli, Leiter & Maslach, 2008). Interviews, observation, and psychometric development were all used to develop a method for assessing this newly identified phenomenon termed burnout (Maslach & Jackson, 1986; Schaufeli et al., 2008). The (MBI) was created after sampling 1,024 participants, a group that was equally divided between males and females. According to Maslach and Jackson (1986), depersonalization is a defense mechanism initiated to self-protect an individual by the person detaching from work, employees, clients or patients in order to cope with the work stress. Emotional exhaustion incorporates feeling negative towards clients, lacking empathy or developing inappropriate attitudes towards a client (Maslach & Jackson, 1986). Having a reduced sense of personal accomplishment is defined as experiencing little satisfaction at work and feelings of inadequacy or failure in the work environment (Maslach & Jackson, 1986).

Maslach and Florian (1988) employed 60 rehabilitation counselors from the San Francisco area who completed a demographic data sheet and the Maslach Burnout Inventory. In this study, the presence of emotional exhaustion correlated with having larger caseloads, time constraints within which to finish work and the length of time the participants were in practice. Job satisfaction and positive staff relationships were inversely correlated with the experience of burnout (Maslach & Florian, 1988). Individuals who reported satisfaction with their job and engaged in positive relationships at work reported experiencing lower levels of burnout. This study was one of the first

studies besides that of Maslach that showed a correlation between an individual's work expectations, environment and the experience of burnout.

Holmqvist and Jeanneau (2006) used 510 individuals from various psychiatric facilities who completed the Burnout Measure (Pines & Aronson, 1988) and Maslach's Burnout Inventory (Maslach & Jackson, 1986). Those participants with statistically significant scores on the measures of depersonalization, emotional exhaustion, and personal accomplishment also expressed negative feeling towards patients (Holmqvist & Jeanneau, 2006). Experiencing burnout had a negative impact on an individual's perception of their work environment and their perception of patients. The findings of this study are important because it used a large sample size and demonstrated a correlation between burnout and negative feelings towards patients across various job titles within the mental health profession.

Symptoms of Burnout. Prolonged experiences of burnout are seen as leading to persons having generalized anxiety, low self-esteem, and self-doubt as well as to the possibility of their having significant health problems (Corrigan, Holmes & Luchins, 1995; Myers & Sweeney, 2008). Some contributing factors creating burnout in the work place have been identified as including: unrealistic expectations at work, problems with time management, the absence of sufficient staff, difficulties with patients and coworkers, difficult patients, job insecurity, roles that are not clearly defined, and organizational difficulties (Myers & Sweeney, 2008; Schaufeli et al., 2008). Having a chaotic work environment where an individual feels confused about job roles and has a lack of a support network at work seems to also contribute to an individual's stress and worry.

These experiences can develop into the full burnout syndrome (Myers & Sweeney, 2008).

Those mental health professionals who work in inpatient environments are often faced with organizational difficulties as well as patients who require intense and intimate care on a daily basis (Rupert, Stevanovic & Hunley, 2009). Butler and Constantine (2005) also found that psychologists working in inpatient hospitals experienced higher levels of burnout than those working in outpatient environments. It has also been demonstrated that psychologists in outpatient practice experienced higher levels of personal accomplishment, reported experiencing fewer stressors and reported that they experienced less emotional exhaustion (Rupert & Kent, 2007). Constantly dealing with face-to-face therapeutic relationships with severely mentally ill patients can seemingly produce higher levels of burnout due to the demanding emotional toll that difficult patients can take on a therapist (Rupert et al., 2009).

It has been recognized that clinical psychologists and social workers engage in work that can generate significant levels of emotional exhaustion and depersonalization in them as persons (Emery, Wade, & McLean, 2009; Kim & Stoner, 2008). Predictor variables that have been identified for the experience of burnout in psychologists include their age, their gender, their length of time in practice, their marital status, and the strength of their family support (Kim & Stoner, 2008; Vredenburgh, Carlozzi, & Stein, 1999). Age has been shown to be inversely correlated with having the experience of emotional exhaustion and depersonalization (Rupert et al., 2009). Additionally, the longer individuals had been in practice, the lower they scored on emotional exhaustion and depersonalization (Kim & Stoner, 2008; Rupert et al., 2009). Gender has also been

correlated with increased scores; males have been shown to experience depersonalization to a greater degree than females (Kim & Stoner, 2008; Rupert et al., 2009). When age, gender, and marital status were controlled for, psychologists in general reported experiencing low to moderate levels of burnout (Kim & Stoner, 2008; Myer & Sweeney, 2007; Schaufeli & Enzman, 1998). Research has indicated that having family support is an important aspect of a mental health worker's ability to properly manage stress and to neutralize the contributing factors of burnout (Rupert et al., 2009). Family conflict can also contribute to the experience of burnout in the work environment (Rupert et al., 2009). Therefore, stress experienced in the home can also affect the individual in the work environment. In conclusion, family stressors, relationship conflict, an unsupportive family environment, and financial stressors are all conflicts that have been shown to increase susceptibility to burnout in the work place (Rupert et al., 2009).

Emery, Wade, and McLean (2009) recently found various demographics and workplace variables that correlated with scores on burnout scales. One hundred and ninety psychologists who were registered with the South Australian Psychological Registration Board participated in the study. The age range was 30 to 39 years with the participants having an average of 5 to 9 years of experience. Psychologists indicated whether they worked in private practice or were employed by institutes. A demographic questionnaire, the Therapist Belief Scale, the Occupational Stress Inventory (Osipow & Doty, 1986), and the MBI (Maslach & Jackson, 1986) were administered. Psychologists in private practice rather than psychologists in public settings showed lower scores on burnout (Emery et al., 2009). In accounting for these results, the researchers suggested

that having a private practice can allow greater control of client load and scheduling and these practitioners may not have the concern about ambiguously defined roles that public employees can have (Emery et al., 2009). Being married was not found to have an impact on the experience of burnout whereas those participants with young children reported higher scores on the burnout scales (Emery et al., 2009).

Five hundred and ninety one social workers in New York State whose names were obtained through a database search completed a demographic questionnaire, the Self Perceived Competence in the Context of Managed Care Assessment (Hall & Keefe, 2000), the MBI (Maslach & Jackson, 1986), self-reported somatic symptoms, self-reported perception of social support in the work place, and the Severe and Persistent Mental Illness scale (Hagen & Hutchison, 1988). Multiple regression analysis showed that their self-perceived competence levels had a negative correlation with their emotional exhaustion scores and their self- reported somatic symptoms (Hall & Keefe, 2000). Their depersonalization scores had a positive correlation with their caseload size and a negative correlation with their length of time in practice and their age (Hall & Keefe, 2000). The higher involvement participants had with severely mentally ill patients, the higher levels of emotional exhaustion, and depersonalization were reported (Hall & Keefe, 2000). These results are consistent with other research that has shown that burnout is correlated to an individual's perception of their abilities and also the environment in which he or she works (Rupert et al., 2009). The severity of a client's mental state reportedly has an impact on the burnout level experienced by the mental health professional who was treating them as well as the size of the mental health

worker's caseload, their age, and how long the individual has been employed (Hall &
Keefe, 2000).

      Buffers of burnout. Having a large support system and a network of resources
has been shown to help to buffer an individual from experiencing increased work stress
(Corrigan, Holmes, & Luchins, 1995). Individuals in work environments that allow for
positive work relationships and have supportive management and staff support as well as
provide clear boundaries also manifested lower levels of burnout (Emery, Wade &,
Mclean, 2009).

      Linley and Joseph (2007) were interested in examining the positive aspects of a
psychologist's work. They administered the Therapist Experiences Survey (Linley &
Joseph, 2007) regarding experiences therapists had in working with clients and how this
has influenced them in negative or positive ways. Both men and women were included
as participants. These women in the sample who were previously in or were currently
receiving therapy and/or were receiving supervision experienced lower scores on the
burnout scale. The length of time in practice positively correlated to having higher scores
on the burnout measure (Linley & Joseph, 2007). The presence of a high degree of self-
care, coping skills, and the ability to maintain a balance between work and personal life
have also been shown to be inversely related to the levels of burnout experienced (Emery
et al., 2009). Moreover, the presence of physical exhaustion, illness, and the presence of
somatic symptoms have been demonstrated as having an impact on experiencing burnout
(Emery et al., 2009). Individuals who demonstrated healthy coping skills such as
exercise, meditation, healthy eating, and constructive use of time away from work

reported healthy interpersonal relationships, high levels of spirituality, and lower scores on the burnout scales (Emery et al., 2009; Oman, Hedberg, & Thoresen, 2006).

Fifty-one staff members including all nursing staff and clinical staff members of a 355 psychiatric bed hospital in the southern suburbs of Chicago participated in a study that examined external influences upon burnout rates (Corrigan, Holmes, & Luchins, 1995). Participants completed the MBI, the Modified Social Support Questionaire (SSQ), State Trait Anxiety Inventory (STAI), Health History Questionaire (HHQ), Barriers to the Implementation of Behavior therapy (BIBT), and Needs Assessment Inventory (NAI). In this study, the levels of burnout correlated significantly with the levels of anxiety and the physical health of the participants. Staff with higher burnout scores expressed negative job attitudes, had low job satisfaction, and reported having less support from staff than those individuals not identified as experiencing burnout (Corrigan et al., 1995; Miner, Dowland, & Sterland, 2010). The findings in this study demonstrated that burnout was correlated with difficulties in an individual's work environment.

The characteristics experienced with burnout have been shown to have an impact on work efficiency (Butler & Constantine, 2005). Individuals who have understood the importance of stress management and taken steps to balance their life experienced lower levels of burnout (Emery et al, 2009). Buffers of burnout in the work environment can include: large support systems, having a network of resources, supportive management, staff support, clear boundaries, and appropriate work expectations (Emery et al, 2009). Self care, coping skills, and the ability to efficiently balance work and personal life have been demonstrated to lessen the likelihood of experiencing burnout. Physical exhaustion,

illness, and somatic symptoms have also been seen as being correlated with the experience of burnout (Emery et al., 2009).

Severely Mentally Ill and Burnout

Mental health professionals who work with severely mentally ill patients experience a considerable amount of stress and burnout which can be detrimental to patient care (Sorgaard, Ryan, Hill, & Dawson, 2007). These patients are at a higher risk for inpatient hospitalizations, suicide attempts, and substance abuse (Semmelhack, Hazell &, Hoffman, 2008), the presence of which impose special stresses upon those who work with them.

Clients who are severely mentally ill (SMI) struggle to maintain a consistent therapeutic relationship with their mental health worker (Semmelhack et al., 2009; Zauszniewski, Bekhet, & Suresky, 2009). These clients are sometimes able to only engage minimally in treatment (Semmelhack et al., 2009). Individuals with serious mental health issues often have intense needs and therefore place heavy demands upon their practitioners while offering little positive feedback, improvement with symptoms or having an appreciation for the clinician's work (Semmelhack, et al., 2009). Such factors make fulfillment within the relationship difficult to obtain for the therapist and potentially increases the likelihood of therapist burnout (Zauszniewski et al., 2009). Factors that inhibit competent care can have detrimental consequences for clients or patients, specifically when the population is as sensitive as are the severely mentally ill (Myers & Sweeney, 2008).

Truchot and Deregard (2001) studied the effects of the perceived inequity in the relationships between nurses and social workers with their clients and the level of burnout experienced. Nurses and social workers experienced lower personal accomplishment when they perceived an unequal patient to client relationship, for example working with patients non-responsive to interventions, severely mentally ill clients who did not reciprocate to communication with them, and patients resistant to building therapeutic rapport (Truchot & Deregard, 2001). Holmqvist and Jeanneau (2006) studied the relationship between how individuals felt towards their patients and burnout rates in those therapists working in a psychiatric hospital. Five hundred and ten staff members from 28 treatment units, 301 women and 209 men in total, participated in the study. The BM (Burnout Measure) and MBI were the tools used for assessment. The results associated high levels of burnout with negative feelings towards patients (Holmqvist & Jeanneau, 2006). Emotional exhaustion and depersonalization were found to occur concurrently with unhelpful attitudes and feelings of rejection of patients in these staff members. Feelings of personal accomplishment, on the other hand, were associated with the presence of helpful and accepted feelings (Holmqvist & Jeanneau, 2006). These results support the idea that burnout impacts the relationship mental health care workers have with their clients. The population with which a mental health professional works impacts their susceptibility to burnout (Myers & Sweeney, 2008). Receiving minimal or negative feedback from a client or patient can inhibit an individual's perception of their personal accomplishment and increase detachment and emotional exhaustion (Holmqvist & Jeanneau, 2006).

Personality

The body of available research suggests that the likelihood of mental health professionals experiencing burnout can be predicted by examining several factors including measures of the personality of the individuals involved (Golden et al., 2004; Swider & Zimmerman, 2010). Personality can be defined as the integrated aspects of an individual's physical, mental, emotional and social characteristics (Golden et al., 2004). These characteristics are said to remain stable over time (Specht, Egloff, & Schmukle, 2011). The characteristics of self-esteem, emotional stability, extraversion, conscientiousness, optimism, proactive nature, and hard work have all been identified as personality characteristics that have been recognized as having an impact on the potential experience of burnout (Anvari, Kalali, & Gholipour, 2011). Schaufeli and Enzmann (1998) compiled a list of personality variables from more than 100 studies that included constructs of personality used in studies involving burnout. These variables included hardiness, locus of control, Type A behavior, self-esteem, and motivation (Schaufeli & Enzman, 1998). A Type A personality is an individual with a pattern of high-strung behavior (Schaufeli & Enzman, 1998). Excessive ambition, need for control, impatience, and a competitive drive are also potential characteristics of this personality type (Stansfeld, 2002). Hardiness is a term that defines the ability to accept negative challenges in life and resist anxiety, stress and depression (Schaufeli & Enzman, 1998). An external locus of control perspective means that a person has the belief that an individual's outcomes are determined by outside forces (Schaufeli & Enzman, 1998). An internal locus of control perspective is defined as having the view that outcomes are

determined by the individual's decisions and choices (Schaufeli & Enzman, 1998). All of these characteristics have been shown to have an impact, in one way or another, upon the experience of burnout (Stansfeld, 2002).

Buhler and Land (2004) gave 119 mental health workers who worked in intensive psychiatric care units the MBI, Eysenck Personality Inventory (EPI), Inventory of Aggressivity (IA), Trier Personality Questionaire (TPQ), Scale of Control (SC), Locus of Control (LC) and the Logo-test (LOGO). Multiple regression analysis showed that the aspects of neuroticism, extraversion, external locus of control, existential frustration, and the ability to love were all personality characteristics that had an impact upon who experienced burnout (Buhler & Land, 2004). Having the personality characteristics of autonomy, healthy coping strategies and high self-esteem were protective factors that seemed to decrease an individual's susceptibility for experiencing burnout (Butler & Land, 2004). These findings support the idea that an individual's unique personality characteristics have an impact on their susceptibility to experiencing burnout (Golen et al., 2004; Swider & Zimmerman, 2010).

Burnout related to personality factors was also examined using 80 counselors caring for terminally ill patients who took the Five Factor Personality Inventory (FFPI) (Hendriks, 1997) and the MBI. Three multiple regression analyses were used for analysis. The results indicated that the level of personal accomplishment scores of the counselors was predicted by the level of emotional stability reported; the degree of depersonalization present was also predicted by the level of emotional stability reported as well as the level of extraversion and intellect while the level of emotional exhaustion

was predicted by the level of emotional stability present. This study demonstrated that there is a correlation between burnout scores and personality characteristics as measured by the FFPI and MBI (Bakker et al., 2006; Maslach & Jackson, 1986). Those individuals who reported high levels of neuroticism and low levels of extraversion were at higher risk for experiencing burnout (Bakker et al., 2006; Maslach & Jackson, 1986). Low levels of conscientiousness, agreeableness, and openness were correlated with the presence of high burnout scores (Bakker et al., 2006; Maslach & Jackson, 1986).

 Gustafsson, Persson, Eriksson, and Norberg (2009) also examined the difference in personality traits between those health-care workers who experienced burnout and those who did not. Personnel in 14 psychiatric and elder care units participated in the study, a total of 40 health-care workers. All participants completed the 16 Personality Factors Questionnaire (Karson, Karson, & O'Dell, 1997) and Maslach Burnout Inventory (Maslach & Jackson, 1986). The non-burnout group scored lower on sensitivity, apprehension, anxiety and openness to change and scored higher on emotional stability and dominance on the personality measure. These individuals were less affected by the presence of emotional situations in the work place and self-reported a greater ability to cope with stress on an everyday basis. On the other hand, the burnout group scored lower on emotional stability and had higher scores related to anxiety on the Personality Factors Questionnaire (Karson et al., 1997). Thus, individuals who characterized themselves as being sensitive and as having minimal coping skills were at a higher risk for experiencing burnout than others (Karson et al., 1997).

Costa & McCrae (1992) developed a scale to measure the personality

characteristics of an individual. They created the NEO Personality Inventory (NEO-FFM) to operationalize the Five Factor Model of Personality (FFM) (Costa & McCrae, 1992). This scale was designed to be a comprehensive classification of the characteristics of personality that are consistent with current psychological constructs (Costa & McCrae, 1992).

Seventy-five female and five male volunteer Dutch counselors who worked with terminally ill patients completed the NEO- FFM, and the MBI. Meta-analysis was used to analyze the data. The presence of high scores on neuroticism and extraversion were the most consistent predictors of burnout. High scores on self-criticism were also associated with symptoms of burnout.

Swider & Zimmerman (2010) examined the relationship between personality traits shown by the NEO-FFM, burnout, the amount of work an individual missed, the length of time an individual stayed at their job, and job performance in individuals working in the mental health care professions. A meta-analytic model was used for statistical analysis. Scores on all five of the personality traits had a correlation with scores on the three aspects of burnout. The three dimensions of burnout were positively correlated to the individual's amount of absenteeism, how long an individual stayed employed, and their job performance (Swider et al., 2010).

The five dimensions of personality identified by the NEO-FFM have been shown to indicate a relationship with the experience of burnout (Costa & McCrae, 1992). The personality characteristic of neuroticism has been shown to have a positive correlation with burnout scores (Bakker et al., 2006). The characteristics of conscientiousness,

agreeableness, extraversion and openness correlated with burnout scores (Bakker et al., 2006). Individuals who possessed a high level of the characteristic of perfectionism and a high level of self-criticism reported having a high risk of experiencing burnout. Individuals with characteristics that include high levels of self-esteem and flexible thinking seemed to have a lower risk of experiencing burnout (Bakker et al., 2006; Gustafsson et al., 2009).

Spirituality

Piedmont (1999) indicates that the spiritual aspects of an individual are not covered within the scores available on the NEO-FFM. Piedmont theorizes that spiritual transcendence (ST) is a sixth factor of personality and developed the Spiritual Transcendence Scale (STS) to include this aspect of personality (Piedmont, 1999). Altaf and Awan (2011) found that providing a spiritual environment in the work place not only decreased burnout but actually increased the level of morale, degree of productiveness and job satisfaction. Seventy-six employees from different organizations participated in answering a structured questionnaire based on work expectations, spirituality and satisfaction with the job. Workplace spirituality was defined as occurring when an organization creates an environment that fulfills the needs of the employees and where employees are able to feel connected and emotionally satisfied (Altaf & Awan, 2011). The results of this study support the theory that the presence of spirituality in an individual's life has an influence on the experience of burnout in their work environment (Altaf & Awan, 2011).

Doolittle (2007) examined the relationship between burnout, the ability to cope and feelings towards spirituality of 222 religious leaders using the Maslach Inventory, the Hatch Spiritual Involvement Assessment, the Belief Scale and self-reported coping skills. Eleven percent of the participants scored high on emotional exhaustion, 10% scored high on depersonalization, and 11% scored low on personal accomplishment. Correlation coefficient analysis demonstrated that those participants who scored high on spiritual attitudes scored higher on personal accomplishment. Those individuals who reported high levels on the Hatch Spiritual Involvement Assessment reported a better ability to cope and obtained lower scores on all three aspects of burnout (Doolittle, 2007).

Spiritual transcendence. Greenway, Phelan, Turnbull, & Milne (2007) examined self-transcendence in relation to positive and negative coping strategies. Spiritual Transcendence (ST) was defined as the ability of a person to see life outside their own environment and see that life is an experience that goes beyond the immediacy of one's own existence and binds all things into cohesiveness (Golden et al., 2004). Self-transcendence was defined as the act of going beyond the ego and considering the self as being an integral part of the universe (Piedmont, 1999). The study consisted of 190 practicing Anglicans and Catholics using the Self-Transcendence Scale (ST) and Spiritual Transcendence Scale (STS). A positive correlation was found between positive coping skills and scores on the ST and STS (Greenway et al., 2007).

Miner et al., (2010) recently examined the burnout rates in a sample of clergy individuals using the spiritual transcendence scale. Burnout levels correlated with the relationship between satisfaction in the ministry and orientation to the ministry (Miner et

al., 2010). Clergymen who scored high on the STS reported a higher satisfaction with their work and felt a stronger connection to their ministry (Miner et al., 2010).

 Spiritual transcendence scale. The degree of spiritual transcendence may be a predictor variable for the presence of burnout in professionals working with severely mentally ill patients (Piedmont, 2004). Those individuals who report higher scores on the STS are theorized to report lower scores on burnout scales (Piedmont, 2004; Golden et al., 2004).

Golden et al. (2004) did an incremental validity study examining the relationship of spirituality and the ability to predict burnout in United Methodist clergy. Burnout was measured using scales consisting of the Maslach Burnout Inventory-general survey (Maslach & Jackson, 1986), STS (Piedmont, 1999), the Situational Shift Scale, and Satisfaction with Life Scale. Seven hundred subjects were randomly selected from a list of clergy from various Methodist churches nationwide and sent research packets including an introduction letter and the appropriate surveys. Three hundred and forty surveys were returned; among these, 321 responses were useful. The median age in the sample was 50.6 years old. Participants had been practicing an average of 20.8 years, and worked an average of 54.1 hours a week. Of the participants, 81% were male and 19% female. 88.5% of the participants were married, 4.4% were single, 5.6% divorced and 1.5% widowed. Hierarchical regression analysis was used for data analysis. Burnout scores were positively correlated with Neuroticism, a result that is consistent with previous studies examining burnout (Golden et. al., 2004). Participants who scored lower on the STS scale demonstrated higher scores on burnout after controlling for

demographic variables that have been shown to have an impact on burnout (Golden et al., 2004).

The STS scale has been used to predict success outcomes for individuals struggling with substance abuse issues (Piedmont, 2004). All participants attended a substance abuse outpatient program for 8 weeks. Forty seven men and 16 women between the ages of 19 to 66 years old participated. The STS scale (Piedmont, 1999), the NEO-FFM (Costa & McCrae, 1992), the Brief Symptom Inventory (Derogatis & Melisaratos, 1988), and the Coping Resources Inventory (Matheny, Aycock, Curlette & Junker, 2003) were administered. The levels on the STS scales were predictors in the outcomes for the participants even after controlling for the effects of personality (Piedmont, 2004). Universality and connectedness were characteristics reported to be higher in those individuals with successful recovery during the outpatient program (Piedmont, 2004). Success was determined by maintaining sobriety, consistently attending the required programming and ability to successfully incorporate coping skills into daily living (Piedmont, 2004). Those individuals who reported the perspective of feeling connected and united to others and the belief that there is a greater vision beyond our day-to-day existence showed increased success in sobriety while actively in treatment (Piedmont, 2004).

Piedmont, Ciarrochi, and Dy-Liacco (2009) examined the relationship between the STS scale and the Religious Involvement Scale as well as predicting the incremental validity in predicting the domains of the FFM for both American and Filipino cultures. Three hundred and twenty four women and 143 men participated in the study (Piedmont

et al., 2009). The STS scale (Piedmont, 1999), the Individualism/Collectivism Scale (Dion & Dion, 1991), the Interpersonal Orientation Scale (Swap & Rubin, 1983), the Prosocial Behavior Inventory (De Conciliis, 1993/1994), and the Sexual Attitudes Scale (Fisher & Hall, 1981) were administered through a mailed packet. The Individualism/Collectivism Scale measures the extent that an individual feels connected to their community (Dion & Dion, 1991). The Interpersonal Orientation Scale measures an individual's interest and degree of responsiveness to others (Swap & Rubin, 1983). The Sexual Attitudes Scale measures whether or not an individual has positive or negative feelings towards sex and intimacy (Fisher & Hall, 1981). The Prosocial Behavior Inventory assesses characteristics of prosocial behavior (De Conciliis, 1994). Prosocial behavior was defined as caring about the welfare of others (De Conciliis, 1994). The results of this study support the theory that spirituality is positively related to psychological growth and prosocial behavior (Piedmont et. al., 2009). A similar study was repeated with 654 Filipino participants. Hierarchical regression was used to analyze the data. Both studies demonstrated that individuals who scored higher on the STS also scored higher on the scales that measure an individual's interest and motivation to learn from others and their environment, the motivation to be connected to others and a desire to build a supportive community (Piedmont et al., 2009). In other studies, these were all factors that were shown to be negatively impacted when an individual is experiencing burnout (Emery et al., 2009; Maslach & Leiter, 2009; Maslach et al., 2001).

The results of both studies support the theory that the presence of spirituality has a positive impact on psychological growth and prosocial behavior (Piedmont et al., 2009).

Burnout decreases the ability of an individual to be prosocial, motivated, and affects an individual's perception of their environment regarding what support and satisfaction exists in the work environment (Maslach et al., 2009; Myers & Sweeney, 2007). The validity of predicting prosocial behavior with the use of the spiritual transcendence scale beyond what the NEO-FFI can predict alone has been demonstrated (Landis, Sherman, Piedmont, & Kirkhart, 2009). One hundred and eighty eight psychology students in Baltimore, Maryland completed the STS, the NEO-PI-R (Costa & McCrae, 1992), the Assessment of Spirituality and Religious Sentiments (Piedmont, 2004) and the Self-Report Altruism Scale (Rushton, Chrisjohn, & Fekken, 1981). Scores on the spiritual transcendence scale accounted for an additional 1.9% variance beyond the five domains of the FFM (Landis, Sherman, Piedmont, & Kirkhart, 2009). Self-reported prosocial behavior, scores on the STS and the characteristics of Extraversion, Openness and Agreeableness were all positively correlated (Landis et al., 2009). Prosocial behavior is positively correlated to the STS scale (Landis et al., 2009).

Summary

Studies explaining and giving support for the theory of burnout as well as defining the characteristics, symptoms and buffers of burnout were reviewed in chapter 2. The three aspects of burnout emotional exhaustion, depersonalization and reduced sense of accomplishment were defined as well as their importance to burnout explained. Research supporting spirituality as a contributing factor was presented as well as an explanation of the spiritual transcendence scale. The presence of burnout is an important issue to consider in a professional environment, specifically those professions that are

geared towards human services (Miner et al., 2010). Predictor variables for the experience of burnout in psychologists have been shown to include age, gender, how long the individual has been in practice, marital status and strength of family support (Vredenburgh et al., 1999). Personality characteristics have also been identified as a predictor variable for the experience of burnout (Swider & Zimmerman, 2010; Golden et al., 2004). Scores on the characteristics defined in the NEO-FFM have an impact on an individual's likelihood of experiencing burnout (Swider & Zimmerman, 2010; Golden et al., 2004). Mental health professionals have been shown to be of a higher risk for burnout when the investment of the professional is high and the client's investment is minimal (Truchot & Deregard, 2001). Self care, coping skills and having a balance between work and personal life are aspects that have been shown to be inversely correlated to the level of burnout experienced (Emery et al., 2009). Research was reviewed that demonstrated a correlation exists between the level of spirituality an individual experiences, self-esteem, and positive relationships (Good et al., 2007). Spiritual Transcendence may be a predictor variable for the presence of burnout in mental health professionals working with severely mentally ill patients (Piedmont, 2004).

Chapter 3 will outline the research design developed to examine whether there is a relationship between Spiritual Transcendence scores and burnout as measured by the Maslach Burnout Inventory in those individuals who work with severely mentally ill patients after accounting for the effects of personality characteristics, as measured by the NEO-FFI.

Chapter 3: Research Method

In this chapter, I will describe the methodology used in this study. I used a quantitative approach with a correlational design. I provide an explanation of the sampling method and research design, as well as explaining the use of hierarchical regression for statistical analysis. Furthermore, I describe the MBI, NEO-FFI, and STS instruments, and I provide mode of analysis and interpretation performed following the data collection.

Research Design and Approach

The research question to be addressed in this study examined whether there is a relationship between scores on the STS (Piedmont, 1999) and scores on the MBI (Maslach, 1986) in psychologists who work with severely mentally ill patients after accounting for the specific personality traits identified by the NEO-FFI. The assessment tools used in the study were the STS (Piedmont, 1999), MBI (Maslach & Leiter, 1986) and the NEO-FFI (Costa & McCrae, 1992). A quantitative approach was selected for the research design as all the identified variables are quantifiable (Mitchell & Jolley, 2004). This design is based on the concept that all variables can be expressed numerically and can be classified numerically.

Setting and Sample

Participants

Psychologists who work with severely mentally ill patients were selected from psychiatric hospitals, community centers, and private practice settings in Nevada (see Appendix F). All of the inpatient psychiatric facilities and community centers in which

severely mentally ill patients are treated in Nevada were identified. The psychologists and social workers who provide outpatient services to the inpatient patients are often the targeted referrals when a patient discharges from an inpatient facility. Those individuals were contacted to participate in the study given that they work with people diagnosed with a serious mental illness. The criteria for severely mentally ill included those previously specified and also excluded substance abuse and developmental disorders (NIMH, 2010).

Sampling Approach

Emails were sent to potential participants, which contained a letter of introduction and description of the purpose of study (see Appendix B). The three instruments and a demographic questionnaire were available to participants using Survey Monkey, a data collection website. Information such as the age and gender of the clinician as well as the frequency of sessions were collected in order to facilitate parallel data collection between inpatient and outpatient facilities. Demographic information about the participants was also collected. Variables included the length of time the individual has been in practice, the person's gender, the type of facility where the participant is employed, whether they are married or not married, whether they have children or no children, how many hours they have direct contact with their patients as well as how many severely mentally ill clients they are treating (see Appendix A).

The larger the sample size, the greater is the statistical power of the test (Jaccard & Becker, 2002). Using a medium effect size, an alpha of 0.05, a power of .80, a one-tailed Pearson correlation required 64 participants. Using a medium effect size, an alpha

of 0.05, a power of 0.80, an additional predictor with six total predictors in the model, an

R^2 difference test would require at least 55 participants. Seventy five individuals

participated in the study and 68 participants completed all three assessments.

Data Collection

Psychologists and social workers who participated in the study completed first

the MBI (Maslach & Leiter, 1986; see Appendix C), then the NEO-FFI (Costa &

McCrae, 1992; see Appendix E), and finally the STS (Piedmont, 1999; see Appendix D).

Survey Monkey was used for gathering data. Survey Monkey is an online service that

allows web-surveys, collects responses and analyzes data in an organized manner.

Survey monkey contained a demographic questionnaire, the NEO-FFI, MBI and the STS.

Follow up emails were sent after 2 weeks to encourage participation by previously

nonresponsive participants.

Data collected were entered to the SPSS program version 19.0 for Windows.

SPSS is a computer program used for statistical analysis (Green & Salkind, 2007).

Descriptive statistics were conducted to describe the sample demographics and the

research variables used in the analysis. Frequencies and percentages were calculated for

nominal data, and means and standard deviation were calculated for continuous data.

Hierarchical regression statistical analysis was used for data analysis (Jaccard & Becker,

2002). Demographic variables were entered in the first step of the hierarchical

regression. Scores on the Spiritual Transcendence scales were entered as the final step in

the regression, while controlling for demographic variables and other personality

variables. All calculations were assessed at the alpha level 0.05, one-tailed, unless

identified differently.

To assess Hypothesis 1, a one-tailed Pearson correlation was computed in order to assess the relationship between spiritual transcendence and burnout. Spiritual transcendence is a continuous variable measured by the total score of the STS. Burnout is a continuous variable that were measured by the total score of the MBI. The assumptions of normality and homoscedasticity were assessed prior to the analysis via scatter plots. Normality was assessed for using a p-p scatter plot. As long as the values are evenly distributed along the normality line, the assumptions are met. Homoscedasticity was assessed for using a residuals scatter plot. If the values are rectangularly distributed about the origin (0, 0) then the assumption is met.

In order to assess Hypothesis 2, five one-tailed Pearson correlations were computed to assess the relationships between neuroticism, agreeableness, extraversion, conscientiousness, and openness; and burnout. Neuroticism, agreeableness, extraversion, conscientiousness, and openness are continuous variables measured by the NEO-FFI. Burnout is a continuous variable measured by the total score of the MBI. The assumptions of normality and homoscedasticity were assessed prior to the analysis via scatter plots. One Pearson correlation was conducted for each of the five NEO-FFI subscales and burnout.

To assess Hypothesis 3, a hierarchical linear regression was conducted to assess if the regression improves in predictability from Step 1 to Step 2 of the regression. Step 1 of the regression had the five NEO-FFI subscales predicting burnout. Step 2 added the STS subscale into the model. An R^2 difference test was conducted to assess if the model

statistically improved in predictability before and after the STS subscale was added to the model. The assumptions of normality were assessed prior to analysis via scatterplots. The assumption of absence of multi-collinearity was assessed with variance inflation factors (VIFs). VIFs indicate multi-collinearity and the variable(s) that were removed (Mitchell & Jolley, 2004).

Instrumentation and Materials

The demographic profile is a demographic profile sheet created by Piedmont (1999). It includes the following variables: the length of time the individual has been in practice, the person's gender, the type of facility where the participant is employed, marital status, whether they have children, how many hours they have direct contact with their patients, and how many SMI patients the individual currently has in their caseload.

The MBI is a tool for measuring burnout (Maslach, 1986; see Appendix C). Specific stress factors and their impact on burnout can be measured using this tool. This assessment tool was developed to measure the effects of exhaustion, cynicism and inefficacy on an individual (Maslach & Jackson, 1986). Items are rated on a 6-point frequency scale (ranging from 0 to 6). Burnout is believed to be experienced when scores are higher on exhaustion and cynicism and lower on efficacy. Cronbach alpha ratings are .90 for emotional exhaustion, .76 for depersonalization, and .76 for personal accomplishment (Maslach & Jackson, 1986).

The STS is a 24-item Likert scale measuring three dimensions of spiritual transcendence (Piedmont, 1999; see Appendix D). Piedmont (1999) developed a scale to show that Spiritual Transcendence is factorially unique from the five dimensions

identified in FFM of personality. The purpose of developing the spiritual transcendence scale was to operationalize spirituality as a motivating factor in humans to develop meaning and purpose in their lives. Spirituality required identification independent of already identified psychological constructs. The transcendence traits were selected by examining a variety of religious backgrounds including Christians, Judaists, Buddhists, and Hindus (Piedmont, 1999).

Piedmont (1999) conducted a factor analysis of the 24 transcendence items, which were shown to be distinct from FFM items, and three factors emerged. The three aspects of ST include connectedness, universality, and prayer fulfillment. Connectedness is the concept that and individual feels he or she is a contributing member of human kind and important for the continuation of life. Universality is the conviction that one union exists for all of life. Prayer fulfillment is a personal experience of feeling happy and satisfied from experiencing transcendence. Each of the 24 questions correlates to one of the subscales of universality, prayer fulfillment and connectedness. Their ranges are: 9 to 45, 9 to 45 and 6 to 30. The higher a participant's score, the greater the sense of union they feel to humanity. The final spiritual transcendence score is calculated by the summing all of the scores on the Universality, Prayer Fulfillment, and Connectedness subscales (Piedmont, 1999). Coefficient of reliability measures internal consistency of a psychometric test score (Jaccard & Becker, 2002). Alpha reliabilities are 0.85 for universality, 0.85 for prayer fulfillment and 0.65 for connectedness have been established (Piedmont, 1999).

The NEO-FFI short version is a 60 item scale that assesses the traits of extraversion, agreeableness, conscientiousness, neuroticism, and openness to Experience (Costa & McCrae, 1992; see Appendix E). An individual's interpersonal perspective, motivation, attitudes, and experiential approach to life can be inferred from the way in which an individual answers the questions (Costa & McCrae, 1992). Alpha reliabilities for this assessment tool are 0.86 to 0.95 (Costa & McCrae, 1992). The NEO-FFI is an empirically sound measure of personality factors that are consistent characteristics of how an individual thinks, acts, and feels (Costa & McCrae, 1992).

Hypotheses and Research Question

Research Question

The following research question was asked in the study: Is there a relationship between scores on a spiritual transcendence scale and scores on a burnout scale in psychologists who work with severely mentally ill patients after accounting for the specific personality traits identified by the NEO-FFI that remain constant over time? The assessment tools used were the STS (Piedmont, 1999), the MBI (Maslach & Leiter, 1986), and the NEO-FFI (Costa & McCrae, 1992).

Hypotheses:

The following hypotheses were tested in this study:

Null Hypothesis 1: There is no significant relationship between spiritual transcendence and burnout rates in psychologists working with severely mentally ill patients as measured by the STS and MBI.

Alternative Hypothesis 1: There is a significant negative correlation between scores on the STS and the MBI in psychologists working with severely mentally ill patients.

Null Hypothesis 2a: The personality characteristic of neuroticism as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2a: The personality characteristic of neuroticism as measured by the NEO-FFI will be positively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2b: The personality characteristic of agreeableness as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2b: The personality characteristic of agreeableness as measured by the NEO-FFI will be positively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2c: The personality characteristic of extraversion as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2c: The personality characteristic of extraversion as measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2d: The personality characteristic of conscientiousness as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2d: The personality characteristic of conscientiousness as

measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 2e: The personality characteristic of openness as measured by the NEO-FFI will not be correlated to burnout rates as measured by the MBI.

Alternative Hypothesis 2e: The personality characteristic of openness as measured by the NEO-FFI will be negatively correlated to burnout rates as measured by the MBI.

Null Hypothesis 3: Once variance for personality as measured by the NEO-FFI is controlled for, spiritual transcendence as measured by the STS will not correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone.

Alternative Hypothesis 3: Once variance for personality as measured by the NEO-FFI is controlled for, spiritual transcendence as measured by the STS will correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone.

Protection of Human Participants

Survey Monkey keeps user data secure and uses advanced technology to ensure participant confidentiality. Only researchers obtaining data for analysis have access to this information. Each user is required to use a user name and password each time the participant signs in. Each session has a cookie that records authentication information for that session. Secure Sockets Layer (SSL) technology ensures that data is only available to authorized personnel. Survey Monkey is PCI-DSS compliant. This is an organization that ensures data security focusing on prevention, detection and pro-active reaction to security threats. The data center is located in a SAS70 Type II facility that is monitored

twenty four hours a day. These facilities have been audited for appropriate security standards. Data is protected by exporting the information from Survey Monkey onto an Excel spreadsheet upon the completion of data collection. The data is then be deleted from Survey Monkey.

Summary

Chapter 3 describes the research design used in this study. The sampling method and methodology are explained as well as an explanation of the statistical analysis that was used. All instruments used for assessment were discussed as well as a description of the mode of analysis and interpretation of data. All hypotheses and research question are stated and the protection of patient rights is explained.

Chapter 4: Results

This chapter reviews the statistical results of this study. I present the frequencies and percentages for the descriptive statistics, as well as the mean and standard deviations for work characteristics. I present the reliability of the burnout scores, the STS scores and each of the personality factors. Pearson correlation results between the Spiritual Transcendence Scale (STS) and the Maslach Burnout scale (MBI) are presented, as well as the correlation between burnout scores and the NEO-FFI factors. Lastly, I discussed the results from the hierarchical regression.

Descriptive Statistics

A total of 76 participants took part in the survey. The results obtained from eight of the participants were removed because they did not complete all of the questions. Sixty eight of the remaining participants completed the MBI, NEO-FFI and STS surveys. Scores for the five subscales of personality factors from the NEO-FFI (neuroticism, extraversion, openness, agreeableness, conscientiousness), spiritual transcendence, and burnout were examined for outliers. Outliers were defined as values that were greater than 3.29 standard deviations from the mean (Tabachnick & Fidell, 2012). Outliers lie outside of the distribution and can skew results and such scores are removed because they can lead to inflated error rates and skew statistical scores. Therefore, a single outlier score on the agreeableness scale was removed.

Of the 68 participants, most were female (51, 75%) and worked in inpatient practice (41, 60%). The majority of the participants were married (39, 57%) but did not

have children (38, 56%). Frequencies and percentages for the participant demographics

are presented in Table 1.

Table 1

Frequencies and Percentages for Participant Demographics

Demographic	n	%
Gender		
Male	17	25
Female	51	75
Practice		
Inpatient	41	60
Outpatient	27	40
Marital status		
Married	39	57
Single	29	43
Children		
Yes	30	44
No	38	56

The amount of time the participants had been in practice ranged from 10 months to 30 years, with an average of 9.73 years ($SD = 7.94$). The number of hours that they had direct contact on a weekly basis with patients ranged from 0 to 60 hours, with an average of 25.46 hours ($SD = 12.14$). The number of severely mentally ill patients in

their caseload ranged from 0 to 50, with an average of 11.76 ($SD = 8.94$). Means and

standard deviations for work characteristics are presented in Table 2.

Table 2

Means and Standard Deviations for Work Characteristics

Characteristic	*M*	*SD*
Years in practice	9.73	7.94
Hours of contact per week	25.46	12.14
Severely mentally ill patients in caseload	11.76	8.94

Research Question 1

Is there a relationship between scores on the STS (Piedmont, 1999) and scores on the MBI (Maslach, 1982) in psychologists who work with severely mentally ill patients after accounting for the specific personality traits identified by the NEO-FFI?

Hypothesis 1

Null Hypothesis 1: There is no significant relationship between scores on spiritual transcendence and burnout rates in psychologists working with severely mentally ill patients as measured by the STS and the MBI.

Alternative Hypothesis 1: There is a significant negative correlation between scores on the STS and the MBI in psychologists working with severely mentally ill patients.

To examine the first hypothesis, a Pearson correlation was conducted between the spiritual transcendence scale and burnout. Prior to analysis, the assumptions of normality and homoscedasticity were assessed via scatterplots. The scatterplots did not indicate a

deviation from normality or any pattern in the residuals, and thus both assumptions were

met. Results of the Pearson correlation were not significant, $r = .20$, $p = .106$, suggesting

that scores on the STS were not significantly related to scores on the MBI. Because no

significance was found, null hypothesis 1 was not rejected.   No significant relationship

was found between scores on spiritual transcendence and burnout rates in these

psychologists and social workers who work with severely mentally ill patients as

measured by the STS and MBI. Results of the correlation are presented in Table 3.

Table 3

Pearson Correlation Between STS and Burnout

Variable	Burnout
STS	.20

Note. * $p < .05$. ** $p < .01$.

Hypothesis 2

Null Hypothesis 2a: The personality characteristic of neuroticism, as measured by the NEO-FFI, will not be negatively correlated to burnout rates, as measured by the MBI.

Alternative Hypothesis 2a: The personality characteristic of neuroticism, as measured by the NEO-FFI, will be negatively correlated to burnout rates, as measured by the MBI.

Null Hypothesis 2b: The personality characteristic of agreeableness, as measured by the NEO-FFI, will not be negatively correlated to burnout rates, as measured by the MBI.

Alternative Hypothesis 2b: The personality characteristic of agreeableness, as measured by the NEO-FFI, will be negatively correlated to burnout rates, as measured by the MBI.

Null Hypothesis 2c: The personality characteristic of extraversion, as measured by the NEO-FFI, will not be negatively correlated to burnout rates, as measured by the MBI.

Alternative Hypothesis 2c: The personality characteristic of extraversion, as measured by the NEO-FFI, will be negatively correlated to burnout rates, as measured by the MBI.

Null Hypothesis 2d: The personality characteristic of conscientiousness, as measured by the NEO-FFI, will not be positively correlated to burnout rates, as measured by the MBI.

Alternative Hypothesis 2d: The personality characteristic of conscientiousness, as measured by the NEO-FFI, will be positively correlated to burnout rates, as measured by the MBI.

Null Hypothesis 2e: The personality characteristic of openness, as measured by the NEO-FFI, will not be positively correlated to burnout rates, as measured by the MBI.

Alternative Hypothesis 2e: The personality characteristic of openness, as measured by the NEO-FFI, will be positively correlated to burnout rates, as measured by the MBI.

To examine the second set of hypotheses, five Pearson correlations were conducted between the STS and the MBI. Prior to analysis, the assumptions of normality and homoscedasticity were assessed via scatterplots. The scatterplots did not indicate a deviation from normality or any pattern in the residuals, and thus both assumptions were met. Results of the Pearson correlation were significant for neuroticism, $r = .49, p <$ .001, extraversion, $r = -.29, p = .010$, and for agreeableness, $r = -.38, p < .001$. This suggests that as scores for neuroticism increases, scores indicating the presence of burnout tended to also increase; as scores for extraversion and agreeableness tended to

increase, burnout scores also tended to decrease. No other correlations reached a

significant level. Since significance was found in the expected direction, null hypotheses

2a, 2b, and 2c were rejected. The personality characteristic of neuroticism, as measure by

the NEO-FFI was found to be positively correlated with burnout rates as measured by the

MBI. Agreeableness and extraversion, as measured by the NEO-FFI, were found to be

negatively correlated with burnout rates as measured by the MBI. Results of the

correlations are presented in Table 4.

Table 4

Pearson Correlation Between NEO-FFI Scales and Burnout

Variable	Burnout
Neuroticism	.49**
Extraversion	-.29*
Openness	-.15
Agreeableness	-.38**
Conscientiousness	.14

Note. * $p < .05$. ** $p < .01$.

Hypothesis 3

Null Hypothesis 3: Once variance for personality, as measured by the NEO-FFI, is controlled for, spiritual transcendence, as measured by the STS, will not correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone.

Alternative Hypothesis 3: Once variance for personality, as measured by the NEO-FFI, is controlled for, spiritual transcendence as measured by the STS will correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone.

To examine hypothesis 3, a hierarchical linear regression was conducted to assess if STS scores significantly predicted the presence of burnout after accounting for scores on the NEO-FFI scales. The NEO-FFI scales were placed into Block 1 while STS was placed in Block 2 of the regression. Prior to analysis, the assumptions of normality and homoscedasticity were assessed via scatterplots. The scatterplots did not indicate a

deviation from normality or any pattern in the residuals, and thus both assumptions were met. Absence of multicollinearity was assessed via variance inflation factors (VIFs). VIFs ranged from 1.11 to 1.50, suggesting no multicollinearity was present.

Results for Block 1 of the regression were significant, $F(5, 61) = 5.06$, $p = .001$, $R^2 = .29$, suggesting that the NEO-FFI scales accounted for 29% of the variance in burnout scores. The results for the model with STS added was also significant, $F(6, 60) = 4.32$, $p = .001$, $R^2 = .30$, suggesting that adding STS into the model accounted for an additional 1% explained variance among burnout scores. However, when a model change F-test was conducted, the results were not significant, $\Delta F(1, 60) = 0.72$, $p = .398$, $\Delta R^2 = .01$, suggesting that adding STS into the model did not significant impact the model. Because no significance was found in the change F-test, the null hypothesis was not rejected. Once variance for personality, as measured by the NEO-FFI, was controlled for, spiritual transcendence, as measured by the STS, did not correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone. Results of the regression are presented in Table 5.

Table 5

Results for Regression with NEO-FFI and STS Scales Predicting Burnout

Source	B	SE	β	T	P
Block 1					
Neuroticism	0.07	0.02	.40	3.12	.003
Extraversion	0.01	0.02	.06	0.45	.654
Openness	0.02	0.02	.14	1.27	.209
Agreeableness	-0.03	0.02	-.14	-1.22	.227
Conscientiousness	-0.02	0.01	-.16	-1.32	.193
Block 2					
Neuroticism	0.07	0.02	.37	2.80	.007
Extraversion	0.01	0.02	.04	0.34	.738
Openness	0.03	0.02	.16	1.43	.157
Agreeableness	-0.03	0.02	-.14	-1.23	.223
Conscientiousness	-0.02	0.01	-.16	-1.28	.206
STS	0.19	0.22	.10	0.85	.398

Note. $\Delta F(1, 60) = 0.72$, $p = .398$, $\Delta R^2 = .01$ between Block 1 and Block 2.

Summary

Sixty eight psychologists and social workers working with severely mentally ill patients working in the state of Nevada completed the MBI (Maslach, 1982), STS (Piedmont, 1999), and the NEO-FFI (Costa & McCrae, 1992). Pearson correlations were computed to determine whether a correlation exists between the MBI and the STS as well between burnout scores and scores on the five factors of the NEO-FFI. A significant relationship between scores on spiritual transcendence and burnout rates in psychologists and social workers working with severely mentally ill patients was not found. The results for Hypothesis 1 were not significant; the null hypothesis was not rejected. Results for the personality characteristic of neuroticism were significant, suggesting that as scores on the personality factor of neuroticism increased, burnout scores tended to increase. This null hypothesis (2a) was rejected. The results were significant for the personality characteristics of extraversion and agreeableness, suggesting that as the personality factors of extraversion and agreeableness increased burnout scores tended to decrease. The null hypotheses 2b and 2c were rejected. Correlations between scores on the personality factors of openness, conscientiousness and burnout were not found to be significant; the null hypothesis 2d and 2e were not rejected. Hierarchical regression analysis was conducted, suggesting that NEO-FFI scales accounted for 29% of the variance for burnout scores. When adding in the STS model, variance increased to 30%. When the model change F test was conducted, no significance was found; the null hypothesis 3 was not rejected.

Chapter 5: Discussion, Conclusions, and Recommendations

In this study, I examined spiritual transcendence as a potential predictive factor for mental health professionals who work with severely mentally ill patients. Increasing understanding of the causes of burnout among psychologists and social workers can contribute to finding preventative methods and ensure better client and patient care by these practitioners. Mental health professions, including psychology and social work, have expectations and demands that can be detrimental to an individual's professional emotional health when they are not being met (Oman et al., 2006). Theories about worker burnout are based on the equity theory that states the level of satisfaction that humans have in relationships is based on whether the individual perceives that there is a fair or unfair input and output of gains (Freudenberger, 1980). Burnout is a psychological syndrome that occurs when an individual reacts negatively to constant interpersonal stressors on the job (Maslach et al., 2009). The three component dimensions of burnout are: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1993). Mental health workers who work with severely mentally ill patients are exposed to a considerable amount of stress and potentially emotionally exhausting environments (Sorgaard et al., 2007). As a result, working in an environment with continued stress and prolonged exposure to emotionally exhausting environments can lead to negative consequences, especially impaired relationships with patients or clients (Oman et al., 2006).

Spirituality and religiosity are important aspects in maintaining good mental health and emotional stability (Good, Willoughby, & Busseri, 2011). High levels of

spirituality have been related to increased effectiveness for medical and psychological

interventions in health workers (Feher & Maley, 1999; Kirkpatrick & McCullough,

2008). Research that has used participants other than mental health professionals has

consistently shown an inverse relationship between scores on spiritual transcendence

scales and burnout scales (Golden et al., 2004; Piedmont, 1999). However, this

relationship was not demonstrated for mental health professionals. There is no

information in the literature using scores on the assessment tool, Spiritual Transcendence

Scale (Piedmont, 1999), as a predictive factor for burnout in psychologists and social

workers (Golden et al., 2004). The central problem addressed in the study concerns the

existence of an incomplete understanding of the predictive factors that may lead to

burnout among mental health professionals. This study examined the potential

relationship between spiritual transcendence scores and burnout rate scores on the MBI in

psychologists and social workers who work with severely mentally ill patients after

accounting for the personality characteristics measured by the NEO-FFI. The purpose of

this study was to identify whether there is a relationship between spiritual transcendence

scores and burnout as measured by the MBI in those individuals who work with severely

mentally ill patients after accounting for the effects of the FFM identified personality

characteristics, as measured by the NEO-FFI.

Interpretation of Findings

Sixty eight participants completed the study. Pearson correlation was then

conducted to assess the correlation between spiritual transcendence scale and burnout.

Pearson correlation shows that a linear relationship exists between these two sets of data

(George & Mallery, 2010). The results were not significant, suggesting that scores on the STS were not significantly related to scores on the MBI. Therefore, the Null Hypothesis 1 cannot be rejected. Half of the participants work in an inpatient environment; 75% of participants were female and have been in practice for an extended length of time. Gender has also been correlated with increased scores on burnout scales, and males have been shown to experience depersonalization to a greater degree than females (Kim & Stoner, 2008; Rupert et al., 2009). In previous studies, the longer individuals had been in practice, the lower they scored on emotional exhaustion and depersonalization (Kim & Stoner, 2008; Rupert et al., 2009). These factors are potential protective factors against the experience of burnout and could have an impact on the experience of burnout in the participants who completed the study. The majority of participants were female and reported being in practice for an extended period of time. Therefore, this population may not be experiencing burnout because they have had the time to institute protective factors, thereby impacting the results. The sample population is biased towards females and individuals who work in the inpatient environment so it may not be an accurate sample of psychologists and social workers and their overall experience of burnout.

Piedmont (2004) has demonstrated in previous studies that individuals who report higher scores on STS report lower scores on burnout scales. This has been demonstrated in other populations, but was not found in the population selected for this study. Part of training in the field of mental health includes recognizing stressors that may have an impact on patient care and the ability of the mental health worker to give competent treatment. Psychologists and social workers are educated on the need and importance of

self-care, as it is part of training in the field of mental health (Kim & Stoner, 2008; Rubert et al., 2009).   The training and education in self-care as part of the mental health curriculum has psychologists and social workers potentially engaging in other coping mechanisms other than spiritual transcendence to assist in the experience of burnout. Anecdotal evidence has suggested that there are many other coping mechanisms a mental health worker can employ to protect against the experience of burnout. Perhaps they are pulling from other resources other than ST.

The results of this study did not find a significant correlation between spiritual transcendence and burnout. However, mental health professionals are exposed to stress that can have a negative impact on patient care (Sorgaard et al., 2007). Furthermore, APA (2010) emphasizes the importance of mental health workers to recognize burnout in relation to competent patient care. The literature about burnout in mental health professionals emphasizes the need of the therapist to provide adequate self-care and find productive coping skills (Baker, 2003). For example, self-care, coping skills and ability to balance work and personal life have been shown to be inversely related to the experience of burnout in psychologists (Linley & Joseph, 2007). Mental health workers are reminded through education and training to develop coping skills and protective factors (Baker, 2003). Additional coping skills and protective factors and the effectiveness of each protective factor or coping skills were not measured in this study. The fact that mental health workers are more educated on the need for self-care has them potentially engaging in other coping mechanisms other than spiritual transcendence. Another perspective is recognizing that a career in mental health is a helping profession.

The work is about focusing on another individual's needs and being there for the client or patient. A therapist is not bringing his or her own belief system or judgment into practice, but meeting the client where he or she is at and focusing on his or her needs. Anecdotally, spiritual transcendence may not be a factor when an individual is working from this perspective.

The results in this study conflict with previous findings that have found a significant inverse correlation between spiritual transcendence and burnout (Altaf & Awan, 2011; Golden et al., 2004). Perhaps psychologists and social workers are using different coping mechanisms to manage burnout, or they potentially have different protective factors. A psychologist's or social worker's perspective being in a helper profession potentially does not have a correlation to ST because of the focus on the client's perspective and not a focus on our own. Altaf and Awan (2011) found that a spiritual environment in the work place decreased burnout and in addition increased the level of morale, degree of productiveness and job satisfaction. Golden et al., (2004) demonstrated that United Methodist clergy men who scored lower on the STS scale had higher scores on burnout. Piedmont (2004) has demonstrated that the levels on the STS scales were predictors in the success outcomes for the participants with substance abuse issues even after controlling for the effects of personality. In addition, he has demonstrated that individuals who scored higher on the STS also scored higher on the scales that measure an individual's interest and motivation to learn from others and their environment, the motivation to be connected to others and a desire to build a supportive community (Piedmont et al., 2009). These are factors that have been shown in other

studies to be negatively impacted when an individual is experiencing burnout (Emery et al., 2009; Maslach & Leiter, 2009; Maslach et al., 2001). The presence of burnout and examining spiritual transcendence as a predictive factor were measured in this study. Additional coping skills and protective factors of burnout were not examined in this study.

Five Pearson correlations were conducted to measure the correlation between each of the personality characteristics identified by the NEO-FFI and burnout rates as measured by the MBI. This analysis was done to see if there is an individual correlation between each of the five personality characteristics and burnout rates. Personality is the integrated aspects of an individual's physical, mental, emotional and social characteristics (Golden et al., 2004). Self-esteem, emotional stability, extraversion, conscientiousness, optimism, proactive nature, and hard work have all been identified as personality characteristics that have been recognized as having an impact on the potential experience of burnout (Anvari, Kalali, & Gholipour, 2011). The results for neuroticism were significant, suggesting that as scores on the personality factor of neuroticism increased, burnout scores also tended to increase. Neurotic personality facets include experiencing unpleasant emotions easily, being vulnerable to anxiety and depression, being sensitive and potentially nervous (Costa & McCrae, 1992). These characteristics have also been observed in individuals experiencing burnout (Piedmont, 2004). These facets can cause an individual to feel hypersensitive and overreact to situations in the work environment. Neurotic individuals are more likely to experience negative emotions of anxiety and depression even outside the work environment (Swider & Zimmerman, 2010).

Experiencing these negative emotions tends to increase depersonalization that causes the individual to disengage from patients or clients, feel disconnected, frustrated, and less satisfied with work.

The results were also significant for extraversion and agreeableness, suggesting that as the scores on the personality factors of extraversion and agreeableness increased burnout scores tended to decrease. The personality factors of extraversion include having an outgoing, energetic attitude and an assertive nature (Costa & McCrae, 1992). Moreover, extraversion is associated with a tendency to be optimistic, enthusiastic, and hopeful about the future (Costa & McCrae, 1992; Swider & Zimmerman, 2010). This personality characteristic is also associated with positive use of rational, positive coping strategies, and using available support systems (Bakker et al., 2006). These facets are important when working in any environment, but especially important when working in the mental health environment. When working with the severely mentally ill, therapeutic progress can be sporadic or feel stagnant, or even non-existent. The emotional investment of the mental health worker is often higher than the investment of the patient (Sorgaard et al., 2007). This personality characteristic may be a potential protective factor to these stressors which can explain why a negative correlation was found between the personality factor of extraversion and the experience of burnout.

Agreeableness facets include a tendency to be cooperative and compassionate towards others. Characteristics also include having a trusting and helpful nature (Costa & McCrae, 1992). Agreeableness has been shown to be negatively correlated with the experience of burnout and positively correlated with the experience of personal

accomplishment (Bakker et al.; Piedmont, 1993). A nurturing, caring, altruistic perspective is associated with this personality factor (Swider & Zimmerman, 2010). These are characteristics that have been observed to be protective factors against experiencing burnout. As a result, individuals possessing these personality characteristics are potentially less vulnerable to the experience of burnout. Furthermore, individuals possessing these personality characteristics may be able to concentrate more on the individuals they are helping and the accomplishment achieved from helping others rather than focusing upon the exhaustive aspects of choosing a helper profession.

Correlations between scores on the personality factors of openness and conscientiousness were not found to be significant. Conscientiousness facets are associated with positive problem solving ability, ability to cope and persistent characteristics (Bakker et al., 2006). McCrae and Costa (1992) associated this personality trait with discipline, striving for achievement and ability to finish tasks. Piedmont (2004) also found a positive correlation between conscientiousness and the depersonalization component of burnout. On the other hand, Bakker et al. (2006) found a negative correlation between conscientiousness and the experience of other components of burnout. This study did not look at the individual components of burnout, but the experience of burnout as a whole. This measure could have impacted these results. Perhaps if the individual components of burnout were measured, the results could have potentially shown some significance. The personality factor of conscientiousness in the past has been negatively associated with burnout due to the individual's ability to be organized, responsible, dependable, and their drive for success (Costa & McCrae, 1992).

However, this personality factor has been positively associated with burnout when the work environment is not conducive to being able to be proactive, or when an individual is continually exposed to stressors that make achievement difficult (Costa & McCrae, 1992). The personality factors of openness have been associated with intellectual curiosity, sensitivity and empathy towards others (Costa & McCrae, 1992). Moreover, this factor has been previously negatively associated with the experience of burnout (Bakker et al., 2006). The personality factors of openness and conscientiousness were not found in this study to be significantly related to burnout. Perhaps if each individual component of burnout was measured instead of the general experience of burnout, the results may have shown a significant correlation.

Before the regression analysis, multicollinearity was used assessed to determine how related two predictor variables are. VIFs were low suggesting no multicollinearity was present (George & Mallery, 2010). Results for the first regression suggested that the NEO-FFI scales accounted for 29% of the variance for burnout scores. The results for the second regression when adding the STS model were still significant. Adding the STS into the regression accounted for an additional 1% variance. When a model change F-test was conducted, the results were not significant. Once variance for personality, as measured by the NEO-FFI, is controlled for, spiritual transcendence, as measured by the STS, did not correlate with MBI scores beyond what can be accounted for by the NEO-FFI alone. Additionally, a correlation between STS and MBI scores was not found. Piedmont (2004) has researched different populations that suggest the degree of spiritual transcendence as an individual experiences may be a predictor variable for the presence

of burnout in professionals working with severely mentally ill patients (Piedmont, 2004; Piedmont et al., 2009). Psychologists and social workers may be using other coping mechanisms or stress management techniques to manage the experience of burnout. Studies support the theory that the presence of spirituality has a positive impact on psychological growth and prosocial behavior and a potential buffer for the experience of burnout (Piedmont et al., 2009; Altaf & Awan, 2011; Golden et al., 2004). A correlation between the level of spirituality an individual experiences, self-esteem, and positive relationships was also found by Good et al. (2007). Spiritual transcendence was not found, however, to be a predictor variable for the presence of burnout in mental health professionals working with severely mentally ill patients in this study. Psychologists and social workers potentially recognize stressors through training and education and are using different protective factors against burnout. They also have a perspective of focusing entirely on the perspective and needs of someone else. This could theoretically prevent ST from being a factor, as the therapist may not be bringing their own belief system into practice.

Limitations and Recommendations for Further Study

Over half (60%) of the participants in this study work in inpatient environments. Inpatient environments afford a considerable amount of stress, and high caseloads filled with the potential for extremely demanding patients (Sorgaard et al., 2007). Individuals who report feeling emotionally exhausted with their work, and are dissatisfied with their job experience higher levels of negativity towards patients and a decrease in productivity (Holmqvist & Jeanneau, 2006). The average scores on burnout from this study are

consistent with the results from previous studies that used participants only working in an

inpatient environments (Holmquist & Jeanneau, 2006; Sorgaard et al., 2007). The

participant sample was biased towards the inclusion of female psychologists and social

workers who work in an inpatient environment. Seventy-five percent of the participants

were female. More females participated in this study; as a result the sample size is biased

towards females. Future studies might benefit from an equal representation of men and

women that represent the therapeutic community. Having more participants from one

sample potentially creates a bias that could have an impact on the reliability of results.

Burnout differences between genders were not examined in this study. The three

component dimensions of burnout; emotional exhaustion, depersonalization, and reduced

sense of personal accomplishment were also not examined individually.

It is important in research to be able to generalize from one setting to a larger

setting. Each state has different factors that contribute to an individual's stress level.

Obtaining a randomized sample of psychologists and social workers from across the U.S.

has the potential to increase generalizability. Although burnout has not been specifically

examined between psychologists and social workers from state to state, each state has

different stressors that can impact and individual's quality of life (U.S. Census Bureau,

2011). For example, the U.S. Census Bureau has determined that Hawaii is the least

stressful state and Los Angeles is the most stressful city to live in (U.S.Census Bureau,

2011). The factors used in the census data are unemployment, cost of living, and

population density. Selecting mental health workers from one state creates a bias in the

sample and is only measuring that specific population. This study only represents

psychologists and social workers in the state of Nevada. The housing crisis and the

recession have had an especially negative impact on people in the state of Nevada, for

example. Nevada also has had a 14.5% unemployment rate which is one of the highest in

the nation (U.S. Census Bureau, 2011). The heat and desert winds also inhibit outdoor

activity and exercise; this too can be a contributing factor for increased stress (U.S.

Census Bureau, 2011). Nevada residents exercise less than any other large city (U.S.

Census Bureau, 2011). Repeating this study with participants from all states would be

beneficial to generalizability and could potentially have different results.

This study could also benefit from using multiple assessments for aspects related

to burnout. Other studies have included multiple assessments for burnout in addition to

the MBI (Leiter & Maslach, 2009; Miner, Dowson, & Sterland, 2010). Previous studies

have used the Social Support Questionaire (SSQ), the State Trait Anxiety Inventory

(STAI), or the Health History Questionaire (HHQ; Corrigan et. al., 1995; Miner,

Dowland, & Sterland, 2010). Using more than one assessment tool can assist in

determining external influences on burnout, and more specifically identify contributing

factors. This study assessed burnout using only one scale due to the fact that we were

simply looking at the experience of burnout related to spiritual transcendence. Assessing

burnout on multiple scales could identify additional specifics related to the experience of

burnout and potentially increase the reliability of the results. In addition, repeating this

study in the future would potentially benefit from including licensed marriage and family

therapists (M.F.T.s). Several facilities contacted to participate in the study had M.F.T.'s

who were willing to participate in the study. By not including this population, it

decreased the number of appropriate participants able to participate. M.F.T.s are mental health professionals who also work with severely mentally ill patients and therefore also experience levels of burnout. Although M.F.T.'s are not specifically trained to work with the severely mentally ill, some do have severely mentally ill clients on their caseload. Their participation could potentially increase effect size and reliability of results. Studies have shown that M.F.T.s are at risk for burnout (Rosenberg & Pace, 2006). Rosenberg and Pace (2006) sampled 116 M.F.T.s nationally and found they are at risk for experiencing low to moderate levels of burnout. The number of hours worked per week, client caseload, and job setting were all contributing factors to M.F.T.s experiencing burnout, as they are for all other mental health professionals (Rosenberg & Pace, 2006).

Future studies could potentially benefit from creating a secure and confidential way for participants to be able to complete the survey in a hard copy form. Several clinical directors of facilities requested hard copies of the surveys to give to participants. Although a hard copy of the informed consent was given to the facilities, all participants were required to go online to complete the surveys. Participation could potentially have been increased by having a hard copy version that clinical directors are able to hand to appropriate participants to complete and having a confidential drop box available to turn in the survey.

Implications for Social Change

Spirituality was not found to be a significant contributing factor to burnout in this study. The social change implication of this research is to explore specific characteristics and predictive factors of burnout factors that can negatively impact the work

environment. The more significant research that is presented to identify the factors involved in burnout, the more educated psychologists and social workers can be about developing preventative techniques to protect themselves from burnout. Standard 2.06 of the American Psychological Association ethics code states that psychologists need to be self-aware when personal issues and stressors could possibly interfere with the effectiveness of treatment, or ability to perform treatment and take appropriate measures to determine if they should limit, take a break or terminate particular work-related activities (American Psychological Association, 2010). Psychologists and social workers must be aware and recognize their ethical responsibility to identify the stress factors that could impact their work performance. Increased awareness of an individual's personality factors can assist in identifying potential risk factors. Personality traits have been shown to remain consistent over time (Costa & McCrae, 1992). This does not mean that an individual cannot change their perspective with regards to negative or limited thinking patterns in relation to their personality traits, such as characteristics represented in the personality factor of neuroticism. An individual can also learn to engage in behaviors or activities that can foster positive or protective personality traits such as characteristics represented in the personality factors of agreeableness and neuroticism. Individuals with neurotic personality characteristics tend to have ruminative tendencies and cognitive reactivity (Landis et al., 2009). Disengaging from maladaptive thinking patterns, practicing mindfulness, concentrating on empathy towards the client, staying in the here and now, and focusing on positive aspects in one's life are all healthy tools to develop positive personality traits and protect against potentially damaging characteristics. This

can potentially be accomplished by strongly encouraging therapists to seek their own therapy in order to recognize cognitive distortions, practice mindfulness, and recognize negative thinking. Research has shown that therapist who engage in self-care, including seeking their own therapy, as well as using healthy coping skills experience lower levels of burnout (Emery et al., 2009; Linley & Joseph, 2007). Attending workshops, or reading books that foster and promote self-care, learning stress management techniques, and continuing to educate oneself regarding positive and protective personality characteristics are additional options for therapists to use to assist them in recognizing risk factors and to potentially change their perspective with regards to limiting behavioral or thinking patterns.

Studies focused on burnout in the mental health profession assist mental health workers in maintaining ethical, effective treatment. This study contributes to the research that suggests specific personality factors of mental health professionals have a correlation with burnout. In this study, an increase in the scores on the personality factor of neuroticism tended to correlate with an increase in burnout scores; scores on the personality factors of extraversion and agreeableness tended to correlate with decreases in burnout scores. The personality facets categorized in neuroticism have the potential to increase burnout. The personality factors of extraversion and agreeableness tend to decrease the symptoms of burnout. Neurotic personality facets include experiencing unpleasant emotions easily, being vulnerable to anxiety and depression, sensitive and potentially nervous (Costa & McCrae, 1992). The personality facets of agreeableness include a tendency to be cooperative and compassionate towards others. Characteristics

also include having a trusting and helpful nature (Costa & McCrae, 1992). The personality facets of extraversion include having an outgoing, energetic attitude and an assertive nature (Costa & McCrae, 1992). This information can be beneficial to mental health workers who score high on these personality factors. Individuals who score high on neuroticism scales can become more aware that they are potentially more susceptible to burnout, and those with high scores on agreeableness and extraversion can be conscientious of those factors and potentially put protective factors in place. Placing protective factors can possible shield the individual from being so susceptible to burnout. Engaging in healthier interactions with people, such as cooperating and having compassion towards others can assist the individual in lowering their susceptibility to burnout.

The NEO-FFI is an assessment tool that allows personality factor scores to be obtained (Costa & McCrae, 1992). There are multiple other tools that could be used to assess personality factors although this has probably been the most studied. It could be potentially useful in training. An individual could complete this test and obtain information regarding their specific personality factors as a part of their training. Specific knowledge about the individual's personality traits increases their insight to potential risks and protective factors related to burnout. Mental health workers scoring high on the neuroticism scale on the NEO-FFI are potentially at a greater risk for burnout and could learn to take preventative measures prior to experiencing burnout. These findings alert the mental health community for the need to preventative efforts, increased support, and/or increased supervision with practitioners who score high on neuroticism

when they work with the severely mentally ill. The personality factors of extraversion

and agreeableness were shown to have a correlation with lower scores on the burnout

scale. Targeting ways to potentially develop some of these characteristics in individuals

working in the mental health community could potentially be a buffer to burnout. For

example, practicing healthy assertive communication, engaging in exercises that increase

communication with staff members, setting clear boundaries with clients and patients, as

well as coworkers, and making sure needs in the work environment are clearly

verbalized. This type of knowledge can assist in developing effective techniques that

could be implemented in various communities and hospitals to increase awareness and

possibly the experience of burnout.   This in turn could increase the effectiveness of care

and improves the patient-therapist relationship.

Summary

Chapter 5 reviewed the purpose of examining spiritual transcendence as a potential predictive factor for mental health professionals who work with severely mentally ill patients. The theoretical basis, methodology used in study, as well as the concept of burnout and the potential detriment burnout can cause in the work environment were briefly reviewed. The findings from this study were interpreted and discussed. A significant relationship between scores on STS and MBI was not found, although an inverse correlation has been found in previous studies (Piedmont, 2004). Pearson correlation was then conducted to see if there is an individual correlation between the 5 personality characteristics and burnout rates. Significant correlations were found between the characteristics of neuroticism, extraversion, and agreeableness and burnout scores. Correlations between openness and conscientiousness were not found to be significant. Once variance for personality was controlled for using hierarchical regression, STS scores did not correlate with MBI scores. Spirituality was not found to be a significant contributing factor to burnout in this study.

The limitations and potential biases of the study were outlined including the following factors: 75% of participants were female, 60% of participants work in an inpatient environment, participants were selected only from the state of Nevada, and only

one assessment tool for measuring burnout was used. Recommendations for future

research were presented including creating a hard copy form of the test, using multiple

assessment tools for measuring burnout, and generalizing the sample to other states in the

United States. Finally, the implications for social change were outlined including the

importance of increasing understanding of the causes of burnout among psychologists

and social workers to identify preventative methods to insure better client and patient

care.

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Appendix A: Demographic Information

DEMOGRAPHIC INFORMATION:

How long have you been in practice?   _____

Please identify your gender? (M=male, F=female)   _____

Do you work in inpatient or outpatient practice (I-inpatient, O-outpatient)?   _____

Please state your current marital status? (M-married, S-single)   _____

Do you have children? (y-children, n-no children)   _____

How many hours of direct contact do you have with your patients per week?   _____

DEFINITON: Severely mentally ill - individuals who have a substantial organic or psychiatric disorder of thought, mood, perception, orientation or memory which significantly impairs their judgment, behavior or ability to cope with the basic demands of life (National Institute of Mental Health, 2010).

How many Severely Mentally Ill patients are currently on your caseload?   _____

Appendix B: Informed Consent

INFORMED CONSENT

First and foremost, thank you for taking time out of your busy schedule to read the
following information. This form has been sent to you requesting your participation in a
study looking at burnout rates in mental health professionals. Although I understand how
busy you are, your participation would be greatly appreciated and the research is directly
related to professionals in your field. This study is requesting the participation of
psychologists and social workers who work with severely mentally ill patients.
Participation is on a voluntary basis.

Study Title: Spiritual Transcendence, Burnout Rates and Psychologists Working with
Severely Mentally Ill Patients

Principal Investigator: Cynthia Cameron

Chair: Dr. Hannah Lerman

Methodologist: Dr. Fearrington

University: Walden University

This consent form will give you the information you will need to understand why this
research study is being done and why you are being invited to participate. It also

describes what you will need to do to participate as well as any known risks, inconveniences or discomforts that you may have while participating. I encourage you to ask questions at any time.

Purpose and Background of Study:
The purpose of this research is to examine burnout rates in psychologists and social workers who work with severely mentally ill patients when considering other factors.

Procedures:
If you agree to the study, you are requested to complete an online questionnaire. This can be achieved by going on Survey Monkey. The completion of all assessment should take approximately 60 minutes.

Risks:
In the unlikely event that some of the survey or interview questions make you uncomfortable or upset, you are always free to decline to answer or to stop your participation at any time.

Although this study does not pose risks to safety or well being, if you should become upset please contact a mental health provider that you are comfortable with.

Benefits:
There were no direct benefit to you from participating in this study. However, the information that you provide may help identify contributing factors to burnout in psychologists and social workers.

Extent of Confidentiality:
Participation is anonymous and your name will not be used in any written reports or publications that result from this research. Only the principal investigator will have access to the research data. Data were kept for five years (per federal regulations) after the study is complete and then destroyed.

Participation is Voluntary:

You do not have to be in this study if you do not want to. You may also choose to not answer any questions you do not want to answer. You will receive no compensation, gifts or reimbursement for your participation.

Participants should keep a copy of the consent form.

Questions:

If you have any questions or concerns about your participation in this study, you should first talk to Cynthia Cameron at 858-395-9179 or email at cdfuhrer@sbcglobal.net. I am a therapist working in the state of Nevada. This study has no relation to my work in the mental health field and is completely separate from that role.

If you have questions about your rights as a research participant, you may contact the Walden University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. The IRB can be contacted via phone at 612-312-1210 or email at irb@waldenu.edu

DOCUMENTATION OF CONSENT
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. Once a survey is submitted, it will not be possible to withdraw individual data. Participants can discontinue the survey at any time prior to its submission. By participating, you are confirming that you are a psychologist or social worker currently working in the state of Nevada. In order to protect each participant's privacy, signatures are not being collected. Completion of the survey indicates consent to participate.

If you have received this through email and wish to continue and participate, please go to:

https://www.surveymonkey.com/s/FHB7PHG

If you have received a hard copy of this document and wish to participate, please navigate your computer browser and type in the address above to obtain access to the study.

Appendix C: Maslach Burnout Inventory (MBI)

MASLACH BURNOUT INVENTORY (MBI)

MBI-Human Services Survey

How often: 0	1	2	3	4	5	6
Never	A few times a year	Once a month	A few times per month	Once a week	A few times per week	Every day

How Often
0-6 Statements:
1. _____
I feel emotionally drained from my work.
2. _____
I feel used up at the end of the workday.
3.
_____ I feel fatigued when I get up in the morning and have to face another day on
the
job.
4. _____

I can easily understand how my recipients feel about things.

5. _____

I feel I treat some recipients as if they were impersonal objects.

6. _____

Working with people all day is really a strain for me.

7. _____

I deal very effectively with the problems of my recipients.

8. _____

I feel burned out from my work.

9. _____

I feel I'm positively influencing other people's lives through my work.

10. _____

I've become more callous toward people since I took this job.

11. _____

I worry that this job is hardening me emotionally.

12. _____

I feel very energetic.

13. _____

I feel frustrated by my job.

14. _____

I feel I'm working too hard on my job.

15. _____

I don't really care what happens to some recipients.

16. _____

Working with people directly puts too much stress on me.

17. _____

I can easily create a relaxed atmosphere with my recipients.

18. _____

I feel exhilarated after working closely with my recipients.

19. _____

I have accomplished many worthwhile things in this job.

20. _____

I feel like I'm at the end of my rope.

21. _____

In my work, I deal with emotional problems very calmly.

22. _____

I feel recipients blame me for some of their problems.

(Administrative use only)

EE: _____ cat:_____ DP: _____ cat:_____ PA: _____ cat:_____

Appendix D: Spiritual Transcendence Scale (STS)

Permission granted by Dr.Ralph Piedmont for use by Cynthia Cameron

Spiritual Transcendence Scale (STS)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. In the quiet of my prayers and /or meditations, I find a sense of wholeness.	☐	☐	☐	☐	☐
2. I have done things in my life because I believed it would please a parent, relative, or friend that had died.	☐	☐	☐	☐	☐
3. Although dead, memories and thoughts of some of my relatives continue to influence my current life.	☐	☐	☐	☐	☐
4. I find inner strength and/or peace from my prayer and/or meditations.	☐	☐	☐	☐	☐
5. I do not have any strong emotional ties to someone who has died.	☐	☐	☐	☐	☐
6. There is no higher plane of consciousness or spirituality that binds all people.	☐	☐	☐	☐	☐

7. Although individual people may be difficult, I feel an emotional bond with all of humanity.	☐	☐	☐	☐	☐
8. My prayers and/or meditations provide me with a sense of emotional support.	☐	☐	☐	☐	☐
9. I feel that on a higher level all of us share a common bond.	☐	☐	☐	☐	☐

Appendix E: NEO-FFI

NEO-FFI Test

This questionnaire contains 60 statements. Read each statement carefully. For each statement mark the option that best represents your opinion.

Mark SD if you strongly disagree or the statement is definitely false. Mark D if you disagree or the statement is mostly false.

Mark N if you are neutral on the statement, you cannot decide, or the statement is about equally true and false.

Mark A if you agree or the statement is mostly true.

Mark SA if you strongly agree or the statement is definitely true.

1. I am not a worrier.	SD D N A SA
2. I like to have a lot of people around me.	SD D N A SA
3. I don't like to waste my time daydreaming.	SD D N A SA
4. I try to be courteous to everyone I meet.	SD D N A SA
5. I keep my belonging neat and clean.	SD D N A SA
6. I often feel inferior to others.	SD D N A SA
7. I laugh easily	SD D N A SA
8. Once I find the right way to do something, I stick to it.	SD D N A SA
9. I often get into argument with my family and co-workers.	SD D N A SA
10. I'm pretty good about pacing myself so as to get things done on time.	SD D N A SA
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.	SD D N A SA

12. I don't consider myself especially "light-hearted".   SD D N A SA
13. I am intrigued by the patterns I find in art and nature.   SD D N A SA
14. Some people think I'm selfish and egotistical.   SD D N A SA
15. I am not a very methodical person.   SD D N A SA
16. I rarely feel lonely or blue.   SD D N A SA
17. I really enjoy talking to people.   SD D N A SA
18. I believe letting students hear controversial   SD D N A SA
speakers can only confuse and mislead them.
19. I would rather cooperate with others than compete with them.   SD D N A SA
20. I try to perform all the tasks assigned to me conscientiously.   SD D N A SA
21. I often feel tense and jittery.   SD D N A SA
22. I like to be where the action is.   SD D N A SA
23. Poetry has little or no effect on me.   SD D N A SA
24. I tend to be cynical of skeptical of others' intentions.   SD D N A SA
25. I have a clear set of goals and work toward them in an orderly fashion.   SD D N A SA
26. Sometimes I feel completely worthless.   SD D N A SA
27. I usually prefer to do things alone.   SD D N A SA
28. I often try new and foreign foods.   SD D N A SA
29. I believe that most people will take advantage of you if you let them.   SD D N A SA
30. I waste a lot of time before settling down to work.   SD D N A SA
31. I rarely feel fearful or anxious.   SD D N A SA
32. I often feel as if I'm bursting with energy.   SD D N A SA
33. I seldom notice the moods of feelings that   SD D N A SA
different environments produce.
34. Most people I know like me.   SD D N A SA
35. I work hard to accomplish my goals.   SD D N A SA
36. I often get angry at the way people treat me.   SD D N A SA
37. I am a cheerful, high-spirited person.   SD D N A SA
38. I believe we should look to our religious   SD D N A SA
authorities for decisions on moral issues.
39. Some people think of me as cold and calculating.   SD D N A SA
40. When I make a commitment, I can always   SD D N A SA
be counted on to follow through.
41. Too often, when things go wrong,   SD D N A SA
I get discourage and feel like giving up.
42. I am not a cheerful optimist.   SD D N A SA
43. Sometimes when I am reading poetry or looking   SD D N A SA
at a work of art, I feel a chill or wave of excitement.
44. I'm hard-headed and tough-minded in my attitudes.   SD D N A SA
45. Sometimes I'm not as dependable or reliable as I should be.   SD D N A SA
46. I am seldom sad or depressed.   SD D N A SA
47. My life is fast-paced.   SD D N A SA
48. I have little interest in speculating on the   SD D N A SA
nature of the universe of the human condition.
49. I generally try to be thoughtful and considerate.   SD D N A SA
50. I am a productive person who always gets the job done.   SD D N A SA
51. I often feel helpless and want someone else to solve my problems.   SD D N A SA
52. I am a very active person.   SD D N A SA
53. I have a lot of intellectual curiosity.   SD D N A SA
54. If I don't like people, I let them know it.   SD D N A SA
55. I never seem to be able to get organized.   SD D N A SA
56. At times I have been so ashamed I just wanted to hide.   SD D N A SA

57. I would rather go my own way than be a leader of others.   SD D N A SA
58. I often enjoy playing with theories or abstract ideas.   SD D N A SA
59. If necessary, I am willing to manipulate people to get what I want.   SD D N A SA
60. I strive for excellence in everything I do.   SD D N A SA

Appendix F: Licensing Agreement- NEO-FFI

PAR

Creating Connections. Changing Lives.

16204 N. FLORIDA AVENUE • LUTZ, FLORIDA 33549
Telephone: 813.968.3003 • Fax: 813.968.2598 • Web: www.parinc.com

LICENSE AGREEMENT

THIS AGREEMENT, made this January 4, 2013, by and between Psychological Assessment Resources, Inc., a Florida Corporation, with its principal offices located at 16204 North Florida Avenue, Lutz, Florida 33549, hereinafter referred to as PAR; and Cynthia F. Cameron, with her principal offices located at Walden University, 650 South Exeter St., Baltimore, MD 21202, hereinafter referred to as Licensee.

1) **RECITALS**

PAR has developed and holds all copyrights and distribution rights to certain psychological tests and related materials as listed in Schedule A, hereinafter called "Test". The Test consists of PAR's items, scoring keys, scales, profiles, standard-score conversion tables, norms tables, interpretive information, and related materials created, prepared, devised, and combined by PAR for the administration, scoring, reporting, and analysis of the Test, and includes the words, symbols, numbers, and letters used to represent the Test. Licensee desires to develop automated procedures for the secure and encrypted administration of the Test through Licensee's secure internet assessment website. The access to Licensee's website will be by invitation only in connection with Licensee's research study titled, *The Relationship of Spiritual Transcendence to Burnout Rates Among Psychologists Working with Severely Mentally Ill Patients* and to subjects for this research purpose only (the "Limited Purpose(s)"). Unless permitted to do so by a separate license agreement, Licensee only has the right to use the Test for the Limited Purpose described above.

In consideration of the mutual covenants and promises expressed herein and other good and valuable considerations, it is agreed as follows:

2) **LICENSE**

PAR hereby grants to Licensee, subject to the terms of this Agreement, a non-transferable, non-exclusive license to place the Test on Licensee's Website for the Limited Purpose described in Section 1 above. Licensee agrees to hold secure and treat as proprietary all information transferred to it from PAR. Licensee shall carefully control the use of the Test for the

that portion of Licensee's Website containing the Test; the manner in which the Test appears on such Website shall not be changed in any material way without prior approval of PAR.

The computer programs developed by Licensee and used in any phase of administration and scoring of the Test shall be fully tested by Licensee and shall be encrypted and reasonably protected from access, intrusion and changes by persons who are not authorized agents of Licensee. In addition to the foregoing, Licensee shall exert all reasonable commercial efforts to prevent the Programs, and any accompanying code for the administration of the Test from being accessed, viewed or copied by others. Licensee warrants the accuracy of such scoring and reporting.

6) PROPRIETARY RIGHTS

PAR is the owner of all right, title and interest in the Test. Licensee shall acquire no right or interest in the Test, by virtue of this Agreement or by virtue of the use of the Test, except the right to use the Test in accordance with the provisions of this Agreement. Licensee shall not modify or revise the Test in any manner without written approval by PAR. All uses of the Test by Licensee shall inure to the benefit of PAR. Licensee agrees not to challenge or otherwise interfere with the validity of the Test or PAR's ownership of them.

7) ROYALTIES

Licensee agrees to pay PAR a royalty fee for 255 administrations of the Test and copyrighted materials contained therein. Licensee will also provide PAR with an itemized accounting of all administrations of each Test administered by Licensee during the term of this agreement. Licensee shall pay to PAR Two Hundred Fifty Dollars ($250.00) as an initial license fee which is due and payable upon the signing of this License Agreement. Licensee shall also pay PAR $0.98 per each test administered for any tests administered above 255 by July 30, 2013.

8) ACCOUNTING

Licensee shall develop secure computerized accounting methods acceptable to PAR. Such accounting methods must include an electronic counting mechanism which will accurately record the number of

administrations of each Test used. Licensee will keep accurate financial records of all transactions relating to the use of the Test, and PAR shall have the right to examine the software and records of Licensee pertaining to the use of the Test. Licensee will make such software and records accessible to PAR or its nominee during normal working hours upon not less than five (5) business days' prior written notice. Licensee shall retain such software and records for at least one year from the date this Agreement expires or the effective termination date.

The Website shall contain the following copyright notice:

> "Adapted and reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, Florida 33549, from the NEO Five-Factor Inventory-3 by Paul Costa, Jr., PhD and Robert McCrae, PhD, Copyright 1978, 1985, 1989, 1991, 2003, 2010 by PAR, Inc. Further reproduction is prohibited without permission of PAR, Inc."

9)   INDEMNITY

Licensee agrees to indemnify PAR and hold PAR harmless against any claim or demand or against any recovery in any suit (including taxes of any kind, reasonable attorney's fees, litigation costs, and other related expenses) that may be:

(a)   brought by or against PAR, arising or alleged to have arisen out of the use of the Test by Licensee;

(b)   sustained or incurred by PAR, arising or alleged to have arisen in any way from the breach of any of Licensee's obligations hereunder; or

(c)   incurred by PAR in any litigation to enforce this Agreement, including litigation against Licensee.

10) ASSIGNMENT

Licensee shall not assign this Agreement or any license, power, privilege, right, or immunity, or delegate any duty, responsibility, or obligation hereunder, without the prior written consent of PAR. Any assignment by PAR of its rights in the Test shall be made subject to this Agreement.

11) GOVERNING LAW

This Agreement shall be construed according to the laws of the State of Florida of the United States of America. Venue for any legal action relative to this Agreement shall be in the appropriate state court in Hillsborough County, Florida, or in the United States District Court for the Middle District of Florida, Tampa division. Licensee agrees that, in any action relating to this Agreement, the Circuit Court in Hillsborough County, Florida or the United States District Court for the Middle District of Florida, Tampa Division, has personal jurisdiction over Licensee, and that Licensee waives any argument it may otherwise have against the exercise of those courts' personal jurisdiction over Licensee.

12) SEVERABILITY

If any provision of this Agreement shall, to any extent, be invalid and unenforceable such provision shall be deemed not to be part of this Agreement, and the parties agree to remain bound by all remaining provisions.

13) EQUITABLE RELIEF

Licensee acknowledges that irreparable damage would result from unauthorized use of the Test and further agrees that PAR would have no adequate remedy at law to redress such a breach. Therefore, Licensee agrees that, in the event of such a breach, specific performance and/or injunctive relief, without the necessity of a bond, shall be awarded by a Court of competent jurisdiction.

14) ENTIRE AGREEMENT OF THE PARTIES

This instrument embodies the whole Agreement of the parties. There are no promises, terms, conditions, or obligations for the Test licensed

hereunder other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either written or verbal, between the parties hereto, with the exception of any prior agreements that have not previously been terminated by written consent of both parties or by one party if the terms of the agreement allow. This Agreement may be changed only by an agreement in writing signed by both parties.

15) NOTICES AND MODIFICATIONS

Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and if sent by certified or registered mail postage prepaid to the addresses first herein above written or to such addresses as either party may from time to time amend in writing. No letter, telegram, or communication passing between the parties hereto covering any matter during this contract, or periods thereafter, shall be deemed a part of this Agreement unless it is distinctly stated in such letter, telegram, or communication that it is to constitute a part of this Agreement and is to be attached as a right to this Agreement and is signed by both parties hereto.

16) SUCCESSORS AND ASSIGNS

Subject to the limitations on assignments as provided in Section 10, this Agreement shall be binding on the successors and assigns of the parties hereto.

17) PARAGRAPH HEADINGS

The paragraph headings contained in this Agreement are inserted only for convenience and they are not to be construed as part of this Agreement.

18) AUTHORIZATION AND REPRESENTATION

Each party represents to the others that it has been authorized to execute and deliver this Agreement through the persons signing on its behalf.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the date first herein above written.

ACCEPTED AND AGREED:

BY: _____

CYNTHIA F. CAMERON

Title: PhD Student

DATE: 1/8/13
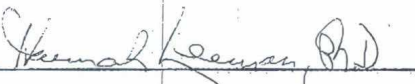
ACCEPTED AND AGREED:

BY: _____

R. BOB SMITH III, PH.D.

Title: CHAIRMAN AND CEO

DATE: 1-23-2013

PAYMENT RECEIVED: CK 267
PAR CUSTOMER No.: 148925 × 501

SIGNATURE OF PROFESSOR REQUIRED:

I hereby agree to supervise this student's use of these materials. I also certify that I am qualified to use and interpret the results of these tests as recommended in the *Standards for Educational and Psychological Testing*, and I assume full responsibility for the proper use of all materials used per this Agreement.

BY: _____

Printed Name: HANNAH LERMAN, PH.D
SCHOOL OF PSYCHOLOGY
WALDEN UNIVERSITY

SCHEDULE A

The Test licensed to Licensee pursuant to the above license consist of PAR's items, scoring keys, scales, profiles, standard-score conversion tables, norms tables, and related materials created, prepared, devised, and combined by PAR for the administration, scoring, reporting, and analysis of the Test, and include the words, symbols, numbers, and letters used to represent the Test. However, PAR and Licensee acknowledge and agree that Licensee may use only the PAR items and scoring information for the Test as appropriate for the Limited Purpose. The Test referred to in the body of this Agreement is defined as follows:

1)   NEO Five-Factor Inventory-3 (NEO-FFI-3) Form S
       Adult Item Booklet

By way of this e-mail, PAR is extending your License Agreement until May 15, 2014.

Please let me know if you have any questions.

Have a great day!

Vicki McFadden
Permissions Specialist

_____

Psychological Assessment Resources, Inc., 16204 N. Florida Avenue, Lutz, FL 33549,
www.parinc.com
Telephone: (888) 799-6082; Fax: (800) 727-9329; Intl Fax: (813) 449-4109; e-mail:
vmark@parinc.com

Appendix G: Licensing Agreement- Maslach Burnout Inventory

www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:
Instrument: ***Maslach Burnout Inventory, Forms: General Survey, Human Services Survey & Educators Survey***
Copyrights:
MBI-General Survey (MBI-GS): Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com
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Three sample items from a single form of this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.
The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

For use by Cynthia Cameron only. Received from Mind Garden, Inc. on September 12, 2012

Appendix H: Licensing Agreement- Spiritual Transcendence Scale

Θ

RALPH L. PIEDMONT, Ph.D.

328 East Timonium Road
Timonium, MD 21093-2836
Telephone: (410) 925-7854
Fax: (410) 617-7644
E-Mail: rpiedmont@loyola.edu

PERMISSION AGREEMENT

Dear Ms. Fuhrer:

In response to your recent request, permission is hereby granted to you, Cynthia Fuhrer, to include in your research study entitled, "The relationship of Spiritual Transcendence to burnout rates among psychologists working with severely mentally ill patients" the items for the *Assessment of Spirituality and Religious Sentiments* scale (ASPIRES) Short Form, which were presented in an electronic format. This Agreement is subject to the following conditions:

1) You will have no more than 64 administrations of the ASPIRES scales in your electronic survey
2) You will pay a licensing fee of 50 cents per administration ($32.00 total)
3) If you administer more than the above noted number of tests, you will pay 50 cents for each additional administration of the self- and observer-reports
4) None of these materials may be sold, given away, or used for purposes other than those described above
5) The duration of this study will run from September 1, 2012 to September 1, 2013
6) Any and all materials used will contain the following credit line which is to appear either right before or immediately after the presentation of the items. This line must appear for both the self- and observer-rating versions: "ASPIRES copyrighted 1999, 2004 by Ralph L. Piedmont, Ph.D. Further reproduction is prohibited without permission of the Publisher."

Please make two copies of this Permission Agreement. One should be signed and returned to me, along with a check, made payable to me, for $32.00, to indicate your agreement with the above conditions. Keep the other copy for your records.

ACCEPTED AND AGREED:

BY: *[signature]*

Ralph L. Piedmont, Ph.D.

Date: September 3, 2012

BY: _____Cynthia Cameron_____

PRINTED NAME: _____Cynthia Cameron_____

Dear Ms. Cameron:

Thanks for your email. According to my records, your agreement expired on 9/1/13. Nonetheless, I am willing to extend your agreement for six more months, providing that all other aspects of our agreement are followed. Consider the agreement to be in force until July 1, 2014. Let me know if you have any other questions.

Good luck with the study.

Dr. Piedmont

Appendix I: Identified Facilities for Data Collection

 VA Clinic
7235 S. Buffalo
Las Vegas, NV 89113
791-9040 phone
365-3094 fax

Central Psychiatry
5440 W Sahara 202
Las Vegas, NV 89146
586-7863 staff line
380-8200 phone
380-3220 fax

Comprehensive Therapy Center
3602 E Sunset Rd 100
Las Vegas, NV 89120
932-4308 phone
837-8930 fax

Debora Tretiak, MFT
9402 W Lake Mead
Las Vegas, NV 89134
664-6463 phone
370-2682 scheduler (Bob)
835-0105 fax

Desert Behavioral Health
Dr. Rosenman
2775 S. Jones 101
89146
685-3300 phone
586-3333 fax

Heads Up
2801 S. Valley View 6
Las Vegas, NV 89102
922-7015 phone

New Focus Counseling
Aaron Bomer, LCSW
6769 W. Charleston B
Las Vegas, NV 89146
463-7095 phone
463-7130 fax

 Dr. Nwokike
 6850 N. Durango 302
 Las Vegas, NV 89149
750-2438 phone
750-2173 fax

 Spring Mountain Treatment Center
 7000 Spring Mountain rd.
 Las Vegas, NV 89117
 873-2400 phone
 873-2710 fax

Dr. Ortega
1604 Bearden
Las Vegas, NV
413-1391 phone
413-1392 fax

Harmony Healthcare
1701 W. Charleston 300
251-8000 phone
471-0120 fax

Solutions Recovery
2975 S. Rainbow
Las Vegas, NV 89146
228-8520 phone
778-4503 fax

Summerlin Counseling
8440 W. Lake Mead Blvd 206 89128

922-6000 fax

HBI
2740 S. Jones Blvd
Las Vegas, NV 89146
248-8866 phone
248-1339 fax

Thomas Fullbrook
Insightful Living Inc
www.insightfullivinginc.com
(702) 686-2069 phone
3611 S. Lindell Road #101
Las Vegas, NV 89103

Dr. Bonnie Winkleman
3311 S. Rainbow #144
Las Vegas, NV 89117
376-1219 phone
818-981-8639 fax

Community Counseling
714 E. Sahara ste 101
Las Vegas, NV 89104
369-8700 phone
369-8489 fax

Dr. Stephanie Holland
4955 S. Durango Dr.
Las Vegas, NV 89113
650-6508 phone
893-9655 fax

Dr. Rosenman
6039 Eldora Dr. ste. G
Las Vegas, NV 89146
685-3300 phone
586-3333 fax

SAFY
1391 S. Jones bldg. 1300
Las Vegas, NV 89146
385-5331 phone

714-1688 phone
242-4429 fax

SNAMHS
6161 W. Charleston
Las Vegas, NV
486-6045

SNAMHS
1785 E. Sahara ste. 145
Las Vegas, NV 89104
486-6400 phone
486-6406 fax

Dr. Barbera Perry
8240 W. Charlestion #4
Las Vegas, NV 89117
220-7633 phone
240-8052 fax

Seven Hills
3021 W. Horizon Ridge Prkway
Las Vegas, NV 89052
646-5000 phone
646-5553 fax

Tammi Johnson
3630 N. Rancho ste. 103
Las Vegas, NV 89130
838-0003 phone
838-0009 fax

Patrick Scott
7351 W. Charleston ste. 140
Las Vegas, NV 89117
360-4836 phone
946-0866 fax

Yolanda Scott- LCSW
7371 W. Charleston #170
Las Vegas, NV 89117
204-3922 phone

Boys Town
821 N. Mojave rd.
Las Vegas, NV 89101
642-7070 phone
649-3906 fax

Dr. Lisa Durette
5516 Fort Apache ste. 100
Las Vegas, NV 89148
646-0188 phone
866-518-0781

_____

CYNTHIA CAMERON

Campus Address: Permanent Address:
Walden University   700 Amber Hills Dr.
155 Fifth Ave. S Suite 100   Las Vegas, NV 89123
Minneapolis, MN   858-395-9179
55401   cdfuhrer@sbcglobal.net
1-866-492-5336

OBJECTIVE

   My objectives are to continue development in efficiency and proficiency in the area of psychological testing, while gaining experience with different populations in the outpatient environment.

EDUCATION

3/09-present
PhD in Clinical Psychology
Walden University- A.B.D.
Dissertation: The Relationship of Spiritual Transcendence to Burnout Rates Among Psychologists Working with Severely Mentally Ill Patients

1/09- in progress
Certified Dance Therapist (D.T.R.)
 Alternate route through ADTA- American Dance Therapy Association

Completed 2/07
M.S. - Masters of Science in Psychology
Walden University

Completed 1/95
B.S. - Bachelor of Science in Psychobiology
University of California, San Diego
Minor: Dance, German and Chemistry

ASSOCIATION MEMBERSHIPS

American Psychological Association

American Dance Therapy Association

THESIS

Fuhrer, Cynthia. (2007). *Healing Through Movement: A Study of Dance therapy.* Unpublished
Master's Thesis, Walden University.

PROFESSIONAL EXPERIENCE- Clinical

9/10-present (Internship) **Spring Mountain Treatment Center**
      Inpatient acute psychiatric hospital treating children age 5 to adults
      Job title: *Therapist*
      Responsible under supervision for:
        All active duty military patients
        Clinical Interviewing
        Psychosocial assessments
      Initiating treatment goals
      Developing treatment plans
        Diagnosis
      Individual/group/family therapy
      Safety planning, crisis intervention
      Writing behavioral notes
      Report writing
      Psychological testing: WISC-IV, WAIS-IV, MMPI-2, MMPI-A, MCMI-II, K-BIT, SASSI

9/11-6/12 (Internship) **Dr. Julie Beasley- private practice**
      Neuropsychological testing in children and adolescents ages 3-17
      Job title: *PhD Intern*
      Administration and observation of psychological testing
      Exposure to ESDM- Early Start Denver Model
        Behavioral observation
      Test scoring and interpretation

Psychological testing: WIAT-III, Nepsy, DIAS, DAS, TOPS, Woodcock Johnson, EVT, PVT,

9/07- 4/10 **Kids Progress Academy**
Treatment center for SED children, Level IV between the ages of 6 -14 years of age.
Job Title: ***Curriculum and Research Developer/Behavioral Specialist***
Responsible for training staff and implementing curriculum
Development of treatment plans
Writing behavioral notes and supervising staff treatment notes
Assessments and intakes
P.S.R.- individual and group sessions
Brain Gym certified
CASII trained
Crisis Intervention Technique trained

3/07- 10/07 **Dream Therapies**
Job title: ***Program assistant for Hippotherapy clinic***
Assistant to therapist in therapy sessions
Responsible for child safety, horse care and side walking.

PROFESSIONAL EXPERIENCE- RESEARCH

10/06- 6/07 **Threshold Company**
Movement therapy with non-verbal Autistic children
Job title: ***Research assistant***
Observed sessions in movement therapy with Autistic children.
Recorded facial, behavior and movement changes throughout session

1/93- 10/97 **U.C.S.D Psychiatry Department**
Job title: ***Research assistant***
Assistant to Dr. Jeff Elliott in the research of Circadian Rhythms.
Responsible for care of human and animal subjects,
Euthanasia, assist P.I. During surgery
Data analysis
P.O. observation and behavioral testing

10/92- 6/93 **U.C.S.D Psychology Department**
Job title: ***Research assistant***
Assisted in running experiments for Binocular color fusion.

UNRELATED WORK EXPERIENCE

10/03-present **Even Stephen Productions**
     Producer of major Las Vegas, National and International production shows
    Job title: ***Choreographer, Casting Director***
Responsible for hiring and firing
Direct supervision and management of multiple shows and staff.
Develop all choreography and show concepts

10/06-6-07 **Las Vegas Academy**
    Performing Arts High School
    Job title: ***Guest instructor***
    Instructed students in various dance techniques and choreography

10/02- 10/06 **David Saxe Productions**
    Producer of major Las Vegas, National and International production shows
    Job title: ***Choreographer, Assistant Director, Casting Director***
Responsible for hiring and firing
Direct supervision and management of multiple shows and staff.
Developed all choreography and show concepts

9/98- 6/02 **Coronado School of the Arts**
    Job title: ***Director and choreographer for Musical Theater department***
    Instructor of dance classes
    Evaluated and graded students progress
    Choreographer and director of production shows