

Southeastern University
FireScholars

Doctor of Education (Ed.D)

Fall 2020

LEADERSHIP STYLES AND COUNSELOR SATISFACTION AMONG SUBSTANCE ABUSE PROFESSIONALS IN FLORIDA

John W. Harper
Southeastern University - Lakeland

Follow this and additional works at: <https://firescholars.seu.edu/coe>



Part of the [Educational Assessment, Evaluation, and Research Commons](#), [Educational Leadership Commons](#), and the [Educational Psychology Commons](#)

Recommended Citation

Harper, John W., "LEADERSHIP STYLES AND COUNSELOR SATISFACTION AMONG SUBSTANCE ABUSE PROFESSIONALS IN FLORIDA" (2020). *Doctor of Education (Ed.D)*. 66.
<https://firescholars.seu.edu/coe/66>

This Thesis is brought to you for free and open access by FireScholars. It has been accepted for inclusion in Doctor of Education (Ed.D) by an authorized administrator of FireScholars. For more information, please contact firescholars@seu.edu.

LEADERSHIP STYLES AND COUNSELOR SATISFACTION AMONG SUBSTANCE
ABUSE PROFESSIONALS IN FLORIDA

By

JOHN W. HARPER

A doctoral dissertation submitted to the
College of Education
in partial fulfillment of the requirements
for the degree Doctor of Education
in Organizational Leadership

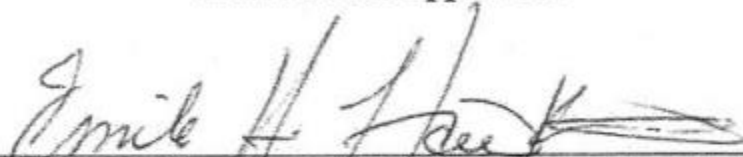
Southeastern University
October 2020

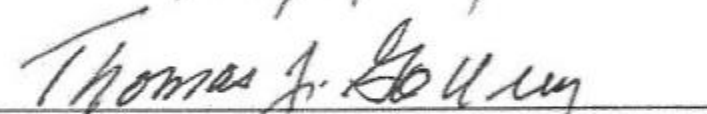
LEADERSHIP STYLES AND COUNSELOR SATISFACTION AMONG SUBSTANCE
ABUSE PROFESSIONALS IN FLORIDA

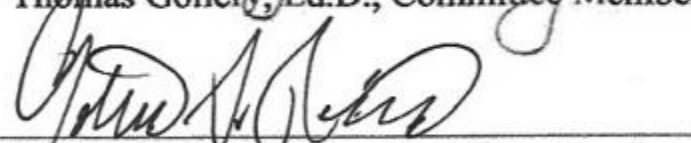
by

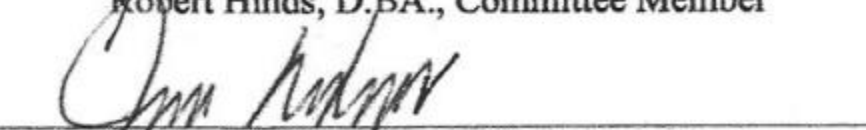
JOHN W. HARPER

Dissertation Approved:


Emile H. Hawkins, Sr., D.SL., Dissertation Chair


Thomas Gollery, Ed.D., Committee Member


Robert Hinds, D.B.A., Committee Member


James A. Anderson, Ph.D., Dean, Doctor of Education

DEDICATION

I dedicate this dissertation to all of the mental health and substance abuse professionals in our communities who have dedicated their lives to serving others. My professional peers are not only changing the lives of those afflicted with mental illness and addiction issues but also serving the families and friends of those struggling with these issues.

I also dedicate this dissertation to the afflicted souls who are determined to change. With help, recovery is achievable, and all have hope. The brave souls who choose the path of recovery are among the strongest and most able human beings that I have ever met. I have learned from every single client that I have ever encountered, and I remain grateful for those interactions.

Finally, I dedicate this dissertation to God and to my Lord and Savior Jesus Christ, who has graced me with the desire and ability to pursue a life of service to others. The path has not always been an easy one, but He has been with me every step of the way.

ACKNOWLEDGMENTS

I would like to acknowledge cohort E, who have been supportive since the first course we took together in the summer of 2016. I have found inspiration from each of my academic peers. Whenever I had any questions, concerns, or doubts, the cohort would offer a kind word of support. My thanks go to each one of them for the comfort they have provided over the past four years.

I would also like to acknowledge my dissertation committee, especially the committee chair, Dr. Emile Hawkins, and committee members Dr. Thomas Gollery and Dr. Robert Hinds. My search for a dissertation proposal was challenging, but the committee supported me and never gave up on my goal of completing this degree. Each of the committee members have provided valuable guidance and mentorship throughout my academic journey, which has allowed me to successfully complete this dissertation. I must also thank Kelly Hoskins from Graduate Writing Services, who edited my work and encouraged me throughout its completion.

Finally, a most heartfelt thankyou goes to my loving wife and son who have been supportive not only throughout this academic journey but also over the many seasons of our lives.

Abstract

The purpose of this quantitative non-experimental research study was to determine whether a supervisor's leadership style affects a counselor's job satisfaction and their decision to remain with or leave an organization. The researcher-designed survey involved collecting data from counselors to elicit their perceptions regarding the supervisory leadership style. For the comparison of leadership styles, the researcher explored the following styles in this research: autocratic leadership, participative leadership, servant leadership, situational leadership, transactional leadership, and transformational leadership. The implications of this research are twofold and include the decision of substance abuse organizations regarding hiring leaders who exhibit the traits of a specific leadership style and whether leadership training should be provided to assist the currently employed leaders. The results suggest that the leadership styles of participative leadership and transformational leadership were the most effective in developing a positive relationship between the supervisor and the counselor.

Keywords: counselor, substance abuse counselor, counseling organization, substance abuse organization, clinical supervisor, clinical manager, leadership style, organizational leadership

TABLE OF CONTENTS

Dedication	iii
Acknowledgments.....	iv
Abstract.....	v
List of Tables	ix
CHAPTER I: INTRODUCTION.....	1
Background of the Study	2
Purpose Statement.....	7
Significance of the Study.....	7
Overview of Methodology.....	8
Sample/Sample Selection.....	8
Instrumentation	8
Research Questions	9
Research Hypotheses	10
Data Analysis	10
Data Analysis by Research Questions.....	11
Limitations	12
Definition of Key Terms.....	12
Summary	13
CHAPTER II: REVIEW OF LITERATURE	15
Counselor Satisfaction and Staff Turnover.....	15
Professional Identity and Clinical Supervision.....	16
Compassion Fatigue.....	22
The Stigma of Addiction.....	24

Leadership Models and Theories	30
Autocratic Leadership	30
Situational Leadership.....	44
Transformational Leadership	48
Summary	56
CHAPTER III: METHODOLOGY	58
Brief Literature Review	58
Description of Methodology	60
Research Context	60
Participants	60
Instruments.....	61
Validity	61
Reliability	61
Procedures	62
Data Analysis	62
CHAPTER IV: RESULTS.....	65
Missing Data	65
Internal Reliability	66
Findings by Research Questions.....	67
Research Question 1	67
Research Question 2.....	67
Research Question 3.....	68
Research Question 4.....	69
CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS	73
Foundational Analysis	73

Internal Reliability	74
Demographic Information.....	74
Research Question 1.....	75
Research Question 2.....	76
Research Question 3.....	77
Research Question 4.....	78
Research Question 5.....	79
Research Question 6.....	80
Study Limitations.....	80
Implications for Future Practice	81
Recommendations for Future Research.....	83
Conclusion	83
References.....	85
Appendix A.....	102
Appendix B.....	104
Appendix C.....	106

LIST OF TABLES

Table	Page
Table 1: Effect of Leadership Style on the Desire to Remain in Current Position.....	72
Table 2: Effect of Leadership Style on the Participants' Overall Satisfaction.....	73
Table 3: The Supervisory Behaviors Most Associated with the Participants' Desire to Continue as a Substance Abuse Counselor.....	74
Table 4: Supervisory Behaviors most Associated with the Participants' Satisfaction with the Supervisory Leadership Style.....	74

CHAPTER I: INTRODUCTION

According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA, 2020), addiction is the number one public health concern in the United States today. SAMHSA (2020) defines substance abuse addiction as a treatable disease that is highly dependent on the therapeutic relationship between client and counselor. The therapeutic alliance is a directed and interactive process where the therapist and client maintain a collaborative, purposeful partnership (Horvath et al., 2011).

According to Ducharme et al. (2008), the disruption of the therapeutic relationship between counselor and client can be detrimental to recovery. Here, the authors researched substance abuse treatment counselors and ascertained that staff turnover affects the quality of care due to the disruption of the relationship between client and therapist. Elsewhere, Knight et al. (2011) discovered that the turnover rate among substance abuse counselors ranged from 18% to 25%, which could endanger the trust that is needed for successful client and counselor interaction. According to Gutierrez et al. (2020), counselors play a key role in the stability of the treatment team and must engage in behaviors that empower the client while encouraging a therapeutic alliance.

The current study examines the relationship between a specific style of leadership and the job satisfaction of the substance abuse professional. A survey questionnaire is adopted to explore the following six leadership styles: autocratic leadership, participative leadership, servant leadership, transformational leadership, transactional leadership, and situational leadership.

Background of the Study

The National Association for Alcoholism and Drug Abuse Counselors (NAADAC) is the leading organization for substance abuse professional certification and training, offering three levels of national certification for substance abuse professionals. NAADAC's mission statement states that the organization's purpose is "to lead, unify and empower addiction-focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development, and research" (NAADAC, 1998, p. 1).

According to NAADAC (2019), behavioral health organizations require effective clinical supervision of the treatment team. Dr. David Powell (2004), who is regarded as the father of clinical supervision for substance abuse counselors, described a theoretical framework for providing clinical supervision to substance abuse counselors. According to Powell (2004), "clinical supervision is a disciplined tutorial process wherein principles are transformed into practice skills, with four overlapping foci: administrative, evaluative, clinical, and supportive" (p. 8). For him, the role of a clinical supervisor includes nurturing the counselor's development through the promotion of education, training, and clinical practice. With the clinical supervisor's guidance, the accountability of the clinical treatment is maintained, thereby protecting the welfare of both the counselor and the client (Powell, 2004). Securing the clinical environment through accountability guarantees the ethical protection and growth of the substance abuse professional field (NAADAC, 2019).

The substance abuse professional demonstrates their professionalism through the use of clinical language. The American Society of Addiction Medicine (ASAM, 2017) defined addiction as a "primary chronic disease of brain reward, motivation, memory, and related circuitry, and that dysfunction in these circuits leads to characteristic biological, psychological,

social and spiritual manifestations” (p. 1). According to Hatch-Maillette et al. (2019), professional substance abuse counselors must be attentive to using terms such as substance misuse or dependence. In short, in encouraging a therapeutic alliance during substance abuse treatment, the language of the counselor should convey respect for the client’s humanity (Hatch-Maillette et al., 2019).

The professional development of a substance abuse counselor requires planning and organizing a developmental path for the counselor, and this task is especially important for the organization in strategic terms (NAADAC, 2019). Certified and licensed counselors are in high demand, and the disruption of replacing a professional can be costly to an organization (National Institute of Drug Abuse [NIDA], 2017).

According to the Bureau of Labor Statistics (BLS, 2019), the employment of counselors working in the areas of substance abuse, behavioral disorder, and mental health is projected to have experienced a 23% increase by 2026 from the figure recorded in 2016, which is a far higher rate than the average across all occupations. However, factors such as the growth of medication-assisted treatment and post-coronavirus pandemic economic uncertainty have the potential to affect the projected trends (Farhoudian et al., 2020).

In their article entitled “Self-Care: A Guide for Addiction Professionals,” Jones et al. (2013) outlined the many challenges of working as a substance abuse counselor. Workplace stress is often discussed as a concern for many professions, and that of the addiction treatment professional is no exception (Jones et al., 2013). Generally speaking, workplace stressors may include relationships with management and co-workers, bureaucracy and administrative issues, performance demands, and balancing one’s professional and personal life (Jones et al., 2013). Meanwhile, for the addiction treatment professional, additional considerations include difficult

patient populations, working in agencies with limited resources, the lack of a clear career path, and recovery management (Jones et al., 2013).

According to NAADAC (2019), many substance abuse professionals enter the field as a result of their own experience with addiction. Simons et al. (2017) researched the professional identity development of substance abuse counselors and discovered that 32% of them identified as being in recovery ($N = 1,333$). While this personal experience of substance abuse may create increased empathy and insight, it can also bring certain challenges (Simons et al., 2017). For example, a substance abuse counselor who is “in recovery” must maintain an individual recovery plan and keep their professional duties separate from their personal growth (Simons et al., 2017).

The survey adopted in the current study is aimed at exploring six leadership styles to determine whether any specific traits related to each style have some influence on the counselor’s relationship with the supervisor. The survey participants were provided with an overview of the six leadership styles, while the specific style of leadership was not disclosed. The survey participant was then asked to decide which style best correlated with that adopted by their supervisor. Once the survey participants had selected the leadership traits of their supervisor, they could continue with completing the survey. The participant supervisory leadership styles were subsequently categorized, and the reactions to each style of leadership were measured.

Autocratic leadership is the first style of leadership considered in this leadership survey. According to Goethals (2004), autocratic leadership relies primarily on the use of authority within groups and organizations, with the primary characteristics of the authoritarian style being authority, power, and control. The autocratic leader also has a basic distrust for the subordinate’s ability and closely supervises their actions (Goethals, 2004). The strengths of the autocratic style

include strong leadership, quick decision making, and clear team expectations, while the weaknesses include a leader who may appear uncaring or tyrannical, which can diminish an individual's creativity (Goethals, 2004).

Participative leadership is the second style included in this study. According to Kerber and Buono (2018), participative leadership is flexible and participative in that it involves working with key stakeholders to devise a plan for accomplishing a set goal. Participative leadership is focused on management and incorporating the ideas of different team members (Kerber & Buono, 2018). The qualities of a participative leader include being a good communicator, being approachable, and being open-minded within relationships with their subordinates (Kerber & Buono, 2018).

The third style of leadership is servant leadership. By its very nature, servant leadership lends itself well to the serving professions. According to Greenleaf (1970), a servant leader is a servant first, one who is grounded in the intrinsic feeling of wanting to serve others. When the supervisor and the counselor share a vision for a specific client's treatment, the client's level of trust increases, which, in turn, increases the chance of recovery (Greenleaf, 1970). Sharing a concern is not teachable; rather, it relates to an innate drive that must be nurtured by both the counselor and the supervisor (Eva et al., 2019). As such, servant leaders are deemed authentic since they are driven either by a sense of a higher calling or an inner conviction to serve others and improve the lives of others (Eva et al., 2019).

Transformational leadership is the fourth style of leadership included in the survey. According to Bass and Riggio (2006), transformational leadership is an inspirational leadership style that challenges followers to commit to the organizational vision and goals through developing their individual leadership capacity. Transformational leadership has been studied

extensively over the past 20 years due to the increasing awareness of the importance of the supervisor–employee relationship (Bass & Riggio, 2006). The research indicated that transformational leadership has a positive impact on this relationship (Chin et al., 2019), with studies showing that when supervisors show some concern and compassion, an employee will respond and perform in a more inspired manner (Whittington & Galpin, 2010).

Transactional leadership is the fifth style of leadership reviewed in the survey. According to Bass (1985), this is a style of leadership in which leaders encourage the compliance of subordinates through both rewards and punishments. In short, transactional leadership involves the practice of exchanging specific benefits for excellent performance (Bass, 1985) and, within the current context, requires a comprehensive set of leadership skills that are necessary to meet the complex demands of daily clinical practice (Blumenthal et al., 2012). Transactional leaders exert some influence on their followers based on exchanging benefits for outstanding performance and responding to their needs when they have achieved defined goals (Bass, 1985). Rewarding the positive actions of an employee is likely to encourage them to be more productive, thereby benefiting the organization (Bass, 1985).

Situational leadership is the final style discussed in the survey. According to Shaukat and Asma (2018), the notion of situational leadership ties in with the idea that there is no single standout style of leadership; a leader must be flexible when providing direction, determining which leadership style would be most effective in completing the task at hand. A recent study from deSilva et al. (2019) found that there was a positive relationship between situational leadership and affective commitment. Positive affective commitment is generally considered to emerge when an employee forms an emotional bond and identifies with the leader and the organization. As such, the employee will develop some loyalty to the team and will be

encouraged to maintain their relationships with the leader and the organization (deSilva, et al., 2019). Employees who are at this stage of team development are generally strong candidates for building cohesion within the organization (deSilva et al., 2019).

Purpose Statement

The purpose of this study was to examine and review the evidence related to whether leadership style influences the emotional wellbeing of the substance abuse professional. Kronos (2017) stated the following:

[t]he biggest threat to building an engaged workforce in 2017 is employee burnout. The newest study in the Employee Engagement Series conducted by Kronos Incorporated and Future Workplace found 95 percent of human resource leaders admit employee burnout is sabotaging workforce retention, yet there is no obvious solution on the horizon (p. 2).

Reduced burnout and a reduction in turnover are likely to improve the continuity of care and the quality of treatment (Kronos, 2017). Many behavioral health organizations are interested in and may benefit from additional research in the field of substance abuse that is related to counselor supervision (NAADAC, 2019).

Significance of the Study

The Surgeon General's Report on Alcohol, Drugs, and Health (2016) clearly shows that addiction results in family turmoil, school and work failure, and untimely deaths due to overdose. The results of this study have implications for the training of substance abuse professionals as a counselor progresses from clinical practitioner to a leader within the organization (NAADAC, 2019). The demand for substance abuse treatment will continue to grow, and the professional development and sustainability of substance abuse counselors within an organization continues to be a critical factor in its stability (NAADAC, 2019).

Substance abuse also generates increased expenses for the American taxpayer (BLS, 2019). According to the NIDA (2017) – which monitors and evaluates the prevalence and trends related to substance abuse – tobacco, alcohol, and illicit drug abuse cost our nation more than \$740 billion annually. Given these substantial costs, the professional substance abuse counselor is an important asset to behavioral health organizations (NAADAC, 2019).

Overview of Methodology

Sample/Sample Selection

Non-probability sampling incorporating both convenience and purposive sampling techniques was used in this research. The participant sample was limited to substance abuse counselors serving in the state of Florida. As such, broad generalizations of the study findings are not appropriate or, at least, should be conducted with great caution.

Instrumentation

A researcher-developed instrument was utilized in the study to procure the necessary data in view of adequately addressing the stated research problem and the subsequent research questions. The study's survey instrument represents a synthesis of the existing literature related to the profession of substance abuse counseling, leadership styles, and essential leadership behaviors associated with the work environment of substance abuse counselors. During the assessment of the content validity of the survey items, the researcher and a number of subject matter experts (SMEs) established the essential leadership themes that formed the foundation for the creation of the instrument's survey items.

The survey instrument (see Appendix A) adopted a five-point Likert scale for the participant responses to twelve survey items, with the following possible responses: 5-Strongly Agree, 4-Agree, 3-Uncertain, 2-Disagree, or 1-Strongly Disagree.

Following the data collection, instrument validation was conducted using the Cronbach's alpha (α) test statistic for internal reliability purposes and factor analysis (FA) via the use of principal components analysis (PCA) for the identification of possible factors or dimensions within the resultant data.

Research Questions

In order to address the proposed research problem, the following research questions were formulated:

1. To what degree did the leadership style and practice of the supervisor inspire the study participants to continue in their current position as a substance abuse counselor?
2. To what degree were the study participants satisfied with the leadership style and practice of their supervisors?
3. Which leadership style had the greatest effect on the study participants' perceived desire to continue in their current position as a substance abuse counselor?
4. Which leadership style had the greatest effect on the study participants' perceived satisfaction with their supervisor's leadership style?
5. Given the identified supervisory behaviors within the research instrument, which behavior was most associated with the study participants' perceived desire to continue in their current position as a substance abuse counselor?
6. Given the identified supervisory behaviors within the research instrument, which behavior was most associated with the study participants' perceived satisfaction with the supervisory leadership style?

Research Hypotheses

The proposed study design can be regarded as descriptive and non-experimental and, more specifically, as survey-based research. The return rate for external surveys generally ranges from 10% to 15%, and for this study, a return rate of at least 50% was sought with the first response request. However, this threshold was not met in the initial mailing. Therefore, a second request was issued to the study participants, which resulted in a 10% return rate.

Through an agreement with NAADAC, the data were collected via convenience sampling from the member distribution list for the state of Florida. The survey participants completed the various demographic items before they were provided with some background information on the six leadership styles and asked to identify the leadership style that most resembled that of their supervisors. The survey participants were then provided with a link leading to the survey. As noted above, the survey adopted a five-point Likert scale to measure the participants' responses to twelve research questions. The resulting data were then analyzed to determine whether a correlation existed between leadership style and the job satisfaction of substance abuse professionals in the state of Florida.

Data Analysis

Prior to the analysis of the research questions posed in the study, preliminary analyses were conducted. Specifically, evaluations were conducted in terms of missing data, the internal consistency (reliability) of the participants' responses, essential demographic information, and the dimension reduction of the survey items. The aspect of missing data was analyzed using descriptive statistical techniques, with frequency count (*f*) and percentage (%) utilized for illustrative purposes. The randomness of missing data was assessed using Little's MCAR test

statistic. An MCAR value of $p > 0.05$ was considered indicative of the sufficient randomness of missing data.

The internal reliability of the participant responses was assessed using Cronbach's alpha (α), while the statistical significance of the alpha value was evaluated through the application of an F -test. Here, F values of $p < 0.05$ were considered statistically significant.

The essential demographic information was analyzed using descriptive statistical techniques, again with frequency count (f) and percentage (%) utilized for illustrative purposes. The dimension reduction (factoring) of the study's survey items was conducted using FA, specifically, primary component analysis (PCA). Meanwhile, the factoring model fitness was assessed through the interpretation of both Kaiser-Meyer-Olkin (KMO) and Bartlett's sphericity values. KMO values of 0.40 were considered indicative of the sampling adequacy for the factoring process, while Bartlett sphericity values of $p < 0.05$ were considered indicative of a sufficient number of large correlations for factoring purposes.

Data Analyses by Research Questions

In research questions 1 and 2, a one-sample t test was used to assess the statistical significance of the participant perceptions. An alpha level of $p < 0.05$ represented the threshold for the statistical significance of the findings. Cohen's d was used to assess the magnitude of effect (effect size) across the study phases. Cohen's parameters for the interpretation of the effect size were employed for comparative purposes.

Research questions 3–6 were predictive in nature and incorporated independent predictor variables. As such, the multiple linear regression test statistic was employed to assess the predictive robustness of the respective independent variables in each question. The predictive model fitness was assessed through the interpretation of the ANOVA table F values. An F value

of $p < 0.05$ was considered indicative of a viable predictive model. Meanwhile, variable slope (t) values represented the means through which the statistical significance of the independent variables was interpreted. Here, values of $p < 0.05$ were considered statistically significant. R^2 values were utilized as the basis for effect size measurement and for comparative purposes. The formula $R^2 / 1 - R^2$ (f^2) was applied to each predictor for comparative purposes. Effect sizes ≥ 0.35 were considered indicative of a large magnitude of predictive effect. Subsequent f^2 values were transformed into Cohen's d values for interpretive purposes.

Limitations

NAADAC's state of Florida list distribution may not represent substance abuse professionals from all treatment settings. As the study was geared toward the perception of leadership and the expectations of the supervisory body, this research did not focus on a specific segment of the substance abuse professional population. The researcher was unable to verify the credentials or job statuses of the substance abuse professionals due to the nature of online surveys.

Another limitation relates to how this research was limited to the state of Florida. Florida is ranked third, behind California and New York, in terms of substance abuse treatment facilities and clients (HHS, 2016); the results of this survey-based research may have been different if carried out in a different state or on a nationwide scale. As such, a primary recommendation is that the survey is extended to other regions of the country.

Definition of Key Terms

The following definitions provide a common understanding of the terms that are used throughout the study.

1. Autocratic leadership is a leadership style in which a leader relies on authority, power, and control while delegating authority within an organization.
2. Participative leadership is a leadership style in which a leader is interested in employee ideas and invites input into the team's decision-making process.
3. Servant leadership is a leadership style in which a leader leads by being attentive to the needs of the team and involving them in the decision-making process.
4. Situational leadership is a leadership style in which a leader provides inspiration and direction based on the specific situation surrounding the employee and the team.
5. Transactional leadership is a leadership style in which a leader adheres to a clear chain of command and reflects work outcomes through employee reward or punishment.
6. Transformational leadership is a leadership style in which employees are encouraged to commit to a shared vision and to be innovative while working on assigned tasks to achieve the team goals.
7. A substance abuse counselor is a mental health counselor who is specifically trained in the treatment of drug and alcohol addiction.

Summary

In this dissertation, a quantitative study on the relationship between leadership style and job satisfaction among substance abuse professionals is described. This research involved evaluating the correlations between six leadership styles (autocratic leadership, participative leadership, servant leadership, transactional leadership, transformational leadership, and situational leadership) and the job satisfaction of substance abuse professionals.

Non-probability sampling incorporating both convenience and purposive sampling techniques was adopted for this research. The data were collected from NAADAC's list of substance abuse professionals residing in Florida, along with mental health counselors providing substance abuse services within the state of Florida. In the following chapter there will be a review of the professional, peer-reviewed literature on the topics of leadership and counselor satisfaction.

CHAPTER II: REVIEW OF LITERATURE

Counselor Satisfaction and Staff Turnover

Wakeman (2019) reported that the United States is currently going through the worst public health crisis of modern times in terms of addiction; “addiction is a chronic illness; thus, the goal is not to cure, but rather engagement and retention in treatment to achieve remission and to minimize the frequency and duration of recurrences” (p. 49). To combat this concern, substance abuse treatment organizations must focus on retaining effective counseling staff. Excessive employee turnover within substance abuse treatment centers creates a multitude of problems for these organizations, which are dedicated to the delivery of high-quality substance abuse recovery treatment (Wakeman, 2019).

According to Jafferian (2015), staff turnover is related to leadership efficacy. Jafferian (2015) examined the relationship between employee turnover and the perceived emotional intelligence of substance abuse treatment center leaders; the study was limited to a single substance abuse organization consisting of five inpatient sites with a total of 44 substance abuse employees.

Jafferian (2015) collected the relevant data via a secure online survey hosted by SurveyMonkey. The survey response was well below the 85 required to achieve an 80% power threshold for identifying bivariate correlations between the perception of emotional intelligence and staff turnover. Despite the low number of participants, the Pearson’s correlation test indicated that there was a statistically significant relationship between the perceived emotional intelligence of the manager and the intention of the employees (to stay with or leave their organization): $r(n = 39) = -0.493, p < 0.01$.

These results are relevant to the current study since they show that a positive relationship between a supervisor and a staff member may affect the latter's decision over whether to remain with an organization. Jafferian (2015) also recommended exploring the relationship between the leader's emotional intelligence in relation to other areas of employee functioning, such as burnout. Since staff turnover and burnout are often connected (Young, 2015), Jafferian's (2015) recommendation is relevant to the current study.

In her work entitled "The Promises and Pitfalls of Treating Addiction," Gregg (2017) stated, "[i]n the haste to expand treatment, it is imperative that providers be given systems and resources to treat addiction effectively" (p. 2,206). Within the context of substance abuse treatment, *systems* and *resources* refer not only to access to care but also to trained and competent substance abuse counselors (Gregg, 2017). The leader is, of course, expected to achieve success within the organization, and the failure to retain the staff may result in disrupting the continuity of client care as well as lead to unnecessary training expenses and decreased morale as the remaining staff members strain to complete the assigned tasks (Gregg, 2017).

In this discussion of counselor satisfaction and staff turnover, the focus is on three specific areas: the professional identity of the counselor, compassion fatigue or burnout in the counselor, and the stigma of addiction and how that stigma affects the counselor. According to Mendola (2003), stigma is an especially important aspect of the substance abuse counselor's job satisfaction since it can involve the perceptions of family members, healthcare workers, and policymakers.

Professional Identity and Clinical Supervision

The Bureau of Labor Statistics (BLS, 2019) reported that the employment of substance abuse, behavioral disorder, and mental health counselors is projected to experience a 23%

increase by 2026 from the figure reported in 2016. The pace of this projected growth is relevant to the current study since most behavioral health organizations are already struggling to maintain a stable workforce of substance abuse counselors (BLS, 2019).

The issue of employee turnover in the field of substance abuse counselors is substantial. According to Hatch-Maillette et al. (2019), who conducted a study to explore the challenges of researching within substance use treatment settings and to offer suggestions for future trials. In the study Hatch-Maillette et al. (2019) reported the turnover rate for enrolled counselors ranged from 33% to 74% over an approximate two-year study.

Hatch-Maillette et al. (2019) recruited counselors at two outpatient substance abuse programs ($n = 64$) and witnessed 54% of the counselors ($n = 37$) leaving the study for a variety of reasons. The authors' study design consisted of an online questionnaire and a standardized patient interview, with the research designed to report on two outcomes: the rate of turnover in the study and the rate of turnover among the agencies.

Hatch-Maillette et al. (2019), behavioral intervention effectiveness trials related to counselor and supervisor retention are of equal value to those related to patient retention. The training conditions had a negative moderating effect on the relationship between standard and enhanced training ($p < 0.01$). While Hatch-Maillette et al.'s (2019) study lacked a direct variable to measure the impact of turnover on implementation, several proximal indicators were evident. The results showed the two outcomes could not be separated since a counselor leaving an organization was part of the organizational turnover.

The Bureau of Labor Statistics (BLS, 2019) reported that substance abuse counselors perform their duties with a varying amount of education and training. The educational requirements ranging from high-school diploma and certification to a master's degree in

substance abuse and behavioral disorder counseling. According to White (2014), “from the very birth of the addiction treatment field, a strain existed between people whose credibility sprang from personal experience of addiction, and those with professional training” (p. 46).

The data from BLS (2019) revealed the trend that, today, a master's degree and an internship leading to licensure are typically required to become a mental health or substance abuse counselor. However, despite the trend toward professionally trained counselors, resistance continues to exist. According to Satinskiy (2020), many clients continue to stress the importance of peer support in recovery, citing substance use treatment programs where they felt judged by counselors who were not in recovery. For the providers, the third-party requirements necessitated a balance and place a high demand on trained and qualified substance abuse professionals as organizational leadership is challenged to maintain a competent and motivated workforce (BLS, 2019).

One leadership concern regarding substance abuse staff is the lack of prepared alcohol and drug counselors (Hodge et al., 2013). In short, there were not enough counselors to handle the growing caseloads. The National Survey on Drug Use and Health (2015) estimated that only 11% of the 23.5 million individuals in need of substance abuse treatment will actually receive it (Hodge et al., 2013). Meanwhile, professional identity development is an emerging area for alcohol and drug counselors and is one that will likely continue to expand (Simons et al., 2017). Many industry leaders believe that the management of professional identity may encourage more potential counselors to engage in this field.

Within this context, professional identity is “the integration of personal attributes with counseling values held by the profession” (Gibson et al., 2010, p. 28). While many simply go through the traditional academic education and technical training route, there is a long tradition

of individuals who have overcome their addictions and have become involved in counseling others in terms of their own addictions. Counselors with personal experience in overcoming alcohol or drug addiction are often especially helpful and insightful for those seeking treatment (BLS, 2019). The “recovery” status is a profound characteristic of a substance abuse professional. Those identifying as a recovering addict are also likely to strongly identify with and be committed to the field (Curtis & Eby, 2010).

The professional identity development of substance abuse counselors involves a transformational process that plays out throughout an individual’s career (Limberg et al., 2013). The change process involves a lifetime of learning – including active and regular clinical supervision – while engaging with the client population. This lifetime of education presents a path of discovery for the counselor and involves the motivated supervision of organizations’ leaders. Effective clinical supervision directly affects the development of professional identity and is a useful bridge for providing a mentor-like relationship between senior and junior substance abuse counselors.

Neuer (2011) completed a study that developed and validated a list of supervisory competencies that doctoral students should develop prior to serving as professionals in the field of counseling. Neuer employed the Delphi mixed-methods approach. Neuer asked open-ended questions to SMEs to gather information on supervisor attributes before asking the experts to evaluate the importance of each attribute.

The participants for the Neuer (2011) research study were sought from The Council for Accreditation of Counseling and Related Programs, with a total of 43 counseling students identified for participation. The participants identified 33 core competencies in relation to the ideal counselor supervisor, which included a number of the competencies identified in the

credentialing of supervisors. However, Neuer (2011) noted that 25 items on the list did not appear to be covered in either set of requirements for supervisor credentialing, with the 25 non-significant items having a negative effect on the relationship between credentialed and non-credentialed counselors ($p < 0.01$).

According to Borders (2005), ongoing research demonstrated a lack of consistent clinical supervision and a blurred boundary between administrative supervision and clinical supervision. With a lack of consistency from the clinical supervisor, a professional relationship may become strained or broken (Borders, 2005). Clinical supervision is critical to counselors in terms of providing a foundation for professional growth, competence, and self-efficacy (Schmidt, 2012).

West and Hamm (2012) completed a quantitative study on clinical supervisors ($n = 57$) in the substance abuse field. Here, the authors reviewed the educational background, professional credentials, and expertise of the study's clinical supervisors. West and Hamm discovered that 72% of those who had not completed graduate courses in the field rated themselves higher than clinical supervisors who had undertaken this level of education.

West and Hamm (2012) also discovered that 42% of the participants had licensure or certification in their states, while 75% had earned a graduate degree. Overall, the survey reinforced the idea that the substance abuse counseling profession continues to be in transition, with a trend toward professionalism ($p < 0.01$). This study directly related to the current research in terms of indicating the importance of professionalism in the relationship between a counselor and supervisor.

A clear example of this transition is the fact that substance abuse professionals have become more educated (Laschober et al., 2013; Mulvey et al., 2003; West & Hamm, 2012). The quantitative research study from Laschober et al. (2013), which involved clinical supervisor–

counselor dyads ($n = 392$), examined the relationship between skilled clinical substance abuse supervisors and substance abuse counselors. Seventy-four percent of the clinical supervisors were licensed or certified, while 75% had a graduate degree.

Laschober et al. (2013) measured the clinical supervisors' career mentoring behavior using two 3-item scales and concluded that the supervisor–counselor relationship is essential to the counselor's professional development ($p < 0.05$). They also reported that descriptive statistics, including frequencies, means, and standard deviations, were calculated for the supervisor and counselor variables. Meanwhile, they conducted correlation analyses to determine the associations among the study variables. The hypotheses were tested with mixed-effects models that took into account the clustering structure of the data. The researchers concluded that mental health counselors may benefit from the mentorship of their clinical supervisor, and a strong working alliance with their supervisor improves their job performance. The research also showed that the mentoring provided by the clinical supervisors was more critical to relationship building than task performance.

The clinical supervision, mentorship, and encouragement of employees may include ongoing professional development and engagement with professional organizations in the field of recovery treatment (BLS, 2019). Two professional substance use associations, the International Certification & Reciprocity Consortium and the NAADAC, suggested that competency should be the focus of preparedness for practice in addiction counseling (Knopf, 2012). State certification boards are responsible for monitoring and awarding certifications to qualified substance abuse professionals.

Compassion Fatigue

According to Shar (2019), a substance abuse counselor faces multiple stressors. A primary concern of a clinical supervisor is that a counselor may experience cumulative exposure to the substance abuser's traumatic experiences, resulting in compassion fatigue for the counselor (Shar, 2019). The term “compassion fatigue” was first coined by Carla Joinson (1992), a registered nurse, when she described “a unique form of burnout that affected caregivers and resulted in the loss of the ability to nurture” (p. 118). This phenomenon has been found to foster poor judgment in practitioners, including misdiagnosis, inadequate service delivery, and abusive client treatment (Snowden, 2003).

Meanwhile, Shar (2019) stated that “compassion fatigue contributes to an already high staff turnover rate existing within substance abuse counseling” (p. 44). Shar (2019) reported that the purpose of the study was to “investigate the usefulness of the Stamm (2010) compassion satisfaction and compassion fatigue model for understanding compassion fatigue among substance abuse counselors” (p. 12). Shar also attempted to determine whether two profession-specific variables influence the levels of compassion satisfaction or compassion fatigue. Shar (2019) collected nationwide data from active NAADAC members ($n = 648$). The survey design was non-experimental and cross-sectional and was aimed at gathering data through a survey and subsequently analyzing it. The results showed that within the work environment, one of the two variables, “positive work environment,” was a statistically significant negative predictor, while the other variable, “frequency of supervision,” was found to be inconsequential in the regression analysis ($p < 0.001$).

Compassion fatigue is a constant, debilitating treatment factor that has been recognized by substance abuse and mental health counseling professionals for over 30 years (Coetzee &

Laschinger, 2017). The condition can demoralize the sufferer, who may then experience physical, psychological, and emotional symptoms, not unlike post-traumatic stress disorder (Craig & Sprang, 2010). In the already-strained profession of the substance abuse counselor, this additional stressor may create an even more unstable work environment (Shar, 2019).

Multiple instruments have been created to measure both compassion fatigue and secondary traumatic stress (Shar, 2019). Charles Figley (1995) first developed a measurement of compassion fatigue known as the *Compassion Fatigue Self-Test*. Multiple versions of this test have subsequently been devised and used to assess both compassion fatigue and secondary victimization (Stamm, 2010). In his research on compassion fatigue, Figley (1995) found that the counselors' provision of empathetic support to clients resulted in psychological strain on the professionals themselves.

With further input from Stamm (2010), Figley's working model evolved to become the *Professional Quality of Life (ProQOL)* compassion satisfaction and compassion fatigue model. Stamm (2010) described compassion fatigue as a two-part construct that incorporates both burnout and secondary traumatic stress. As opposed to a direct and determined path leading to compassion fatigue, the ProQOL model addresses how the characteristics of environmental factors influence a professional's level of compassion fatigue and compassion satisfaction.

According to Figley (1995), compassion fatigue and compassion satisfaction comprise the professional's overall level of ProQOL (Stamm, 2010), and the model thus allows for a more accurate examination of the professional's level of these two aspects. In fact, three main factors comprise the ProQOL model: workplace environment, client–professional environment, and personal situation (Stamm, 2010). A significant difference between secondary traumatic stress and burnout/compassion fatigue is that the latter may occur in any line of work, while the former

is specific to professionals who work with victims of trauma (Ben-Porat & Itzhaky, 2011; Dunkley & Whelan, 2006; Stamm, 2010). However, one notable similarity is that each phenomenon leads to similar results in the respective fields (Stamm, 2010).

In a recent study published in the *Journal of Mental Health Counseling*, Browning et al. (2019) sought to determine whether transcendent characteristics could predict a counselor's quality of life, including the level of compassion fatigue experienced. The authors used hierarchical multiple regression analysis to examine the strength of specific transcendent characteristics to determine whether they could predict a counselor's quality of life. Data were collected by Browning et al. (2019) at a state counseling association conference in the southern region of the United States; they set up a booth at the conference to inform attendees about the survey process, offering a random drawing as an incentive gift to encourage them to participate in the survey ($n = 98$).

In Browning et al.'s (2019) preliminary analyses, the only significantly corresponding variable was transcendent strength ($p < 0.01$); the authors suggested that transcendent strengths serve as protective factors for certain quality of life aspects. Specifically, the study reviewed the aspects of gratitude, hope, and spirituality, and the authors found that hope emerged as a significant predictor of the counselors' compassion satisfaction, while counselor burnout was determined by other transcendent characteristics, and no association with secondary traumatic stress was found to be present.

The Stigma of Addiction

According to Mendola (2003), along with a substance abuse treatment organization's internal challenge of maintaining a trained and competent workforce, there is also the external perception of stigma, which marks an addict as a moral failure, as self-indulgent, or even

malicious. The public's perceptions of substance abuse may place unnecessary stress on the substance abuse counselor, who must reconcile personal beliefs regarding the nature of addiction (Mendola, 2003). More pertinently, family and friends who are trusted by the substance abuser may negatively affect the emotional welfare of the abuser by misunderstanding the disease of addiction (Mendola, 2003).

The brain disease model has evolved and has been the dominant substance abuse treatment model for the past 30 years (Hall et al., 2015). This model holds that addiction is a disease, much like any other physical disease, and the behavior of the addict should not be considered their fault. However, Hall et al. (2015) found that the brain disease model reduces the focus on the personal responsibility of the substance abuser, and this aspect often becomes a source of disagreement in terms of treatment modalities. As such, a number of researchers are now exploring the viability of the brain disease model (Hall et al., 2015).

A recent study on the beliefs and attitudes regarding the brain disease model of addiction was conducted in terms of physicians and attorneys ($n = 137$) (Avery et al., 2020). This study affirmed that many scholars continue to disagree about the brain disease model. Physicians and attorneys were chosen for this study since these professions often have a profound influence on the lives of the substance abuser due to their contact with the medical or legal system. Avery et al. (2020) sought evidence to determine the views of the physicians and attorneys regarding the brain disease model; 52.3% of the attorneys indicated that addiction is a chronic, relapsing brain disease, which results in addicts having practically no choice regarding the substance use. To assess the differences between physicians and attorneys in terms of their conceptions of addiction, Avery et al. (2020) performed a χ^2 test of independence and discovered that the conceptions differed across the professions ($\chi^2[3, N = 784] = 34.4, p < 0.001$). The notion that the

substance abuser has a genuine choice ties in with the idea that they are voluntarily making the choice to use. In the final area of concern that the researchers considered, just under 4% of the attorneys believed that addiction was primarily a lack of self-control or a moral shortcoming. Avery et al. (2020) also reported that 31.2% of the physicians indicated that addiction is a chronic, relapsing brain disease, and the addicts have no control over their substance use. This figure is clearly lower than that of the attorneys. In fact, 62.5% of the physicians indicated that, while addiction is a chronic, relapsing brain disease, the addicts have a genuine choice regarding their substance use.

Avery et al.'s (2020) research is at the heart of the current ongoing discussion and disagreement among medical providers, legal counselors, and professionals working in the field of addiction. The question in contention implied that a majority of surveyed physicians and attorneys embraced the brain disease model of addictions on free will and whether substance abusers are responsible for their actions, and if so, to what extent. When a treatment team has philosophical differences regarding the etiology of addiction, the substance abuse treatment planning often involves some level of dispute (Avery et al., 2020)

The question regarding the voluntary control of addiction in substance abusers was a source of ongoing controversy in a study of substance abuse and the reasons behind addiction (Racine & Barned, 2019). Avery et al. (2020) learned that a large percentage of physicians and attorneys who participated in their study believed that the substance abuser has a genuine choice in terms of substance use and seeking appropriate treatment. However, the authors found that there was a difference between the perception of the physicians and that of the attorneys.

According to Mendola (2003), regardless of social progression and the ongoing research in the field of addiction treatment, stigmas continue to mark individuals who are experiencing

substance use addiction. Social scientists use ordinary language in defining the concept of stigma (Mendola, 2003). The stigmas are viewed by others in a negative way due to specific personal traits or characteristics (Goffman, 2009; Nieweglowski et al., 2017).

Mendola (2003) conducted a qualitative research evaluation study to critique the standard models of addiction and the associated stigmas. Mendola (2003) argued that addiction should be considered a compulsive habit rather than a disease and emphasized three themes: the phenomenology of addiction, addiction as a habit rather than a choice, and the goal of authenticity. Mendola (2003) noted that one advantage of this model is its presentation of addiction, which is not overly judgmental. The addiction model defines “addiction with a notion of authenticity that acknowledges the social context of the authentic individual, which balances the respective roles of the individual and society” (Mendola, 2003, p. 195). Mendola (2003) made a distinction between the authenticity of the counselor and that of the client and, while the authenticity is sometimes minimized, it is important in the process of building a rapport.

Crapanzano et al. (2014) suggested that society’s perception of an addict having a moral shortcoming rather than a physical disease remains an obstacle for treatment providers. Prejudicial attitudes within the healthcare system add to the substance-addicted individual's self-stigmatization and increases their sensitivity to the treatment providers. Such sensitivity could lead to adverse outcomes (Crapanzano et al., 2014).

According to SAMHSA (2018), the substance abuse crisis currently affects millions of American families. Opioids currently garner the most headlines, primarily due to the potency of the drugs. In fact, SAMHSA (2018) data shows that 10% of Americans aged 12 or older (20.1 million people) have a substance use disorder. Of these, 1.8 million have a disorder related to prescription pain relievers (SAMHSA, 2018).

The Centers for Disease Control and Prevention (CDC, 2018) reported that an estimated 88,000 people – approximately 62,000 men and 26,000 women – die annually from alcohol-related causes. The CDC also reported that in 2017, over 72,000 drug overdose deaths occurred in the United States. Of these deaths, opioids were the main cause, and national health policy experts expect no reduction in opioid overdoses in the coming years (CDC, 2018).

Meanwhile, according to Korchmaros (2018), providing evidence-based substance use treatment programs is a national priority, and having capable substance abuse professionals is a critical concern for meeting these training needs. There is a variety of substance use treatments available. The treatment is varied depending on the individual and the substance abuse professional (Mendoza, 2003).

Browning et al. (2019) expressed that differences in treatment philosophy emerge due to the nature of the disease and the ways that different measures affect individual clients. Clearly defined substance abuse treatments are an ongoing issue for substance abuse professionals (Browning et al., 2019). According to Korchmaros (2018), the role of the supervisor is critical since clinical guidance and training provide the counselor with the resources needed to complete effective substance abuse treatment evaluations and planning. To bridge the differences in treatment philosophy and individualized care, policies and procedures exist within each organization; however, there is no guarantee that a client will recover from their substance abuse (Korchmaros, 2018).

According to Musto (1999), the concept of addiction has been evolving for more than a millennium. Historical documents revealed that Roman law addressed the issue of the *addictus*, who was considered a debtor and a negative influence on society (Musto, 1999). Meanwhile, over the past half a century, the research has expanded in the field of addiction, and addiction

professionals' understandings of substances has grown, while the drugs have become far more chemically potent (SAMHSA, 2018). Substance abuse treatment ideas continue to evolve as addiction science grows. The knowledge of the biological aspect of addiction is in a state of continual refinement as the mystery of addiction continues to be explored by researchers throughout the world (Musto, 1999).

SAMHSA (2018) reported that substance abuse recovery treatment models are available at multiple levels of care for clients who have been ordered to receive treatment for substance abuse. SAMHSA (2018) explained that while no definitive solution has been identified, effective leadership by a supervisor is crucial to exploring the potential options for substance abuse treatment. A clinical supervisor is responsible for providing the appropriate training and mentoring of the substance abuse counselor (SAMHSA, 2018); they should also offer specific guidance to the counselor regarding the resources and skills required to effectively negotiate the challenging vocation of substance abuse treatment (Korchmaros, 2018).

The focus of the first section of this chapter was three specific areas: the professional identity of the counselor, compassion fatigue or burnout in the counselor, and the stigma of addiction and how this stigma affects the counselor. Each factor creates individual challenges for the organizational leadership team and the supervisor of a substance abuse counselor (Shar, 2019). The next section of this chapter involves the exploration of six leadership styles and their possible influence on the job satisfaction of counselors. These six styles are autocratic leadership, participative leadership, servant leadership, situational leadership, transformational leadership, and transactional leadership. While a number of other leadership styles exist, these six were chosen to cover a range of leadership theories and philosophies that pertain to a broad spectrum of leadership styles. The purpose of this research study is to determine whether the

supervisor's leadership style affects a counselor's job satisfaction within substance abuse treatment organizations.

Leadership Models and Theories

The following review of leadership styles explores the six aforementioned styles through presenting the studies and research findings pertaining to each. Many leadership options were available to include in the study. These specific six leadership styles were chosen to cover a broad spectrum of leadership philosophies ranging from authoritative and directive to open and participative.

Autocratic Leadership

The first leadership style is the autocratic style, which is often referred to as the authoritarian style in the literature. Previous research studies have shown that authoritarian leadership is subject to a variety of perceptions and is seen as having a negative correlation with affective trust (Chen et al., 2014) and organizational citizenship behavior (Wu et al., 2012). The literature on autocratic leadership continues to expand as researchers explore the pros and cons of this specific leadership style.

Goethals (2014) defined autocratic leadership as a leadership style that involves authority and control over all decisions within the organization. An autocratic leader provides direction and demands obedience (Goethals, 2014). Scholars across the world have been increasingly attracted to the expanding research area surrounding this leadership style (Kiazad et al., 2010). Goethals (2014) explained that within the authoritarian leadership model, the follower is expected to act upon a request without thinking about the demand. However, while an authoritarian leader's demands may be met with compliance, they rarely capture the heart of the follower (Goethals, 2004).

According to Zhang et al. (2015), the authoritarian leader relies on the perception of personal dignity, which directly reflects the superior–inferior relationship between leaders and subordinates. Directive actions by an authoritarian leader may inhibit the bonding of the members of the organization (Goethals, 2004). Historians consider the autocratic approach as a classical approach to leadership since the autocratic leadership model is the central part of classical management theory (Adu-Amanfoh, 2014). According to this theory, a single leader makes a final decision and communicates that decision downward with an expectation of unquestioning submission (Adu-Amanfoh, 2014). The Kim dynasty in North Korea and both Hugo Chavez and Nicolas Maduro in Venezuela exemplify the image of authoritarian leadership (Adu-Amanfoh, 2014). Authoritarian leaders exist at the organizational level throughout the world (Kiazad et al., 2010).

In 2019, Mathura published the results of a quantitative study that was designed to determine the differences in leadership styles in relation to employee job satisfaction and commitment to the organization. Specifically, Mathura (2019) sought to understand the source of an employee’s job satisfaction and loyalty to an organization by exploring five leadership styles: autocratic, bureaucratic, participative, delegative, and paternalistic. “Leadership style is a critical factor in the success or failure of a healthcare organization” (Mathura, 2019, p. 6).

Using a quantitative and primarily correlational research design, Mathura (2019) surveyed a sample of healthcare organizational employees ($n = 127$) to determine the differences in leadership styles in relation to employee job satisfaction and commitment to an organization. The results indicated that there is a strong association between job satisfaction/organizational commitment and leadership style. The highest mean job satisfaction score was attained by the

democratic leadership style ($p < 0.001$), while the lowest was attained by the autocratic leadership style. The results were similar in terms of organizational commitment.

According to Goethals (2004), an autocratic leadership has distinct characteristics, strengths, and weaknesses. Autocratic leaders closely supervise those assigned under them and tend to be skeptical of subordinates' abilities (Goethals, 2004). An autocratic leader makes statements rather than asking questions and tends to be more selfish and direct than other types of leaders (Goethals, 2004). An autocratic leader has strict requirements for the performance of subordinates, and any who fail to meet these requirements are generally reprimanded (Pellegrini & Scandura, 2008). Meanwhile, Cheng et al. (2000) found that other characteristics of the autocratic leader include dominance and assertiveness, and the autocratic leader is rarely neutral on anything. In short, the autocratic leadership style emphasizes a leader's absolute authority and requires the absolute obedience of subordinates (Cheng et al., 2000).

According to Adu-Amanfoh (2014), regardless of the size of the substance treatment organization, in certain circumstances, the staff wants decisive and robust leadership. The strengths of an autocratic leader include quick decision making, clear team expectations, and taking charge. When the staff perceives a crisis or is uncertain about how to proceed, an authoritarian leader may be able to alleviate any negative feelings (Cheng et al., 2000).

Pellegrini and Scandura (2008) argued that staff cultural values play an essential role in how the staff reacts to authoritarian leadership. Schaubroeck et al. (2017) found that at times of actual crisis, the authoritarian style may be the most productive. However, as the organizational struggles subside, the staff may grow weary of an authoritarian leader (Goethals, 2004).

Chen et al. (2019) completed a quantitative research study to analyze how authoritarian leadership influences staff commitment to the organization through collective efficacy. They

collected data from teams working at specific Chinese manufacturing companies ($n = 258$) using a six-point, Likert-type scale ranging from 1 = strongly agree to 6 = strongly disagree. The team leaders highlighted team-level control variables, such as team cohesion, while the employees highlighted other variables. Overall, the measures used in this study included paternalistic leadership, collective efficacy, team cohesion, and organizational commitment, and the results indicated that authoritarian leadership is not related to organizational commitment ($p < 0.001$).

According to Farh et al. (2007), another factor that influences the relationship between an authoritarian leader and a subordinate is the role of power distance. Power distance is defined as “the extent to which an individual accepts the unequal distribution of power in institutions and organizations” (Farh et al., 2007, p. 722). Staff members with low power distance believe that they have an equal status to leaders (Farh et al., 2007), are often aware of the unequal treatment by leaders (Sue-Chan & Ong, 2002), and may react negatively to authoritarian leadership. Conversely, staff members with high levels of power distance often yield to authority figures and allow leaders to make decisions without staff participation (Farh et al., 2007). Such staff members often consider themselves to be inferior and lacking power; they have low expectations and are often a liability for an organization (Sue-Chan & Ong, 2002). As a result of this perception of inadequacy, authoritarian leadership may be less effective in low power distance conditions (Leong & Fischer, 2011).

Wang et al. (2019) also conducted a quantitative study to examine the effect of authoritarian leader–staff exchanges and the leader’s dependence on task performance. Their research was conducted in China and involved a large electronics and information enterprise group. Surveys were conducted in terms of organizational supervisor–subordinate dyads ($n =$

258), with the researchers using an independent *t* test to evaluate any demographic survey discrepancies.

Wang et al.'s (2019) research study used a nine-item scale to measure two dimensions of authoritarian leadership. The two differentiated dimensions were use of authority to control subordinates and the emphasis on the strict discipline of subordinates (Wang et al., 2019). The authors also measured the quality of leader–subordinate interactions, subordinate dependence on the leader, and task performance and found that authoritarian leadership was negatively related to task performance ($p < 0.001$). Wang et al.'s (2019) findings added to the theoretical notion that authoritarian leadership harms task performance, and they recommended investing in leadership training programs to reduce negative leadership behavior and strengthening supervisor–subordinate relationships through shared participation in social activities that provide opportunities for interaction.

Meanwhile, according to Zhang et al. (2011), a weakness of authoritarian leadership relates to the perception that a leader creates and exacerbates problems with the staff. This perception is especially relevant in the circumstances where a smaller entrepreneurial organization encourages and thrives on teamwork (Zhang et al., 2011). Another huge concern with this leadership style is the undermining of morale and free-thinking (Zhang et al., 2011). Previous research has reported a negative relationship between authoritarian leadership and group creativity at the group level (Zhang et al., 2011).

Wang et al. (2019) reported that an authoritarian leader may appear uncaring or tyrannical, with this type of leader inhibiting any chance of creativity for the team. The authoritarian leadership style will likely influence employees' psychological connections to their leaders and teams (Chan et al., 2013, 2014; Schaubroeck et al., 2017), and the lack of

psychological connection will ultimately inhibit employee creativity (Shalley & Perry-Smith, 2001). In fact, according to Schaubroeck et al. (2017), autocratic leaders may drive talented people out of an organization as talented staff often recognize and understand their worth and are confident in finding employment elsewhere.

Participative Leadership

According to Kerber and Buono (2018), a participative leader's role is flexible and participative involving working with peers and employees to devise a plan to accomplish the set goals. Participative leadership is a democratic style of leadership. Kerber and Buono (2018) explained that participative-type leaders focus on management and bringing in the ideas of different team members. The participative leadership style requires information sharing and places an emphasis on team training, which means participative leaders must be excellent communicators and must be fully approachable (Kerber & Buono, 2018). Participative leaders are open-minded in their approach to subordinates and aim to empower them to complete the assigned tasks (Kerber & Buono, 2018).

According to Smith (1998), participative leadership requires management to rely on staff involvement and requires participation through human motivation. The participative leadership style originated in the Hawthorne experiments of the late 1920s and 1930s (Smith, 1998). During this time, these experiments were analyzed by Elton Mayo and others, who found that the results of the experiments were closely related to human motivation (Smith, 1998).

According to Muldoon (2017), the researcher Henry A. Landsberger reviewed Mayo's experiments in the 1950s and discovered that workers' productivity increased with supervisory observation. This phenomenon was named the "Hawthorne Effect" (Muldoon, 2017). The

experiments showed that when workers feel supported, they are more content with their jobs, and their productivity increases (Leidecker & Hall, 1974).

Maslow (1943) introduced the hierarchy of needs, and this theory significantly impacted the participative leadership framework. Maslow (1943) suggested that human motivation varies depending on the individual, referring to an individual as a human being in perpetual need. Maslow also suggested that these needs must be met, starting from the most basic to the most complex. These needs include physiological needs, safety needs, a feeling of belonging and being loved, self-esteem-related needs, and, ultimately, self-actualization (Maslow, 1943).

Likert (1967) and his associates identified a four-pronged model for leadership, which included exploitative-authoritative, benevolent-authoritative, consultative, and participative. Likert (1967) believed that participative leadership improved communication, teamwork, and overall participation in the efforts to achieve organizational objectives. From the work of Likert (1967), the theory of participative leadership began to form.

According to Kim (2002), participative decision making has a direct relationship with job satisfaction. Kim's (2002) quantitative study was based on a Clark County, Nevada employee survey that was conducted in 1999. The survey was distributed to 4,097 employees, with a 38.5% response rate ($n = 1,576$). The independent variables in Kim's (2002) study included the managers' use of a participative management style, their use of a participative strategic planning process, and effective supervisory communications. Each of the variables was accompanied by three questions aimed at exploring employee perceptions of participative leadership (Kim, 2002). Meanwhile, the dependent variable was job satisfaction and consisted of five potential responses: excellent, good, fair, poor, or no opinion, while four control variables were also used in the survey, namely, teamwork experience, union membership, position (management/non-

management), and years of employment in a department. Teamwork experience was used as a control due to this factor's positive influence on job satisfaction. A numerical scale ranging from 0 to 4 or more was provided to measure job satisfaction. The findings indicated a significant positive relationship between participative leaders and their employees ($p < 0.001$).

Elsewhere, Lantz et al. (2015) divided participative leadership into four decision-making models: collective, democratic, autocratic, and consensus. The collective participative model involves high participation where employees make decisions as a group, with the accountability divided among all staff members (Billet, 2008). The democratic participative model encourages employee input, but the leader is ultimately responsible for the final decision (Billet, 2008). Meanwhile, the autocratic participative model grants power to the leader, although the employees' thoughts and concerns are considered in the process, while the consensus participative model allows groups to make decisions through a majority vote (Billet, 2008).

According to Lantz et al. (2015), a participative leader must make the decision on which model should be used based on the specific circumstances. Once enough information is available, regardless of the decision-making process, the leader must make or encourage the final decision (Lantz et al., 2015). Depending on this process, the decision must be communicated to the group, with the reasons for the final determination specified (Lantz et al., 2015). While the decision is final, the employees may voice any concerns they have. Participative leadership decision-making has multiple outcome evaluation considerations, including workplace democratization, a reduction of industrial conflict, and greater employee involvement in the decisions (Locke & Schweiger, 1979).

According to Kumar and Krishnaraj (2019), research continues to demonstrate the importance of a manager's leadership style on employee behavior and performance. Kumar and

Krishnaraj (2019) conducted a quantitative, multi-level study involving seven constructs and 50 measures, all of which were adopted from the existing literature. They used a judgment sampling method based on the experience of the researcher and collected data from a sample covering various three-star hotels in TamilNadu and Puducherry ($n = 505$). The research was based on two sets of questionnaires, one for the managers and one for the frontline employees. The respondents were asked how often they engage in the described behavior and were asked to mark the most relevant answer. The results indicated that the participative style of leadership has a significant indirect influence on management's commitment to service quality, employees' commitment to service quality, and job satisfaction ($p < 0.01$). Overall, Kumar and Krishnaraj's (2019) study emphasized the critical effect that leadership style has on employees of an organization, with the results clearly indicating the importance of leadership style in increasing the shared values among leaders and staff. Here, the participative leadership style was found to be the most influential.

According to Lantz et al. (2015), the participative leadership model has advantages that pertain to the categories of tangible benefits or intangible benefits. The tangible benefits include increased productivity and lower staff turnover rates, while the intangible benefits may include improved employee morale and motivation and increased job satisfaction. Meanwhile, according to Juechter (1982), participative leadership allows employees to improve their levels of self-worth and enhance their contributions to the corporation. A clear benefit of the participative leadership model is that it allows staff to participate more in the decision making (Juechter, 1982). However, Juechter (1982) noted several disadvantages of participative leadership, which include creating a decision-making process that may slow down the team process. The decision making within a large, diverse group requires time and patience, and an organization may not

have the capacity to provide extra time, while disagreements within a group may also lead to resentment or power struggles within an organization if personalities clash (Juechter, 1982). Furthermore, participative leadership may negatively impact an organization if the participative leader does not utilize and respond to the feedback from the staff (Lantz et al., 2015). In fact, a lack of leadership often demoralizes the participative group of employees (Juechter, 1982). A participative leader must emphasize open and transparent communication when working toward a consensus on decisions (Juechter, 1982).

McConkey (1980) suggested that the participative leadership style is part of an organized movement toward the democratization of the workplace and provides insight into the participative leadership that continues to be influential today. McConkey explained that a successful participatory leadership protocol requires that each level of management determines its own accountability, with individual accountability forming the cornerstone of participative leadership.

Servant Leadership

According to Greenleaf (1970), servant leadership, by its very nature, lends itself well to the helping professions: “The servant-leader is a servant first. It begins with the natural feeling that one wants to serve, to serve first” (p. 21). When a supervisor and a counselor share a vision regarding client treatment, the client's level of trust increases as does the chance of recovery (Greenleaf, 1970). Establishing mutual concern between the supervisor and the counselor is not teachable; rather, it involves an innate drive that each relationship nurtures (Greenleaf, 1970). A servant leader balances the qualities of a leader and a servant (Greenleaf, 1970).

Spears (2010) noted that a servant leader maintains a primary focus on the wellbeing of the staff. While traditional leadership focuses on the accumulation of power by those at the top

of the leader pyramid (Spears, 2010), servant leadership does not share this view; rather, it puts the needs of the staff first, helping develop staff members so they fulfill their potential (Greenleaf, 1970). Eva et al. (2019) stated that “[s]ervant leaders are authentic not for the sake of being authentic, but because they are driven either by a sense of higher calling or inner conviction to serve and make a positive difference for others” (p. 113).

Servant leadership is an internationally practiced and multidimensional form of leadership, instilling within a leader a strong desire to serve others (Greenleaf, 1970). However, a servant leader also leads and mentors others (Spears, 2010) benefitting the employees, the organizational mission, and, ultimately, society (Van Dierendonck, 2011). While Robert Greenleaf is regarded as the father of servant leadership, the philosophy and original principles of servant leadership can be found in the Bible. As recorded in Mark 10:44–45, Jesus said, “[w]hoever wants to be first must be a slave of all. For even the Son of Man did not come to be served, but to serve, and to give His life as a ransom for many.”

Coetzer et al. (2017) completed a systematic literature review based on the key term “servant leader” ($n = 87$); the review demonstrated stated, “the general aim of this study was to establish a framework that summarizes the functions of a servant leader in a meaningful way” (p. 2). The articles were published in peer-reviewed, scientific articles between 2000 and 2015. From this review, the authors identified eight characteristics of the servant leader. This included authenticity, humility, compassion, accountability, courage, altruism, integrity, and listening, and the presence of these eight characteristics provided compelling evidence of servant leadership. Characteristics are personality traits that regulate a person’s thoughts, feelings, and behaviors, while competencies are cognitive or technical abilities used to achieve a specific outcome (Coetzer et al., 2017). Coetzer et al.’s (2017) study provided convincing evidence for the

presence of four competencies exhibited by the servant leader, namely, empowerment, stewardship, building relationships, and compelling vision.

The perception of empowerment has a transformational influence on followers (Sendjava et al., 2008). The transfer of responsibility and authority to the followers (Bobbio et al., 2012) and the provision of appropriate mentoring and coaching, allow the followers to succeed (Konczak et al., 2000). In short, empowerment helps move a vision forward (Coetzer et al., 2017).

The second competency of the servant leader described by Coetzer et al. (2017), namely, stewardship, relates to the willingness to be accountable (Hwang et al., 2014) for the common interest of the individual and the organization (Sousa & Van Dierendonck, 2015). Stewardship is not taking ownership; rather, it equates to a caretaking role (Van Dierendonck & Patterson, 2014). A leader who assumes the role of caretaker takes personal responsibility for the organization's assets, goals, and people (Coetzer et al., 2017).

Coetzer et al. (2017) described building trusting relationships as the third competency of a servant leader. Individual relationships include those among the leader and followers within an organization, the customers, and the community (Coetzer et al., 2017). To build relationships, a servant leader communicates effectively (Spears, 2010), works to create an environment of support and encouragement (Mertel & Brill, 2015), and spends quality time with the followers (Sendjava et al., 2008), all while working in collaboration for the betterment of the organization (Jaramillo et al., 2015).

The final competency of the servant leader review from Coetzer et al. (2017) related to setting a compelling vision. This vision pertains to transferring the understanding of a higher purpose (Van Dierendonck, 2011) and looking toward the future (Spears, 2010) in terms of

creating value for the community. A servant leader's ability to share the dream of where the organization will be in the years ahead is vital for allowing an employee to understand the organization's current direction in terms of needs and actions (Coetzer et al., 2017). When an employee understands the reasoning behind the servant leader's actions, the organization has a better chance of achieving long-term stability and success (Spears, 2010).

Kashyap and Rangnekar (2016) conducted a quantitative study to examine the effect of servant leadership on turnover intentions. The study reviewed the mediating effects of perception and level of trust within Indian organizations ($n = 253$). They defined turnover intention as "the subjective estimation of an individual regarding the probability of leaving an organization in the near future" (Kashyap & Rangnekar, 2016, p. 442). The relevant data were collected over a six-month period, with the help of email invitations that were sent to the employees. Kashyap and Rangnekar (2016) employed four published scales to rate servant leadership, employer brand perception, trust in leaders, and employee turnover intentions and used the servant leadership survey (SLS) to measure the servant leadership data. The SLS had a Cronbach's alpha of 0.94. To test the overall impact of servant leadership, the authors aggregated the eight servant leadership scores and ultimately identified a significant relationship between servant leadership style and employee turnover intentions ($p < 0.01$). Kashyap and Rangnekar (2016) suggested that when the servant leadership style of management is practiced, the employees' levels of trust in the leader also increase. The findings of Kashyap and Rangnekar's (2016) study are supported by earlier similar research, reinforcing the notion that organizations consider the practice of servant leadership an effective personnel tool.

According to Sousa and Van Dierendonck (2015), individual, team, and organizational outcomes overlap in the realm of servant leadership. Servant leadership enhances work

engagement (Sousa & Van Dierendonck, 2015), while disengagement leads to negative work outcomes (Hunter et al., 2013). A servant leader must first be self-congruent and must lead through exemplary self-control and behavior as an example to followers (Sousa & Van Dierendonck, 2015). Congruence equates to a form of self-actualization where the real self matches up with actual behavior (Hunter et al., 2013). A follower will not follow a leader's vision unless the leader exhibits authentic behavior (Blanchard & Hodges, 2008). Personal leadership also includes understanding one's own strengths and weaknesses, talents, and limitations and knowing how this understanding can be used in the service of others (Sousa & Van Dierendonck, 2015).

Charan and Drotter (2011) stated that personal leadership means going beyond the expectations of effectiveness, continuing to learn and sharing through education, while adhering to all organizational values. Leaders who strive to authentically exhibit the characteristics of a servant leader (i.e., authenticity, humility, compassion, accountability, courage, altruism, integrity, and listening) become role models in the organization (Charan & Drotter, 2011). The employees relate to this sense of purpose, and sharing this knowledge is a powerful force within any team (Charan & Drotter, 2011).

Meanwhile, Sousa and Van Dierendonck (2015) suggested that servant leaders who bear a servant's vision encourage and nurture followers toward self-actualization and explorations of their own servant leadership identity. Ideally, followers will mentor others as the learning process continues to expand throughout an organization (Sousa & Van Dierendonck, 2015). As a servant gains awareness and the vision spreads, the organizational reward lies in attaining a real sense of a higher purpose (Sousa & Van Dierendonck, 2015).

Situational Leadership

Hersey and Blanchard (1969) outlined and developed the theory of situational leadership in their book *Management of Organizational Behavior*. Hersey and Blanchard (1969, 1982) considered their work an extension of the Ohio State leadership studies conducted in the 1940s and 1950s. In fact, situational leadership theory was “originally called the life cycle approach, as it puts forward the directive and supportive dimensions of leadership applicable differently in different situations” (Shaukat & Asma, 2018, p. 79).

Hersey and Blanchard (1969) renamed situational leadership in the 1970s as they developed their styles. Blanchard released his first book, *The One-Minute Manager*, in 1982, while Hersey extended the situational leadership model in his book, *The Situational Leader*, which was published in 1985. Throughout the 1980s, Hersey and Blanchard continued to work together to refine the model.

According to Hersey and Blanchard (1988), the effectiveness of a situational leader is based on a situation and is deemed successful when the leader’s style matches the situational needs of the staff. Situational leadership is thought to be especially useful as the supportive work environment it provides has the potential to increase productivity (Hersey & Blanchard, 1988). The productive and motivated environment created by this model may also lead to higher morale, thus increasing the retention of qualified employees (Hersey & Blanchard, 1988).

Elsewhere, Shriver (2017) reviewed two specific tenets of situational leadership, leadership and the development level of a follower. Shriver addressed the developmental levels of situational leadership in terms of competence and commitment. The single underlying principle of this model is that no single style of leadership is the best, with the appropriate leadership style varying depending on the circumstances. In short, a situational leader has the

option to vary their leadership style according to the situation (Shriver, 2017). Situational leadership is adaptive and flexible and provides a leader with the opportunity to determine the best course of action (Shriver, 2017). Hersey and Blanchard (1988) explained that with an increase in the level of readiness, a situational leader needs to adapt both the task and the relationship behavior to improve the confidence and performance of the followers.

Henkel and Bourdeau (2018) conducted a quantitative survey related to the use of the situational leadership style among military leaders attending an advanced leadership program ($n = 620$). The military leaders' experience levels ranged from first-line supervisor to experienced middle manager supervising first-level leaders. Henkel and Bourdeau (2018) initiated the study with a single research question aimed at determining the situational leadership styles reported by military managers when leading their teams. The respondents were mandated to complete this situational self-assessment as a part of their attendance at the advanced leadership program (Henkel & Bourdeau, 2018).

According to Henkel and Bourdeau's (2018) self-assessment study, two leadership aspects were predominant, namely, selling and participating ($p < 0.001$). A combination of situational leadership styles tended to be the most frequently identified in countries with a high level of education and extensive industrial experience (Henkel & Bourdeau, 2018). According to Henkel and Bourdeau (2018), the findings of this study encourage the teaching of situational leadership theory in educational and training settings.

Meanwhile, McClesky (2014) suggested that the effectiveness of a situational leader lies in the ability to understand and implement the four situational leadership aspects of telling, selling, participating, and delegating. Situational leadership implies that further relationships between a situational leader and a follower exist, including efficiency–stress and stress–

performance relationships (McClesky, 2014). Thompson and Glasø (2015) suggested that ambiguity exists in the expectations between a situational leader and a follower in the situational leadership model. This model depends on the relationship between the two parties, which is the critical component of success or failure, and the perceptions of the expectation variables are often subject to contention (Thompson & Glasø, 2015).

Thompson and Glasø (2018) conducted a quantitative study to assess the degree of agreement between leader ratings and follower self-ratings determined an optimal leadership style. Relevant data were collected from employees working in various Norwegian for-profit organizations ($n = 998$). Initially, questionnaires were distributed to employees while they were at work, and the employees responded via digital channels (Thompson & Glasø, 2018). Meanwhile, the three scales completed by the supervisors were follower performance, follower competence, and commitment. Finally, the followers were asked to complete a questionnaire that measured the level of consideration and the structuring behavior of the supervisor. Here, the researchers discovered that congruence was most likely to occur when the leaders' and followers' ratings of competence and commitment were similar ($p < 0.001$). Overall, Thompson and Glasø (2018) determined that the congruence between leader and follower ratings determines the level of the follower's development, allowing supervisors to provide an appropriate degree of support. They also suggested that the more a situational leader and follower agree on the action or readiness level, the more effective the situational leader becomes in helping the follower advance through the competency levels. Thompson and Glasø's (2018) findings support the situational leadership model; as communication between a situational leader and a follower increases, the follower's competence in completing a task improves. With this increase in competence, the employee can work more independently (Hadiwidjojo & Troena, 2013).

According to Slamet et al. (2013), the more ideal a situation is, the higher the level of job satisfaction, which can subsequently improve job performance. Slamet et al.'s (2013) quantitative study explored relationships among situational leadership theory, job satisfaction, and job performance by surveying employees ($n = 94$) of the Trans Jakarta Public Service Agency in Jakarta, India. The researchers found that while situational leadership theory could be successful, there was room for improvement. Above all, situational leaders should recognize employees' opinions and concerns as this recognition is directly related to the employees' happiness and, consequently, job satisfaction ($p < 0.01$) (Slamet et al., 2013). Overall, Slamet et al.'s (2013) study indicated that managers generally use a primary leadership style when attempting to influence and lead employees and teams.

Meanwhile, for Shriver (2017), the situational leadership model was cultural and generational in variance and can provide situational leaders worldwide with the leadership skills required to motivate behavior and improve productivity. Due to these capabilities, the situational leadership model has been implemented in all types of organizations and at all levels of responsibility in view of encouraging followers to complete tasks. Situational leadership encompasses the full employment lifecycle of an employee, from the status of a new recruit in need of delegation and guidance to acquire new skills to the status of a knowledgeable employee who is executing tasks at the mastery level. A situational leader must make time for an employee to build a trusting relationship that allows the latter to understand the former's aims within the organization. The situational leader's honest sharing of the organizational direction may encourage the follower to buy in to the goals of the team, while the situational leaders' efforts in this team-building exercise will ultimately allow the follower to gain and build their trust in the leader (Shriver, 2017).

As Slamet et al. (2013) suggested, in the situational leadership model, a situational leader must maintain open and constant communication and interaction with a follower to fulfill the employee's leadership needs and provide appropriate responses to their inquiries. A situational leader's ability to listen to an employee will create a cohesion that allows the follower to integrate into the team and become a building block in the organization's success. This consistent communication between the situational leader and the follower contributes to the formation of a relationship between the boss and the employee in the work setting (Slamet et al., 2013).

Transformational Leadership

According to Ng (2017), transformational leadership has been one of the most researched topics of the past few decades and has attracted considerable attention due to its importance to organizational productivity. Transformational leadership is a term that was originally coined by James V. Downton (1973) – a sociologist working in the field of charismatic leadership – in his work entitled *Rebel Leadership: Commitment and Charisma in a Revolutionary Process*. James MacGregor Burns (1978) subsequently expanded the conceptual context of transformational leadership in his book, *Leadership*. Burns (1978) explained transformational leadership not in terms of specific behaviors but in terms of an evolving process of interactions in which “leaders and followers raise one another to higher levels of morality and motivation” (p. 20).

Transformational leaders share a higher purpose beyond any immediate team goals and instead focus on deeper meaning. The higher purpose allows followers to meet internal needs. The internal need of “the leader's fundamental act is to induce people to be aware or conscious of what they feel—to feel their true needs so strongly, to define their values so meaningfully, that they can be moved to purposeful action” (Burns, 1978, p. 44).

Gaviria-Rivera and Lopez-Zapata (2019) suggested that the importance of staff inspiration appeared to extend beyond the purview of the counseling profession and the other helping professions. Gaviria-Rivera and Lopez-Zapata (2019) conducted an empirical study via surveying leaders and work team collaborators from various construction companies in the country of Columbia ($n = 185$). The purpose of the study was to analyze the role of transformational leadership and its relationship with variables such as organizational climate, employee job satisfaction, and work team performance. The findings of the study highlighted transformational leadership as a management style that encourages the achievement of the business goals and the development of the competitive advantage for transformational-led organizations.

A virtual questionnaire was designed and submitted by Gaviria-Rivera and Lopez-Zapata (2019) to respondents based on a literature review and the existing research on transformational leadership. In fact, the transformational leadership construct was derived from the scale developed by Carless et al. (2000). In this construct, six variables were measured: clear and positive vision of the future, empowerment, support and recognition, staff development, innovative thinking, leadership through example, and charisma (Carless et al., 2000). In Gaviria-Rivera and Lopez-Zapata's (2019) study, the six study variables were scored in terms of a Likert scale, and the results indicated a significant relationship between transformational leadership and job satisfaction ($\beta = 0.827, p < 0.01$). The researchers reported that the results revealed positive relationships between all variables included in the study (Gaviria-Rivera & Lopez-Zapata, 2019), indicating that transformational leadership directly encourages a positive organizational climate. Gaviria-Rivera and Lopez-Zapata (2019) also suggested that transformational leadership promoted an active and healthy organizational climate, with good leadership found to encourage

positive organizational development, while training was essential to develop the skills and competencies of transformational leaders. The authors concluded that transformational leadership is a determining factor in team members' job satisfaction.

According to Podsakoff et al. (1990), transformational leaders exhibit behaviors such as identifying and articulating a vision, providing an appropriate model, fostering the acceptance of group goals, demonstrating high-performance expectations, providing individualized support to staff, and providing intellectual stimulation. The transformational leadership style involves inspiring followers to commit to a shared vision and the goals of an organization (Bass & Riggio, 2006). Transformational leaders challenge their staff to be innovative and develop their individual leadership capacity by coaching, mentoring, and supporting the staff (Bass & Riggio, 2006).

Meanwhile, for Carless et al. (2000), transformational leaders are visionary and develop and nurture images of the organization's potential, which they then communicate to their subordinates. A transformational leader's inspirational motivation may help identify opportunities for their organization, thus developing, bringing together, and inspiring others with their vision of the future (Podsakoff et al., 1990). Transformational leaders involve team members in the decision-making process, share power and information with their staff, and foster autonomy (Carless et al., 2000).

Engelbrecht and Samuel (2019) conducted a quantitative study using convenience sampling to recruit respondents from both public and private sectors in South Africa ($n = 232$). The authors explained that the purpose of this study was to investigate the intention to quit their job among the selected employees. In fact, ongoing research has presented evidence demonstrating that employee turnover is costly and destructive to organizational processes and

outcomes (Engelbrecht & Samuel, 2019). Engelbrecht and Samuel (2019) distributed online questionnaires to gain the opinions of respondents regarding a selection of variables from the study, which included organizational trust, organizational justice, and transformational leadership. Each of the variables was scaffolded into multiple categories for selection. The results confirmed a negative relationship between perceived organizational support and the intention to quit (path coefficient = -0.36 , $p < 0.05$). However, the study also indicated that the turnover rate increased due to the rapidly shrinking global labor market, heightened by internet technology and the mobility of talented employees. Engelbrecht and Samuel (2019) suggested that organizations should focus on the influence of transformational leadership on employees' intentions to quit. In fact, the connection between trust and intention to quit is well supported in the literature, with an environment based on trust found to have a tangible and positive effect on the success of an organization (Ferres et al., 2004).

Chin et al. (2019) conducted a quantitative study to investigate the relationship between leadership influence and employee engagement among a population of managers, technical staff, professional staff, and team leaders ($n = 107$). They suggested that positive leadership interactions with subordinates are a key driver for business success and contribute to employee engagement. In Chin et al.'s (2019) study, a multifactor leadership questionnaire (Bass & Avolio, 1990) was adopted, with a five-point Likert scale used to measure key aspects of transformational leadership, including idealized influence (attributed), idealized influence (behavior), inspirational motivation, individualized consideration, and intellectual stimulation. The results indicated that transformational leadership has a strong correlation with employee engagement ($r = 0.714$, $p = 0.01$), with the beta value ($\beta = .65$) confirming this finding.

Elsewhere, Shuck and Wollard (2010) suggested that employee engagement related to the extent of an individual's cognitive, emotional, and behavioral state as directed toward desired organizational outcomes. Engaged employees have also been found to remain loyal to their employers, thus reducing turnover and saving companies a great deal in recruitment and retraining costs (Vance, 2006). Vance (2006) adopted a quantitative approach involving close-ended structured questionnaires to confirm that transformational leadership relates to employee engagement. Shuck and Wollard's (2010) study mirrored the findings of Barling (2007) in that the transformational leadership style is useful for encouraging employee engagement.

According to Abozaid et al. (2019), fairness is a crucial consideration for transformational leaders. The basic concepts of transformational leadership include organizational fairness in terms of pay level, pay rules and structure, pay administration, rule administration, workplace, and task distribution, where administrators assign routine and non-routine responsibilities (Abozaid et al., 2019). Abozaid et al. (2019) conducted a quantitative study involving a sample of employees from twelve private and governmental entities operating in the fields of communications, advertising, and the health industry ($n = 120$). The snowball sampling technique was used for the data collection, in order to measure transformational leadership constructs, the researchers adopted existing research models, including Bass and Riggio's (2006) multifactor leadership questionnaire. To measure the aspect of fairness, Abozaid et al. (2019) adopted a six-item scale from Kuvaas and Dysvik (2009). The results indicated that transformational leadership was positively related to perceived fairness ($\beta = .48, p < 0.05$), and employees tended to perceive a company either favorably or unfavorably based on the nature of the leadership. Through their actions, transformational leaders promote and develop trust within the organization. Transformational leaders who continually promote the accomplishments of the

subordinates, including in terms of organizational participation and personal integrity, experience higher levels of trust (Abozaid et al., 2019).

For Yang and Mossholder (2010), transformational leadership research suggested that followers who trust their supervisors will have higher levels of job satisfaction. Job satisfaction represents the thinking and perception of employees towards their work from numerous perspectives (Munir & Rahman, 2016). Challenging intellectual stimulation results in staff finding their work more interesting, as an employee becomes more aware of increased self-understanding and growth (Jung & Sosik, 2002). A leader's inspired motivation may lead subordinates to feel involved in their duties with a more substantial understanding of the organizational vision (Kerfoot, 2001). The leader's compassion toward the subordinate involves caring through personal attention and treatment (Slater, 2003).

Based on the subordinate's perceived beliefs regarding the transformational leader, the expectation is that an employee experiences greater job satisfaction and is more likely to remain with the organization (Braun et al., 2013). Individual perceptions of being led by transformational leaders may evolve into reality within the entire organizational environment (Braun et al., 2013). When individual perceptions result in employee actions and are spread among the organization, the organization may attain a more stable work environment and, consequently, a stronger organization (Braun et al., 2013).

Transactional Leadership

Weber (1947) first described transactional leadership, also known as managerial leadership, with a focus on the role of the managers, the organization, and overall group performance. The transactional leadership style was widely used following World War II in the United States when the country depended on a high-level structured workforce to maintain and

encourage growth as the country recovered from the war (Weber, 1947). In his 1978 book entitled *Leadership*, James McGregor Burns explained that transactional leaders must be moral and must be able to share a higher purpose in their leadership. Burns (1998) philosophy maintained that a transactional leader is honest, fair, and responsible in their leadership.

According to Avolio et al. (2009), transactional leadership is at the opposite end of the spectrum from transformational leadership and is a style of leadership in which leaders encourage the compliance of the subordinates through both positive and negative feedback. Transactional leadership involves the practice of exchanging benefits for an excellent performance (Avolio et al., 2009). Managers use this form of leadership to focus on specific duties and use rewards and punishments to motivate their staff. The use of rewards and punishments requires a comprehensive set of leadership skills to meet the complex demands of daily clinical practice (Blumenthal et al., 2012).

A recent quantitative research study from Deng et al. (2020) investigated the relationship between training residents and hospital culture. Relevant data were collected from several medical residents from five tertiary hospitals in China ($n = 296$). To collect the data, Deng et al. (2020) distributed questionnaires to the residents, with the sample source collected from the National Health and Family Planning Commission of China distribution list. The questionnaire was adapted from that developed by Podsakoff et al. (1990), where the scale was composed of two subscales, including a contingent reward behavior scale and a three-item contingent punishment scale. The performance of the residents was further assessed by Deng et al. (2020) through the administration of the resident assessment questionnaire (ReAQ). The ReAQ consisted of 20 items aimed at assessing the competence in terms of communication, knowledge, and technical skills. Deng et al. (2020) noted that the ReAQ could be used for self-evaluations or

for hetero evaluation. The authors demonstrated the importance of the moderating role of the transactional leadership style in the relationship between resident-orientation culture and teacher–resident exchange, with the interaction of resident-orientation culture ($\beta = -.17, p \leq 0.05$) found to be negatively related to teacher resident exchange, while that of patient-orientation culture ($\beta = .06, p > 0.01$) was not significantly related to teacher–resident exchange. Deng et al. (2020) noted that these findings revealed the importance of the transactional leadership style in training residents.

According to Shkoler and Tziner (2020), interpersonal conflict is not inherently positive or negative and is, in fact, a characteristic of all work teams. The positive impact on work team characteristics seems to be uncertain when using the transactional style of leadership (Guglielmi et al., 2013). Transactional leaders appear to reduce conflict as they search for possible negotiations that reward the employee (Bass & Riggio, 2006). Afshari and Gibson (2016) suggested that transactional leadership behavior has a positive influence on the development of organizational commitment.

A recent quantitative research study from Shkoler and Tziner (2020) addressed leadership style as a predictor of work attitudes. The purpose of this study was to explore the leadership style role from two different loci standpoints: dyadic-focused transformational leadership and leader-focused transactional leadership, which are regarded “as important antecedents to individual and organizational outcomes” (Shkoler & Tziner, 2020, p. 164). The authors recruited employees from several organizations in Israel ($n = 265$) and investigated the relationship between individual/work outcomes and the two leadership styles of transformational and transactional leadership. The former was measured using the multifactor leadership questionnaire (Avolio & Bass, 1991), with a Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly

agree), while the latter was measured using a researcher-developed 12-item questionnaire that included items such as “your leader assists you based on effort” (Shkoler & Tziner, 2020, p. 169). The results suggested that both transformational and transactional leadership led to increased work drive, and that increased work drive led to work enjoyment ($p < 0.01$). Shkoler and Tziner (2020) suggested that the theoretical implications of these findings included that managers in an organizational setting influence the employees through enhancing their motivation to work.

Bass (1997) believed that transactional leadership explains the behavior of leaders from three perspectives, contingency reward, “management by exception,” and a division into passive and active formats. Contingency reward is motivation-based and rewards those employees who complete identified goals (Bass, 1997). Management by exception can involve active leadership through the micromanagement of followers, where a manager ensures strict adherence to policy and procedure (Bass, 1997); it may also be passive and allow an employee to pursue duties, albeit that any deviation from the protocol will lead to immediate intervention (Bass, 1997).

Meanwhile, Bass and Avolio (2004) saw transformational and transactional leadership as existing on a continuum, connected directly through leadership behaviors. Transactional leaders exert some influence on the followers based on exchanging benefits for outstanding performance and responding to their interests when they have achieved defined goals (Bass, 1978). As employees are rewarded for positive actions, the rewards should encourage the employee to be more productive, thereby benefiting the organization (Bass, 1978).

Summary

Khan and Wajidi (2019) suggested that leadership is not directly related to attractive personalities but is, in fact, the ability to effectively communicate to all levels of the

organization. According to Ayman (2018), employees are more likely to remain with an organization if they believe that their managers show some interest and concern for them. Regardless of the leadership style practiced within an organization, if the organization is to succeed, individual leadership practices must be critically evaluated (Bass, 1997).

This chapter included research related to counselor satisfaction, the turnover rate in substance abuse organizations, and how the leadership style within these organizations affects employee satisfaction and turnover. The review of the existing literature presented specific measures for determining how counselor satisfaction is affected by leadership style. Six leadership styles were presented and explored, allowing for a comparative study of the benefits and limitations of each of the styles. The leadership styles that were reviewed were autocratic leadership, participative leadership, servant leadership, situational leadership, transformational leadership, and transactional leadership. In the following chapter, the study's methodology is described in detail, including in terms of the research design, the study population, the sample size, the instrumentation, the data collection, the analysis procedures, and the attendant ethical issues.

CHAPTER III: METHODOLOGY

This research study utilized the exploration of six leadership styles to determine whether specific traits of these leadership styles influence substance abuse counselors' level of job satisfaction. The participants were provided with an overview of the leadership styles, which was located on the instruction page of the survey. The specific style of leadership was not labeled. The participants were asked to decide which leadership style most closely represented their supervisor's leadership traits. After the participants had selected the leadership traits of their supervisor, they could go on to complete the survey. The participants' supervisory leadership styles were categorized according to leadership classification response, and the reactions to each style of leadership were analyzed.

The study's main aim was to determine the degree to which the clinical supervisor's leadership style influences the job satisfaction of the substance abuse professional. Employee dissatisfaction continues to represent a significant threat to establishing a stable workplace and an engaged and committed workforce (Hatch, 2019). The study's problem statement was addressed using a non-experimental quantitative research design. Survey-based research was selected to address the study's topic and problem statement.

Brief Literature Review

The review of the literature was aimed at determining the degree to which the clinical supervisor's style affects the counselor's job satisfaction and the staff turnover in substance abuse organizations. The discussion on counselor satisfaction and staff turnover was conducted

in terms of three specific areas: the professional identity of the counselor, compassion fatigue or burnout in the counselor, and the stigma of addiction and how that stigma affects the counselor. The study also discussed the philosophy of addictions and compared the brain model (Lewis, 2018) with the notion that addiction is a learned behavior (Heinz et.al., 2019).

Six leadership styles were presented and explored, allowing for a comparative study of the benefits and limitations of each of the styles. The leadership styles under review included autocratic leadership, participative leadership, servant leadership, situational leadership, transformational leadership, and transactional leadership. Each of the leadership styles was explored in terms of any specific traits that may affect the professional relationship between the clinical supervisor and the counselor. In seeking out these specific traits, the leadership styles were compared and contrasted in terms of historical reference, characteristics, and strengths and weaknesses.

The Surgeon General's Report on Alcohol, Drugs, and Health (2016) showed that addiction results in family turmoil, school and work failure, and untimely deaths due to overdose. The results of this study have implications for the training of substance abuse professionals as the counselor progresses from clinical practitioner to a leader within the organization. Substance abuse treatment demand will continue to grow, and the professional development and sustainability of substance abuse counselors within the organization will continue to be a critical factor in an organization's stability.

Substance abuse also generates increased expense for the American taxpayer. According to the NIDA (2017) – which monitors and evaluates the prevalence and trends related to substance abuse – tobacco, alcohol, and illicit drug addiction cost our nation more than \$740

billion annually. Given these substantial costs, the professional substance abuse counselor is an important asset to any behavioral health organization.

Description of Methodology

Research Context

The study design can be regarded as descriptive and non-experimental and, more specifically, as survey-based research. The general return rate for external surveys range from 10% to 15%, and a return rate of at least 50% was sought with the first response request. However, the threshold of 50% was not met in the initial mailing. Therefore, a second request was issued to the study participants, which resulted in a 10% return rate.

Following an agreement with NAADAC, the survey data were collected via convenience sampling from the member distribution list pertaining to the state of Florida. The survey participants were asked to complete the various demographic items before they were provided with initial background information on the six leadership styles and were asked to identify the leadership style that most closely resembled that of their supervisor. The survey participants were then provided with a link leading to the survey. The survey employed a five-point Likert scale to measure the participants' responses to twelve research questions. The resulting data were analyzed to determine the existence of any correlation between leadership style and the wellbeing of the substance abuse professionals working in the state of Florida.

Participants

The targeted survey participants were substance abuse counselors working within the state of Florida. These professional employees included counselors, identifying themselves as mental health counselors who provide counseling services to substance abuse clients. The initial search was focused on counselors who are members of NAADAC but was then expanded to

include all practicing substance abuse counselors, regardless of their affiliation with any professional organization.

In terms of gender, slightly over 60% (60.3%; $n = 44$) of the study's sample identified as female, with the remaining 39.7% ($n = 29$) identified as male. Almost eight in ten (75.3%; $n = 55$) held a graduate degree (master's degree or doctorate), while approximately 70% (65.8%; $n = 48$) of the participants reported their ethnic status as "white." Meanwhile, eight in ten (76.7%; $n = 56$) were 35 years of age or older, with the age range of 45–54 accounting for the largest group (26.9%, $n = 19$). Half of the study participants reported their years of professional experience as being between five and 20 years, with the greatest range here being 11 to 20 years of experience (29.2%; $n = 21$). The leadership style most frequently cited was the participative style (33.8%; $n = 24$), while the least frequently cited was the autocratic style (5.6%; $n = 4$).

Instruments

Validity

Mohamed et al. (2018) noted that the issue of missing data is a common issue when using the survey research method. The ultimate goal of a statistical procedure should be to make valid and efficient inferences (Schafer & Graham, 2002). Therefore, the intactness of a study's dataset is essential to its credibility, with the interpretation of subsequent analytic techniques. Here, the amount of missing data was minimal (0.62%) and was sufficiently random in nature (MCAR $\chi^2(50) = 33.42$; $p = 0.97$). In light of these results, the imputation of missing values using expectation maximization or multiple imputations was not considered.

Reliability

The internal reliability was assessed using the Cronbach's alpha (α) statistical technique. The statistical significance of alpha (α) was evaluated using the F test. A value of $p \leq 0.05$ was considered statistically significant for the test. The internal reliability of the participant responses

was achieved ($\alpha = 0.95$; $p < 0.001$), and the use of the study's research instrument was considered "excellent" (Field, 2018).

Procedures

A researcher-developed instrument (see Appendix C) was utilized in the study to procure the necessary data to adequately address the stated research problem and subsequent research questions. The study's survey instrument represented a synthesis of the existing literature related to the profession of substance abuse counseling, leadership styles, and the essential leadership behaviors associated with the work environment of substance abuse counselors. During the assessment of the content validity of the survey items, the researcher and a number of SMEs established the essential leadership themes that formed the basis of the instrument's survey items.

The study's survey instrument (see Appendix A) employed a five-point Likert scale for the participant responses to all survey items. The response scale was presented as follows: 5-Strongly Agree, 4-Agree, 3-Uncertain, 2-Disagree, or 1-Strongly Disagree. Instrument validation was conducted following the data collection using the Cronbach's alpha (α) test statistic for internal reliability purposes and FA analysis via the use of PCA for the identification of possible factors or dimensions within the resultant data.

Data Analysis

Prior to the analysis of the six research questions posed in the study, preliminary analyses of a foundational nature were conducted. Here, the missing data, the internal consistency (reliability) of the participants' responses to the study's research instrument (survey), and the essential demographic information were assessed. The missing data were analyzed using descriptive statistical techniques involving frequency counts (n) and percentages (%). The

randomness of missing data was evaluated using Little's MCAR test statistic. An MCAR value of $p > 0.05$ was considered to indicate a sufficient randomness of missing data.

The internal reliability of the participants' responses to the survey instrument was assessed using Cronbach's alpha (α). The statistical significance of the alpha value was evaluated through the application of an F Test. Here, F values of $p < 0.05$ were considered statistically significant, while Cronbach's alpha values of 0.80 were considered "very good," and values of 0.90 were considered "excellent" (Field, 2018). Finally, the study's essential demographic information was analyzed using two primary descriptive statistical techniques, with representations of frequency count (n) and percentage (%).

Analysis by Research Questions

In terms of research questions 1–4, a one-sample t test was used to assess the statistical significance of the participants' perceptions. The respective mean scores for each question were compared with the research instrument's null hypothesis or a test value of "3." An alpha level of $p < 0.05$ represented the threshold for the statistical significance of the findings, while Cohen's d was used to assess the magnitude of effect (effect size). Cohen's parameters of interpretation of effect sizes were also employed for comparative purposes.

Research questions 5 and 6 were associative in nature, with both focused on determining the relationships in mathematical terms. As such, the Pearson product-moment correlation coefficient (r) test statistic was used. Here, r values of $p < 0.05$ were considered to be statistically significant. Coefficient of determination values (r^2) were utilized as the basis for effect size measurement and for comparative purposes.

Summary

In this chapter, the methodology used in this study was described. The chapter presented the statement of the problem and a brief literature review in addition to a description of the methodology. The methodology was described in terms of the research context, the participants, the instruments, the data analysis, and the analysis according to each research question. It should also be noted here that precautions were taken to protect the identity of the clients by providing a reporting mechanism that was administered anonymously. In the following chapter, the results of the study are presented.

CHAPTER IV: RESULTS

The purpose of this study was to evaluate the degree to which leadership style influences the job satisfaction of the substance abuse professional. Employee dissatisfaction continues to represent a significant threat to establishing an effective workplace and an engaged, committed workforce. The study's problem statement was addressed using a non-experimental quantitative research design, with survey-based research adopted as the methodology for addressing the research questions.

Non-probability sampling incorporating both convenience and purposive sampling was selected as the sampling method. The participant sample was limited to substance abuse counselors serving in the state of Florida. As such, broad generalizations of study findings were not considered to be appropriate. A total of 73 participants formed the study sample. Six research questions were formally posed to address the study's topic and research problem, while a variety of descriptive, inferential, and associative/predictive statistical techniques were used in the analysis, interpretation, and reporting of the findings.

Missing Data

Mohamed et al. (2018) noted that the issue of missing data is a common issue for the survey-based research method. The ultimate goal of a statistical procedure should be to make valid and efficient inferences (Schafer & Graham, 2002). Therefore, the intactness of a study's dataset is essential to the study's credibility, which extends to the interpretation of the subsequent analytic techniques. The amount of missing data was minimal (0.62%) and was

sufficiently random in nature (MCAR $\chi^2(50) = 33.42; p = 0.97$). In light of these findings, the imputation of missing values using expectation maximization or multiple imputations was not considered.

Internal Reliability

The internal reliability of the participants' responses to the items on the research instrument was assessed using Cronbach's alpha (α) statistical technique. The statistical significance of the alpha values was evaluated using the *F* test. A value of $p \leq 0.05$ was considered statistically significant for the test. The internal reliability of the participants' responses was achieved ($\alpha = 0.95; p < 0.001$), while the study's research instrument was considered "excellent" (Field, 2018).

Demographic Information

In terms of gender, slightly over 60% (60.3%; $n = 44$) of the study's sample identified as female, with the remaining 39.7% ($n = 29$) identified as male. Almost eight in ten (75.3%; $n = 55$) held a graduate degree (master's degree or doctorate), while approximately 70% (65.8%; $n = 48$) of the participants reported their ethnic status as "white." Meanwhile, eight in ten (76.7%; $n = 56$) were 35 years of age or older, with the age range of 45–54 accounting for the largest group (26.9%, $n = 19$). Half of the study participants reported their years of professional experience as being between five and 20 years, with the greatest range here being 11 to 20 years of experience (29.2%; $n = 21$). The leadership style most frequently cited was the participative style (33.8%; $n = 24$), while the least frequently cited was the autocratic style (5.6%; $n = 4$).

Findings According to Each Research Question

Research Question 1

To what degree did the leadership style and practice of the supervisor inspire the study participants to continue in their current position as a substance abuse counselor?

The one-sample t test was used to evaluate the statistical significance of the findings related to the first research question. The level of study participant agreement (Agree/Strongly Agree) regarding remaining in their current position considering their supervisor's leadership style was 80.8% ($N = 59$).

Using the value of "3" on the Likert scale as the null value for comparative purposes, the mean score of 4.16 ($SD = 0.96$) was found to be statistically significant $t(72) = 10.39$; $p < 0.001$. Using Cohen's d statistical technique and with reference to Sawilowsky's (2009) conventions of effect size interpretation, the magnitude of effect for the participants' responses to research question 1 was considered to be very large ($d = 1.21$).

Follow-up analyses were conducted to assess the possible effect of the participants' gender, age, and years of professional experience on their desire to continue in their current position as a substance abuse counselor. Here, no statistically significant effects were found in relation to gender ($t[71] = 0.91$; $p = 0.85$), age ($F[5, 67] = 1.45$; $p = 0.22$), and years of professional experience ($F[3, 68] = 1.83$; $p = 0.15$).

Research Question 2

To what degree were the study participants satisfied with the leadership style and practice of their supervisors?

The one-sample t test was used to evaluate the statistical significance of the findings related to the second research question. The level of agreement (Agree/Strongly Agree) regarding satisfaction with supervisory leadership style was 87.7% ($n = 64$).

Using the value of “3” on the Likert scale as the null value for comparative purposes, a mean score of 4.37 ($SD = 0.87$) was found to be statistically significant $t(72) = 13.39; p < 0.001$. Using Cohen's d statistical technique and with reference to Cohen's (1988) and Sawilowsky's (2009) conventions of effect size interpretation, the magnitude of effect for the responses to research question 1 was considered to be very large ($d = 1.57$).

Follow-up analyses were conducted to assess the possible effects of gender, age, and years of professional experience on the participants' satisfaction with the supervisory leadership style. Here, no statistically significant effect was found in relation to gender ($t[71] = 0.35; p = 0.73$), age ($F[5, 67] = 0.57; p = 0.72$), and years of professional experience ($F[3, 68] = 0.75; p = 0.73$).

Research Question 3

Which leadership style had the greatest effect on the participants' perceived desire to continue in their current position as a substance abuse counselor?

Using the one-sample t test for statistical significance testing purposes and Cohen's d for effect size evaluation purposes in relation to research question 3, the leadership style perceived to have the greatest effect on the participants' desire to remain in their current position was the servant leadership style, which was closely followed by the transformational and participative styles. The leadership style perceived to have the least effect in this context was the autocratic style of leadership.

Table 1 presents a summary of the findings related to research question 3.

Table 1

Effect of Leadership Style on the Participants' Desire to Remain in their Current Position

Leadership Style	n	Mean	SD	t	d
Autocratic	4	2.75	0.96	-0.40	-0.26
Participative	24	4.25	0.68	9.06***	1.84 ^b
Servant	12	4.58	0.52	10.65***	3.04 ^a
Situational	12	3.67	1.30	1.77	0.52
Transactional	10	4.10	0.99	3.50**	1.11 ^c
Transformational	9	4.56	0.73	6.42***	2.14 ^a

** $p \leq 0.01$ *** $p < 0.001$ ^ahuge effect ($d \geq 2.00$) ^bvery large effect ($d \geq 1.20$) ^clarge effect ($d \geq .80$)

Research Question 4

Which leadership style had the greatest effect on the study participants' perceived satisfaction with their supervisor's leadership style?

Using the one-sample *t* test for statistical significance testing purposes and Cohen's *d* for effect size evaluation purposes in relation to research question 4, the leadership style exerting the greatest degree of perceived effect in relation to the participants' satisfaction with their leader's style was the servant leadership style, which was closely followed by the transformational leadership style. The leadership style exerting the least perceived effect here was the autocratic leadership style. Table 2 presents a summary of the findings for research question 2.

Table 2*Effect of Leadership Style on the Participants' Overall Satisfaction*

Leadership Style	n	Mean	SD	<i>t</i>	<i>d</i>
Autocratic	4	2.75	0.96	-0.52	-0.26
Participative	24	4.58	0.58	13.29***	2.72 ^a
Servant	12	4.83	0.39	16.32***	4.69 ^a
Situational	12	3.92	1.08	2.93**	0.85 ^b
Transactional	10	4.10	0.99	3.50**	1.11 ^b
Transformational	9	4.78	0.44	12.10***	4.05 ^a

** $p \leq 0.01$ *** $p < 0.001$ ^aHuge Effect ($d \geq 2.00$) ^bLarge Effect ($d \geq 0.80$)

Research Question 5

Given the study's identified supervisory behaviors within the research instrument, which behavior was most associated with the participants' perceived desire to continue in their current position as a substance abuse counselor?

Using the Pearson product-moment correlation coefficient (r) statistical technique to assess the mathematical relationship between supervisory behavior and the participants' perceived desire to continue in their current position as a substance abuse counselor, the supervisory behavior of "emphasis on trust and relationship building" was found to have the greatest degree of association ($r = 0.85$; $p < 0.001$).

Table 3 presents the three supervisory behaviors that had the most significant mathematical relationship with the participants' perceived desire to continue in their current position as a substance abuse counselor.

Table 3

The Supervisory Behaviors Most Associated with the Participants' Desire to Continue as a Substance Abuse Counselor

Supervisory Behavior	<i>n</i>	<i>r</i>
“Trust and Relationship Building”	72	0.85****
“Concern for Employees' Emotional Wellbeing”	72	0.82****
“Commitment to Mentoring”	73	0.79****

Research Question 6

Given the study's identified supervisory behaviors within the research instrument, which behavior was most associated with the participants' perceived satisfaction with the supervisory leadership style?

Using the Pearson product-moment correlation coefficient statistical technique to assess the mathematical relationship between supervisory behavior and the participants' perceived satisfaction with their supervisor's leadership style, the supervisory behavior of “concern for employee emotional wellbeing” was found to have the greatest association ($r = .77; p < 0.001$).

Table 4 presents the three supervisory behaviors that had the most significant mathematical relationship with the participants' perceived satisfaction with their supervisor's leadership style.

Table 4

Supervisory Behaviors most Associated with the Participants' Satisfaction with the Supervisory Leadership Style

Supervisory Behavior	<i>n</i>	<i>r</i>
“Concern for Employees’ Emotional Wellbeing”	72	0.77***
“Emphasis on Relationship Building”	72	0.74***
“Team Building and Cohesion”	73	0.71***

Summary

Both the substance abuse counselors’ perceptions of the clinical supervisor’s leadership style and the counselors’ professional intentions in terms of remaining with or leaving their current role provided some insight into the influence of the leader’s leadership style. When the counselor’s perceptions of a leadership style are positive and supportive of the counselor’s professional goals, a counselor will likely achieve some stability in the workplace. This stability is, in turn, likely to result in a more committed counselor and a more effective substance abuse organization, which will offer the substance abuse clients the best chance of success in their recovery. In the following chapter, the conclusions of the study are presented along with a number of recommendations.

CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to evaluate the influence of leadership style on the job satisfaction of substance abuse professionals. Employee dissatisfaction with leadership and the employee's job situation continue to pose significant threats to engaging employees and retaining their services, which will ultimately disrupt the workplace. This disruption can lead to a lack of continuity of care and will negatively affect the quality of the services.

Substance abuse addiction is a treatable disease and is highly dependent on the therapeutic relationship between the client and the counselor: “[a] therapeutic alliance is a conscious, interactive process maintaining a therapist and client in collaborative, purposeful partnership” (Horvath et al., 2011, p. 9). This chapter presents a discussion of the study's findings, its limitations, and the implications for professional practice, while it also provides recommendations for future research.

Foundational Analysis

The first step of the foundational analysis involved a search related to missing data. The amount of missing data in this study was minimal (< 1%) and sufficiently random in nature. Since the goal of a statistical procedure should be to make valid and efficient inferences (Schafer & Graham, 2002), a minimal level of missing data will support the credibility and trustworthiness of the interpretations associated with the research questions.

Internal Reliability

In addition to the high degree of intactness of the data, the exceptionally high level of internal reliability of the responses to the survey items ($\alpha = 0.95$) further substantiates the credibility of the data attained in relation to the research questions. Moreover, the exceptionally high level of internal reliability produced by the researcher's constructed instrument demonstrates the validity of the instrument's application for use in relation to the constructs measured in the study.

Demographic Information

The participant sample was largely female, and many possessed graduate degrees, while the majority were white or Caucasian in terms of ethnicity, were over 35 years of age, and could be regarded as seasoned given their years of professional experience. The leadership style most cited as resembling the style of the participants' supervisors was the participative style, while the style least cited was the autocratic style.

The demographic identifiers associated with the study sample could be regarded as largely reflective of the demographics of the profession as a whole. It is not surprising that the participative leadership style was the most commonly adopted style among the participants' supervisors. Intuitively, given the helping nature of the substance abuse counseling profession, it is reasonable to expect that the autocratic style is the least favored.

Since substance abuse counseling services operate in a manner characterized by mentorship and fellowship, the participative style would appear to be the most likely style adopted by most leaders of counseling services organizations. In order to address the proposed research problem, the following six research questions were explored.

Research Question 1

Research question 1 was aimed at determining the degree to which the leadership style and practice of the supervisors affected the participants' desire to continue in their current position as a substance abuse counselor. The level of agreement across the participants regarding their desire to remain in their current position in view of the supervisory leadership style was high at 80.8%, while the level of the corresponding mean score for research question 1 was statistically significant ($p < 0.001$). Moreover, the effect for the participants' responses to research question 1 was considered very large ($d = 1.21$), while it was notable that the effect did not vary in terms of age or gender.

Overall, the study determined that leadership style does indeed have some impact since it tends to influence the individual's desire to remain in their current role. It can be argued that this is largely due to the predominance of the servant, transformational, and participative leadership styles. These three leadership styles most related to the participants' desire to remain in their current position, accounting for 63.4% of the participative pool. In addition, they also reflected the highest mean scores.

The ability of the leader to inspire the staff has a direct correlation with the employee's desire to remain in their role. Inspiration is a natural facet of transformational leadership, which involves behaviors such as identifying and articulating a vision, providing an appropriate model, fostering the acceptance of the group goals, demonstrating high-performance expectations, providing individualized support to the staff, and intellectual stimulation (Podsakoff et al., 1990).

In the field of research, the importance of staff inspiration appears to extend beyond the purview of the counseling profession and the other helping professions. A study was completed by Gaviria-Rivera and Lopez-Zapata (2019) to analyze the role of transformational leadership

and its relationship with variables such as organizational climate, job satisfaction, and work team performance. This study “helps to highlight transformational leadership as a management style that favors the achievement of business goals and the development of competitive advantages for organizations” (Gaviria-Rivera and Lopez-Zapata, 2019, p. 69).

Research Question 2

Research question 2 was aimed at determining the degree to which the study participants were satisfied with the leadership style and practice of their supervisor. The level of agreement among the participants’ regarding their desire to remain in their current position in view of the supervisory leadership style was high at 87.7%. The level of agreement and the corresponding mean score for research question 2 were statistically significant ($p < 0.001$). Moreover, the effect for the participants’ responses to research question 2 was considered very large ($d = 1.57$).

The overall satisfaction of the participants may be largely due to the overwhelmingly positive perceptions that they had toward five of the six leadership styles evaluated in this study. It would appear that the five styles that are viewed positively dominate the profession, while the autocratic style would appear to be something of an outlier, which is expected given the nature of the profession.

Overall, regardless of leadership style, almost nine in 10 participants reported that they were satisfied with their supervisor’s leadership style. This trend appears to have held up for all the leadership styles except for the autocratic style, which only accounted for 5% of the sample. In fact, the mean score for the autocratic leader was by far the lowest at 2.75, reflecting that there is, at best, a certain amount of ambivalence toward the autocratic style.

The autocratic leader may appear uncaring or tyrannical and is often seen as inhibiting any chance of creativity among the team. The authoritarian leadership style will likely influence

the employees' psychological connections to their leaders and teams in negative terms (Chan et al., 2013; Chen et al., 2014; Schaubroeck et al., 2017). Given the perceived uncaring nature of the autocratic leader, the team may find it difficult to build any trust or develop a parallel process with the leader.

The parallel process in the therapeutic relationship allows trust to develop, as the substance abuse counselor needs to empathize with the plight of the client. The parallel process is an important concept in the counseling profession since it encourages the counselor to address the client's problems in collaboration with the supervisor. Given the nature of the counseling process, there is no doubt that autocratic leaders will find it difficult to lead counseling organizations.

Research Question 3

Research question 3 was aimed at determining which leadership style had the greatest effect on the participants' perceived desire to continue in their current position as a substance abuse counselor. The one-sample *t* test was used to assess the statistical significance of the findings for this research question, while Cohen's *d* was also used to evaluate the magnitude of effect of the responses.

The leadership style perceived to have the greatest effect on the participants' desire to remain in their current position was the servant leadership style. The effect for servant leadership was considered huge ($d > 2.00$). In addition, the transformational leadership style presented a similarly huge degree of perceived effect. Conversely, the autocratic leadership style was perceived to have a small, inverse, non-statistically significant effect in this context.

Of the three leadership styles found to influence staff retention, the servant leadership was deemed as best suited to the helping professions: "the servant-leader is a servant first...it

begins with the natural feeling that one wants to serve, to serve first” (Greenleaf, 1970, p. 21). Mutual concern between the leader and the counselor is not teachable; rather it relates to the individuals’ core beliefs regarding the treatment of others: “Servant leaders are authentic not for the sake of being authentic, but because they are driven either by a sense of higher calling or inner conviction to serve and make a positive difference for others” (Eva et al., 2019, p. 113).

Research Question 4

Research question 4 was aimed at determining which leadership style had the greatest effect on the participants’ perceived satisfaction with their supervisor’s approach. Here, the one-sample *t* test was used to test the statistical significance of the findings, while Cohen’s *d* was used to assess the magnitude of effect for the participants’ responses. The focus of this question was the participants’ perceived satisfaction with the leadership style adopted by their leader and the servant leadership style was the style that most correlated with this sense of satisfaction.

The magnitude of effect for the servant style of leadership was considered huge ($d > 2.00$), while two other leadership styles reflected huge degrees of effect in this context, namely, the transformational style and the participative style. The leadership style reflecting the least degree of satisfaction was the autocratic leadership style.

It was found that servant leadership and transformational leadership lend credibility and help build trusting relationships among the clinical team, specifically between the counselor and the leader. Transformational leadership involves behaviors such as identifying and articulating a vision, providing an appropriate model, fostering the acceptance of the group goals, demonstrating high-performance expectations, providing individualized support to the staff, and intellectual stimulation (Podsakoff et al., 1990).

In terms of participative leadership, the change process is flexible and participative in that the leader's role is to work with key stakeholders to devise a plan for accomplishing the change goal (Kerber & Buono, 2018). This style is essentially a democratic leadership style.

Participative leadership is focused on management and bringing in the ideas of different members of the team, which is likely to have an overall positive effect on the disposition of the team.

Research Question 5

Research question 5 was aimed at determining which leadership behavior was most associated with the participants' perceived desire to continue in their current position as a substance abuse counselor. To address the intrinsic mathematical relationship in research question 5, the Pearson product-moment correlation coefficient was utilized. The analysis was conducted on all the selected supervisory behaviors. The three main supervisory behaviors that were perceived as having the greatest association with the participants' desire to continue as a substance abuse counselor were: "trust and relationship building," "concern for the employee's emotional wellbeing," and "commitment to mentoring."

Of these three behaviors, "trust and relationship building" was mathematically shown to be the behavior most associated with the participants' desire to continue as substance abuse counselors. Trust and relationship building are important tools for the effective servant leader. The servant leader focuses on the needs of the employee and makes a conscious effort to ensure that the employee feels valued within the organization. Over time, this effort ensures that the employee is not just a means to organizational goals, but a critical contributing member of the team (Lu et al., 2019).

These results are perhaps not surprising given the favorable ratings for the leaders adopting servant and transformational leadership styles. These leaders exhibit individual consideration and concern for the wellbeing of the employee. Intuitively, these results should be expected within the field of counseling, which relies heavily on the counselor's ability to build a foundational trust with the client. For this trust to develop, the counselor must first have a similarly trusting relationship with their supervisor.

Research Question 6

Research question 6 was aimed at determining which leadership behavior was most associated with the participants' perceived satisfaction with their supervisor's leadership style. To address the mathematical relationship inherent in this research question, the Pearson product-moment correlation coefficient was utilized. The analysis was conducted in terms of all the selected supervisory behaviors. The three supervisory behaviors that had the greatest association with the participant's satisfaction were: "concern for the employee's emotional wellbeing," "emphasis on relationship building," and "team building and cohesion."

Of these three supervisory behaviors, "concern for the employee's emotional wellbeing" was mathematically shown to be the most pertinent. The emotional wellbeing of both the individual employee and the team are directly reflected in the actions of the leader. Leaders can ensure the improved wellbeing of their team through enhanced communication and social skills, improved listening and problem-solving skills, and through leading by example (Marques, 2019).

Study Limitations

The research study involved two notable limitations. First, the initial goal of the study was to reach out to over 5,000 substance abuse professionals through the use of the NAADAC

distribution list pertaining to the state of Florida. Mills and Gay (2019) noted that with population sizes of 5,000 or more, a good rule of thumb is to recruit approximately 350–400 participants. The sample size of 73 was adequately robust, but was not the desired number of participants, and fell well short of the 400 suggested by Mills and Gay (2019). Nonetheless, while the initial sample goal was not accomplished, the sample size attained was adequate enough for completing the study.

The second limitation of this study relates to the researcher's lack of experience navigating the bureaucracy associated with professional organizations. The researcher should be proactive and should be proactive and assertively seek assistance in working with the organizations pertinent to the research. As this was the current researcher's first foray into this area, their inexperience led to delays in conducting the research and generated certain inefficiencies. For example, communication requests with the professional organizations were delayed as there existed some uncertainty in the communication exchange used to secure the sample.

Implications for Future Practice

The job satisfaction of substance abuse counselors is an ongoing concern for the addiction industry, one that can contribute to treatment team instability, a lack of continuity of care, and reduced success rates among the clients seeking treatment. Substance abuse addiction is a treatable disease that is highly dependent on the therapeutic relationship between the client and the counselor: "A therapeutic alliance is a conscious, interactive process maintaining a therapist and client in collaborative, purposeful partnership" (Horvath et al., 2011, p. 9).

The disruption of the therapeutic relationship between counselor and client is detrimental to recovery. Ducharme et al. (2008) researched substance abuse treatment counselors and

discovered that staff turnover affects the quality of care due to the disruption in the relationship between client and therapist. This conclusion was subsequently confirmed by Knight et al. (2011), who discovered that the turnover rates among substance abuse counselors ranged from 18% to 25%, which could imperil the trust that is needed for successful client–counselor interaction. Therefore, the clinical supervisor plays a key dual role in the stability of the treatment team and must engage in the professional development of the counselor while encouraging a therapeutic alliance.

This research has implications for professional practice since it revealed the perceptions of a sample of professionals regarding the relationship between the clinical supervisor’s leadership style and the counselor’s job satisfaction, which will likely affect their desire to remain in their current counseling role. It is clear from this study that the leadership styles most associated with the counselors’ satisfaction and their desire to remain in their current role were the transformational and the servant leadership styles. This finding may have a strong impact on the substance abuse organizational management’s recruitment since they may be encouraged to hire clinical supervisors with transformational and servant leadership traits.

For managers in the substance abuse treatment field, in the process of building and developing clinical substance abuse treatment teams, the desire to find and hire clinical supervisors with strong traits of transformational and servant leadership will be high. For clinical supervisors already in the position, their professional development should be organized around the fundamentals of transformational leadership and on nurturing the clinical supervisor’s skills such that they are more in line with the traits of a transformational leader.

Recommendations for Future Research

The researcher recommends that this quantitative, non-experimental research – which was aimed at evaluating the relationship between clinical supervision leadership styles and counselor job satisfaction – is expanded in two ways. The first would involve developing a more robust causal model to test the efficacy of the various leadership styles in a more experimental manner. To complete this study, the researcher could identify a group of participants, provide leadership-specific training, and then administer a post-test. The attained ratings would then allow the researcher to identify the perceptions of the tested leadership styles and to accurately report whether the counselors' perceptions were enhanced or diminished.

The second way to potentially expand on this research study would involve creating a mixed-methods study that would incorporate qualitative-based research. This method could involve identifying a specific number of study participants to form a focus group and then probing deeper into the perceptions related to the relationship between the clinical supervisor and the counselor. In this study, the questions could be aimed at expounding on the reasons why the supervisor's style is satisfactory or unsatisfactory. The questions would be open-ended, would encourage story-telling, and would encourage the counselor to consider further reasons for their decision to remain in their current job or to move to another. Following this up with qualitative interaction would increase the richness of the gathered information and would provide further insight into the results of the study.

Conclusion

In this chapter, the results of this quantitative non-experimental study were reviewed. The study was aimed at evaluating the relationship between clinical supervisor leadership styles and the level of the counselor's job satisfaction and their desire to remain in their current role or to

leave the substance abuse treatment organization. The study combined a body of research that is committed to improving substance abuse services and treatment. The study fills a gap in the existing literature in terms of revealing that the clinical supervisor's leadership style does indeed affect the counselor's level of job satisfaction and their desire to remain in their current position or to leave the substance abuse treatment organization. The researcher strongly suggests that further research will be beneficial to substance abuse treatment organizations in providing more specific guidance in terms of the recruitment and training of clinical supervisors and, by extension, improving the outcomes for substance abuse clients.

References

- Abozaid, R. F. A., Mansoor, R., Nawaz, Z., Abozaid, R. F. A., Mansoor, A., & Hafedh, M. (2019). Effects of transformational leadership and perceived fairness on job satisfaction: Evidence from the Middle East. *International Journal of Information, Business and Management*, 11(4), 31–49. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2300552248?accountid=43912>
- Adu-Amanfoh, F. (2014). *The roles of peace and security, political leadership, and entrepreneurship in the socio-economic development of emerging countries: A compendium of lessons learned from Sub-Saharan Africa*. AuthorHouse
- Afshari, L., & Gibson, P. (2016). How to increase organizational commitment through transactional leadership. *Leadership & Organization Development Journal*, 37(4), 507–519.
- American Society of Addiction Medicine. (2017). *Addiction defined*. <http://www.asam.org/resources>.
- Avery, J. J., Avery, J. D., Mouallem, J., Demner, A. R., & Cooper, J. (2020). Physicians' and attorneys' beliefs and attitudes related to the brain disease model of addiction. *American Journal on Addictions* (March 18, 2020), [doi.org.seu.idm.oclc.org/10.1111/ajad.13023](https://doi.org/10.1111/ajad.13023)
- Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories, research, and future directions. *Annual Review of Psychology*, 60, 421–449.

- Ayman, M. M. (2018). The role of leadership style on turnover intention. *International Review of Management and Marketing*, 8(5), 24–29. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2099337485?accountid=43912>
- Barling, J. (2007). Destructive leadership behavior: A definition and conceptual model. *The Leadership Quarterly*, 18(3), 207–216.
- Bass, B. M. (1985). Leadership: good, better, best. *Organizational Dynamics*, 13(3), 26–41.
- Bass, B. M. (1995). Theory of transformational leadership redux. *The Leadership Quarterly*, 6(4), 463–478.
- Bass, B. M. (1997). Does transactional-transformational leadership paradigm transcend organizational and national boundaries. *American Psychologist*, 52(2), 130–139.
- Bass, B. M., & Avolio, B. J. (1994). Transformational leadership and organizational culture. *The International Journal of Public Administration*, 17(3–4), 541–554.
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Erlbaum.
- Beck, C. D. (2014). Antecedents of servant leadership: A mixed methods study. *Journal of Leadership and Organizational Studies*, 21, 299–314.
- Ben-Porat, A., & Itzhaky, H. (2011). The contribution of training and supervision to perceived role competence, secondary traumatization, and burnout among domestic violence therapists. *The Clinical Supervisor*, 30(1), 95–108.
- Billet, S. (2008). Learning through work: Exploring instances of relational interdependencies. *International Journal of Educational Research*, 47(4), 232–240.
- Blanchard, K., & Hodges, P. (2008). *Lead like Jesus: Lessons for everyone from the greatest leadership role model of all time*. Thomas Nelson.

- Blumenthal, D. M., Bernard, K., Bohnen, J., & Bohmer, R. (2012). Addressing the leadership gap in medicine: Residents' need for systematic leadership development training. *Academic Medicine*, 87(4), 513–522.
- Bobbio, A., van Dierendonck, D., & Manganelli, A. M. (2012). Servant leadership in Italy and its relation to organizational variables. *Leadership*, 8, 229–243.
- Borders, L. D. (2005). Snapshot of clinical supervision in counseling and counselor education: A five-year review. *The Clinical Supervisor*, 24(1–2), 69–113.
- Braun, S., Peus, C., Weisweiler, S., & Frey, D. (2013). Transformational leadership, job satisfaction, and team performance: A multilevel mediation model of trust. *The Leadership Quarterly*, 24(1), 270–283.
- Browning, B. R., McDermott, R. C., & Scaffa, M. E. (2019). Transcendent characteristics as predictors of counselor professional quality of life. *Journal of Mental Health Counseling*, 41(1), 51–64. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2199222050?accountid=43912>
- Bureau of Labor Statistics, U.S. Department of Labor. *Occupational outlook handbook*. <https://www.bls.gov.htm>.
- Burns, J. M. (1978). *Leadership*. Harper & Row.
- Burns, J. M. (2003). *Transforming leadership: A new pursuit of happiness*. Grove Press.
- Carless, S. A., Wearing, A. J. & Mann, L. (2000). A short measure of transformational leadership. *Journal of Business and Psychology*, 14(3), 389–405.
- Centers for Disease Control and Prevention (CDC). (2018). *Drug overdose deaths, December 19*. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- Chan, S. C., Huang, X., Snape, E., & Lam, C. K. (2013). The Janus face of paternalistic leaders:

- Authoritarianism, benevolence, subordinates' organization-based self-esteem, and performance. *Journal of Organizational Behavior*, 34(1), 108–128.
- Charan, R., Drotter, S., & Noel, J. (2011). *The leadership pipeline: how to build the leadership powered company* (2nd ed.). John Wiley and Sons.
- Chen, X. P., Eberly, M. B., Chiang, T. J., Farh, J. L., & Cheng, B. S. (2014). Affective trust in Chinese leaders: Linking paternalistic leadership to employee performance. *Journal of Management*, 40(3), 796–819
- Cheng, B. S., Chou, L. F., & Farh, J-L. (2000). A triad model of paternalistic leadership: The constructs and measurement. *Indigenous Psychological Research in Chinese Societies*, 14(1), 3–64.
- Chin, T. L., Lok, S. Y. P., & Kong, P. K. P. (2019). Does transformational leadership influence employee engagement. *Global Business and Management Research*, 11(2), 92–97.
- Coetzee, S. K., & Laschinger, H. K. S. (2017). Toward a comprehensive, theoretical model of compassion fatigue: An integrative literature review. *Nursing & Health Sciences*.
- Coetzer, M. F., Bussin, M., & Geldenhuys, M. (2017). The functions of a servant leader. *Administrative Sciences*, 7(1), 5. doi:10.3390/admsci7010005
- Cotton, J., Vollrath, D., Froggatt, K., Lengnick-Hall, M., & Jennings, K. (1988). Employee participation: Diverse forms and different outcomes. *The Academy of Management Review*, 13(1), 8–22. <http://www.jstor.org.seu.idm.oclc.org/stable/258351>
- Crapanzano, K., Vath, R. J., & Fisher, D. (2014). Reducing stigma towards substance users through an educational intervention: Harder than it looks. *Academic Psychiatry*, 38(4), 420–425. doi: 10.1007/s40596-014-0067-1

- Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications, Inc.
- Curtis, S. L., & Eby, L. T. (2010). Recovery at work: The relationship between social identity and commitment among substance abuse counselors. *Journal of Substance Abuse Treatment, 39*, 248–254.
- da Silva, P. L., Nunes, S. C., & Andrade, D. F. (2019). Managers' leadership style and the commitment of their team members: Associating concepts in search of possible relations. *Revista Brasileira De Gestão De Negócios, 21*(2), 291–311. doi:10.7819/rbgn.v21i2.3975
- Downton, J. V. (1973). *Rebel leadership: Commitment and charisma in the revolutionary process*. Free Press.
- Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatisation in telephone counsellors: Internal and external influences. *British Journal of Guidance & Counselling, 34*(4), 451–469. doi:10.1080/03069880600942574
- Edwards, T. (2010). A content and contextual comparison of contemporary leadership approaches with specific reference to ethical and servant leadership: An imperative for service delivery and good governance. *Journal of Christian Scholarship, 93*–109.
- Engelbrecht, A., & Samuel, O. M. (2019). The effect of transformational leadership on intention to quit through perceived organisational support, organisational justice and trust. *South African Journal of Economic and Management Sciences, 22*(1).
- Eva, N., Robin, M., Sendjaya, S., van Dierendonck, D., & Liden, R. C. (2019). Servant leadership: A systematic review and call for future research. *Leadership Quarterly, 30*(1), 111. doi:10.1016/j.leaqua.2018.07.004

- Farh, J. L., Hackett, R. D., & Liang, J. (2007). Individual-level cultural values as moderators of perceived organizational support–employee outcome relationships in China: Comparing the effects of power distance and traditionality. *Academy of Management Journal*, 50(3), 715–729.
- Farhoudian, A., Baldacchino, A., Clark, N., Gerra, G., Ekhtiari, H., Dom, G., . . . & Emran, M. R. (2020). COVID-19 and substance use disorders: Recommendations to a comprehensive healthcare response. an international society of addiction medicine (ISAM) practice and policy interest group position paper. *Basic and Clinical Neuroscience*, 11(2), 133–146.
<https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2419328561?accountid=43912>
- Ferres, N., Connell, J., & Travaglione, A. (2004). Co-worker trust as a social catalyst for constructive employee attitudes. *Journal of Managerial Psychology*, 19(6), 608–622.
- Field, A. P., & Field, A. P. (2018). *Discovering statistics using IBM SPSS statistics*. SAGE Publications Ltd.
- Figley, C. R. (1998). Burnout as systemic traumatic stress: A model for helping traumatized family members. In C. R. Figley, C. R. Figley (Eds.), *Burnout in families: The systemic costs of caring* (15–28). Boca Raton, FL, US: CRC Press.
- Finley, S. (2012). Servant leadership: A literature review. *Review of Managing Innovation and Creativity*, 5, 135–144.
- Gaviria-Rivera, J., & López-Zapata, E. (2019). Transformational leadership, organizational climate and job satisfaction in work teams. *European Research Studies*, 22(3), 68–82.

- Gibson, D. M., Dollarhide, C. T., & Moss, J. M. (2010). Professional identity development: A grounded theory of transformational tasks of new counselors. *Counselor Education and Supervisions, 50*, 21–38.
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.
- Greenleaf, R. K. (1970). *The servant as leader*. Cambridge, Mass: Center for Applied Studies.
- Gregg, J. L. (2017). The promises and pitfalls of treating addiction. *Health Affairs, 36*(12), 2204–2206. doi:10.1377/HLTHAFF.2017.0632
- Goethals, G. R., Sorenson, G. J., & Burns, J. M. (2004). *Encyclopedia of leadership* (Section on autocratic leadership). A Google book review.
- Guglielmi, D., Simbula, S., Mazzetti, G., Tabanelli, M. C., & Bonfiglioli, R. (2013). When the job is boring: The role of boredom in organizational contexts. *Work, 45*(3) 311–322. doi: 10.3233/WOR-121528
- Gutierrez, D., Crowe, A., Mullen, P. R., Pignato, L., & Fan, S. (2020). Stigma, help seeking, and substance use. *The Professional Counselor, 10*(2), 220–234.
doi:http://dx.doi.org.seu.idm.oclc.org/10.15241/dg.10.2.220
- Hall, W., Carter, A., & Forlini, C. (2015). The brain disease model of addiction: Is it supported by the evidence and has it delivered on its promises? *The Lancet Psychiatry, 2*(1) 105–110.
- Hatch-Maillette, M., Harwick, R., Baer, J. S., Masters, T., Cloud, K., Peavy, M., . . . & Wells, E. A. (2019). Counselor turnover in substance use disorder treatment research: Observations from one multisite trial. *Substance Abuse, 1–7*. doi:10.1080/08897077.2019.1572051
- Heinz, A., Beck, A., Halil, M. G., Pilhatsch, M., Smolka, M. N., & Liu, S. (2019). Addiction as learned behavior patterns. *Journal of Clinical Medicine, 8*(8), 1086.
doi.org/10.3390/jcm8081086

- Hersey, P., & Blanchard, K. H. (1969). Life-cycle theory of leadership. *Training and Developmental Journal*, 23, 26–34.
- Hersey, P., & Blanchard, K. H. (1982). *Management of organizational behavior: Utilizing human resources* (4th ed.) Prentice Hall.
- Hersey, P., & Blanchard, K. H. (1988). *Management of organizational behavior: Utilizing human resources* (5th ed.) Englewood Cliffs.
- Hersey, P. (1997). Assessment and classroom learning. *Assessment in Education*, 5(1), 7–75.
- Hoge, M. A., Stuart, G. W., Morris, J., Flaherty, M. T., Paris, M., & Goplerud, E. (2013). Mental health and addiction workforce development: Federal leadership needs to address the growing crisis. *Health Affairs*, 32(11), 2005–2012.
- Horvath, A. O., Del Re, A. C., Fluckiger, C., & Symonds, D. (2011). *Alliance in individual psychotherapy*. *Psychotherapy*, 48(1), 9–16. <https://doi.org/10.1037/a0022186>
- Hunter, E. M., Neubert, M. J., Perry, S. J., Witt, L. A., Penney, L. M., & Weinberger, E. (2013). Servant leaders inspire servant followers: Antecedents and outcomes for employees and the organization. *Leadership Quarterly*, 24, 316–331.
- Hwang, H. J., Kang, M., & Youn, M. (2014). The influence of a leader's servant leadership on employees' perception of customers' satisfaction with the service and employees' perception of customers' trust in the service firm: The moderating role of employees' trust in the leader. *J. Glob. Sch. Mark. Sci*, 24, 65–76.
- Jafferian, S. L. (2016). *Perceptions of leader emotional intelligence and subordinate turnover intentions in substance abuse treatment centers*. Dissertation Abstracts International Section A: Humanities and Social Sciences. ProQuest Information & Learning. Retrieved from <https://search-ebshost->

com.seu.idm.oclc.org/login.aspx?direct=true&db=psyh&AN=2016-42142-009&site=ehost-live&scope=site

- Jaramillo, F., Bande, B., & Varela, J. (2015). Servant leadership and ethics: A dyadic examination of supervisor behaviors and salesperson perceptions. *Journal of Personal Selling and Sales Management*, 35, 108–124.
- Joinson C. (1992). Coping with compassion fatigue. *Nursing (Lond)*, 22, 116,118–120.
- Jones, P., Williams, A. M., & Clare, G. (2013). Self-care: A guide for addiction professionals. *Journal of Drug Addiction, Education, and Eradication*, 9(1), 85–120. Retrieved from <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/1627728038?accountid=43912>
- Judge T. A., & Bono J. E. (2000). Five-factor model of personality and transformational leadership. *Journal of Applied Psychology*, 85, 751–765. doi:10.1037/0021-9010.85.5.751
- Juechter, W. (1982). The pros and cons of participative management. *Management Review*, 71(9), 44.
- Juhnke, G. A., & Culbreth, J. R. (1994). *Clinical supervision in addictions counseling: Special challenges and solutions*. ERIC Digest. ERIC Clearinghouse on Counseling and Student Services.
- Jung D. I., & Sosik J. J. (2002). Transformational leadership in work groups: The role of empowerment, cohesiveness and collective efficacy on perceived group performance. *Small Group Research*, 33(3), 313–336. doi:10.1177/10496402033003002
- Kerber, K. W., PhD., & Buono, A. F., PhD. (2018). The rhythm of change leadership. *Organization Development Journal*, 36(3), 55–72.
- Kerfoot K. (2001). From motivation to inspiration leadership. *Nursing Economics*, 19, 242–243.

- Khan, M. R., & Wajidi, A. (2019). Role of leadership and team building in employee motivation at the workplace. *Global Management Journal for Academic & Corporate Studies*, 9(1), 39–49. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2264569963?accountid=43912>
- Kiazad, K., Restubog, S. L. D., Zagenczyk, T. J., Kiewitz, C., & Tang, R. L. (2010). In pursuit of power: The role of authoritarian leadership in the relationship between supervisors' Machiavellianism and subordinates' perceptions of abusive supervisory behavior. *Journal of Research in Personality*, 44(4), 512–519.
- Kim, S. (2002). Participative management and job satisfaction: Lessons for management leadership. *Public Administration Review*, 62(2), 231.
- Knight, D. K., Broome, K. M., Edwards, J. R., & Flynn, P. M. (2011). Supervisory turnover in outpatient substance abuse treatment. *Journal of Behavioral Health Services and Research*, 38(1), 80–90.
- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in NIDA's Clinical Trials Network. *Journal of Substance Abuse Treatment*, 35, 387–395.
- Konczak, L. J., Stelly, D. J., & Trusty, M. L. (2000). Defining and measuring empowering leader behaviors: Development of an upward feedback instrument. *Educational Psychological Measurement*, 60, 301–313.
- Korchmaros, J. D. (2018). The seven challenges® comprehensive counseling program: Effectiveness for adults with substance use problems. *Journal of Drug Issues*, 48(4), 590–607. doi:10.1177/0022042618783995

Kronos (2017). The employee burnout crisis: Study reveals big workplace challenge in 2017.

Business Wire. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/1856582753?accountid=43912>

Lantz, A., Hansen, N., & Antoni, C. (2015). Participative work design in lean production.

Journal of Workplace Learning, 27(1), 19–33. doi:10.1108/JWL-03-2014-0026

Laschober, T. C., Eby, L. T., & Sauer, J. B. (2013). Effective clinical supervision in substance use disorder treatment programs and counselor job performance. *Journal of Mental Health Counseling*, 35(1), 76–94.

Leidecker, J. K., & Hall, J. L. (1974). A new justification for participative management. *Human Resource Management (Pre-1986)*, 13(1), 28.

<https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/223824564?accountid=43912>

Leong, L.Y.C., & Fischer, R. (2011). Is transformational leadership universal? A Meta-analytical investigation of multifactor leadership questionnaire means across cultures, *Journal of Leadership & Organizational Studies*, 18(2), 164–174.

Lewis, M. (2018). Brain change in addiction as learning, not disease. *The New England Journal of Medicine*, 379(16), 1551–1560. doi:10.1056/NEJMr1602872

Likert, R. (1967). *The Human Organization*. McGraw Hill.

Limberg, D., Bell, H., Super, J. T., Jacobson, L., Fox, J., DePue, M. K., Christmas, C. Young, M. E., & Lambie, G.W. (2013). Professional identity development of counselor education doctoral students: A qualitative investigation. *The Professional Counselor*, 3(1), 40–53.

Locke, E. A., & Schweiger, D. M. (1979). Participation in decision making: One more look. *Research in Organizational Behavior*, 1, 265–340. Greenwich, CT: JAI Press.

- Lu, J., Zhang, Z., & Jia, M. (2019). Does servant leadership affect employees' emotional labor? A social information-processing perspective: *JBE. Journal of Business Ethics*, *159*(2), 507–518. doi:10.1007/s10551-018-3816-3
- Marques, J. F, PhD., EdD. (2019). Attributes leaders need to enhance wellbeing and performance in their workplace. *Organization Development Journal*, *37*(4), 53–58. Retrieved from <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2315904384?accountid=43912>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*, 370–396.
- McClesky, J. A. (2014). Situational, transformational, and transactional leadership and leadership development. *Journal of Business Studies Quarterly*, *5*(4). <http://communication-leadership-change.com/files/119516679.pdf>
- McConkey, D. D. (1980). Participative management: What it really means in practice. *Business Horizons*, *23*(5), 66.
- Mendola, A. M. (2003). *A critique of the disease model of addiction* (Order No. 3119289). Available from ProQuest Dissertations & Theses Global. (305294331). <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/305294331?accountid=43912>
- Mertel, T., & Brill, C. (2015). What every leader ought to know about becoming a servant leader. *Industrial and Commercial Training*, *47*, 228–235.
- Mills, G. E., & Gay, L. R. (2019). *Educational research: Competencies for analysis and applications* (12th ed.). Pearson Press.
- Muldoon, J. (2017). The Hawthorne studies: An analysis of critical perspectives, 1936–1958. *Journal of Management History*, *23*(1), 74–94. Doi:10.1108/JMH-09-2016-0052

- Munir, R. I. S., & Rahman, R. A. (2016). Determining dimensions of job satisfaction using factor analysis. *Procedia Economics and Finance*, 37, 488–496.
- Musto, D. F. (1999). The mystery of addiction. *The Lancet*, 354, 1-SIV1. doi:10.1016/S0140-6736(99)90344-6
- National Association for Alcoholism and Drug Abuse Counselors (2019).
<http://www.naadac.org/>
- Ng, T. W. (2017). Transformational leadership and performance outcomes: Analyses of multiple mediation pathways. *The Leadership Quarterly*, 28(3), 385–417.
- NIDA. (2017, April 24). *Trends & statistics*. <https://www.drugabuse.gov/related-topics/trends-statistics>
- Nieweglowski, K., Corrigan, P. W., Tyas, T., Tooley, A., Dubke, R., Lara, J., ... & Addiction Stigma Research Team. (2018). Exploring the public stigma of substance use disorder through community-based participatory research. *Addiction Research & Theory*, 26(4), 323–329. <https://doi.org/10.1080/16066359.2017.1409890>
- Pellegrini, E. K., & Scandura, T. A. (2008). Paternalistic leadership: A review and agenda for future research. *Journal of Management*, 34(3), 566–593.
- Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly*, 1(2), 107–142.
- Powell, D. J., & Brodsky, A. (2004). *Clinical supervision in alcohol and drug counseling*. Jossey-Bass.

- Racine, E., & Bamed, C. (2019). Addiction and voluntariness: Five “challenges” to address in moving the discussion forward. *Cambridge Quarterly of Healthcare Ethics*, 28(4), 677–694. doi:10.1017/S0963180119000628
- Schaubroeck, J. M., Shen, Y., & Chong, S. (2017). A dual-stage moderated mediation model linking authoritarian leadership to follower outcomes. *Journal of Applied Psychology*, 102(2), 203–214.
- Schmidt, E. A. (2012). Clinical supervision in the substance abuse profession: A review of the literature. *Alcoholism Treatment Quarterly*, 487–504.
- Sendjaya, S., Sarros, J. C., & Santora, J. C. (2008). Defining and measuring servant leadership behaviour in organizations. *Journal of Management Studies*, 45, 402–424.
- Sendjaya, S., & Cooper, B. (2011). Servant leadership behaviour scale: A hierarchical model and test of construct validity. *European Journal of Work and Organizational Psychology*, 20, 416–436.
- Shalley, C. E. & Perry-Smith, J. E. (2001). Effects of social-psychological factors on creative performance: the role of informational and controlling expected evaluation and modeling experience. *Organizational Behavior and Human Decision Processes*, 84(1) 1–22.
- Shar, C. M. (2019). *Factors related to compassion fatigue and compassion satisfaction among substance abuse counselors* (Order No. 13807436). Available from ProQuest Dissertations & Theses Global. (2238500344). <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2238500344?accountid=43912>
- Shaukat, A. R., & Sikandar, A. (2018). Impact of leadership style of teacher on the performance of students: An application of Hersey and Blanchard situational model. *Bulletin of*

Education and Research, 40(3), 73. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2254496824?accountid=43912>

Shriver, S. (2017). *Situational leadership: Relevant then, relevant now*. The Center for Leadership Studies: The Global Home of Situational Leadership. <https://situational.com/wp-content/uploads/2017/10/FINALCLSHistoryCaseStudyDigital.pdf>

Shuck, M. B., & Wollard, K. (2010). Employee engagement & HRD: A seminal review of the foundations. *Human Resource Development Review*, 9(1), 89–110.

Simons, L., Haas, D., Massella, J., Young, J., & Toth, P. (2017). Exploring professional identity development in alcohol and drug counselors in the 21st century. *Journal of Alcohol and Drug Education*, 61(2), 40–61. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/2039202202?accountid=43912>

Slamet, A. T., Hadiwidjojo, D., & Troena, E. A. (2013). The influence of situational leadership on job satisfaction and job performance (a study on Trans Jakarta Bus way as transportation service in DKI Jakarta). *Global Advanced Research Journal of Management and Business Studies*, 2(2), 105–113.

Slater R. (2003). *29 Leadership secrets from Jack Welch*. McGraw Hill.

Smith, J. H. (1998). The enduring legacy of Elton Mayo. *Human Relations*, 51(3), 221–249. <https://seu.idm.oclc.org/login?url=https://search-proquest-com.seu.idm.oclc.org/docview/231504443?accountid=43912>

Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health*, 93(2), 239–243.

- Sousa, M., & Dierendonck, D. (2015). Servant leadership and the effect of the interaction between humility, action, and hierarchical power on follower engagement. *Journal of Business Ethics, 141*(1), 13–25.
- Spears, L. C. (2010). Character and servant leadership: Ten characteristics of effective, caring leaders. *Journal of Virtues Leadership, 1*, 25–30.
- Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). Pocatello, ID: ProQOL.org
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Nationwide trends*. <http://www.samhsa.gov/data/population-data-nsduh/>
- Sue-Chan, C., & Ong, M. (2002). Goal assignment and performance: Assessing the mediating roles of goal commitment and self-efficacy and the moderating role of power distance. *Organizational Behavior and Human Decision Processes, 89*(2), 1140–1161.
- Thompson, G., & Glasø, L. (2015). Situational leadership theory: A test from three perspectives. *Leadership & Organization Development Journal, 36*(5), 527–544.
doi:10.1108/LODJ-10-2013-0130
- U.S. Department of Health and Human Services (HHS). (2016). *Office of the Surgeon General, facing addiction in America: The surgeon general's report on alcohol, drugs, and health*. Washington, DC: HHS, November 2016.
- Van Dierendonck, D. (2011). Servant leadership: A review and synthesis. *Journal of Management, 37*, 1228–1261.
- Van Dierendonck, D., & Patterson, K. (2014). Compassionate love as a cornerstone of servant leadership: An integration of previous theorizing and research. *Journal of Business Ethics, 128*, 119–131.

- Wakeman, S. E. (2019). Facing addiction. *Psychiatric Annals*, 49(2), 47–54.
doi:10.3928/00485713-20190108-01
- West, P. L., & Hamm, T. (2012). A study of clinical supervision techniques and training in substance abuse treatment. *Journal of Addictions & Offender Counseling*, 33, 66–81.
- White, W. L. (2014). *Slaying the dragon: The history of addiction treatment and recovery in America*. <http://www.williamwhitepapers.com/chronologies/>
- Whittington, J. L., & Galpin, T. J. (2010). The engagement factor: Building a high-commitment organization in a low-commitment world. *Journal of Business Strategy*, 31(5), 14–24.
- Wu, M., Huang, X., & Chan, S. C. H. (2012). The influencing mechanisms of paternalistic leadership in mainland China. *Asia Pacific Business Review*, 18(4), 1–18.
- Yang, J., & Mossholder, K.W. (2010). Examining the effects of trust in leaders: A bases-and-foci approach. *The Leadership Quarterly*, 21(1), 50–63.
- Zhang, A.Y., Tsui, A.S., & Wang, D. X. (2011). Leadership behaviors and group creativity in Chinese organizations: The role of group processes. *The Leadership Quarterly*, 22(5), 851–862.
- Zhang, Y., Huai, M-Y., & Xie, Y-H. (2015). Paternalistic leadership and employee voice in China: A dual process model. *The Leadership Quarterly*, 26(1), 25–36.

Appendix A

Informed Consent Form

You are invited to take part in a study exploring the perceptions related to the relationship between the supervisor's leadership style and the employee's emotional wellbeing. This study is being conducted by researcher John Harper, who is a doctoral student at Southeastern University.

The researcher is inviting all counselors, clinicians, peer specialists, and any individual who has direct client contact to participate in the study. If you agree to participate in this study, you will be asked to complete one brief survey and to answer some general demographic questions, all of which should take less than 15 minutes.

Consent to Participate

This email is part of a process known as "informed consent," which allows you to fully understand the study before deciding whether to take part.

Voluntary Nature of the Study

Your participation in this study is voluntary. This means that everyone will respect your decision regarding whether you wish to participate in the study. Your decision will not affect your current or future relations with any organization. If you initially decide to participate, you are free to withdraw at any time.

Risks and Benefits of Being in the Study

Participating in this study will not pose a risk to your safety or your wellbeing, and while there are no personal benefits as a participant, if a relationship is found between the variables under examination, this may provide ideas on how to better support employees in their working environment.

Compensation

There is no compensation for your participation in this study.

Confidentiality

To ensure privacy and to protect the identity of all participants, names, addresses, and any other identifiable information will be purposely left out of this study. In addition, the study is completely anonymous, and all information collected will be held in the strictest confidence, with the raw data reviewed only by the researcher and supervising academic chair, while the overall survey results will be reviewed by others. All data will be collected electronically through secure measures and will be stored on a password-protected survey database. The data will be kept for a period of at least five years, as required by the university.

Contacts and Questions

Mr. Harper's faculty advisor is Dr. Emile Hawkins, and his email is ehhawkins@seu.edu. You may ask any questions by contacting the researcher by phone at (863)837-8891, or by emailing him at jwharper@seu.edu.

Statement of Consent

I have read the above information and I feel that I understand the study well enough to make a decision about my involvement. By clicking the link below, I understand that I am agreeing to the terms described above.

If you have agreed to participate in this study, simply follow the link below to begin. Submission of the completed assessment forms will indicate consent to participate. Please print or save this form for your records.

Appendix B
Demographic Survey

1. What is your gender?
 - a. Male
 - b. Female

2. What is your age in years?
 - a. 18–24
 - b. 25–34
 - c. 35–44
 - d. 45–54
 - e. 55–64
 - d. 65 or older

3. What is your ethnicity?
 - a. Caucasian
 - b. African American
 - c. Hispanic
 - d. Asian
 - e. Other

4. What is your highest completed education level?
 - a. High school or GED degree
 - b. Some college
 - c. Two-year college degree (Associate)
 - d. Four-year college degree (BA, BS)
 - e. Master's degree
 - f. Doctoral degree

5. What is your most recent annual household income?
 - a. Less than 40k
 - b. Between 40k and 60k
 - c. Between 60k and 80k
 - d. Between 80k and 100k
 - e. Greater than 100k

5. What is the gender of your supervisor?
 - a. Male
 - b. Female

6. How long have you worked in substance use disorder treatment?
 - a. Less than five years
 - b. Between five and 10 years

- c. Between 10 and 20 years
- d. Over 20 years

Appendix C
Rating Instrument

Directions

Please indicate your perceptions about the impact of your leader's style in relation to the following dimensions of leadership using the following scale:

5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1- Strongly Disagree

1. A sense of mission in serving clients defines my supervisor's leadership style and practice.
5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree

2. My supervisor's leadership style and practice are characterized by an attention to the employees' career advancement possibilities within the profession.
5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree

3. My supervisor's leadership style and practice greatly assist me in the management of the stress levels associated with the performance of my professional duties.
5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree

4. An emphasis on team building and group cohesion are evident in my supervisor's leadership style and practice.
5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree

5. My supervisor's leadership style and practice reflect an emphasis on trust and relationship building.
5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree

6. Concern for my emotional wellbeing is evident in my supervisor's leadership style and practice.

- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
7. My supervisor's leadership style and practice reflect a commitment to active mentoring in the workplace.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
8. Positive, respectful employee disciplinary practices and procedures characterize my supervisor's leadership style and practice.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
9. Respect and the esteem of the employees are prominent elements of my supervisor's leadership style and practice.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
10. An emphasis on the employees' balance between their professional duties and their personal life is prominent in my supervisor's leadership style and practice.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
11. The leadership style and the practice of my supervisor have inspired me to continue in my current position of service.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree
12. Overall, I am satisfied with the leadership style and the practice of my supervisor.
- 5- Strongly Agree 4- Agree 3- Uncertain 2- Disagree 1-Strongly Disagree