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**THE INFLUENCE OF THE SUPERVISORY WORKING ALLIANCE  
ON WORK SATISFACTION AND WORK-RELATED STRESS  
FOR COUNSELORS IN PROFESSIONAL SETTINGS**

A Thesis in

Counselor Education

by

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## ABSTRACT

This dissertation examined the influence of the quality of the supervisory working alliance on work satisfaction and work-related stress for counselors in professional settings. A review of the literature provided an important theoretical and empirical foundation for the study, as well as theoretical antecedents for each construct and practical applications within the counseling profession. An empirical study was developed to identify counselors' perceptions of clinical supervision and its influence on work satisfaction and work-related stress. The Supervisory Working Alliance Inventory-Trainee (SWAI-T), the Minnesota Satisfaction Questionnaire-Short Form (MSQ), the Occupational Roles Questionnaire (ORQ) subscale of the Occupational Stress Inventory-Revised (OSI-R), and a demographic questionnaire comprised the online survey. An invitation letter was mailed to 350 randomly selected members of the American Mental Health Counseling Association, of which 71 individuals returned useable surveys. Results yielded significant relationships between total scores on the SWAI-T and the MSQ, and total scores on the SWAI-T and the ORQ. A MANOVA revealed a significant relationship between the total scores on the SWAI-T and total scores on the combined MSQ and ORQ. Results revealed that when participants had higher scores on the SWAI-T, they tended to experience higher levels of work satisfaction and lower levels of work-related stress. The discussion that follows addresses the implications for practice, training, and research, as well as the importance of the findings on future research.

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## CHAPTER 1

### INTRODUCTION

Clinical supervision has taken on an increasingly important role in the development of counselors (Getz, 1999) and in the advancement of the counseling profession. Even though the practice of supervision originated in the 1920s as part of psychoanalytic training (Feltham, 2000; Fleming & Benedek, 1966), only recently has the counseling profession focused on supervision as an emerging specialty area (Dye & Borders, 1990). An extensive body of literature exists on many facets of supervision in the counseling profession, including the supervisory working alliance. While a number of studies have focused on the working alliance in academic settings, a paucity of research exists that explores the supervisory working alliance in professional settings and specifically its influence on work satisfaction and work-related stress. This chapter provides an overview and context of the relationship between quality of the supervisory working alliance, work satisfaction, and work-related stress, including the theoretical foundation for the study and a review of the supervisory working alliance literature. In addition, this chapter addresses relevant literature on the supervisory working alliance and work satisfaction, and the supervisory working alliance and work-related stress. Concluding this chapter is the justification for and purpose of the study, as well as the research questions.

#### *Definition of Supervision*

There are a number of definitions of clinical supervision mentioned throughout the literature (cf. Bernard & Goodyear, 2004; Boyd, 1978; Hart, 1982; Loganbill, Hardy, &

Delworth, 1982). Bernard and Goodyear (2004) proposed the most comprehensive definition of clinical supervision, which was used for this study. They defined clinical supervision as follows:

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession. (p. 8)

In addition, the current study made reference to administrative supervision and peer supervision. McCarthy, Kulakowski, and Kenfield (1994) defined administrative supervision “as the promotion of accountable programs and coordination of clinical services and evaluation mechanisms” (p. 177). Administrative supervision differs from clinical supervision in that administrative supervision is not directly involved with the therapeutic processes that exist between counselor and client. Benshoff (1994) defined peer supervision as “arrangements in which peers work together for mutual benefit” (p. 1).

### Theoretical Foundation of the Study

The theoretical foundation for this study, based on Bordin’s (1983) working alliance model of supervision, is the supervisory working alliance. Ladany, Ellis, and Friedlander (1999) identified a number of theorists who viewed the supervisory working alliance as “potentially one of the most important common factors in the change process

of supervision” (p. 447). The supervisory working alliance consists of three characteristics drawn from the therapeutic working alliance model. Bordin (1983) identified these characteristics as (a) mutual agreement of supervision goals, (b) specific tasks related to the supervision goals, and (c) the development of bonds between the supervisor and supervisee. The supervision goals attempt to help the supervisee (a) focus on the development and application of counseling skills, (b) gain a greater understanding of concepts and theoretical foundations, (c) gain further awareness of counseling processes and how these processes influence both the counselor and the client, and (d) address personal and professional barriers that may hinder learning and competency (Bordin, 1983).

Supervision tasks depend upon the specific goal addressed within the dyad. Bordin (1983) explained, “when the goal is mastery of a specific skill, the complementary supervisory task is that of the coach, giving feedback as to where the therapist has departed from some ideal response or seeking to illustrate what the ideal response is” (p. 38). Further, the bonds that develop within the supervision dyad, much like in the therapeutic dyad, will influence the goals and tasks that are undertaken. Bordin (1983) stated, “various combinations of goals and tasks will differ only in how much liking, caring, and trusting there needs to be to sustain that particular collaboration” (p. 36). The strength of the supervisory working alliance is influenced by the degree to which the supervision dyad establishes a bond and establishes agreement on supervision goals and tasks (Bordin, 1983).

Even though Bordin does not explicitly connect the supervisory working alliance to quality of the clinical supervisory experience, there seems to be a strong underlying assumption that such a connection exists. If mutual agreement on goals and tasks, as well as an emotional bond, do not develop, then a weakened supervisory working alliance can result. In contrast, a strong supervisory working alliance can develop when there is agreement on goals and tasks and evidence of an established emotional bond. Quality of the supervisory alliance is a distinctive characteristic reflective of the strength of the relationship between the supervisor and supervisee. In this study, quality of the supervisory working alliance was directly related to the strength of the supervisory working alliance. A high quality supervisory working alliance was equivalent to a strong supervisory relationship. A supervisory working alliance exhibiting low quality was viewed as a weak supervisory relationship.

A central tenet of this model is that the amount of change that occurs in the alliance is dependent upon the strength of collaboration between the supervisor and supervisee (Bordin, 1983). One may hypothesize that the degree to which the supervisory working alliance addresses changes through the “building *and repair* of strong alliances” (Bordin, 1983, p. 36) may influence how the supervisee perceives the quality of the clinical supervisory experience. How the supervisee perceives this relationship may affect the degree to which he or she feels satisfied with the job and can effectively deal with work-related stress.

Quality of the supervisory working alliance refers to the counselor’s perceived experience within the supervision dyad (cf. Worthington, 1984), and is typically viewed

across a continuum, ranging from positive (high quality) to negative (low quality) experiences. A number of terms used frequently throughout the literature to describe quality of supervision include “positive,” “effective,” and “good” at one end of the continuum and “negative,” “ineffective,” and “bad” at the other.

Application of the supervisory working alliance model was evident in a number of counselor trainee studies. Ladany et al. (1999) explored the association between the supervisory working alliance and changes in supervisees’ level of satisfaction with supervision and self-efficacy expectations. Several researchers investigated the relationship between the supervisory working alliance and multicultural supervisory outcomes (Ladany, Brittan-Powell, & Pannu, 1997), and the supervisory working alliance and supervisee role ambiguity and role conflict (Ladany & Friedlander, 1995). Patton and Kivlighan (1997) studied the relationship between the supervisory working alliance and the counseling working alliance and how well supervisees’ adhered to a treatment model.

The degree to which a collaborative relationship develops depends on the supervisee’s perception of the quality of the supervisory alliance. Numerous studies have explored supervisees’ perceptions of their clinical supervisory experience. In a review of the literature, several studies investigated positive or effective experiences in clinical supervision (Shanfield, Matthews, & Hetherly, 1993; Worthen & McNeill, 1996; Worthington & Roehlke, 1979), negative or ineffective experiences in clinical supervision (Gray, Ladany, Walker, & Ancis, 2001; Magnuson, Wilcoxon, & Norem, 2000; Nelson, 1978; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002; Veach, 2001; Watkins,

1997), or a comparative evaluation of both positive and negative experiences in clinical supervision (Allen, Szollos, & Williams, 1986; Chung, Baskin, & Case, 1998; Hutt, Scott, & King, 1983; Kennard, Stewart, & Gluck, 1987; McCarthy et al., 1994).

#### *Positive Supervisory Working Alliance*

Attributes used to describe positive experiences in clinical supervision were consistent across the literature. Characteristics typically associated with a positive supervisory working alliance included being nonjudgmental, providing validation, supporting exploration, imparting an empathic attitude, normalizing anxiety and tension, and strengthening the supervisory working alliance (Worthen & McNeill, 1996). In addition, several researchers reported that supervisees attributed their supervisor's ability to help conceptualize therapeutic issues as a positive experience (Shanfield et al., 1993; Worthen & McNeill, 1996). Worthington and Roehlke (1979) indicated positive supervision experiences could result when supervisors provided structured supervision early in the supervision process, provided an instructional approach to working with clients, created a personal and relaxed supervision atmosphere, and assisted supervisees in developing and implementing counseling skills.

Cherniss and Egnatios (1977) studied five clinical supervision styles (i.e., didactic-consultative, insight-oriented, feelings-oriented, authoritative, and laissez faire) applied to clinical staff working in community mental health programs. Results from this study revealed that stronger alliances developed when supervisors were able to use all five styles based on the supervisee's preference and current clinical need. Carifio and Hess (1987), in a review of relevant supervision literature, identified ideal supervisor

characteristics that influence the development of positive supervisory working alliances. These characteristics included possessing strong interpersonal and communication skills, being supportive, being non-judgmental, being able to set clear and well-defined goals, and using various teaching approaches. In addition, ideal supervisors were adept at expressing “appropriate levels of empathy, respect, genuineness, concreteness, and self-disclosure” (Carifio & Hess, 1987, p. 248).

#### *Negative Supervisory Working Alliance*

As with the positive experiences, attributes associated with negative experiences in the supervisory working alliance were consistent across the literature. Numerous researchers (cf. Gray et al., 2001; Nelson, 1978; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002) identified various characteristics of negative experiences in supervision, including being rigid, being overly critical, being untrustworthy, displaying a lack of respect, being impractical, lacking openness, being unsupportive, limiting direct feedback, being superficial, conveying little empathy, not respecting differences, lacking encouragement and praise, lacking consistency in addressing supervisee concerns, demonstrating sexist behaviors, avoiding teachable moments, being inattentive, and being demeaning. Nelson and Friedlander (2001) noted unresolved conflicts within the supervision relationship could influence treatment efficacy, however, researchers know little about how counselors cope with negative effects of supervision. Nelson and Friedlander (2001) contend that conflictual supervisory relationships may have a detrimental effect on supervisee work satisfaction, job performance, and work-related stress.



Magnuson, Wilcoxon et al. (2000) developed a profile of “lousy” supervision and characteristics indicative of counterproductive behaviors. They found lousy supervision had a negative impact on supervisee development because supervisors failed to subscribe to factors associated with effective supervision, while displaying ineffective supervision characteristics. Ramos-Sánchez et al. (2002) reported that respondents who identified having negative supervisory experiences also indicated having a weaker supervisory working alliance compared to those who reported positive supervisory experiences. Ramos-Sánchez and colleagues added that supervisees who reported negative experiences in supervision believed it not only influenced their training experience, but also influenced their confidence and sense of competence in preparing and working with clients. Ramos-Sánchez et al. (2002) stated, “a conflict regarding goals for the client, lack of support, insufficient feedback, or harsh feedback from a supervisor may have direct bearing on the relationship a supervisee forms with his or her client” (p. 200).

#### *Comparison of Positive and Negative Supervisory Working Alliances*

Several studies compared positive and negative supervisory experiences as a function of the supervisory working alliance. Allen et al. (1986) found that differences in supervisees’ perception of supervisory expertise and supervisor trustworthiness helped to discriminate between positive and negative supervisory experiences. In addition, supervisees viewed supervisor expertness and trustworthiness as contributing more to quality of supervision than supervisor social qualities. Further, supervisees reported satisfaction with supervisors is not the result of organizational or therapeutic techniques,

rather “satisfaction is determined more by supervisors’ general assumptive, theoretical, and stylistic stances” (Allen et al., 1986, p. 97). Supervisees who reported negative supervision experiences often had difficulty identifying specific characteristics, yet were able to identify poor role modeling and ineffective teaching strategies as contributing factors (Allen et al., 1986).

Chung et al. (1998) identified central themes associated with positive and negative supervisory experiences. Positive supervisory themes included supervisors who presented positive role and skill modeling, who were effective in conveying new ideas and information, and who provided effective feedback. In contrast, Chung and colleagues found negative supervision centered on supervisors who tended not to be attentive to supervisee issues or who were lacking warmth or emotion.

Hutt et al. (1983) conducted a phenomenological study exploring positive and negative experiences in supervision. These researchers indicated that trust, respect, acceptance, and honesty were important qualities that differentiated between positive and negative supervision outcomes. Positive experiences resulted from supervisory alliances that embodied trust, acceptance, and warmth, whereas negative experiences within the supervision relationship were typified by disrespect, mistrust, and lack of honesty.

In addition, Hutt et al. (1983) found supervisees who experienced positive outcomes indicated that their supervisors were supportive and aware of supervisee therapeutic issues, while actively engaging them to explore and identify ways to advance the therapeutic process. Further, supervisees who reported positive supervision

experiences found that their supervisors often explored and addressed conflicts that surfaced within the supervision relationship. Conversely, negative supervision outcomes reported by supervisees were characterized by supervisor criticism and lack of support. When supervisees felt criticized or unsupported, they tended to limit self-disclosure in order to protect themselves from potential conflicts and feeling vulnerable. Supervisees who reported negative supervision experiences indicated their supervisors often failed to take responsibility for addressing and resolving conflicts that occurred because of the supervision process (Hutt et al., 1983).

In a study that explored variables contributing to positive versus negative experiences in the supervision relationship, Kennard et al. (1987) found that supervisees who expressed interest in supervisor feedback and suggestions for professional development reported positive experiences within the supervision dyad. Supervisees who demonstrated less interest in feedback and avoided suggestions for professional development reported negative experiences in supervision. In addition, supervisees reported positive experiences with supervisors who provided instruction and support, as well as assisted with the development of conceptual skills (Kennard et al., 1987).

McCarthy et al. (1994) found that positive and negative experiences in supervision were similar to findings mentioned earlier. For example, trust, empathy, genuineness, clinical expertise, and support of professional development were characteristics that contributed to positive outcomes in supervision. Factors that resulted in negative experiences included interpersonal conflicts, personality differences, supervisor unavailability, theoretical/therapeutic conflicts, lack of clarity and direction,

too much focus on administrative concerns, discussion focused on supervisor's work, and lack of supervisor organizational skills (McCarthy et al., 1994).

#### *Research Settings and the Supervisory Working Alliance*

Historically, a vast majority of the studies that investigated positive and negative experiences in clinical supervision have taken place within academic settings with student trainees, raising concerns about the generalizability of findings to professional counseling settings. A number of researchers have investigated clinical supervision issues and their effects on counselors-in-training in academic settings (cf. Gray et al., 2001; Heppner & Handley, 1982; Heppner & Roehlke, 1984; Ladany et al., 1997; Ladany et al., 1999; Magnuson, Norem, & Wilcoxon, 2000; Nelson & Friedlander, 2001; Rabinowitz, Heppner, & Roehlke, 1986; Olk & Friedlander, 1992; Ramos-Sánchez et al., 2002; Rønnestad & Skovholt, 1993; Tracey, Ellickson, & Sherry, 1989), yet few studies have explored clinical supervision in professional counseling settings. In addition, much of the research conducted on quality of supervision and its impact on supervisees took place in academic settings by graduate student researchers (Rønnestad & Skovholt, 1993). Further, Rønnestad and Skovholt (1993) found that researchers studying supervision have typically studied supervisors-in-training, who in most cases had limited field experience prior to enrolling in a training program and often worked with counselors-in-training.

#### The Supervisory Working Alliance and Work Satisfaction

As mentioned earlier, a majority of the studies exploring the supervisory working alliance construct sampled trainees enrolled in academic settings who often

lacked professional experience. Several researchers have posited that work satisfaction is a function of how counselors perceive the supervisory working alliance. They assumed that supervisees' perceptions of the supervisory working alliance might influence not only how they function in the workplace, but also their professional development (Ramos-Sánchez et al., 2002; Worthen & McNeill, 1996). Ramos-Sánchez and colleagues contend that as counselors begin to question career decisions, they might experience discouragement or despair and a sense of failure or loss of confidence in their ability to work in the profession.

Kavanagh et al. (2003), in their study on the relationship between supervision characteristics and job satisfaction, reported supervision might have a positive effect on client treatment and staff retention rates. Further, when supervisees are open to supervisor feedback and seek out ways to advance professionally, supervision is seen as more productive and beneficial (Kennard et al., 1987). Holloway and Neufeldt (1995) noted if supervision is beneficial, then there is greater probability of improved job performance. Schroffel (as cited in Spence, Wilson, Kavanagh, Strong, & Worrall, 2001) found that mental health professionals who perceived a stronger supervisory working alliance typically experienced higher levels of work satisfaction.

#### *Definition of Work Satisfaction*

Work satisfaction can be viewed either as a broad measure of one's work or as a collection of attitudes about various components of the job (Spector, 1997). Spector defined work satisfaction as, "simply how people feel about their jobs and different aspects of their jobs" (p. 2). Similarly, Fincham and Rhodes (2005) defined work

satisfaction as, “the feelings or ‘affective response’ someone experiences in a job role” (p. 9). For the purpose of this study, the latter definition was applied.

#### The Supervisory Working Alliance and Work-Related Stress

Work-related stress is inherent in most counseling work. How a counselor responds to work-related stress is dependent upon numerous factors, including supervisor support (Rabin, Feldman, & Kaplan, 1999). According to Nelson and Friedlander (2001), the profession is still learning about how supervision experiences affect supervisees and treatment efficacy when conflicts are difficult or impossible to resolve.

#### *Definition of Work-Related Stress*

Rabin et al. (1999) defined stress, “as a condition in which there is a marked perceived discrepancy between demands on an individual and the individual’s ability to respond, the consequences of which may be detrimental to future conditions” (p. 159). Building off this definition, Gabriel and Liimatainen (2000) defined work-related stress as, “the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker” (p. 11).

Koeske and Koeske (1993) reported that stress yields both positive and negative consequences. One outcome that occurs because of negative consequences of stress is the development of strain. Fogarty et al. (1999), in a series of studies exploring the relationship between stress and strain, found stress significantly predicted the development of strain.

In addition to the literature that addressed the relationship between stress and strain (cf. Cartwright & Cooper, 1997; Fogarty et al., 1999; Koeske & Koeske, 1993; Layne, Hohenshil, & Singh, 2004), several authors reported findings related to the supervisory working alliance and work-related stress. In a qualitative study of school counselors' perceptions of supervision, McMahon and Patton (2000) found supervisees placed great value on the supervision relationship not only to deal with work-related and organizational demands, but also to provide emotional balance and a sense of well-being. Sutton and Page (1994) suggested integrating supportive supervision into school counselors' work provides greater validation, thus minimizing work-related stress. In settings where conflictual situations are not resolved, Davis, Savicki, Cooley, and Firth (1989) found a positive relationship between dissatisfaction with supervision and the frequency and intensity of emotional exhaustion and intensity of depersonalization. They concluded supportive supervision was beneficial in relieving stress in mental health professionals.

#### Need for the Study

Work satisfaction and work-related stress are issues that have been particularly problematic within the helping professions over the past three decades (Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001), yet a paucity of empirical evidence exists to understand what effect these factors have on people working in the counseling profession. These conditions are significant not only because of their impact on counselors' ability to function effectively and productively within the organization, but also because of the potential impact on the therapeutic working alliance and treatment

outcomes. In addition, decreased motivation and interest in the job are outcomes typically associated with work dissatisfaction and work-related stress.

One proposed benefit of supervision is that it serves as a mechanism to help counselors cope with stress associated with working in mental health occupations (Spence et al., 2001). It is unclear whether quality of the supervisory working alliance is associated with changes in counselor work satisfaction and work-related stress. In addition, research has not fully explored the interrelationship between these constructs outside of academic settings.

Research typically conducted on the supervisory working alliance has taken place in academic environments with inexperienced supervisors and supervisees (Kavanagh, Spence, Wilson, & Crow, 2002; Rønnestad & Skovholt, 1993). According to Spence et al. (2001), "most of the research has focused on the training of specific clinical skills with interns....However, minimal research has been conducted to determine the impact of supervision on the practice of clinicians in mental health settings" (p. 144). Since academic applications of the supervisory working alliance may not accurately represent professional counseling settings, generalizations made about quality of clinical supervision experiences may be limited. In addition, supervisory working alliance measures have not been adequately applied to professional settings making it difficult to evaluate the influence of supervision on work satisfaction and work-related stress.

Finally, researchers conducting studies in professional settings have not always distinguished between clinical and administrative supervision. An assumption often made is that counselors receive clinical supervision across all settings. The reality is that



in some settings, clinical supervision may not be available so counselors rely on administrative or peer supervision (Remley, Benshoff, & Mowbray, 1987). Counselors who receive clinical supervision may find that the focus of supervision is on administrative issues rather than clinical concerns (Schroffel, as cited in Spence et al., 2001). In order to understand the relationship between quality of the supervisory working alliance, work satisfaction, and work-related stress, research must distinguish between these two types of supervision.

Supervision research needs to be expanded with greater focus on professional counseling settings, especially given the fact that supervision is a significant component in counselors' acquiring the licensed professional counselor credential, as well as other types of credentialing. Quality of clinical supervision studies need to be undertaken in professional settings to better assess its association with development of counselor work satisfaction and work-related stress. Spence et al. (2001) believe that the "outcome of supervision may be assessed from various perspectives, including...impact on supervisee job satisfaction and burnout. Ideally, outcome research should examine the impact of supervision on these dimensions. In practice, this has rarely been the case" (p. 144).

#### Purpose of the Study and Research Questions

The primary purpose of the study was to identify the relationship between quality of the supervisory working alliance, work satisfaction, and work-related stress on counselors in professional settings. In addition, this study provided a better understanding of how counselors in professional settings experience the supervisory

working alliance. Another goal was to identify patterns of work satisfaction and work-related stress counselors experience in the workplace.

Because this was an exploratory study, research questions were examined to understand the relationship between the constructs (Heppner, Kivlighan, & Wampold, 1999). This study answered the following research questions.

1. What is the influence of counselors' perceptions of the quality of the supervisory working alliance on work satisfaction in professional settings?
2. What is the influence of counselors' perceptions of the quality of the supervisory working alliance on work-related stress in professional settings?
3. What is the influence of counselors' perceptions of the quality of the supervisory working alliance when compared simultaneously on work satisfaction and work-related stress in professional settings?

## CHAPTER 2

### REVIEW OF THE LITERATURE

This chapter will focus specifically on a review of the relevant literature providing a foundation for this study. In order to understand the basis of the problem outlined in Chapter 1, a thorough review of each construct will be presented. The initial section will explore the supervisory working alliance construct, including a description of the model, an overview of the theoretical antecedents, and a summary of research applications using the Supervisory Working Alliance Inventory (SWAI). The second section will identify the theoretical antecedents of the work satisfaction construct, as well as provide an overview of the literature germane to work satisfaction and supervision, discuss models and theories that influenced the development of the Minnesota Satisfaction Questionnaire (MSQ), and provide brief critiques of research studies that used the MSQ. This chapter will conclude with a description of the work-related stress construct, a review of the work-related stress and supervision literature, and a brief compendium of studies using the Occupational Stress Inventory-Revised (OSI-R).

#### The Supervisory Working Alliance Literature

##### *Description of the Model*

The supervisory working alliance model originated from the working alliance conceptual model and psychoanalytic theory (Bordin, 1983). Bordin (1974, 1979) conceptualized the working alliance as consisting of three components: (a) mutual agreement of goals, (b) agreement on the therapeutic tasks, and (c) establishment of

relational bonds. Bordin (1979) indicated that the working alliance is essentially an agreement between the counselor and client to create change.

Bordin (1979, 1983) indicated that while psychoanalytic theory and its original conception of alliance provided a foundation for these models, the supervisory working alliance model deviates from traditional psychoanalytic theory by placing greater emphasis on the importance of change in counseling and psychotherapy. Specifically, Bordin (1983) reported that the underlying mechanism that drives this model is dependent upon “the strength of the alliance between the person seeking change and the change agent, and the power of the tasks that are incorporated into the alliance” (p. 35). The stronger the alliance, the greater the likelihood that change will occur.

Building on Pepinsky and Patton’s (1971) definition of psychological treatment, Efstation, Patton, and Kardash (1990) defined the supervisory working alliance as that component “of the overall relationship between the participants in which supervisors act purposefully to influence trainees through their use of technical knowledge and skill and in which trainees act willingly to display their acquisition of that knowledge and skill” (p. 323). The degree to which relational bonds develop between the supervisor and supervisee will depend on “the feelings of liking, caring, and trusting that the participants share” (Bordin, 1983, p. 36). The tasks and goals agreed to within the supervisory working alliance are predicated on the level of warmth and trust that develops within this collaboration (Bordin, 1983).

The supervisory working alliance is not unique to one particular psychotherapeutic model or approach (Bernard & Goodyear, 2004). Across all

supervision models, a successful supervisory working alliance provides a number of important functions. First, this alliance helps to establish a relationship where counselor change and professional growth can occur (Bordin, 1983). Holloway (1987) implied that the quality of the supervisory working alliance might have a greater influence on supervisee development than the developmental processes associated with establishing one's professional identity. In addition, as supervisees embrace the change process, they are more likely to achieve supervision goals such as mastering counseling skills, increasing self-awareness, understanding their role in the therapeutic process, addressing barriers that limit growth, and expanding their ability to conceptualize client issues (Bordin, 1983). Further, supervisor characteristics and other training program variables may have greater influence on what supervisees learn and experience in supervision (Holloway, 1987). Finally, research has provided evidence that the working alliance is critical to the success of therapeutic outcomes (Gelso & Carter, 1985), and that the supervisory working alliance serves as an important link in the treatment process and client outcome.

#### *Theoretical Antecedents*

The concept of alliance, which originated from psychoanalytic theory (Bordin, 1979; Gelso & Carter, 1985; Horvath & Greenberg, 1994), was a key element in conceptualizing the counseling relationship and in the development of the supervisory working alliance. The term alliance was advanced to explain a component of transference phenomena between the counselor and the client (Freud, 1913/1958) in order to address the client's presenting issues (Horvath & Greenberg, 1994). Several

researchers advanced the alliance concept with the development of the working alliance construct. Establishment of the working alliance construct laid the foundation for the supervisory working alliance model.

Greenson's (1967) working alliance model, an important conceptual model in the development of the supervisory working alliance, deviated from the traditional psychoanalytic view of alliance. Greenson (1967) considered the real therapeutic relationship as experienced through "nonneurotic, rational rapport which the patient has with his [or her] analyst" (p. 192). In order for clients to experience beneficial outcomes in psychoanalysis, transference reactions and interpretation alone were not sufficient to constitute a change (Greenson, 1967). The supervisory working alliance model extended the notion that change can also occur in supervisees based on the relationship that develops between the supervisor and supervisee.

Another conceptual component integrated into the supervisory working alliance is the process of social interaction and influence. Social influence serves an important function in the development of the alliance, and the degree to which both parties carried out alliance activities (Pepinsky & Patton, 1971). Pepinsky and Patton reasoned that psychological treatment was a type of social interaction and influence. The encounter within the therapeutic alliance created a situation where the counselor's actions could bring about client change with the intent to alter conditions causing the discrepancy between existing and desired state of being (Pepinsky & Patton, 1971). Similar to the goal of the therapeutic alliance, the supervision relationship serves as a mechanism to

bring about change in supervisee development through social interaction and influence (Efstation et al., 1990).

Robinson (1950) also influenced the development of the supervisory working alliance through his research on the working relationship and the identification of good rapport and type of resistance that exists between the counselor and client. He indicated that the working relationship is most effective when evidence of mutual respect and client verbalization through full expression of problems exists. Robinson (1950) added, “rapport is an important characteristic of the interview and can be used as a criterion of counseling effectiveness” (p. 110).

#### *Research Applications of the SWAI*

Several researchers have applied the SWAI to measure the supervision working alliance construct. A review of the literature, however, yielded no studies that used the SWAI to measure the variables identified for this study (i.e., work satisfaction and work-related stress). Researchers have used the SWAI in a variety of settings and populations, including psychological supervision of probation officers (Norrie, Eggleston, & Ringer, 2003), graduate-level counselor trainees (Murray, Portman, & Maki, 2003; Patton & Kivlighan, 1997; Webb & Wheeler, 1998; White & Queener, 2003), and posteducational rehabilitation settings (Herbert & Trusty, 2006; Schultz, Ososkie, Fried, Nelson, & Bardos, 2002).

Initially, application of the SWAI focused on studies investigating counselor trainees in academic settings (cf. Patton, Brossart, Gehlert, Gold, & Jackson, 1992; Patton & Kivlighan, 1997; Trad, 1995). Even though the SWAI was used more frequently in

training settings, recent applications in post academic environments indicate the growing importance of this instrument in understanding perceptions of supervision in professional settings. Schultz et al. (2002) conducted a study designed (a) to find further empirical support of the supervisory relationship in Holloway's systems approach within post-academic rehabilitation settings, and (b) to assess current practices in clinical supervision. For their study, 111 rehabilitation counselors employed by the Division of Vocational Rehabilitation in two western states agreed to participate. Results of this study revealed that for the majority of participants, supervision did not occur at regular intervals and often occurred when situations dictated (e.g., crisis). In addition, the frequency of contact between supervisor and supervisee had greater impact on the quality of supervision. When less time was committed to weekly supervision, the quality of the supervisory working alliance decreased. Counselors who perceived their supervisors as expert and attractive (i.e., one who the supervisee can identify with) typically experienced a better quality supervisory working alliance. Finally, counselors' perceived reward and legitimate power as having little effect on the development of the supervisory working alliance since these dimensions were viewed as beyond the domain of supervisors' responsibilities (Schultz et al., 2002). Concerns with this study focused on the assessment of clinical supervision. It appeared that participants were confused about what constituted clinical supervision. Some respondents included administrative staff meetings as clinical supervision and some respondents indicated they spend as much as 300 minutes per week in supervision. Further, it was unclear if the participants who counted administrative supervision as part of their clinical



supervision experience had higher scores on the SWAI than those who properly identified time spent in clinical supervision.

Herbert and Trusty (2006) investigated 145 rehabilitation counselors' and supervisors' assessments of the supervisory working alliance and satisfaction with clinical and administrative supervision, along with supervisory practices within a state vocational rehabilitation program. Results of this study revealed supervisees' preference for supervision and supervision methods closely matched what actually occurred within the dyads. In addition, the clinical supervision tended to use the consultative role more frequently than the supervisory approach that focused on the counselor role. Regarding supervision satisfaction, Herbert and Trusty found that counselors were generally satisfied with the supervision they received and supervisors were satisfied with the supervision they were providing. When comparing the two types of supervision, administrative supervision appeared more satisfying than clinical supervision, possibly due to the limited time spent in supervision and the counselor's level of experience. Similar to Schultz et al.'s (2002) findings, supervision often occurred when situations warranted, with supervisors committing minimal time to the supervision process.

Herbert and Trusty (2006) also found both supervisors' and supervisees' perceptions of client focus and rapport in clinical supervision were consistent and in agreement with each other, however, neither component predicted satisfaction. In addition, males were generally more satisfied with supervision than females, and counselors were more satisfied with clinical supervision when the frequency of supervision sessions decreased (Herbert & Trusty, 2006). Even though the time spent in

clinical supervision was clearly delineated, no data were evident on the frequency of time spent in administrative supervision. Further, since the SWAI measures perceptions of supervisory support in clinical settings, it was unclear how responses applied to administrative supervision (i.e., Is the alliance measure the same for administrative versus clinical supervision?). One question was added to the survey to rate satisfaction with administrative and clinical supervision, but it did not provide for elaboration on what specifically participants were satisfied with. Finally, there was no indication of how satisfaction with the two types of supervision connected back to outcomes with clients.

The previous two studies applied the SWAI within professional rehabilitation settings. Murray et al. (2003) explored the relationship between clinical supervision and developmental changes with 70 rehabilitation counselor trainees during practicum and internship stages of training. This study attempted to understand what developmental differences existed with practicum and internship students during their supervision experience. Findings from this study indicated that there were no significant differences in counselor developmental levels, as outlined by Stoltenberg and Delworth's Integrated Developmental Model, between practicum and internship students (Level II) and advanced level students (Level III). One possible reason for this outcome may be that both practicum and internship participants completed the instruments at the end of their community training experiences, thus falling within the low Level III range. In addition, these researchers indicated that students in practicum tended to demonstrate more variability in their level of development than did more advanced internship students,

indicating, “internship seems critical in the developmental process” (Murray et al., 2003, p. 29). Further, internship students scored higher on both Client Focus and Rapport subscales of the SWAI-Trainee. Finally, results indicated that practicum students across a number of schools showed similar scores on the Rapport and Client Focus subscales compared to internship students who showed different scores on Rapport but not Client Focus (Murray et al., 2003). This finding suggests that the counseling programs in this study may be more alike in how students experience their practicum experiences compared to what students experience during their internship in rehabilitation counseling settings. A limitation of the study was whether the level of clinical supervision was consistent across practicum and internship settings and across developmental levels. Further, the authors did not mention how much time was spent in supervision across practicum and internship settings, the type of supervisory style used with practicum and internship students, and whether supervision in internship was strictly clinically focused.

Patton and Kivlighan (1997) conducted a study of 75 counseling student trainees to examine the relationship between students’ perceptions of the quality of the supervisory working alliance and the quality of the counseling working alliance, as well as the trainee’s adherence to a specific counseling model. Counselor trainees conducted four counseling sessions with undergraduate volunteers and received supervision from doctoral students in counseling psychology. In addition, counselor trainees were enrolled in a lecture-based course on psychodynamic approaches to treatment. Results from this study indicated that trainee’s perception of the quality of the supervisory

working alliance carried over into the counseling working alliance and influenced the counselor's relationship with the client (Patton & Kivlighan, 1997).

As trainees' experienced the relational template developed within the supervisory working alliance, they created a similar template with clients by applying the knowledge and experience gained in supervision. In addition, the strength of the counseling working alliance seemed closely linked to the strength of the supervisory working alliance, indicating that a relationship exists between trainee performance in the counseling session and the quality of the supervisory working alliance. Further, after reviewing the distribution of variances between these variables, Patton and Kivlighan (1997) found that for clients' rating of the working alliance, a majority of the variance was the result of the relationship within the counseling dyad. Finally, general adherence to a specific counseling approach appeared to be dependent on week-to-week or situational issues, and not the relationships between trainee-supervisor and counselor-client (Patton & Kivlighan). This study raises a question about whether quality of working and supervisory alliances can be accurately measured after a limited number of sessions. Further, even though general adherence to counseling was based on situational factors, implementing certain counseling skills was influenced by the supervisory working alliance, while implementing certain counseling strategies was not a function of this alliance. One possible explanation for this difference may be that supervisors were relatively inexperienced in cultivating strategies due to limited counseling experiences.

Webb and Wheeler (1998) investigated the supervision process and aspects of this process that prevent supervisees from expressing sensitive issues with their

supervisor. These researchers included participants who indicated they were in training and those not in a formal training program. Participants ( $n = 96$ ) were randomly selected from the British Association for Counseling directory, and participant selection was limited to those counselors who practiced from a psychodynamic tradition. Maintaining participants from one therapeutic tradition allowed researchers to minimize differences in the supervision process resulting from different supervision models. Results of this study indicate that counselors were able to disclose sensitive matters related to their clients better in individual settings than in group settings. In addition, researchers found that as supervisees' perceptions of rapport with supervisors increased, so did their comfort in disclosing client sensitive issues (Webb & Wheeler, 1998).

Similarly, a positive correlation existed between the level of supervisee rapport with supervisor and the ability to discuss issues within the supervision dyad. When supervisees anticipated disagreements or potential conflicts with supervisors, they reported the level of rapport decreased with supervisors. Further, differences in level of rapport and disclosure between supervisee and supervisor were evident based on level of counselor training development. Trainees, compared to non-trainees, appeared less likely to disclose sensitive issues about clients and about supervision issues within the supervision dyad. Finally, disclosure of sensitive client and counseling information appeared to occur more frequently when a supervisor outside the work setting conducted supervision. Supervisees who selected their supervisor reported feeling more at ease in disclosing sensitive issues (Webb & Wheeler, 1998). One limitation of this study is that some participants were in training but the status of the others was unclear,

making it difficult to differentiate disclosure patterns. In addition, other issues such as the type of supervision received, the number of hours spent in supervision per week, and reliability of self-reporting were significant issues. Researchers allowed participants to comment on only one supervision experience, thus raising concern about the reliability of the data.

White and Queener (2003) examined the relationship between supervisor and supervisee social support and adult attachment characteristics and the supervisory working alliance. The researchers studied 67 supervisees from three midwestern university counseling programs and 67 supervisors, 55 of whom were licensed professionals and 12 supervisors who were doctoral students at one of the university programs. They hypothesized that one's ability to develop an attachment within the supervisory relationship, along with integrating social support networks (social provisions), would predict both supervisors' and supervisees' perceptions of the supervisory working alliance. Results of this study revealed a strong positive relationship existed between supervisors and supervisees' perceptions of the supervisory working alliance (White & Queener, 2003).

Testing the hypothesis, the researchers found that supervisees' ability to create adult attachment and social provisions did not predict supervisors' perception of the supervisory working alliance, however, a significant finding resulted when testing supervisors' ability to create adult attachment and social support in predicting their perception of the supervisory working alliance (White & Queener, 2003). This study did not identify participant age so there was some question about how age and potential age

difference between supervisee and supervisor factored into the results. In addition, it was unclear how gender influenced the results, especially given the fact that a majority of participants were female. This study also raised a question about what influence supervisors and supervisees had on the development of the supervisory working alliance.

Wester, Vogel, and Archer (2004) surveyed 103 psychology interns randomly selected from 216 internship sites to determine the extent to which the supervisory working alliance altered how male trainees dealt with restricted emotionality and how male trainees working with male supervisors perceived the supervisory working alliance. They found male counselors were not immune to the impact and influence of restricted emotionality. In addition, male supervisees expressed more doubt about their own counseling self-efficacy when experiencing higher restricted emotionality. Finally, Wester and colleagues found that male counselors had lower perceptions of the supervisory working alliance when working with a male supervisor. One limitation of this study was that only males from American Psychological Association internship sites were selected. Surveying male helping professionals from other disciplines with varying levels of experience would add to the study's generalizability. In addition, males who responded may have less issue with restricted emotionality compared to those who did not respond, therefore, the results might not accurately reflect the true dynamic that exists in counseling supervision.

## Work Satisfaction Literature

The first studies on work satisfaction were conducted by applied psychologists at the turn of the 20<sup>th</sup> century (Dawis, 2004), however, the first purposeful and methodical attempts to understand the work satisfaction construct did not begin until the 1930s (Locke, 1976). A key component to work satisfaction theory was the concept of satisfaction. Satisfaction was first used by Thorndike as a psychological construct in the development of his law of effect, which provided the original framework for stimulus-response behavioral psychology (Dawis, 2004).

Hoppock was one of the first researchers to provide a comprehensive study of work satisfaction (Dawis, 2004). Hoppock (1935) developed a global measure of work satisfaction, and from his research found that while the majority of workers were satisfied with their jobs, their satisfaction had less to do with their economic situation and more to do with their economic situation relative to their neighbors. While Hoppock was conducting research on job satisfaction, Mayo and colleagues were exploring reasons for worker work dissatisfaction within the manufacturing sector by way of the Hawthorne studies (Dawis, 2004; Roethlisberger & Dickson, 1939). The Hawthorne studies and Hoppock's research on job satisfaction helped launch extensive research on the work satisfaction construct. Locke (1976) initially estimated that over 3,300 articles or dissertations exist on work satisfaction. More recently, Cranny, Smith, and Stone (1992) estimated there are over 5,000 works related to job satisfaction. A large percentage of this literature has attempted to conceptualize and operationalize the general work satisfaction construct, including working conditions, compensation, promotion, and



supervision (Cranny et al., 1992). Despite the extensive body of literature on this topic area, a paucity of research exists on work satisfaction in the counseling profession (Evans & Hohenshil, 1997).

#### *Description of the Work Satisfaction Construct*

Attempting to develop a universal definition of work satisfaction has been an ongoing process, and a number of researchers have formulated definitions of work satisfaction (cf. Fincham & Rhodes, 2005; Herzberg, Mausner, Peterson, & Capwell, 1957; Hoppock, 1935; Locke, 1976; Locke & Henne, 1986; Spector, 1997). Cranny et al. (1992) indicated that while some variation in definitions exist across the literature, most researchers agree “that job satisfaction is an affective (that is, emotional) reaction to a job that results from the incumbent’s comparison of actual outcomes with those that are desired” (p. 1).

In addition, several theories of work satisfaction have evolved to provide a foundation for this construct as it pertains to this study. One theoretical approach explored job satisfaction from a general overall dimension. Hoppock (1935) viewed work satisfaction from a global perspective as a “composite satisfaction with the job as a whole” (p. 48). He identified that individuals will experience different levels of satisfaction that will vary across situations and time. Hoppock (1935) emphasized that attempting to understand the multiple factors, issues, and circumstances associated with job satisfaction across individual workers over the course of time was difficult. In contrast to Hoppock’s global approach to job satisfaction, Weiss, Dawis, England, and

Lofquist (1967) believed that looking at specific components of one's job offered greater insight into understanding what drove work satisfaction.

Another important theoretical model that contributed to the development of the work satisfaction construct involved differentiating between work satisfaction and work dissatisfaction. Herzberg, Mausner, and Snyderman (1959) examined the relationship between job satisfaction and job dissatisfaction in order to assess whether these constructs lie on a continuum or are distinct phenomena. Influencing Herzberg et al.'s theoretical model was Maslow's (1954) need hierarchy of motivation. Herzberg et al. (1959) found that factors leading to work satisfaction and work dissatisfaction did not exist on a continuum. They theorized that individuals operate from a neutral perspective toward their job. When factors increase work satisfaction, workers move beyond this neutral position. When satisfaction factors are not present, however, workers do not become dissatisfied, rather they move back to a neutral position. Similarly, when negative factors are removed, workers do not become satisfied, rather they move to a neutral position (Herzberg et al., 1959).

Herzberg and colleagues identified a number of job content factors leading to work satisfaction, including recognition, achievement, advancement, work itself, and responsibility. In addition, they identified several job contextual factors leading to work dissatisfaction, including company policies and administration, technical supervision, interpersonal relations with peers, working conditions, and salary (Herzberg et al., 1959). Dawis (2004) explained that job content is often associated with intrinsic factors and job context is often associated with extrinsic factors, however, "*both* intrinsic and

extrinsic factors appeared to be associated with *both* job satisfaction and job dissatisfaction, depending on what was important to the individual" (p. 473).

According to Dawis (2004), a number of theoretical approaches of work satisfaction draw on the premise that satisfaction and need are conceptually related, and that satisfaction cannot be attained unless a prior need exists. Weiss et al. (1967) developed the MSQ based on this premise that work satisfaction results when work needs are satisfied. Dawis (2004) explained that need fulfillment, as part of the work satisfaction construct, is based on the notion that (a) different people have different needs, and (b) needs will vary in importance and strength for a given individual. While a worker may identify the importance of filling multiple needs, preference to satisfy one need over another will depend on what he or she perceives as important for achieving job satisfaction (Dawis, 2004).

Another facet of the work satisfaction model is the role of supervision. Locke (1976) discussed a supervision approach that separated supervision into two types of relationships: functional and entity. According to Locke (1976), a functional relationship is defined as a relationship where both parties agree upon specific activities or services. An entity relationship is one based strictly on the bonds that develop between two individuals based on mutual respect and appreciation. Within a supervision relationship, both functional and entity relationships shape the quality of the working alliance (Locke, 1976). According to Locke, in a functional relationship, the supervisor draws on task-related values and rewards to help supervisees gain work values. Entity relationships viewed the relationship between two individuals as important. An entity

relationship was valued when supervisors demonstrated characteristics such as being considerate, friendly, and courteous toward the supervisee (Locke, 1976). Locke believed that if the supervisor can create an environment where the supervisee can achieve work goals and develop common values and bonds within the supervision dyad, the supervisee will experience greater work satisfaction.

Building on Locke's model, Schneider, Gunnarson, and Wheeler (1992) believed that the supervision process influenced various activities and opportunities for supervisees. They postulated that the quality of supervisees' functional relationship with their supervisor was dependent on how well supervisors were able to mediate current and future task-related activities and rewards. According to Schneider et al. (1992), the supervisor's ability to create functional opportunities may affect the supervisee's level of work satisfaction; unfortunately "little or no attention is paid to the various kinds of opportunities supervisors may make available to workers or the ways supervisors can facilitate or constrain the attainment of future opportunities" (p. 57-58).

Spector (1997) identified a number of reasons why work satisfaction is an important construct that should concern members across all levels of the organization. He explained that work satisfaction is a reflection of the psychological health and emotional well-being of each employee. In addition, if employees are satisfied in their jobs, attitudes and behaviors tend to reflect in organization operations, as well as overall health of the organization. Further, evaluating worker satisfaction can provide an organization with information about potential problems area and concerns that exist across units (Spector, 1997).

Spector (1997) classified antecedents of job satisfaction as worker characteristics (e.g., personality and work experiences) and the work environment (e.g., interpersonal relations with coworkers and supervisors and job duties). An important factor in determining the degree of work satisfaction was the supervision relationship. One could speculate a direct link exists between the degree of work satisfaction and quality of the supervision relationship, regardless of the type of work or setting.

#### *Work Satisfaction and Supervision*

*Work satisfaction and supervision in general service professions.* O'Connor, Peters, Rudolf, and Pooyan (1982) conducted a study of 237 returning adult students across a diverse range of professions. The purpose of the study was to explore organizational constraints across several work satisfaction factors. The main finding was that the greater the overall perceived severity of job constraints, the more frustrated and dissatisfied workers became. In addition, satisfaction with supervisor, work satisfaction, and general satisfaction were found most severely affected by perceived job constraints as reflected by the highest negative correlations across all categories (O'Connor et al., 1982).

Traut, Larsen, and Feimer (2000) studied 123 public service workers to ascertain employee job satisfaction associated with supervisors, internal relationships, job training, the work itself, and the overall job itself. In addition, they attempted to understand the effects of job tenure on job satisfaction. Results from their study revealed that new employees (0-3 years of company experience) reported the highest level of satisfaction with supervisors followed by employees with 4-10 years of company

experience. As employee tenure increased, satisfaction with supervisor decreased. Further, employees who reported the highest overall level of job satisfaction were often the shortest tenured employees (Traut et al., 2000).

Several studies investigated work satisfaction and supervision in the allied health fields. Hyrkäs (2005) explored the relationship between clinical supervision, work satisfaction, and burnout with 569 Finnish mental health and psychiatric nurses. Results of the study indicated that nearly 50% of the supervisees reported high levels of intrinsic and overall work satisfaction, yet moderate levels of extrinsic work satisfaction. Overall, supervisees who valued the clinical supervision experience viewed it as beneficial, as well as contributing to greater work satisfaction (Hyrkäs, 2005). One concern with this study was that at least half of the participants were not as satisfied with their job but it was unclear if this was due to a mismatch between supervisors and supervisees' disciplines or other factors.

In a study of nursing supervision and work satisfaction, Uys, Minnaar, Simpson, and Reid (2005) implemented two supervision models in different service settings to determine their effect on supervisee work satisfaction. Results of this study revealed that supervision training had little-to-no effect on supervisee work satisfaction. One limitation of the study was a lack of clarity regarding the type of supervision (i.e., administrative or clinical) that was implemented.

Eklund and Hallberg (2000) conducted a study of 334 occupational therapists working in a psychiatric care setting to determine how clinical supervision and other work-related factors influenced work satisfaction. In this study, either occupational

therapy-specific supervisors or psychologists provided supervision. Psychologists often provided supervision across disciplines (team-oriented), whereas occupational therapy supervisors provided supervision within their discipline. One finding from this study was that participants who received team-oriented supervision typically reported higher satisfaction in specific work situations involving interpersonal communication and cooperation with coworkers compared to those who did not receive this type of supervision (Eklund & Hallberg, 2000). A limitation of this study was that the researchers did not include provisions within the instrument to identify what specific components of supervision contributed to worker satisfaction.

*Work satisfaction and supervision in counseling and the helping professions.* Several studies have investigated the relationship between work satisfaction and supervision within the helping professions. In two related studies, Olk and Friedlander (1992) found that supervisees' who experienced greater role conflict and role ambiguity reported "more work-related anxiety and more dissatisfaction with clinical work in general and with supervision" (p. 393). Ladany et al. (1999) reported that supervisees experienced more satisfaction and felt more at ease with their supervisor as the emotional bond within the supervisory working alliance grew stronger over the course of training. Conversely, as the emotional bond weakened over time, supervisees reported less satisfaction and comfort with their supervisor, diminishing the quality of the supervisory working alliance (Ladany et al., 1999). Even though these two studies did not make an explicit connection to work satisfaction in professional settings, evidence

presented thus far seems to indicate that work satisfaction and supervision may have relevance to counselors beyond academic settings.

In some professional counseling settings (e.g., schools), understanding the relationship between clinical supervision and work satisfaction may be difficult due to the availability of this type of supervision. In an attempt to understand work satisfaction for counselors receiving peer supervision, Crutchfield and Borders (1997) conducted a study of 29 school counselors to determine whether differences existed between two clinical peer supervision models on work satisfaction, counseling effectiveness, and counselor self-efficacy. Crutchfield and Borders found, despite some positive change between pre and posttest scores (over the course of 2.5 months), no significant differences resulted between application of the two peer supervision models and work satisfaction. In addition, peer supervision did not appear to improve counseling effectiveness or counselor self-efficacy (Crutchfield & Borders, 1997). One limitation of this study was the time between pre and posttest administration might not have been sufficient to determine work satisfaction (Crutchfield & Borders, 1997). In addition, the sample size was small raising some concern about the robustness of the findings. Finally, there was no measure to identify other work factors that may have influenced work satisfaction.

In a study of work satisfaction among 121 social workers, Newsome and Pillari (1991) examined the relationship between three professional groups of social workers (i.e., social workers, eligibility workers, and juvenile court workers) and their satisfaction with supervision and the influence this relationship had on their work with



clients. Results from this study yielded a number of findings. First, participants who were generally satisfied with their job were also satisfied with supervision, however, supervisors were generally not viewed positively across the three professional groups. Further, while social workers and eligibility workers yielded no significant relationship between satisfaction in their work with clients and overall work satisfaction, a significant relationship did exist for juvenile court workers. Finally, there was a positive association between overall supervisory working alliance and overall work satisfaction (Newsome & Pillari, 1991). Two caveats exist for this study. First, categories that had the highest level of work satisfaction were personal autonomy and job security, which may explain why workers were satisfied with supervision, even though supervisors were not viewed as positive or consistent. In addition, greater perceived levels of personal autonomy and job security may have more influence on work satisfaction than the quality of the supervisory working alliance.

Schroffel (1999) examined the association between work satisfaction of 84 social workers and the frequency, quality, and style of their current supervision. A number of findings were reported, including a positive relationship between satisfaction with supervision and the length of time they held a license. There were no significant findings between the frequency of clinical supervision and work satisfaction. Further, a positive correlation existed between quality of supervision and several Job Descriptive Index (*JDI*; Smith, Kendall, & Hulin, 1969) subscales, including Work on the Present Job, Opportunities for Promotion, and the Job in General. Finally, higher levels of work satisfaction were reported when the style of supervision matched the supervisees'

preferred supervisory style (Schroffel, 1999). One limitation of this study was the use of non-random, purposive sample thus limiting generalizability. Further, participants had varied professional training credentials, thus making it difficult to know how training and professional philosophy may shape clinical supervision expectations. Finally, a large majority of participants were licensed, raising the question of whether clinical supervision is required.

Cohen and Laufer (1999) conducted a study of 290 Israeli social workers to determine whether satisfaction with clinical supervision resulted in increased perceptions of professional competencies. Cohen and Laufer hypothesized when social workers were satisfied with their clinical supervision experiences, they were more likely to see themselves as competent professionals. Cohen and Laufer found a weak, positive relationship between satisfaction and perception of professional competencies. In addition, Cohen and Laufer found that when seniority was removed from the analysis, the strength of the relationship improved slightly. Further, a strong and significant relationship was found when these researchers compared satisfaction with supervision and perceived competence for workers currently receiving supervision. When the analysis shifted to workers who were not currently receiving supervision, the researchers found that workers who were not currently receiving supervision did not perceive themselves as professionally competent. These results indicate that supervision serves an important function in one's perception of professional competence within the social work field (Cohen & Laufer, 1999). One concern with this study was the use of an instrument without well-established psychometric properties. In addition, it was not

clear what specific components of participants' satisfaction with supervision were being measured or whether using an instrument developed for social work interns would be applicable for individuals who averaged over nine years of professional experience.

Kavanagh et al. (2003) conducted a study of 272 allied mental health professionals to explore the relationship between supervision characteristics and work satisfaction. Several findings were reported, including no significant difference between work satisfaction and a participant's professional discipline. Further, there was no significant relationship between frequency and availability of supervision and work satisfaction. One limitation of the study was that nearly half of the supervisees had multiple supervisors. In addition, different disciplines may require different types of supervision. Data were averaged across all professions so it was difficult to determine how satisfaction with supervision compared across professional groups.

#### *Development of and Research Using the MSQ*

Development of the MSQ was based on Schaffer's (1953) theoretical conceptualization of job satisfaction (Dawis, 2004). Schaffer's theory of job satisfaction operates from the premise that whatever psychological components drive satisfaction or dissatisfaction in human behavior must also drive satisfaction or dissatisfaction in the workplace. Schaffer (1953) indicated the amount of dissatisfaction an individual experiences is determined by the strength of the need and the belief that the need can be satisfied. Schaffer (1953) stated, "job satisfaction will vary directly with the extent to which those needs of an individual which can be satisfied in a job are actually satisfied; the stronger the need, the more closely will job satisfaction depend on its fulfillment" (p.

3). The development of the MSQ was intended to measure differences in individual vocational needs and the strength of those needs in order to determine one's level of job satisfaction (Weiss et al., 1967).

Several studies have used the MSQ to measure job satisfaction. DeMato and Curcio (2004) used a modified long-form MSQ to evaluate job satisfaction of 301 elementary school counselors in Virginia. The modified MSQ included changes in terminology and removal of neutral response option from the original form. Overall job satisfaction scores from this study were compared to job satisfaction scores obtained from elementary school counselors surveyed in 1995 and 1988. All 20 MSQ scales, with the exception of the Compensation scale, were above the mean scale score of 12.51. Scores above the mean scale score indicated general feelings of satisfaction and scores below the mean scale score indicated general feelings of dissatisfaction. The results of the study revealed that school counselors reported high overall levels of job satisfaction during the three survey years. In addition, the source of satisfaction for many elementary school counselors was providing counseling and counseling-related services, tasks, and activities (DeMato & Curcio, 2004). One concern with this study was that it focused on participants who were selected from a state counseling association rather than directly from schools. This selection process could possibly skew results because counselors who were less satisfied with their work may be less inclined to enroll in a professional association (Levinson, Fetchkan, & Hohenshil, 1988). In addition, it was unclear if the procedure used in this study matched those used in the 1988 and 1995 studies.

Evans and Hohenshil (1997) conducted a survey of 231 certified substance abuse counselors in Virginia to determine the relationship between work satisfaction and clinical supervision. Participants completed a modified long-form MSQ as part of the study. Evans and Hohenshil found that substance abuse counselors in their study were satisfied with their work. The results also indicated that four supervision variables predicted 26% of the variance in work satisfaction. These variables included number of hours in supervision each week, supervisors' years of clinical supervisory experience, supervisor's highest degree, and whether the clinical supervisor served in an administrative capacity (Evans & Hohenshil, 1997). One limitation of this study has to do with the selection of participants. The researchers believed the results should generalize because certification requirements are consistent throughout the US, however, not all substance abuse counselors may hold this type of certification so results may not generalize beyond the population studied.

Holcomb-McCoy and Addison-Bradley (2005) surveyed 48 African American counselor educators using the MSQ short-form and the Racial Climate Scale to determine the relationship between work satisfaction and the racial climate within the workplace. Findings revealed that African American counselor educators who were generally satisfied with their job also reported a positive racial climate within their work setting. Finally, tenure status and academic rank were not factors in overall job satisfaction (Holcomb-McCoy & Addison-Bradley, 2005). The sample size used in this study may limit the robustness of research questions using regression analysis. In

addition, it was unclear if the responses are representative of the 68 African American counselor educators who did not participate.

Sweeney, Hohenshil, and Fortune (2002) conducted a national study to examine job satisfaction among 211 Employee Assistance Program (EAP) counselors. Along with the MSQ long-form, participants were instructed to complete an individualized information form (IIF). Results indicated that a majority of EAP counselors reported feeling satisfied with their jobs, and their job satisfaction scores were comparable to scores reported for licensed professional counselors and psychologists. Further, mean scores for each of the 20 item scales were in the neutral or satisfied categories. Social Service scale ranked highest and the Advancement scale had the lowest mean score. Finally, perceptions about gender inequities related to opportunities for advancement were reflected in lower satisfaction scores for women who responded "yes" to the gender promotion question on the IIF (Sweeney et al., 2002). One issue that was not addressed in this study was the impact of client issues and interactions on work satisfaction.

Several studies used a modified MSQ instrument to measure work satisfaction among school psychologists. The modified MSQ removed sexist language and altered terminology to be consistent with language used within the employment setting (Brown, Hohenshil, & Brown, 1998). Anderson, Hohenshil, and Brown (1984) surveyed 391 school psychologists to determine their level of work satisfaction. Anderson and colleagues found a large majority of school psychologists were satisfied with their work. In addition, these researchers reported a positive relationship between psychologists'

age and work satisfaction scores. Results also showed that as the psychologist-to-student ratio increased, the level of work satisfaction decreased (Anderson et al., 1984).

Levinson et al. (1988) replicated the Anderson et al. (1984) study with 267 Virginia school psychologists. Similar to the results found in Anderson et al.'s study, a large majority of school psychologists were satisfied with their jobs. Contrary to Anderson et al., Levinson and colleagues found age was not a significant factor in overall work satisfaction for this group. Brown et al. (1998) also replicated the Anderson et al. study and reported that, compared to participants in the Anderson et al. study, work satisfaction remained high among 228 school psychologists. Regarding age and psychologist-to-student ratio, Brown and colleagues found that these demographic variables did not predict work satisfaction. Each of these studies contributed to psychometric properties of the MSQ, providing further evidence of the reliability of the measure. Finally, it was unclear if school psychologists received supervision and what role it did or did not have in overall work satisfaction.

#### Work-Related Stress Literature

Stress is a well-defined and easily recognized condition existing across many occupations and work settings. Stress in organizations has been a pervasive and widespread phenomenon, yet is not a new concern (Moore & Cooper, 1996; Sonnentag & Frese, 2003). Extensive literature exists on the physical and emotional health burden from stress on workers and the economic costs associated with stress for employers. According to the National Institute for Occupational Safety and Health (1999), between 26% and 40% of workers surveyed in three workplace stress studies reported

experiencing very high levels of stress. Lee (2002) estimated that the aggregate cost of employee stress on US organizations was approximately \$150 billion annually. Attempts to estimate an actual cost of work-related stress, however, are difficult because “estimation of the economic costs of stress-related illness is complicated by the fact that most of the true costs are never reflected in a dollar-measurable form” (Karasek & Theorell, 1990, p. 164). Further, Lou Harris & Associates (as cited in Elkin & Rosch, 1990) estimated that approximately 550 million workdays are lost in the US annually due to absenteeism and over 50% of these absences are stress-related.

While most individuals experience stress on some level in their jobs, those who work in mental health professions seem particularly susceptible to its effects (Moore & Cooper, 1996). Part of the reason for this phenomenon is the nature of the work and the exposure to chronic psychological and emotional issues (Moore & Cooper, 1996), client crises, and continuous demands by organizational and managed care providers. Rabin et al. (1999) commented that stress within the mental health profession is a function of the work where, “interpersonal contact is often emotionally charged with feelings of tension, anxiety, hopelessness, embarrassment, fear and sometimes even hostility” (p. 159). Carson and Fagin (1996) added that stress in the mental health profession could influence one’s work performance, level of work satisfaction, and physical and emotional health.

#### *Description of the Work-Related Stress Construct*

Stress connotes descriptions and images often viewed as negative, unmanageable, and unhealthy. Most of the stress literature focuses on the negative



aspects of stress because of the physical and psychological health consequences and behavioral problems that often result. While stress is typically associated with negative outcomes, it also has positive attributes that in the short-run can lead to desired outcomes, especially in work situations. Sapolsky (2004) identified positive outcomes of acute stress, including enhanced memory, increased concentration, improved sensory capacity, and increased energy and output. Prolonged stress can lead to negative outcomes such as decreased memory, decreased concentration, and decreased sensory capacity, as well as a significant number of physiological complications (Melhuish, 1978; Sapolsky, 2004). The focus of research on work-related stress throughout the literature was on chronic and long-term effects of stress. For the purpose of this study, work-related stress was considered as a protracted stress response.

Similar to work satisfaction, extensive research exists on the constructs of stress and work-related stress, however, Spector (1997) indicated that a “relatively small number of possible job stressors have been studied” (p. 43). Historically, use of the term stress dates back to the 14<sup>th</sup> century and application of the construct to the physical sciences appeared during the 17<sup>th</sup> century (Lazarus & Folkman, 1984). Systematic study of stress, however, did not begin until the early 20<sup>th</sup> century with the work of Walter Cannon and Hans Selye (Lazarus & Folkman 1984; Sapolsky, 2004). In contrast, work-related stress is a relatively new component of the stress construct. According to Beehr (1998), research on work-related stress grew significantly from the mid-1970s to the late-1980s. This growth resulted from the need to validate the increasing number of occupational stress variables that were being identified (Beehr, 1995).

Researchers conceptualize stress into four categories: (a) stimulus, (b) response, (c) transactional or relational, and (d) discrepancy (Sonnentag & Frese, 2003). Lazarus and Folkman (1984) indicated that the stimulus concept is based on the belief that stress is a stimulus, and these “stress stimuli are most commonly thought of as events impinging on the person” (p. 12). According to Selye (1956), the response concept focuses on the notion that stress exists when one shows evidence of a specific physiological reaction without the presence of a specific stimuli. In this model, “stress-response differs from most other biological reactions because it is nonspecifically produced and yet, its form is quite specific” (p. 58). In the transactional stress model, Lazarus (1966) indicated that stress resulted from the relationship between a person and the environment. In this conceptual model, stress occurred when the person appraised the relationship as exceeding his or her resources and posing a threat to his or her well-being. Finally, Edwards (1992) formulated the discrepancy concept in which stress resulted from a deviation between one’s perceptions and desires.

Numerous work-related stress theoretical models have developed based on the stress conceptualizations (cf. Cooper, 1998). Given the scope of work-related stress models, this section will focus on a few key theories as they relate to the parameters of this study. Lazarus (1966) introduced the transactional stress model. According to this model, stress resulted when an individual perceived his or her relationship with the environment as exceeding his or her resources and threatening his or her sense of well-being (Lazarus & Folkman, 1984). When a stressor appears, the individual attempts to mediate the stressor through cognitive appraisal and coping. Cognitive appraisal is a

mental process by which an individual evaluates the degree to which a stressor is harmful or exceeds his or her resources. Two main types of cognitive appraisal are primary appraisal and secondary appraisal. Primary appraisal evaluates whether there is potential harm in this interaction. Secondary appraisal determines how harm can be minimized. The primary and secondary appraisal processes allow the individual to reappraise the situation (Lazarus, 1966; Lazarus & Folkman, 1984). According to Lazarus and Folkman (1984), the reappraisal process is managed through implementing coping responses. Coping involves changing thoughts and actions in order to control or manage the situation. In order to manage the situation, the person engages in either problem-focused coping or emotion-focused coping (Lazarus & Folkman, 1984).

Another work-related stress model is Edward's (1992) cybernetic theory of organizational stress. According to Cummings and Cooper (1998), "cybernetics is concerned with the use of information and feedback to control purposeful behavior" (p. 101). The basic assumption of cybernetic theory is that behaviors are adapted or adjusted to address deviations from specific goals (Cummings & Cooper, 1998). Edwards (1992) applied cybernetic theory to work stress. In Edward's theory, stress is defined as, "a discrepancy between an employee's perceived state and desired state, provided that the presence of this discrepancy is considered important by the employee" (p. 245). The discrepancies between perceptions and desires influence employee well-being (psychological and physical health) and employee coping. Coping operates by altering factors contributing to stress or through direct influence on one's well-being. Therefore, stress, well-being, and coping interact through the feedback process to help address

deviations from identified goals. In a work scenario, when an employee experiences stress, this discrepancy results in a diminished sense of well-being. This loss of well-being leads to activation of coping. The coping response can improve one's sense of well-being directly or indirectly through the factors that lead to the stress event (Edwards, 1992).

In the person-environment (P-E) fit theory, occupational stress occurs when a discrepancy arises between the person and the work environment (Edwards, Caplan, & Harrison, 1998). In this model, neither the person nor the organization is solely responsible for the occurrence of stress response. Three key distinctions characterize the P-E fit theory: (a) the individual and the environment; (b) the individual's attributes (objective person) and his or her perceptions (subjective person) of these attributes; and (c) the occupational requirements and demands (objective environment) and the individual's ability to match these demands (subjective environment) through training, skills, and aptitudes (Edwards et al., 1998). The theory posits that an individual's attributes and the objective environment influence the individual's perceptions of these attributes and subjective environment (Sonnetag & Frese, 2003). Strain results from incongruities between the subjective person and subjective environment. According to Sonnetag and Frese (2003), "strain increases as demands exceed abilities and as needs exceed supplies. When abilities exceed demands, strain may increase, decrease, or remain stable. Similarly, when supplies exceed needs, strain may increase, decrease, or remain stable" (p. 458).

### *Work-Related Stress and Supervision*

*Work-related stress and supervision in general service professions.* Several studies were identified that explored the relationship between work-related stress and supervision in general service settings. In a study exploring environmental variables between employees and supervisors, Buck (1972) reported that there was an indirect relationship between supervisee perception of supervisor's level of warmth and supportive behavior and level of job stress. O'Driscoll and Beehr (1994) conducted a comparative study of employees in the US and New Zealand to determine the relationship between supervisor behaviors and supervisee work-related stress and satisfaction. Findings of this study revealed that when supervisees' perceived supervisors as creating a structured relationship, identifying work goals, and providing feedback on job performance, supervisees experienced lower levels of work-related stress and greater work satisfaction. Seltzer and Numerof (1988) hypothesized that supervisor leadership behavior would have an inverse relationship with supervisees' reported level of burnout. Results of their study confirmed that supervisees reported lower levels of burnout when they perceived supervisors as highly considerate.

*Work-related stress and supervision in counseling and the helping professions.* A review of the literature on work-related stress and supervision yielded several studies from the counseling and social work fields. Several researchers found that supervisees who perceived supervision as supportive tended to report lower levels of stress or burnout (Coady, Kent, & Davis, 1990; Himle, Jayaratne, & Thyness, 1989). Collings and Murray (1996) reported that supervisees experienced higher work-related stress when

there was pressure to reach work goals, increased workload, dissatisfaction with supervision, pressure to complete paperwork, and unrealistic community expectations of the profession. In addition, they found that older workers and those who were divorced, separated, or widowed reported higher work-related stress. Factors that did not increase work-related stress included working conditions, peer relationships, and management style. Finally, Collings and Murray found that stress was reduced when the supervision process was less about addressing supervisor needs and more about addressing the importance of supervisee value within the organization. Dalton (as cited in Bell, Kulkarni, & Dalton, 2003) found that the supervisees who receive less evaluative supervision tended to experience lower levels of vicarious trauma.

Wilcoxon (1989) conducted a study of 177 rural mental health counselors and other helping professionals to measure the relationship between supervisees' perceptions of supervisory behaviors and supervisee burnout. Results of this study suggested supervisees' perceptions of supervision structure and styles were directly related to counselor burnout. In addition, supervisees who perceived supervisors as providing a clearly defined supervision structure as evidenced by clear goals and strong communication often experienced lower rates of burnout. Further, supervisees who perceived supervisors as warm, trusting, and respectful reported a greater sense of personal accomplishment (Wilcoxon, 1989). This study did not indicate what the administrator's role was in relation to clinical supervision of the supervisee. In addition, there was no indication that clinical supervision was part of the supervision process.

Ladany and Friedlander (1995) sampled 123 counselor trainees receiving supervision as part of their counseling psychology or clinical psychology program. The intent of this study was to determine the relationship between supervisees' perceptions of the supervisory working alliance and the degree of role conflict and role ambiguity. Results showed an inverse relationship between trainees' perceptions of the quality of the supervisory working alliance and role difficulties in supervision. Supervisees who perceived a strong supervisory working alliance also reported decreased incongruity and uncertainty about their role in supervision, whereas supervisees who perceived a weak supervisory working alliance reported increased role confusion and inconsistency (Ladany & Friedlander, 1995). This study did not identify supervisors' perspectives on the supervisory working alliance, although supervisors' perspectives may have provided more insight into the supervisory working alliance dynamic. In addition, generalizability was limited due to lack of random participant selection.

As mentioned earlier, Olk and Friedlander (1992) found supervisees who experienced role incongruity and confusion reported overall work dissatisfaction and dissatisfaction with their supervisor. They also found that supervisees who experienced role confusion and lack of consistency reported higher levels of work-related stress. In addition, results indicated that participants, regardless of their current level of training, reported role ambiguity more frequently than role conflict, however, as supervisees gained experience the effects of role ambiguity often waned (Olk & Friedlander, 1992). One issue raised in the study was whether dissatisfaction results in role conflict and role ambiguity, or whether these role difficulties result in dissatisfaction.

*Development of and Research Using the OSI-R*

In the development of the OSI-R, Osipow (1998) considered various theoretical and conceptual models of occupational stress, including the person-environment fit theory and Schuler's (as cited in Osipow, 1998) model, which outlined three types of organizational stress. According to Osipow (1998), "these stresses are seen as being related to a variety of negative psychological, physiological, and behavioral symptoms" (p. 21). In addition to person-environment fit theory and organizational stressors, Osipow (1998) considered coping skills to be an important factor in the development of an occupational stress instrument. These three factors laid the groundwork for the construction of the three OSI-R subscales: occupational stress, occupational strain, and coping resources to mediate stress and strain (Osipow, 1998).

Research using the OSI-R has been well documented across a wide range of professions and studies (cf. Osipow, 1998). Aitken and Schloss (1994) used the OSI and the Maslach Burnout Inventory (*MBI*; Maslach & Jackson, 1986) to measure occupational stress and burnout in an Australian government department responsible for the care of people with an intellectual disability. These researchers intended to replicate previous research to determine the degree to which organizational variables have an effect on staff stress and burnout. This study yielded validity and reliability data between the two instruments. In addition, even though the researchers found similarities in the level of work-related stress and burnout across occupational groups, direct care staff did not appear to have the same coping resources and skills for dealing with stress compared to other groups. Further, when comparing direct care staff in institutional and community-



based settings with other occupational groups, there was no difference in burnout levels, however, direct care staff posed a greater risk for burnout. Finally, general institutional staff tended to hold a more negative attitude toward coworkers compared to direct care staff (Aitken & Schloss, 1994).

In a study that investigated occupational stress among counselors, Sowa, May, and Niles (1994) attempted to answer whether counselors experienced higher levels of stress compared to other professionals. In addition, Sowa et al. wanted to know how coping resources influenced counselor occupational stress levels and what the perceived and actual roles were that counselor training played in occupational stress. For this study, 200 participants were selected from the Virginia Counselors Association membership list, with 125 agreeing to participate. Results of this study showed that occupational stress in counselors was equivalent to other peer-based groups. In addition, counselors who indicated high levels of occupational stress also scored high on the occupational strain subscale compared to counselors who indicated low levels of occupational stress. Further, a significant majority of participants believed that their counselor and stress management training programs were valuable in managing occupational stressors. Finally, Sowa et al. (1994) found no difference in occupational stress, personal strain, and coping between counselors who considered their formal counseling training helpful in managing work-related stress compared to those who did not believe their counselor education curriculum was helpful. In addition to the limited generalizability of the findings, using a Likert-based response rather than a yes-no response on the questions related to professional training and occupational stress may

have provided a more complete picture of how training altered work-related stress. Further, listing what specific components of counselor training helped to mediate stress would be beneficial. Finally, this study did not address the influence of other factors such as supervision and life experiences on work-related stress.

Decker and Borgen (1993) investigated the relationship between occupational stress, strain, coping, job satisfaction, and negative affectivity. This study had two main purposes. First, the researchers intended to explore how well negative affectivity, occupational stress, and personal coping resources predicted occupational strain and work satisfaction. In addition, they intended to gather validity data on the OSI. This study surveyed 249 university employees at a large Midwestern university. To measure work satisfaction, the researchers used the MSQ. Results of this study supported validity data of the OSI. In addition, this study yielded data to provide additional support for the validity of the MSQ. The researchers confirmed predicted relationships between stress, strain, coping, and work satisfaction. When work-related stress increased, workers experienced higher levels of strain and lower levels of work satisfaction. Further, when workers presented with better coping resources, lower strain resulted and higher levels of work satisfaction were evident. Finally, negative affectivity did not appear to have a significant relationship between occupational stress and strain nor did it have a significant effect on work satisfaction (Decker & Borgen, 1993). One limitation of this study was that work-related variables did not appear to be included in the measure so it was difficult to determine how supervision and other occupational issues may relate to work satisfaction and work-related stress.

## Summary

This chapter provided a review of the literature on the three constructs under study. Theoretical antecedents and relevant models for each construct were identified and discussed. Application of these constructs was presented through summaries of general research findings, as well as through a critical examination of counseling and counseling-related studies. This review of the literature provided an important theoretical and empirical foundation for this study. Finally, this chapter demonstrated further support for this study and the appropriateness of the variables to answer the research questions.

## CHAPTER 3

## METHODOLOGY

*Participants*

Participants in this study were selected using a criterion-based random sample from the American Counseling Association (ACA) division of the American Mental Health Counseling Association. This division of ACA was selected because members were likely to have engaged or were currently engaged in clinical supervision as part of their professional training and advancement within the profession. Participation criteria included (a) individuals working in professional mental health or drug and alcohol settings for at least one year, (b) a master's degree in counseling, and (c) individuals who either currently receive clinical supervision or who have previously received clinical supervision for a period of 12 months as part of their professional (post-master's degree) counseling work experience.

In order to determine the appropriate sample size a power analysis was conducted to test the hypotheses. Testing the hypotheses required use of simple linear regression, multivariate analysis of variance (MANOVA), and descriptive statistics. The number of participants needed to test the hypothesis using MANOVA design, given a medium-to-large effect size, was 30 participants per cell resulting in power of approximately 80% (VanVoorhis & Morgan, 2001). Tabachnick and Fidell (2001) recommend a "minimum cell size is 20 observations" (p. 342), and when using MANOVA it is essential that there are more cases than dependent variables in each of the cells. In addition, there were a number of guidelines for determining the number of

participants needed for simple linear regression (cf. Green, 1991; Hair, Anderson, Tatham, & Black, 1998; Tabachnick & Fidell, 2001). Both Green (1991) and Tabachnick and Fidell (2001) suggested that the minimum number of participants for multiple regression with a medium effect size and power of .80, and a small number of predictors should be  $N \geq 50 + 8(m)$ , where  $m$  is the number of predictor variables. Hair et al. (1998) suggested that at a minimum, the ratio between the number of observations and predictor variables should be no less than 5 to 1 with the desired level being “15 to 20 observations for each independent variable” (p. 166). For this study, sample size was derived based on the  $N \geq 50 + 8(m)$  formula. Using this guideline, a sample size of 58 was appropriate. Since only a portion of those receiving the letter of invitation were expected to respond, an analysis of current direct mail responses rates was conducted. Heppner et al. (1999) noted that researchers reported return rates of 30% to 40% following an initial mailing, and 20% and 10% for the two follow-up reminder mailings. Direct mail survey and online survey response rates currently range from 5-30% and 2-30% respectively (Wikipedia, 2005).

For this study, it was anticipated that the number of responses would be less than the return rates suggested by Heppner et al. due to (a) targeting of busy professionals who have limited time to complete surveys and (b) mailing invitation letters to prospective participants during the summer months when work schedules may be reduced. Because fewer responses were expected, it was estimated that 15%-20% of those invited to participate would respond. In order to achieve a sample size of 58,

based on a projected 15-20% response rate, 350 counselors were invited to participate in the study.

As noted above, this study used a criterion-based random sample. Of the 350 prospective participants who were selected to participate, 348 received an invitation letter and follow-up postcards (two prospective participants had invalid addresses). Of the 348 individuals who received materials, 81 responded directly to the online survey and one individual completed a paper-and-pencil version. After reviewing participant responses, 11 individuals completed the demographic questionnaire but did not fill in responses for the SWAI-T, MSQ, or the ORQ. As a result, these individuals were not included in the study (one of the 11 individuals, in addition to not completing the survey, was not working as a counselor and therefore did not meet the inclusion criteria). After reviewing the revised data, 71 participants were included in the final sample, yielding a 20% response rate.

Table 1 provides a summary of participant demographic data. From the demographic data, the average age of participants was 51 years ( $n = 71$ ). Participants' ages ranged from 29 years to 73 years. Sixty-eight percent of the respondents were female ( $n = 48$ ) and 31% were male ( $n = 22$ ), and one person did not respond to this question. Regarding racial identity, 89% of respondents identified as Caucasian ( $n = 63$ ), 4% identified as Latino American ( $n = 3$ ), 3% considered themselves multi- or bi-racial ( $n = 2$ ). Of the three remaining participants, one individual (1%) identified as African American, one individual identified as Native American (1%), and one individual identified as other (European American; 1%).

When asked the number of years working in their current organization, the average was just under nine years ( $M = 8.89$  years;  $SD = 6.99$  years). Responses ranged from less than 1 year to 30 years. After completing their master's degree, participants reported working as counselors an average of 17 years ( $M = 17.01$  years;  $SD = 9.53$ ). The number of years employed post-master's ranged from 3 years to 38 years. Regarding education level, 83% of the respondents reported having a master's degree ( $n = 59$ ) and 17% reported completing a doctoral/professional degree ( $n = 12$ ).

Participants identified four main counseling work settings. Private practice was identified by 39% of the respondent ( $n = 28$ ), 27% worked in a mental health agency ( $n = 19$ ), and 16% worked for a private, non-profit agency ( $n = 11$ ). Four percent reported working in a hospital setting ( $n = 3$ ) and 14% identified other settings ( $n = 10$ ), including college/university settings, correctional facilities, a chemical dependency treatment center, a geriatric center, and a for-profit subcontractor.

Respondents reported they conduct counseling with an average of 20 clients per week ( $M = 19.94$ ;  $SD = 8.89$ ). Thirty-five percent of respondents ( $n = 25$ ) indicated that they were currently receiving individual clinical supervision compared to 65% ( $n = 46$ ) who were not currently receiving supervision. Of those currently receiving individual clinical supervision, 80% reported spending one hour per week in this activity ( $n = 20$ ) and 12% reported spending two hours per week in this activity ( $n = 3$ ). The number of hours spent in clinical supervision each week ranged from one to five.

Similarly, 65% of the respondents ( $n = 30$ ) who were not currently receiving supervision indicated that they spent one hour each week in this activity when they last

received clinical supervision, and 20% reported spending two hours each week in clinical supervision ( $n = 9$ ). Participant responses to this question ranged from 1 hour to 10 hours per week.

Thirty-seven percent of the participants were providing supervision ( $n = 26$ ), compared to 63% who reported providing no supervision ( $n = 45$ ). For those providing supervision, the average number of supervisees that they supervised each week was three ( $M = 3.33$ ;  $SD = 2.85$ ) and the number of supervisees ranged from 1 to 11 per week. Participants who supervised reported that they spent approximately four hours providing clinical supervision ( $M = 3.96$ ;  $SD = 5.01$ ). The number of hours spent supervising ranged from 1 hour to 19 hours. Finally, respondents who provided both clinical supervision and counseling to clients reported they spent nearly 18 hours each week counseling clients ( $M = 17.57$ ;  $SD = 9.47$ ). The number of hours spent in counseling by those who also supervised ranged from 3 hours to 31 hours.

#### *Procedure*

An initial letter was mailed to all prospective participants. According to Vaux (1996), this letter must convey a number of important considerations, including outlining the purpose of the study and its importance to the field and the potential benefits to the participant. In addition, this letter addressed why the participant was selected, while conveying the importance of his or her response. Further, participants were informed that the survey would be anonymous (no names would appear directly on the survey or survey data). The letter addressed appropriate ethical codes relevant to conducting research as it pertains to this study. The format of this letter closely followed



the general format outlined by Vaux (1996). In addition, this letter directed prospective participants to an Internet website where they completed the survey. This website provided information and directions to assist in the completion of the survey.

In the event that a prospective participant did not have access to a computer or to the Internet, or preferred not to complete the online survey, he or she was able to receive a paper copy of the survey packet by contacting the principal investigator. All prospective participants received two follow-up postcards. Postcards were mailed at two and four weeks following the initial mailing reminding them to complete the survey if they have not already done so.

Prior to the initial mailing, a sampling of doctoral students in counselor education at The Pennsylvania State University were asked to complete the online survey. The purpose of this step was to ensure that the survey could be completed within the stated period and to assess for clarity of the instructions. In addition, this online survey test was conducted to ensure that the system and technical components related to the online survey software were operational.

### *Instruments*

*Demographic questionnaire.* Individuals completed a brief questionnaire to gather data on demographic and work-related variables. The purpose of the demographic questionnaire was to describe the participants and to screen out participants who did not meet the participation criteria. Data collected included: (a) age, (b) gender, (c) ethnicity, (d) length of time employed in current organization (years), (e) length of time in the counseling profession post-master's, (f) highest level of education, (g) type of

counseling setting (e.g., mental health agency, private-non-profit, hospital, private practice), and (h) number of clients seen per week (based on a 40 hour work week). Participants were asked if they were currently receiving formal, one-to-one clinical supervision (excluding staff meetings, administrative supervision, and peer supervision) and, if so, the average number of hours per week spent in supervision. If they were not currently receiving formal, one-to-one clinical supervision but had received it in the past for a period of 12 months, they were to note the average number of hours per week when they last received clinical supervision. Participants were asked whether they provided supervision and, if so, they noted the number of hours spent in clinical supervision and the number of hours spent counseling clients.

*Supervisory Working Alliance Inventory-Trainee (SWAI-T; Efstation et al., 1990).* The SWAI-S and SWAI-T were developed to measure supervisor and supervisee perceptions of the clinical supervision relationship. The SWAI-T form was used in this study to measure counselors' perceptions of their supervisory working alliance. In order to determine what influence supervision has on counselor work satisfaction and work-related stress, it is important to understand how counselors perceive their supervision relationship. The trainee form of the SWAI contains 19 items divided into two scales: *Rapport*, consisting of 13 items (e.g., I feel comfortable working with my supervisor); and *Client Focus*, consisting of six items (e.g., My supervisor helps me work within a specific treatment plan with my client). The items are measured on a 7-point Likert scale with responses ranging from *almost never* (1) to *almost always* (7) (Efstation et al., 1990).

Scores on the SWAI-T can range from a minimum of 19 to a maximum of 133. An overall score for the SWAI-T is calculated by totaling the two subscale scores. Scores on the two subscales can range from a minimum of 6 to a maximum of 42 on the Client Focus subscale and 13 to 91 on the Rapport subscale. "There are no cutoff scores to indicate high or low perceptions. It's a matter of 'more than or less than' as you try to interpret a person's or a group's total subscale scores" (M. J. Patton, personal communication, January 30, 2006). Therefore, a higher overall score and higher subscale scores indicated supervisees perceived a strong supervisory working alliance and a lower overall score and lower subscale scores indicated supervisees perceived a weak supervisory working alliance (Efstation et al., 1990).

Efstation et al. conducted an exploratory factor analysis that yielded two scales for the SWAI-T-Rapport and Client Focus. Factor 1, Rapport, accounted for approximately 30% of the variance with 12 items loading high ( $> .40$ ) on this factor. Factor 2, Client Focus, accounted for approximately 8% of the variance with seven items loading high ( $> .50$ ) on this factor. Efstation et al. (1990) used Cronbach's alpha to estimate internal consistency reliability for the Trainee subscale scores as .90 for Rapport and .77 for Client Focus ( $N = 178$ ).

Patton et al. (1992) conducted a validity study between the SWAI and Holloway and Wampold's Personal Reactions Scale-Revised. They found the cross factor analysis yielded a three-factor solution for the supervisor version and a two-factor solution for the trainee version, which were consistent with Efstation et al.'s findings. In addition, internal reliability subscale scores for the trainee version were .82 for Client Focus and

.91 for Rapport (Patton et al., 1992), similar to alphas reported by Efstation and colleagues.

In addition, Efstation et al. (1990) found item-scale correlation scores for the SWAI-T ranged from .37 to .53 for the Client Focus subscale and from .44 to .77 for the Rapport subscale. For the current study, reliability data were derived using Cronbach's alpha yielding internal consistency reliabilities of .97 for the overall SWAI-T, .88 for the Client Focus subscale, and .97 for the Rapport subscale. Inter-item correlations ranged from .35 to .71 for Client Focus and from .32 to .91 for Rapport.

Convergent and divergent validity of the SWAI-T was measured against the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984). Validity results yielded a statistically significant correlation between SWAI-T and scales of the SSI. In addition, Jackson (as cited in Patton & Kivlighan, 1997) reported a positive relationship between rapport on the SWAI-T and satisfaction with supervision.

As noted above, the SWAI-T was developed to measure supervisee's perceptions of the clinical supervision relationship. The supervisee's score on the SWAI-T is an indication of how he or she perceives the quality of the clinical supervision relationship. The SWAI-T provides the best measure of the supervisee's perception of the supervision relationship, which closely relates to how he or she views the quality of the clinical supervision experience. As a result, this was an appropriate instrument to measure the construct of quality of clinical supervision for this study.

The SWAI-T was recently used in a counseling study that explored counselor disclosure of sensitive issues in supervision (Webb & Wheeler, 1998) and in a study that

examined clinical supervision in posteducational rehabilitation counseling settings and factors influencing the quality of the supervisory working alliance (Schultz et al., 2002). In addition, Patton and Kivlighan (1997) used the SWAI to understand the relationship between trainee's understanding of the supervisory working alliance, level of trainee adherence to counseling strategies outlined in the supervision process, and client's awareness of the working alliance.

*Minnesota Satisfaction Questionnaire-Short Form (MSQ; Weiss et al., 1967).* The MSQ was designed to measure an employee's satisfaction with his or her job. The MSQ was used in this study to measure the level of work satisfaction counselors experienced when they last received clinical supervision and to determine how work satisfaction was influenced by the quality of the supervisory working alliance. The MSQ measures satisfaction with several aspects of work and one's work environment. The MSQ allows researchers to gather a more individualized view of worker satisfaction than is possible using more general measures of job satisfaction. The MSQ short-form is composed of 20 items, one from each scale of the MSQ long-form. The MSQ short-form contains three scales: *Intrinsic Satisfaction*, consisting of 12 items (e.g., Being able to keep busy all the time); *Extrinsic Satisfaction*, consisting of six items (e.g., The competence of my supervisor in making decisions); and *General Satisfaction*, consisting of all 20 items (e.g., The feeling of accomplishment I get from the job). Data for the MSQ short-form were normed on fewer groups than the MSQ long-form (Weiss et al., 1967).

Administration of the MSQ short-form takes approximately five minutes and it is written at a fifth grade reading level. The MSQ short-form uses a Likert-type scale with

five alternative (weighted) responses ranging from *Very Dissatisfied* (1) to *Very Satisfied* (5). The procedure for scoring the MSQ short-form depends on how the data are used. According to Weiss et al. (1967), if the purpose is to compare group scores with scores of a normed group, then participant's item responses are summed to obtain a total raw score. This summated score is entered into the General Satisfaction box on the Total Raw Score line and is referred to as the General Satisfaction raw score. The next step requires selecting a norm group. Once a norm group is selected, a percentile score corresponding to the General Satisfaction raw score is calculated for each participant by converting the General Satisfaction raw score to a percentile score in the norm group. After the percentile score is calculated, this number is used to determine a participant's general level of work satisfaction. Each participant's percentile score reflects a position within the norm group and comparisons can be made to other participants in the study. Percentile scores of 75 or higher represent a high degree of job satisfaction. Scores within the 26<sup>th</sup>-74<sup>th</sup> percentile range tend to indicate an average level of job satisfaction and scores at the 25<sup>th</sup> percentile or lower represent a low level of job satisfaction. If the purpose of the scores is to understand differences within a sample group, then "you can calculate general satisfaction for the short form by adding the item scores for all the items. If you're interested in examining correlates of satisfaction or differences within your group, you don't need norms" (D. J. Weiss, personal communication, July 19, 2006). For this study, the latter scoring method was implemented.

Reliability coefficients for each short-form scale, in general, are high. Coefficient scores ranged from .84 to .91 for the Intrinsic Satisfaction scale, from .77 to .82 for the

Extrinsic Satisfaction scale, and from .87 to .92 for the General Satisfaction scale. In addition, “median reliability coefficients were .86 for Intrinsic Satisfaction, .80 for Extrinsic Satisfaction, and .90 for General Satisfaction” (Weiss et al., 1967, p. 24). Spector (1997) reported several studies found acceptable reliability data for the three MSQ short-form scales. Brown et al. (1998) found reliability coefficient scores ranged from .77 to .95 for each of the subscales. The mean reliability coefficient score for the subscales was .89 and .97 for the overall MSQ. Other researchers (cf. Anderson et al., 1984; Levinson et al., 1988) found similar results for the reliability coefficients for the subscales and overall job satisfaction. According to Weiss et al. (1967), “test-retest correlation of the General Satisfaction scale scores yielded coefficients of .89 over a one-week period and .70 over a one-year interval” (p. 24). For the current study, reliability data for the MSQ short-form revealed internal consistency reliabilities of .92 for the General Satisfaction scale, .89 for the Intrinsic scale, and .88 for the Extrinsic scale.

According to Weiss et al. (1967), validity data for the MSQ short-form were derived from findings from the MSQ long-form. In addition, validity data were also provided from studies comparing occupational group differences, and from studies investigating the relationship between satisfaction variables. From these studies, Weiss et al. (1967) found “occupational group differences in mean satisfaction scores were statistically significant for each of the three scales” (p. 25), however, results were not statistically significant when looking at differences in group variability for the three scales. Further, Weiss and colleagues reported construct validity was also evident in studies revealing data reflecting the absence of a relationship between satisfaction and

satisfactoriness. Weiss et al. (1967) reported the highest correlation between Extrinsic Satisfaction scale and a General Satisfactoriness scale was  $-.13$ , and the correlation between General Satisfaction and General Satisfactoriness was  $-.11$ .

Evidence of concurrent and construct validity was also found in other studies (cf. Albright, 1972; Bolton, 1986; Decker & Borgen, 1993; Foley, 1972; Guion, 1978). Gillet and Schwab (1975) found good convergence between the four related subscale scores of the Job Descriptive Index and the MSQ. Several researchers suggested that assigning MSQ short-form items into intrinsic and extrinsic subscales resulted in concerns about the level of construct validity (e.g., Schriesheim, Powers, Scandura, Gardiner, & Lankau, 1993). Hirschfeld (2000) studied whether revising these two subscales resulted in changes to construct validity. The findings from this study “suggest that revising the intrinsic and extrinsic subscales...makes little difference in relations of job satisfaction components with relevant variables and ostensibly does not result in improved construct validity of MSQ short-form scores” (p. 267). In addition, Schriesheim et al. (1993) recommended either reassigning those items in question to the proper subscales or using these items as part of the overall General Satisfaction scale.

Use of the MSQ short-form in this study was applicable because it measures job satisfaction from an individual counselor’s perspective. According to Weiss et al. (1967), “this individualized measurement is useful because two individuals may express the same amount of general satisfaction with their work but for entirely different reasons” (p. vi). Further, the MSQ is a widely used measure of job satisfaction (Dawis, 2004). Several recent examples of studies using the MSQ have appeared in the counseling



literature. DeMato and Curcio (2004) used a modified version of the MSQ to investigate work satisfaction among elementary school counselors. Kirk-Brown and Wallace (2004) used the MSQ short-form to measure intrinsic job satisfaction in their study investigating burnout and job satisfaction in EAP counselors. Sweeney et al. (2002) used the MSQ long-form in a national study that examined job satisfaction among EAP professionals.

*Occupational Stress Inventory-Revised (OSI-R; Osipow, 1998)*. The original version of the OSI-R was developed to measure occupational stressors across occupational levels and settings. The OSI-R is a specific measure of occupational adjustment through three dimensions: occupational stress, psychological strain, and coping resources. The OSI-R is a battery composed of three questionnaires, consisting of 140 total items. The instrument yields scores on 14 different scales. The OSI-R uses a 5-point Likert scale with responses ranging from *rarely or never* (1) to *most of the time* (5). Scores are determined by summing columns. These totals constitute raw scores for each scale. The *Occupational Roles Questionnaire (ORQ)*, consisting of 60 items (e.g., At work I am expected to do too many different tasks in too little time), measures occupational stress through six scale descriptors (Role Overload, Role Sufficiency, Role Ambiguity, Role Boundary, Responsibility, and Physical Environment). The *Personal Strain Questionnaire (PSQ)*, consisting of 40 items (e.g., Lately, I dread going to work), measures psychological strain through four scale descriptors (Vocational Strain, Psychological Strain, Interpersonal Strain, and Physical Strain). The *Personal Resources Questionnaire (PRQ)*, consisting of 40 items (e.g., When I'm relaxing, I frequently think about work),

measures coping resources through four scale descriptors (Recreation, Self-Care, Social Support, and Rational/Cognitive Coping). Completion of the three OSI-R questionnaires can take approximately 30 minutes. The format of the OSI-R allows for administration of one or two of the questionnaires (Osipow, 1998).

This study administered the ORQ. The reason for administering this subscale is it measures components of work-related stress. The ORQ subscale measures counselor's work-related stress and provides information on what factors are contributing to stress within the work domain. In addition, scores on the ORQ help to determine what influence quality of the supervisory working alliance has on work-related stress.

According to Osipow (1998), "raw scores can be transferred to either the gender profile form or a generic profile form for either the total sample or occupation group to facilitate calculation of *T* scores" (p. 6). For the ORQ subscale, scores  $\geq 70T$  indicate a strong likelihood of maladaptive stress and/or debilitating strain. Scores in the  $60T$  to  $69T$  range indicate mild levels of stress and strain. Scores in the  $40T$  to  $59T$  range indicate stress and strain within normal levels, and scores below  $40T$  reflect an absence of stress and strain. Normative data were based on a sample of 983 participants. The normative sample includes occupational groups that closely matched occupational groups defined by the Bureau of Labor Statistics (Osipow, 1998).

Lombard (as cited in Osipow, 1998) found scale test-retest correlation subscale scores ranged from a .39 for Self-Care to .74 for the total PSQ score. An internal consistency analysis revealed alpha coefficient scores of .88 for ORQ, .93 for PSQ, and .89 for PRQ (Osipow, 1998). Coefficient scores ranged from .70 to .89 for the OSI-R

individual scales, which were comparable to the original OSI. For the current study, reliability coefficient data for the ORQ subscale yielded an internal reliability coefficient of .93. Internal consistency reliabilities for the six descriptors were .85 for Role Overload, .86 for Role Sufficiency, .86 for Role Ambiguity, .84 for Role Boundary, .78 for Responsibility, and .62 for Physical Environment.

According to Osipow (1998), validity data were derived from five sources, including, correlational studies, convergent validity studies, and factor analysis. Data from two OSI versions, the OSI and OSI-R, were collected and compared resulting in considerable agreement between the two forms. Correlation coefficient scores for each of the 17 domain/scales were equal to or greater than .63 with a range from .63 (Role Boundary) to .93 (Physical Environment; Osipow, 1998). "Because the correlation of items between the OSI and the OSI-R is relatively high, this suggests that the two versions are similar enough to generalize validity from the original OSI to the OSI-R" (Osipow, 1998, p. 24).

Guetter (as cited in Osipow, 1998) established convergent validity between the OSI-R and the Employee Assistance Program Inventory (EAPI; Anton & Reed, 1994) and between the OSI-R and the Career Attitudes and Strategies Inventory (CASI; Holland & Gottfredson, 1994). Guetter compared the EAPI and OSI-R and found significant correlations existed between the EAPI scale measuring Work Adjustment and all ORQ scales except Responsibility. In addition, several significant correlations were found with the PSQ scales and the EAPI. Several subscales of the PSQ yielded significant correlations with EAPI subscales. Psychological Strain, Interpersonal Strain, and

Physical Strain subscales yielded significant, moderate-to-high correlations with EAPI subscale scores on Anxiety: .67, .63, and .68; Depression: .70, .67, and .78; and External Stressor: .60, .61, and .53, respectively (Guetter, as cited in Osipow, 1998). In addition, Guetter reported the Vocational Strain subscale yielded significant correlation scores with the EAPI subscales Anxiety .34 and with Work Adjustment .66. Osipow (1998) indicated that “these relationships are consistent with what would be expected in general; that is, high strain would be associated with numerous workplace problems” (p. 27). In addition, Guetter (as cited in Osipow, 1998) reported that significant positive relationships exist between the OSI-R and the CASI. In particular, a number of significant correlations were found between the PSQ subscales Psychological Strain, Interpersonal Strain, and Physical Strain, and CASI Career Worries and Interpersonal Abuse.

The OSI-R has been used in a few counseling studies. Niles and Anderson (1993) used the original OSI to study occupational concerns for career counseling clients. Sowa et al. (1994) investigated the relationship between occupational stress, strain, and coping in counselors, and Aitken and Schloss (1994) used the PRQ scale to study stress and burnout in staff working in institutional and community agencies.

### Research Questions

The purpose of this study was to explore the influence of the quality of the supervisory working alliance on work satisfaction and work-related stress on counselors in professional settings. The following research questions were identified to explore this relationship and related issues:

1. What is the influence of counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) on their perceptions of work satisfaction (MSQ) in professional settings?

*Alternative hypothesis:* As counselors' perceptions of the quality of the supervisory working alliance increase, their perceptions of work satisfaction will also increase.

*Analysis: simple linear regression.* The dependent variable will be the total score from the General Satisfaction scale of the MSQ and the independent variable will be the total score of the supervisory working alliance (SWAI-T).

2. What is the influence of counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) on their perceptions of work-related stress (ORQ) in professional settings?

*Alternative hypothesis:* As counselors' perceptions of the quality of the supervisory working alliance increase, their perceptions of work-related stress will decrease.

*Analysis: simple linear regression.* The dependent variable will be the work-related stress score (derived from the ORQ total subscale score) and the independent variable will be the total score of the supervisory working alliance (SWAI-T).

3. What is the relationship between counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) when compared simultaneously on work satisfaction (MSQ) and work-related stress (ORQ) in professional settings?

*Alternative hypothesis:* Counselors' perceptions of the quality of the supervisory working alliance will increase when compared simultaneously on work satisfaction and work-related stress.

*Analysis:* MANOVA. This statistic will assess the effect of the independent variable (quality of the supervisory working alliance) on both dependent variables (work satisfaction and work-related stress).

Table 1  
*Participant Demographics (n = 71)*

	n	% of sample	M	SD
<i>Age</i>			51.01	9.53
<i>Gender</i>				
Female	48	68		
Male	22	31		
Unknown	1	1		
<i>Race /Ethnicity</i>				
African American	1	1		
Caucasian	63	89		
Latino American	3	4		
Native American	1	1		
Multi- or Bi-racial	2	3		
Other	1	1		
<i>Years in Current Organization</i>			8.89	6.99
0-5 years	26	37		
6-10 years	19	27		
11-15 years	12	17		
16-20 years	5	7		
21+ years	5	7		
Unknown	4	5		
<i>Years Employed Post-Masters</i>			17.01	9.53
0-5 years	9	13		
6-10 years	17	24		
11-15 years	10	14		
16-20 years	6	8		
21-25 years	15	21		
26+ years	14	20		
<i>Education Level</i>				
Master's	59	83		
Doctorate/Professional	12	17		
<i>Employment Setting</i>				
Mental Health Agency	19	27		
Private Non-Profit	11	16		
Hospital	3	4		
Private Practice	28	39		
Other	10	14		
<i>Number of Clients per Week</i>			19.94	8.89
<i>Currently Receiving Clinical Supervision</i>				
Yes	25	35		
No	46	65		

*Note. Percentile total less than 100% due to rounding*

## CHAPTER 4

### RESULTS

This chapter presents the findings from the online survey. Prior to presenting the survey results, the researcher outlines the pre-analysis procedures used to verify the data and examine the assumptions necessary for certain statistical tests. In addition, descriptive data on each of the three instruments is summarized. The final section of this chapter highlights the statistical analysis and results for each research question.

#### *Pre-Analysis Steps*

Several weeks after the final follow-up postcard was mailed, responses to the online survey plateaued. At this point, data were downloaded from the [www.psychdata.com](http://www.psychdata.com) website and entered into a SPSS file created for this survey. Prior to downloading the data file, an SPSS codebook was created to coincide with the study variables. The first step in the pre-analysis process was inspecting the dataset to determine what procedures were necessary in order to clean the data. As part of the inspection process, a frequency report was generated for each variable in the data file. The frequency report and inspection of the data were conducted to identify any miscoded data, any data points that were outside the theoretical range of scores established by each instrument, and any patterns of missing data.

Once inspection of the data was completed, the next step was to decide how to handle missing values. During inspection of the data, 11 of the 82 participants were identified as completing only the demographic questionnaire. The demographic questionnaire was the first instrument participants completed as part of the online



survey. Since these participants did not complete any other survey items, they were not included in the statistical analysis leaving a final usable sample size of 71. This approach appears to be in line with the suggestion advanced by Hair et al. (1998) in which “the researcher determines the extent of the missing data on each case and variable and then deletes the case(s) or variable(s) with excessive levels” (pp. 51-52).

After these cases were removed from the dataset, the next step was to assess the pattern of missing data for the remaining cases. After careful review of these cases, it was determined that the pattern of missing data appeared to be the result of values missing at random (MAR). Rubin (1976) defined missing values to be MAR if the data that are missing depend on the observed data and not the missing data. Hair et al. (1998) explained missing data are considered MAR “if the missing values of Y depend on X, but not on Y” (p. 50). For this study, MAR means that missing data for the SWAI-T, MSQ, and ORQ were the result of participants’ responses to the survey rather than their response to a specific variable(s). Feedback from some of the participants appears to confirm this pattern of missing data in that their responses had more to do with their situation as it related to their individual experiences with clinical supervision than with particular survey questions or instruments.

Regarding the handling of missing values, response rates were calculated for each survey question and for each participant. Once this data analysis was completed, the next step was to determine the survey nonresponse rate. A review of the literature on missing and incomplete data for surveys did not identify a conclusive level for nonresponse rates. According to the Panel on Incomplete Data (1983), “nonresponse

rates vary widely from survey to survey and from survey organization to survey organization. These rates change over time and change even for repetitions of the same survey” (p. 20). Acceptable survey nonresponse rates are often influenced by survey goals and factors unique to the survey. The Panel on Incomplete Data (1983) concluded:

No specific recommendation is made...on “acceptable” levels of nonresponse. Nonresponse rates should be “low,” but whether 5%, 10%, 20%, or some other percentage should be an upper bound for acceptable nonresponse rates depends on the survey objectives and is difficult to specify even for a particular survey. Unit and item nonresponse rates must be low for a total survey and for significant domains and subpopulations of interest. (p. 5)

In addition, Sam Peng from the National Center for Educational Statistics (NCES) recommended that if you have more than 20% of the participants not providing information for a variable, then do not include the variable in the analysis (E. P. Yoder, personal communication, September 6, 2005). Further, Johnson and Owens (2003) reported that various journals do not have established policies for minimum response rates. These authors reported findings that 20% response rates are too low and 80% is considered the standard rate, however, there is no conclusive agreement on what rate should be used. Tabachnick and Fidell (2001) add that no clearly established guidelines exist on the amount of missing data that are acceptable across any specified sample size. Finally, Kalton (1983) suggests that it is unlikely in a survey that over 50% of the data for a particular variable are missing. Kalton adds, “this is seldom likely to occur in practice for the total sample and, if it were to occur, it would raise serious doubts about whether

the data were useable" (p. 22). For this survey, a decision was made to retain all participants who responded to 50% or more of an instrument's questions. For this study, nonresponse rates for survey questions ranged from 1.4% to 5.6%. The nonresponse rate for the SWAI-T was 5.25%. For the MSQ, the average nonresponse rate was 15.63% with item nonresponse rates ranging from 5% to 35%. The average nonresponse rate for the ORQ was 6.27% with item nonresponse rates ranging from 1.7% to 30%. The overall individual item nonresponse rate for the survey ( $n = 71$ ) was 1.3%.

After the missing data analysis was completed, various imputation methods were considered to determine the best remedy for replacing missing data. A regression imputation method was considered the best option for replacing missing values. According to Hair et al. (1998), this imputation method offers the best option when "moderate levels of widely scattered missing data are present and for which the relationships between variables are sufficiently established so that the researcher is confident that using this method will not impact the generalizability of the results" (p. 54). To replace missing values, the SPSS Linear Trend at Point estimation method was used. This imputation technique uses a regression procedure to replace missing values with predicted values.

Prior to replacing missing values, the SPSS Explore program was used for the three instrument total scores. The Explore option provides descriptive data on central tendency and variation for the interval data variables under consideration. This procedure was conducted to provide a baseline to help determine whether the replacement of missing values altered the descriptive data for those instruments. Next,

the missing values were replaced and total scores were calculated for those cases. The Explore program was rerun, and it was found that the replacement of missing values did not alter the central tendency and variability measures for the instruments' total score.

Once the missing values were replaced, descriptive data for each total score were analyzed to identify the presence of outliers. In analyzing the histograms for each of the three instruments' total scores, the SWAI-T had four minor outliers and the MSQ had one. After reviewing the outliers, it was determined that these observations fell within the ordinary range of values established for the total score for the instruments in question. Hair et al. (1998) suggested that "the researcher should retain the observation unless specific evidence is available that discounts the outlier as a valid member of the population" (p. 65).

In addition to identifying outliers, skewness and kurtosis values for the total score variables were analyzed. Since normality of distribution of interval data is an important assumption in regression analysis, and the skewness value is one way to assess normality of data, skewness values for each of the survey instruments were calculated. Skewness and kurtosis values outside the acceptable normal range may create inaccurate results and problems generalizing findings to the population under study. According to Field (2000), "a value above 2...is considered significantly different from chance to be problematic. However, in small samples this criterion should be increased to 2.5...and in very large samples no criterion should be applied" (p. 41). In addition, Morgan and Griego (1998) report, "that if the skewness or kurtosis measure is

more than 2.5 times its standard error the assumption of normality has been violated” (p. 49). In analyzing skewness values for the three instruments, the skewness and kurtosis values calculated for the MSQ and ORQ were below the 2.5 criterion. When the skewness value for the SWAI-T was calculated, the value was significantly larger (-4.84) than the established 2.5 criteria. Using the SWAI-T total scores with a significantly skewed distribution would violate the statistical assumptions.

In an attempt to normalize the skewed distribution, a transformation procedure was implemented. Since the distribution was negatively skewed, the SWAI-T total scores were squared. By squaring negatively skewed data, the larger scores force the distribution to expand away from the non-skewed portion of the distribution, resulting in a more normally distributed set of scores (J. T. Trusty, personal communication, September 21, 2006). Some improvement was noted in the skewness measure following this transformation, however, this value remained above the 2.5 limit. A second transformation was conducted by raising the SWAI-T total scores to a power of four. This transformation resulted in a skewness and kurtosis value well below the 2.5 limit.

#### *Descriptive Data Analysis of Survey Instruments*

*SWAI-T.* Descriptive data for the SWAI-T was based on a total summated score for each participant. The two SWAI-T subscales were not necessary to answer the research questions and, therefore, were not included in the descriptive data. Possible scores resulting from completing the 19 items on the SWAI-T ranged from 19 to 133. A higher score indicates that a supervisee perceived a strong supervisory working alliance and a lower score indicates that a supervisee perceived a weak supervisory working

alliance (Efstation et al., 1990). Scores for the 67 study participants ranged from 31 to 132, with a mean of 108.43 and a standard deviation of 23.70. The skewness and kurtosis measures for this distribution of scores were -1.22 and -1.98, respectively.

Analysis of the demographic data for the SWAI-T revealed that males had a higher mean score ( $M = 114.05$ ,  $SD = 17.97$ ) than females ( $M = 105.58$ ,  $SD = 25.88$ ), however, this difference was not significant ( $t = -1.353$ ,  $p = .181$ ). Table 2 showed that as participant age increased so did the mean score on the SWAI-T, however, the difference in scores by participant age was not significant ( $t = -1.680$ ,  $p = .100$ ). In Table 3, participants who have been with their current organization for 21 years or longer had the highest mean score on the SWAI-T ( $M = 113.80$ ). Participants who had been with their current organization for 16-20 years had the lowest mean score on the SWAI-T ( $M = 94.60$ ). As shown in Table 4, participants who had been employed 6-10 years post-master's ( $M = 113.24$ ) had the highest mean score on the SWAI-T, whereas those who had been employed 0-5 years had the lowest mean score ( $M = 92.44$ ). In Table 5, participants who worked in a hospital setting had the highest mean score on the SWAI-T ( $M = 129.67$ ), compared to those participants who worked in a private non-profit setting ( $M = 96.11$ ).

*MSQ*. Survey data for the MSQ was based on 67 participants. Similar to the SWAI-T, subscale scores were not calculated since they were not necessary to answer the research questions. A total summated score of all 20 items had a possible score that ranged from 20 to 100. Participants with higher total scores represent a higher level of work satisfaction and participants with lower total scores had a lower level of work

satisfaction (Weiss et al., 1967). For the study sample, scores ranged from 36 to 100. The mean score for the sample was 78.25 and the standard deviation was 12.89. The distribution of total scores for this sample was normally distributed as evidenced by the skewness and kurtosis measures of 2.35 and 0.89, respectively.

Analysis of the demographic data for the MSQ indicated that males had a slightly higher mean score ( $M = 80.95$ ,  $SD = 10.49$ ) than females ( $M = 77.11$ ,  $SD = 13.94$ ), however, this difference was not significant ( $t = -1.140$ ,  $p = .259$ ). Table 2 showed that as participant age increased their mean score on the MSQ typically increased, however, there was no difference in participant age and work satisfaction ( $t = -1.496$ ,  $p = .140$ ). In Table 3, participants who have been with their current organization for 21 years or longer had the highest mean score on the MSQ ( $M = 84.50$ ). Participants who have been with their current organization for 16-20 years had the lowest mean score on the MSQ ( $M = 73.00$ ). As shown in Table 4, participants who have been employed 16-20 years post-master's had the highest mean score on the MSQ ( $M = 82.83$ ), whereas those who have been employed 0-5 years had the lowest mean score ( $M = 69.00$ ). In Table 5, participants who worked in "other" settings had the highest mean score on the MSQ ( $M = 81.80$ ), compared to those who worked in a mental health agency ( $M = 71.84$ ).

*ORQ.* Sixty-nine participants responded to the ORQ subscale of the OSI-R. For this instrument, a total score was derived from summarizing the scores on each of the 60 survey items. Several items on the ORQ were reverse scored so conversions were conducted prior to summing the total scores. A total summated score on the ORQ has a possible score ranging from 60 to 300. According to Osipow (1998), higher scores

indicate a strong likelihood of maladaptive stress and debilitating strain, while lower scores reflect an absence of stress and strain. For the sample population, scores ranged from 72 to 205. The mean score was 124.07 and the standard deviation was 29.47. The skewness and kurtosis measures of 2.27 and 0.32, respectively, indicated that scores on this instrument were normally distributed.

Analysis of the demographic data for the ORQ indicated that both males ( $M = 124.41$ ,  $SD = 29.12$ ) and females ( $M = 124.41$ ,  $SD = 30.08$ ) had identical mean scores. Results of this analysis revealed no significant difference between gender and work-related stress ( $t = .001$ ,  $p = 1.000$ ). Table 2 showed that as participant age increased their mean score on the ORQ decreased until they reached the 61 and older age group.

Analysis of mean scores indicated that participant age was significantly related to work-related stress ( $t = 2.289$ ,  $p = .025$ ). In Table 3, participants who have been with their current organization for 11-15 years had the lowest mean score on the ORQ ( $M = 116.83$ ). Participants who have been with their current organization for 16-20 years reported the highest mean score ( $M = 140.40$ ). As shown in Table 4, participants who had been employed 0-5 years post-master's had the highest mean score on the ORQ ( $M = 135.22$ ), whereas those who had been employed 16-20 years had the lowest mean score ( $M = 113.50$ ). In Table 5, participants who worked in a mental health agency had the highest mean score on the ORQ ( $M = 131.42$ ), compared to those who worked in other settings ( $M = 115.70$ ).



## Research Questions 1, 2, and 3

### *Research Question 1*

What is the influence of counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) on work satisfaction (MSQ) in professional settings?

In order to answer the first research question, simple linear regression was used to understand the degree to which the supervisory relationship explains counselor work satisfaction. For simple linear regression, the total score on the transformed SWAI-T was used as the predictor variable and the total score for the MSQ was the criterion variable. Both the predictor and criterion variables data represented summated Likert values and were treated as approximating continuous data. Figures 1 and 2 show the normality of distribution for the transformed SWAI-T and the MSQ, respectively. Figure 4 provides evidence of linearity between the two variables. In addition, analysis of the residual statistics showed that errors were normally dispersed around the mean ( $M = 0.00$ ;  $SD = .992$ ).

The first step in answering this research question was to determine whether the regression equation was significant. Results of the analysis revealed that with an alpha level of .05, the regression equation was statistically significant,  $F(1, 64) = 36.89$ ,  $p < .001$ . The next step was to determine the amount of variance explained from this equation. Goodness-of-fit ( $R^2$ ) identifies the proportion of variance that is explained in the criterion variable from the regression equation. Since  $R^2$  does not account for an accurate goodness-of-fit across a population, adjusted  $R^2$  was used as a means of providing a more appropriate measure and to infer to the population. For this research question, the

adjusted  $R^2$  is .356, indicating nearly 36% of the variance in counselors' perception of work satisfaction was accounted for by their perceptions of the quality of the supervisory working alliance. Finally, the standardized beta value for the SWAI-T was .605 ( $t = 6.074, p < .001$ ). In simple linear regression, the standardized beta value is the same as the Pearson correlation. For this research question, since the standardized coefficient yielded a value of  $p < .05$ , the slope of the regression equation is not equal to zero ( $H_a \neq 0$ ) indicating that a statistically significant relationship exists between the criterion and predictor variables. As a result, when counselors' perceived a positive supervisory working alliance, they also perceived a higher level of overall work satisfaction.

#### *Research Question 2*

What is the influence of counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) on work-related stress (ORQ) in professional settings?

Simple linear regression was used to answer whether the counselors' perceptions of the quality of the supervisory working alliance explained work-related stress when counselors last received supervision. For this research question, the predictor variable was the total scores on the transformed SWAI-T and the criterion variable was the total scores on the ORQ. Figure 3 shows normality of the distribution for ORQ and Figure 5 depicts linearity between the two variables. As was the case in research question 1, analysis of the residual statistics showed that errors were normally dispersed around the mean ( $M = 0.00; SD = .992$ ).

The results for the second research question revealed that with an alpha level of .05, the regression equation was significant,  $F(1, 63) = 29.62, p < .001$ . The adjusted  $R^2$  value for this research question was .309. This finding indicates that 31% of the variance in counselors' perceptions of work-related stress was accounted for by their perceptions of the quality of the supervisory working alliance. The standardized beta value for the SWAI-T was  $-.566 (t = -5.442, p < .001)$ . Since the standardized coefficient yielded a value of  $p < .05$ , the slope of the regression equation is not equal to zero ( $H_a \neq 0$ ) indicating that a statistically significant relationship exists between the criterion and predictor variables. As a result, when counselors' perceived a positive supervisory working alliance they also perceived a lower level of work-related stress existed.

### *Research Question 3*

What is the relationship between counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) when compared simultaneously on work satisfaction (MSQ) and work-related stress (ORQ) in professional settings?

MANOVA was used to answer this research question. For this research question, total scores on the transformed SWAI-T were used as a covariate and the total scores on the MSQ and ORQ were used as the dependent variables. SWAI-T was entered as a covariate because the scale of measurement was continuous data. Prior to conducting the analysis, the correlation between the two dependent variables was examined. The Pearson correlation was within the moderate range ( $r = -.71$ ). According to Tabachnick and Fidell (2001), the correlation between the two dependent variables should be within the low-to-moderate level.

The results for the third research question revealed that with an alpha level of .05 there is a significant interaction between counselors' perception of the quality of the supervisory working alliance and the combined work satisfaction and work-related stress variables,  $F(2, 62) = 20.77, p < .001$ . The Partial Eta Squared, a measure of effect size, was .401, indicating that counselors' perception of the supervisory working alliance accounted for 40% of the variance when both work satisfaction and work-related stress were considered together. The Partial Eta Squared revealed that the supervisory working alliance explained slightly more of the variance with the combined work satisfaction and work-related stress variable (.401) than it did with work satisfaction (.356) or with work-related stress (.309). Since the interaction between these variables yielded a value of  $p < .05$ , a statistically significant interaction exists between these variables. As a result, counselors' perceived the supervisory working alliance as having a greater influence on both work satisfaction and work-related stress when they were considered simultaneously compared to when they were considered separately.

Table 2

*Participant Age and Instrument Mean Scores*

Participant Age (years)	SWAI-T ( <i>n</i> = 67)	MSQ ( <i>n</i> = 67)	ORQ ( <i>n</i> = 69)
29-40	99.55	67.64	144.27
41-50	104.06	80.59	126.71
51-60	112.09	79.72	116.91
61-73	114.75	82.57	119.89

*Note.* Scores can range from 19-133 on the SWAI-T, from 20-100 on the MSQ, and from 60-300 on the ORQ.

Table 3

*Years in Current Organization and Instrument Mean Scores*

Current Organization (years)	SWAI-T ( <i>n</i> = 63)	MSQ ( <i>n</i> = 63)	ORQ ( <i>n</i> = 66)
0-5	103.12	74.15	127.65
6-10	113.50	79.17	125.32
11-15	110.20	83.20	116.83
16-20	94.60	73.00	140.40
21+	113.80	84.50	119.50

*Note.* Scores can range from 19-133 on the SWAI-T, from 20-100 on the MSQ, and from 60-300 on the ORQ.

Table 4

*Years Employed Post Master's and Instrument Mean Scores*

Post Master's (years)	SWAI-T (n = 67)	MSQ (n = 67)	ORQ (n = 69)
0-5	92.44	69.00	135.22
6-10	113.24	77.94	120.65
11-15	112.71	78.75	118.60
16-20	106.00	82.83	113.50
21-25	109.40	81.00	128.31
26+	110.92	79.69	125.57

*Note.* Scores can range from 19-133 on the SWAI-T, from 20-100 on the MSQ, and from 60-300 on the ORQ.

Table 5

*Participant Employment Setting and Instrument Mean Scores*

Setting	SWAI-T (n = 67)	MSQ (n = 67)	ORQ (n = 69)
Mental Health Agency	102.42	71.84	131.42
Private Non-Profit	96.11	79.30	129.45
Hospital	129.67	80.00	128.00
Private Practice	111.69	81.08	119.19
Other	116.10	81.80	115.70

*Note.* Scores can range from 19-133 on the SWAI-T, from 20-100 on the MSQ, and from 60-300 on the ORQ.

### Supervisory Working Alliance Inventory-Trainee (SWAI-T)

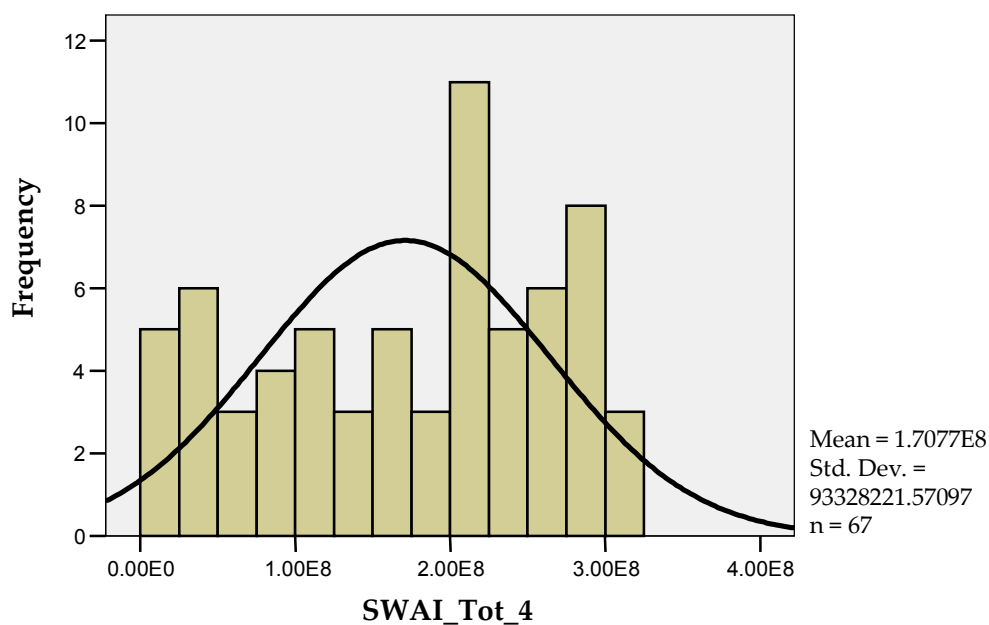


Figure 1. Histogram depicting normality of distribution for the transformed Supervisory Working Alliance Inventory-Trainee (SWAI-T).

### Minnesota Satisfaction Questionnaire (MSQ)

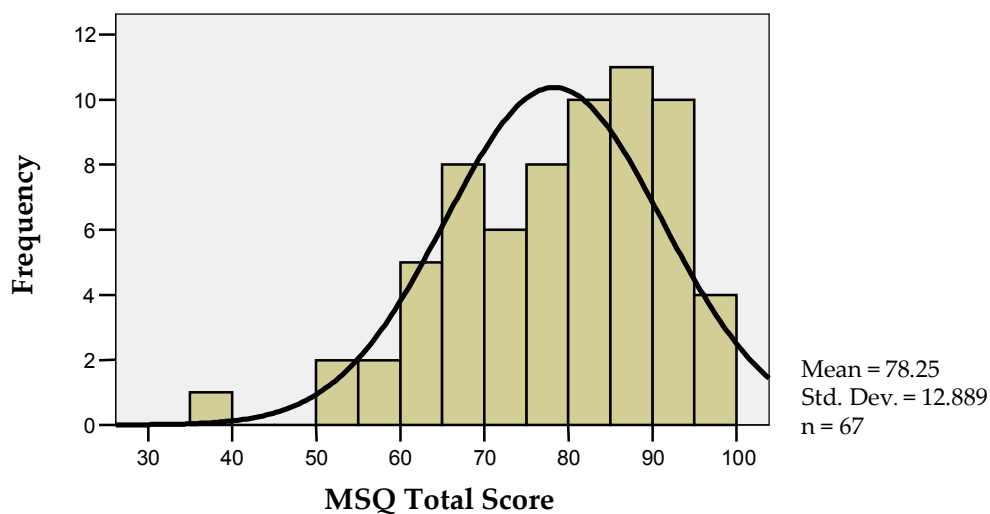


Figure 2. Histogram depicting normality of distribution for the Minnesota Satisfaction Questionnaire (MSQ).

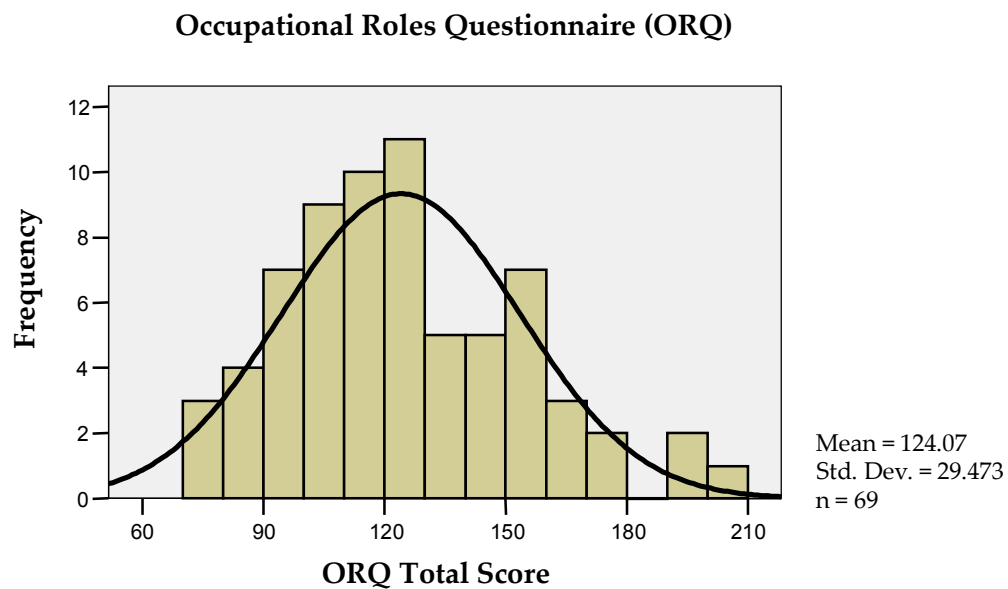


Figure 3. Histogram depicting normality of distribution for the Occupational Roles Questionnaire (ORQ).

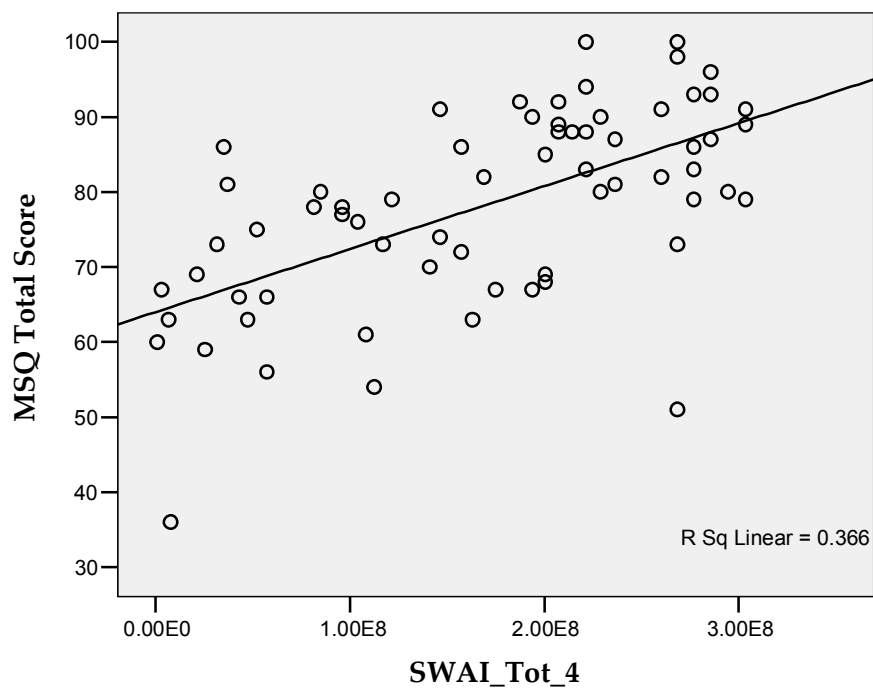


Figure 4. Scatter plot demonstrating linearity between the transformed SWAI-T and MSQ.



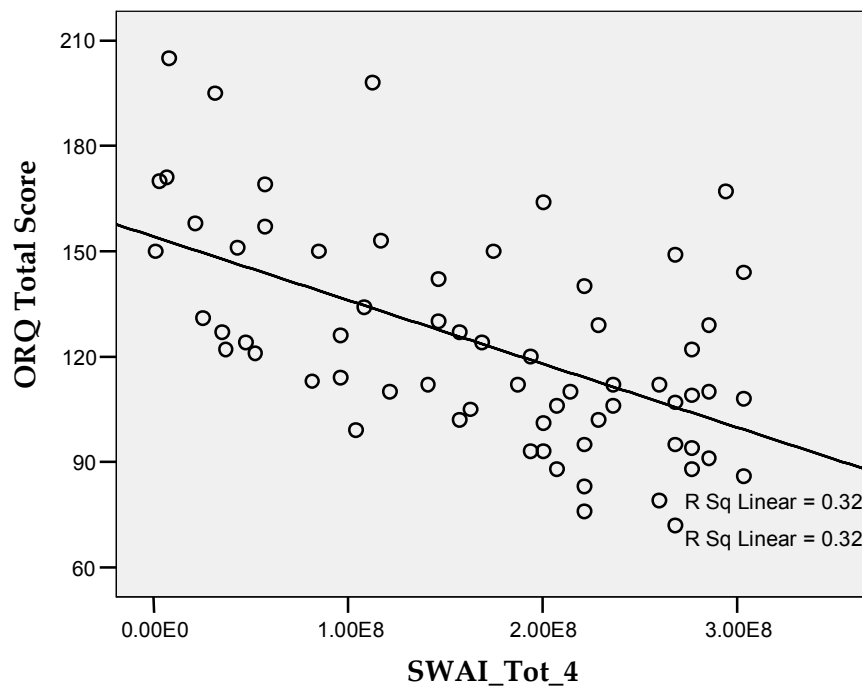


Figure 5. Scatter plot demonstrating linearity between the transformed SWAI-T and ORQ.

## CHAPTER 5

### DISCUSSION

This chapter expands upon the findings presented in Chapter 4. The first section provides an overview of the research findings. Next, a general overview of the research findings related to the supervisory working alliance in professional settings is presented. Following the discussion of the research findings, limitations of the study will be addressed. Implications for practice, research, and training will also be presented. Suggestions for future research will conclude this chapter.

#### Overview of Research Findings

##### *Instruments*

*SWAI-T*. For this study, the overall mean score was 108.43 ( $SD = 23.70$ ). This finding indicated that participants perceived a positive supervisory working alliance. Further, participant scores ranged from 31 to 132. These findings were comparable to Schultz et al.'s (2002) study of counselors working in rehabilitation counseling settings. These researchers reported the overall mean score for participants was 100.82 ( $SD = 22.12$ ), with scores ranging from 27 to 132. In the current study, males had a higher mean score on the *SWAI-T* ( $M = 114.05$ ,  $SD = 17.97$ ) than females ( $M = 105.58$ ,  $SD = 25.88$ ). Even though the males scores were generally higher than female scores, they were not significantly different ( $t = -1.353$ ,  $p = .181$ ), indicating that both males and females were similar in their satisfaction with clinical supervision. This finding does not coincide with Herbert and Trusty's (2006) conclusion that males had a generally higher level of

satisfaction with their supervisor than females (mean differences were not provided). Participants who have been employed in their current organization for more than 21 years had the highest mean score on the SWAI-T as did those who worked in a hospital setting. Participants who had the lowest mean score on the SWAI-T tended to be new to the organization (0-5 years) and tended to work in private non-profit settings. Reliability data for the current study is consistent with the findings reported by Efstation et al. (1990) and Patton et al. (1992) indicating that the SWAI-T was a reliable instrument with this population.

*MSQ.* For this study, the mean overall score was 78.25 ( $SD = 12.89$ ), with scores ranging from 36 to 100. Males had slightly higher scores on the MSQ ( $M = 80.95$ ,  $SD = 10.49$ ) than did females ( $M = 77.11$ ,  $SD = 13.94$ ), however, these scores were not significantly different ( $t = -1.140$ ,  $p = .259$ ), indicating that both males and females were similar in their perceptions of work satisfaction. This study demonstrated that older participants reported greater work satisfaction, however, there were no significant differences between participant age and perceptions of work satisfaction ( $t = -1.496$ ,  $p = .140$ ). Further, counselors who worked more than 20 years in their current organization had the highest overall mean score on the SWAI-T ( $M = 84.50$ ). This finding may be due to greater autonomy and career maturity. Interestingly, participants who had worked for 16-20 years with the same organization had the lowest mean score ( $M = 73.00$ ). Participants who had been employed for five years or fewer had the lowest mean score on the MSQ. Finally, participants who worked in other settings perceived a higher level of work satisfaction than did participants who worked in mental health agencies.

Reliability data for this study was consistent with findings reported by Weiss et al. (1967) and Brown et al. (1998) indicating that the MSQ was a reliable instrument with this population.

*ORQ.* For the ORQ subscale of the OSI-R, the mean overall score was 124.07 ( $SD = 29.47$ ) with scores ranging from 72 to 205. Evaluation of  $T$  scores indicated that most participants reported experiencing stress within the normal levels as categorized by Osipow (1998). In this study, overall mean scores for males and females were identical ( $M = 124.41$ ), indicating that gender differences were not a factor in how participants viewed work-related stress ( $t = .001, p = 1.000$ ). A significant relationship existed between perceptions of work-related stress and participant age ( $t = 2.289, p = .025$ ), indicating that overall work-related stress was higher for younger participants than for older participants. Length of employment appeared to factor into how participants perceived work-related stress. Participants who were new to the organization (0-5 years) had a higher overall mean score ( $M = 135.22$ ) than participants who had been employed for 16-20 years ( $M = 113.50$ ). Further, participants who worked in mental health agencies reported experiencing more work-related stress than participants in other settings. Reliability data for this study were consistent with the data reported by Osipow (1998) indicating that the ORQ subscale is a reliable instrument with this population.

#### *Research Question 1*

This research question explored whether counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) influenced their perceptions of overall work satisfaction (MSQ) while working in professional counseling settings. The hypothesis

was that as counselors' perceptions of the quality of the supervisory working alliance increased, their level of work satisfaction also increased. The relationship between these two variables ( $p < .001$ ) was supported.

The overall results for this research question indicated that when counselors were satisfied with the clinical supervision relationship, they were satisfied with their work. Several participants, however, reported scores on the SWAI-T that indicated they might not be as satisfied with their supervisory relationship. In addition, since clinical supervision only accounted for 36% of the variance in work satisfaction, other factors clearly had an influence on counselors' perceptions of work satisfaction.

The findings from this study were consistent with results from other studies that investigated the relationship between clinical supervision and work satisfaction and found that a positive supervisory working alliance is associated with higher work satisfaction (Hyrkäs, 2005; Newsome & Pillari, 1991; Schroffel, 1999). Results from this study were particularly relevant due to the paucity of research that exists with counselors working in professional settings. Participants' responses demonstrate that clinical supervision is a valuable component in counselor development.

Counselors who experienced a positive supervisory working alliance may be less inclined to change careers. Participants reported that they had been employed as counselors on average 17 years post-master's, and had remained with their current organization for nearly nine years. In comparison, participants who reported lower scores on the SWAI-T had been employed as counselors an average of over 12 years post-master's, and had remained with their current organization for nearly eight years.

These results provide little support for Kavanagh et al.'s (2003) finding that supervision might have a direct effect on staff retention rates, although more research is needed to fully explore this area.

In addition, a majority of participants reported spending 1-2 hours a week in supervision. The frequency of clinical supervision was not associated with counselor's perception of the quality of the supervisory working alliance ( $r = .085, p = .492$ ) or their level of work satisfaction ( $r = .159, p = .200$ ). This finding was consistent with Schroffel's (1999) conclusion that no significant relationship was identified between the frequency of clinical supervision and work satisfaction.

Given the amount of unexplained variance between the supervisory working alliance and work satisfaction, demographic variables were analyzed to determine if they had any influence on work satisfaction. Five predictor variables (age, work setting, gender, race/ethnicity, and SWAI-T) were entered into a multiple regression equation using the stepwise method with work satisfaction serving as the criterion variable. Only age ( $p = .041$ ) and SWAI-T ( $p = .000$ ) were included in the model. These two variables accounted for nearly 40% of the variance in work satisfaction, which was slightly higher than the 36% of the variance accounted for when supervisory working alliance was the only predictor variable. In this study, age was the only demographic variable that accounted for some of the unexplained variance in work satisfaction. Since only certain demographic variables were included in this analysis, inclusion of other predictor variables may help explain more of the variance in work satisfaction. This analysis provides strong evidence that counselors' perceptions of the supervisory working

alliance, more than demographic factors, influenced how they perceive work satisfaction in professional settings.

#### *Research Question 2*

The second research question investigated what influence counselors' perceptions of the quality of the supervisory working alliance (SWAI-T) had on their overall level of work-related stress (ORQ) while employed in professional counseling settings. The hypothesis was that as counselors' perceptions of the quality of the supervisory working alliance increased, their perceptions of work-related stress would decrease. The relationship between these two variables ( $p < .001$ ) was supported.

The results of this research question revealed that participants who had high scores on the SWAI-T tended to have lower scores on the ORQ, compared to those participants who had low scores on the SWAI-T. Due to the small number of participants reporting low scores on the SWAI-T ( $n = 7$ ), no statistical analysis was conducted to determine if a relationship exists between lower scores on the SWAI-T and higher scores on the ORQ. Visual inspection of the data for these seven participants revealed that their scores on the SWAI-T were approximately two standard deviations below the SWAI-T overall sample mean, while their scores on the ORQ were two standard deviations above the ORQ overall sample mean. This preliminary finding indicated that dissatisfaction with clinical supervision might result in higher levels of work-related stress, which appears to be consistent with Collings and Murray's (1996) finding that supervisees reported higher levels of work-related stress when they were not satisfied with their supervisory working alliance.

The finding from this research question provided evidence that counselors' perceptions of their supervisory working alliance do influence how they respond to work-related stress. The data indicated that counselors experienced decreased work-related stress when they perceived a strong working alliance with their clinical supervisor. This outcome is supported by several studies that found when supervisees perceived the supervisory relationship as supportive, they tended to experience lower levels of stress and burnout (Coady et al., 1990; Himle et al., 1989). In addition, results of this research question confirm Rabin et al.'s (1999) position that counselors' response to work-related stress is contingent on how they perceive the clinical supervisory alliance. Further, Spence et al.'s (2001) view that supervision helps counselors deal with stress associated with mental health occupations reinforces this finding. Finally, the results of this research question may relate to Wilcoxon's (1989) finding that mental health counselors who perceived their supervisors as supportive and as providing structure tended to experience lower rates of burnout.

From a theoretical perspective, Lazarus' transactional stress model provided some validation for the results. When a discrepancy exists between the counselor and his or her environment, stress can occur. Clinical supervision is considered an important counselor resource and serves a valuable function in one's professional development. If the counselor values this relationship, then discrepancies between resources (e.g., supervision) and the therapeutic environment may be minimized, potentially reducing work-related stress. If the counselor does not value this relationship, then discrepancies



between one's resources and the therapeutic environment may be more evident, potentially increasing work-related stress.

Moore and Cooper's (1996) theory that mental health professionals may be more susceptible to stressors associated with exposure to client's with chronic psychological and emotional issues was not investigated in this study. This theory, however, may have some relevance to how counselors perceive work-related stress. In analyzing ORQ mean scores, participants who worked in mental health agencies ( $M = 131.42$ ) had the highest overall mean score across all settings. Counselors in these settings have traditionally worked with clients with chronic psychological and emotional issues, raising the possibility that work-related stress may be a function of dealing with these issues. ORQ mean scores were the lowest for those who worked in private practice ( $M = 119.19$ ) and in "other" settings ( $M = 115.70$ ), where counselors may have greater choice in the clients they choose to work with.

As was the case with research question one, the amount of variance in the criterion variable explained by the predictor variable was small. Only 31% of the variance in work-related stress was accounted for by counselors' perceptions of the quality of the supervisory working alliance. To determine if demographic variables accounted for any of the unexplained variance in work-related stress, multiple regression was used. Five predictor variables (age, work setting, gender, race/ethnicity, and SWAI-T) were entered into a multiple regression equation using stepwise method with work-related stress serving as the criterion variable. The data revealed that the demographic variables were not significant and did not account for any of the

unexplained variance. Whereas age accounted for some of the unexplained variance in work satisfaction, it was not a factor in how counselors' perceived work-related stress. Even though differences in age appeared to have some significance on work-related stress, age as a variable was not significant. It appears that counselors' perceptions of clinical supervision have a greater influence on work-related stress than the demographic variables identified.

Participants' tenure in their current organization and length of time in the profession was also analyzed to determine whether the supervisory working alliance influenced how long counselors remain in an organization. It was hypothesized that if participants were not satisfied with the supervisory working alliance, shorter employment tenure and fewer years in the profession may be evident. Results indicated that participants remained with their current employer for nearly nine years. Further, 61% of the participants have remained with the same organization for six years or longer. In addition, work-related stress can influence one's professional development (Carson & Fagin, 1996), as well as continued involvement within the profession. With participants working an average of 17 years post-master's, clinical supervision appears to play a role in helping counselors adjust to the multiple demands associated with working in the mental health field. Further, these results indicated that the quality of the supervisory relationship may contribute to the development of coping resources, as well as to lowering the risk of counselor burnout.

*Research Question 3*

The purpose of this research question was to determine whether a significant interaction existed between counselors' perceptions of the quality of the supervisory working alliance when compared simultaneously on work satisfaction and work-related stress. The hypothesis was that counselors' perceptions of the quality of the supervisory working alliance would increase when compared simultaneously on work satisfaction and work-related stress. The relationship between these variables ( $p < .001$ ) was supported.

The previous research questions looked at the influence of supervisory working alliance on work satisfaction and work-related stress separately. This research question explored the influence of supervisory working alliance to understand which variable had a stronger relationship to the supervisory working alliance. Despite the lack of empirical research or literature exploring this combination of variables, understanding how work satisfaction and work-related stress interact may explain what specific function clinical supervision serves for counselors, as well as on which variable clinical supervision has a greater influence.

It was hypothesized that if counselors were satisfied with their work, then they would experience lower levels of work-related stress. Conversely, if they were not satisfied with their work, then they would react negatively to work stressors and experience higher levels of work-related stress. Findings from this research question provide evidence that work satisfaction and work-related stress are inversely related ( $r = -.71$ ), and confirmed Decker and Borgen's (1993) finding that higher levels of work-

related stress resulted in lower levels of work satisfaction. Even though this research question provided support for this hypothesis, situations exist where counselors experience high levels of work satisfaction and work-related stress simultaneously. Anecdotal evidence has been provided to this researcher from counselors who have reported feeling a great deal of work-related stress due to organizational issues and changes, managed care policies, working with difficult populations, and other limited resources, while also expressing a great deal of work satisfaction related to working with clients and witnessing positive treatment outcomes.

The findings from this research question indicate that when counselors consider both work satisfaction and work-related stress simultaneously, they see clinical supervision as adding to how they perceive both issues. Clinical supervision provides experiences for counselors to address both work variables, which means that counselors perceive clinical supervision as not only contributing to their professional development and work satisfaction, but also serving to moderate work-related stressors associated with therapeutic work. This is evident when looking at the amount of variance accounted for by the supervisory working alliance when both work variables were considered simultaneously. The amount of explained variance resulting from supervisory working alliance was greater for the combined variables (40%) than when work satisfaction (36%) and work-related stress (31%) were considered separately. One interpretation of this finding is that as counselors consider their goals for clinical supervision, they may view their clinical supervisor as addressing multiple needs

related to their work situation, thus placing greater value on the supervisory working alliance.

### Supervisory Working Alliance in Professional Counseling Settings

The relationship between the supervisory working alliance, work satisfaction, and work-related stress is rooted in Bordin's (1983) working alliance model of supervision, which characterized the importance of developing a bond between the supervisor and supervisee along with mutual agreement of supervision goals and the tasks related to achieving those goals. The results of the study provided evidence that counselors value the connection and the relationship that develops with their clinical supervisor. In addition, this relationship directly influences how they perceive their growth and development on the job and the degree to which this relationship addresses workplace stressors.

The findings draw some parallel to Greenson's (1967) theory of working alliance. Counselors may not bring about change in clients when they rely solely on application of techniques or implementation of counseling skills or processes. Similarly, supervisors may minimize supervisee development when rapport is not factored into the clinical supervision process. The importance of rapport may be evident when comparing participants who scored higher on the SWAI-T relative to those who had lower scores. Participants ( $n = 60$ ) with higher scores on the SWAI-T ( $M = 114.57$ ) reported higher scores on the MSQ ( $M = 80.27$ ) and lower scores on the ORQ ( $M = 119.05$ ), whereas participants with lower scores ( $n = 7$ ) on the SWAI-T ( $M = 55.87$ ) reported lower scores on the MSQ ( $M = 61.00$ ) and higher scores on the ORQ ( $M = 168.57$ ). In an analysis of

differences between mean scores, the results showed significant differences across all variables, however, these findings are tentative due to large differences in sample size and in the standard error of the mean. If these findings are validated, then they would reinforce the belief that supervisees who develop a bond with their supervisor are more likely to demonstrate greater work satisfaction with lower work-related stress, compared to those who do not establish this bond. As Robinson (1950) indicated in his research on the therapeutic working alliance, rapport is a critical component that influences counselor effectiveness. Rapport also appears to be a critical component in the development of the supervisory working alliance.

The results from this study highlight the importance of clinical supervision in professional counseling settings. As mentioned earlier, a paucity of research exists that explores the quality of the supervisory working alliance in professional counseling settings, yet the need to understand the role of clinical supervision outside of academic settings is essential. This study addressed Spence et al.'s (2001) concern that research has not focused on the impact of clinical supervision in professional settings. This study broadens our understanding of clinical supervision and the influence of the supervisory working alliance on counselors in professional settings. In addition, this study helped to clarify the role of clinical supervision by excluding the influence of administrative supervision or peer supervision. Results of this study are important since the literature has not always distinguished between clinical and administrative supervision and the role each plays in counselor development, or on work satisfaction and work-related stress in counselors in professional settings.

Even though the findings from this study reveal important relationships between the variables investigated, a majority of the variance associated with work satisfaction and work-related stress was due to other factors. Attempts to explain the remaining variance yielded negligible results so it is not clear what accounts for the remaining variance. It is hypothesized that personal attributes account for a significant portion of the remaining variance. Counselor self-efficacy, counselor self-reliance, development of coping strategies, degree of autonomy, quality of graduate level training, life and career experiences, length of time in the workforce, and individual qualities and traits may account for some of the variance in work satisfaction and work-related stress. In addition, counselors with longer job tenure and years of experience in the profession may exhibit a greater degree of work satisfaction and lower levels of work-related stress due to survival effect. Maslach et al. (2001) reported this condition results when “those who burn out early in their careers are likely to quit their jobs, leaving behind the survivors who consequently exhibit lower levels of burnout” (p. 410). This condition may help to explain why counselors in this study reported higher levels of work satisfaction and decreased work-related stress.

#### Limitations of the Study

There are several limitations of this study. First, this study relied on participant self-reports. There are a number of disadvantages to self-report data. According to Heppner et al. (1999), the most problematic issue with self-report data is degree of bias that enters into participant responses. These authors report participants “may consciously or unconsciously respond in a way that yields a score that reflects a

response bias rather than the construct being measured" (p. 304). In addition, since participants were aware of what this study was measuring, any biases toward clinical supervision may have been accentuated to reflect lower or higher scores on the instruments. Another issue related to participant self-reports is the researcher does not know what state of mind the participant may be in when he or she is completing the survey. A recent positive or negative event with a clinical supervisor may distort how participants evaluate their overall experiences in supervision, even if this is not how they typically view their clinical supervision experience. Finally, one caution with this study relates to the skewed responses on the SWAI-T. Interpretation of the findings indicates that a significant majority of participants viewed the supervisory working alliance positively, yet it is unclear if this reflects how counselors in general feel about clinical supervision given the relatively small sample size. It is possible that those individuals who did not respond disregarded the survey due to their frustrations with their clinical supervisor.

Another limitation of this study was that a majority of the participants were not currently receiving clinical supervision and had to recall their experiences in clinical supervision. Ideally, the researcher hoped that all participants responding to the invitation were actively engaged in clinical supervision, however, this was not the case. Retrospective studies look at both current and previous events. The problem with retrospective studies is that it forces participants to recall events or experiences, which may not accurately reflect what was experienced at the time. Therefore, participants who had clinical supervision a number of years prior to completing the survey may view



their experiences differently from what actually occurred. For those participants who were not currently receiving clinical supervision, no provision was made to identify the number of years since they last received supervision.

Technological issues presented limitations for this study. Even though the implementation of an online survey likely resulted in a higher response rate compared to a paper-and-pencil survey, the use of an online survey may have prevented some participants from responding. Individuals who did not have a computer or access to the Internet may have chosen to not participate, despite opportunities to receive a paper copy of the survey. In addition, several participants expressed concern about Internet security and fear of using the technology. One participant wrote a note on the follow-up postcard that she was not going to complete the online survey because the last time she conducted an online survey she acquired a computer virus. Another concern with using the online survey was that it made no provisions for counterbalancing instruments. When instruments are not counterbalanced, it raises the possibility that order effect can occur.

Prospective participants who were identified for this study may have chosen not to participate due to busy work schedules and excessive time demands. Low response rates following the first two mailings may have been an indication that mailings were overlooked or participants may not have had time to complete the survey. Interestingly, following the third mailing, the researcher received a number of phone calls and emails from participants advising that they plan to complete the survey and apologizing for not completing the survey earlier. Finally, a limitation influencing participant response rates

may have been the time of year participant invitation and follow-up mailings were mailed. This survey was conducted during the summer months when vacation and summer schedules possibly delayed responses or resulted in prospective participants discarding the mailings.

### Implications for Practice, Training, and Research

#### *Practice*

Clinical supervision has been identified as an important component in shaping counselor development (Getz, 1999), yet the supervisory working alliance, an essential component in the clinical supervision process, has not been extensively studied within professional settings. Results of this study have led to a number of implications that can be applied to clinical practice. First, outcomes from this study can be beneficial to clinical supervisors in helping them better understand their role and the importance of the relationship they establish with their supervisees. Clinical supervisors need to be aware that they can have a significant influence on supervisees' perceptions of their work place and supervisees' ability to adapt to the changing demands and expectations.

Another implication for practice is the need for clinical supervisors to convey the importance of clinical supervision within professional settings and the benefits associated with this relationship to supervisees. Observations during years of clinical practice in professional settings have revealed that some clinical supervisors may not understand or value the importance of clinical supervision. These individuals typically viewed the supervision process as a required job function or as a necessary requirement for supervisees to obtain licensure or certification. In addition, clinical supervisors must

be aware that the outcomes associated with the supervisory working alliance have implications for counselor work satisfaction and work-related stress. Supervisors must realize that their approach to supervision can have important implications on whether supervisees stay in the profession or opt for a different career. Further, when clinical supervisors are able to create a strong supervisory working alliance, supervisees perceive the supervisory relationship as beneficial possibly resulting in a sense of personal satisfaction. McMahon and Patton (2000) reported that when supervisees view the supervisory relationship as helpful it provides secondary benefits such as emotional balance and a sense of well being.

Clinical supervisors need to be aware that the clinical setting and client population may also influence counselors' perceptions of work satisfaction and work-related stress. Understanding the potential dynamics and inherent stressors associated with these factors can help clinical supervisors adjust supervision tasks and goals in order to maintain the supervisory working alliance. An important implication for both clinical supervisors and supervisees is the influence their relationship has on the therapeutic working alliance. Clinical supervisors need to be sensitive to the parallel processes that develop within the supervisory working alliance and transfer to the therapeutic working alliance. If supervisees experience a poor supervisory working alliance, then this experience may transcend into a poor therapeutic alliance. Clinical supervisors need to be attuned to the dynamics within the supervisory working alliance and be prepared to address changes as shifts occur in the alliance (Bordin, 1983).

This study also has implications for counselors who receive supervision. First, counselors can gain a better understanding of clinical supervision outcomes and what impact they will have on their work. Another implication is that clinical supervision can help create a work environment that is conducive to counselor growth and professional development. Further, clinical supervision may also help to moderate work-related stressors while providing a template for developing coping skills. Another implication for counselors is to gain a better understanding of the differences between the various types of supervision. Finally, counselors who are satisfied with their supervision may be less inclined to leave the profession, resulting in a stronger professional identity.

### *Training*

Implications for training need to focus on supervisors' ability to create a strong working alliance. One concern is that many supervisors who work in professional settings may have limited or no training in clinical supervision. These individuals often attain clinical supervisory positions due to length of service within an organization or through promotions despite the lack of proper training or experience. This lack of training can have a significant impact on the quality of the supervisory working alliance. In addition, the findings from this study may provide counselor educators with a better understanding of the role of the supervisory working alliance in professional settings, especially given the fact that a preponderance of literature has focused on academic settings.

Further, this study did not identify the supervisors' level of training or degree of competency. It is assumed that the number of supervisors working in the counseling

field received their training outside the counseling discipline, based on Dye and Border's (1990) finding that supervision is a relatively new field in the counseling profession. Therefore, continued training of counselor supervisors is needed in order to provide supervisees with clinical supervision that reflects counseling philosophy. Finally, mandating continuing education for clinical supervisors in professional settings can provide important updates on current research.

Implications for counselors include helping them to find the supervision that best meets their professional needs. In addition, counselors can learn to make use of clinical supervision to provide opportunities for professional growth and development. Further, counselors can gain a better understanding of the supervisory working alliance and the benefits associated with establishing this alliance. Finally, counselors can make better use of their administrative or peer supervision experiences by incorporating components of the supervisory working alliance into these relationships.

### *Research*

The findings from this study also have research implications. This study provides researchers with an opportunity to understand the relationship between clinical supervision and the two work related variables. Much of the research on the supervisory working alliance has focused on supervisor trainees working with counselors-in-training in academic settings (Rønnestad & Skovholt, 1993). This study extends the research on this topic area beyond training settings. In addition, since the participants were randomly selected, results can be generalized across the mental health counseling profession.

The outcomes of the three research questions raise some questions about what factors contribute to the unexplained variance. Counselors' perceptions of the supervisory working alliance explained a portion of the variance in work satisfaction and work-related stress raising questions about what other factors contribute to this outcome. Clearly, the demographic variables used in this study did not account for the variance in work satisfaction so researchers need to investigate what factors do contribute to the remaining variance. Another research implication is understanding whether administrative supervision has the same influence on work satisfaction and work-related stress, especially with counseling professionals who typically do not receive clinical supervision (e.g., school counselors). Finally, reliability data for each instrument has important implications for researchers who continue to use these instruments and intend to advance this topic area.

#### Suggestions for Future Research

Several suggestions are presented to add to the research base for this topic area. First, future research should investigate what additional factors contribute to the variance in both work satisfaction and work-related stress for counselors in professional settings. This research study found that counselors' perceptions of the supervisory working alliance accounted for 36% of the variance in work satisfaction and 31% of the variance in work-related stress. It is unclear what accounted for the remaining variance and future research should attempt to identify other factors.

In addition, future research should also include the remaining two subscales of the OSI-R. Some of the variance in work satisfaction and work-related stress may be

accounted for by counselors' development of coping strategies to manage personal strain and implementation of coping resources. Adding the personal strain subscale could provide some indication of how much counselor coping strategies are contributing to work satisfaction and work-related stress. A significant majority of the participants who reported higher scores on the SWAI-T also reported higher scores on the MSQ and lower scores on the ORQ. Those participants who reported lower scores on the SWAI-T also reported lower scores on the MSQ and higher scores on the ORQ. Unfortunately, the number of participants within these two groupings did not allow for comparisons. Therefore, future research should investigate the differences between positive and negative perceptions of the supervisory working alliance to determine what influence they have on work satisfaction and work-related stress.

Future research should explore the influence supervisory working alliance has on counselors who work with clients who demonstrated similar chronic psychological and emotional issues as identified in Moore and Cooper's (1996) study. One possible explanation why participants reported lower levels of work-related stress may be a function of the bond that developed with their clinical supervisor. When this bond is established, counselors may be more open to developing skills, techniques, and strategies to address the psychological and emotional challenges that surface within the therapeutic working alliance, as well as more comfortable working with their clinical supervisor to address their reactions to and issues with clients.

This study did not look at the influence of mutual agreement of supervision tasks and goals as part of counselors' perceptions of the supervisory working alliance.

According to Bordin (1983), the tasks and goals agreed to within the supervisory working alliance are dependent on the degree of trust and level of emotional connectedness that develops within this dyad. If there is agreement of supervision goals and on the specific tasks related to the supervision goals, then the supervisory working alliance strengthens (Bordin, 1983) and one's perception of work satisfaction increases while reducing the effects of work-related stress. Understanding how counselors perceive these components will provide a more complete picture of the supervisory working alliance in professional settings.

Numerous studies have explored supervisor attributes and their influence on supervisees' perceptions of the supervisory working alliance. Future research should identify clinical supervisors' attributes and determine to what extent these attributes are associated with participant scores on the SWAI-T. Patton and Kivlighan (1997) reported that counseling student trainees' perception of the quality of the supervisory working alliance had an influence on the therapeutic working alliance and the relationship the counselor developed with the client. In addition, examining the influence of counselor traits and personal qualities on work satisfaction and work-related stress should be explored to see whether they account for any of the unexplained variance.

Researchers should expand the target population to include other counseling professionals who receive clinical supervision. This will allow for broader generalizations of the findings and a more comprehensive understanding of the influence of clinical supervision on work satisfaction and work-related stress. In addition, future research should consider changes to the demographic questionnaire,



including adding number of years since participants last received clinical supervision in a professional setting. This data provides researchers with an opportunity to investigate how differences in time following termination of clinical supervision influence work satisfaction and work-related stress. Further, the demographic questionnaire should identify the clinical supervisor's highest degree and discipline (e.g., PhD in Counselor Education). Replication of this study should take place in the fall or spring to see if this improves the participant response rate.

Another issue that future research could address is the specific components of the supervisory working alliance that contribute to work satisfaction and work-related stress. Future research could explore differences between various types of supervision on work satisfaction and work-related stress. Finally, future research could consider adding an instrument to measure the working alliance to see what impact the supervisory working alliance has on the therapeutic working alliance in professional settings and if work satisfaction and work-related stress correlate with counselors' relationship with their clients.

### Conclusion

The results of this study show counselors' perceptions of the quality of the supervisory working alliance have an influence on work satisfaction and work-related stress. In addition, this study found that when counselors' perceptions of the supervisory working alliance were compared simultaneously with work satisfaction and work-related stress, a significant relationship existed, however only a small increase in variance resulted. Even though this study was the first to explore this combination of

variables, the findings generally support the literature examining the relationship between clinical supervision, satisfaction, and stress.

Most participants reported when they were satisfied with clinical supervision, they were also satisfied with their work, and reported lower levels of work-related stress. Those participants who reported lower scores on the supervisory working alliance tended to report lower levels of work satisfaction and higher levels of work-related stress. Demographic variables contributed little to the overall change in work satisfaction and work-related stress, which is consistent with findings in the literature. Further, this study provides support for Bordin's (1983) supervisory working alliance model, which emphasizes the importance of establishing a bond within the supervision dyad and mutual agreement of goals and tasks to bring about change. Finally, this study provides further insight into the significance of the supervisory working alliance and the need to establish a framework to understand the role of clinical supervision in professional settings.

It is hoped that this study can shift the focus of research on clinical supervision from academic to professional settings. Researchers have found academic settings to be an opportune environment, yet their findings and outcomes may have limited application to supervisors and counselors dealing with the multitude of pressures and demands brought on by a constantly changing and evolving counseling profession. Shifting the research paradigm toward professional settings affords counselors both better training and better outcomes with clients. Continued recognition of the importance of clinical supervision in professional settings can help further this trend.

## REFERENCES

- Aitken, C. H. J., & Schloss, J. A. (1994). Occupational stress and burnout amongst staff working with people with an intellectual disability. *Behavioral Interventions, 9*, 225-234.
- Albright, L. E. (1972). A review of the Minnesota Satisfaction Questionnaire. In O. K. Buros (Ed.), *The seventh mental measurements yearbook, Vol. II* (pp. 1492-1494). Highland Park, NJ: Gryphon Press.
- Allen, G. J., Szollos, S. J., & Williams B. E. (1986). Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice, 17*, 91-99.
- Anderson, W. T., Hohenshil, T. H., & Brown, D. T. (1984). Job satisfaction among practicing school psychologists: A national study. *School Psychology Review, 13*, 225-230.
- Anton, W. D., & Reed, J. R. (1994). *Manual for the Employee Assistance Program Inventory (EAPI)*. Odessa, FL: Psychological Assessment Resources.
- Beehr, T. A. (1995). *Psychological stress in the workplace*. New York: Routledge.
- Beehr, T. A. (1998). Research on occupational stress: An unfinished enterprise. *Personnel Psychology, 51*, 835-844.
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society, 84*, 463-470.
- Benshoff, J. M. (1994). *Peer consultation as a form of supervision*. Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services. (ERIC Document

Reproduction Service No. ED372352). Retrieved February 4, 2006, from  
<http://www.ericdigests.org/1995-1/peer.htm>

- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Pearson.
- Bolton, B. (1986). A review of the Minnesota Satisfaction Questionnaire. In D. J. Keyser, & R. C. Sweetland (Eds.), *Test critiques, Vol. V.* (pp. 255-265). Kansas City, MO: Test Corporation of America.
- Bordin, E. S. (1974). *Research strategies in psychotherapy*. New York: Wiley.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252-260.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35-42.
- Boyd, J. (1978). *Counselor supervision: Approaches, preparation, and practices*. Muncie, IN: Accelerated Development.
- Brown, M. B., Hohenshil, T. H., & Brown, D. T. (1998). Job satisfaction of school psychologists in the United States. *School Psychology International, 19*, 79-89.
- Buck, V. E. (1972). *Working under pressure*. London: Staples Press.
- Carifio, M. S., & Hess, A. K. (1987). Who is the ideal supervisor? *Professional Psychology: Research and Practice, 18*, 244-250.
- Carson, J., & Fagin, L. (1996). Stress in mental health professionals: A cause for concern or an inevitable part of the job? *International Journal of Social Psychiatry, 42*, 79-81.

- Cartwright, S., & Cooper, C. L. (1997). *Managing workplace stress*. Thousand Oaks, CA: Sage.
- Cherniss, C., & Egnatios, E. (1977). Styles of clinical supervision in community mental health programs. *Journal of Consulting and Clinical Psychology, 45*, 1195-1196.
- Chung, Y. B., Baskin, M. L., & Case, A. B. (1998). Positive and negative supervisory experiences reported by counseling trainees. *Psychological Reports, 82*, 762.
- Coady, C. A., Kent, V. D., & Davis, P. W. (1990). Burnout among social workers working with patients with cystic fibrosis. *Health and Social Work, 15*, 116-124.
- Cohen, B-Z., & Laufer, H. (1999). The influence of supervision on social workers' perceptions of their professional competence. *The Clinical Supervisor, 18*, 39-50.
- Collings, J. A., & Murray, P. J. (1996). Predictors of stress amongst social workers: An empirical study. *British Journal of Social Work, 26*, 375-387.
- Cooper, C. L. (1998). *Theories of organizational stress*. New York: Oxford.
- Cranny, C. J., Smith, P. C., & Stone, E. F. (1992). The construct of job satisfaction. In C. J. Cranny, P. C. Smith, & E. F. Stone (Eds.), *Job satisfaction: How people feel about their jobs and how it affects their performance* (pp. 1-3). New York: Lexington.
- Crutchfield, L. B., & Borders, L. D. (1997). Impact of two clinical peer supervision models on practicing school counselors. *Journal of Counseling & Development, 75*, 219-230.
- Cummings, T. G., & Cooper, C. L. (1998). A cybernetic theory of organizational stress. In C. L. Cooper (Ed.), *Theories of organizational stress* (pp. 101-121). New York: Oxford.

- Davis, A. H., Savicki, V., Cooley, E. J., & Firth, J. L. (1989). Burnout and counselor practitioner expectations of supervision. *Counselor Education and Supervision, 28*, 234-241.
- Dawis, R. V. (2004). Job satisfaction. In M. Hersen (Series Ed.) & J. C. Thomas (Vol. Ed.), *Comprehensive handbook of psychological assessment: Vol. 4. Industrial and organizational assessment* (pp. 470-481). Hoboken, NJ: Wiley.
- Decker, P. J., & Borgen, F. H. (1993). Dimensions of work appraisal: Stress, strain, coping, job satisfaction, and negative affectivity. *Journal of Counseling Psychology, 40*, 470-478.
- DeMato, D. S., & Curcio, C. C., (2004). Job satisfaction of elementary school counselors: A new look. *Professional School Counseling, 7*, 236-245.
- Dye, H. A., & Borders, L. D. (1990). Counseling supervisors: Standards for preparation and practice. *Journal of Counseling & Development, 69*, 27-29.
- Edwards, J. R. (1992). A cybernetic theory of stress, coping, and well-being in organizations. *Academy of Management Review, 17*, 238-274.
- Edwards, J. R., Caplan, R. D., & Harrison, R. V. (1998). Person-environment fit theory. In C. L. Cooper (Ed.), *Theories of organizational stress* (pp. 28-67). New York: Oxford.
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*, 322-329.
- Eklund, M., & Hallberg, I. R. (2000). Factors influencing job satisfaction among Swedish occupational therapists in psychiatric care. *Scandinavian Journal of Caring Sciences, 14*, 162-171.

- Elkin, A. J., & Rosch, P. J. (1990). Promoting mental health at the workplace: The prevention side of stress management. *Occupational Medicine: State of the Art Review*, 5, 739-754.
- Evans, W. N., & Hohenshil, T. H. (1997). Job satisfaction of substance abuse counselors. *Alcoholism Treatment Quarterly*, 15(2), 1-13.
- Feltham, C. (2000). Counselling supervision: Baselines, problems and possibilities. In B. Lawton & C. Feltham (Eds.), *Taking supervision forward: Enquiries and trends in counselling and psychotherapy* (pp. 5-24). London: Sage.
- Field, A. (2000). *Discovering statistics using SPSS for Windows*. London: Sage.
- Fincham, R., & Rhodes, P. (2005). *Organizational behaviour* (4th ed.). London: Oxford University Press. Retrieved December 5, 2005, from <http://www.oup.com/uk/booksites/content/0199253978/student/glossary/glossary.htm#J>
- Fleming, J., & Benedek, T. F. (1966). *Psychoanalytic supervision: A method of clinical teaching*. New York: Grune & Stratton.
- Fogarty, G. J., Machin, M. A., Albion, M. J., Sutherland, L. F., Lalor, G. I., & Revitt, S. (1999). Predicting occupational strain and job satisfaction: The role of stress, coping, personality, and affectivity variables. *Journal of Vocational Behavior*, 54, 429-452.
- Foley, J. P., Jr. (1972). A review of the Minnesota Satisfaction Questionnaire. In O. K. Buros (Ed.), *The seventh mental measurements yearbook, Vol. II* (p. 1494). Highland Park, NJ: Gryphon Press.

- Freud, S. (1958). On beginning the treatment. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 122-144). London: Hogarth Press. (Original work published 1913)
- Friedlander, M. L., & Ward, L. G. (1984). Development and validation of the Supervisory Styles Inventory. *Journal of Counseling Psychology, 31*, 541-557.
- Gabriel, P., & Liimatainen, M.-R. (2000). *Mental health in the workplace*. Retrieved November 29, 2005, from <http://www-ilo-mirror.cornell.edu/public/english/employment/skills/disability/download/execsums.pdf>
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist, 13*, 155-243.
- Getz, H. G. (1999). Assessment of clinical supervisor competencies. *Journal of Counseling & Development, 77*, 491-497.
- Gillet, B., & Schwab, D. P. (1975). Convergent and discriminant validities of corresponding Job Descriptive Index and Minnesota Satisfaction Questionnaire scales. *Journal of Applied Psychology, 60*, 313-317.
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*, 371-383.
- Green, S. B. (1991). How many subjects does it take to do a regression analysis? *Multivariate Behavioral Research, 26*, 499-510.



- Greenson, R. R. (1967). *The technique and practice of psychoanalysis* (Vol. 1). New York: International Universities Press.
- Guion, R. M. (1978). A review of the Minnesota Satisfaction Questionnaire. In O. K. Buros (Ed.), *The eighth mental measurements yearbook, Vol. II* (pp. 1679-1680). Highland Park, NJ: Gryphon Press.
- Hair, J. F., Jr., Anderson, R. E., Tatham, R. L., & Black, W. C. (1998). *Multivariate data analysis* (5th ed.). Upper Saddle River, NJ: Prentice Hall.
- Hart, G. M. (1982). *The process of clinical supervision*. Baltimore: University Park Press.
- Heppner, P. P., & Handley, P. (1982). The relationship between supervisory behaviors and perceived supervisor expertness, attractiveness, or trustworthiness. *Counselor Education and Supervision, 21*, 37-46.
- Heppner, P. P., Kivlighan, D. M., Jr., & Wampold, B. E. (1999). *Research design in counseling* (2nd ed.). Belmont, CA: Wadsworth.
- Heppner, P. P., & Roehlke, H. J. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. *Journal of Counseling Psychology, 31*, 76-90.
- Herbert, J. T., & Trusty, J. (2006). Clinical supervision practices and satisfaction within the public vocational rehabilitation program. *Rehabilitation Counseling Bulletin, 49*, 66-80.
- Herzberg, F., Mausner, B., Peterson, R. O., & Capwell, D. F. (1957). *Job attitudes: Review of research and opinions*. Pittsburgh, PA: Psychological Service of Pittsburgh.

Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work* (2nd ed.).

New York: Wiley.

Himle, D. P., Jayaratne, S., & Thyness, P. (1989). The effects of emotional support on burnout, work stress and mental health among Norwegian and American social workers. *Journal of Social Service Research, 13*, 27-45.

Hirschfeld, R. R. (2000). Does revising the intrinsic and extrinsic subscales of the Minnesota Satisfaction Questionnaire Short Form make a difference? *Educational and Psychological Measurement, 60*, 255-270.

Holcomb-McCoy, C., & Addison-Bradley, C. (2005). African American counselor educators' job satisfaction and perceptions of departmental racial climate. *Counselor Education & Supervision, 45*, 2-15.

Holland, J. L., & Gottfredson, G. D. (1994). *Manual for the Career Attitudes and Strategies Inventory (CASI): An inventory for understanding adult careers*. Odessa, FL: Psychological Assessment Resources.

Holloway, E. L. (1987). Developmental models of supervision: Is it development? *Professional Psychology: Research and Practice, 18*, 209-216.

Holloway, E. L., & Neufeldt, S. A. (1995). Supervision: Its contribution to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63*, 207-213.

Hoppock, R. (1935). *Job satisfaction*. New York: Harper.

Horvath, A. O., & Greenberg, L. S. (1994). Introduction. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 1-12). New York: Wiley.

- Hutt, C. H., Scott, J., & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, Research and Practice, 20*, 118-123.
- Hyrkäs, K. (2005). Clinical supervision, burnout, and job satisfaction among mental health and psychiatric nurses in Finland. *Issues in Mental Health Nursing, 26*, 531-556.
- Johnson, T., & Owens, L. (2003). Survey response rate reporting in the professional literature. *American Association for Public Opinion Research*. Retrieved August 16, 2006, from [http://www.srl.uic.edu/publist/Conference/rr\\_reporting.pdf](http://www.srl.uic.edu/publist/Conference/rr_reporting.pdf)
- Kalton, G. (1983). *Compensating for missing survey data*. Ann Arbor, MI: Institute for Social Research.
- Karasek, R. A., Jr., & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life*. New York: Basic Books.
- Kavanagh, D. J., Spence, S. H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003). Supervision practices in allied mental health: Relationships of supervision characteristics to perceived impact and job satisfaction. *Mental Health Services Research, 5*, 187-195.
- Kavanagh, D. J., Spence, S. H., Wilson, J., & Crow, N. (2002). Achieving effective supervision. *Drug and Alcohol Review, 21*, 247-252.
- Kennard, B. D., Stewart, S. M., & Gluck, M. R. (1987). The supervision relationship: Variables contributing to positive versus negative experiences. *Professional Psychology: Research and Practice, 18*, 172-175.

- Kirk-Brown, A., & Wallace, D. (2004). Predicting burnout and job satisfaction in workplace counselors: The influence of role stressors, job challenge, and organizational knowledge. *Journal of Employment Counseling, 41*, 29-37.
- Koeske, G. F., & Koeske, R. D. (1993). A preliminary test of a stress-strain-outcome model for reconceptualizing the burnout phenomenon. *Journal of Social Service Research, 17*, 107-135.
- Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision, 36*, 284-303.
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development, 77*, 447-455.
- Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory working alliance and trainees' experience of role conflict and role ambiguity. *Counselor Education and Supervision, 34*, 220-231.
- Layne, C. M., Hohenshil, T. H., & Singh, K. (2004). The relationship of occupational stress, psychological strain, and coping resources to the turnover intentions of rehabilitation counselors. *Rehabilitation Counseling Bulletin, 48*, 19-30.
- Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

- Lee, D. (2002). Twelve recommendations for reducing stress-related costs to your organization. *HumanNature@Work*. Retrieved March 11, 2006, from <http://www.humannatureatwork.com/Workplace-Stress-5.htm>
- Levinson, E. M., Fetchkan, R., & Hohenshil, T. H. (1988). Job satisfaction among practicing school psychologists revisited. *School Psychology Review, 17*, 101-112.
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297-1349). Chicago: Rand McNally.
- Locke, E. A., & Henne, D. (1986). Work motivation theories. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizational psychology* (pp. 1-35). London: Wiley.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*, 3-42.
- Magnuson, S., Norem, K., & Wilcoxon, S. A. (2000). Clinical supervision of prelicensed counselors: Recommendations for consideration and practice. *Journal of Mental Health Counseling, 22*, 176-188.
- Magnuson, S., Wilcoxon, S. A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision, 39*, 189-202.
- Maslach, C., & Jackson, S. E. (1986). *The Maslach burnout inventory* (2nd ed.). Palo Alto, CA: Consulting Psychologists.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.

- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397-422.
- Maslow, A. H. (1954). *Motivation and personality*. New York: Harper.
- McCarthy, P., Kulakowski, D., & Kenfield, J. A. (1994). Clinical supervision practices of licensed psychologists. *Professional Psychology: Research and Practice, 25*, 177-181.
- McMahon, M., & Patton, W. (2000). Conversations on clinical supervision: Benefits perceived by school counsellors. *British Journal of Guidance & Counselling, 28*, 339-352.
- Melhuish, A. (1978). *Executive health*. London: Business Books.
- Moore, K. A., & Cooper, C. L. (1996). Stress in mental health professionals: A theoretical overview. *International Journal of Social Psychiatry, 42*, 82-89.
- Morgan, G. A., & Griego, O. V. (1998). *Easy use and interpretation of SPSS for Windows: Answering research questions with statistics*. Mahwah, NJ: Lawrence Erlbaum.
- Murray, G. C., Portman, T. A. A., & Maki, D. R. (2003). Clinical supervision: Developmental differences during preservice training. *Rehabilitation Education, 17*, 19-32.
- National Institute for Occupational Safety and Health. (1999). *Stress...at work* (DHHS Publication No. 99-101). Cincinnati, OH: Author.
- Nelson, G. L. (1978). Psychotherapy supervision from the trainee's point of view: A survey of preferences. *Professional Psychology, 9*, 539-550.

- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology, 48*, 384-395.
- Newsome, M., Jr., & Pillari, V. (1991). Job satisfaction and the worker-supervisor relationship. *The Clinical Supervisor, 9*, 119-129.
- Niles, S. G., & Anderson, W. P., Jr. (1993). Career development and adjustment: The relation between concerns and stress. *Journal of Employment Counseling, 30*, 79-87.
- Norrie, J., Eggleston, E., & Ringer, M. (2003). Quality parameters of supervision in a correctional context. *New Zealand Journal of Psychology, 32*, 76-83.
- O'Connor, E. J., Peters, L. H., Rudolf, C. J., & Pooyan, A. (1982). Situational constraints and employee affective reactions: A partial field replication. *Group & Organizational Studies, 7*, 418-428.
- O'Driscoll, M. P., & Beehr, T. A. (1994). Supervisor behaviors, role stressors and uncertainty as predictors of personal outcomes for subordinates. *Journal of Organizational Behavior, 15*, 141-155.
- Olk, M. E., & Friedlander, M. L. (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*, 389-397.
- Osipow, S. H. (1998). *Occupational Stress Inventory Revised Edition (OSI-R) professional manual*. Lutz, FL: Psychological Assessment Resources, Inc.

- Panel on Incomplete Data. (1983). In W. G. Madow, H. Nisselson, & I. Olkin (Eds.), *Incomplete data in sample surveys: Volume 1 report and case studies* (pp. 3-14). New York: Academic Press.
- Patton, M. J., Brossart, D. F., Gehlert, K. M., Gold, P. B., & Jackson, A. P. (1992, August). *The Supervisory Working Alliance Inventory: A validity study*. Paper presented at the annual meeting of the American Psychological Association, Washington, DC. (ERIC Document Reproduction Service No. ED360358)
- Patton, M. J., & Kivlighan, D. M., Jr. (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counseling training. *Journal of Counseling Psychology, 44*, 108-115.
- Pepinsky, H. B., & Patton, M. J. (1971). Informative display and the psychological experiment. In H. B. Pepinsky & M. J. Patton (Eds.), *The psychological experiment: A practical accomplishment* (pp. 1-30). New York: Pergamon.
- Rabin, S., Feldman, D., & Kaplan, Z. (1999). Stress and intervention strategies in mental health professionals. *British Journal of Medical Psychology, 72*, 159-169.
- Rabinowitz, F. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process and outcome variables of supervision over time. *Journal of Counseling Psychology, 33*, 292-300.
- Ramos- Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., Ratanasiripong, P., & Rodolfa, E. (2002). Negative supervisory events: Effects on supervision satisfaction and supervisory alliance. *Professional Psychology: Research and Practice, 33*, 197-202.



- Remley, T. P., Jr., Benschhoff, J. M., & Mowbray, C. A. (1987). Postgraduate peer supervision: A proposed model for peer supervision. *Counselor Education and Supervision, 27*, 53-60.
- Robinson, F. P. (1950). *Principles and procedures in student counseling*. New York: Harper.
- Roethlisberger, F. J., & Dickson, W. J. (1939). *Management and the worker*. Cambridge, MA: Harvard Press.
- Rønnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development, 71*, 396-405.
- Rubin, D. B. (1976). Inference and missing data. *Biometrika, 63*, 581-592.
- Sapolsky, R. M. (2004). *Why zebras don't get ulcers* (3rd ed.). New York: Henry Holt.
- Schaffer, R. H. (1953). Job satisfaction as related to need satisfaction in work. *Psychological Monographs: General and Applied, 67*(14), 1-19.
- Schneider, B., Gunnarson, S. K., & Wheeler, J. K. (1992). The role of opportunity in the conceptualization of measurement of job satisfaction. In C. J. Cranny, P. C. Smith, & E. F. Stone (Eds.), *Job satisfaction: How people feel about their jobs and how it affects their performance* (pp. 53-68). New York: Lexington.
- Schriesheim, C. A., Powers, K. J., Scandura, T. A., Gardiner, C. C., & Lankau, M. J. (1993). Improving construct measurement in management research: Comments and a quantitative approach for assessing the theoretical content adequacy of paper-and-pencil survey-type instruments. *Journal of Management, 19*, 385-417.

- Schroffel, A. (1999). How does clinical supervision affect job satisfaction? *The Clinical Supervisor, 18*, 91-105.
- Schultz, J. C., Ososkie, J. N., Fried, J. H., Nelson, R. E., & Bardos, A. N. (2002). Clinical supervision in public rehabilitation counseling settings. *Rehabilitation Counseling Bulletin, 45*, 213-222.
- Seltzer, J., & Numerof, R. E. (1988). Supervisory leadership and subordinate burnout. *Academy of Management Journal, 31*, 439-446.
- Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.
- Shanfield, S. B., Matthews, K. L., & Hetherly, V. (1993). What do excellent psychotherapy supervisors do? *The American Journal of Psychiatry, 150*, 1081-1084.
- Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *Measurement of satisfaction in work and retirement*. Chicago: Rand McNally.
- Sonnentag, S., & Frese, M. (2003). Stress in organizations. In I. B. Weiner (Series Ed.) & W. C. Borman, D. R. Ilgen, & R. J. Klimoski (Vol. Eds.), *Handbook of psychology: Vol. 12. Industrial and organizational assessment* (pp. 453-491). Hoboken, NJ: Wiley.
- Sowa, C. J., May, K. M., & Niles, S. G. (1994). Occupational stress within the counseling profession: Implications for counselor training. *Counselor Education & Supervision, 34*, 19-29.
- Spector, P. E. (1997). *Job satisfaction: Application, assessment, cause, and consequences*. Thousand Oaks, CA: Sage.

- Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of evidence. *Behaviour Change, 18*, 135-155.
- Sutton, J. M., Jr., & Page, B. J. (1994). Post-degree clinical supervision of school counselors. *The School Counselor, 42*, 32-39.
- Sweeney, A. P., Hohenshil, T. H., & Fortune, J. C. (2002). Job satisfaction among employee assistance professionals: A national study. *Journal of Employment Counseling, 39*, 50-60.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). Boston: Allyn and Bacon.
- Tracey, T. J., Ellickson, J. L., & Sherry, P. (1989). Reactance in relation to different supervisory environments and counselor development. *Journal of Counseling Psychology, 36*, 336-344.
- Trad, A. M. (1995). The development of the working alliance in counselor supervision (Doctoral dissertation, The Pennsylvania State University, 1995). *Dissertation Abstracts International, 57*, 714.
- Traut, C. A., Larsen, R., & Feimer, S. H. (2000). Hanging on or fading out? Job satisfaction and the long-term worker. *Public Personnel Management, 29*, 343-351.
- Uys, L. R., Minnaar, A., Simpson, B., & Reid, S. (2005). The effect of two models of supervision on selected outcomes. *Journal of Nursing Scholarship, 37*, 282-288.

- VanVoorhis, C. W., & Morgan, B. L. (2001). Statistical rules of thumb: What we don't want to forget about sample sizes. *Psi Chi Journal*, 6(4), 1-3, Retrieved December 21, 2005, from [http://www.psichi.org/pubs/articles/article\\_182.asp](http://www.psichi.org/pubs/articles/article_182.asp)
- Vaux, A. (1996). Conducting mail surveys. In F. T. L. Leong & J. T. Austin (Eds.), *The psychology research handbook* (pp.127-138). Thousand Oaks, CA: Sage.
- Veach, P. M. (2001). Conflict and counterproductivity in supervision—when relationships are less than ideal: Comment on Nelson and Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology*, 48, 396-400.
- Watkins, C. E., Jr. (1997). The ineffective psychotherapy supervisor: Some reflections about bad behaviors, poor process, and offensive outcomes. *The Clinical Supervisor*, 16, 163-180.
- Webb, A., & Wheeler, S. (1998). How honest do counsellors dare to be in the supervisory relationship?: An exploratory study. *British Journal of Guidance & Counselling*, 26, 509-524.
- Weiss, D. J., Dawis, R. V., England, G. W., & Lofquist, L. H. (1967). *Manual for the Minnesota Satisfaction Questionnaire*. Minneapolis: University of Minnesota.
- Wester, S. R., Vogel, D. L., & Archer, J., Jr. (2004). Male restricted emotionality and counseling supervision. *Journal of Counseling & Development*, 82, 91-98.
- White, V. E., & Queener, J. (2003). Supervisor and supervisee attachments and social provisions related to the supervisory working alliance. *Counselor Education & Supervision*, 42, 203-218.

Wikipedia. (2005). *Statistical survey*. Retrieved July 18, 2005, from [http://en.wikipedia.org/wiki/Survey\\_research](http://en.wikipedia.org/wiki/Survey_research)

Wilcoxon, S. A. (1989). Leadership behavior and therapist burnout: A study of rural agency settings. *Journal of Rural Community Psychology, 10*(2), 3-14.

Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of "good" supervision events. *Journal of Counseling Psychology, 43*, 25-34.

Worthington, E. L., Jr. (1984). Empirical investigation of supervision of counselors as they gain experience. *Journal of Counseling Psychology, 31*, 63-75.

Worthington, E. L., Jr., & Roehlke, H. J. (1979). Effective supervision as perceived by beginning counselors-in-training. *Journal of Counseling Psychology, 26*, 64-73.

## APPENDIX A

## Participant Invitation Letter

607 Elmwood Street  
State College, PA 16801  
June 12, 2006

Dear (Participant Name):

You have been selected to participate in a research study that explores how clinical supervision influences work satisfaction and work-related stress for mental health counselors. Very little research exists that explores the impact of clinical supervision on counselors in professional settings. Your participation in this study will also provide valuable insight into issues that affect counselor work satisfaction and work-related stress.

Participation in this study will take approximately 15 minutes. In order to participate, please go to **www.psychdata.com**, enter survey # **118604** and password **2063**. Survey instructions will be provided on the website. Confidentiality will be maintained to the extent permitted by the technology used. Since this is an Internet-based survey, every attempt will be made to protect third party access, however, protection cannot be guaranteed. The data is encrypted as soon as it is sent and is immediately stored on a secure server. Additional information with regard to security is available on the PsychData website. The online survey does not ask for any information that would identify who the responses belong to (i.e., name, email address). If you do not have access to the Internet or prefer to complete a paper copy of the survey, please contact me at the telephone number or email address listed below.

Participation in this study is voluntary and is strictly for research purposes. If you have questions about this study, you are encouraged to contact me by email at [wrs2@psu.edu](mailto:wrs2@psu.edu), by telephone at (814) 231-8833, or by mail at 607 Elmwood Street, State College, PA 16801. Questions for my advisor should be directed to Dr. Brandon Hunt by email at [bbh2@psu.edu](mailto:bbh2@psu.edu) or by telephone at (814) 863-2408.

Thank you for agreeing to participate in this study.

Sincerely,

William R. Sterner, M Ed, LPC, NCC

## APPENDIX B

## Follow-up Postcards

**Just a reminder...**

Two weeks ago you received a letter asking for your participation in a study exploring how clinical supervision influences work satisfaction and work-related stress for mental health counselors. If you have already completed the survey, thank you!

If you have not completed the survey, please go to [www.psychdata.com](http://www.psychdata.com), enter survey # **118604** and password **2063**. It will only take a few minutes and your participation is greatly appreciated.

If you have any questions or problems, please contact me.

William Sterner

Phone: 814-231-8833

Email: [wrs2@psu.edu](mailto:wrs2@psu.edu)

**...to complete the online survey!**

---

**It is not too late...**

One month ago you received a letter asking for your participation in a study exploring how clinical supervision influences work satisfaction and work-related stress for mental health counselors. If you have already completed the survey, thank you!

If you have not completed the survey, please go to [www.psychdata.com](http://www.psychdata.com), enter survey # **118604** and password **2063**. It will only take a few minutes and your participation is greatly appreciated.

If you have any questions or problems, please contact me.

William Sterner

Phone: 814-231-8833

Email: [wrs2@psu.edu](mailto:wrs2@psu.edu)

**...to complete the online survey!**

## APPENDIX C

Requirements and Implied Informed Consent Statement  
The Pennsylvania State University

**Title of Project:** The Influence of the Supervisory Working Alliance on Work Satisfaction and Work-Related Stress for Counselors in Professional Settings

**Principal Investigator:** William R. Sterner, M Ed, LPC, NCC  
316 Cedar Building  
The Pennsylvania State University  
University Park, PA 16802

**Advisor:** Brandon B. Hunt, PhD, LPC, CRC, NCC  
327 Cedar Building  
The Pennsylvania State University  
University Park, PA 16802

**Purpose of the Study:** The purpose of this research study is to explore how clinical supervision influences work satisfaction and work-related stress for counselors who are currently working in professional counseling settings.

**Procedures to be followed:** You will be asked to complete an online survey. Your participation in and responses to this survey are confidential.

**Duration/Time:** The survey contains 109 questions and will take approximately 15 minutes.

**Statement of Confidentiality:** Confidentiality will be maintained to the extent permitted by the technology used. Since this is an Internet-based survey, every attempt will be made to protect third party access, however, protection cannot be guaranteed. The data is encrypted as soon as it is sent and is immediately stored on a secure server. Additional information with regard to security is available on the PsychData website. The online survey does not ask for any information that would identify who the responses belong to (i.e., name, email address). The primary investigator and his advisor will have access to the final records. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared because your name is in no way linked to your responses.

**Right to Ask Questions:** If you have questions about this research project, please contact William Sterner, a PhD candidate in Counselor Education at The Pennsylvania State



University. He can be contacted at [wrs2@psu.edu](mailto:wrs2@psu.edu) or (814) 231-8833. His advisor is Dr. Brandon Hunt and she can be contacted at [bbh2@psu.edu](mailto:bbh2@psu.edu) or (814) 863-2408.

**Voluntary Participation:** Your decision to be in this research is voluntary. You have the right to discontinue this survey at any point prior to submitting your responses. Further, you do not have to answer any question(s) you do not want to answer. If you agree to take part in this research and to the information presented above, please click the "Continue" button below, which indicates your consent to participate in this research study. It is recommended that you either print this statement for your records or record the Internet address and keep it for reference. All participants must be 18 years of age or older in order to take part in this study.

## APPENDIX D

## Demographic Questionnaire

- 1) What is your age? \_\_\_\_\_
- 2) What is your gender?
  - a) Female
  - b) Male
  - c) Transgender/Transsexual
- 3) What is your race/ethnicity?
  - a) African-American
  - b) Asian-American
  - c) Caucasian
  - d) Latino-American
  - e) Native American
  - f) Multi- or Bi-racial
  - g) Other: \_\_\_\_\_
- 4) How many years have you been employed by your current organization? \_\_\_\_\_
- 5) How many years have you been employed as a counselor post-master's? \_\_\_\_\_
- 6) What is your highest level of education?
  - a) Bachelor's degree
  - b) Master's degree
  - c) Doctoral/Professional degree
  - d) Other: \_\_\_\_\_
- 7) What type of counseling setting do you work in (e.g., mental health agency, private-non-profit, hospital, private practice)? \_\_\_\_\_
- 8) On average, how many clients do you work with per week (based on a 40 hour week)? \_\_\_\_\_
- 9) Are you currently receiving individual clinical supervision (supervision focusing on therapeutic issues, processes, and outcomes)? *Do not include staff meetings, administrative supervision* (supervision focusing on non-therapeutic issues, organizational issues, and evaluation), *or peer supervision* (mutual collaboration with peers on therapeutic issues).

\_\_\_\_\_ Yes (*if "yes," go to 9a*)

\_\_\_\_\_ No (*if "no," go to 9b*)

9a) If you answered "yes" to question # 9, how many hours per week (40 hour week), *on average*, do you spend in clinical supervision? \_\_\_\_\_

9b) If you answered "no" to question # 9, during the 12 months when you last received individual clinical supervision, how many hours per week (40 hour week), *on average*, did you receive clinical supervision? \_\_\_\_\_

10) Are you currently providing clinical supervision?

\_\_\_\_\_ Yes (*if "yes," go to 10a*)

\_\_\_\_\_ No

10a) How many counselors do you supervise per week? \_\_\_\_\_

How many hours per week do you spend supervising? \_\_\_\_\_

How many hours per week do you spend counseling clients? \_\_\_\_\_

## APPENDIX E

## Supervisory Working Alliance Inventory-Trainee (SWAI-T)

The Supervisory Working Alliance Inventory-Trainee is a copyrighted instrument. Individuals interested in using this instrument must obtain permission from the authors.

## APPENDIX F

## Minnesota Satisfaction Questionnaire-Short Form (MSQ)

The Minnesota Satisfaction Questionnaire-Short Form is a copyrighted instrument. Individuals interested in using this instrument must obtain permission from Vocational Psychology Research, University of Minnesota.

## APPENDIX G

Occupational Stress Inventory-Revised (OSI-R)  
Occupational Roles Questionnaire (ORQ) Subscale

The Occupational Stress Inventory-Revised is a copyrighted instrument. Individuals interested in using this instrument should contact Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, Florida 33549.

**William R. Sterner, Ph.D., LPC, NCC**

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wrs2@psu.edu

EDUCATION

**Ph.D., Counselor Education**, Penn State University, May 2007

**M.Ed., Counselor Education** (Rehabilitation Counseling), Penn State University, August 1994

**B.S., Economics**, Penn State University, May 1984

COUNSELING EXPERIENCE

**TASC Coordinator**, Centre County MH/MR-D&A, Bellefonte, PA, July 2006 – Present.

- Conduct drug and alcohol assessments using the Pennsylvania Client Placement Criteria (PCPC) for adults
- Prepare written summaries and reports of PCPC assessment results
- Prepare referral packets and make referrals to treatment providers
- Monitor clients' involvement in treatment services to ensure compliance with ongoing treatment plan
- Provide case management services for over 100 clients
- Report any client violations of treatment recommendations and participation to the appropriate criminal justice agency within 48 hours of violation

**Administrative Services Assistant and Special Projects Coordinator** (Internship), Centre County MH/MR-D&A, Bellefonte, PA, May 2005 – November 2005.

- Responsible for developing the agency HIPAA manual
- Coordinated the Pennsylvania Department of Community and Economic Development (DCED) HOME Grant-Fairweather Lodge Program application
- Developed and conducted a focus group on consumer housing in the Centre Region
- Assisted in the development of an AmeriCorps grant application
- Organized materials for the Centre County Children and Adolescent Service System Program brochure
- Provided other administrative services as requested by the agency administrator

**Undergraduate Advisor** (Graduate Assistantship), Department of Counselor Education, Counseling Psychology, and Rehabilitation Services, Penn State University, University Park, PA, August 2003 – May 2005.

- Advised over 40 undergraduate students majoring in Rehabilitation Services
- Assisted students with course selection, scheduling, and academic matters
- Helped students sort through issues related to the internship requirement
- Coordinated student requests with other support and academic units