Authentic Leadership as a Model for Reducing Licensed Mental Health Professional Leader Burnout

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

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Grand Canyon University

Phoenix, Arizona

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Authentic Leadership as a Model for Reducing LMHP Leader Burnout

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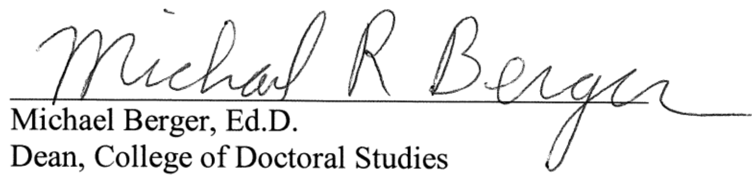

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Abstract

A considerable deficit of Licensed Mental Health Professionals (LMHPs) is expected in the United States because of the rapid professional burnout and turnover. Research has related various leadership styles to job satisfaction, organizational commitment, and retention. This study focused on authentic leadership theory and the relationship between authentic leadership and burnout. The researcher conducted a causal-comparative study with a convenience sample of 116 licensed mental health professionals to assess the relationship between authentic leadership and LMHP leader burnout in an attempt to identify a solution to the systemic burnout and turnover problems in community mental health centers. The results indicated that authentic leadership was a statistically significant predictor of all three subscales of the MBI. The multiple linear regression analysis indicated that the subcomponents of authentic leadership had a relationship with the three subscales of the MBI. The transparency sub-component of authentic leadership was particularly important because it was a statistically significant predictor of the emotional exhaustion subscale, while the balanced processing and self-awareness subcomponents were also statistically significant predictors of the depersonalization subscale. The moral sub-component of authentic leadership was a statistically significant predictor of the personal accomplishment subscale, which makes this study useful for development of leadership trainings designed to promote work environments that are able to minimize burnout and turnover in LMHPs.

Keywords: Authentic Leadership, LMHP leaders, burnout

Dedication

When God gives you good people in your life, you must celebrate them. I have been fortunate enough to have several great people in my life who has been the wind beneath my wings and for that reason I would like to dedicate this dissertation to them.

First, to my Lord and Savior, Jesus Christ, I acknowledge that I am nothing without you. It has been through your unwarranted love, grace, and mercy that I have been able to achieve this greatest milestone in my life. You have equipped me with the knowledge to learn, now I am trusting you to carry me as I depart and serve.

Next, I want to dedicate this dissertation to JP. Thank you for being the definition of a true friend. I am convinced that without you this dissertation would have never been completed. You have been such a trailblazer in my life, you believed in me, encouraged me, loved me, prayed for me, and taught me to value the art of friendship and the passion for learning. To my wonderful parents, Caren and Walter Stewart, thank you for being my greatest cheerleaders – I thank you for instilling in me the importance of higher education and being the absolute best I can be. To my loving sister, Latoya, thank you for believing that I was a doctor even before I finished the degree. Your constant edification and faith in my abilities has carried me throughout this process.

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Each of you, in your own way, have sacrificed so much for me to be able to be called Dr. Warrick Tremayne Stewart, and for that I will be forever grateful.

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"I prefer to be true to myself, even at the hazard of incurring the ridicule of others rather than to be false, and to incur my own abhorrence."
~ Frederick Douglass

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Chapter 1: Introduction to the Study

Introduction

In the last 2 decades, burnout among licensed mental health professionals (LMHPs) has become a serious cause of concern among mental health service providers (Burke, Koyuncu, and Fiksenbaum, 2010; Mandell, Stalker, de Zeeus, Wright, Frensch, & Harvey, 2013; Salyers et al., 2011). Burnout is affecting the healthcare service sector, causing challenges in providing services to clients with mental illness. Surveys conducted by Morse, Saylers, Rollins, Monroe-Devita, and Pfahler (2012) suggested that mental health professionals experience high levels of burnout and, consequently, that health service providers experience high rates of staff turnover and low rates of staff retention. According to Awa, Plaumann, and Walter (2010), burnout is, also, common among mental health service administrators and is increasing among employees in public service systems.

Many scholars have researched the problem of burnout, but none have found a solution through the exploration of leadership behavior (Morse et al., 2012, Salyers et al., 2011). As such, this study examined levels of burnout among mental health professionals that could be minimized by exploiting the characteristics associated with the construct of authentic leadership (AL). This chapter introduces the study's research topic and its background, and discusses how LMHP leaders are at risk for burnout. From there, the remaining sections of this chapter will illuminate the purpose of this quantitative causal-comparative study: to explore the relationship between AL and burnout among LMHP leaders in Georgia. The research questions and hypotheses that arose from the current research are followed by a discussion of the significance of the study. Next, the

methodology and research design is introduced with specific definitions for the terms used in the study. Lastly, assumptions, limitations, and delimitations will be established, and a summary of the information provided in Chapter 1 will be presented.

Background of the Study

In 1974, clinical psychologist Herbert Freudenberger (1974) provided the first major description of burnout, calling it a state of physical and emotional exhaustion. Thereafter, several researchers defined burnout in many ways (Burke et al., 2010; Mandell et al., 2013; Morse et al., 2012). However, the definition presented by Maslach and Goldberg (1999) is considered to be the most objective (as cited in Peterson et al., 2011). Maslach and Goldberg (1999) framed the concept of burnout within three dimensions: emotional exhaustion, depersonalization, and a reduced level of personal accomplishment. Emotional exhaustion refers to a condition in which a worker feels exhausted, over-stretched, and fatigued, while depersonalization (sometimes called cynicism) refers to a situation in which a worker exhibits negative and cynical attitudes toward clients or the work itself (Maslach and Goldberg, 1999). The third dimension, a reduced sense of personal accomplishment (or efficacy), refers to a situation in which a worker indulges in negative self-evaluation of his or her own overall job effectiveness or work with consumers (Morse et al., 2012).

Although burnout can occur in any sphere of life, this study was concerned with its prevalence in the professional arena. The current literature suggested that professional burnout takes place as a result of prolonged physical, emotional, and psychological exhaustion incurred in the workplace (Williamson & Friswell, 2013). According to a study conducted by Onyett (2011), social workers and mental health professionals feel

particularly undervalued at work and report excessive job demands, limited latitude in decision-making, and unhappiness about their roles within their work organizations. Onyett also posited that LMHPs with approved social worker status or full licensure status suffer greater levels of dissatisfaction and burnout.

Over the past few years, mental health centers have undergone reorganization, downsizing, consolidation, and even closure (Rohland, 2000). In a study conducted by Rohland (2000), executive directors of CMHCs were surveyed to assess the relationship between individual work characteristics and burnout. Variables included gender, age, job tenure, and stress coping mechanisms. Rohland (2000) determined that leaders of rural CMHCs had higher levels of burnout than their urban counterparts. Although its purpose was to determine the relationship between geographical location and burnout, this study was one of the first on leader burnout, significantly revealing the gap in the literature concerning the search for an effective burnout solution for CMHC leaders.

Freudenberger's (1974) observation that healthcare professionals often fall victim to burnout was later substantiated by the Maslach Burnout Inventory (MBI) (Mäkikangas, Hatinen, Kinnunen, & Pekkonen, 2011), which postulated that healthcare professionals are often affected by burnout. Burnout not only results in frequent absence from work among health professionals but, also, forces its victims to look for other professional opportunities outside of the health profession. For example, a study involving 13,471 nurses from Pennsylvania showed that 43.2% of the respondents were suffering from high levels of burnout and that 43% of them intended to leave their current position within a year (Aiken et al., 2010). In a related study, Ersoy-Kart (2009) investigated burnout among emergency nurses and found a significant relationship between burnout

and anger. Another important finding—that community social workers suffer from higher degrees of burnout than facility-based social workers—has emerged from prior research (e.g., Johnson et al., 2012). Although the studies mentioned here were not conducted with the intention of examining burnout among LMHP leaders, burnout research conducted among workers in the health sector provides a link to the present study and confirms current scholarly interest in the problem in general.

Considered from the perspective of mental healthcare providers who employ LMHPs, burnout among mental healthcare professionals causes disruptions in service, extra expenditures in new recruitment and training, and degeneration of quality of service in addition to damage to organizational reputation (Morse et al., 2012). According to an estimate provided by Waldman, Kelly, Arora, and Smith (2010), turnover can cost a health facility between 3.4% and 5.8% of its operating budget, costing thousands of dollars for behavioral health organizations that are already struggling to meet financial responsibilities.

Gneezy, Meier, and Rey-Biel (2011) observed that employers' attempts to improve employee motivation through incentives and other extrinsic rewards have, thus far, failed to achieve any long-term results, suggesting that employers should try motivating their employees intrinsically. The issue of intrinsically motivating healthcare professionals becomes even more important when considering the observation of (Siril et al., 2011) that a lack of intrinsic motivation among healthcare professionals triggers both burnout and the intention to leave one's job. For example, many LMHP leaders are unable to motivate themselves intrinsically, and, as a result, they make a decision to leave

their positions prematurely. This lack of motivation is the impetus for burnout, which yields job dissatisfaction and subsequent turnover. The importance of professional leadership was borne out of Kahn and Heaphy's (2013) research on the effects of leadership style on workers' health and well being which determined that employees perform best when they are content and affable.

Authentic leadership, with its strong ethics-based stance, appears to have the necessary potential for effectively dealing with the burnout problem. This view is supported by research-based observations. According to Spitzmuller and Ilies (2010), authentic leaders are defined as

> those who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others' values/moral perspectives, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and of high moral character. (p. 305)

The observation that authentic leadership style aims to match the current demands of the organizational goals has evolved with time (Boverie, Grassberger, & Law, 2013), suggesting that this theory merits further examination to assess its potential to minimize the burnout problem among LMHP leaders.

Problem Statement

It was not known what relationship, if any, existed between authentic leadership (AL) and leader burnout among LMHP leaders in Georgia. According to Salyers et al., (2011), mental health service providers are at increased risk of experiencing burnout and turnover. High staff turnover rates compromise continuity of care and create

organizational instability and financial drain, given the costs of employee separation, recruiting, and training replacements. Because burnout is so prevalent, especially in the mental health field, this research will allow CMHCs to determine whether AL represents an effective solution for reducing burnout in LMHP leaders. Over the years, extensive research has been done on worker burnout within the mental health field; however, very few, if any, studies exist that examine AL as a model for reducing burnout in mental health leaders. Some studies on burnout among community social workers and psychiatrists exist, yet very few have examined a solution for eliminating this professional malady (Priebe, Fakhoury, Hoffmann, & Powell, 2005). Prior research detected lower levels of job satisfaction in social workers and psychiatrists who generally serve in leadership positions within behavioral health organizations and community mental health centers (Prosser et al., 1997), signaling the need for a study of this kind. In support of this position, Schein (2010) found middle- and low-level managers to be primary influencers of worker stress and health outcomes, which suggests that leadership behavior/style demands close scrutiny. Assessing and modifying leaders' behaviors is expected to help improve the mental health of the leader and the workers they supervise.

Purpose of the Study

The purpose of this quantitative causal-comparative study was to assess the impact of AL on burnout in LMHP leaders. The nature of the relationship, if any, existing between authentic leadership style (AL) and leader burnout among LMHP leaders in Georgia has been unclear. Burnout, a common reaction to job stress, reduces motivation and the subsequent effectiveness of human service providers (Morse et al., 2012). The Authentic Leadership Questionnaire Self-Rater Version measured the independent

variable, AL (Walumbwa, Peterson, Avolio, & Hartnell, 2010), while the Maslach Burnout Inventory for Health Professionals measured the dependent variable, burnout. There is growing evidence that an authentic approach to leading is desirable and effective for advancing human enterprise and achieving positive and enduring outcomes in organizations (Eilam-Shamir & Shamir, 2013; Walumbwa, Wang, Wang, Shaubroeck, & Avolio, 2010). There has been a resurgent interest in the concept of AL in the last 11 years (Eilam-Shamir & Shamir, 2013; Walumbwa et al., 2010). The convergence of management malfeasance, poor decision-making, turnover, and burnout has led to the newfound interest in AL and its effectiveness across several disciplines (Walumbwa et al., 2010).

This study was vital because it helped to determine whether a leader who embraced AL characteristics (i.e., self-awareness, internalized moral perspective, balanced processing, and relational transparency) was less likely to experience burnout in comparison to a leader who does not use this or any specific leadership style. This study's chief purpose was to understand the relationship between AL and burnout in LMHP leaders, whereby the findings could provide specific information about reducing burnout in this population of mental health leaders.

Research Question(s) and Hypotheses

It was not known to what extent, if any, AL and its four components were related to burnout among LMHP leaders in community mental health centers in Georgia. This study examined the relationship between these two variables, as reflected in the overarching research question, which was: to examine what extent, if any, was there a relationship between AL and leader burnout. The Authentic Leadership Questionnaire

(Walumbwa et al., 2010), produced an overall measure of AL and its four components: self-awareness, internalized moral perspective, balanced processing, and relational transparency; while the Maslach Burnout Inventory for Health Professionals (Mäkikangas et al., 2011) focused on three scales: emotional exhaustion, depersonalization (directly related to burnout), and personal accomplishment (inversely related to burnout); which measured the leader's burnout. The researcher stated six additional research questions (RQ2 to RQ7) and corresponding pairs of hypotheses to guide the analysis and the interpretation of findings:

RQ1: To what extent, if any, is there a relationship between AL and leader burnout?

$H1_0$: No statistically significant relationship exists between AL and leader burnout.

$H1_a$: There is a statistically significant relationship between AL and leader burnout.

RQ2: To what extent, if any, is there a relationship between overall AL and emotional exhaustion?

$H2_0$: No statistically significant relationship exists between overall AL and emotional exhaustion.

$H2_a$: There is a statistically significant relationship between overall AL and emotional exhaustion.

RQ3: To what extent, if any, is there a relationship between overall AL and depersonalization?

$H3_0$: No statistically significant relationship exists between overall AL and depersonalization.

$H3_a$: There is a statistically significant relationship between overall AL and depersonalization.

RQ4: To what extent, if any, is there a relationship between overall AL and personal accomplishment?

$H4_0$: No statistically significant relationship exists between overall AL and personal accomplishment.

$H4_a$: There is a statistically significant relationship between overall AL and personal accomplishment?

RQ5: To what extent, if any, is there a relationship between the four subcomponents of AL and emotional exhaustion?

$H5_0$: No statistically significant relationship exists between the four subcomponents of AL and emotional exhaustion.

$H5_a$: There is a statistically significant relationship between the four subcomponents of AL and emotional exhaustion.

RQ6: To what extent, if any, is there a relationship between the four subcomponents of AL and depersonalization?

$H6_0$: No statistically significant relationship exists between the four subcomponents of AL and depersonalization.

$H6_a$: There is a statistically significant relationship between the four subcomponents of AL and depersonalization.

RQ7: To what extent, if any, is there a relationship between the four subcomponents of AL and personal accomplishment?

$H7_0$: No statistically significant relationship exists between the four subcomponents of AL and personal accomplishment?

$H7_a$: There is a statistically significant relationship between the four subcomponents of AL and personal accomplishment?

The findings of this study generated actionable information, which could be used to identify solution-focused interventions to reduce burnout in LMHP leaders.

Advancing Scientific Knowledge

This research assessed the efficacy of AL in reducing burnout among LMHP leaders working in community mental health centers (CMHC) in Georgia. Very few studies existed that specifically examined burnout in LMHP leaders; which prompted the need for research that addressed this problem from the perspective of LMHP leaders and their own respective leadership styles. Therefore, the finding from this study addressed a current gap in the literature, which did not contain any empirical findings regarding the relationship between LMHP leaders' leadership style and their burnout. This study, also, opened a new horizon of research and investigation into various aspects of AL theory that will optimize leader performance and wellbeing in the healthcare sector.

Authentic leadership has been empirically researched only to a limited degree. According to ProQuest Dissertations and Theses, only 98 studies related to the search term "authentic leadership" were performed from 1996–2013. A search for keywords "authentic leadership" and "mental health" produced no studies from 1996–2013, which further solidified the need for a study of this kind. While burnout has been addressed

frequently in the literature, limited empirical research deals specifically with leader burnout within the behavioral health setting (Paris & Hoge, 2010). In fact, much of the existing literature on burnout is based on qualitative case studies, informal surveys and anecdotal reports that analyze this systemic problem superficially. According to Paris and Hoge (2010), most of the studies done to date on burnout have been limited to specific industries within the medical field, with very few examining burnout in the community mental health setting (Rohland, 2000). A quantitative analysis of burnout and its relationship to leadership behaviors positioned this researcher to be able to offer potential solutions to the burnout problem. As pointed out by Rohland (2000), "identification and enhancement of coping strategies that facilitate adaption to a changing environment may be helpful in increasing job satisfaction, reducing burnout, and increasing job tenure among mental health administrators" (p. 235). Therefore, the purpose of this research was to extend existing conceptualizations and contribute to the emergent formulations of AL. This study, also, explored the effectiveness of AL as a model for reducing burnout in LMHP leaders by building on prior research on authentic leadership and burnout (e.g., Jenaro, Flores, & Arias, 2007; Oreg & Berson, 2011; Rohland, 2000; Salyers et al., 2011). This research represented a significant departure from prior studies, in that it addressed the two variables in concert, as experienced by the LMHP leader.

Significance of the Study

This study met an urgent need for research due to widespread burnout among mental healthcare professionals, a large-scale turnover problem for many behavioral health organizations and their leaders. Through studies of leader burnout and the identification of a possible solution through AL, the incidence of leader burnout may be

reduced, and the beneficial effects may extend to the employees of that organization, as evidence indicates that burnout is relatable to healthcare workers and the quality of care they provide (Aiken, Clarke, & Sloan, 2002). Therefore, a comprehensive and generic solution to the burnout problem among LMHP leaders would benefit clients who depend on the consistency and quality of care for favorable outcomes. Additionally, such a solution would give mental health patients' family members a certain degree of relief from the stress they often suffer during the process of obtaining services for their loved ones (O'Donnell et al., 2013). Many published works have discussed interventions to decrease burnout, yet only two have made a plausible plan for handling this problem effectively. According to Irving et al. (2012), group formats are frequently recommended in countering professional isolation and burnout. One specific group format tested and found to demonstrate some potential to reduce burnout is based on equity theory and cognitive behavioral principles. However, these studies failed to provide a specific methodology for reducing burnout on an individual basis.

While the literature contains a host of practical strategies that have been recommended for decreasing burnout, the strategies are relatively insubstantial because they do not clearly indicate how each intervention specifically eradicates burnout. This is very important for identifying long-term, sustainable solutions to this problem as there is a clear need for a new and innovative type of burnout solution for leaders, with a proven ability to provide sustained results. Available strategies include (a) competitive salaries, (b) financial and non-financial incentives to enhance staff motivation and morale, (c) opportunities for promotion and career advancement, (d) funding for increased staffing levels, (e) training staff on self-care strategies, (f) additional clinical supervision and

mentoring, (g) clear job descriptions/expectations, (h) routine assessment of burnout, (i) flexible work schedules, (j) social events and informal support, (k) in-service trainings, and (l) open-door policies with management.

However, none of the previous studies specifically exploited leadership behaviors as a model for reducing burnout, which lends credence to the significance of this study. While previous studies have focused on workers in the healthcare sector, the present study was unique in its focus on LMHP leaders of CMHCs. In addition, this was the first study to examine leadership style as a method to improve the professional situation of the leaders themselves, thereby filling a gap in the literature and creating a new niche in the field of AL and burnout.

Building upon the theory known as post positivism, this study adopted a quantitative method in order to minimize the likelihood of researcher bias and to arrive at clear, measurable results that may aid in developing a solution for burnout among the population under consideration. This study explored a completely new avenue towards a burnout solution, which involved the investigation of the relationship between AL and burnout among LMHP leaders. If the study finds that use of AL is associated with lower burnout among LMHP leaders, it is possible that leaders who practice AL may inadvertently pass on a burnout solution to his or her employees. In conclusion, this study revealed new insight into various aspects of AL that should optimize leader performance and wellbeing in the mental health sector and enriched the current literature on the optimization of healthcare professionals' leadership performance.

Rationale for Methodology

The researcher selected a post-positivist framework, a quantitative method, and a causal-comparative design for this study. Following the work of ninteenth-century scholars such as Comte, Durkheim, Locke, Mill, and Newton (Newman & Hitchcock, 2011), post positivism recognized the limitations of positivism by acknowledging that previous knowledge as well as the background and beliefs of the researcher may have an effect on a study's perceived outcome (Philips & Burbules, 2000). In this study, the researcher built on established theory and tried to maximize objectivity in order to develop accurate explanations of the phenomenon being studied.

This researcher chose a quantitative methodology due to its ability to assess relationships by analyzing the interval data that can be collected via two standardized survey questionnaires utilized in prior research on AL and burnout. According to Muijs (2004), quantitative research is useful for testing hypotheses as in the present study's test of the hypotheses regarding the relationship between AL and burnout. In quantitative research, the findings are relatively conclusive and descriptive in nature, and they can be extrapolated to the population that the sample represents. Consequently, according to Firestone (1993), from sample results, the researcher is able to generalize or makes claims about the population.

Given the researcher's intention to generalize results from a sample of about 150 LMHP leaders to the population of interest, an ideal foundation was established for investigating the relationship between AL on leader burnout (Simons & Leroy, 2013). Moreover, the quantitative method was more appropriate in the context of this study than a qualitative approach (Cooper, Scandura, & Schriesheim, 2005). Quantitative research

follows the scientific method and assumes that cognition and behavior are highly predictable and explainable, while qualitative research is used when little is known about a topic or a person's experiences.

Nature of the Research Design for the Study

Quantitative causal-comparative research examines the relationship between independent and dependent variables after an event or action has already taken place (Brewer & Kubn, 2010). This research utilized a causal-comparative design to assess causal relationships between AL as practiced by LMHP leaders, as well as, each of its four components (independent variables) and those leaders' burnout symptoms (dependent variables). The data for the variables of interest were collected using the survey method, an appropriate research technique in psychological research The survey instrument included three questionnaires; two of which generated interval data (ALQ & MBI-HSS), and collected leadership and burnout information on LMHP leaders; while, a short demographic survey asked questions about the type of mental health professional license, length of time licensed, and other pieces of information related to the work of LMHP leaders. The researcher used Pearson correlations and linear regression analyses, which are appropriate when interval data are available for both the independent variables and the dependent variables.

Definition of Terms

Several operational terms were used throughout this study to address authentic leadership and its relationship with burnout. Specifically, the following terms were used throughout the study:

Authentic leadership (AL). AL refers to certain characteristics found in leaders. Authentic leaders are defined as:

> those who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others' values/moral perspectives, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and of high moral character. (Spitzmuller & Ilies, 2010, p. 306)

Burnout. Burnout is a state of physical and emotional exhaustion (Freudenberger, 1974; Lee & Wang, 2013), which manifests within three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Peterson et al., 2011). Emotional exhaustion refers to the condition in which a worker feels exhausted, over-stretched, and fatigued. Depersonalization refers to a situation in which a worker exhibits negative and cynical attitudes toward clients or towards work itself. The third dimension, a reduced sense of personal accomplishment (or efficacy), refers to a situation in which a worker indulges in negative self-evaluation of his or her own work with consumers or overall job effectiveness (Morse et al., 2012).

Community mental-health centers (CMHC). The Center for Medicare and Medicaid Services defined a CMHC as an entity that meets applicable licensing or certification requirements for CMHCs in the state in which it is located (Seidenberg & Parrish, 1981). CMHCs must provide core behavioral health outpatient services for children, the elderly, and individuals who are chronically mentally ill and have been discharged from inpatient treatment.

Extrinsic motivation. Motivation is extrinsic when external factors such as objective gain in any form motivate humans. In this case, the chance/promise of gain influences voluntary actions (Deci & Ryan, 2012). Extrinsic motivation can be interpreted as a reward system because it utilizes appreciation and recognition, much in the way that trained birds in a circus respond to incentives. Extrinsic motivation thus associates itself with elements such as money, societal fame, approval, and fear.

Intrinsic motivation. Motivation is intrinsic when one feels motivated by internal factors that inspire one to do things in a situation in which there would be no expectation of gain (Deci & Ryan, 2012). This type of motivation contains elements such as pride, sense of achievement, responsibility and belief. Intrinsic motivation also takes an important fact into consideration: that the inner motivation is actually a form of gratification that does not always depends on material success. As such, it is an innate desire to feel content with an accomplishment rather than simply the achieving of a goal (Henderson-King & Mitchell, 2011).

Licensed mental health professional (LMHP). LMHPs are defined here as licensed professional counselors, licensed clinical social workers, licensed master social workers, licensed marriage and family therapists, and medical professionals. LMHPs also work as chief executive officers, executive directors and clinical directors, usually for community mental health centers.

Assumptions, Limitations, and Delimitations

Assumptions. This study involved two assumptions. The first one was that the Authentic Leadership Questionnaire and the Maslach Burnout Inventory were reliable instruments and were able to generate valid measures of AL behaviors and burnout,

respectively. In relation to the study participants, the researcher assumed that LMHPs comprising the sample were able to understand the questions being posed and were able to provide reliable information regarding their experiences as related to burnout within community mental health centers (CMHCs). This assumption was supported by the clarity of the research instruments as indicated by their successful use in previous research.

Limitations. The scope of this research was limited by the range of leadership attributes covered in the standardized questionnaires used for data collection. Second, both standardized questionnaires used Likert scales to collect ordinal data, but their developers provided formulae to compute cumulative scores from "points" on the Likert scales. Such computations involve approximations of ordinal data to interval data. Both instruments were validated by their developers and have been widely used in social science research. Therefore, the researcher considered the ALQ and the MBI acceptable instruments for collecting interval data for the purpose of this study. Third, this study relied on self-reporting measures that depended on the integrity of respondents' answers. Consequently, there is no guarantee that responses were truthful. To maximize respondent honesty in the participation consent form, the researcher emphasized the participants' vested interest in the success of this research. The researcher also stressed to the respondents that the studies purpose was to optimize LMHPs' physical and mental wellbeing and improve their professional functioning. By doing stressing the importance and purpose of the research, the researcher was able to hopefully gather more truthful and meaningful data from the respondents.

Delimitations. Three main delimitations were set by the researcher. First, given the purpose of recommending a comprehensive burnout solution only to those LMHP leaders working in Georgia, the study's questionnaires included only LMHP leaders working in CMHCs in Georgia. This study examined burnout and AL among LMHP leaders and not among paraprofessionals or subordinate staff. Generalizations to other professionals working within mental health facilities are not justified and were not attempted, since the regulatory framework for healthcare services and the local culture may be associated with state-specific conditions. Consequently, the researcher does not claim external validity of this study outside state boundaries. Second, due to the timeframe of this study, the researcher was able to neither conduct a pilot study on the demographic questions nor crosscheck the answers of the respondents through a second survey. This might have affected the reliability of this study's findings.

Lastly, the researcher's choice for a quantitative research method restricted the choice of instruments to be used and, consequently, the amount and nature of information to be gathered from respondents. Qualitative and mixed methods, which could add depth to research on this topic, were not within the scope of this study. This delimitation resulted in partial knowledge about the research topic, leaving in-depth research objectives to be addressed in subsequent qualitative and mixed-methods studies.

Generalizability. Job content, job-related stress, and burnout syndromes in the mental healthcare sector in Georgia may be similar to those in mental healthcare sectors around the globe. This fact implies that the findings of this research may be relevant to a larger segment of the healthcare sector. Additionally, leaders in various industries and social institutions use AL practices, which imply that the findings of this research could

be relevant to fields other than mental health. However, the generalizability of this study is limited due to its design and its very specific population, and the results are limited to LMHP leaders working in CMHCs in Georgia.

Summary and Organization of the Remainder of the Study

Chapter 1 presented the research topic—authentic leadership—as a possible solution for reducing burnout among LMHP leaders working in CMHCs in Georgia. This chapter included background information that described the chosen area of research (Green, Miller, & Aarons, 2013; Peterson et al., 2011; Salyers et al., 2011). Chapter 1 described LMHPs as a population at risk for burnout that are causing increasing rates of absenteeism and employee turnover (Schein, 2010). The researcher introduced the purpose of this quantitative study, which was to explore the relationship between AL and burnout of LMHP leaders in Georgia, and stated the research questions and hypotheses that emanated from preliminary research and the literature review. The research questions addressed the possible relationship between AL (and its components) and burnout among LMHP leaders. The expectation was that AL and its four components would reduce burnout in the population under consideration. Chapter 1 explained how this unique research could advance scientific knowledge and fill a gap in the literature. This study generated empirical knowledge about the potential of authentic leadership to alleviate burnout in LMHP leaders who utilize it and opened a new horizon for research on various aspects of AL that may optimize the performance and well being of LMHPs. The significance of this study came from (a) identifying a comprehensive and generic AL-based solution to burnout for the population of LMHP leaders under consideration; (b) pointing to ripple effects of that solution for an extended population including those who

work in CMHCs under LMHP leaders who use the AL style; (c) identifying possibilities to save money and streamline the mental healthcare services; and (d) facilitating future research on the relationship between leadership behavior and healthcare organizational performance (O'Donnell et al., 2013).

Chapter 1 presented the rationale for the methodology selected and explained why the post positivist school of thought and the quantitative research method was selected (Flood, 2010; Hodkinson, 2014). The researcher provided a description of the research design and instrumentation (Brockx, Van Roy, & Mortelmans, 2012), presented procedures of data collection and analysis (Simons & Leroy, 2013), discussed ethical considerations (Revilla and Saris, 2013; Sandelowski & Voils, 2013; Trochim, 2011), gave definition of terms (Deci & Ryan, 2012; Morse et al., 2012; Peterson et al., 2011), and stated research assumptions, limitations, and delimitations.

Chapter 2 will review the extant literature on burnout, both in general and among healthcare professionals; motivation and its types; and authentic leadership styles, with special emphasis on AL relationships. The researcher will discuss the points gathered from the review of the literature. Chapter 3 will describe the methodology, research design and procedures for this investigation. Chapter 4 will provide details on the data analysis process, including a written and graphic summary of the results. In Chapter 5, the researcher will discuss the results, interpret the findings, draw actionable conclusions, and provide recommendations for further research and practice.

Chapter 2: Literature Review

Introduction to the Chapter and Background to the Problem

This chapter provides a review of literature that is relevant to this study, beginning with an introductory section on general research of organizational leadership and continuing with more detailed presentations of the theoretical foundations of both burnout and authentic leadership theory (ALT). The section on burnout includes subsections on its drivers, predictors, correlation with age, as well as a subsection on the person-centered model. A brief exposition of fundamental human needs and motivation is followed by a discussion of leadership behavior in relation to leader burnout. The researcher discusses authentic leadership, its history, and its effectiveness across several disciplines. The discussion of the concept of authentic leadership includes examples of the traits of authentic leaders. The chapter concludes with a summary and a discussion of the findings and implications of previous studies for this study and further research.

The literature review utilized more than 30 academic search engines such as RefSeeks using the keywords "authentic leadership," "leader burnout," "community mental health centers," and "interventions." Limiting results to studies published within the past five years further refined the search. The results included 36 studies related to research on burnout and 16 related to research on leadership styles or specifically on ALT. After removing 21 due to irrelevance based on location and other specifics of the studies, the researcher retained 31 studies for examination in this literature review.

Over the past 50 years, many studies have endeavored to identify essential characteristics, attributes and traits associated with good leadership. Many scholars would argue that these studies have failed to construct a clear and conceptually sound profile of

a great leader, which leads some to believe that leaders are most successful when they spend time working on themselves, fostering inner growth and self-awareness. There is no contesting that high-quality leadership enables conditions in which individual followers are better equipped to produce high-quality results. That said, not all leadership strategies are equally effective. This research examined a new, authentic type of leadership and determines its potential to restore hope, trust, and commitment amongst LMHP leaders, thereby increasing their ability to meet their responsibilities unhindered by the symptoms of burnout. The researcher conducted an initial research into various leadership styles to assess the appropriateness and applicability of specific kinds of leadership to the needs of LMHP leaders in CMHCs. However, the focus of this literature review was on authentic leadership (AL).

Psychological burnout in leaders of organizations has both personal and institutional consequences (Cordes & Dougherty, 1993). Those experiencing burnout often exhibit somatic complaints such as sleeplessness and depression, and they may also exhibit reduced job performance and commitment (Burke & Greenglass, 1991; Golembiewski, Scherb, & Munzenrider, 1994; Kahill, 1988; Levinson, 1996). Because of this, and because burnout may be prevented or ameliorated (Golembiewski, Hilles, & Daly, 1987), organizations should assess the psychological status of their leaders by requiring LMHPs to undergo psychological testing and routine therapy to address potential bias that may cause transference in the therapeutic relationship (Burke & Greenglass, 1991; Burke, Shearer, & Deszca, 1984). This need is particularly crucial for large organizations undergoing significant change.

Community mental health centers (CMHCs) face many challenges in establishing an enduring presence in the mental health marketplace. Effective leaders successfully meet the needs of the organization, adept at creating vision and influence (Northouse, 2012). Achieving success in the community mental health workplace requires a unique type of leader capable of driving organizational outcomes. The purpose of this quantitative causal-comparative determined whether a relationship exists between AL and burnout of LMHPs providing community-based mental health services at CMHCs in Georgia and, possibly, to offer a burnout solution for LMHPs practicing in community mental health settings. Preliminary research and investigation guided the study to ascertain whether AL can optimize the physical, mental and performance status of leaders in the mental health field, which, in turn, would minimize the negative effects of burnout on them and on the individuals they lead and serve. Rainey and Steinbauer have defined the motivation to work in public service as a general, altruistic motivation to serve the interests of a community of people (as cited in Kim & Vandenabeele, 2010). This definition clearly identifies what it means to be a Licensed Mental Health Professional (LMHP). For the purpose of this study, LMHPs were defined as licensed mental health counselors, social workers, and marriage/family therapists, and medical professionals who were hired to diagnose and treat the mental health needs of individuals receiving community-based mental health services. Although the organizational research offering burnout solutions to LMHPs is scarce, this chapter will explore the extant literature both on burnout and on AL and provide the conceptual framework for this study and its implications for future research.

Theoretical Foundations and Conceptual Framework

Authentic leadership theory (ALT). Authentic leadership theory (ALT) is a relatively new leadership theory. Several scholars have written articles, conducted studies and written books in order to quantify AL and delineate it from other forms of leadership. For instance, Avolio, Walumbwa, and Weber (2009) posited authentic leadership theory as "a pattern of transparent and ethical leader behavior[s] that encourages openness in sharing information needed to make decisions while accepting followers' inputs" (p. 423). According to Hannah, Avolio, and Walumbwa (2011) and Day, Harrison, and Halpin (2012), the followers' perceptions of their leader help to authenticate genuine authentic leadership – that is, if the followers perceive the leader to be acting in a true and consistent manner.

Ilies, Morgenson, and Nahrgang (2005) proposed a four component model of authentic leadership (distinct from the one posited by (Walumbwa et al., 2008). In this model, self-awareness, unbiased processing, authentic behavior/acting, and authentic relational orientation are used to define the complex constructs associated with AL theory. According to Ilies, Dimotakis,and De Pater (2010), self-awareness and unbiased processing should lead to increased self-acceptance and environmental mastery and should also help one define one's purpose in life; authentic relational orientation should lead to positive relationships; self-awareness and unbiased processing should enhance one's personal growth through self-development; and authentic behaviors and actions are by definition self-determined. The crucial qualities of self-awareness and unbiased processing (i.e., honesty with oneself) are essential to the practice of authentic leadership and, as such, are directly related to the goal of this study—to examine potential solutions

for burnout among LMHP leaders of CMHCs. The practice of authentic leadership clearly and positively influences moral leadership (Ladkin & Taylor, 2010).

Ilies et al. (2010) posited that awareness as a component of authenticity refers to one's awareness of, and trust in, one's own personal characteristics, values, motives, feelings, and cognitions. The researchers, also, posited that self-awareness involves becoming aware of one's strengths and weaknesses and understanding personalities and emotions. Unbiased processing is the actual process of digesting self-relevant information in a healthy and informed manner. According Leroy, Palanski, and Simons (2012), unbiased processing involves looking at situations through an objective lens and accepting one's positive and negative attributes and qualities.

Across the research, the critical consensus is that, in order for authentic leadership to take place, self-awareness, balanced processing, authentic action, and relational transparency must be present (Hannah et al., 2011; Leroy et al., 2012). Although many conceptualizations of authentic leadership theory exist, there are some foundational components that link each of them together. Ladkin and Taylor (2010) posited that three related themes emerge from the studies conducted on authentic leadership: (a) an authentic individual is true to oneself, (b) self-awareness is a key component of authenticity, and (c) a strong correlation exists between authenticity and moral leadership.

The research questions align with ALT because this study tested each individualized component of AL to determine whether a relationship exists. This rigorous quantitative testing of variables ensured the efficacy of this study and provided

contributions to the body of literature on authentic leadership and its impact on burnout, specifically in the community mental health setting.

Maslow's theory of needs and motivation. From a general perspective, human needs drive motivation, which drives all living beings into action. The same can be said about human endeavors within organizational settings, wherein individuals also seek to fulfill their needs. In this regard, Abraham Maslow's hierarchy of human needs (1943) provides the basic framework of human needs via five categories:

1. Physiological needs: air, water, nourishment and sleep;
2. Safety needs: safety and security in both living and in workplace;
3. Social needs: group activities and socialization as a member of society;
4. Esteem needs: recognition and social status; and
5. Self-actualization: the desire to discover one's true self and the meaning of life.

Researchers have also classified the mechanism of motivation into two types: intrinsic and extrinsic motivation. Intrinsic motivation occurs when humans become motivated by internal factors that inspire them to do things involuntarily and without any wish for material gain (Deci & Ryan, 2012). This type of motivation contains elements such as pride, sense of achievement, responsibility, and belief. In other words, intrinsic motivation can be considered as an inner gratification that does not depend on the expectation of material gain. Henderson-King and Mitchell (2011) described it as an innate desire to feel fulfilled with an accomplishment, rather than simply achieving a goal. On the other hand, extrinsic motivation takes place when human actions are

motivated by objective gain in any form. In this instance, the chance or promise of gain prompts people to voluntary action (Deci & Ryan, 2012).

It is interesting to note that three of the above five needs in Maslow's hierarchy are intrinsic needs, which strongly indicates that humans are more moved by internal desires than external ones. Thus, from the perspective of this study, one can assume not only that a lack of intrinsic motivation fuels burnout but also that, among mental healthcare professionals, burnout leads in turn to the intention to leave one's job. This view can be supported by the observation of (Siril et al., 2011), who hypothesized that low motivation has a negative impact on the performance of individual health workers, facilities and the health system as a whole. Moreover, it adds to the push factors for migration of health workers, both from rural areas to the cities and out of their countries of origin. From the perspective of Maslow's (1943) theory of human needs and motivation, human resources management in the health sector has the important goal to strengthen the motivation of health workers. The need to bolster the motivation of healthcare professionals shifts the focus to leadership and calls for an adjustment in leadership style.

Post positivism. In terms of research philosophy and methodology, the researcher chose the post positivist framework for this study. The post positivist school of thought challenges the traditional notion of absolute truth of knowledge espoused in positivism (Hodkinson, 2014). The post positivist concept was well suited to the study because it recognized the impossibility of completely eliminating the effects of one's personal experience and expectations; consideration of this notion led the researcher to adopt a

quantitative method in order to discourage the unconscious introduction of personal bias into the various aspects of the study, from conception to execution and analysis.

The researcher examined the methodological options available for this study by comparing four schools of thought based on different assumptions about knowledge: post positivism, constructivism, advocacy/participatory research, and pragmatic research. Eventually, the researcher selected post positivism with a quantitative method. The constructivist, advocacy/participatory, and pragmatic schools of thought will be briefly addressed and critiqued in terms of their appropriateness for this study.

Constructivism emanated from the works of Berger and Luckmann (Lincoln & Guba, 2000) and is often combined with interpretivism, as it relies heavily on the participants' views regarding the situation under inquiry. This method did not appear appropriate for the study, appearing better suited to qualitative studies, which can better accommodate the individual opinions of participants.

Advocacy/participatory research is a derivative of the works of Marx, Adorno, Marcuse, Babermas, and Freire (Yin, 2014). It emerged in its current form in the 1980s and contains an agenda for reform in research that would change the lives of the participants or the institutions, as well as the life of the researcher. This notion appeared incongruent with this study, as it was not within the scope of this research to accommodate such an agenda. Although the researcher’s intention was that this study would eventually better the lives of the population represented by the sample, this study was among the first in its field and was, therefore, preliminary in nature.

Pragmatism emanated from the works of Peirce, James, Mead, and Dewey (Cherryholmes, 1992). This concept entails the viewpoint that knowledge claims arise out

of actions, situations, and consequences rather than from antecedent conditions, which describe the application and solution to problems (Patton, 1990). Since the study was dependent upon the recognition of antecedent conditions, this method also appeared inappropriate for the researcher's needs in conducting this study.

When conducted properly, post positivist research leads researchers down a clear and unambiguous road to the causes of certain social and psychological phenomena. For this reason, the post-positivist approach was selected as the most appropriate theoretical and methodological paradigm for the study, whose purpose was to investigate the phenomenon of burnout among LMHP leaders and its four predictors of AL.

Review of the Literature

The literature reviewed, examined the studies with advanced knowledge about the concepts and research methods relevant to the investigation of AL and burnout. One study measuring burnout and its correlates among licensed professionals involved a random sample of 1,589 doctoral-level licensed psychologists working primarily in community-based settings (Skovholt & Trotter-Mathison, 2011). The findings were in the moderate to high range for emotional exhaustion: 59% of participants were in the moderate to high range for depersonalization and only 4.7% were in the moderate to high range for personal accomplishment.

Causes of burnout. Factors such as workload, job demands, work environment, and inadequate coping skills have been identified as drivers of burnout in mental health professionals. Job demands, which submit healthcare professionals to long periods of work-related stress, have long been identified as a major source of burnout. According to the findings of a survey conducted among 10,134 respondents, each patient added to a

nurse's base workload of four patients can increase the odds of burnout by 23%, as well as contribute to the increase in the odds of job satisfaction by 15% (Aiken et al., 2010). Not only do high job demands contribute to burnout, but, according to research findings, they can also be a strong source of work-related stress. For example, a survey conducted by Demerouti and Bakker (2011) found a strong connection between high job demands with emotional exhaustion. In addition to demands on the job, work environment can also trigger stress, leading, in turn, to burnout. A study conducted by Aiken et al. (2010) revealed that the hospital care environment causes high levels of burnout among nurses, greatly influencing them to seek an alternative career. As observed by Garrosa, Rainho, Moreno-Jimenez, and Monteiro (2010), inadequate coping skills function as an additional driver that makes mental healthcare professionals more vulnerable to burnout. This finding supports the assertion that the inability to adapt to challenging situations and exhibit sufficient control can lead to burnout (Maslach, Leiter, & Schaufeli, 2009).

Numerous research studies have considered age as a factor possibly related to employee burnout. Interestingly, the researchers observed a higher rate of burnout among younger employees than among older employees (Johnson, Holdsworth, Hoel, & Zapf, 2013). In a related field, Gold and Roth (2013) concluded from their study that younger teachers are at greater risk of burnout than older teachers. Although the study was investigating LMHPs, the ramifications of Gold and Roth's findings concerning burnout and its relationship to age are profound. If younger employees were more likely to experience burnout, it would be beneficial to develop a general burnout solution through application of an effective method of leadership.

Symptoms of burnout. Researchers have identified several symptoms of burnout, which include absence due to sickness, erratic behavior, loss of interest in work, and apathy toward clients. In addition to the above, the tendency to abuse sick leave privileges has a strongly negative impact on organizational proceedings (Mather, Bergström, Blom, & Svedberg, 2013; Probst, Griffiths, Adams, & Hill, 2014; Tomey, 2009). Furthermore, individual behaviors reflecting job dissatisfaction and low levels of motivation are, also, considered signs of burnout. Calisir, Gumussoy, and Iskin (2011) found that job dissatisfaction was directly related to burnout from job stress and role ambiguity. In regards to motivation in the workplace, Botero (2013) noted that recent research on prosocial motivation has suggested that employees high on this construct strive for job completion to accomplish their goals.

Effects of burnout. Another important fact that emerges from various research is that community social workers suffer from higher degrees of burnout than their counterparts (Johnson et al., 2012). Burnout results in frequent absences from work among health professionals. Likewise, Ersoy-Kart (2009) explored the impact of burnout among emergency nurses and found a significant relationship between burnout and anger.

From the perspective of the mental healthcare providers, burnout among mental healthcare professionals causes disruption in services, extra expenditures in new recruitment and training, and disintegration of quality of service in addition to damaging organizational reputations (Morse et al., 2012). According to an estimate provided by Waldman et al. (2010), turnover can cost a health facility 3.4–5.8% of its operating budget. Gneezy et al. (2011) observed that healthcare providers' attempts to improve employee motivation through incentives and other extrinsic rewards have thus far failed

to achieve any long-term results, which suggests that intrinsically motivating employees can produce sustained change.

Leadership style and leader burnout. Human service leaders are at relatively high risk for burnout and depression (Giltinane, 2013). Burnout, a syndrome of emotional exhaustion, reduced personal efficacy and depersonalization, can occur particularly among individuals who work with other people in some capacity. Hence, burnout is the emotional response to the stress and external pressure that can lead to a negative reaction to others, and a low or reduced sense of personal accomplishment.

According to Hutchinson and Jackson (2013), individuals who have a passive avoidance leadership style are more likely to experience higher levels of burnout. Burnout may thus affect the performance level of both the individual and the organization: burnout may have an especially negative effect on the leaders themselves in terms of their health, well-being, self-esteem, job satisfaction, organizational demands, depression, and home lives among other issues. Moreover, Laschinger, Wong and Grau (2013) posited that the occurrence of burnout in a leader causes the leader’s organization to suffer as well as to be affected in specific ways, including increased costs in employee replacement and higher medication costs, especially for those with high levels of burnout, as well as absences among the employees experiencing burnout. In contrast, transformational leaders experience fewer incidences of burnout due to the increased cultural intelligence on their part that protects them against succumbing to burnout.

Laschinger et al. (2014) contended that any type of leadership style is influenced by various factors and that leaders may choose one style or a combination of several in running their organizations. Different types of leadership styles are not mutually

exclusive. For instance, a leader can employ both authoritative and democratic styles in the management of an organization. However, the personality type of the leader is the principal determinant of any particular style of leadership chosen by a leader on the basis of skills, level of education, and experience as well as his or her previous work environments. Another determining factor is the personality type of the employees, knowledge of which is often useful in the application of a particular type of leadership style. For instance, this factor is essential to lower-level employees who require monitoring in order to perform their functions in the organization. Moreover, MacPhee, Skelton-Green, Bouthillette and Suryaprakash (2012) have argued that organizational values, traditions, and policies also determine the type of leadership style, since the leader may find it difficult to deviate from the leadership styles traditionally used in the organization, resulting in an increased likelihood of burnout as well as the potential for a management crisis.

Skakon, Nielsen, Borg and Guzman (2010) found that the attitude of a leader has a direct relationship with both the style of the leadership adopted and the level of leader burnout, as the approach to management adopted by a leader is a function of the leader's attitude towards his or her employees. For instance, positive leaders are less likely to experience work-related stress and burnout because they tend to adopt the democratic or laissez-faire style of leadership. This is a style of leadership indicating that the leader places much trust in the employees and that he or she is set to achieve motivation, especially through providing rewards. On the other hand, negative leaders are more predisposed to adopt authoritative leadership styles using a set of punishments to ensure

motivation and achieve employee cooperation. In the long run, such leaders are more likely to experience increased cases of burnout.

Transformational leadership style. According to Wolde (2012), transformational leaders have higher levels of cultural intelligence as well as stronger abilities to endure the stress associated with cultural interactions, especially in leadership positions. Hence, transformational leaders are better able to control their stress, thus reducing their risk of burnout. Oreg and Berson (2011) observed that effective leaders are perceived by their employees as being transformational, which makes transformational leadership the most desired type of leadership. This is because transformational leadership contributes in a positive way to the personal accomplishment of the individual leader; it assists the leader in avoiding negative relationships as well as emotional exhaustion and depersonalization. As a result, the relationship between burnout avoidance and transformational leadership is a positive one. Transformational leaders reduce their own incidence of burnout by means of the emotional appeal they hold for their employees.

Democratic leadership style. Also referred to as participative style, the democratic leadership style strives to involve the employees, particularly in management and decision making (MacPhee et al., 2012). In this leadership style, the leader understands the fact that the employees are, in some instances, better informed than the leader him- or herself. Consequently, a democratic leadership style enables the employees' wisdom to be put to use in providing the valuable insights that, at best, contribute to the making of informed decisions at all levels of management. In this way, the employees feel that they are valued by the organization and that their efforts are

appreciated. As a result, they feel the motivation to give their best work to the organization. The employees' motivation and commitment to their work and to the organization reduce the stress level as well as the likelihood of burnout to the leader.

According to Skakon et al. (2010), when leaders involve the employees in organizational decision-making as well as in matters of concern to them, the result is a well-run organization in which the leaders are motivated in implementing decisions that promote the welfare as well as the performance of the organization and its members. Another facet of democratic leadership style that may reduce burnout is the leader's ability to delegate tasks to employees who are expected to implement them without consulting the leader. Therefore, democratic leadership style seems to be the most appropriate in reducing the stress and burnout because both the employees and the leaders are competent and skilled enough to be relied upon to make sound decisions with minimal guidance.

Authoritative leadership style. The autocratic or authoritative leadership style refers to an approach employed by a leader in running the organization using a tight leash, so to speak, especially in the apparatus of power (Laschinger et al. 2013). The leader who exhibits this style expects his or her word to be taken as a rule of law by subordinates without question. As such, the employees are not given the chance to present their different views with regards to the suggestions made by the leaders for consideration. In this context, the leader makes all the decisions without consultation. Such decisions are made from the highest level and passed down to the employees

through an established protocol that is to be implemented by means of existing departmental procedures.

In this style of leadership, as Wolde (2012) contended, the leader is more likely to experience increased levels of stress and, consequently, burnout, because the leadership motivation among employees is very low or even nonexistent. In addition, such burnout on the part of the leader may result from the fact that the techniques used in the attempt to motivate employees entail the use of many threats as well as promises—that is, retributions and benefits. The implication here is that the leaders may feel unappreciated in the long run because they are not involved with the running of the organization and making its decisions. This de-motivates the leaders enough making them less likely to perform their duties in an adequate manner because they feel so compelled to discharge their duties. Instead, if they are motivated, they may experience reduced levels of burnout.

Bureaucratic leadership style. The bureaucratic leadership style of organizational management is one in which the leader requires that all work procedures be strictly followed according to the laws and rules of the organization (Laschinger et al., 2014). This leadership style is normally conducted in a way that is clearly outlined, particularly in the organization's manual, and according to a set policy. With no regard to the situations that are unique in any organization, the organizational policies are applied at all times by the leader as well as by the employees. Thus, a bureaucratic leader insists on doing the same things at all times, staying with the organization's historical way of doing things. This causes the bureaucratic leader to experience higher levels of stress and burnout because he or she expects all the employees to follow the rules without deviation;

failure to do so may result in burnout on his or her part. Another source of burnout in such leaders results from the fact that this leadership style does not provide room for improvement, especially when new ideas are introduced and markedly when those ideas seem to be incompatible with the existing ones. As such, burnout results from the inability to apply creativity in the workplace (Laschinger et al., 2013).

Laissez-faire leadership style. *Laissez-faire* is a French phrase that describes lack of interest. Hence, in laissez-faire leadership style, the leader is almost detached, particularly from the intricacies of an organization as well as the management of the employees (Giltinane, 2013). As such, the employees are given great leeway in using their best judgment as well as achieving individual or teamwork requirements and meeting targets or working deadlines. In this case, the leader of the organization is less concerned with measuring the work quality of the employees, and he or she is more likely to experience stress when determining if employees' work meets the minimum required quality standards. Instead, the leader makes an assumption that the employees are performing according to expectations as well as meeting the set targets. Burnout cases in leaders result when the employees fail to meet targets or achieve their goals. It can also come about as a result of the leader not being involved in the provision of needed guidance to employees. In the end, burnout in a leader occurs because the employees feel that they are not valued by leadership; thus, they are less encouraged to work because they feel that there is no leadership to rely upon or clear management protocols because the leader to them seems more of a figurehead. From the foregoing discussion, it is evident that the leadership style adopted by a leader contributes to the likelihood of a leader experiencing burnout. Transformational and democratic leadership styles are more

likely to lead to reduced burnout in leaders, while laissez-faire and authoritarian leadership styles result in increased incidence of leader burnout. The next section will introduce authentic leadership as a model of reducing leader burnout.

Authentic leadership. The word *authentic* originally comes from the Greek meaning of “one who accomplishes.” Being authentic is acting, embodying and participating in life. Gardner, Cogliser, Davis, and Dickens (2011) defined authenticity as being true to oneself. Gardner et al. (2011) further defined authenticity as successfully aligning inner values, beliefs and convictions with one’s behaviors, with self-awareness as a vital ingredient for authenticity and authentic leadership.

Kernis and Goldman (2011) provided the conceptual backdrop for authenticity by first clarifying that authenticity reflects self-understanding, citing Socrates’ equation of self-examination with “the very value of a person’s existence” and remarking that other philosophers have “emphasized the importance of self-understanding in organizing one’s actions.” Thus, a second aspect of authenticity involves behaviors that are rooted in self-knowledge, as in Aristotle’s “pursuit of the highest good,” Heidegger’s notion of “project,” Kierkegaard’s essential knowledge and subjective truth, and Husserl’s intentionality (Kernis & Goldman, 2011). Authentic behaviors reflect particular actions that express an individual’s values and are freely chosen with a sense of agency (Kernis & Goldman, 2011).

Martin (2012) postulated that authenticity has been defined as a subjective measure that avoids self-deception, while Jean-Paul Sartre clarified the meaning of authenticity by contrasting it with sincerity. While the two words have similar meanings, the true difference lies in the contextual meaning. Caza and Jackson (2011) found that

many people make the mistake of confusing authenticity with sincerity. Lionel Trilling clarified the meaning of both authenticity and sincerity in *Sincerity and Authenticity* (1972), calling sincerity congruence between avowal and actual feelings. Here, sincerity refers to the extent to which one's outward expression of feelings and thoughts are aligned with oneself as sincerity is judged by the extent to which the self is represented accurately and honestly to others, rather than the extent to which one is true to the self (Avolio & Gardner, 2005). According to Martin (2012), sincerity rules out intentional deception, hypocrisy, bad faith and double-mindedness.

An individual who is sincere is often regarded as having good motives and intentions, while authenticity is rooted in genuineness rather than purity (Martin, 2012). According to Compton and Hoffman (2012), the term *authenticity* refers to:

> Owning one's personal experiences, be they thoughts, emotions, needs, wants, preferences, or beliefs […] processes captured by the injunction to know oneself and further implies that one acts in accord with the true self, expressing oneself in ways that are consistent with inner thoughts and feelings. (p. 212)

According to Spitzmuller and Ilies (2010), recognition of the self-referential nature of authenticity is critical to understanding the construct. Authentic leadership, then, can incorporate transformational, charismatic, servant, spiritual, or other forms of positive leadership. However, authentic leaders are not necessarily transformational or charismatic; rather, they influence follower awareness from a values/moral perspective and energize followers by creating meaning and positively constructing reality for

themselves and followers (Avolio & Gardner, 2005). In doing so, authentic leaders increase their own self-awareness. Although further work is needed to validate the construct of authentic leadership, the main distinguishing element that differentiates authentic leadership from related forms of leadership is that at the very core of this construct is positive leadership.

The person-centered model of authenticity. While there has been great confusion regarding the authenticity construct, a concise and theoretically clear definition of authenticity exists in person-centered psychology. In the person-centered model, authenticity is part of a tripartite construct and has been defined as consistency and harmony between the three levels of a person's primary experience, symbolized awareness, and outward behavior and communication (van den Bosch & Taris, 2014). This model suggests that there is often constant conflict between conscious awareness and actual experience. The more an individual moves away from conscious awareness and towards actual experience, the closer he or she is to becoming an authentic self (Albert & Vadla, 2009).

According to Albert and Vadla (2009), the second prong of authenticity is congruence between experience and behavior. To live authentically involves behaving and expressing emotions consistent with the conscious awareness of physiological states, emotions, beliefs and cognitions (Albert & Vadla, 2009). The third and final prong of the person-centered model of authenticity is the regulation of others' influence and of the individual's conforming to their expectations. As social beings, we experience an innate desire to please others, and, by doing so, individuals move further away from their authentic self. Viewed collectively, authentic living, avoidance of self-alienation, and

awareness of external influence compose the tripartite person-centered view of authenticity (van den Bosch & Taris, 2014). Via a review the literature, this study asserts that the person-centered model of authenticity provides the most conceptually sound meaning of authenticity. Nonetheless, other definitional models of authenticity exist (e.g., Caza & Jackson, 2011; Leroy et al., 2012; Walumbwa, Luthans, Avey, & Oke, 2011).

Erickson and Grove (2007) and Kernis (2003) proposed definitions of authenticity. Erickson and Grove (2007) argued that people are not *authentic* or *inauthentic* but are best viewed analytically from a continuum of least authentic to most authentic, achieving varying levels of authenticity throughout their lives. Kernis (2003) defined authenticity as a manifestation of one's true, or core self in one's daily enterprise. According to Kernis (2003), authenticity is loosely set within such topics as ontology and metaphysics and is firmly entrenched in the existentialist and phenomenological movements. He identified four key components of authenticity: self-awareness, unbiased processing, authentic action, and relational transparency.

Authentic leadership and authentic leaders. Now that a clearer understanding of authenticity and the authentic self has been obtained, the following section will discuss authentic leadership, what it means to be an authentic leader, and why authentic leadership theory is important for today's leaders. It is important to note that there is some discussion among scholars on the best way to define the constructs of the authentic leader, authentic leadership, and authentic leadership theory. Consequently, as leadership scholars have not agreed upon a unified, theoretical definition of authentic leadership, multiple conceptualizations of the concept exist (Ladkin & Taylor, 2010).

Walumbwa et al. (2011) and Avolio (2013) have considered authentic leadership as a root construct that incorporates leadership traits of both the transformational and the ethical leader. According to Walumbwa et al. (2011) authentic leaders act in accordance with deep personal values and convictions and win the respect and trust of followers by encouraging diverse viewpoints (p. 19).

We learn here that the authentic leader generally possesses the qualities and attributes of the transformational leader. Transformational leadership, which is to say, leadership that focuses on equipping team members to make their own autonomous decisions and develop their own leadership qualities, has become one of the most popular and arguably most effective approaches to organizational leadership in the last several decades. Kark, Waismel-Manor, and Shamir (2012) discovered that transformational leaders have the ability to influence their followers by connecting with followers' self-concepts so that their values become similar to that of the leaders. It is safe to infer that authentic leadership and transformational leadership have similar characteristics and that the ties between the two concepts should not be ignored.

Transformational leadership represents one of the most effective ways to enact change at the cultural level within any organization, and this strength is precisely due to transformational leadership's foundation of authenticity. Intangible organizational assets, such as commitment, are, in fact, among the primary gains to be achieved through the use of authentic leadership. The power of authentic leadership is necessary, accompanied by a responsibility to appropriately implement an authentic perspective behind all actions and processes. In other words, just as authenticity provides an individual with the resources necessary to successfully carry out authentic leadership in a positive and

effective manner, the failure to properly embrace authentic behaviors when trying to employ authentic leadership can actually result in discord within the organization and the leadership structure. A study by Paglis (2010) found that leaders who are able to authentically develop self-efficacy not only see improvements in their own well being and organizational performance, but they also produce higher performance levels in any organization to which they belong. In other words, they impart self-efficacy just by the virtue of being self-efficacious, and organizations are able to grow and develop accordingly (Paglis, 2010).

Some studies have indicated that decision-making strategies are also impacted by variations in self-efficacy, which has obvious implications for all organizational analyses and policies (Federici & Skaalvik, 2012). That said, the holistic viewpoint imparted by an authentic leadership approach has been shown to be effective in improving decision-making abilities and overall job performance. The reality of the means by which self-efficacy can be imparted all but demands an institutional overhaul of leadership approaches in order to incorporate efficacy-driven policies at the cultural level, as well as the provision of a commonly accepted theoretical framework for the connections among self-efficacy, authenticity and high-quality transformational leadership (Federici & Skaalvik, 2012).

Ultimately, self-efficacy has been well established as an important construct of authentic leadership. This is evident in all manifestations of authentic leadership, and even the most cursory analysis reveals that authentic processes cannot be carried out except from a baseline of efficacious, authentic behavior and perspective. This is what enables authentic leadership alone to communicate strategic changes at the cultural level

of an organization, allowing the changes to be naturally implemented rather than forced into a pre-existing ill-fitting framework. Thus, authentic leadership is not goal-directed in the sense that managerial leadership is; rather, its successes are measured in increased qualitative attributes among followers, such as commitment, job satisfaction and ultimately, self-efficacy itself. In this sense, self-efficacy perpetuates the cycle. Organizations can thus grow and develop in fundamental and critical ways, all by comprehending the value of self-efficacy to authentic leadership. Authentic leaders are defined as leaders who are deeply aware of how they think and behave and who are perceived by others as being aware of their own and others' values, moral perspectives, knowledge, and strengths; who are aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and of high moral character (Spitzmuller & Ilies, 2010).

According to Avolio (2013), the initial intent in defining authentic leadership was to make it multi-dimensional and multileveled. As such, Eilam-Shamir and Shamir (2013) can help us understand what it means to be an authentic leader. According to Eilam-Shamir and Shamir, authentic leaders genuinely desire to serve others through their leadership; are interested in empowering the people they lead to make a difference; and are guided by the qualities of the heart, passion, and compassion as well as by qualities of the mind.

Avolio (2013) posited that an authentic leader seeks a deeper understanding of self, recognizes individual differences, and has the ability to pull out the talents and gifts of his or her followers to create a strength-based following. Authentic leaders seek to identify with the persons who are following them. According to Lowe, Avolio, and

Dumdum (2013), authentic leaders can also be authoritarian, participative, and directive. Authentic leaders act in accordance with deep personal values and convictions to build credibility and win the respect and trust of followers by encouraging diverse viewpoints and building networks of collaborative relationships with followers, and they thereby lead in a manner that followers recognize as authentic (Walumbwa et al., 2011). Here, we see that authentic leaders must have integrity and balance and the ability to self-reflect and give honest personal appraisals on a constant and consistent basis. Considering the unique stressors that organizations, universities, and small businesses face, a renewed focus of understanding of what makes a good leader is of paramount importance, and it is because of this that ALT was developed.

Authentic behavior/acting is acting in one’s free and uninhibited expression of feelings, motives, and inclinations (Leroy et al., 2012). According to Ilies et al. (2005), leaders with low levels of other-directedness and self-monitoring display greater authentic behavior/acting while experiencing greater flow and intrinsic motivation at work as well as higher self-esteem. Authentic relational orientation involves the process of achieving openness and truthfulness in relationships (Beyer, 2010). A study by Brunell et al. (2010) concluded that relational authenticity is the active process of disclosure and that the development of intimacy and trust allows followers to see both the good and bad qualities of a leader; this, by default, establishes a level of trust between the leader and the followers. Here again, we see transformational leadership theory traits overlapping with ALT. The study goes on to conclude that a leader’s integrity positively impacts authentic relational outcomes (Beyer, 2010; Leroy et al., 2012).

Hannah et al. (2011) concluded that, by being true to one's core beliefs and values and by exhibiting authentic behavior, the leader has the ability to foster positive development among associates until they themselves are able to develop as leaders. In the authentic leadership model, followers are able to see consistency among their leadership, and as a result of their dependability, they engender trust and loyalty. However, a truly authentic leader does not act in the same way in all situations; instead, they use consistent leadership strategies across various situations. Authenticity is an intentional process that transcends self-awareness and also involves self-regulation (Hannah et al., 2011).

Recent empirical studies on authentic leadership. In an effort to analyze this complex construct in greater depth, an overview of the studies conducted on AL is provided here. First, Walumbwa et al. (2010) defined authentic leadership as a pattern of behavior that draws upon positive psychological capacities and positive ethical climates that foster greater self-awareness and balanced moral perspective. This definition includes the constructs of positive psychology and moral and ethical leadership. Edwards, Elliot, Iszatt-White, and Schedlitzki (2013) provided what is essentially a literature review of authentic leadership, while Day et al. (2012) posited that authentic leaders are able to make sense of life events and situations. Day et al. found that leaders' willingness to make connections between their behaviors, feelings and emotions allows for greater personal insight and subsequent self-awareness. All of the aforementioned views are key components of authentic leadership.

By definition, authentic leadership is inclusive of a positive moral perspective characterized by high ethical standards that guide decision-making and behavior (Walumbwa et al., 2010). According to Avolio (2013), the main goal of authentic

leadership is to understand what promotes positive development in leaders and followers. Particularly, the concept of authenticity was derived from the work of Shakespeare, who coined the adage “to thine own self be true” (Clapp-Smith, Vogelgesang, & Avey, 2009). According to Clapp-Smith et al. (2009), being true to one’s self is a key tenet of authentic leadership theory. As leaders become more authentic, followers are better able to trust their leaders, and, as a result, openness and honesty promote an internalized moral perspective. That perspective, in turn, is needed to foster transparency, a key component of authentic leadership theory (ALT).

Traits of authentic leaders. Just as it has been a challenge to define authentic leadership theory, it has been equally difficult to isolate characteristics associated with authentic leadership. Accordingly, it is of key importance to conduct a review of the literature to analyze those traits and attributes associated with authentic leadership. According to Walumbwa et al. (2010), authentic leaders are individuals who possess self-knowledge about their assets and deficits and are governed by personal ideologies and convictions that promote high levels of congruence between beliefs and actions. Whittington, Maellaro, and Galpin (2011) postulated that authenticity, integrity and creativity are all important traits associated with good leadership.

Overall, authentic leaders are said to have an internal locus of control. The concept of locus of control, a device by which one can measure the extent of an individual’s belief that events occur primarily as the result of our actions, or as a result of the actions of others or external factors in general, was developed in the 1950s by Rotter (1990). An individual who believes that his or her life is dictated primary by the choices he or she makes or the actions he or she performs is said to have an internal locus of

control. By contrast, an individual who believes that his or her life is primarily dictated by external factors that are beyond his or her control is said to have an external locus of control, meaning that he or she believes that his or her life is controlled from a locus external to the self. This is an important concept to understand, because there is some indication that individuals with an internal locus of control are better able to control their own behaviors (perhaps due to the impression that their actions have greater consequences), and as a result, they are more inclined to be their authentic selves. It is important to note that an inauthentic leader maintains a locus of control external to the self. Of the research currently available on authentic leadership, there has been very limited information provided regarding the traits of an authentic leader. Tracy Carr's (2011) competency model delineates core competencies of the authentic leader.

Carr's (2011) model, entitled the "competencies of an authentic leader", expertly details five main leadership categories and competencies and outlines those traits associated with that particular categorical competency from the AL framework. The five foundational competencies Carr has associated with good authentic leadership are building relationships, leading change, leading people, leading performance, and developing self. Although Carr's study was specifically designed to assess authentic leadership in women, many of the traits, if not all of them, are transferrable to men as well. Carr's work was a two-year, mixed method study that was designed to "establish a benchmark performance against which aspiring leaders can measure themselves" (Carr, 2011, p. 2).

Building relationships in today's world is critical to success, and "those who establish strong relationships both inside and outside their organization deliver high value

to the company and make faster progress" (Carr, 2011, p. 4). The leadership traits associated with building relationships according to the Carr model of authentic leadership are the ability to influence and negotiate the possession of interpersonal skills, effective communication, the ability to network, and the possession of political insight. Leading change requires authentic leaders to have excellent decision-making ability, flexibility, resilience, and strategic focus and vision. According to Carr, "Agile businesses require people who embrace and support change […] any change initiative must be led by champions who understand the need for change and the way others respond to it" (p. 4). Leading people entails conflict management skills; the ability to leverage diversity efficient and effectively; and the possession of integrity, team-building ability and the ability to help others develop (Carr, 2011). Leading performance, by contrast, is largely dependent on organizational traits and abilities. Authentic leaders must have accountability, business knowledge, and the ability to successfully manage performance (Carr, 2011). Lastly, developing self requires "self-awareness and the process of continual development" (Carr, 2011, p. 4).

According to Avolio's (2013) definitional meaning of authentic leadership, the authenticity of the leader is predicated on the authenticity of the person. Also, an authentic leader can achieve much greater results than other leaders. Viewed together, a leaders authenticity directly affects the efficacy of their leadership style (Avolio, 2013). This means that authentic leaders have high levels of self-efficacy. Self-efficacy, as it was used in this study, is a subjective measurement of belief. In particular, it is generally defined along two parameters: the first is the extent to which an individual believes that he or she is capable of successfully achieving goals in his or her life, and the second is

the extent to which an individual believes that he or she is able to have an effect on the outcome of his or her life in any way whatsoever. The first parameter is useful in quantitative studies wherein self-efficacy is measured in regards to its impact on business or organizational relations; this parameter can also be used in the context of personal goals within one's own life. The second parameter is useful for studies involving more qualitative measurements, such as the degree to which self-efficacy affects performance in a variety of social spheres (such as the academic field) or decision making in regards to one's health. Generally speaking, individuals with a high sense of self-efficacy believe that the actions they perform have an impact on the world around them and help shape the direction of their own lives. For instance, an individual with a high sense of self-efficacy might look at a to-do list for a given day and respond that, if he or she gets started immediately, then he or she will easily be able to complete everything on that list. By contrast, an individual with a low sense of self-efficacy might view the same list, decide that there is no way to complete everything on the list, and thus complete nothing at all. However, it is important to distinguish self-efficacy from an optimistic/pessimistic dynamic because it is not an expression of worldview so much as an expression of one's ability to act effectively within the world.

Chan, Hannah, and Gardner (as cited in Ladkin & Taylor, 2010) developed the "emergence of authentic behaviors" model. This model of veritable authentic leadership delineates its core competencies as (a) leaders' self-clarity and meta-cognition over self-esteem, (b) leaders' alignment of self-awareness and self-regulation through meta-cognitive oversight and agentic commitment to self, (c) followers' cognitive processing of leaders' observed behaviors, (d) the veritable effects on followers, and (e) self-

verification from followers (Ladkin & Taylor, 2010). This model allows us to glean a greater understanding of the intrapersonal and interpersonal attributes associated with authentic leadership, being mindful that authenticity involves commitment to an individual's personal identity and values (Caza & Jackson, 2011). From a subjective framework, an authentic leader has a strong sense of self or self-esteem. An authentic leader must have self-awareness (Hannah et al., 2011) and be able to objectively self-analyze and identify effective strategies for the minimization of inner flaws.

Authentic leadership: Implications for future research. There seems to be little question about the relationship between authenticity, authentic leadership and the authentic leadership theory. In various scenarios, the effectiveness of AL and the behavioral characteristics associated with this construct have been clarified. The literature confirms a positive correlation between self-awareness, self-regulation, self-efficacy and internal locus of control, all of which contribute to the formation of a model for the authentic leader.

Future research might well benefit from taking a deeper look at how authenticity affects leadership and decision-making. Future researchers should also consider focusing on practical methods by which leaders can become more authentic as they move from least authentic to most authentic (Caza & Jackson, 2011). The exercises or educational approaches that are best suited to instilling authenticity in learners must also be investigated. The current literature provides only a cursory analysis of the traits associated with authentic leadership; hence, future studies should comprehensively isolate these characteristics and positively correlate them with authentic leadership. In conclusion, based on information gleaned from this literature review, the researcher

designed this study to investigate whether by implementing authentic leadership practices in today's behavioral health organizations, LMHP leaders could reduce the propensity for burnout and thus improve individual and team performance.

Summary of Literature Review

This review of literature on burnout and authentic leadership has yielded the following themes and issues:

1. Burnout is a multidimensional phenomenon that, more often than not, affects healthcare professionals due to work-related stress and strains that can exhaust them both physically and mentally. While physical exhaustion from burnout causes insomnia and weight fluctuations, emotional exhaustion causes deep depression.
2. Factors such as job demand, work environment, and lack of coping skills are considered the main drivers of burnout. Since job demands will always exist, one should consider that an encouraging work environment and adequate coping skills can reduce burnout to a considerable extent.
3. The high burnout rate of healthcare professionals has become a major concern for healthcare organizations, since the burnout rate has been found to be the root cause of several urgent problems such as high rate of job turnover among healthcare professionals, disruption in healthcare service, decline in the standard of service, loss of organizational reputation, increase in organizational expenditure, suffering of patients and their family members, and an overall deterioration of the healthcare service.

4. It has, also, been observed that financial rewards (i.e., extrinsic rewards) have failed to prove themselves as effective instruments to prevent the occurrence of burnout among healthcare professionals. This suggests that intrinsic rewards may be considered as possible instrument for the elimination of burnout, given that Maslow's (1943) motivation theory shows that three out of five needs require intrinsic rewards.
5. Research findings confirm that the application of specific leadership styles influences the health and wellbeing of the leaders who practice those leadership styles. Leadership style is largely responsible for optimizing performance and, therefore, carries a large part of the responsibility for optimizing the physical and mental health of all employees in an organization, including the leaders themselves.
6. Since the situation arising from the burnout phenomenon requires more intrinsic rewards, particularly in the healthcare sector, the leadership styles that are more inclined to operate with intrinsic rewards have been reviewed, indicating that AL provides more intrinsic rewards than other styles.
7. Authentic leadership is a version of transformation leadership style which aims to exploit intrinsic motivation to optimize physical, mental, knowledge, and performance statuses. The particular values associated with this leadership style, such as an uncompromising commitment to ethics and sincerity as well as an awareness of one's own worldview and the like, are poised to tackle burnout phenomenon in the healthcare sector since this sector is primarily driven by those values. In essence, the literature review suggests that the

ethical and transformational elements of the leadership traits linked with AL maximize intrinsic rewards, which can optimize the physical, mental, knowledge, and performance level of LMHPs.

8. Research has linked AL to burnout among nurses (Read & Laschinger, 2013). Laschinger et al. (2014) found nurses' perceptions of their managers' AL behaviors to be inversely correlated with burnout. These studies suggest that authentic leaders may create working conditions that reduce the likelihood of burnout in LMHP leaders.
9. Numerous studies have linked leadership indirectly and directly with employee and leader experiences of burnout (Laschinger, Finegan, Wilk, 2011; Lee & Cummings, 2008).

The literature review presented in this chapter has attempted to shed light on authenticity and the authentic leadership theory, although more research is needed to isolate the positive traits associated with authentic leadership. In addition, studies and profiles of current and past authentic leaders are needed in order to identify and clarify those qualities that denote authentic leadership. Northouse (2012) posited that the ability to develop AL training programs is an important benefit of AL theory. Since AL development is a lifelong process, leadership-training programs should be developed that methodically promote self-awareness while enhancing unbiased processing, authentic action, and relational transparency.

This study fills a gap in the literature by providing information about the authentic leadership style as a model for the reduction of burnout among LMHP leaders or burnout avoidance as an effect of an LMHP leader's own leadership style (Rohland, 2000).

Secondly, very few studies exist that specifically looked at burnout in leaders, which prompted the need for an investigation of the relationship between leadership style and burnout. The reviewed literature did not contain any evidence-based research findings regarding the abovementioned proposed relationship. Because AL is still in the early stages of development, it is paramount that more research be conducted in order to allow for greater awareness of this construct and its applications in practice. Prior research suggested that this theory would become increasingly popular as leaders continue to seek ways of remaining authentic, sincere and motivated in their work. Based on the understandings arrived at in this chapter, the next chapter presents the methodology utilized in performing this research.

Chapter 3: Methodology

Introduction

Chapter 3 defines the methodology and research design of this quantitative causal-comparative study, whose purpose was to determine whether a relationship existed between authentic leadership and burnout among LMHPs leaders providing community mental health services in Georgia. This research aim was to optimize the physical, mental, and performance status of LMHP leaders by providing them with a comprehensive burnout solution obtained from a reliable and generalizable research outcome.

The researcher first identified the research problem through conducting an exhaustive review of the literature, which generated the research questions and hypotheses for this study. Next, the researcher explored the extant literature and selected a causal comparative research design to investigate the relationship between the two study variables of AL and burnout. After taking these steps, the researcher utilized the literature review to design the research plan, select the population and sampling method, and prepared the instruments for data collection, after determining relevant ethical considerations, taking measures to maintain validity and reliability, and, finally, obtaining the findings and creating a set of recommendations for theory and practice.

Chapter 3 describes the design and implementation of the study and includes a detailed account of the methods and procedures used. The population and sample selection, instrumentation, and the procedures for data collection and data analysis are presented, and, to close the chapter, ethical considerations and limitations are stated, followed by a summary reiterating the key points made throughout the chapter.

Statement of the Problem

It was not known what relationship, if any, existed between AL and burnout among LMHPs leaders in Georgia. Given the prevalence of pressing concerns about burnout and employee turnover in the health sector, this research sought to understand whether certain characteristics of authentic leadership could reduce the incidence of burnout in LMHP leaders. The impressive amount of literature dealing with the ever-increasing state of burnout among mental health professionals—especially within community-based care sectors—revealed no research that approached this issue from the perspective of the leader. This state of affairs clearly pointed to a need to evaluate the burnout situation among leaders, as leadership behavior has long been identified as the principal influencer of worker behavior within organizational settings in general. Most burnout solutions have been designed for the follower, and not specifically with thoughts of the leader in mind. Therefore, this study sought to explore the potential of authentic leadership and its four characteristics (predictors) to alleviate burnout in LMHPs leaders in Georgia.

Research Questions and Hypotheses

This research utilized a quantitative research method with a causal-comparative study design, since it sought to elucidate relationships between AL and each of its four components (expressed as the independent variable) and leader burnout (expressed as the dependent variable). The components of authentic leadership are those proposed by Ilies et al. (2005): self-awareness, unbiased processing, authentic behavior/acting, and authentic relational orientation. The research problem and purpose cited above engendered the following research questions and hypotheses:

RQ1: To what extent, if any, is there a relationship between AL and leader burnout?

$H1_0$: No statistically significant relationship exists between AL and leader burnout.

$H1_a$: There is a statistically significant relationship between AL and leader burnout.

RQ2: To what extent, if any, is there a relationship between overall AL and emotional exhaustion?

$H2_0$: No statistically significant relationship exists between overall AL and emotional exhaustion.

$H2_a$: There is a statistically significant relationship between overall AL and emotional exhaustion.

RQ3: To what extent, if any, is there a relationship between overall AL and depersonalization?

$H3_0$: No statistically significant relationship exists between overall AL and depersonalization.

$H3_a$: There is a statistically significant relationship between overall AL and depersonalization.

RQ4: To what extent, if any, is there a relationship between overall AL and personal accomplishment?

$H4_0$: No statistically significant relationship exists between overall AL and personal accomplishment.

$H4_a$: There is a statistically significant relationship between overall AL and personal accomplishment.

RQ5: To what extent, if any, is there a relationship between the four subcomponents of AL and emotional exhaustion?

$H5_0$: No statistically significant relationship exists between the four subcomponents of AL and emotional exhaustion.

$H5_a$: There is a statistically significant relationship between the four subcomponents of AL and emotional exhaustion.

RQ6: To what extent, if any, is there a relationship between the four subcomponents of AL and depersonalization?

$H6_0$: No statistically significant relationship exists between the four subcomponents of AL and depersonalization.

$H6_a$: There is a statistically significant relationship between the four subcomponents of AL and depersonalization.

RQ7: To what extent, if any, is there a relationship between the four subcomponents of AL and personal accomplishment?

$H7_0$: No statistically significant relationship exists between the four subcomponents of AL and personal accomplishment.

$H7_a$: There is a statistically significant relationship exists between the four subcomponents of AL and personal accomplishment.

The choice to examine the four components of authentic leadership individually was based on the need to develop a more profound understanding about each component and its relationship to leader burnout; thus enabling more precise, empirically based

recommendations about authentic leadership attributes that could be used to alleviate burnout among CMHC leaders.

The quantitative data needed to answer the research questions was collected via a survey using three questionnaires. The Authentic Leadership Questionnaire (ALQ) and the Maslach Burnout Inventory for Human Service Professionals (MBI-HSS) are standardized questionnaires designed to collect interval data. The researcher also utilized a short demographic questionnaire to collect study-relevant information, which included the type of mental health license earned, length of time licensed, and other work-related information (i.e., full or part time status, percentage of time performing clinical duties, percentage of time performing administrative duties, etc.).

Research Methodology

The researcher selected a quantitative method and a causal-comparative design for the study. Ary, Jacobs, Sorensen, and Walker (2013) stated that researchers use quantitative methodologies when the purpose of the research is to describe trends, determine attitudes, explicate differences between groups, and investigate the relationships between variables through the organized collection of data. According to Ary et al., quantitative research is a way of testing objective theories by examining the relationship among variables so that statistical procedures can be used to analyze the numerical data (2013). This researcher chose a quantitative methodology due to its ability to assess relationships, by analyzing the interval data that can be collected for the variables of interests in this study using two standardized survey questionnaires utilized in prior research on AL and burnout. According to Muijs (2004), quantitative research is

useful for testing hypotheses. This study tested hypotheses regarding the relationship between AL and burnout.

In quantitative research, the findings are relatively conclusive and descriptive in nature, and they can be extrapolated to the population that the sample represents. According to Firestone (1993), the researcher generalizes or makes claims about the population from the sample results. This provides an ideal foundation for investigating the relationship between AL on leader burnout (Simons & Leroy, 2013), the researcher's intention being to extrapolate results from an expected sample of at least 150 LMHP leaders to the population of interest (i.e., all LMHP leaders in Georgia).

The quantitative method was more effective in the context of this study than a qualitative approach (Cooper et al. 2005). Quantitative research primarily follows the scientific method and assumes that cognition and behavior are highly predictable and explainable, while qualitative research is used when little is known about a topic or a person's experiences. The choice for a quantitative method for this study was in line with previous investigations of both burnout and authentic leadership, as evidenced by the quantitative nature of the popular MBI and the ALQ standardized questionnaires that was used as data collection instruments in the proposed study.

Research Design

This research utilized a quantitative methodology with a causal-comparative research design because it investigated relationships between AL and each of its four components (as the independent variables) and leader burnout (considered the dependent variable) using interval data for these variables. Quantitative causal-comparative research provides the ability to examine the relationships between independent and dependent

variables (Brewer & Kubn, 2010). This research utilized a causal-comparative design to assess causal relationships between AL in general as well as each of its four components (independent variables) and leader burnout (dependent variable).

Quantitative causal-comparative designs primarily use questionnaires and inventories to collect the data needed for scientific inquiries of two or more variables. The researcher collected primary data using the survey method, which is considered an appropriate method of scientific inquiry in psychological research. The survey instruments needed for this study were three questionnaires. The leadership and burnout data emerged via two standardized questionnaires: the Authentic Leadership Questionnaire (ALQ), the Maslach Burnout Inventory for Human Service Professionals (MBI-HSS). Both questionnaires generated interval data. In addition, the researcher administered a short demographic survey to collect study-relevant information such as age, gender, education level, type of mental health professional license, length of time licensed, number of years working as a LMHP, and number of years employed as a licensed professional. According to Fraenkel, Wallen, and Hyun (1993), descriptive statistics are an appropriate means to describe demographic characteristics of the participants and their responses. In this study, the researcher used descriptive statistics primarily to provide a profile of the population of LMHP leaders in Georgia. The researcher computed and reported frequencies for all variables.

The researcher used inferential statistics to answer the research questions. The statistical procedures used included Pearson correlations to provide a comprehensive picture of the relationships among all interval variables utilized in this research and linear regressions needed to assess causal relationships between the interval independent

variables and the interval dependent variables. The researcher performed separate regression analyses for each of the dependent variables addressed in the five research questions. Interval demographic variables were considered in the regression analyses. The level of statistical significance set for this study was alpha = 0.05.

Population and Sample Selection

Population. The setting for this quantitative causal-comparative study was the network of CMHCs in Georgia. According to publicly available information, at this time, there are approximately 227 CMHCs providing mental health services in Georgia, in which LMHP leaders deliver leadership services on a daily basis. These CMHCs provide mental health and substance abuse services to men, women and children who are indigent and to those who are recipients of entitlement benefits such as Medicaid, SSI, and SSDI. The licensed mental health professional in most of these organizations is the LMHP leader, who is regarded as the lead executive of the organization excluding the chief executive officer or executive director. The population size for this study was approximately 227 LMHP leaders who worked in leadership capacities as clinical directors within the CMHC.

LMHP leaders have a myriad of tasks in the CMHC. LMHP leaders are responsible for overseeing and developing the Clinical department including hiring, supervision, evaluation, and scheduling. They also develop, plan and implement strategies for program continuation and growth. They provide clinical training to clinical staff and interns. This position provides both clinical and personnel supervision of the clinical staff. LMHP leaders must have the ability to think globally, solve problems and have good decision-making skills, including critical thinking skills.

Sampling procedures. Sampling, as it relates to quantitative research, refers to the selection of individuals, units, and/or settings to be studied. This study used a non-random, availability sample. The researcher targeted for recruitment the entire population of LMHP leaders in Georgia, but participation was voluntary; therefore, a self-selection bias may have affected the internal validity of the data due to underrepresentation of the leaders who were most severely affected by burnout, which is the dependent variable of interest. It is possible that the leaders who experienced the most severe burnout may have declined participation. To reduce the impact of this bias, the researcher maximized sample size by sending all prospective participants several rounds of reminders, explaining the importance of collecting information about the burnout phenomenon among LMHP practitioners, particularly those in leadership positions. Considering a maximum of 10 interval predictors (including leadership characteristics and interval demographic variables), a ratio of minimum five observations per predictor (Bartlett, Kotrlik, & Higgins, 2001) and a conservative ratio of ten sample observations for each independent variable (Halinski & Feldt, 1970; Knofczynski & Mundfrom, 2008), the necessary sample size for this study was between 50 and 100 participants. The response rate for the survey administered in this study was expected to be at least 50, which yielded an availability sample of more than 114 participants, which exceeded the sample size necessary for the regression analysis.

Recruitment procedures. Participants for this study were recruited solely based on their willingness to participate. An invitation was sent via email to CMHC directors providing behavioral health services in Georgia. Fourteen days was allotted for the completion of the survey; however, additional time was allotted to obtain a statistically

significant sample. Participants received an invitation email that specifically addressed the study's purpose and shared the informed consent process. The recruitment email included an Informed Consent form (Appendix A) that provided information about the study and the incentive that would be given for participating in the study. All participants were placed into a drawing for a $150.00 Amazon gift card using their email addresses as identifiers. The respondents' email address was disconnected from the survey information provided by the participants to guarantee the anonymity of survey information. The respondents' email addresses were kept strictly confidential, saved in a separate file, and stored on an external drive that was securely kept in a locked cabinet in the researcher's office until the survey was closed. At that point, the drawing took place and the gift card was awarded. The researcher destroyed the list of emails as soon as the winner of the gift card received the award. Thus, all personal identification was destroyed, and the researcher analyzed the data using a dataset that included no personal identification of the participants.

Informed consent. The purpose of the research was to explore the relationship between authentic leadership and burnout among LMHP leaders working in community-based mental health centers in Georgia. All participants were licensed professionals working in CMHCs in Georgia. The study consisted of three questionnaires: a demographic questionnaire, a 16-question authentic leadership questionnaire, and a short questionnaire on burnout. Participation in the study and completion of the questionnaires caused no significant risks or discomfort to the research participants. The researcher personally assured the anonymity and confidentiality of all responses. The results were used only for the purpose of the present dissertation research.

There were no direct benefits for the participants or their employers, with the exception of the participant who won the gift card drawing. Taking part in this study was voluntary. This survey took approximately twenty to thirty minutes of the participants' time. By completing the online questionnaire and the informed consent disclaimer, the participants agreed to take part in this research study. They were not required to answer any questions that made them uncomfortable, and they could discontinue taking any part of the survey at any time. They could choose not to take part at all. All survey results were kept confidential, and only the researcher had access to the data. No names or personal information, other than work-related demographic data and email addresses, was collected or disclosed. There was no penalty for deciding not to participate in this study.

Instrumentation

The data collection instruments utilized for this quantitative causal-comparative study included two existing standardized instruments: the Authentic Leadership Questionnaire—Self-Rater Version and the Maslach Burnout Inventory. In addition, the study utilized a researcher-designed demographic questionnaire.

Authentic Leadership Questionnaire. The researcher chose the ALQ (Appendix B) because it is a validated instrument that captures the four components of AL, which are key variables to answering the research questions of this study. The ALQ was designed to assess the four components of the process: self-awareness, internalized moral perspective, balanced processing, and relational transparency (Walumbwa et al., 2010). By assessing the scores on each of these components, the researcher computed individual authentic leadership scores. According to the instrument developers' guidelines, scores in the upper range (16-20) indicate stronger authentic leadership, whereas scores in the

lower range (15 or below) indicate weaker authentic leadership. The three surveys conducted during the nascent stages of development of the ALQ each supported the structure of the questionnaire and supported the instrument's validity.

Maslach Burnout Inventory. The study utilized the Maslach Burnout Inventory (Appendix C) because it is well established as a tool for assessing burnout in the healthcare profession. The MBI measured the dependent variable of leader burnout. The MBI-HSS is a self-report measure that includes 22 items. These items have been designed to measure the three subscales of burnout: emotional exhaustion, depersonalization and personal accomplishment. The response scale is a seven-point Likert scale indicating the frequency of experiencing each symptom of burnout (0 = never, 6 = every day).

Demographic questionnaire. The researcher created a short demographic questionnaire to collect the additional personal and work-related information needed for this study (Appendix D). Each respondent received an online survey including the three questionnaires via an email link to the online survey, which included all three surveys administered together as one survey. Respondents participated according to their status as LMHPs in the state of Georgia and their current appointments as LMHP leaders of CMHCs in Georgia.

Validity

Validity is defined as the accuracy with which a measure yields usable information about the variable under review (Litwin, 1995). Litwin (1995) pointed out that establishing the validity of the scores in a survey helps the researcher determine whether the instrument can be used in survey research studies. Cook and Campbell

(1979) outlined four validity concerns around inferences made from study data: internal validity, statistical conclusion validity, construct validity, and external validity. It is important to investigate each type of threat to validity and set in place safeguards to avoid or minimize any threats to validity.

Construct validity is an assessment of how well theoretical constructs relate to the measures used (Cook and Campbell, 1979). The researcher assumed that both the ALQ and the MBI data collection instruments would generate valid data. Both the authentic leadership and burnout measures have been validated through confirmatory factor analyses performed by the developers of the two standardized questionnaires used in this study. Walumbwa et al. (2008, 2010) assessed the construct validity of the Authentic Leadership Questionnaire by developing and testing the instrument using five samples obtained from China, Kenya, and the United States. Their confirmatory factor analyses supported a higher order, multidimensional model of the authentic leadership construct. Their structural equation modeling (SEM) demonstrated the predictive validity for the ALQ measure for associated work-related attitudes and behaviors. Walumbwa at al. (2008, 2010) reported acceptable internal consistency values within the 0.70 to .90 range. Sixteen quantitative studies on AL that reported some form of construct validity demonstrated the validity of the ALQ. In the 16 studies reviewed, four studies used exploratory factor analysis, three studies used confirmatory analysis, and one study used inter-rater reliability and one study used discriminant validity. The construct validity of the Maslach Burnout Inventory—Human Services Survey (MBI-HSS) was assessed by Gil-Monte (2005), which reported internal consistency values between 0.58 and 0.85.

As is related to internal validity, under the worst scenario where the LMHP leaders with the highest levels of burnout did not participate in this study, the measure of burnout was indicative of only those less-stressed respondents who chose to participate. Another internal validity concern was that even a large non-random sample was not representative of the entire population, which would affect the generalizability of this study's results to the entire population of LMHP leaders in Georgia.

External validity is the ability to extend inferences drawn from the study to different settings and populations (Cook & Campbell, 1979). The scope of this study was demographically limited to the population of LMHP leaders in Georgia. The researcher does not claim external validity of the findings of this study outside the state of Georgia.

Reliability

According to Ware and Gandek (1998), reliability refers to whether the item responses are consistent across constructs, stable over time (test-retest correlations), and whether there is consistency in test administration and scoring. This study used two questionnaires to assess the burnout and authentic leadership levels of the respondents. More specifically, the Authentic Leadership Questionnaire was used to measure leadership, while the Maslach Burnout Inventory was used to measure the LMHP leader's burnout levels.

Authentic Leadership Questionnaire. The ALQ assesses four components of the process: self-awareness, internalized moral perspective, balanced processing, and relational transparency. The ALQ Cronbach's alphas reported by Walumbwa et al. (2008) for a United States sample were self-awareness 0.92, relational transparency 0.87, internalized moral perspective 0.76, and balanced processing 0.81.

Maslach Burnout Inventory. Maslach, Leiter, and Schaufeli (2009) established normative values for human service professionals. Wheeler, Vassar, Worley, and Barnes (2011) reviewed 221 studies using the Maslach Burnout Inventory, and, of those studies, 84 provided Cronbach alpha coefficients within the 0.70 to 0.80 ranges. Maslach, Leiter, and Schaufeli (2009) reported internal consistency coefficients of 0.89, 0.77, and 0.74 for emotional exhaustion, depersonalization, and personal accomplishment, respectively. Lara, Jiménez, Muñoz, Benadero, and Viveros (2008), who used the MBI with a sample of Mexican psychologists, reported Cronbach alpha values of 0.86, 0.81, and 0.53 for emotional exhaustion, personal accomplishment, and depersonalization, respectively. Kelly and Barnes-Holmes (2013) reported MBI Cronbach alphas of 0.90, 0.79, and 0.71 for emotional exhaustion, depersonalization and personal accomplishment, respectively.

Data Collection Procedures

Taylor and Bogdan (1994) posited that questionnaires are an appropriate instrument for data collection in quantitative research. There are notable advantages inherent in utilizing surveys in this line of inquiry. The anonymity of surveys allows respondents to answer with more candid and valid answers. Surveys are also useful in describing the characteristics of a large population. According to Munn and Drever (1990), surveys may use closed-ended questions in order to arrive at descriptive information rather than explanatory information, which is important both in maintaining focus among the respondents during data collection and in ensuring that the data collected from numerous individuals can be compared in a precise and unambiguous manner.

SurveyMonkey® was used to disseminate the online survey that collected all necessary data for this study. The survey utilized two standardized data collection instruments, the ALQ and the MBI-HSS. Study participants received an email with a unique identifier that securely collected and stored survey data. Participants were given 24/7 access to the survey site for a 14-day period that was extended to ensure a minimum 50% response rate. Intermittent reminders were sent, via email, on days three, ten, and thirteen. A link to the survey was provided to the study participants based on meeting established criteria. Study participants received an e-mail with a personalized URL, which provided website access, monitored response rates, sent reminder notifications, and securely collected and stored survey data.

Only LMHP leaders were allowed to participate in this study. Qualified study participants were asked to read and electronically sign a consent form, which described the study parameters, its purpose, confidentiality, anonymity of the participants and contact information for the University and this researcher. Participants who failed to sign the consent form were not given access to the survey. Clicking yes indicated that the study participant agreed to participate in the study

The identities of all persons participating in the study were kept confidential, and respondents had the option of completing the questionnaires anonymously. Data were protected through SurveyMonkey® rigorous security protocols, and participants were asked to participate according to their current placement as LMHP leaders working in community mental health centers in Georgia. From public records, the researcher obtained the email addresses of more than 227 LMHP leaders working in community

mental health settings in Georgia and provided each of them with the opportunity to participate at their discretion.

The surveys were disseminated and administered via SurveyMonkey® and were available for 14 days via a secure link provided by SurveyMonkey®. Additional time was allotted to ensure a response rate of at least 50%. The SurveyMonkey® web assessment system provided this researcher with a secure, automatically generated data file including item responses for each participant (SurveyMonkey®, n.d.).

Data Analysis Procedures

The data collected with the ALQ, MBI, and a demographic questionnaire in Excel format were imported into the Statistical Package for Social Science (SPSS) software. SPSS was used for the statistical analysis. The researcher used the following statistical procedures: frequencies (descriptive statistics) for all variables, correlation analysis to assess the relationships among all interval variables, and regression analyses to answer the seven research questions regarding the causal relationships between AL and each of its four components (potential predictors) and burnout (dependent variable). In SPSS, stepwise regression method computed the strength of the predictors and ranked them in order of strength.

Ethical Considerations

Participation in this study was voluntary and participants could choose to withdraw from the study at any time. The informed consent forms explained the nature, demands, benefits, and risks associated with this study. By completing the online questionnaire and the informed consent disclaimer, participants agreed to take part in this research study. There were no known risks involved with participating in this study;

however, in any research, the potential for unidentified risks is possible. No conflicts of interest were anticipated; however, any perceived conflict of interest that could have arisen on the part of a potential participant would have allowed that individual to withdraw from the study at any time.

All information obtained from this study was kept strictly confidential. The researcher personally assured the strictest confidentiality of all responses. Any personal identification information was removed from the data file immediately after matching case information and merging the data from the three questionnaires. The publication of results involved only findings at the aggregate level, and no participant was identified. Research data will be kept securely for 5 years on flash drives stored in a locker that is accessible to no person other than the researcher.

Potential ethical concerns that could have arisen in this study include the possibility of receiving responses from dishonest informants who failed to take the questionnaire honestly, or seriously, which could affect data validity. The researcher adhered to the key principles of the Belmont Report, which are respect, justice and beneficence in all aspects of the study, including study design, sampling procedures, application of theoretical frameworks, and answering of research questions by maintaining the highest degree of ethics in all study related activities.

Limitations

The range of leadership attributes and aspects of burnout covered in the standardized questionnaires used for data collection limited the scope of this research. Both standardized questionnaires used Likert scales to collect ordinal data and provided formulae to compute cumulative scores from “points” on the Likert scales. Such

computations involved approximations of ordinal data to interval data, however, both instruments were validated by their developers and has been widely used in social science research. Therefore, the researcher considers the ALQ and the MBI as acceptable measures for the purpose of this study. Because this study relied on self-reporting measures, it depended on the integrity of its respondents' answers. To maximize respondent honesty, the researcher emphasized in the participation consent form the participants' vested interest in the success of this research, which was dedicated to optimizing LMHPs' physical and mental well-being and improving their functioning as professionals.

Summary

Chapter 3 stated the purpose and rationale for the study, which was to examine the relationship between authentic leadership and burnout among leaders in CMHCs in Georgia. Chapter 3 presented the research questions; the hypotheses, the data analysis plan and the research design. Chapter 3 also described the population, sample of the study, and presented the method of data collection. Lastly, it introduced the data analysis procedures, and discussed the validity and reliability on the study instruments.

Because authentic leadership theory is still in the early stages of development, the emergence of several perspectives is to be expected. This research is expected to contribute to the ongoing work of theory building in the area of authentic leadership (Avolio et al., 2004; Gardner et al., 2005; Ilies et al., 2005). In conclusion, the overall purpose of this quantitative causal-comparative study was to expand the knowledge base about the impact of AL on the emotional wellbeing of LMHP leaders and the potential of

AL to alleviate burnout among such leaders. A rigorous exploration of AL and burnout should add considerable value to the current literature on both burnout and AL.

Chapter 4: Data Analysis and Results

Introduction

This chapter provides an explanatory, graphical, and visual representation of the data analysis results utilized in this causal-comparative research study. Prior to this study, it was not known what relationship, if any, existed between AL and LMHP leader burnout in Georgia. What was known was that mental health service providers were at increased risk of experiencing burnout and turnover (Salyers et al., 2011).

Burnout has been recognized as a systemic problem in the mental health field, and, as a result, the construct has been typically measured as a continuous variable because the actual prevalence of burnout has been difficult to quantify in previous studies (Edwards et al. 2000). In order to help address this issue, Maslach, Jackson, and Leiter (1996) presented score ranges on the MBI to conceptualize low, average, and high levels of burnout based on large normative samples for various occupations. For mental health workers, high levels of burnout included emotional exhaustion scores of at least 21, depersonalization scores of at least eight, and personal accomplishment scores of 28 or below.

According to Maslach, Jackson, and Leiter (1996), burnout is not a dichotomous variable requiring the presence or absence of burnout but rather a continuous variable indicating degree, level, or extent of burnout. Specifically, in general, a high degree of burnout is represented by high scores of emotional exhaustion (27 or over) and depersonalization (13 or over), and low scores of personal accomplishment (39 or over). A moderate degree of burnout is reflected by moderate scores of emotional exhaustion (17-26), depersonalization (7-12), and personal accomplishment (32-38). A low degree of

burnout is signified by low scores of emotional exhaustion (0-16) and depersonalization (0-6), and high scores of personal accomplishment (0-31). Therefore, this research analysis specifically operationalized burnout as three distinct measures (emotional exhaustion, depersonalization, and personal accomplishment) and used those as criteria for computing leader burnout in that an overall burnout measure was not possible to compute and had to be operationalized as individual criteria. Additionally, the overall AL score was computed based on the four components of AL: self-awareness, internalized moral perspective, balanced processing, and relational transparency.

The purpose of this quantitative causal-comparative study was to determine the relationship that AL has with burnout among LMHP leaders. The above-stated research questions and their supporting hypotheses answered whether a statistically significant relationship existed between AL and leader burnout. The independent variable, AL, was measured with the Authentic Leadership Questionnaire Self-Rater Version (ALQ) (Walumbwa et al., 2010) while the dependent variable, burnout, was measured utilizing the Maslach Burnout Inventory for Health Professionals (MBI-HSS).

The researcher computed frequencies (descriptive statistics) for all variables and performed regression analyses to answer the research questions regarding the causal relationships between the overall AL and then its four components considered together as predictors and each of the three components of burnout considered as criteria. This chapter summarizes the collected data, presents the results, and concludes with a summary of the findings.

For this reason, the researcher used one overarching research question to frame this study: To what extent, if any, is there a relationship between authentic leadership and leader burnout? Two hypotheses follow from this question:

$H1_0$: No statistically significant relationship exists between authentic leadership and leader burnout.

$H1_a$: There is a statistically significant relationship between authentic leadership and leader burnout.

Six additional research questions follow:

RQ2: To what extent, if any, is there a relationship between overall AL and emotional exhaustion?

$H2_0$: No statistically significant relationship exists between overall AL and emotional exhaustion.

$H2_a$: There is a statistically significant relationship between overall AL and emotional exhaustion.

RQ3: To what extent, if any, is there a relationship between overall AL and depersonalization?

$H3_0$: No statistically significant relationship exists between overall AL and depersonalization.

$H3_a$: There is a statistically significant relationship between overall AL and depersonalization.

RQ4: To what extent, if any, is there a relationship between overall AL and personal accomplishment?

$H4_0$: No statistically significant relationship exists between overall AL and personal accomplishment.

$H4_a$: There is a statistically significant relationship between overall AL and personal accomplishment.

RQ5: To what extent, if any, is there a relationship between the four subcomponents of AL and emotional exhaustion?

$H5_0$: No statistically significant relationship exists between the four subcomponents of AL and emotional exhaustion.

$H5_a$: There is a statistically significant relationship between the four subcomponents of AL and emotional exhaustion.

RQ6: To what extent, if any, is there a relationship between the four subcomponents of AL and depersonalization?

$H6_0$: No statistically significant relationship exists between the four subcomponents of AL and depersonalization.

$H6_a$: There is a statistically significant relationship between the four subcomponents of AL and depersonalization.

RQ7: To what extent, if any, is there a relationship between the four subcomponents of AL and personal accomplishment?

$H7_0$: No statistically significant relationship exists between the four subcomponents of AL and personal accomplishment.

$H7_a$: There is a statistically significant relationship between the four subcomponents of AL and personal accomplishment.

Descriptive Data

The setting for this study was federally funded CMHCs in Georgia. Study participants were drawn from chief executive officers, executive directors, and clinical directors, all of whom were licensed or certified as mental health professionals by the Georgia Board of professional counselors, social workers, marriage and family therapists, and medical boards. A total of 227 CMHCs were invited to participate in the study. Demographic questions were used to obtain information about the participants in the research study. The response rate of LMHP leaders participating in this study was 51.1% (*N* = 116). Table 4.1 shows the demographic statistics obtained from the participants.

Table 4.1

Demographic Survey Statistics

		Type of Professional License	Gender	Age	Years Licensed	Highest Level of Education
N	Valid	114	116	116	115	115
	Missing	2	0	0	1	1

		Current Employment Status	Average Hours of Administrative Work	Average Hours of Clinical Work	Average Hours of Leadership-Related Duties
N	Valid	115	116	114	116
	Missing	1	0	2	0

Among the participants studied, 27.6% were male and 72.4% were female (see Table 4.2), with a majority (47.4%) being age 51 or older (see Table 4.3). These demographics indicated that most of the LMHPs in this particular study were female and at least 51 years of age or older, with multiple years of experience providing mental health services.

Table 4.2

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	32	27.6	27.6	27.6
	Female	84	72.4	72.4	100.0
	Total	116	100.0	100.0	

Table 4.3

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	22-30	17	14.7	14.7	14.7
	31-40	20	17.2	17.2	31.9
	40-50	24	20.7	20.7	52.6
	51-above	55	47.4	47.4	100.0
	Total	116	100.0	100.0	

The majority of LMHP leaders who participated in this study were credentialed as licensed professional counselors (26.7) and medical professionals (25.0%). Table 4.4 lists the type of professional license held by each participant.

Table 4.4

Type of Professional License

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Licensed Professional Counselor	31	26.7	27.2	27.2
	Licensed Master Social Worker	4	3.4	3.5	30.7
	Licensed Clinical Social Worker	14	12.1	12.3	43.0
	Licensed Marriage Family Therapist	4	3.4	3.5	46.5
	Licensed Psychologist	5	4.3	4.4	50.9
	APRN/CNS	2	1.7	1.8	52.6
	Other	25	21.6	21.9	74.6
	Medical Professional (RN, MD, other)	29	25.0	25.4	100.0
	Total	114	98.3	100.0	
Missing	System	2	1.7		
Total		116	100.0		

Table 4.5 indicates the number of years each participant has been licensed, while educational levels are displayed in Table 4.6, with a majority of the participants having at least a master's degree (74.1). These results convey that the population of LMHP leaders is highly educated and trained in their field of expertise, and are appropriately licensed and credentialed to provide credible information regarding their experiences as LMHP leaders.

Table 4.5

Years Licensed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5	30	25.9	26.1	26.1
	6-10	23	19.8	20.0	46.1
	11-15	15	12.9	13.0	59.1
	16-20	13	11.2	11.3	70.4
	21-above	34	29.3	29.6	100.0
	Total	115	99.1	100.0	
Missing	System	1	.9		
Total		116	100.0		

Table 4.6

Highest Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor's Degree	5	4.3	4.3	4.3
	Master's Degree	86	74.1	74.8	79.1
	Doctoral Degree	24	20.7	20.9	100.0
	Total	115	99.1	100.0	
Missing	System	1	.9		
Total		116	100.0		

Table 4.7

Current Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full Time	95	81.9	82.6	82.6
	Part Time	20	17.2	17.4	100.0
	Total	115	99.1	100.0	
Missing	System	1	.9		
Total		116	100.0		

Most of the participants (81.9%) worked full-time with a majority (43.1%) spending 1-10 hours per week completing administrative work (see Table 4.8). In addition, 23.3% spend 31 to 40 hours per week completing clinical work, which is illustrated in Table 4.9. Moreover, a majority of the participants (54.3%) spend 1-10 hours per week completing leadership duties (see Table 4.10) which indicated that most of the LMHP leaders that participated in this study spent more time completing administrative and clinical work versus leadership-related duties.

Table 4.8

Average Hours Doing Administrative Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-10	50	43.1	43.1	43.1
	11-15	19	16.4	16.4	59.5
	16-20	14	12.1	12.1	71.6
	21-30	17	14.7	14.7	86.2
	31-40	16	13.8	13.8	100.0
	Total	116	100.0	100.0	

Table 4.9

Average Hours Completing Clinical Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-10	24	20.7	21.1	21.1
	11-15	13	11.2	11.4	32.5
	16-20	24	20.7	21.1	53.5
	21-30	26	22.4	22.8	76.3
	31-40	27	23.3	23.7	100.0
	Total	114	98.3	100.0	
Missing	System	2	1.7		
Total		116	100.0		

Table 4.10

Average Hours Completing Leadership-Related Duties

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-10	63	54.3	54.3	54.3
	11-15	13	11.2	11.2	65.5
	16-20	14	12.1	12.1	77.6
	21-30	10	8.6	8.6	86.2
	31-40	16	13.8	13.8	100.0
	Total	116	100.0	100.0	

Data Analysis Procedures

The survey instrument used in this study comprised three sections: 16 ALQ items, 22 MBI items, and nine Demographic items. The 16-item ALQ section of the survey instrument was scored in accordance with the four subscales of authentic leadership: Transparency, Moral/Ethics, Balanced Processing, and Self-Awareness. The 22-item MBI section of the survey instrument was processed and scored in accordance with the three subscales of burnout: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Because Maslach, Jackson, and Leiter (1996) determined that burnout is not a dichotomous variable indicating the presence or absence of burnout but rather a continuous variable indicating degree, level, or extent of burnout, an overall burnout index could not be determined and each criteria of burnout had to be analyzed separately to determine the relationship between AL and leader burnout.

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) 22.0 software package. Prior to the data analysis needed for hypothesis testing, the researcher screened the data for errors and outliers as well as for normality, linearity, and homoscedasticity. To detect outliers on each variable, the researcher used scatterplots (created in SPSS) and found no outliers that required the removal of data from the dataset

(See Appendix E). One incomplete response by each of two participants was found on the ALQ, and one incomplete response by one participant was found on the MBI. Because the missing data constituted fewer than 1% of the total responses, the means were substituted for the missing responses (Raymond & Roberts, 1987). The substitution method determined that the effect of this missing data would be neutralized in the statistical analysis and other data corresponding to that particular participant would still be utilized in the statistical analysis.

The researcher computed descriptive statistics for all study variables in order to create a profile of the study sample and to summarize the participants' responses to the authentic leadership and burnout measures. Then the researcher performed a multiple linear regression analysis to assess the relationships between the overall AL and then its four subscales (considered as potential predictors) and the three subscales of leader burnout. The predictors used in the regression analysis were the overall measure of authentic leadership (AL) and its four subcomponents (Transparency, Moral/Ethics, Balanced Processing, and Self-Awareness). The criteria were the three subscales of leader burnout (Emotional Exhaustion, Depersonalization, and Personal Accomplishment). A total of six regression models addressed the research questions. Stepwise regression computed the strength of the predictors and ranked them in order of their strength. The independent variables were entered into the analysis according to their strength and their statistical contribution in explaining the variance in the dependent variable automatically by SPSS.

Individuals with high scores on the EE and DP subscales and low score on the PA subscale tend to have a high degree of burnout, while the reverse is true for individuals

with a low degree of burnout. These three subscales are interpreted as follows: (a) a high degree of burnout is reflected in high scores on EE and DP subscales and a low score on the PA subscale; (b) an average degree of burnout is reflected in averages scores on all three subscales; and (c) a low degree of burnout is reflected in low scores on EE and DP scales and a high score on the PA subscale.

Results

The descriptive statistics of these study variables are shown in Table 4.11. The participants had a mean authentic leadership score of 16.8 with the AL scores of the sample participants ranging from 11.4 to 20. This indicated that, on average, the participants showed high levels of AL. The leadership burnout scores for the participants' Emotional Exhaustion subscale had a mean score of 21.8, which indicated that, on average, the sample participants experienced burnout due to Emotional Exhaustion. The Depersonalization subscale, on the other hand, had a mean score of 5.28, which indicated that, on average, the sample participants experienced low levels of burnout caused by Depersonalization. The Personal Accomplishment subscale had a mean score of 38.3, which indicated that, on average, the participants experience high levels of burnout due to Personal Accomplishments.

In terms of skewness and kurtosis, all variables except depersonalization and personal Accomplishment had skewness and excess kurtosis values within the [-1, +1] range. This finding indicates that those variables can be assumed to follow a normal distribution. In contrast, Depersonalization had a large positive skewness, suggesting that its distribution had a longer right tail than would be expected if it followed a normal

distribution. Likewise, Personal Accomplishment had large negative skewness, indicating a longer left tail than would be expected from a normally distributed variable.

Table 4.11

Study Variables: Descriptive Statistics

	Min	Max	Mean	*SD*	Skewness	Kurtosis
Transparency	3.00	5	4.22	.55	-.49	-.58
Moral	2.75	5	4.50	.52	-.99	.51
Balanced Processing	2.33	5	4.07	.61	-.55	.18
Self Awareness	2.50	5	4.05	.62	-.29	-.21
Total	11.4	20	16.8	1.8	-.62	.52
Emotional Exhaustion	1.00	52	21.8	11.9	.47	-.46
Depersonalization	.00	23	5.2	5.2	1.4	1.8
Personal Accomplishment	16.0	47	38.3	5.4	-1.3	2.4

In order to address research Question 1, three regression models were formulated comparing the total AL score with the leader burnout subscales Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The regression analysis results for the three models are presented below. This researcher utilized linear regression for this study because this researcher wanted to know whether AL was associated with leader burnout; he also wanted to measure the strength of the association; he wanted to provide an equation that could describe the relationship and could be used to predict its values.

Overall AL – Emotional Exhaustion Regression Model. A linear regression model was formulated relating Overall AL score (independent variable) as a predictor of Emotional Exhaustion (dependent variable). The model summary is presented in Table 4.12. The model formulated yielded a correlation coefficient of R = -0.27, which indicated that a statistically significant association between Overall AL score and Emotional Exhaustion existed. It further solidified the notion that the more authentic the leader, the lower the levels of emotional exhaustion. It also helped to clarify the relationship between overall Al and emotional exhaustion.

Table 4.12

Overall AL – Emotional Exhaustion Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	-.27[a]	.07	.06	11.53

a. Predictors: (Constant), Overall AL

Table 4.13

Overall AL – Emotional Exhaustion Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	1265.91	1	1265.91	9.50	.03[b]
	Residual	15179.28	114	133.15		
	Total	16445.19	115			

a. Dependent variable: Emotional Exhaustion
b. Predictors: (Constant), Overall AL

The regression analysis also indicated that the Overall AL score proved to be a statistically significant predictor of Emotional Exhaustion (Beta = -1.79, t = -3.08, p = 0.03) at a level of significance of 0.05. The general form of predicting Emotional Exhaustion is obtained from the regression analysis (see Table 4.14) and is represented by the equation: Predicted Emotional Exhaustion Score = 52.03 - 1.79 * (Overall AL Score)

Table 4.14

Overall AL – Emotional Exhaustion Model Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients			95% Confidence Interval for *B*	
Model		*B*	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	52.03	9.85		5.27	<.001	32.50	71.56
	Overall AL	-1.79	.58	-.27	-3.08	.03	-2.94	-.64

a. Dependent variable: Emotional Exhaustion

Overall AL – Depersonalization Model. A linear regression model was calculated using Overall AL score as a predictor of Depersonalization. The statistical summary is presented in Table 4.15. The model yielded a correlation coefficient of *R* = -0.33, which indicated a statistically significant association existed between Overall AL score and Depersonalization, with 11.5% of the variance (R^2 = 0.12) in Depersonalization accounted for by Overall AL score. This meant that the more authentic the LMHP leader, the less depersonalization is present. Leaders who experience depersonalization feel disconnected from their own personal self by acting in contradiction of their emotions and behaviors. The research concludes that individuals with higher levels of depersonalization have higher levels of burnout. Having a leader with higher levels of authentic leadership should help to reduce or eliminate depersonalization.

Table 4.15

Overall AL – Depersonalization Model Summary

Model	*R*	R^2	Adjusted R^2	Std. Error of the Estimate
1	-.34[a]	.12	.11	4.94

a. Predictors: (Constant), Overall AL

Table 4.16

Overall AL – Depersonalization Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	360.91	1	360.91	14.74	<.01[b]
	Residual	2790.25	114	24.47		
	Total	3151.17	115			

a. Dependent variable: Depersonalization
b. Predictors: (Constant), Overall AL

Table 4.17

Overall AL – Depersonalization Model Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95% Confidence Interval for *B*	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	21.40	4.23		5.07	<.001	13.03	29.78
	Overall AL	-.95	.25	-.34	-3.84	<.001	-1.45	-.46

a. Dependent variable: Emotional Exhaustion

As presented in Table 4.16, the Overall AL—Depersonalization regression model was determined to be a good fit for the data at a level of significance of 0.05: $F(1,114) = 14.746$, $p < .001$. The regression analysis indicates that the Overall AL score proves to be a statistically significant predictor of Depersonalization (Beta = -0.95, $t = -3.84$, $p < .001$) at a level of significance of 0.05.

Overall AL – Personal Accomplishment Model. Another linear regression model calculated was related to the Overall AL score and Personal Accomplishment (PA) (Table 4.18). The PA model yielded a correlation coefficient of R=0.46, which indicated that a statistically significant association exists between Overall AL score and Personal Accomplishment with 21.2% (R^2=0.21) of the variance in Personal Accomplishment accounted for by Overall AL score. Here, we learn that the higher the ALQ score, the higher the levels of personal accomplishment. Leaders who are more authentic are inclined to have higher levels of personal accomplishment.

Table 4.18

Overall AL – Personal Accomplishment Model Summary

Model	*R*	R^2	Adjusted R^2	Std. Error of the Estimate
1	.46[a]	.21	.20	4.83

a. Predictors: (Constant), Overall AL

Table 4.19

Overall AL – Personal Accomplishment Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	714.49	1	714.49	30.59	<.001[b]
	Residual	2662.33	114	23.35		
	Total	3376.82	115			

a. Dependent variable: Personal Accomplishment

b. Predictors: (Constant), Overall AL

Table 4.19, the Overall AL – personal accomplishment regression model, was determined to be a good fit for the data at a level of significance of 0.05 (F[1,114]=30.594, p<.001). The regression analysis indicated that the Overall AL score proves to be a statistically significant predictor of Personal Accomplishment (Beta = 1.34, t=5.53, p<0.001). The prediction of Personal Accomplishment is obtained from the regression analysis (see Table 4.20) and is represented by the equation below: Predicted Personal Accomplishment Score = 15.61 + 1.34 * (Overall AL Score)

Table 4.20

Overall AL – Personal Accomplishment Model Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
Model		*B*	*Std. Error*	*Beta*	*T*	Sig.	Lower Bound	Upper Bound
1	(Constant)	15.61	4.12		3.78	<.001	7.43	23.79
	Overall AL	1.34	.24	.46	5.51	<.001	.86	1.83

a. Dependent variable: Personal Accomplishment

In addressing Research Questions 2 through 5, another set of three regression models was formulated relating the four subcomponents of authentic leadership to the three subscales of leader burnout. The regression analysis results are presented in the following.

Four subcomponents – Emotional Exhaustion Model. The researcher calculated a forward stepwise multiple linear regression model along with the four subcomponents of AL as predictors of Emotional Exhaustion. The graphic representation is presented in Table 4.21. Note that only Transparency was entered into the model because, after controlling for that variable, none of the other three predictors (Self Awareness, Moral, and Balanced Processing) were significant at the .05 level.

Table 4.21

Four subcomponents – Emotional Exhaustion Model Summary

Model	*R*	R^2	Adjusted R^2	Std. Error of the Estimate
1	.32[a]	.10	.09	11.37

a. Predictors: (Constant), Transparency

Table 4.22

Four subcomponents – Emotional Exhaustion Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	1692.86	1	1692.86	13.08	<.001
	Residual	14752.33	114	129.40		
	Total	16445.19	115			

a. Dependent variable: Emotional Exhaustion
b. Predictors: (Constant), Transparency

The regression analysis indicated that the Transparency subcomponent of authentic leadership proved to be a statistically significant predictor of the Emotional Exhaustion subscale of leader burnout (Beta=-6.994, t=-3.617, p<.001) at a level of significance of 0.05.

Table 4.23

Four subcomponents – Emotional Exhaustion Model Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients			95% Confidence Interval for *B*	
Model		*B*	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	51.31	8.22		6.24	<.01	35.02	67.60
	Transparency	-6.99	1.93	-.32	-3.61	<.01	-10.82	-3.16

a. Dependent variable: Depersonalization

Table 4.23 suggests that there is a significant negative relationship between the Transparency component and Emotional Exhaustion. This means that the more transparent the leader, the less likely he or she is to experience emotional exhaustion, which the current literature has found to be a significant indicator of burnout in medical staff (Eilam-Shamir & Shamir, 2013; Laschinger et al., 2014; Walumbwa et al., 2010). No relationship was found between Emotional Exhaustion and the other three subcomponents of AL, namely Self-Awareness, Balanced Processing, and Moral.

In stepwise multiple regression, the independent variables are entered according to their statistical contribution in explaining the variance in the dependent variable. The stepwise regression method automatically computes the strength of the predictors and ranks them in order of their strength (Beta). Table 4.24 presents the coefficients for all predictor variables, ranked in order of strength (Beta). Consistent with the above results, Transparency was the variable that was most strongly related with Emotional Exhaustion, followed by Moral, Balanced Processing, and Self Awareness.

Table 4.24

Four subcomponents – Emotional Exhaustion Model Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95% Confidence Interval for *B*	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	56.09	10.16		5.51	<.001	35.94	76.24
	Transparency	-5.49	2.58	-.25	-2.12	.03	-10.60	-.37
	Moral	-2.87	2.74	-.12	-1.04	.29	-8.31	2.57
	Balanced Processing	1.63	2.39	.08	.68	.49	-3.10	6.36
	Self Awareness	-1.19	2.40	-.06	-.49	.62	-5.94	3.56

a. Dependent variable: Emotional Exhaustion

Four subcomponents – Depersonalization Model. Another multiple linear regression model was formulated relating the four subcomponents of authentic leadership as predictors of the Depersonalization subscale of leader burnout. The model summary is presented in Table 4.25. Note that only Morale was entered into the model because, after controlling for that variable, none of the other three predictors (Self Awareness, Transparency, and Balanced Processing) was significant at the .05 level.

Table 4.25

Four subcomponents – Depersonalization Model Summary

Model	*R*	R^2	Adjusted R^2	Std. Error of the Estimate
1	.35[a]	.12	.11	4.91

a. Predictors: (Constant), Moral

Table 4.26

Four subcomponents – Depersonalization Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	393.51	1	393.51	16.26	<.001[b]
	Residual	2757.66	114	24.19		
	Total	3151.17	115			

a. Dependent variable: Depersonalization
b. Predictors: (Constant), Moral

The regression analysis indicated that only the Morale (Beta=-3.54, t=-4.03, p<.001) subcomponent of authentic leadership proved to be a statistically significant predictor of the Depersonalization subscale of leader burnout at a level of significance of 0.05.

Table 4.27

Four subcomponent – Depersonalization Model Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
Model		*B*	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	21.25	3.98		5.33	<.001	13.35	29.15
	Moral	-3.54	.88	-.35	-4.03	<.001	-5.29	-1.80

a. Dependent variable: Depersonalization

In addition to the stepwise regression, Table 4.28 presents the coefficients for all predictor variables, ranked in order of strength. As can be seen from this table, when including all variables, the strongest predictor of the Depersonalization score was Self Awareness, followed by Balanced Processing and Moral. Transparency had the weakest relationship of the four subcomponents of ALQ with Depersonalization.

Table 4.28

Four subcomponents – Depersonalization Model Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
Model		*B*	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	23.17	4.20		5.51	<.001	14.84	31.50
	Self Awareness	-2.72	.99	-.32	-2.75	.007	-4.69	-.76
	Balanced Processing	2.52	.98	.29	2.55	.01	.56	4.48
	Moral	-2.22	1.13	-.22	-1.95	.05	-4.47	.02
	Transparency	-1.69	1.06	-.17	-1.58	.11	-3.81	.42

a. Dependent variable: Depersonalization

Four subcomponents – Personal Accomplishment Model. A multiple linear regression model was formulated relating the four subcomponents of authentic leadership: Transparency, Moral, Balanced Processing, and Self-Awareness (independent variables) as predictors of the Personal Accomplishment subscale of leader burnout (dependent variable) (see Table 4.29). Note that only the Moral component was entered into the model because, after controlling for that variable, none of the other three predictors were significant at the .05 level.

Table 4.29

Four subcomponents– Personal Accomplishment Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.49[a]	.24	.24	4.72

a. Predictors: (Constant), Moral

Table 4.30

Four subcomponents – Personal Accomplishment Model ANOVA[a]

Model		Sum of Squares	*df*	Mean Square	F	Sig.
1	Regression	835.37	1	835.37	37.47	<.001[b]
	Residual	2541.45	114	22.29		
	Total	3376.82	115			

a. Dependent variable: Personal Accomplishment
b. Predictors: (Constant), Moral

The regression analysis conducted indicated that only the Moral (Beta=5.17, t=4.21, p<0.001) subcomponent of authentic leadership proved to be a statistically significant predictor of the Personal Accomplishment subscale of leader burnout at a level of significance of 0.05. The general form for predicting Personal Accomplishment was obtained from the regression analysis (see Table 4.31) and is represented by the

equation below. This analysis supports the notion that the more moral the leader, the higher the level of personal accomplishment.

Table 4.31

Four subcomponent – Personal Accomplishment Model Coefficients
a

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	15.02	3.82		3.92	<.001	7.44	22.61
	Moral	5.17	.84	.49	6.12	<.001	3.49	6.84

a. Dependent variable: Personal Accomplishment

In Chapter 2, we learned that burnout is the emotional response to the stress and external pressure that can lead to a negative reaction to others, and a low or reduced sense of personal accomplishment. Embracing moral and ethical leadership skills support higher levels of personal accomplishment, which in turn reduces levels of burnout in LMHP leaders.

In addition to the stepwise regression, Table 4.32 presents the coefficients for all predictor variables, ranked in order of strength. Consistent with the above results, Moral was the variable most strongly related with Personal Accomplishment (and was the only statistically significant one). The next strongest predictor of Personal Accomplishment was Self Awareness, followed by Transparency, and Balanced Processing.

Table 4.32

Four subcomponents –Personal Accomplishment Model Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound
1	(Constant)	13.37	4.16		3.21	.002	5.12	21.62
	Moral	4.73	1.15	.45	4.21	<.001	2.50	6.96
	Self Awareness	1.28	.98	.14	1.30	.19	-.66	3.23
	Transparency	-1.06	1.05	-.10	-1.00	.31	-3.16	1.03
	Balanced Processing	.71	.97	.08	.72	.46	-1.22	2.65

Findings by hypothesis. This section explains each individual hypothesis, the related findings, and whether the hypothesis was accepted or rejected based on the analysis. A 0.05 level of significance was utilized in statistical testing of the research hypotheses. Obtaining a *p*-value from the statistical tests of equal or less than 0.05 rejects the null hypothesis and accepts the alternate hypothesis. This also meant that the relationship could be claimed 95% of the time. Furthermore, statistical results such as the correlation coefficient, *R*, indicated how much one variable influenced the other. The correlation coefficient ranged from 0 to 1, with 1 implying a perfect correlation where two variables perfectly influence one another and with a certain proportion. As a rule of thumb, correlation coefficients are categorized as weak (around 0.25 value of *R*), moderate (around 0.5 value of *R*), and strong (around 0.7 value of *R*). This basically describes the proportion of influence one variable has on another. The adjusted *R*-squared indicated how much, in terms of percentage, changes in the independent variable can be held accountable to the variability of the dependent variable. A higher *R*-squared value indicates that the unpredictability of the dependent variable is caused by the independent variable.

Pertaining to Research Question 1, the first set of regression analyses was aimed at answering whether a relationship exists between authentic leadership and leader burnout. The null and alternative hypotheses were formulated as follows:

$H1_0$: No statistically significant relationship exists between authentic leadership and leader burnout.

$H1_a$: There is a statistically significant relationship between authentic leadership and leader burnout.

This study evaluated leader burnout through Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The null and alternative hypotheses were applied in analyzing each regression model formulated for each subscale. The hypothesis testing resulted in accepting the alternative hypothesis because a statistically significant relationship existed between authentic leadership and leader burnout with the regression analysis having an output *p*-value below the level of significance of 0.05 for Emotional Exhaustion (Beta=-1.79, t=5.53, p<0.001); Depersonalization (Beta=-0.95, t=-3.84, p<0.001); and Personal Accomplishment (Beta=0.24, t=5.53, p<0.001).

Research Questions (2 through 4) examine the extent to which there is a relationship between overall AL and the three criteria of burnout, and the remaining questions (5 through 7) examine the extent to which there is a relationship between the four subcomponents of authentic leadership and the three criteria of burnout. The research questions were addressed using a set of multiple linear regression analyses. The hypothesis testing done at a 0.05 level of significance resulted in the following findings:

1. The Transparency subcomponent of authentic leadership was proven to be the only statistically significant predictor of the Emotional Exhaustion subscale of leader burnout (Beta=-6.99, $t=-3.61$, $p<0.001$).
2. The Moral (Beta=-3.54, $t=-4.03$, $p<0.001$) subcomponent of authentic leadership was proven to be the only statistically significant predictor of the Depersonalization subscale of leader burnout.
3. The Moral (Beta=5.17, $t=6.12$, $p<0.001$) subcomponent of authentic leadership was proven to be the only statistically significant predictor of the Personal Accomplishment subscale of leader burnout.

Summary

The purpose of this study was to determine the impact of AL on burnout among LMHP leaders. This chapter discussed both the results of the quantitative analysis and the effects the results had on the research questions. Results demonstrate that authentic leadership scores do, in fact, affect a statistically significant predictor of all three subscales of the MBI. The multiple linear regression analysis indicated that the subcomponents of AL had a relationship with the three subscales of the MBI. The Transparency subcomponent of AL was particularly important because it was a statistically significant predictor of the Emotional Exhaustion subscale. The Balanced Processing and Self-Awareness subcomponents were also statistically significant predictors of the Depersonalization subscale, while the Moral subcomponent of AL was a statistically significant predictor of the Personal Accomplishment subscale.

The results of this study support the proposition that AL behaviors are associated with LMHP leader burnout and job satisfaction. In this study, AL influenced LMHP

leader outcomes by decreasing the likelihood of burnout and increasing overall job satisfaction. The results of this study are consistent with the previous literature, which linked AL with positive outcomes in the work setting (Walumbwa et al., 2008). These findings also support the importance of having authentic leaders create organizational environments that are conducive to preventing burnout and fostering overall job satisfaction. Statistical analyses verified that there is indeed a relationship between authentic leadership and burnout among LMHP leaders. Further insight and discovery should reveal how certain aspects of authentic leadership influences specific behaviors and decision-making processes of the leader.

A further discussion of the results of this quantitative analysis will be presented in Chapter 5. Chapter 5 also includes a summary of the overall findings along with recommendations for further research and practice. A final section on implications derived from this study should substantiate this study, its ability to add information to the current knowledge base about AL and its ability to reduce burnout among LMHP leaders.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

LMHP leaders are expected to encounter various challenges in the workplace that may cause this population of leaders to experience burnout. Considering the aging population of LMHP leaders, it will become more difficult to retain competent and qualified staff to provide quality mental health services and lead community mental health organizations. With this anticipated decline in qualified LMHP leaders, CMHCs must identify long-term solutions for combatting burnout, in order to meet the rising demand for cost effective community mental health programs that are capable of maintaining qualified and competent staff (Poulin, Mackenzie, Soloway, & Karayolas, 2008; Rowe, 2000). The rising demand for qualified leaders will prompt organizations to focus on ways leadership can promote a positive organizational environment that is conducive to restoring trust and retention of qualified leadership staff. Because many community mental health workers have lost trust in their leaders, a new authentic type of LMHP leader is needed to restore hope, trust and commitment amongst their fellows.

LMHP leaders who are able to create an environment of trust and respect among their staff are better able to keep staff motivated and vested in achieving organization outcomes of delivering quality mental health services. There is growing evidence that an authentic approach to leading is effective for advancing human enterprise and achieving positive and enduring organizational outcomes in healthcare organizations (Eilam-Shamir & Shamir, 2013; Walumbwa et al., 2010).

Making sense of what it means to be authentic lies in examining the ontological and epistemological frameworks of leadership and how it affects authentic leadership. An

ontological framework refers to the sum total of a leader's beliefs and knowledge expressed as a unified whole. In other words, the ontological framework utilized by an authentic LMHP leader is the primary determinant of that leader's effectiveness. Zafft, Adams, and Matkin (2009) indicated a rigid ontological framework is one of the biggest obstacles to leadership; therefore, being authentic and utilizing an eclectic approach to leadership are best for effecting change among a leader's followers and reducing burnout in this same population of leaders. According to Zaftt (2009), possessing a solid yet flexible epistemological framework capable of culling information from a variety of sources and emphatically expressing and re-communicating that information to others in an organization is a necessary prerequisite for developing an ontological framework suitable for reducing burnout in LMHP leaders.

Avolio and Gardner (2005) and Luthans and Avolio (2003) consider authentic leadership as a root construct that incorporates leadership traits of both the transformational and ethical leader. According to Avolio and Gardner (2005) authentic leaders act in accordance with deep personal values and convictions, to build credibility and win the respect and trust of followers by encouraging diverse viewpoints and building networks of collaborative relationships with followers.

Authentic leaders desire to serve others through their leadership and are more interested in empowering the people they lead to make a difference. Authentic leaders are able to gain a deeper understanding of self and recognize and appreciate individual differences on all levels. True authentic leaders are able to identify the talents and gifts of followers to formulate an empowering and enlightening strength-based following.

Ilies et al. (2005) proposed a four-component model of authentic leadership. In this model, self-awareness, unbiased processing, authentic behavior/acting, and authentic relational orientation are used to define the complex constructs associated with authentic leadership theory. This chapter will begin with a brief overview of the study, its purpose, and its significance. It will state the research questions developed to explore the relationship between authentic leadership (notably its four components) and leader burnout. The researcher will then discuss the various results of the regression analysis in relation to the research questions and to prior research findings, drawing conclusions and making recommendations for further research.

Summary of the Study

The purpose of this this quantitative causal-comparative study was to determine the impact that AL has on burnout in LMHP leaders. The research was conducted through the administration of two quantitative surveys, the Authentic Leadership Questionnaire (see Appendix B) and the Maslach Burnout Inventory (see Appendix C). Mind Garden, the copyright holder of both instruments, granted permission for this researcher to use both instruments (see Appendix C).

To date, most research has not explored how AL can minimize the level of burnout in LMHP leaders, a gap that this study aimed to fill (Eilam-Shamir & Shamir, 2013; Laschinger et al., 2014; Walumbwa et al., 2010). The research approach has been able to determine that Authentic Leadership (AL) and its four components—self-awareness, internalized moral perspective, balanced processing, and relational transparency—has an effect on leader burnout. The study presented seven research questions to achieve its purpose:

RQ1: To what extent, if any, is there a relationship between AL and leader burnout?

RQ2: To what extent, if any, is there a relationship between overall AL and emotional exhaustion?

RQ3: To what extent, if any, is there a relationship between overall AL and depersonalization?

RQ4: To what extent, if any, is there a relationship between overall AL and personal accomplishment?

RQ5: To what extent, if any, is there a relationship between the four subcomponents of AL and emotional exhaustion?

RQ6: To what extent, if any, is there a relationship between the four subcomponents of AL and depersonalization?

RQ7: To what extent, if any, is there a relationship between the four subcomponents of AL and personal accomplishment?

A quantitative method, post positivist framework, and a causal-comparative design were used for this study. The researcher made use of surveys to gather the needed data. The Authentic Leadership Questionnaire (ALQ) was used for the leadership data and Maslach Burnout Inventory for Human Service Professionals (MBI-HSS) was used for the burnout data. The researcher used a short demographic survey to collect other information relevant to the study such as age, gender, education level, and number of years working as a LMHP. The surveys were disseminated through SurveyMonkey® and links were sent via email to 232 participants who were LMHP leaders. The researcher

made use of frequencies, correlation analysis, and regression analysis to answer the research questions.

The theoretical construct of the study indicates that the personal experiences and expectations of the authentic leader cannot be eliminated or ignored. This approach provided an unbiased technique for determining the causes of certain social and psychological behaviors—in this case, the relationship between LMHP leader burnout, authentic leadership, and its four components. Several assumptions guided this research. The first assumption was that the Authentic Leadership Questionnaire and the Maslach Burnout Inventory were reliable tools in obtaining data and quantifying the AL characteristic and level of burnout, respectively. The second assumption was that the participants of the study, LMHPs, understood the questions provided in the survey/questionnaire and that all the information provided by them was reliable with respect to their burnout-related experiences in community mental health centers (CMHCs).

This research substantiated that both the ALQ and MBI are reliable tools for measuring AL in LMHP leaders and levels of burnout in this special population of community mental health workers. It is also safe to infer from the data that these leaders were able to provide reliable and valid information regarding their burnout experiences, making it possible to identify a possible solution.

Summary of Findings and Conclusion

The participants of the study consisted of chief executive officers, executive directors, and clinical directors. All participants were licensed mental health professionals. The descriptive statistics showed that there were a total of 116 (51.1 %)

respondents out of a possible 227 recipients. Most of the participants were female (72.4 %) who are mostly in the age bracket of 51 and higher (47.4 %). Licensed professional counselors (26.7 %) and medical mental health professionals (25.0 %) were the majority of the respondents and most (74.1%) had master's degrees. In addition, 81.9% of the respondents worked full time. The descriptive statistics of the study variables are presented in the previous chapter; however, Table 4.11 indicated that the participants had an average authentic leadership score of 16.84.

Specifically, the AL scores of the sample participants ranged from 11.42 to 20.00, which indicated that the participants had a high representation of authentic leadership traits/attributes. It was also revealed through the leadership burnout scores that the participants experienced moderate burnout due to emotional exhaustion (M=21.82) and low burnout due to depersonalization (M=5.28). Personal accomplishment subscale scores indicated that participants experienced high levels of burnout (M=38.31), which supports the finding that most LMHP leaders experience burnout due to personal accomplishment as compared to emotional exhaustion and depersonalization.

The current study utilized regression analysis in order to determine the relationship among the authentic leadership total scores and the three subscales of leader burnout. Testing of the hypotheses resulted in accepting the alternative hypothesis that there is a statistically significant relationship between authentic leadership and leader burnout with the regression analysis having an output *p*-value below the level of significance of 0.05 for Emotional Exhaustion ($t(5.531)$, $p < 0.001$), Depersonalization ($t(-3.840)$, $p < 0.001$), and Personal Accomplishment ($t(5.531)$, $p < 0.001$). Furthermore the analysis showed that AL has a weak negative correlation (R=0.277, Beta = -1.794)

with Emotional Exhaustion, Depersonalization (*R*=0.338, Beta = -0.958), and a positive correlation with Personal Accomplishment (*R*=0.460, Beta = 0.244).

Demerouti and Bakker (2011) support the findings of the current study by revealing that there is a strong connection between high job demands and emotional exhaustion. When one is an LMHP leader, high demands from work are expected. Thus, burnout due to emotional exhaustion is more likely to happen. These claims are reflected on the findings of the current study. Alternatively, the study of Skovholt and Trotter-Mathison (2011) examined 1,589 doctoral-level licensed psychologists, concluding that there was a moderate to high range of emotional exhaustion among these leaders, thereby supporting the finding that there are significant relationships between AL among LMHP leaders and the depersonalization subscale of burnout.

In the current study, the Transparency sub-component of authentic leadership proved to be the only statistically significant predictor of the Emotional Exhaustion subscale of leader burnout (*t* (-2.126), *p* = 0.036) while Morale (*t*(-0.125), *p* = 0.298), Balanced Processing (*t*(0.682), *p* = 0.497), Personal Awareness (*t*(-0.497), *p* = 0.620) prove to have a statistically insignificant relationship with emotional exhaustion. The transparency subcomponent was seen to have a weak negative correlation with Emotional Exhaustion (*R*=0.340, Beta = -5.491). In relation to these findings, the study of Wong and Cummings (2009) examined healthcare personnel, positing that, through transparency, leaders gain trust from their followers. Gardner et al. (2009) added that, in order to gain trust from the employees, leaders should be transparent regarding their emotions. Thus, the finding that transparency is a statistically significant component of AL is supported in the literature.

The balanced processing ($t(2.556)$, $p = 0.012$) and self-awareness ($t(-2.750)$, $p = 0.007$) subcomponents of authentic leadership proved to be a statistically significant predictor of the Depersonalization subscale of leader burnout while Transparency ($t(-1.587)$, $p = 0.115$) and Moral ($t(-1.956)$, $p = 0.053$) prove to have a statistically insignificant relationship with Depersonalization. Balanced Processing had a positive moderate correlation (R=0.459, Beta = 2.572) with Depersonalization while Self-Awareness had a negative correlation with Depersonalization (R=0.459, Beta = -2.728). According to Ilies et al. (2010), self-awareness and unbiased processing leads to increased self-acceptance and environmental mastery and also helps leaders define their purpose in life. It can be concluded that LMHP leaders that are self-aware and display unbiased processing report lower levels of burnout. The Moral ($t(4.212)$, $p < 0.001$) subcomponent of authentic leadership proves to be the only statistically significant predictor of the Personal Accomplishment subscale of leader burnout while Transparency ($t(-1.007)$, $p = 0.316$), Balanced Processing ($t(0.726)$, $p = 0.469$), and Self-Awareness ($t(1.308)$, $p = 0.194$) were proven to have a statistically insignificant relationship with Personal Accomplishment. The Moral subscale had a positive correlation (R=0.527, Beta = 4.737) with Personal Accomplishment. Conversely, as the moral component of authentic leadership increases the personal accomplishment component of burnout also increases.

The results of the study provided interesting observations in evaluating and understanding the relationship between authentic leadership and leader burnout. The statistical procedures allowed the researcher to reject all seven of the null hypotheses presented in the study and the findings were in line with expectations. In this section, the

research questions are discussed in relation to the literature provided in the study as well as the theories that help us understand the relationship between AL and leader burnout. Each research question is presented and integrated to make sense of how authentic leadership and its components can affect leader burnout.

The findings showed that there was a significant relationship between authentic leadership and leader burnout for all three subscales—emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion and depersonalization had a negative correlation with authentic leadership. This means that the higher one's authentic leadership, the lower the burnout due to emotional exhaustion and depersonalization. This result is in line with the expected outcome that an authentic kind of leadership can help reduce the levels of burnout in LMHP leaders. Other researchers have studied the relationship between leadership style and level of burnout, and the current literature supports the belief that the type of leadership used by leaders influences the level of burnout they experience (Skakon et al. 2010).

Transformational leadership, a well-researched leadership modality, is said to be an effective construct for minimizing burnout (Oreg & Berson, 2011). This is attributed to its positive approach where negative relationships are avoided along with emotional exhaustion and depersonalization. While transformational leadership may be related to authentic leadership, these two forms of leadership differ in many ways. Authentic leadership, according to Walumbwa et al. (2011), focuses on building credibility by making use of deep personal values and convictions as well as building relationships with followers. This kind of authentic leadership incorporates the transformational and ethical

traits necessary for minimizing levels of burnout in LMHP leaders (Avolio, 2013; Walumbwa et al., 2011). .

There was a significant relationship between the self-awareness component of authentic leadership and LMHP leader burnout. Of the three subscales of leader burnout, self-awareness had a significant relationship with depersonalization. The relationship between the other two variables was negative, which means that the more aware an individual was in terms of strengths and capabilities (Spitzmuller & Ilies, 2010), the less likely he or she was to experience burnout due to cynicism. Confident individuals who have self-awareness (Walumbwa et al., 2010) of their capabilities are able to think more rationally and from a positive perspective. Ilies et al. (2010) stated that, with increased self-awareness, a person's level of self-acceptance increases as well. With this, leaders are less likely to think negatively because they are more aware of their assets and limitations. With this self-awareness, the leader is more inclined to avoid burnout and, as such, remain satisfied with his or her current position within the CMHC.

The result showed that there was a positive correlation between the internalized moral perspective component of authentic leadership and reduced personal accomplishment. Increasing the level of internalized moral perspective of a leader increases the level of burnout due to personal accomplishment. While little is known about this positive association, one of the possible reasons for this correlation could be that, as leaders become more rigid regarding their own work performance, the propensity for burnout due to overcompensation or unrealistic expectations is more probable. In some cases, there are duties that leaders have to perform, which go against their personal belief systems that, in turn, prompt frustration and burnout. Walumbwa et al. (2008)

contended that leaders who demonstrate internalized moral perspective believe in accordance with their actions and make decisions based on their own core beliefs and ideologies. Given the obvious impact of burnout on LMHP leaders, increasing the knowledge base on the relationship between internalized moral perspective and its effect on LMHP leader burnout is critical to the identification of a long-term burnout solution.

The relationship between balanced processing and the depersonalization component of leader burnout resulted in a positive statistical association. This means that, as the balanced processing component of authentic leadership increases, burnout due to depersonalization increases. When there are too many opposing views among leadership, it is harder to find common ground to make the best decision for the organization and its staff. According to Walumbwa et al. (2008), balanced processing occurs when the authentic leader objectively analyzes all relevant information before deciding on an outcome. This finding contradicts the literature as a study conducted by Skakon et al. (2010) determined that the effect was positive when employees were involved in decision making with regards to organizational matters as well as matters involving themselves. A conclusion that can be drawn from the results of this study, specifically as it relates to the relationship between LMHP leader balanced professing, is that, when leaders engage in balanced processing of information instead of making abrupt decisions, followers are more inclined to place trust in their decision making and their abilities to lead the organization as reflective and authentic practitioners. This newfound trust and confidence, if implemented consistently, can lead to the minimization of leader burnout over time.

Emotional exhaustion is significantly predicted by transparency. The relationship between these two variables is a weak negative correlation. As the transparency of a leader increases, the leader's level of burnout due to emotional exhaustion decreases. Skakon et al. (2010) discussed that the attitude of a leader has a direct relationship with leader burnout. Given this, adopting a positive attitude toward work, and being transparent and consistent in one's actions can greatly reduce burnout.

Implications

Results of the present study confirmed the validity of the model of AL proposed by Walumbwa et al. (2008) in its ability to reduce burnout in LMHP leaders. This study has several strengths associated with the empirical evidence it provided for the relationship between AL and leader burnout. The findings from this study suggest that community mental health workers who work for LMHP leaders who are authentic in their approach to leadership may also experience lower burnout and produce better outcomes for the organization and the consumers receiving services. This study demonstrated the validity and reliability of both study instruments used: the ALQ and the MBI. However, the results of this study are generalizable to LMHP leaders in Georgia but not to other professional leaders in the healthcare industry.

Theoretical implications. Theoretically, the researchers' consensus is that, in order for authentic leadership to take place, self-awareness, balanced processing, authentic action and relational transparency must be present (Kernis, 2003; Shamir & Eilam, 2005). Although many conceptualizations of authentic leadership theory exist, there are some foundational components that emerge from the research conducted on AL: (a) an authentic individual is true to oneself, (b) self-awareness is a key component of

authenticity, and (c) a strong correlation exists between authenticity and moral leadership. As presented in Chapter 2, it is clear that burnout is a multidimensional phenomenon that, more often than not, affects healthcare professionals. Job demands, work environment, and lack of coping skills are considered as main drivers of burnout. The literature review conducted for this study indicated that the application of specific leadership styles influenced the health and well-being of the leaders who practiced those leadership styles and suggested that authentic leaders could create working environments that reduced the likelihood of burnout in their staff.

Practical implications. By definition, authentic leadership is a positive moral perspective that is characterized by high ethical standards, which helps to guide efficient and effective decision-making in leaders (Walumbwa, et. al, 2008). The main goal of authentic leadership is to understand what promotes positive development in leaders and followers. Practically, as leaders become more authentic, followers are better able to trust their leaders, and as a result, openness and honesty will promote an environment where internalized moral prospective fosters transparency, which is a key component of the AL construct. With this knowledge, LMHP leaders should be able to minimize burnout in themselves as well as among their followers. By authentically promoting positive development and fostering a work environment, LMHP leaders can encourage longitudinal success both organizationally and personally.

Future implications. As discussed in Chapter 2, the literature showed positive correlations among self-awareness, self-regulation, self-efficacy, and internal locus of control all of which helped to form the model of the authentic leader (Berry & West,

1993; Read & Laschinger, 2013). Future research might be well served by taking a deeper look at how authenticity affects leadership and decision-making.

Future studies should focus on practical methods by which leaders can become more authentic as they transition in the organization into leadership positions. It is still unknown what exercises or educational approaches are best suited to instilling authenticity in learners. The extant literature provides only a cursory analysis of the traits associated with authentic leadership. Future studies should comprehensively investigate these characteristics and assess their effects on burnout and other aspects of employee and leader health.

Recommendations

As proposed by Walumbwa et al. (2008), AL is a pattern of behavior that draws upon positive psychological capacities and positive ethical climates that foster greater self-awareness and balanced moral perspective. The findings of this study and the supporting literature review solidified the need for additional research into the AL leadership construct. Knowing how AL affects organizations can provide a basis for the development of training programs that target better outcomes financially and clinically, although the onus will still be on leaders to model the balanced processing, moral transparency, and self-awareness at individual level.

Recommendations for future research. This study was intended to shed light on AL as a model for alleviating stress and burnout of LMHP leaders. Given the limitations and delimitations of this study, the researcher makes the following recommendations for future research:

1. More research is needed to verify which traits of AL have significant and stronger effects at individual and organizational levels.
2. Qualitative studies of current and past authentic leaders are needed to identify and their most effective qualities associated with AL.
3. As AL development is a lifelong process, leadership training programs should be created to promote self-awareness, enhances unbiased processing, authentic action, and relational transparency.
4. Future research should expand the scope of this study to include other subordinate staff in the community of mental health workers, who also are at risk of experiencing burnout.
5. Future studies should develop the moral component of Authentic Leadership.
6. Due to the timeframe of this study, the researcher was able to neither conduct a pilot study on the demographic questions nor crosscheck the answers of the respondents through a second survey. Therefore, in future studies it is recommended that a pilot study be done on the demographic questions and a crosscheck on the respondents' answers.

Since authentic leadership is still in its early stages of development, it is paramount that more research be conducted that will allow for greater awareness about this construct within practice and/or application. Future research should utilize a different instrument to capture burnout data. An instrument such as the Oldenburg Burnout Inventory would be effective in collecting burnout data and could potentially answer the overarching research question of the relationship between AL and LMHP leader burnout. Additionally, a qualitative study would also answer specific questions about leaders'

personal experiences with AL implementation, which would be instrumental in advancing the knowledge base about solutions for eradicating or minimizing burnout in LMHP leaders and other community mental health professionals.

Recommendations for practice. Inspired by the findings of this study, the researcher makes the following recommendations for practice:

1. Organizational training programs should specifically educate and teach leaders and their staff about the four components of AL (self-awareness, balanced processing, authentic action and relational transparency) with specific emphasis placed on individual implementation.
2. Studies in other settings such as hospitals, psychiatric centers, and residential treatment facilities should determine whether burnout could be reduced in these leaders and staff persons when AL is implemented properly.
3. Educational seminars should focus on AL and each of the four constructs: self-awareness, balanced processing, authentic action, and relational transparency, eliminate and minimize burnout.
4. Focus groups should be held that encourage self-awareness and self-reflection in a group and individual setting. An organizational psychologist or trained professional counselor or social worker should facilitate these groups with experience working with employee assistance matters.
5. Training programs that are specifically designed to teach LMHP leaders how to think critically and make better decisions should address the balanced processing component of AL. Development of decision making workshops is paramount for minimizing burnout in LMHP leaders.

6. Ongoing trainings that are designed to change the organization's culture should specifically address transparency in leaders and followers should be held on an ongoing basis.
7. Lastly, because the Moral component was so important, training programs should enhance leaders' moral development, as these training programs will have the most significant effect on minimizing burnout.

Many professionals in the healthcare industry would benefit from reading this study and implementing comparable AL training programs in their facilities. Trainer programs should be developed that teach individuals how to properly encourage others to embrace the tenets of AL. This construct may become increasingly popular as followers demand leaders who are authentic, sincere, and trustworthy.

In closing, the results of this study supported the AL theory and prior research, and indicated that, the more authentic leaders are, the less likely they are to experience burnout. This study added to the relatively few studies linking authentic leadership practices with burnout minimization. The results of this study added new knowledge of how intrapersonal resources such as balanced processing, internalized moral perspective, and transparency could influence burnout and its effects on LMHP leader health and overall job satisfaction. This study's findings also supported the notion that building AL skills among LMHP leaders would be instrumental in retaining qualified LMHP leaders to deliver quality mental health services in CMHCs.

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Appendix A

Informed Consent

Dear Study Participant,

My name is Warrick Stewart, and I am a doctoral student at Grand Canyon University completing my Doctorate of Education in Organizational Leadership.

I would like to invite you to participate in a research study. The purpose of the research is to explore the relationship between authentic leadership and burnout of Licensed Professionals working in Community-Based Mental Health Facilities in Georgia.

The two-fold purpose of this form is to provide you, as a prospective research study participant, information that may affect your decision as to whether to participate in this research and to record the consent of those who agree to be involved in the study.

The study consists of three questionnaires. First is a section of seven demographic questions. Second is a 16-question authentic leadership questionnaire. Third is a short survey on burnout.

Participation in this study and completion of the questionnaire will cause no significant risks or discomforts to the research participants. The anonymity and confidentiality of all responses is strictly assured. The results will be used only for the purpose of my dissertation research.

There will be no direct benefits for you or your employers' involvement in this study. However, your participation and input would help identify attributes of leadership that have the potential to reduce burnout of CBMH licensed professionals. The research findings will serve as a basis for recommendations for leadership guidance and training that may affect the quality of interaction between mental health leaders and subordinates, increase staff satisfaction, and decrease staff burnout and turnover.

Taking part in this study is voluntary. This survey will take only 10 minutes of your time. By completing this online questionnaire, you agree to take part in this research study. If you do choose to participate, your complete and honest responses to the survey are crucial for the validity of the research.

You do not have to answer any questions that make you uncomfortable and you may discontinue your participation in the survey at any time. You may choose not to take part at all. All survey results are anonymous and confidential, and only the researcher will have access to the data. No names or personal information will be disclosed, and all findings will be reported at the aggregate level, with no reference to individual participants.

There is no penalty if you decide not to participate in this study. The participants' email addresses will be captured for the purpose of entry into a drawing for a $150.00 gift card to Amazon. The list of participants' email addresses will be separated from the dataset as soon as the survey is completed in order to permanently remove identifying information from the data file and thus guarantee the anonymity of the information.

Any questions you have concerning the research study or your participation in the study, before or after your consent, may be addressed to Warrick T. Stewart, MS, CRC, LPC, Ed.D. Candidate, at Grand Canyon University, Phone 404-388-8161 or e-mail wstewart1@my.gcu.edu or to my Dissertation Chair, Dr. Amy Hakim at amy.hakim@my.gcu.edu.

Your agreement is required in order to move onto the survey. Please check the "Yes" or "No" options provided under the following statement.

Thank you,
Warrick Stewart

I agree to the terms above and would like to participate in the survey.

Yes
No

Appendix B

Authentic Leadership Questionnaire

Example Items and Scale for the Authentic Leadership Questionnaire

Instructions

The following survey items refer to your leader's style, as you perceive it. *Judge how frequently each statement fits his or her leadership style using the following scale*:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

Leader						
1.	**says exactly what he or she means**	**0**	**1**	**2**	**3**	**4**
6.	**demonstrates beliefs that are consistent with actions**	**0**	**1**	**2**	**3**	**4**
10.	**solicits views that challenge his or her deeply held positions**	**0**	**1**	**2**	**3**	**4**
13.	**seeks feedback to improve interactions with others**	**0**	**1**	**2**	**3**	**4**

Appendix C

Maslach Burnout Inventory Questionnaire

Maslach Burnout – Sample Human Services Survey Form

The purpose of this survey is to discover how various persons in the human services, or helping professionals view their job and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey, please think of these people as recipients of the service you provide, even though you may use another term in your work.

Please read each statement carefully and decide if you ever feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

How often:

0	1	2	3	4	5	6
Never	**A few times a year or less**	**Once a month or less**	**A few times a month**	**Once a week**	**A few times a week**	**Eve ry day**

1.	**I feel depressed at work.**
2.	**I have accomplished many worthwhile things in this job.**
3.	**I don't really care what happens to some recipients.**

Appendix D

Demographic Questionnaire

1. Participant's numerical ID: …

2. What type of professional license do you possess?
    - o Licensed Professional Counselor
    - o Licensed Master Social Worker
    - o Licensed Clinical Social Worker
    - o Licensed Marriage Family Therapist
    - o Licensed Psychologist
    - o Other

3. Gender
    - o Male
    - o Female

4. Age: …

5. How many years have you been licensed? …

6. Highest level of Education
    - o Bachelor's Degree
    - o Master's Degree
    - o Doctoral Degree

7. Current Employment Status
    - o Full Time
    - o Part Time
    - o Contract

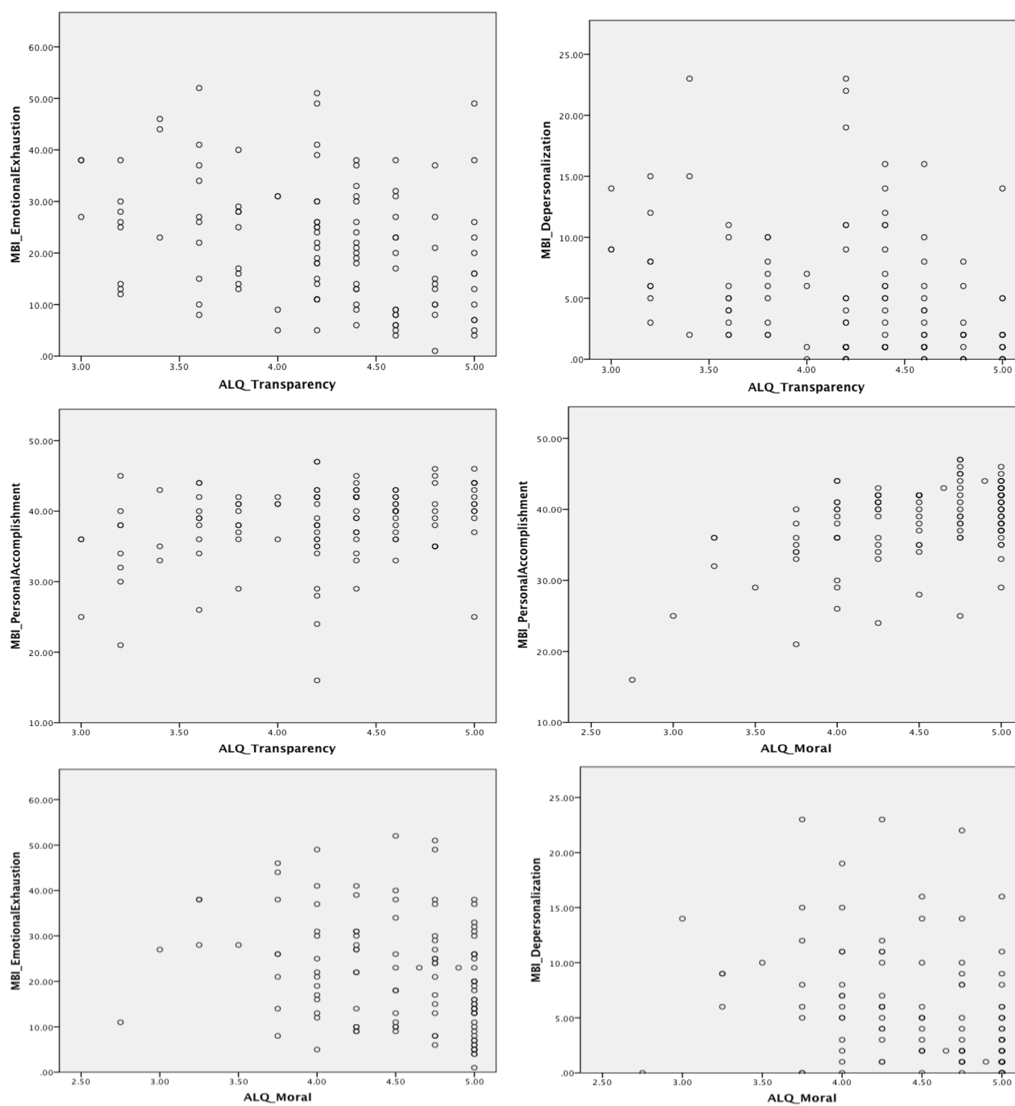
8. Average number of hours worked weekly providing administrative work: …

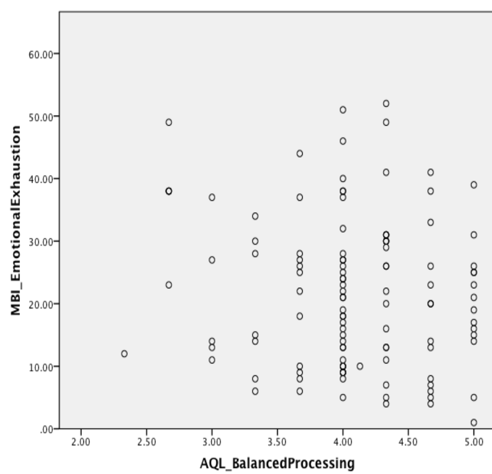
9. Average number of hours worked weekly providing clinical work: …

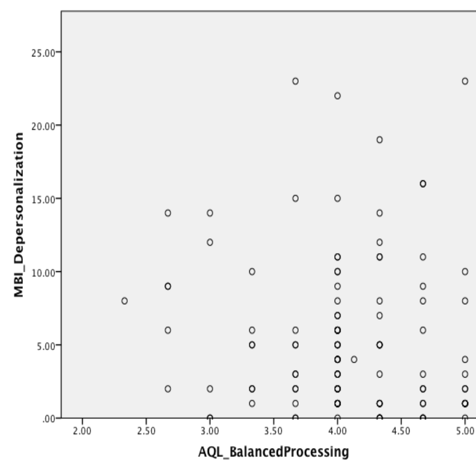
10. Average number of hours worked week providing leadership-related functions: …

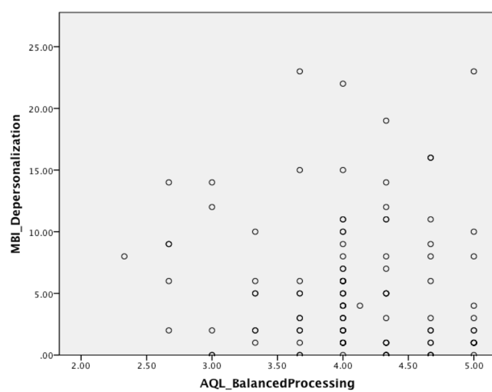
Appendix E

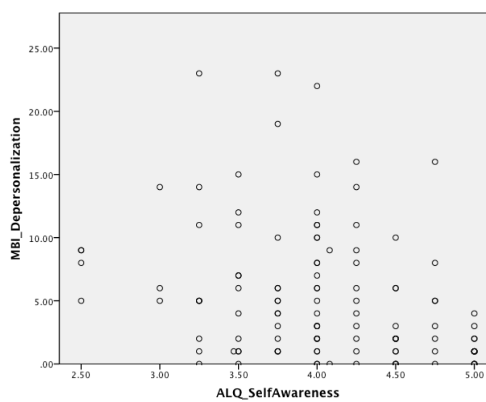
Scatterplot of Outliers

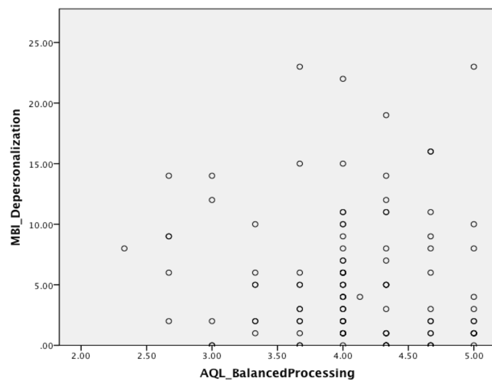


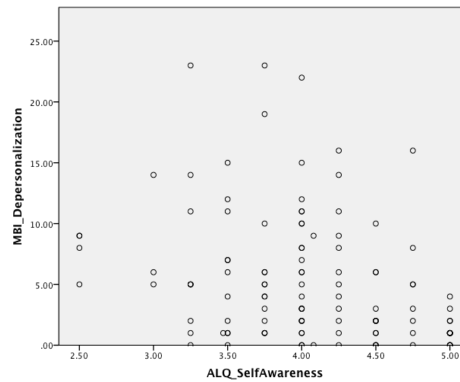

MBI_EmotionalExhaustion
AQL_BalancedProcessing


MBI_Depersonalization
AQL_BalancedProcessing


MBI_Depersonalization
AQL_BalancedProcessing


MBI_Depersonalization
ALQ_SelfAwareness


MBI_Depersonalization
AQL_BalancedProcessing


MBI_Depersonalization
ALQ_SelfAwareness

Appendix F

IRB Approval Letter – Grand Canyon University

GRAND CANYON
UNIVERSITY™

3300 West Camelback Road, Phoenix Arizona 85017 602.639.7500 Toll Free 800.800.9776 www.gcu.edu

DATE:	July 11, 2014
TO:	Warrick Stewart, BS, MS
FROM:	Grand Canyon University Institutional Review Board
STUDY TITLE:	[538863-1] Authentic Leadership as a model for reducing burnout in Licensed Mental Health Professional Counselors in Georgia
IRB REFERENCE #:	
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
APPROVAL DATE:	July 11, 2014
EXPIRATION DATE:	July 11, 2015
REVIEW TYPE:	Expedited Review
REVIEW CATEGORY:	Expedited review category # 7.7

Thank you for your submission of New Project materials for this research study. Grand Canyon University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.

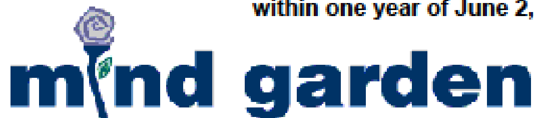
Generated on IRBNet

Appendix G

Authentic Leadership Questionnaire Permission Letter

For use by Warrick Stewart only. Received from Mind Garden, Inc. on June 2, 2014

Permission for Warrick Stewart to reproduce 1 copy
within one year of June 2, 2014



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To whom it may concern,

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Instrument: ***Authentic Leadership Questionnaire***

Authors: ***Bruce J. Avolio, William L. Gardner, & Fred O. Walumbwa***

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Three sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

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Sincerely,

Robert Most
Mind Garden, Inc.
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Appendix H

Maslach Burnout Inventory – Permission Letter

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Instrument: ***Maslach Burnout Inventory, Forms: General Survey, Human Services Survey & Educators Survey***

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