

**Perceived Moral Distress in Counseling Supervision: An Examination of Role
Conflict and the Supervisory Working Alliance**

by

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Abstract

The purpose of the current research study was to investigate the relationship between the supervisory working alliance and the supervisee's experience of role conflict. Both quantitative and qualitative methods were used. Individual characteristics of the supervisor and supervisee were examined to determine if these had an influence on role conflict among supervisees. Additionally, this study sought to examine the presence of moral distress in the supervisory relationship and how it might also correspond with role conflict and the supervisory working alliance. Participants ($n = 60$) for this study were from a national sample of supervisees and supervisees-in-training recruited through a counseling listerv and through targeted emails. A major finding in the study was that when role conflict is present the supervisory working alliance suffers. In addition, results indicated that the supervisor's years of counseling experience influence the supervisee's experience of role conflict. Supervisees who were employed experience more role conflict than students, while students in internship experience more role conflict than practicum students. Supervisees who were employed and being supervised by their employer experienced more role conflict than those who were being supervised for licensure. Additionally, the qualitative results from this study indicated that when moral distress is present, role conflict increases and satisfaction with the supervisory alliance decreases. It was found through qualitative analysis that moral distress is tied to ethical

decision-making. Limitations, implications for the counseling profession, and needs for further research were also discussed.

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CHAPTER 1

Introduction

Supervision is used in the helping professions to assist in training individuals to enter the profession. It is hierarchical (Bernard & Goodyear, 2014) and relationship based and aims to manage, support, evaluate, and help the supervisee in his or her development (Milne & Watkins, 2014). The supervisee is expected to learn skills and gain understanding from the supervisor that will prepare him or her for conducting therapy independently (Korinek & Kimball, 2003). Through this process the quality of the supervisee's work, client relationships, personal development, professional practice, and the overall profession are improved (Hawkins, Shohet, Ryde, & Wilmot, 2012).

The relationship that is created between the supervisor and supervisee is the primary way in which satisfaction with supervision occurs (Cheon, Blumer, Shih, Murphy, & Sato, 2009). This relationship is typically referred to as the supervisory working alliance, which focuses on mutual agreement of goals, tasks and bond (Bordin, 1983). The working alliance is believed to be one of the most important elements of the process and vital to the development of the supervisee (Watkins, 2014). Unfortunately, this relationship is not always ideal and it has been suggested that the supervisory relationship is one that is easier to weaken than strengthen (Ladany, 2014), and sometimes this weakening is permanent (Gray, Ladany, Walker & Ancis, 2001).

The supervisory relationship is evaluative and didactic and is most often involuntary (Ladany, 2014), which can set the stage for a variety of problems. One of

these problems is role conflict, which results when supervisees are expected to act in opposing ways, such as being expected to display both competence and reveal weakness (Olk & Friedlander, 1992). When role conflict is present, anxiety and dissatisfaction that are also present can hinder a supervisee's learning (Ladany & Friedlander, 1995).

Supervisees usually refrain from challenging their supervisors (Friedlander, 2015) and these feelings of dependence on the supervisor may also make supervisees vulnerable to emotional or sexual exploitation (Nelson & Friedlander, 2001).

Moreover, the disparity in power may mean supervisees feel conflicted or challenged when there is a conflict pertaining to ethical or moral behavior. Specifically, they may experience moral distress (Nuttgens & Chang, 2013), which occurs when one is required to act in a way that is against one's own beliefs or values (Austin, Kagan, Rankel, & Bergum, 2008). In both role conflict and moral distress, there is an inability to act on what is believed to be the correct moral choice, often due to the limited power of the supervisee. This sense that one does not have the ability to alter the course of events often results in feelings of outrage and distress (Jameton, 1993).

Supervision

Although supervision in some form or another has been around for thousands of years (Bernard & Goodyear, 2014), in the counseling profession it is relatively new. It has only been since 1990 that standards were published by the Association for Counselor Education and Supervision (ACES), acknowledging it as an area of specialty and requiring training and credentialing (Borders, Glosoff, Welfare, Hays, Dekruf, Fernando & Page, 2014). Due to the intricacies of the helping professions, society has permitted professionals to regulate themselves (Bernard & Goodyear, 2014). Therefore, supervision

exists to teach the needed skills of the profession, teach the values and ethics, protect clients, and screen supervisees' knowledge for entry into the profession (Bernard & Goodyear, 2014).

Supervision has been described as an intervention process in which a supervisor, who is considered the more senior professional, provides direction and evaluation to a supervisee who is considered the more junior professional (Bernard & Goodyear, 2014). Researchers agree that this relationship is evaluative, focuses on both the supervisee and the client, on improving the quality of work and is hierarchical (Bernard & Goodyear, 2014; Hawkins, et al., 2012). The process of supervision also serves to develop the supervisee's abilities as a professional while discerning the quality of services that the junior professional offers to clients. The supervisor, being the more senior of the two, is also responsible for professional gatekeeping (Bernard & Goodyear, 2014; Hawkins, et al., 2012). Supervision is vital for the development of counselors-in-training and possibly the most important way that the fundamental skills and knowledge of therapy is taught (Angus & Kagan, 2007; Ramos-Sanchez, Esnil, Goodwin, Riggs, Touster, Wright, Ratanasiripong & Rodolfa, 2002; Watkins, 2014). Friedlander (2015) states that the most important task of supervision is to teach supervisees how to best respond to their clients (Friedlander, 2015), while Borders (2014) states that protecting the clients' welfare is the most important job of a supervisor (Borders, 2014).

In the counseling profession, supervision is required of all students who seek to enter the profession. They receive supervision as part of their practicum and internship experiences while still in school. For many students supervision continues after graduating as part of the licensure process. In the United Kingdom all therapists

accredited by their credentialing body continue to participate in supervision for the duration of their career (Wheeler & Richards, 2007). The supervisory process is also dictated by ethical and professional practice standards (Association for Counselor Education and Supervision, 1993; Council for Accreditation of Counseling and Related Educational Programs, 2016) that outline the critical elements of both the supervisory process and relationship (Borders, et al., 2014). Supervision is considered an essential element of developing and preparing counseling professionals (Bernard & Goodyear, 2014).

Supervision serves many purposes related to counselor training and counseling practice. Supervision is vital for upholding the standards set by the counseling profession and preparing competent counseling professionals (Falender & Shafranske, 2014; Holloway & Neufeldt, 1995). Through the process of supervision the supervisee can be provided support to deal with ethical and counseling dilemmas that might be encountered (Thomas, 2014; Wheeler & Richards, 2007). Supervision is considered a critical element of the training and development of the supervisee. Moreover, it exists to protect the client (Hawkins et al., 2012). The supervisor is a professional, teacher, model and guide to help the supervisee develop the skills necessary to be a therapist (Hawkins et al., 2012; Ramos-Sánchez, et al., 2002). It is through the supportive relationship of the supervisory alliance that supervisees can begin to explore the process of counseling and become independent practitioners (Angus & Kagan, 2007; Pistole & Watkins, 1995). Through the relationship with a supervisor who helps the supervisee conceptualize, they begin to make progress toward becoming a more autonomous counselor. Supervision, therefore, is vital for the development of this autonomy with the goals of supervision to be

accomplished through the formation of a positive relationship between supervisor and supervisee (Cheon, et al., 2009).

Supervisory Working Alliance

The relationship between supervisor and supervisee continues to be the most important element of the process, typically referred to as the supervisory alliance (Watkins, 2014). The supervisory working alliance, which was conceived by Bordin (1983) to describe the components that make the supervisory relationship effective, is thought to be central to productive supervision (Watkins, 2014). The supervisory working alliance includes three parts, which are identified as: the bond between the supervisor and supervisee, which centers around the relationship that is formed which is built on trust and positive feelings for each other and is needed to make supervision effective; mutual agreement of the goals that are decided on by supervisor and supervisee, and the tasks required of each person in order to accomplish the goals (Bordin, 1983). It is through the creation of this alliance that these important tasks of supervision take place (Cheon et al., 2009).

Supervision is vital for the development of the supervisee, so that they may increase their skills in working with clients, thereby increasing the supervisee's ability to assist clients toward more positive outcomes (Angus & Kagan, 2007). The establishment of a trusting relationship appears to increase the confidence of the supervisee allowing him or her to stretch themselves in the way that they respond and in the techniques that they are willing to try (Angus & Kagan, 2007). An effective supervisory relationship provides a safe environment for the supervisee to disclose concerns related to their own deficits and allows for skills to evolve over time (O'Donovan & Kavanagh, 2014). In

addition to assisting the supervisee with the development of skills, techniques, and conceptualization, the supervisor can also assist in the development of the supervisee's theoretical orientation to counseling (Stoltenberg & McNeil, 2010). When the supervisor develops a relationship with the supervisee this then serves as a model for how the supervisee can create a similar relationship with a client (Guiffrida, 2015). This modeling is another reason that the formation of an effective relationship between the supervisor and supervisee is of vital importance.

Supervision should also provide the opportunity for supervisees to challenge feelings they may experience as counselors and in the supervisory relationship (Hawkins et al., 2012). A supervisor needs to be able to recognize these dynamics and modify his or her practice to assist the supervisee with these challenges (Nelson et al., 2008). Early in supervision when the supervisee has not yet learned how to handle or respond appropriately to a difficult situation, the supervisor might have to be more direct and challenge blind spots or behavior that is unethical to keep harm from occurring (Hawkins et al., 2012). A supervisory relationship that allows the supervisee the opportunity to know and examine his or her feelings has been found to be important in the development of a positive working alliance and important for the supervisee to be able to effectively engage in the process (Parcover & Swanson, 2013).

Supervision also provides the opportunity for beginning counselors to consider the impact of their actions and decisions in the counseling process. This also involves considering the unintended consequences of their actions (Hawkins et al., 2012). This requires that supervision provide a space for anxiety and reactivity to be examined before action occurs (Hawkins et al., 2012). Supervisees need a space to share their doubts and

fears. Thus it becomes the responsibility of supervisors to provide the space for which this can occur (Friedlander, 2015). Supervisors are expected to understand that resistance and anxiety are typical responses that come from learning new skills and should be handled in ways that assist the supervisee's growth and development (Borders, 2014). This is a difficult and challenging dynamic to create in the supervisory relationship.

One aspect of the supervisory process that makes all of this challenging is that an inherent component of supervision is evaluation (Bernard & Goodyear, 2014; Nelson et al., 2008). The evaluative component, which the supervisee remains aware of, can make developing trust and being open in the supervisory process difficult for both the supervisee and supervisor. It places even more strain on the supervisory relationship and development of an alliance (Bordin, 1983; Nelson, Barnes, Evans, Triggiano, 2008). The evaluative nature of the supervisory alliance can create an environment in which ruptures are likely to occur (Friedlander, 2015). Ruptures in supervision are distinguished by events that create negative reactions to supervision or concern over undesirable evaluations in supervision or both (Burke, Goodyear & Guzzard, 1998). Supervisors should be aware that conflict is an expected part of the supervisory process and be able to manage it productively (Borders, 2014). Supervisors should also be able to acknowledge when they have made mistakes within the supervisory relationship and thereby model self-correction, which supervisees can take into their own work with clients to repair ruptures that might occur (Friedlander, 2015).

However, it is often difficult for supervisees, who remain aware of being evaluated, to open up and become vulnerable during supervision (Hawkins et al., 2012). This focus on evaluation of their skills and growth might cause supervisees to rate

supervision experiences less positively than their supervisors' rate the same supervisory experience (Parcover & Swanson, 2013). Open communication, from the beginning of the supervisory relationship, that clearly defines and explains the alliance in an effort to create comfort with the evaluative nature of the relationship and produce a strong working alliance, is needed (Parcover & Swanson, 2013). It is advised that focusing on the personal issues of the supervisee too early in the supervisory relationship could damage the sense of trust and negatively impact the development of a positive supervisory alliance (Angus & Kagan, 2007).

In their examination of supervisory dyads, Parcover and Swanson (2013) found that the content of supervisory interactions was less important than the process, meaning that supervisees most often focus on how they interacted with their supervisor rather than what their interaction was about. One of the dyads studied struggled to find an approach to supervision that was effective. However, both participants rated the alliance positively. This suggests that the quality of their alliance and the nature of how they interacted were important even when addressing challenging issues. From the beginning they worked together to address concerns in a constructive manner and supported each other in the process. However, when they did not communicate openly about issues, the alliance suffered. When the alliance was strained they worked on open communication, which increased the working alliance. This suggests that maintaining a strong working alliance can help supervisors address developmental challenges (Parcover & Swanson, 2013).

Strong supervisory relationships appear to contribute to better learning experiences, a better usage of time and reports of greater happiness with the supervision and the counseling process (Parcover & Swanson, 2013). Fundamental to the quality of

the supervisory experience is the cooperative nature of the alliance. Supervisor and supervisee agreement on tasks, goals and bond is essential for a healthy working alliance (Parcover & Swanson, 2013). Supervisors are responsible for encouraging the relationship to be collaborative (Rousemaniere & Ellis, 2013). Findings from Rousemaniere and Ellis (2013) indicate that collaborative supervision can be used to strengthen the supervisory alliance. Effective supervision includes supervisees experiencing an atmosphere that is safe and secure, which includes empathic understanding so that ideal learning can occur in supervision (Angus & Kagan, 2007).

In addition, a review of supervisory alliance research details the variables that are linked to supervisory alliances that are positively rated. These include, but are not limited to, positive counseling efficacy, higher rates of self-disclosure, higher supervision and job satisfaction, compatibleness in supervision, and more favorable perceptions of supervisor ethical behavior (Watkins, 2014).

Livni, Crowe and Gonsalvez (2012) found that job satisfaction and wellbeing were enhanced and burnout levels decreased when a positive supervisory alliance was reported in individual supervision. However, when supervision was considered without the supervisory alliance, this was not the case, suggesting the time spent nurturing the relationship should be considered a priority (Livni et al., 2012). Another variable related to positive supervisory alliances is higher rates of self-disclosure by the supervisor. Findings indicate that supervisor self-disclosure positively impacts the supervisory working alliance, particularly when the disclosures were related to similar concerns that the supervisee was facing, past or present experiences that the supervisor faced or success and failure experiences of the supervisor (Davidson, 2011). A stronger supervisory

alliance was reported by supervisees who believed their supervisor to be acting in accordance with ethical guidelines (Ladany et al., 1999). In addition, unethical behavior is reported less frequently by supervisees who are satisfied with supervision (Ladany et al., 1999).

Watkins (2014) also identified the variables that appear to correlate to a negative supervisory relationship. There are also variables that correlate to a negative supervisory relationship including higher rates of emotional fatigue and burnout, increased role conflict, and increased frequency of perceptions of negative supervisor behaviors (Watkins, 2014). These variables highlight the underlying issues in supervision that might contribute to harm for the supervisee and ultimately the client.

There are a variety of ways that these negative supervisor behaviors impact the supervisee. Supervisees often became reluctant to share information and came to view supervision as meeting a requirement rather than being internally motivated (Bang & Goodyear, 2014). Negative attitudes toward supervision often develop as a result of negative events in supervision taking place and are often accompanied with cognitive blocking, negative emotions and mental withdrawal (Bang & Goodyear, 2014). Role conflict is another variable related to negative supervisory relationships. Role conflict often results in supervisees withdrawing from the supervision process, feeling unsafe, powerless, fearful and stressed (Nelson & Friedlander, 2001). However, a positive supervisory alliance aids in reducing the impact of conflict (Cheon, et al., 2009). Bernard and Goodyear (2014) caution that signs of burnout be considered as “feedback to the supervisor rather than *about* the supervisee” (p. 135) indicating the importance of providing a structure for the supervisee. Understanding the variables or issues that may

harm the supervisory relationship is essential for supervisory training.

Challenges in the Supervisory Process

The importance of the working alliance has been clearly established in counseling supervision. This relationship can foster development, counseling competence, and professional growth (Bernard & Goodyear, 2014). However, there is also research to suggest that in some instances problems or challenges in the supervisory relationship can be detrimental to supervision and the development of the supervisee (Ellis, Berger, Hanus, Ayala, Swords & Siembor, 2013; Gray, Ladany, Walker, & Ancis, 2001).

While empathy may be the cornerstone of effective supervision, lack of empathy can clearly weaken the alliance (Ladany, 2014). In addition to lack of empathy, Ladany (2014) discusses other ways that supervisors contribute to supervision failure. He lists ten items that contribute to failure, some of these are: belittling the supervisory relationship, lack of multicultural sensitivity, unethical behavior, using subpar evaluation methods, treating your supervisee as if they are your therapist and crossing dual relationship boundaries (Ladany, 2014). Many of these behaviors can damage the supervisory alliance. Ellis et al. (2013) attempted to clearly define inadequate and harmful supervision in order to provide a framework for studying and understanding the topic.

They defined inadequate supervision as:

when the supervisor is unable, or unwilling, to meet the criteria for minimally adequate supervision, to enhance the professional functioning of the supervisee, to monitor the quality of the professional services offered to the supervisee's clients, or to serve as a gatekeeper to the profession. (p. 439)

Paralleling these elements, harmful supervision has been defined as “supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee” (Ellis et al., 2013, p. 440). Both inadequate and harmful supervision can be self-identified or be identified by what is lacking even if it is not apparent to the supervisee. However, there is a consensus that for supervision to be considered harmful two components must be present. These two components are (1) that genuine harm was done to the supervisee as a result of the action or inaction of the supervisor and (2) even if the supervisee does not identify the behavior as harmful, the supervisor’s behavior is known to be harmful (Ellis et al., 2013). Supervisees are often unaware of what is expected of supervisors and their rights as supervisees, which may contribute to their inability to identify when they are receiving inadequate or harmful supervision (Ellis, et al., 2013). In addition, the power differential that exists between supervisor and supervisee may decrease the likelihood of the supervisee standing up for him or herself (Thomas, 2014).

Ellis et al. (2013) illustrated this in their research. Their study focused on the frequency of inadequate and/or harmful supervision. The results indicated among participants 93% of the supervisees stated that they believed they were receiving inadequate supervision, while 96.3% had at some time in their career received inadequate supervision. It was also discussed that as many as 35.3% of participants were receiving harmful supervision with their current supervisor, while 50.9% had received harmful supervision at some time during their career (Ellis, et al., 2013). This research raises significant concerns about the possibility that supervisees are or will receive not only poor but harmful supervision at some time in their professional training.

Impact of Supervisor Behavior

Given that the supervisee is the less experienced and more vulnerable person in the alliance, supervision research has focused on the working alliance, attachment, disclosure and the ethical behavior of the supervisee. However, there have been a few studies that have attempted to look at these variables among supervisors. This includes legal and ethical issues related to supervisory behavior (Ramos-Sanchez et al., 2002; Cimino, Rorle & Adams, 2013). Concern exists that these events are underreported due to the supervisees being inexperienced. The supervisee may be unable to identify some aspects of poor supervision, simply because of their own limited experiences. This may also extend to identifying unprofessional or unethical practices in supervision, or even supervisory recommendations that may be questionable (Ellis, 2013). Specifically, the very nature of the supervisory process, that it can be ambiguous and involves counselors who are themselves learning, means that some supervisory violations may go unidentified or unreported (Ramos-Sanchez, et al., 2002). However, this does not mean that the supervisee may not experience concerns or conflicts about the supervisor, their recommendations or practices (Cimino, et al., 2013).

Of particular interest in the current study is this dynamic, when supervisees experience a disconnection in the supervisory process. This disconnection may be a component of the supervisory relationship or the recommendations and guidance of the supervisor. This includes consideration of the variables in supervision that contribute to a negative supervisory relationship. This may include supervisory practice or guidance that consists of ethical violations or what can be deemed poor counseling practice (Ladany, et al., 1999).

Previous research (Ladany, et al., 1999) has focused on this dynamic. In this study 51% of supervisees, who were participants, reported identifying at least one ethical violation by their supervisor. The most commonly reported violations related to performance evaluation, confidentiality, monitoring supervisee activities and working with theoretical perspectives outside of their own (Ladany, et al., 1999). Thirty-five percent stated that they discussed the violation with their supervisor, while 54% discussed it with someone other than their supervisor (Ladany, et al., 1999). Of particular concern was the finding that 14% of the time an authority figure knew about the violation but did not do anything about it (Ladany, et al., 1999). Similar research also found that when supervisees reported ethical violations by their supervisors there is little consequence to the supervisor (Cimino, et al., 2013).

These studies also suggested that these violations and issues affected the counseling practice of the supervisees. This has included supervisees reporting a mild to moderate influence on the quality of care they were able to give due to the ethical violation (Ladany, et al., 1999). Cimino, et al., (2013) found that among some of the supervisees in practice that they studied, some went as far as resigning from their positions, believing it was the best thing to do for themselves and their clients. Often this decision was related to the belief that the agency was corrupt rather than just one person. However, there was a belief that the culture of the agency created a climate that encouraged unethical behavior. Supervisees suffered personally and professionally, some with physical reactions, some with loss of income, and others with feelings of loss over leaving clients (Cimino, et al., 2013).

In addition, Ladany et al., (1999) looked at how ethical behavior of the supervisor impacted the supervisory working alliance and found that more frequent unethical behavior by supervisors was related to lower goal, task, and bond ratings by supervisees. Not surprisingly, they found that supervisees report greater satisfaction with supervision when there were fewer ethical violations by supervisors and greater dissatisfaction with supervision when ethical violations were present. Their findings indicate that the behavior of the supervisor has a large impact on how the supervisee experiences supervision. Supervisees who experience dissatisfaction with supervision might be less likely to learn from their experience. (Ladany, et al., 1999).

Other studies have looked at similar negative experiences in supervision and the impact they have on the alliance. Supervisees reporting negative experiences generally had weaker supervisory alliances and significantly lower satisfaction with their supervisors than participants who did not report negative experiences (Gray, et al., 2001; Ramos-Sanchez, et al., 2002). In some cases, as a result of the weakened relationship, supervisees reported changing their approach with their supervisor (Gray, et al., 2001). Supervisees attempted to be agreeable, some were hyper-vigilant, some limited their self-expression, and some withdrew from the process while others looked for ways to get better supervision (Gray, et al. 2001). Due to the fact that modeling is often a part of the learning process and because the supervisee is in a state of limited power, it is crucial that these violations be prevented or stopped when or as soon as they are discovered (Ramos-Sanchez, et al., 2002).

The results of harmful supervision experiences include symptoms indicative of psychological trauma such as distrust, excessive fears or shame, guilt and negative

thoughts about themselves. It also includes decreased self-confidence, damage to supervisee's personal or professional life, and deterioration in mental or physical health (Ellis, et al., 2013). Supervisees negative thoughts are not only about themselves but also extend to their supervisor or the supervisory relationship related to negative supervisory events (Gray, et al., 2001). It has been suggested that harmful supervision may also include harm to clients (Ellis, et. al., 2013; Gray, et, at., 2001; Ladany, et al., 1999).

Negative experiences in supervision usually result in weaker supervisory alliances and lower satisfaction with supervision (Ramos-Sanchez, et al., 2002). One study reported that the negative events weakened the supervisory relationship for all supervisees, with half reporting it was permanently weakened (Gray, et al., 2001). They impact supervisee's sense of self-efficacy (Gray et al., 2001). These experiences can threaten the supervisee's sense of safety in the relationship, which can lead to withdrawal (Gray et al., 2001). When this happens their ability to learn is impaired and growth can be stunted (Gray et al 2001). These negative experiences with the supervisor are also believed to have an adverse impact on the relationship that the supervisee forms with their clients as well (Gray, et al., 2001; Ramos-Sanchez, et al., 2002). The negative events left supervisees wondering about their own ability to help others or make mature decisions (Gray et al., 2001). Another concern was that those reporting negative experiences questioned their career goals and path more than those not reporting negative events. This suggests that these negative experiences have long-term effects on supervisees. This may also impact the field as well as the supervisee (Ramos-Sanchez, et. al., 2002).

Studies indicate that there are supervisees that are not receiving adequate supervision. These experiences can often be attributed to the interpersonal relationship and supervision tasks (Ramos-Sanchez, et al., 2002). Supervisees have described their supervisors as being unconcerned and lacking empathy (Gray, et al., 2001). One study reports that during counterproductive events in supervision, all supervisees experienced negative thoughts, some had negative thoughts about themselves, but all reported having negative thoughts about their supervisor (Gray, et al., 2001). Supervisees also reported negative feelings during the counterproductive event. Some of these feelings include: annoyance, anger, stress, feeling unsafe or threatened, confusion, unsupported and insulted (Gray, et al., 2001). When supervisees have these experiences they tend to withdraw and no longer feel safe to open up in supervision. Their ability to learn is impaired and growth can be stunted (Gray, et. al., 2001). One element that has been seen to parallel poor supervisory relationships and the dynamics that contribute to these poor relationships is role conflict. This conflict can be demonstrated in multiple ways in the supervisory process, including perceptions that the supervisor is not engaging in practice that is beneficial to the supervisee and their clients.

Role Conflict

Alliance ruptures in supervision often occur as a result of role conflict, which is a result of differing expectations by the supervisor and supervisee about what should occur in supervision (Friedlander, 2015). Role theory informs us that role conflict occurs when an individual is expected to behave in ways that are inconsistent (Rizzo, House & Lirtzman, 1970). Role Conflict has its roots in organizational psychology (Rizzo, et al., 1970) but has been applied to supervision due to the similarities that a supervisee might

feel being placed in conflictual roles (Friedlander, et al., 1986). It has been suggested that this type of inconsistent or opposing behavioral expectations might exist in the supervisory relationship (Olk & Friedlander, 1992; Nelson & Friedlander, 2001).

Supervisees are often expected to fulfill multiple roles, which have differing positions of authority. As a counselor, supervisees are in a position of relative independence whereas the student or supervisee role requires that they be in a more subordinate position with oversight from a professor or supervisor (Nelson & Friedlander, 2001). Supervisees who are subject to evaluation for schooling or for professional licensure are asked to show weakness in their work in order to make improvements while concurrently appearing competent (Ladany, & Friedlander, 1995; Nelson & Friedlander, 2001). Furthermore, the fact that the supervisory relationship is evaluative sets the stage for the possibility of conflictual relationships (Nelson & Friedlander, 2001).

It has been suggested that role conflict is more common among advanced supervisees who have more experience and have gained a certain level of confidence (Friedlander, Keller, Peca-Baker & Olk, 1986). The supervisory relationship exists to help supervisees gain knowledge and skills, but areas of limitations must be revealed in order for growth to occur, leaving the supervisee who is being evaluated conflicted between revealing areas of deficits and displaying competence (Ladany & Friedlander, 1995). Findings from Olk and Friedlander's 1992 study suggest that when role conflict is present, the supervisory relationship is negatively impacted (Olk & Friedlander, 1992). Other findings indicate that supervision in private practice is related to supervision satisfaction, unlike supervision in academia. This could be due to the multiple roles that are common for supervisors in academia who might also teach, mentor and supervise

internships or assistantships. Supervisees might not perceive they have the freedom to be open in supervision conducted in academia like they do in private practice where evaluation is usually not as formal (Cheon, et al., 2009). However, Friedlander and Ladany (1995) found that supervisees who perceived a stronger supervisory working alliance experienced less role conflict (Friedlander & Ladany, 1995).

Ladany and Friedlander (1995) investigated the impact that the supervisory working alliance had on role conflict and role ambiguity in the supervisory relationship. Their findings indicate that when supervisees viewed the working alliance as strong, they reported less role conflict and when they believed the alliance to be weaker they reported more role conflict (Ladany & Friedlander, 1995). Cheon, et al. (2009) investigated the relationship that contextual variables (sexual orientation, religious/spiritual preference, ethnicity, age and gender) had on role conflict and the working alliance. They found that the supervisory working alliance appears to have the greatest impact on supervisee satisfaction with supervision. The relationship between supervisor and supervisee was the vehicle for satisfaction and not matching on contextual variables (Cheon et al., 2009). Findings indicate that the stronger the emotional bond (liking, caring, trusting) the less role conflict was present for the supervisee, regardless of agreement the supervisee and supervisor had on the goals and task of supervision (Ladany & Friedlander, 1995). This indicates that when a strong bond is present, conflicts are more likely to be dealt with and resolved (Ladany & Friedlander, 1995). Also related to role conflict was the finding that when the supervisor and supervisee agreed upon goals and tasks for supervision, less conflict was reported, regardless of the strength of their bond (Ladany & Friedlander, 1995). A collaborative working environment built on trust in which clear expectations of

the supervisee are discussed and agreed upon in the early stages of the relationship, is advised in an effort to decrease supervisee anxiety which can interfere with supervisees ability to learn (Ladany & Friedlander, 1995).

In their qualitative study, Nelson and Friedlander (2001) found that the majority of their participants viewed their supervisors as being distant or uncommitted to supervision. Relationship difficulties often resulted in poor communication between the supervisor and supervisee and lead to role conflicts. Some of these were the result of the supervisee having a more clinical or life experience and the supervisor responding as if threatened. Disagreement about the content of supervision was a problem for many. Three female supervisees experienced various issues related to sexual matters. The supervisor's primary response to conflict was continuous anger and often scapegoated or criticized supervisees in front of others. Some supervisors withheld or threatened to withhold evaluations that the supervisee needed for school. Other problems included irresponsible behavior, mood swings and inappropriate disclosures. Supervisees frequently reported that supervisors were not concerned enough to attempt to resolve conflicts (Nelson & Friedlander, 2001).

Based on role theory, stress, discontentment, and decreased performance are expected outcomes when an individual is expected to behave in ways that are inconsistent (Rizzo, House & Lirtzman, 1970). Of particular interest to the field of supervision is the finding from Kahn, Wolfe, Quinn, Snoek, & Rosenthal (1964) who found that those who reported experiencing role conflict had negative feelings toward the person who had placed the pressure on them. These feelings include reduced trust, they liked them less on a personal level, lost respect for them, limited communication with them and felt that

their personal effectiveness was decreased (Kahn, et al., 1964). In their study of counseling supervisees, Olk and Friedlander (1992) found that anxiety, work dissatisfaction and unhappiness with supervision are related to role difficulties (Olk & Friedlander, 1992). Similarly, in Nelson & Friedlander's (2001) qualitative study (N=13), they found those supervisees' reactions to role conflict and ambiguity included a lack of trust in their supervisor, lack of safety, withdrawal from the relationship, adopting a guarded stance, and feeling powerless. They also found that supervisees experienced forms of extreme stress, which included health problems, excessive self-analysis, fears and self-doubt (Nelson & Friedlander, 2001). While there have been a few studies related to ethical issues, there is a paucity of research on what happens in the supervisory relationship if the supervisee perceives that the supervisor is the one engaging in unethical behavior or questionable clinical or professional judgment (Cimino, et al., 2013).

Moral Distress

Severe role conflict, which refers to a supervisee's belief that genuine harm, could come to a client if the supervisor's advice were followed (Friedlander, et al., 1986), might also be explained as moral distress. Moral distress has been defined as the inability to act in the way that one believes is morally appropriate (Mänttari-van der Kulp, 2016), while role conflict is related to the expectation of a person to participate in two different roles or behaving in ways that are inconsistent, moral distress deals with making moral judgments regarding a course of action that is appropriate for a situation but being unable or unwilling to carry it out (McCarthy & Deady, 2008). Moral distress refers to a person believing they know the correct ethical action to take and feeling constrained from

pursuing it (Nuttgens & Chang, 2013) or they do what they believe is wrong (McCarthy & Deady, 2008). Moral distress is often present when a person feels conflicted between two roles (Austin, et al., 2008). When a person is unable or unwilling to act on what they believe the right course of action for a situation, they may experience moral distress (McCarthy & Deady, 2008). Others have defined moral distress in relation to the pressures that are internal or external such as personal decision-making or decision-making outside of the control of the worker, such as institutional or organizational decisions (Mänttari-van der Kulp, 2016). Moral distress is distinctly different from a moral dilemma, because in a moral dilemma there is a choice to be made between two or more options that might be considered appropriate. However, in moral distress the moral choice is known but may not be implemented (Mänttari-van der Kulp, 2016). Moral distress often results in feelings of failure and can impact a person physically, emotionally and spiritually. Work burnout and withdrawal are also a risk (Austin, Rankel, Kagan, Bergum & Lemermeyer, 2005).

The concept of moral distress originated from the works of Jameton in the field of nursing (as cited in Nuttgens & Chang, 2013) but has begun to be utilized as an umbrella term to describe the moral constraints that are experienced by healthcare providers, including counselors, as they care for clients (McCarthy & Deady, 2008). Powerlessness, the idea that one cannot change the situation, is a common element of moral distress (Jameton, 1993). Concern exists for the impact that the experience of moral distress places on the healthcare provider (McCarthy & Deady, 2008). Some of these include inability to care for client welfare, impaired ability to do good work, diminished personal wellbeing and high work turnover (Mänttari-van der Kulp, 2016).

Although the concept of moral distress began in the field of nursing, it has also been discussed as relevant to the supervisory relationship in counseling and other helping professions due to similarities in the power differentials that exist for supervisor and supervisee, much like that of nurse and doctor (Nuttgens & Chang, 2013). Moral distress often exists in hierarchal relationships such as when a nurse that makes a moral decision about the right action to take in a situation but is unable to pursue it due to institutional policy or a co-worker (physician) who is in a position of authority over him/her prevents the action from being taken (Jameton, 1992). This often results in moral distress and it is likely that supervisees, who have less authority but have equal responsibility, might also have similar experiences (Nuttgens & Chang, 2013).

In their efforts to research and understand moral distress so they could create an instrument, with the hopes of measuring the extent to which moral distress is experienced in nursing, Corley, Elswick, Gorman & Clor (2001) stated that their research was based on three assumptions. These are: “that nurses bring values into their work, that they can identify ethical problems in their work environment, and that they can evaluate the extent to which these problems cause moral distress” (p. 252). Due to the fact that counselors and other helping professionals bring these same three elements into their professional environment is likely that they also have experiences of moral distress.

The concept of moral distress has also been studied in relation to psychologists and psychiatrists, both helping professions related to counseling. There are a variety of ways in which moral distress was experienced in these helping professions. One way it is seen is when two people understand moral distress in opposing ways based on their perceptions (Austin et al., 2005). This opposing view was explained by Austin, et al.,

(2005) in their phenomenological study of psychologists who drew opposing conclusions in the decision to terminate a mother's parental right, which was the recommendation of one psychologist, while another psychologist found this decision to be horrendous and took into account the difficulties the mother had in complying with what was required of her. Both had the welfare of the children in their decision making process but drew different conclusions (Austin et al., 2005). Other themes in the helping professions is the balance between the public's trust and their own moral decision making (Austin, et al., 2005) and also the need to protect the public, while simultaneously caring for clients and respecting their autonomy (Austin, et al., 2008).

Another theme dealt with being obligated to one's own beliefs and ethics while also being obligated to an institution that employs you. Being torn between the responsibilities to carry out what is in the best interest of clients and therefore your professional obligations often interferes with the desires of your place of employment (Austin et al., 2005). This sometimes happens through covert actions that attempt to preserve both a job and ethics, such as one psychologist who reached out to an advocacy group outside of his agency in an effort to get a client help that was denied at his place of employment. Balancing concern for clients versus their need to work in better environments often kept psychologists from leaving when institutional changes were not being made. However, some did leave while others dealt with it by staying silent, acting covertly, attempting compromise, or by making their voice heard (Austin, et al., 2005).

Moral distress appears to exist across a number of helping professions and while there may be a variety of situations that contribute to moral distress, the results are often the same (Austin, et al., 2005; Austin, et al., 2008; Corley, et al., 2001). Professional

integrity appears to be linked to moral distress (Austin, et al., 2005). The sense of not feeling whole is a theme among those who experience moral distress (Austin, et al., 2005). This is sometimes experienced in the physical body, with reactions such as crying, headaches, nausea and diarrhea or sweating. Some describe reactions such as depression, anger, grief, frustration or ineffectiveness (Austin, et al., 2005). The environment in which this takes place often has social and political pressures as well as power struggles and conflict (Austin, et al., 2005).

Moral distress often occurs within the context of ethical decision-making where a preferred choice is known but might not be implemented. Nurses are often in a position to experience moral distress due to institutional constraints or those from a co-worker, which places him or her in a position of lesser authority (Jameton, 1993). Corley, et al. (2001) have stated that “nurses often have more responsibility than authority”, so perhaps supervisees face a similar problem, having much responsibility but often lacking the authority to act on their own moral choices, caught between institutional demands and those of the supervisor over them. The relational power imbalance is the central component in the moral distress literature that creates this phenomenon (Nuttgens & Chang, 2013). This subordinate position and fear of not fully understanding a situation were also cited as reasons that medical students did not speak up when faced with distressing situations (Wiggleton, Petrusa, Loomis, Tarpley, Tarpley, Gorman, & Miller, 2010). Due to the power imbalance inherent in the supervision relationship (Bernard & Goodyear, 2014), it has been suggested that the experience of moral distress might also exist in the field of counseling, particularly in the supervision relationship (Nuttgens & Chang, 2013).

This power imbalance, which is due to the hierarchical nature of the supervisory relationship, can also leave supervisees without the freedom and power to express their opinions while in the relationship (Cheon, et al., 2009). In Nelson & Friedlander's (2001) study of conflictual supervisory relationships, they found that the majority of the supervisees did not trust their supervisor due to the lack of attention, understanding and warmth that was displayed toward them (Nelson & Friedlander, 2001). When conflict does occur, it appears that the supervisory working alliance mitigates the impact of the conflict on the relationship (Cheon, et al., 2009). However, when a strong working alliance has not been established it appears that supervisees suffer in their health and well-being and in their trust of others, particularly those in authority (Nelson & Friedlander, 2001). It is therefore important to consider what happens when this relationship is not attended to or is marked by behaviors on the part of the supervisor that are inadequate, detrimental or unethical.

Supervisees who find their supervisor to be professionally incompetent are often unwilling to disclose in supervision (Reichelt, Gullestad, Hansen, Rønnestad, Torgersen, Jacobsen... & Skjerve, 2009). Without the supervisee being willing to disclose, supervisors are unable to adequately assist in their developmental growth. This component of supervision is vital for the development of the supervisee so that they can learn the skills of the profession (Angus & Kagan, 2007; Ramos-Sanchez, et al., 2002; Watkins, 2014). This concern about disclosing or addressing concerns in supervision may also lead to the supervisee experiencing what can be termed moral distress (Nuttgens & Chang, 2013). The experience of moral distress in supervision may be impacted by many of the same variables that have been found to influence the quality of the supervisory

relationship. Specifically, there is research that clearly demonstrates that a strong working alliance creates an environment that encourages disclosure (Mehr, Ladany, & Caskie, 2015). This parallels research that suggests that role conflict also influences the quality of the supervisory relationship (Friedlander, 2015; Olk & Friedlander, 1992; Ladany, & Friedlander, 1995). Thus a critical element of examining the presence of moral distress in supervisory relationships is the consideration of whether role conflict and the supervisory working alliance also correspond to this construct.

Purpose

The purpose of the present research study is to investigate the relationship between the supervisory working alliance and the supervisee's experience of role conflict. Furthermore, the study will seek to find if there is a relationship between role conflict and the two scales, rapport and client focus, of the Supervisory Working Alliance Inventory-Trainee Form. In addition, individual characteristics of the supervisor and supervisee will be examined to determine if these have an influence on role conflict among supervisees. This study also seeks to investigate the experience of moral distress in supervision. Research indicates that moral distress exists in other helping professions, particularly when hierarchal relationships exist (Nuttgens & Chang, 2013). However, limited research has been conducted in the field of counseling supervision (Nuttgens & Chang, 2013).

These variables will be measured by administering two different measures. The Supervisory Working Alliance Inventory-Trainee Form (SWAI-T) will be used to measure the strength of the alliance in the supervisory relationship from the supervisee's perspective (Efstation, Patton & Kardash, 1990). The Role Conflict subscale of the Role

Conflict and Role Ambiguity Inventory (RCRAI) will be used to identify how the various roles of the supervisee (i.e. counselor, student or colleague) diverge from those of the supervisor (Olk & Friedlander, 1992). In addition, two open-ended questions will be asked to examine the presence of moral distress within the supervisory relationship. A demographic questionnaire will also be utilized. This will be used for descriptive purposes to assist in understanding how demographic variables might impact the variables studied.

Significance

While supervision has distinctive differences from counseling, they both place an emphasis on the importance of establishing a working alliance from which all other aspects of the work are fostered. The supervisory alliance is considered to be the fundamental element that must be present in the supervisory relationship for the relationship to contribute to positive outcomes (Watkins, 2014). Supervisees are less likely to challenge supervisors and are more likely to withdraw from the process (Friedlander, 2015). Supervisees who report ethical breaches are less satisfied with supervision and rate lower satisfaction based on the Supervisory Working Alliance scale (Ladany, et al., 1999).

Ethics in supervision has not been as rigorously focused on in the same way that ethics in counseling has been (Ladany, 2014). This has the potential to set in motion many other problems. Most trainees have not been formally instructed on what steps to take if they witness an ethical breach (Cimino, et al., 2013). Supervisors that model behavior that is unfavorable or at worst unethical have the potential to teach this to trainees who may one day be supervisors themselves (Ladany, 2014). Due to the fact that

the supervisory relationship is a hierarchal one, the opportunity exists for experiencing moral distress when conflict and ethical dilemmas are present within the supervisory relationship (Nuttgens & Chang, 2013).

Findings from the current study may assist in answering the question of how common the problem of moral distress is in the field of counseling. The need for this research has been suggested in the literature to gain an understanding of the prevalence and impact that moral distress has on counselors and counselors-in-training, particularly in regard to supervision where the supervisee is vulnerable due to the power differential in the relationship (Nuttgens & Change, 2013).

Summary

The supervisory relationship is vital for the development of the counselor-in-training. The supervisory working alliance has been used to describe the relationship that is formed between the supervisor and supervisee. Unfortunately, the supervisory relationship is sometimes marked by conflict. Challenges in the supervisory process include the experience of role conflict and possibly moral distress. This chapter discussed these constructs and included the purpose of the overall study and the possible significance for its overall findings.

Chapter 2

METHODOLOGY

This chapter includes a discussion of the research methodology and design used by the researcher to examine the relationship between the supervisory working alliance and role conflict among supervisees and supervisees-in-training. Instances and responses to moral distress will also be examined among supervisees and supervisees-in-training, as well as demographic variables. The research questions, participants, data collection methods, instruments, and overall procedures will be discussed.

Research Questions

The research questions for this study were:

1. What is the relationship between supervisory working alliance and experiences of role conflict?
2. What is the relationship between supervisor characteristics and experiences of role conflict in the supervisory process?
3. What is the relationship between supervisee characteristics and experiences of role conflict in the supervisory process?
4. What are the characteristics of role conflict and working alliance among supervisees who have experienced moral distress in the supervisory process?

5. What are the characteristics of moral distress experienced by supervisees in the supervisory process?
6. How have supervisees responded to experiences of moral distress in the supervisory process?

Participants

Participants in this study consisted of a non-random sample of two groups of supervisees who were currently being supervised. The first group consisted of supervisees-in-training who were recruited from universities in the Southeastern United States. Supervisees-in-training were asked to volunteer to participate from their practicum or internship classrooms. All supervisees were 19 years or older. The second group of participants was supervisees who had graduated and are employed and receiving supervision in the United States. They were recruited through professional counseling listservs (e.g. ALCA, CESNET), contact with local community agencies and targeted emails. The researcher provided all participants with an Information Letter describing the study, which served as the informed consent for participation in the research. If supervisees chose to participate, they were given a series of assessments designed to measure the supervisory relationship. Participation was voluntary and anonymous.

Of the 92 surveys that were attempted in *Qualtrics*, 32 began but did not complete the surveys and were not included in the final statistical analysis. Of the 60 remaining participants one was missing an item on the role conflict inventory that was not considered critical due to the achieved power. Four participants were missing items on the SWAI-T and were excluded from regression analysis only. Of the 60 participants, 10 (16.7%) indicated they were male and 50 (83.3%) indicated they were female. Forty

(66.6%) indicated they were White, 12 (20%) indicated they were Black or African American, three (5%) indicated they were Asian, one (1.7%) indicated they were Native American and four (6.7%) indicated other. Three (5%) participants indicated Hispanic ethnicity and 52 (86.7%) indicated non-Hispanic ethnicity. Participants' ages ranged from 25 to 65 years of age with 17 (28.3%) between the ages of 20-29, 20 (33.3%) between the ages of 30-39, 11 (18.2%) between the ages of 40-49, 10 (16.6%) between the ages of 50-59, and two (.03%) between the ages of 60-69. The participants included 38 (63.3%) students of whom 16 (42%) were in their Practicum and 22 (58%) were enrolled in Internship. Twenty-two (36.6%) of the participants were employed with mental health agencies.

Procedure

After gaining IRB approval, data was gathered on the Supervisory Working Alliance Inventory - Trainee Form (SWAI-T), Role Conflict Role Ambiguity Inventory (RCRAI) and two open-ended questions concerning moral distress in supervision. The surveys were provided to supervisees and supervisees-in-training for completion. Participants also completed a demographic questionnaire. Participants were recruited through an email sent to counseling listservs, contact with local community agencies and targeted emails, with the goal of reaching supervisees who have already graduated and are receiving supervision at their work site. Participants were also recruited through their university. An email was sent to program coordinators in Counselor Education from both CACREP and non-CACREP programs. The email described the study, requested participation, and contained an informational letter about the purpose of the study. The email also contained a link to the surveys. Participants accessed the surveys electronically

using Qualtrics. An informed consent document was attached to the beginning of the survey. The consent letter included information related to confidentiality, anonymity, potential risks and benefits and the right to withdrawal. Completion of the instruments indicated consent. Supervisees-in-training with multiple supervisors were asked to think of one supervisor when completing the instruments. Power for the study was calculated using G*Power 3.1 with 1 predictor at a power of .80 and sample effect size that indicated a need for 55 participants. Data was analyzed using SPSS.

Instruments

Demographic Questionnaire

The demographic questionnaire was used for descriptive purposes and to ensure that participants met the criteria for inclusion in the study (i.e., engaged in supervision weekly as part of practicum or internship or employed and receiving supervision). The questionnaire gathered data related supervisees' age, gender, race, training level (practicum, internship or employed), and years of experience. Demographic data was also gathered related to the supervisor, including gender, race, education, how long the supervisor has been practicing as a counselor and a supervisor.

Supervisory Working Alliance Inventory: Trainee Form

The Supervisory Working Alliance Inventory measured the supervisee's perception of the working alliance: Trainee Form. This measure was developed by Efstation, Patton and Kardash (1990) to assess the supervisory relationship from the perspective of the supervisee. The measure is a 19-item self-report questionnaire, which assesses two factors; rapport and client focus, of the supervisory working alliance (Efstation, et al., 1990). An example of an item is: "My supervisor is tactful when

commenting about my performance” (Efstation, et al., 1990). Items are rated on a 7-point Likert scale ranging from almost “*never*” (1) to “*almost always*” (7). Higher scores indicate supervisee perception of a strong supervisory working alliance, while lower scores indicate perception of a weaker alliance (Efstation, et al., 1990).

The Supervisory Working Alliance Inventory (SWAI), which includes a supervisor and supervisee form, was created by reviewing literature related to the supervisory working alliance and then determining the tasks that each member of the relationship engages in during supervision (Efstation, et al., 1990). Ideas were checked by experts in the field, who were subsequently asked to create a list of activities that supervisors and supervisees engage in during the course of supervision (Efstation, et al., 1990). Experts were then asked to determine which activities belonged to the supervisor and which to the supervisee (Efstation, et al., 1990). Two major factors were found to be related to the Trainee SWAI, which were Client Focus and Rapport (Efstation, et al., 1990).

Internal consistency reliability was determined for the two Trainee SWAI scales using Cronbach’s alpha (Efstation, et al., 1990). The reliability for Rapport was .90 and .77 for Client Focus (N=178) (Efstation, et al., 1990). Construct validity was indicated through comparisons of the SWAI and the Supervisory Styles Inventory (SSI) and the Self-Efficacy Inventory (SEI). Correlations were found to be statistically significant among the three measures and overall the SWAI was found to be psychometrically sound (Efstation, et al., 1990).

Role Conflict and Role Ambiguity Inventory

The Role Conflict and Role Ambiguity Inventory (RCRAI) is a 29-item Likert scale, which measures supervisee's level of difficulty in their role (Olk & Friedlander, 1992). There are 16 items on the Role Ambiguity scale and 13 items on the Role Conflict scale. The items are rated on a 5-point scale with 1 being "*not at all*" and 5 being "*very much so*". A person who scores a 5 on the item "My supervisor told me to do something I perceive to be illegal or unethical and I was expected to comply", would be experiencing high levels of role conflict related to the unethical or illegal recommendations of their supervisor (Olk & Friedlander, 1992). Higher levels of role conflict (RC) and role ambiguity (RA) are reflected in higher scores (Olk & Friedlander, 1992). The construct is intended to relate to overall supervision experience and not just to one specific supervisor (Olk & Friedlander, 1992).

Reliability coefficients for the RA scale was .91 using Cronbach's alpha and .89 for the RC scale. Role Conflict and Role Ambiguity were intercorrelated showing a statistically significant relationship ($r = .59, p < .01$). Construct validity was measured by comparing Role Conflict and Role Ambiguity scores with the Trainee Personal Reaction Scale-Revised (TPRS-R), Job Descriptive Index (JDI), and State-Trait Anxiety Inventory (STAI). Results indicate a high level of significant validity and establish the RCRAI as a psychometrically sound instrument (Olk & Friedlander, 1992).

Moral Distress Open-Ended Questions

Two open-ended questions were developed for the purpose of assessing participants' experiences with moral distress within the supervisory process. The questions were developed based on research that has explored moral distress in related fields (Austin, et al., 2005; Austin, et al, 2008; Jameton, 1993; Mänttari-van der Kulp,

2016). These questions were 1) Please think about a supervisory situation for which you experienced moral distress, please describe that situation and 2) Please discuss how you responded to this moral distress situation in your supervision.

Data Analysis

The data analysis for the current study included descriptive statistics of demographic variables and descriptive analysis of participants' responses across measures. In addition, regression and correlational analyses were used to determine whether or not there is a relationship between the supervisory working alliance and its subscales of rapport and client focus and occurrences of role conflict. These analyses were used to determine the extent to which role conflict impacts the supervisory working alliance and how the characteristics of the supervisor and supervisee impact role conflict. In addition, the two open-ended questions related to moral distress were analyzed and coded in order to identify themes related to supervisees' experience or moral distress. Independent samples t-tests and one-way analysis of variance (ANOVA) were used to help distinguish the characteristics impacting the supervisory working alliance.

Definition of Terms

1. Moral Distress: This term refers to a person believing they know the correct ethical action to take and feeling constrained from pursuing it (Nuttgens & Chang, 2013) or they do what they believe is wrong (McCarthy & Deady, 2008).
2. Role Conflict: This term refers to the conflicting expectations that occur within the supervisory relationship such as when a supervisee is expected to behave in ways that contradict their personal judgment or they are expected to engage in

roles that require conflicting behaviors such as competence and limitations (Olk & Friedlander, 1992; Ladany & Friedlander, 1995).

3. **Supervisory Working Alliance:** This term refers to the relationship that is formed between the supervisor and supervisee that includes three elements for the alliance to be effective. They are: bond, which refers to the relationship between the supervisor and supervisee; goals, which are established by both parties to guide the process, and task, which are mutually agreed upon to assist in reaching the goals of supervision (Bordin, 1983).

Summary

This chapter provided an overview of the research methodology used in the current study with a focus on participants, procedure, selection of instruments, and data analysis. Supervisees and supervisees-in-training were recruited for participation. The Supervisory Working Alliance-Trainee Form (Efstation, et. al., 1990), the Role Conflict Scale (Olk & Friedlander, 1992), a demographic questionnaire, and two open-ended questions were used to measure research variables. Reliability and validity outcomes were also included.

CHAPTER 3

RESULTS

Introduction

The purpose of the present study was to examine the possible relationship between role conflict, rapport and client focus in the supervisory working alliance. This was measured using the Role Conflict Inventory (RCI) and the Supervisory Working Alliance Inventory: Trainee Form (SWAI-T). Additionally, this study set out to examine the relationship between the factors of role conflict, the supervisory working alliance and possible moral distress experienced by supervisees. The researcher for this study used a demographic survey, the Role Conflict Inventory, Supervisory Working Alliance Inventory: Trainee Form and the Moral Distress in Supervision Survey. The present study sought to determine the impact of role conflict on the supervisory working alliance and to examine the presence of moral distress in supervisory relationships and what characteristics are present and how supervisees responded to the distress. Additionally, this study sought to determine if being a student or employed, years of experience as a counselor and supervisor, and gender differences impacted the results. Descriptive analysis was used to determine the relationship between role conflict and rapport and role conflict and client focus, both subscales of the Supervisory Working Alliance Inventory (research question 1). Independent samples t-tests and one-way ANOVA's were used to examine the relationship between supervisor characteristics and role conflict in the supervisory process (question 2). Independent samples t-tests and correlation analysis

was used to examine the relationship between supervisee characteristics and role conflict within the supervisory process (question 3). Reviews of the Moral Distress Inventory were compared against scores on the RCI and SWAI-T to determine how the presence of moral distress influences role conflict and the supervisory working alliance (Question 4). Questions 5 and 6 were analyzed qualitatively for themes. Both the RCI and the SWAI-T have been found to be psychometrically sound instruments (Efstation, et al., 1990; Olk & Friedlander, 1992). Alpha coefficients for the RCI and SWAI-T are listed for the current study as well as previous studies in Table 1.

Table 1

***Reliability Summary for Role Conflict Inventory and Supervisory Working Alliance:
Trainee Form, Rapport and Client Focus Subscales***

		Efstation, et al. (1990)	Current Study
	No. of Items	Cronbach's Alpha	Cronbach's Alpha
Rapport	12	.90	.96
Client Focus	6	.77	.91

		Olk & Friedlander (1992)	Current Study
	No. of Item	Cronbach's Alpha	Cronbach's Alpha
RCI	13	.89	.92

Research Question 1: What is the relationship between supervisory working alliance and experiences of role conflict?

The supervisory working alliance inventory assesses two factors, rapport and client focus, of the supervisory working alliance (Efstation, et al., 1990). A simple regression analysis was used to address the first research question and looked at both factors of the supervisory working alliance. Regression analysis indicated a significant relationship between role conflict and the supervisory working alliance overall, meaning that role conflict can significantly predict the supervisory working alliance ($r^2 = .667$). Results indicated that a strong negative relationship existed between scores from the Role Conflict Inventory questionnaire and the rapport subscale of the Supervisory Working Alliance: Trainee Form ($r = .871$). The coefficient of determination ($r^2 = .758$) indicates that approximately 76% of the variance in the factor rapport, of the supervisory working alliance, can be accounted for by its linear relationship with scores of the Role Conflict Inventory. Regression summaries for the RCI and SWAI-T can be viewed in Table 2.

Results also indicated a negative relationship exists between scores from the Role Conflict Inventory questionnaire and the client focus subscale of the Supervisory Working Alliance: Trainee Form ($r = .708$). The coefficient of determination ($r^2 = .501$) indicates that approximately 50% of the variance in the factor of client focus, of the supervisory working alliance, can be accounted for by its linear relationship with scores of the Role Conflict Inventory. Regression summaries for the RCI and SWAI-T can be viewed in Table 2.

Table 2

***Regression Summary for Role Conflict Inventory and Supervisory Working Alliance:
Trainee Form, Rapport and Client Focus Subscales***

	Supervisory Working Alliance	Supervisory Working Alliance (Rapport)	Supervisory Working Alliance (Client Focus)
Mean	5.80	5.99	5.61
Std. Deviation	1.01	1.03	.988
R Square	.667	.758	.501
F	110.39	172.11	55.16
Sig.	.001	.001	.001
Predictor	Beta	Beta	Beta
Role Conflict	-817	-871	-708

Research Question 2: What is the relationship between supervisor characteristics and experiences of role conflict in the supervisory process?

Independent samples t-tests and one-way ANOVAs were conducted to determine the relationship between role conflict and variety of supervisor characteristics, including gender, race, and supervisor's level of education, years as a counselor and years as a supervisor. An independent samples t-test was conducted to determine the impact of supervisor's gender and supervisee's scores on role conflict ($n = 60$). Equal variance was assumed ($p = .832$). Results indicated that there was no statistically significant difference between supervisor's gender and supervisee's experience of role conflict ($t = -.755, df = 58, p = .453$). To determine the impact of race on experiences of role conflict, an independent samples t-test was also conducted ($n = 60$). Equal variance was assumed ($p = .580$). Results indicated that race was not a statistically significant factor in supervisee's experiences of role conflict ($t = .106, df = 58, p = .916$). Another independent samples t-test was run to determine the relationship between supervisor's education level and supervisee's experience of role conflict ($n = 60$). Equal variance was assumed ($p = .133$). Results in this analysis indicated the relationship was not statistically significant ($t = 1.17, df = 58, p = .244$).

A one-way analysis of variance (ANOVA) was completed to determine the impact that the supervisor's years of supervisory experience might have on the supervisee's experience of role conflict. The survey divided years of supervisory experience into six categories. Due to the frequencies of distribution of scores and the smaller sample size in the study, years of supervision experience were regrouped into three categories (0 – 4 years, 5 – 10 years, 10 + years; $n = 59$). Levene's test resulted with

a p-value of .077, indicating that the equal variance assumption is assumed. This analysis also indicated no statistical significance between groups, $F(2, 56) = 1.197, p = .310$. Given that findings were not statistically significant, no post hoc tests were run. Another ANOVA was completed to determine the impact that the supervisor's years of counseling experience might have on the supervisee's experience of role conflict. Again, the survey completed by participants divided years of counseling experience into six categories. Due to the frequencies of distribution of scores and the smaller sample size, years of counseling were regrouped into three categories (0 -10, 11 - 15, 15+; $n = 59$). Levene's test resulted with a p-value of less than .001, indicating equal variance assumption was violated. In the analysis a statistically significant difference between groups was also reported with large effect size, $F(2, 56) = 4.49, p = .015, \eta^2 = .138$, indicating that the supervisor's years of counseling experience does influence the supervisee's experience of role conflict. A Tukey post hoc test indicated that there was no statistical significance between 0 - 10 years of counseling experience and 11 - 15 years of counseling experience ($p = .968$). Results also indicated no statistical difference between 0 - 10 years of counseling experience and 15+ years of counseling experience ($p = .058$). However, when analyzing the difference between 11 - 15 years of counseling experience and 15+ years of counseling experience, results indicated a statistically significance difference ($p = .031$). Analysis summary can be viewed in Table 3.

Table 3

ANOVA Summary for Supervisor's Years of Counseling Experience

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>Eta-square</i>
Counseling Exp.				4.49	2, 56	.015	.138
0-10 years	16	1.38	.433				
11-15 years	16	1.32	.498				
15+ years	27	1.92	.951				
Total	59	1.61	.776				

Research Question 3: What is the relationship between supervisee characteristics and experiences of role conflict in the supervisory process?

Independent samples t-tests were conducted to determine the relationship between role conflict and variety of supervisee characteristics, including gender and race. If the supervisee were a student, analysis focused on whether he or she was in practicum or internship and if a university or site supervisor was supervising them. If the supervisee were an employee, analysis focused on whether they were employed part time or full time, as well as if a supervisor at their place of employment, a supervisor for licensure credential or being supervised by their place of employment for licensure credential. In addition, a correlation analysis was conducted to determine if the age differential between supervisors and supervisees impacted role conflict.

An independent samples t-test for gender of supervisee ($n = 60$) found no statistically significant influences of role conflict ($t = .697$, $df = 10.63$, $p = .50$). Equal variance was not assumed for these results ($p = .021$). In the demographic questionnaire, race was divided into five categories; however, three groups were not close enough in size to conduct an ANOVA with the original data. These three groups were dropped from the analysis and an independent samples t-test analyzing the other two groups (White and Black/African-American) determined that race of the supervisee ($n = 52$) was also statistically insignificant as a factor in role conflict ($t = .793$, $df = 50$, $p = .432$). Equal variance was assumed ($p = .768$).

To determine if student or employee status impacted role conflict, an independent samples t-test was conducted ($n = 60$). Equal variance was not assumed ($p = .002$). The result of the t-test was statistically significant, ($t = -2.20$, $df = 58$, $p = .035$, $r = .290$), with

the mean for those participants who were employed larger than the mean for those who indicated they were students. An independent samples t-test was also conducted to determine if student's enrollment in practicum or internship had any influence on role conflict scores. Results indicated a statistically significant difference in the independent variables. Equal variance was not assumed ($p = .009$), and analysis indicated that status in internship had a greater influence on role conflict than status in practicum ($t = 2.91$, $df = 30.4$, $p = .007$, $r = .410$). Another independent samples t-test was conducted to determine if receiving supervision at their place of employment or by a supervisor for licensure credential impacted role conflict in the supervisory experience. Results indicated a statistically significant difference in independent variables. Equal variance was assumed ($p = .535$), and analysis indicated that those being supervised by their place of employment experienced more role conflict than those who were supervised for their licensure credential ($t = -.276$, $df = 17$, $p = .013$, $r = .549$). See Table 4.

Table 4***Independent Samples T-Test Summaries***

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Student or Employed						
Student	38	1.43	.605	-2.20	31.51	.035
Employed	22	1.91	.929			
Practicum or Internship						
Practicum	16	1.15	.299	2.91	30.40	.007
Internship	22	1.63	.692			
Supervision Purpose						
Licensure	14	1.58	.737	-.276	17	.013
Employment	5	2.75	1.02			

Another independent samples t-test was conducted to determine if there were any significant difference between students supervised by a university supervisor versus a site supervisor ($n = 38$). Making an assumption of equal variance ($p = .398$), results indicated that there was no statistically significant difference ($t = -.317, df = 36, p = .753$).

Further analysis examined the impact of participant's status as part-time or full-time employees and their experience of role conflict ($n = 22$). The independent samples t-test conducted to determine this indicated that part-time or full-time status had no statistically significant difference in influence ($t = -.037, df = 20, p = .971$). Equal variance was assumed in this analysis ($p = .955$). Due to a significant finding in the independent samples t-test, an ANOVA was conducted to examine if any differences in experience of role conflict occurred when the participant was being supervised for licensure credential, being supervised by their place of employment, or being supervised by their place of employment for licensure credential ($n = 22$). Levene's test resulted with a p-value of .771, indicating that the equal variance assumption was assumed. In further analysis a statistically significant difference between groups was also reported with large effect size, $F(2, 19) = 3.79, p = .041, \eta^2 = .285$, indicating that those being supervised at their place of employment experienced more role conflict. A Tukey post hoc test indicated there were no statistical differences between supervisor for licensure credential and being supervised by their place of employment for licensure credential ($p = .592$). Results also indicated no statistical difference between supervisor for place of employment and being supervised by their place of employment for licensure credential ($p = .537$). However, when analyzing the difference between supervisor for licensure

credential and supervisor for place of employment, results indicated a statistically significant difference ($p = .034$). See Table 5.

Table 5

ANOVA Summary for Supervisor's Role

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>Eta-square</i>
Supervisor Role				3.79	2, 19	.041	.285
Licensure	14	1.58	.737				
Employer	5	2.75	1.03				
Both	3	2.10	.911				
Total	22	1.92	.929				

In addition to examining the variables above, differences in gender, race and age ($n = 60$) between the supervisee and the supervisor were also analyzed. For differences in gender an independent samples t-test indicated there was no statistical significance ($t = .846, df = 58, p = .401$), equal variance being assumed ($p = .763$). Differences in supervisee's race and the supervisor's race ($n = 60$) were also found to be statistically insignificant ($t = .747, df = 58, p = .458$), equal variance was assumed ($p = .085$). Given the type of variable, a correlation analysis was run to examine if the age difference between supervisor and supervisee had an impact on role conflict ($n = 51$). The results indicated that these differences were not statistically significant ($r = .205, p = .150$).

Research Question 4: What are the characteristics of role conflict and working alliance among supervisees who have experienced moral distress in the supervisory process?

For participants who indicated they had experienced moral distress, items on the Role Conflict Inventory and the Supervisory Working Alliance Inventory were analyzed for commonality among the answers. Three participants described moral distress in a supervisory relationship but did not fill out the Role Conflict Inventory and the Supervisory Working Alliance Inventory on that same supervisor for which they described the moral distress experience. Six additional participants identified as experiencing moral distress. For example, one participant stated "I was pressured by a site supervisor to do something I strongly believed was unethical". Two participants, based on their answers to the open-ended questions, did not appear to experience moral distress as identified in the literature. For example, one of the participants stated, "I was feeling unsure about a client and my supervisor stated that my client might just not be

ready for help”. While she might not have felt helped by the supervisor, there did not appear to be any other concern related to the supervision.

The remaining four participants scores on the RCI and SWAI-T were analyzed. Questions that had negative responses were tallied to look for commonality among participants. On the RCI, three of the four participants indicated negative responses for question 4, which states, “My orientation to therapy was different from that of my supervisor. She or he wanted me to work with clients using her or his framework, and I felt that I should have been allowed to use my own approach.” All four participants indicated negative responses for question 7, which states, “I got mixed signals from my supervisor and I was unaware which signals to attend to.”

On the SWAI-T, three of four participants indicated negative responses for questions 8, 12, 13, 14, 16 and 18. Question 8 states, “My supervisor stays in tune with me during my supervision”. Question 12 states, “In supervision, my supervisor places a high priority on our understanding the client’s perspective.” Question 13 states, “My supervisor encourages me to take time to understand what the client is saying and doing.” Question 14 states, “My supervisor’s style is to carefully and systematically consider the material I bring to supervision.” Question 16 states, “My supervisor helps me work within a specific treatment plan” while question 18 states, “I work with my supervisor on specific goals in the supervisory session.”

There were four questions that all four participants responded negatively to. Question 1 states, “I feel comfortable working with my supervisor.” Question 9 states, “I understand client behavior and treatment technique similar to the way my supervisor does.” Question 10 states, “I feel free to mention to my supervisor any troublesome

feelings I might have about him/her.” Lastly, questions 15 states, “When correcting my errors with a client, my supervisor offers alternative ways of intervening with the client.”

Research Question 5: What are the characteristics of moral distress experienced by supervisees in the supervisory process?

In an effort to identify characteristics of moral distress, the researcher read the responses to the open-ended questions that were asked on the Moral Distress Inventory. Seven participants indicated moral distress. The researcher read the statements multiple times to form the initial codes. An External Reviewer also reviewed all responses and themes. This reviewer has experience in qualitative research. There was uniform agreement on the themes and nature of responses. From the codes, three main themes were identified. These themes were sense of responsibility to the client, identification of incompetent supervision, and unethical supervisor behavior.

One theme that emerged was the participant’s **sense of responsibility to the client**. One participant explained that she was seeing a client that her supervisor wanted her to refer to another provider. The patient was unwilling to see the other provider so the participant wanted to bridge the services in an effort to get the patient services. The supervisor gave the participant a hard time, even accusing her of holding onto this patient for a specific reason. The participant described her position by saying “I was not arguing that this patient needed a more experienced provider but I would liked to have made more of an effort to bridge the patient or at the least, see if there was some way that I could help more than no services at all.” Another participant described a supervisor who wanted her to lecture clients on “how to navigate the world and avoid negative consequences” and to “...lecture them on what is right and wrong.” He would live supervise the

supervisee and conduct therapy as described in the previous statements. The participant stated that she “felt it a disservice to the client and the therapeutic process and damaged rapport.” An additional participant described her concern for the client by stating, “we often do not have access to necessary legal documents that would aid in accurate assessments and appropriate treatment recommendations.”

Another theme was **identification of incompetent supervision**. One participant described that she believed that her supervisor did not know what she was doing and stated that, “we don’t talk about techniques or skills and we’ve never discussed a treatment plan ever.” Another participant, who was working with court-referred youth, describes that her supervisor told her that she “needed to tell the clients that I would maintain confidentiality with them, but once I got the information that I could tell the parents.” She described understanding assent and consent and stated that, “my supervisor did not seem to understand or listen to my way of conceptualizing.” Another participant describes being asked to see someone as a client that she had taken a class from related to nutrition and parenting and was also connected to on a social media site. The participant stated, “I suggested that another counselor would be more appropriate”. Her supervisor asked to her see this client in spite of her reservations. One participant describes that she had been told she makes too many referrals to mental health services for clients and because of this her referrals must go through her supervisor or someone who has fewer credentials than her. Upon receiving another referral from the participant, the supervisor told her he would not contact mental health. This has all taken place in spite of the fact the department has “recently gone to court because psychiatric clients have not gotten

enough referrals to mental health and have not been identified as having mental health issues.”

The final theme that emerged from the data was **unethical supervisor behavior**. One participant stated “I have been asked to bill group sessions for more time than I thought I should have in the past. His wishes seem to go against policy and he tries to convince me it’s okay. He once also wanted the therapist in our facility to upcode and ignore personality issues.” Another participant said “I was pressured by my site supervisor to do something that I strongly believe was unethical.” A participant whose supervisor had encouraged her to lie to her minor clients stated “I felt that lying to my clients about what I would keep confidential and what I would not was unethical.” An additional participant, whose supervisor wanted her to see a client with whom she had a previous relationship, stated, “I am convinced this was unethical and that it impacted the care that I provided to the client as well as the therapeutic alliance and the client’s trust in me.”

Research Question 6: How have supervisees responded to experiences of moral distress in the supervisory process?

In an effort to identify how supervisees have responded to the experience of moral distress, the researcher read the responses to the open-ended questions that were asked on the Moral Distress Inventory from seven participants that indicated moral distress. The researcher read the statements multiple times to form the initial codes. An External Reviewer also reviewed all responses and themes. This reviewer has experience in qualitative research. There was uniform agreement on the themes and nature of responses. From the codes, three main themes were identified. These themes were

commitment to ethical action, communication attempts with their supervisor and methods of coping.

One theme that emerged was a **commitment to ethical action**. A participant who had been encouraged by her supervisor to obtain information from her minor clients and then tell the parents describes her commitment to ethics by stating “I tried to empower my clients to feel safe to bring up these behaviors with their parents during therapy to eliminate my needing to go behind their backs like my supervisor wanted me to.”

Another participant who had been asked to refer a client to outside services that the client was not willing to see stated, “I saw the patient for one more session that my supervisor did not like in an attempt to bridge more smoothly. I also made a follow-up call to the patient that my supervisor did not like. Still, the patient did not set up outside services.”

An additional participant who described being admonished for making too many referrals for mental health services stated, “I handed him [supervisor] the referral and told him that ‘my hands are clean.’ I noted on both people’s chart that I gave the referral to the supervisor.” While another participant explained her ethical stance by saying “I knew that my responsibility was to the client not the site supervisor.”

Another theme that emerged was **challenges in communication with supervisors**. One participant stated, “The way I responded at first was to talk with the supervisor directly and ask questions for clarification. I never voiced my concern about him lecturing clients, as I did not feel that was my place at all. I tried to avoid live supervision again after the first time and offered my taped audio sessions instead.”

Another participant who had described unethical billing pressures stated, “I’ve talked about it with him before, but I [sic] not much has changed.” One participant who was

asked to enter into a therapeutic relationship with someone she already had several personal connections with stated, “I expressed my reservations about working with this client.” An additional participant stated, “I listened to my supervisor while still trying to find a way to be true to myself.” She later also stated, “I didn’t feel that I could get anywhere besides her bad side by pursuing the matter. She did ask me why I was trying to see this patient but was not interested in my answer or exploring the issue with me.”

A final theme was supervisees’ **methods of coping**. One participant reached out to her university supervisor and described it by saying, “My university supervisor told me that I needed to suck it up and that it was not my place to question what my site supervisor told me I needed to be doing even if it bordered on unethical.” In response, the participant states, “I consulted with my peers to help process this and to have a safe space to worry about my clients and how they were being treated.” Another participant says, “I also responded by trying to see her point of view. I acknowledged that I was not truly competent enough to see this patient. I tried to think about any countertransference but found this hard to do. I did not discuss with my fellow interns or university supervisor, although I thought about it. It still bothers me, partly because of the patient’s welfare and partly because of the way my supervisor treated me.” A participant who had been asked to engage in a dual relationship stated, “After I was told that I would be seeing them, I had a hard time bringing up difficulties in supervision. Mostly I kept the problem to myself.” An additional participant who had been asked to bill sessions for longer than they had been stated, “I’ve been interviewing for other jobs.” Another participant stated, “I felt concern that my site supervisor might give me a poor evaluation due to my not

complying to her wishes.” Her comfort lies in knowing she is doing the right thing for the client.

Summary

The current study was developed to examine the influence of role conflict on the supervisory working alliance, including how supervisor and supervisee characteristics influenced these constructs. In addition, this study sought to determine the presence of moral distress in the supervisory relationship and how supervisees experience and respond to this. In an effort to answer these research questions a demographic survey, the Role Conflict Inventory, the Supervisory Working Alliance Inventory: Trainee Form and the Moral Distress in Supervision Survey were utilized. Results from this study indicated that when role conflict is present in the supervisory working alliance, the alliance suffers. Additionally, this study found that when moral distress is present, this leads to increased role conflict and decreased satisfaction with the supervisory alliance.

CHAPTER 4

DISCUSSION

The purpose of this study was to determine how role conflict impacted the supervisory working alliance. This study also sought to investigate the presence of moral distress in the supervisory relationship and to determine if role conflict and the supervisor working alliance correspond to this construct. Additionally, this study sought to determine if individual characteristics of the supervisor and supervisee influenced these constructs. Results from the Demographic Questionnaire, The Role Conflict Inventory, The Supervisory Working Alliance Inventory: Trainee Form, and the Moral Distress in Supervision Survey will be discussed in this chapter. Limitations of this study will be discussed as well as implications for supervisors, supervisees, and counselor educators. Additionally, suggestions for future research will also be discussed in this chapter.

Introduction

Supervision is required of all students who seek to enter the counseling profession. Supervision exists to teach the needed skills, values and ethics, protect clients, and screen supervisees' knowledge for entry into the profession (Bernard & Goodyear, 2014). Supervision is vital for the development of counselors-in-training and possibly the most important way that the fundamental skills and knowledge of therapy are taught (Angus & Kagan; Ramos-Sanchez, et. al, 2002; Watkins, 2014). These goals are accomplished through the formation of a positive relationship between the supervisor and supervisee (Cheon, et. al, 2009).

The relationship between the supervisor and supervisee continues to be the most important element of the process, typically referred to as the supervisory alliance (Watkins, 2014). Strong supervisory relationships appear to contribute to better learning experiences, a better usage of time and reports of greater happiness with supervision and the counseling process (Parcover & Swanson, 2013). Effective supervision includes supervisees experiencing an atmosphere that is safe and secure, which includes empathic understanding so that ideal learning can occur in supervision (Angus & Kagan, 2007). Supervisees need a space to share their doubts and fears. Therefore, it becomes the responsibility of the supervisors to create a space for which this can occur (Friedlander, 2015).

Unfortunately, there is also research to suggest that in some instances, problems or challenges in the supervisory relationship can be detrimental to supervision and the development of the supervisee (Ellis, et. al, 2013; Gray, et. al, 2001). Research has found that some supervisees have experienced supervision that is either inadequate or harmful (Ellis et. al, 2013). Ethical violations on the part of the supervisor also have been found to negatively impact the supervisory relationship (Cimino, et al., 2013; Ladany, et. al, 1999). Supervisees reporting negative experiences generally had weaker supervisory alliances and significantly lower satisfaction with their supervisor than participants who did not report negative experiences (Gray, et al., 2001; Ramos-Sanchez, et al., 2002).

Role conflict is another problem that can occur in the supervision relationship. Role conflict is a result of differing expectations by the supervisor and supervisee about what should occur in supervision (Friedlander, 2015). Supervisees are often expected to fulfill multiple roles, which have differing amounts of authority. As a counselor,

supervisees are in a position of relative independence whereas the student or supervisee role requires that they be in a more subordinate position with oversight from a professor or supervisor (Nelson & Friedlander, 2001). Supervisees who are subject to evaluation for school or professional licensure are asked to show weaknesses in their work in order to make improvements while concurrently appearing competent (Ladany & Friedlander, 1995; Nelson & Friedlander, 2001). Findings indicate that when role conflict is present, the supervisory relationship is negatively impacted (Olk & Friedlander, 1992) whereas supervisees who perceived a stronger supervisory working alliance experienced less role conflict (Friedlander & Ladany, 1995). Anxiety, work dissatisfaction, and unhappiness with supervision have been found to be related to role difficulties (Olk & Friedlander, 1992) as well as lack of trust in the supervisor, withdrawal from the relationship, adopting a guarded stance, as well as health problems, excessive self-analysis, fears and self-doubt (Nelson & Friedlander, 2001).

It has recently been suggested that moral distress might also impact the supervisory relationship (Nuttgens & Chang, 2013). Moral distress refers to a person believing that they know the correct ethical action to take and feeling constrained from doing it (Nuttgens & Chang, 2013) or they do what they believe is wrong (McCarthy & Deady, 2008). Moral distress often exists in hierarchal relationships (Jameton, 1992). Therefore it has been suggested that moral distress might also occur in the supervisory relationship due to the power differential inherent in supervision (Nuttgens & Chang, 2013). The power imbalance often leaves supervisees without the freedom and power to express their opinions (Cheon, et al., 2009) Moral distress often occurs within the context of ethical decision-making where a preferred choice is known but might not be

implemented (Jameton, 1993). Professional integrity appears to be linked to moral distress (Austin, et al., 2005). The sense of not feeling whole is a theme among those who have experienced moral distress, which is sometimes experienced in the physical body, with reactions such as crying, headaches, and nausea or reactions such as depression, anger, grief, frustration or ineffectiveness (Austin, et al., 2005). Supervisees who find their supervisor to be professionally incompetent are often unwilling to disclose in supervision (Reichelt, et al., 2009). When supervisees are unwilling to disclose, supervisors are unable to adequately assist in their developmental growth.

This present study was designed to gain an understanding of the impact of role conflict on the supervisory alliance. Additionally, it sought to examine the presence of moral distress in the supervisory relationship and how it might also correspond with role conflict and the supervisory working alliance.

Summary of Findings

The first question in this study attempted to determine the relationship between supervisory working alliance and experiences of role conflict. Not surprisingly, a strong negative correlation was found between scores on the RCI and the rapport subscale of the SWAI-T. The rapport scale measures the supervisor's effort to create a relationship with the supervisee, and is based on the supervisee's perception of this relationship. This finding is significant for supervisors, supervisees and counselor educators as it indicates that when role conflict is present between the supervisor and supervisee rapport suffers. This supports previous research from Olk and Friedlander (1992) that suggested when role conflict is present the supervisory relationship is likely to be negatively impacted. Additionally, findings from Ladany and Friedlander (1995) show that when there was a

stronger bond between the supervisor and supervisee, the supervisee experienced less role conflict. As a positive relationship between the supervisor and supervisee is believed to be the primary way that the goals of supervision are accomplished (Cheon, et al., 2009), it is vital that supervisors, supervisees and educators understand how a negative supervisory relationship can impact the supervisee and ultimately clients as well.

Results also indicated that a negative relationship exists between scores from the RCI and the client focus subscale of the SWAI-T. This subscale measures from the supervisee's perspective how much their supervisor focused on specific goals and tasks that are meant to assist clients. This finding indicates that when role conflict is present, the focus on the client suffers. The supervisor is intended to be a teacher, model and guide in order to help the supervisee develop the necessary skills needed to be a therapist (Hawkins, et al., 2012; Ramos-Sánchez, et al., 2002). Supervision is intended to help supervisees increase skills in working with clients, which should ultimately assist clients toward more positive outcomes (Angus & Kagan, 2007). It is important that supervisors, supervisees and counselor educators be aware that when role conflict is present there is the potential that the client suffers as well as the growth and development of the supervisee.

The second question was developed to increase understanding of the relationship between supervisor characteristics and experiences of role conflict within the supervisory relationship. Independent samples t-tests were run for each of the three characteristics including gender, race and supervisors education level. None of these were found to be statistically significant. This corresponds with findings from Cheon et al., (2009) who also looked at gender and race and found that matching on demographic variables is not

as important as the ability to work through conflict in the supervisory relationship. Supervisors' education level was also assessed and was not found to be statistically significant, indicating that conflict did not increase or decrease based on degree status. While this finding is positive, those who have obtained a doctoral degree have generally been through a course or courses, which includes supervising a master's level student and supervision of their supervision.

An ANOVA was run to determine how the variable of supervisor's years of supervisory experience might have on the supervisee's experience of role conflict. Results indicated that supervisor's years of experience did not impact supervisee's experience of role conflict. Another ANOVA was run to determine if the supervisor's years of counseling experience impacted the supervisee's experience of role conflict. Results indicated no statistical difference between 0 – 10 years of counseling experience and 11 – 15 years of counseling experience. However, the difference between 11 – 15 years of counseling experience and 15+ years of counseling experience indicated a statistically significant difference. One possible explanation for this could be that supervisors experience with clients may have more of an impact than their experience with supervisees, meaning the supervisor's role as a counselor has had some influence on their actions as a supervisor. Another possible explanation for this is that a supervisor who has a significant amount of years counseling experience might be more inclined to see things through their own perspective and theoretical lens and less open to other perspectives, thus leading to more conflict.

The third research question was developed to increase our understanding of the relationship between supervisee characteristics and experiences of role conflict within the

supervisory relationship. Independent t-tests were run for both gender and race and both were statistically insignificant. Participants were also asked to indicate if they were a student or an employee. This test was statistically significant indicating that those who are employed experienced more role conflict. Participants who were students were asked to indicate if they were in practicum or internship. This also was statistically significant and indicated that those who were enrolled in internship experienced more role conflict. This finding is consistent with previous literature from Olk and Friedlander (1992) that suggests that role conflict is more predominant for those trainees with more experience. This finding might also explain why employees experience more role conflict than students given that they would have more experience working with clients. An additional independent samples t-test was run to determine if there was any significance difference between students who were supervised by university supervisors and those supervised by site supervisors. This was not found to be statistically significant.

Another independent samples t-test was conducted to determine if part-time or full-time status impacted the experience of role conflict. This was not found to be statistically significant. An ANOVA was conducted to determine if being supervised for licensure credential, by a supervisor for their place of employment, or both impacted the experience of role conflict. The results were statistically significant indicating that those who were being supervised by a supervisor for their licensure credential experienced less role conflict than those who were supervised at their place of employment. Results for those who were supervised by a supervisor for licensure credential and place of employment were not significant. A possible explanation for this is that the role of the supervisor for licensure credential and the role for the supervisor at their place of

employment might have a different focus, which could include an allegiance to the agency. Additionally, those who supervise for licensure credential have specific training and experience in supervision that could influence the process.

Additionally, differences in gender, race and age between supervisor and supervisee were also analyzed. T-tests indicated gender and race were not statistically significant, while correlation analysis determined that age difference between supervisor and supervisee did not impact role conflict. Although the current study found that race was not a significant factor in role conflict, Nilsson & Changming (2007) found that racial and ethnic minority supervisees reported more role conflict. However, their findings focused on perceived prejudice from White supervisors, which was not a focus of the current study. While these current findings are positive, it is important to be aware of how differences in gender, race and age might influence conflict within the supervisory relationship, particularly for minorities who have experienced discrimination.

The fourth question was asked in an effort to determine characteristics of role conflict and the supervisory alliance among those who had experienced moral distress. There were three participants who described moral distress but had filled out the questionnaire about a different supervisor, so a comparison was not possible. Two others described situations that did not indicate moral distress based on the definition in the literature. However, one of those descriptions could give insight into what might have qualified as moral distress had the supervisor not handled the situation in such an effective manner. The participant described a situation of disagreement with her supervisor in which she wanted to keep the confidentiality of the minor client and he wanted her to report the issue to the state. The supervisor and supervisee handled the

situation by talking through alternatives and looking at what the law said. This could have easily turned into a situation where the supervisee was told what to do without understanding what the appropriate ethical action was. Instead the supervisor acted as a teacher and guide as they looked together at the correct action. The scores on the RCI and SWAI-T for this participant indicated a very good alliance with minimal role conflict.

For the four participants that described moral distress and completed the RCI and SWAI-T on the same supervisor, the researcher looked at the questions on the constructs that were the most common among participants who indicated moral distress. On the RCI, three of four participants responded to question 4, which indicated that their orientation to therapy was different than that of their supervisor and they thought they had to use the supervisor's approach when they wanted to use their own. This parallels the findings from Olk & Friedlander (1992) indicating that conflict arises when the supervisee is expected to act in ways that are not in line with their personal judgment. In this situation, when a supervisee is expected to be forming his or her own approach to counseling, but is asked to work in a way that is more in line with the supervisor's views, conflict appears to occur. All four participants indicated by their answer to question 7 on the RCI that they received mixed signals and were unsure which ones to attend to. Nelson, et al. (2008) found in their study of supervisors' experience working within conflictual relationships that supervisors most frequently reported they learned from their previous conflicts the need to communicate expectations clearly from the beginning and provide feedback early. This indicates a need to train supervisors in open communication so that mixed signals, that they might be unaware of, can be openly discussed in supervision as a preventative method. Ladany (2005) suggests that supervisors engage in

role induction with supervisees informing them about the supervision process and expectations of both parties.

When looking at how supervisees who reported moral distress evaluated the supervisory alliance, questions that had negative scores were evaluated and tallied to see which items occurred most among supervisees. Negative responses to items such as, “my supervisor stays in tune with me during supervision,” indicate a lack of interest on the part of the supervisor, at least from the supervisee perspective. While responses to questions such as “my supervisor places a high priority on our understanding the client perspective”, “my supervisor encourages me to take time to understand what the client is saying and doing”, “my supervisor’s style is to carefully and systematically consider the material I bring to supervision”, “my supervisor helps me work within a specific treatment plan” and “I work with my supervisor on specific goals in the supervisory session”, seems to indicate not only a lack of focus on the client but a perceived disinterest in the supervision process in general.

In addition, there were four questions that all participants who experienced moral distress responded negatively to. The first one stated, “I feel comfortable working with my supervisor”. They also all responded negatively to “I understand client behavior and treatment technique similar to the way my supervisor does”, “I feel free to mention to my supervisor any troublesome feelings I might have about him/her, and “when correcting my errors with a client, my supervisor offers alternative ways of intervening with the client.” Of those who experienced moral distress, none of the supervisees felt comfortable with their supervisor. It would stand to reason that they might also have difficulty bringing up troublesome feelings toward the supervisor. This is a difficult skill for many

people but in the supervisory relationship where evaluation is part of the process this could be understandably more challenging. We also see here that the supervisor and supervisee have differing understandings of client behavior and treatment technique. Additionally, from the supervisees' perspective, supervisors are correcting errors but without alternative suggestions for intervening with clients. A trusting supervisory relationship should allow supervisees to stretch themselves in the way they respond to clients and in the techniques they are willing to try (Angus & Kagan, 2007) as well as create a safe environment for supervisees to disclose concerns related to their own deficits (O'Donovan & Kavanagh, 2014). It appears that within the presence of moral distress, role conflict increases and the supervisory working alliance suffers.

The fifth question was developed in an effort to identify common characteristics that are experienced by supervisees who experience moral distress. This was measured qualitatively. Codes were formed and themes were developed from those codes. The first theme that emerged was the participant's sense of responsibility to the client. Supervisees repeatedly worked to put the needs of the client first even if that meant conflict with the supervisor. Similar situations have been described in the moral distress literature such as a psychologist going against the directives of his place of employment and anonymously placing a call to an advocacy group that could help a client that was not receiving the care he needed (Austin, et al., 2005). This is similar also to the conflict that was experienced by psychiatrists who are obligated to their clients but also to the hospital, agency or general public in which they serve (Austin, et al., 2008). These supervisees concern for the client allowed them to face potential conflict in order to act in the manner they thought was ethical.

The second theme that emerged was incompetent supervision. Supervisees who experienced moral distress often had poor supervision experiences. These included supervisors not listening to the supervisee's way of conceptualizing, not discussing techniques or skills, discouraging the supervisee from giving clients optimal care, and encouraging supervisees to engage in behavior that they considered unethical. The supervisory behavior that was described by participants appears to meet the definition of inadequate supervision as defined by Ellis et al., (2014) by failing to help the supervisee develop professional competency. Unfortunately, these participants were not alone in their experience of negative supervision. Ellis et al. (2013) found that 96.3% of their participants had received inadequate supervision at some time in their supervisory experience. It is possible that moral distress might have resulted due to poor supervision experiences, which often included unethical behavior by the supervisors.

The third theme that emerged was unethical supervisor behavior. Supervisees described supervisor behavior that included unethical billing and upcoding, encouraging supervisees to lie to clients, and putting supervisees into known dual relationships despite supervisee reservations. Ladany, et al., (1999) found that 51% of supervisees in their study identified at least one ethical violation by their supervisor. They also found that supervisees report greater satisfaction with supervision when there are fewer ethical violations by supervisors and greater dissatisfaction with supervision when ethical violations are present. While role conflict is often seen when a supervisee is expected to act in ways that are opposing, moral distress is linked with ethical decision-making. In addition, it appears that moral distress within the supervisory relationship is linked not only to ethical decision-making by the supervisee but also the process of being

encouraged to engage in unethical action by the supervisor, the person who should be a guide pointing the way toward ethical behavior.

The sixth question was developed in order to gain an understanding of how supervisees respond to their experiences of moral distress within the supervisory process. This was also measured qualitatively. Codes were formed and themes were developed from those codes. The first theme that emerged was a commitment to ethical action. Participants in this study continued to find a way to act in what they believed was the most ethical manner even when it was against supervisor advice. Much of the literature related to moral distress that has come out of the medical field indicates that the distress comes when one is constrained from acting. Findings here indicate that within the context of supervision, participants are still acting on their moral principal despite differences with their supervisor. A possible explanation for this is that medical decisions are often made in a more immediate context, whereas in the counseling environment, split second decisions are not being made, allowing supervisees time to consider alternatives.

Another theme that emerged was the supervisees' communication attempts with their supervisors. Participants in this study sought out supervisors for discussion and clarification. This was also seen in another study of moral distress by Austin et al., (2005) when one psychologist was concerned about the walls in her office that were so thin that the client's confidentiality could not be kept. She dealt with this by bringing it up at each meeting so that it would be put in the minutes of the meeting and be on record. Another psychologist reported that she was continually in conflict with her supervisor whose expectation for client care differed from her own (Austin, et al., 2005). Unfortunately,

similar to the study above, findings from the current study imply that communication attempts often lead to conflict rather than understanding.

The third theme that emerged was methods of coping. Participants reported concerns such as being worried about evaluations and continual thoughts about the client's welfare and their own personal treatment. All supervisees attempted to find ways to cope with the distress. This occurred in a variety of ways including seeking help from university supervisors, peers, keeping to self, withdrawal in supervision and looking for other jobs and introspection. In Nelson & Friedlander's (2001) qualitative study they found that supervisees' reactions to role conflict and ambiguity included a lack of trust in their supervisor, lack of safety, withdrawal from the relationship, adopting a guarded stance, and feeling powerless. Reichelt, et al., (2009) found that supervisees who find their supervisor to be professionally incompetent are often unwilling to disclose. The impact of moral distress on the worker include inability to care for client welfare, impaired ability to do good work, diminished personal wellbeing and high work turnover (Mänttari-van der Kulp, 2016). All of these were seen here in this current study to some extent.

Limitations

This study may be limited by the relatively small sample size. This would include the ability to compare race of the supervisor and supervisee as well as implications of racial differences. As in all quantitative research, larger numbers of participants would allow for a greater breadth and depth of analysis.

Another limitation in this study that the Moral Distress in Supervision Survey did not ask participants to indicate by answering yes or no if they had experienced the

phenomenon of moral distress. Therefore, it is impossible to say that those who did not answer did or did not experience moral distress, just that they left the survey blank. The assumption that they left it blank because they have not had this experience cannot be confirmed. Out of 57 participants, 26 (46%) confirmed they had not experienced moral distress while 9 (16%) indicated that they had experienced moral distress.

Implications

Issues like role conflict, the supervisory working alliance and moral distress raise several concerns about supervision. One is the process of informed consent within supervision. It is important for both parties to enter into the relationship with expectations outlined, which is especially true for the supervisee. It also brings up the questions of how counselors are approved to become supervisors and how those supervisors are trained. It seems important that the supervisor actually wants to work in that capacity and is not just assigned the position by default. It is also important that counselor educators, supervisors and supervisors-in-training be aware of the signs that can indicate the presence of role conflict and moral distress and how both of these constructs impact the supervisory alliance and possibly client care. Additionally, a way to evaluate supervisors is needed so that supervisees have a way to voice their concern.

This study looked at supervisor and supervisee characteristics that corresponded with role conflict. Supervisors' years of counseling experience emerged as statistically significant factor in the supervisory relationship. Although the study did not seek to understand why this might be the case, supervisors need to be aware that those with more counseling experience might be at risk of a more conflictual supervisory relationship. Participants who were employed experienced more role conflict than students, while

students in internship experienced more role conflict than students in practicum. Olk and Friedlander (1992) found similar results indicating that more experience increases role conflict. Supervisors, supervisees and counselor educators could benefit from having a greater understanding of the findings that indicate that as experience increases and supervisees become more comfortable in their role, conflict may increase. Additionally, supervisees who were being supervised by their place of employment reported increased role conflict, while supervisees who were being supervised by someone for their licensure experienced less role conflict. This could be particularly important for understanding the pressures that exist for those working in agencies.

This study found that when role conflict is present in the supervisory relationship, the supervisory working alliance suffers. Moral distress was also examined in an effort to discover if this is something that exists within the supervisory relationship. While there were a small number in this sample that had experienced this, when moral distress was present, role conflict was higher and the supervisory alliance suffered. While role conflict and moral distress seem to share some characteristics and consequences, it does appear that some difference exists. Moral distress is usually seen within the context of ethical decision-making and findings from this study indicate that those who experienced moral distress described ethical situations that led to their experience. The ethical behavior of supervisors is a concern that requires attention.

Suggestions for Future Research

Moral distress has recently been suggested (Nuttgens & Chang, 2013) to have implications for the supervisory relationship. This study sought to determine the presence of moral distress within the supervisory relationship. Future research should include a

scale that could measure this construct quantitatively, which would be beneficial for obtaining a larger picture of the frequency of the occurrence of moral distress.

Additionally, a qualitative study that examines in depth the presence of moral distress within the supervisory relationship would be beneficial in describing the essence of the phenomenon.

One finding of interest was that as supervisors' counseling experience increased, supervisees reported more role conflict. This finding would seem to indicate that supervisors' experience as a counselor and not necessarily as a supervisor has a greater impact on the supervisees' experience of role conflict in supervision. This is an unexpected finding that would benefit from further research to examine how the counseling experience of the supervisor influences role conflict and other aspects of the supervision process.

There have been a number of studies that look at conflict within the supervisory relationship. Research that investigates the supervisor training process could be beneficial for understanding what might be lacking and how that contributes to supervisory relationships that are marked by conflict. Additionally, research that investigates the dispositions of supervisors that lead to both positive and negative outcomes might be beneficial to determine if personal attributes contribute to both conflictual as well as healthy supervisory relationships. Also, the ethical behavior of the supervisor is an area that deserves attention as the current study has found that those supervisees who report moral distress, role conflict and poorer supervisory relationships have indicated that their supervisor had acted unethically.

Conclusion

This study developed an understanding of the relationship between role conflict, the supervisory working alliance and supervisor and supervisees characteristics that might influence conflict within the supervisory relationship. Additionally, this study sought to determine if supervisees in the supervisory relationship experience moral distress and to understand their experience and response to that distress. How role conflict and the supervisory working alliance correspond was also investigated. This study found that for those who did experience role conflict the supervisory relationship suffered. Additionally, those who reported experiences of moral distress also had supervisory relationships that were marked with conflict and lower alliance scores. While role conflict and moral distress share similarities, moral distress appears to emerge in the presence of ethical decision-making.

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The Supervisory Working Alliance: Implications of Role Conflict and Moral Distress

Introduction

Moral distress has been defined as the inability to act in the way that one believes is morally appropriate (Mänttari-van der Kulp, 2016). Moral distress deals with making moral judgments regarding a course of action that is appropriate for a situation but being unable or unwilling to carry it out (McCarthy & Deady, 2008). Moral distress refers to a person believing they know the correct ethical action to take and feeling constrained from pursuing it (Nuttgens & Chang, 2013) or they do what they believe is wrong (McCarthy & Deady, 2008). Moral distress is often present when a person feels conflicted between two roles (Austin, et al., 2008). When a person is unable or unwilling to act on what he or she believes is the right course of action for a situation, he or she may experience moral distress (McCarthy & Deady, 2008). Others have defined moral distress in relation to the pressures that are internal or external such as personal decision-making or decision-making outside of the control of the worker, such as institutional or organizational decisions (Mänttari-van der Kulp, 2016). Moral distress is distinctly different from a moral dilemma because in a moral dilemma there is a choice to be made between two or more options that might be considered appropriate (Mänttari-van der Kulp, 2016). However, in moral distress, the moral choice is known but may not be implemented (Mänttari-van der Kulp, 2016). Moral distress often results in feelings of failure and can

impact a person physically, emotionally and spiritually. Work burn out and withdrawal are also a risk (Austin, Rankel, Kagan, Bergum & Lemermeyer, 2005).

The concept of moral distress originated from the works of Jameton in the field of nursing (as cited in Nuttgens & Chang, 2013) but has begun to be utilized as an umbrella term to describe the moral constraints that are experienced by healthcare providers, including counselors, as they care for clients (McCarthy & Deady, 2008). Powerlessness, the idea that one cannot change the situation, is a common element of moral distress (Jameton, 1993). Concern exists for the impact that the experience of moral distress places on the healthcare provider (McCarthy & Deady, 2008). Some of these include inability to care for client welfare, impaired ability to do good work, diminished personal wellbeing and high work turnover (Mänttari-van der Kulp, 2016).

Although the concept of moral distress began in the field of nursing, it has also been discussed as relevant to the supervisory relationship in counseling and other helping professions due to similarities in the power differentials that exist for supervisor and supervisee, much like that of nurse and doctor (Nuttgens & Chang, 2013). Moral distress often exists in hierarchal relationships such as when a nurse that makes a moral decision about the right action to take in a situation but is unable to pursue it due to institutional policy or a co-worker (physician) who is in a position of authority over him/her prevents the action from being taken (Jameton, 1992). This often results in moral distress and it is likely that supervisees, who have less authority but have equal responsibility, might also have similar experiences (Nuttgens & Chang, 2013).

In their efforts to research and understand moral distress so they could create an instrument, with the hopes of measuring the extent to which moral distress is experienced

in nursing, Corley, Elswick, Gorman & Clor (2001) stated that their research was based on three assumptions. These are: “that nurses bring values into their work, that they can identify ethical problems in their work environment, and that they can evaluate the extent to which these problems cause moral distress” (p. 252). Due to the fact that counselors and other helping professionals bring these same three elements into their professional environment, it is likely that they also have experiences of moral distress.

The concept of moral distress has also been studied in relation to psychologists and psychiatrists, both helping professions related to counseling. There are a variety of ways in which moral distress was experienced in these helping professions. One way it is seen is when two people understand moral distress in opposing ways based on their perceptions (Austin et al., 2005). This opposing view was explained by Austin, et al., (2005) in their phenomenological study of psychologists who drew opposing conclusions in the decision to terminate a mother’s parental right, which was the recommendation of one psychologist, while another psychologist found this decision to be horrendous and took into account the difficulties the mother had in complying with what was required of her. Both had the welfare of the children in their decision making process but drew different conclusions (Austin et al., 2005). Other themes in the helping professions are the balance between the public’s trust and their own moral decision-making (Austin, et al., 2005) and also the need to protect the public while simultaneously caring for clients and respecting their autonomy (Austin, et al., 2008).

Another theme dealt with being obligated to one’s own beliefs and ethics while also being obligated to an institution that employs you. Being torn between the responsibilities to carry out what is in the best interest of clients and therefore your

professional obligations often interferes with the desires of your place of employment (Austin et al., 2005). This sometimes happens through covert actions that attempt to preserve both a job and ethics, such as one psychologist who reached out to an advocacy group outside of his agency in an effort to get a client help that was denied at his place of employment. Balancing concern for clients versus their need to work in better environments often kept psychologists from leaving when institutional changes were not being made. However, some did leave while others dealt with it by staying silent, acting covertly, attempting compromise, or by making their voice heard (Austin, et al., 2005).

Professional integrity appears to be linked to moral distress (Austin, et al., 2005). Moral distress appears to exist across a number of helping professions and while there may be a variety of situations that contribute to moral distress, the results are often the same (Austin, et al., 2005; Austin, et al., 2008; Corley, et al., 2001). The sense of not feeling whole is a theme among those who experience moral distress (Austin, et al., 2005). Some describe reactions such as depression, anger, grief, frustration or ineffectiveness (Austin, et al., 2005). The environment in which this takes place often has social and political pressures as well as power struggles and conflict (Austin, et al., 2005).

Moral distress often occurs within the context of ethical decision-making where a preferred choice is known but might not be implemented. Nurses are often in a position to experience moral distress due to institutional constraints or those from a co-worker, which places him or her in a position of lesser authority (Jameton, 1993). Corley, et al. (2001) have stated that “nurses often have more responsibility than authority”, so perhaps supervisees face a similar problem, having much responsibility but often lacking the

authority to act on their own moral choices, caught between institutional demands and those of the supervisor over them. The relational power imbalance is the central component in the moral distress literature that creates this phenomenon (Nuttgens & Chang, 2013). This subordinate position and fear of not fully understanding a situation were also cited as reasons that medical students did not speak up when faced with distressing situations (Wiggleton, Petrusa, Loomis, Tarpley, Tarpley, Gorman, & Miller, 2010). Due to the power imbalance inherent in the supervision relationship (Bernard & Goodyear, 2014), it has been suggested that the experience of moral distress might also exist in the field of counseling, particularly in the supervision relationship (Nuttgens & Chang, 2013).

This power imbalance, which is due to the hierarchical nature of the supervisory relationship, can also leave supervisees without the freedom and power to express their opinions while in the relationship (Cheon, et al., 2009). In Nelson & Friedlander's (2001) study of conflictual supervisory relationships, they found that the majority of the supervisees did not trust their supervisor due to the lack of attention, understanding and warmth that was displayed toward them (Nelson & Friedlander, 2001). When conflict does occur, it appears that the supervisory working alliance mitigates the impact of the conflict on the relationship (Cheon, et al., 2009). However, when a strong working alliance has not been established, it appears that supervisees suffer in their health and well-being and in their trust of others, particularly those in authority (Nelson & Friedlander, 2001). It is therefore important to consider what happens when this relationship is not attended to or is marked by behaviors on the part of the supervisor that are inadequate, detrimental or unethical.

Supervisees who find their supervisor to be professionally incompetent are often unwilling to disclose in supervision (Reichelt, Gullestad, Hansen, Rønnestad, Torgersen, Jacobsen... & Skjerve, 2009). Without the supervisee being willing to disclose, supervisors are unable to adequately assist in their developmental growth. This component of supervision is vital for the development of the supervisee so that they can learn the skills of the profession (Angus & Kagan, 2007; Ramos-Sanchez, et al., 2002; Watkins, 2014). This concern about disclosing or addressing concerns in supervision may also lead to the supervisee experiencing what can be termed moral distress (Nuttgens & Chang, 2013). The experience of moral distress in supervision may be impacted by many of the same variables that have been found to influence the quality of the supervisory relationship. Specifically, there is research that clearly demonstrates that a strong working alliance creates an environment that encourages disclosure (Mehr, Ladany, & Caskie, 2015). This parallels research that suggests that role conflict also influences the quality of the supervisory relationship (Friedlander, 2015; Olk & Friedlander, 1992; Ladany, & Friedlander, 1995). Thus a critical element of examining the presence of moral distress in supervisory relationships is the consideration of whether role conflict and the supervisory working alliance also correspond to this construct.

Role Conflict

One element that has been seen to parallel poor supervisory relationships and the dynamics that contribute to these poor relationships is role conflict. This conflict can be demonstrated in multiple ways in the supervisory process, including perceptions that the supervisor is not engaging in practice that is beneficial to the supervisee and their clients. Alliance ruptures in supervision often occur as a result of role conflict, which is a result

of differing expectations by the supervisor and supervisee about what should occur in supervision (Friedlander, 2015). Role theory, which has its roots in organizational psychology, informs us that role conflict occurs when an individual is expected to behave in ways that are inconsistent (Rizzo, House & Lirtzman, 1970). It has been suggested that this type of inconsistent or opposing behavioral expectations might exist in the supervisory relationship (Olk & Friedlander, 1992; Nelson & Friedlander, 2001). Supervisees are often expected to fulfill multiple roles, which have differing positions of authority (Nelson & Friedlander, 2001). As a counselor, supervisees are in a position of relative independence whereas the student or supervisee role requires that they be in a more subordinate position with oversight from a professor or supervisor (Nelson & Friedlander, 2001). Supervisees who are subject to evaluation for schooling or for professional licensure are asked to show weakness in their work in order to make improvements while concurrently appearing competent (Ladany, & Friedlander, 1995; Nelson & Friedlander, 2001). Furthermore, the fact that the supervisory relationship is evaluative sets the stage for the possibility of conflictual relationships (Nelson & Friedlander, 2001).

In their study of counseling supervisees, Olk and Friedlander (1992) found that anxiety, work dissatisfaction and unhappiness with supervision are related to role difficulties (Olk & Friedlander, 1992). Similarly, in Nelson & Friedlander's (2001) qualitative study (N=13), they found that supervisees' reactions to role conflict and ambiguity included a lack of trust in their supervisor, lack of safety, withdrawal from the relationship, adopting a guarded stance, and feeling powerless. They also found that supervisees experienced forms of extreme stress, which included health problems,

excessive self-analysis, fears and self-doubt (Nelson & Friedlander, 2001). Ladany & Friedlander (1995) investigated the impact that the supervisory working alliance had on role conflict and role ambiguity in the supervisory relationship. Their findings indicate that when supervisees viewed the working alliance as strong they reported less role conflict and when they believed the alliance to be weaker they reported more role conflict (Ladany & Friedlander, 1995).

Supervisory Working Alliance

The relationship between supervisor and supervisee continues to be the most important element of the process, typically referred to as the supervisory alliance (Watkins, 2014). The supervisory working alliance, which was conceived by Bordin (1983) to describe the components that make the supervisory relationship effective, is thought to be central to productive supervision (Watkins, 2014). The supervisory working alliance includes three parts, which are identified as: the bond between the supervisor and supervisee, which centers around the relationship that is formed which is built on trust and positive feelings for each other and is needed to make supervision effective; mutual agreement of the goals that are decided on by supervisor and supervisee, and the tasks required of each person in order to accomplish the goals (Bordin, 1983). It is through the creation of this alliance that these important tasks of supervision take place (Cheon et al., 2009).

Supervision is vital for the development of the supervisees, so that they may increase their skills in working with clients, thereby increasing their ability to assist clients toward more positive outcomes (Angus & Kagan, 2007). The establishment of a trusting relationship appears to increase the confidence of the supervisee allowing them

to stretch themselves in the way that they respond and in the techniques that they are willing to try (Angus & Kagan, 2007). An effective supervisory relationship provides a safe environment for the supervisee to disclose concerns related to their own deficits and allows for skills to evolve over time (O'Donovan & Kavanagh, 2014).

In addition, a review of supervisory alliance research details the variables that are linked to supervisory alliances that are positively rated. These include, but are not limited to, positive counseling efficacy, higher rates of self disclosure, higher supervision and job satisfaction, compatibleness in supervision, and more favorable perceptions of supervisor ethical behavior (Watkins, 2014). Watkins (2014) also identified the variables that appear to correlate to a negative supervisory relationship. There are also variables that correlate to a negative supervisory relationship including higher rates of emotional fatigue and burnout, increased role conflict, and increased frequency of perceptions of negative supervisor behaviors (Watkins, 2014). These variables highlight the underlying issues in supervision that might contribute to harm for the supervisee and ultimately the client.

There are a variety of ways that these negative supervisor behaviors impact the supervisee. Supervisees often became reluctant to share information and came to view supervision as meeting a requirement rather than being internally motivated (Bang & Goodyear, 2014). Negative attitudes toward supervision often develop as a result of negative events in supervision taking place and are often accompanied with cognitive blocking, negative emotions and mental withdrawal (Bang & Goodyear, 2014). A stronger supervisory alliance was reported by supervisees who believed their supervisor to be acting in accordance with ethical guidelines (Ladany et al., 1999). In addition, unethical behavior is reported less frequently by supervisees who are satisfied with

supervision (Ladany et al., 1999). As moral distress is often linked to ethical issues, the ethical behavior of the supervisor is particularly salient for the supervisee's experience of role conflict, working alliance and moral distress.

Significance

While supervision has distinctive differences from counseling, they both place an emphasis on the importance of establishing a working alliance from which all other aspects of the work are fostered. The supervisory alliance is considered to be the fundamental element that must be present in the supervisory relationship for the relationship to contribute to positive outcomes (Watkins, 2014). Supervisees are less likely to challenge supervisors and are more likely to withdraw from the process (Friedlander, 2015).

Ethics in supervision has not been as rigorously focused on in the same way that ethics in counseling has been (Ladany, 2014). This has the potential to set in motion many other problems. Most trainees have not been formally instructed on what steps to take if they witness an ethical breach (Cimino, et al., 2013). Supervisors that model behavior that is unfavorable or at worst unethical have the potential to teach this to trainees who may one day be supervisors themselves (Ladany, 2014). Due to the fact that the supervisory relationship is a hierarchal one, the opportunity exists for experiencing moral distress when conflict and ethical dilemmas are present within the supervisory relationship (Nuttgens & Chang, 2013).

Findings from the current study may assist in answering the question of how common the problem of moral distress is in the field of counseling. The need for this research has been suggested in the literature to gain an understanding of the prevalence

and impact that moral distress has on counselors and counselors-in-training, particularly in regard to supervision where the supervisee is vulnerable due to the power differential in the relationship (Nuttgens & Change, 2013). The primary focus for this study was the relationship between supervisory working alliance and role conflict, specifically how these components related to the experience of moral distress among supervisees. This also included consideration of supervisee's experiences of moral distress during the supervisory process.

This study examined the relationship between the supervisory working alliance and supervisees' experience of role conflict. Also of interest to this study was how supervisor and supervisee characteristics impact role conflict. In addition, this study sought to investigate if supervisees had experienced moral distress within the supervisory relationship and how it corresponded to the experience of role conflict and the supervisory working alliance. How supervisees' characterized moral distress and how they responded were also investigated.

Method

Participants

Participants in this study consisted of a non-random sample of two groups of supervisees who were currently being supervised. The first group consisted of supervisees-in-training who were recruited from universities in the United States. Supervisees-in-training were asked to volunteer to participate from their practicum or internship classrooms. All supervisees were 19 years or older. The second group of participants was supervisees who had graduated and are employed and receiving supervision in the United States. They were recruited through professional counseling

listservs (e.g. ALCA, CESNET), contact with local community agencies and targeted emails. The researcher provided all participants with an Information Letter describing the study, which served as the informed consent for participation in the research. If supervisees chose to participate, they were given a series of assessments designed to measure the supervisory relationship. Participation was voluntary and anonymous.

Procedure

Data was gathered on the Supervisory Working Alliance Inventory - Trainee Form (SWAI-T), Role Conflict Role Ambiguity Inventory (RCRAI) and two open-ended questions concerning moral distress in supervision. The surveys were provided to supervisees and supervisees-in-training for completion. Participants also completed a demographic questionnaire. Participants were recruited through an email sent to counseling listservs, contact with local community agencies and targeted emails, with the goal of reaching supervisees who have already graduated and are receiving supervision at their work site. Participants were also recruited through their university. An email was sent to program coordinators in Counselor Education from both CACREP and non-CACREP programs. The email described the study, requested participation, and contained an informational letter about the purpose of the study. The email also contained a link to the surveys. Participants accessed the surveys electronically using Qualtrics. An informed consent document was attached to the beginning of the survey. The consent letter included information related to confidentiality, anonymity, potential risks and benefits and the right to withdraw. Completion of the instruments indicated consent. Supervisees-in-training with multiple supervisors were asked to think of one supervisor when completing the instruments.

Instruments

Demographic Questionnaire

The demographic questionnaire was used for descriptive purposes and to ensure that participants met the criteria for inclusion in the study (i.e., engaged in supervision weekly as part of practicum or internship or employed and receiving supervision). The questionnaire gathered data related to supervisees' age, gender, race, training level (practicum, internship or employed), and years of experience. Demographic data was also gathered related to the supervisor, including gender, race, education, and how long the supervisor has been practicing as a counselor and a supervisor.

Supervisory Working Alliance Inventory: Trainee Form

The Supervisory Working Alliance Inventory measured the supervisee's perception of the working alliance: Trainee Form. This measure was developed by Efstation, Patton and Kardash (1990) in order to assess the supervisory relationship from the perspective of the supervisee. The measure is a 19-item self-report questionnaire, which assesses two factors, rapport and client focus, of the supervisory working alliance (Efstation, et al., 1990). An example of an item is: "My supervisor is tactful when commenting about my performance" (Efstation, et al., 1990). Items are rated on a 7-point Likert scale ranging from "*almost never*" (1) to "*almost always*" (7). Higher scores indicate supervisee perception of a strong supervisory working alliance, while lower scores indicate perception of a weaker alliance (Efstation, et al., 1990).

Internal consistency reliability was determined for the two Trainee SWAI scales using Cronbach's alpha (Efstation, et al., 1990). The reliability for Rapport was .90 and .77 for Client Focus (N=178) (Efstation, et al., 1990). Alpha coefficients for the RCI and

SWAI-T are listed for the current study as well as previous studies in Table 1. Construct validity was indicated through comparisons of the SWAI and the Supervisory Styles Inventory (SSI) and the Self-Efficacy Inventory (SEI). Correlations were found to be statistically significant among the three measures and overall the SWAI was found to be psychometrically sound (Efstation, et al., 1990).

Role Conflict and Role Ambiguity Inventory

The Role Conflict and Role Ambiguity Inventory (RCRAI) is a 29-item Likert scale, which measures supervisees' level of difficulty in their role. There are 13 items on the Role Conflict scale. The items are rated on a 5-point scale with 1 being "*not at all*" and 5 being "*very much so*". A person who scores a 5 on the item "My supervisor told me to do something I perceive to be illegal or unethical and I was expected to comply", would be experiencing high levels of role conflict related to the unethical or illegal recommendations of their supervisor (Olk & Friedlander, 1992). Higher levels of role conflict (RC) are reflected in higher scores (Olk & Friedlander, 1992). The construct is intended to relate to overall supervision experience and not just to one specific supervisor (Olk & Friedlander, 1992). Reliability coefficients for the RC scale was .89 using Cronbach's alpha. Results indicate a high level of significant validity and establish the RCRAI as a psychometrically sound instrument (Olk & Friedlander, 1992).

Moral Distress Open-Ended Questions

Two open-ended questions were asked related to moral distress. The purpose of the questions was to determine the presence of moral distress within the supervisory process. These questions were 1) Please think about a supervisory situation for which you

experienced moral distress, please describe that situation and 2) Please discuss how you responded to this moral distress situation in your supervision.

Results

The data analysis for the current study included descriptive statistics of demographic variables and descriptive analysis of participants' responses across measures. In addition regression and correlation analysis was used to determine whether or not there is a relationship between the supervisory working alliance and its subscales of rapport and client focus and occurrences of role conflict. These analyses were used to determine the extent to which role conflict impacts the supervisory working alliance and how the characteristics of the supervisor and supervisee impact role conflict. In addition, the two open-ended questions related to moral distress were analyzed and coded in order to identify themes related to supervisees' experience or moral distress. Independent samples t-tests and one-way analysis of variance (ANOVA) were used to help distinguish the characteristics impacting the supervisory working alliance.

In determining the relationship between the supervisory working alliance and experiences of role conflict, regression analyses indicated a negative correlation exists between scores from the RCI in both the rapport subscale ($r = .871$), and the client focus subscale ($r = .708$) of the SWAI-T. Approximately 76% of the variance in rapport and 50% of the variance in client focus can be accounted for by the relationship with scores on the RCI (Table 1).

Independent samples t-tests were conducted to determine the relationship between role conflict and variety of supervisor characteristics, including gender, race, and supervisor's level of education, years as a counselor and years as a supervisor ($n = 60$).

These variables were found to be statistically insignificant (Table 2). Two one-way ANOVAs were run to determine the impact of supervisor's years of supervisory experience and supervisor's years of counseling experience ($n = 59$). Results indicated that supervisor's years of supervisory experience (0-4 years, 5-10 years, 10+ years) was not statistically significant between groups ($F(2, 56) = 1.97, p = .310$). However, supervisor's years of counseling experience (0-10 years, 11-15 years, 15+ years) was found to be statistically significant between groups with large effect size ($F(2, 56) = 4.49, p = .015, \eta^2 = .138$). Due to the significance, a Tukey post hoc test was used to analyze the differences between groups. No statistically differences were found between 0-10 years of counseling experience and 11-15 years of counseling experience ($p = .968$), or 0-10 years of counseling experience and 15+ years of counseling experience ($p = .058$). However, when analyzing the difference between 11-15 years of counseling experience and 15+ years of counseling experience, results were statistically significant ($p = .031$). One-way ANOVA results are displayed in Tables 3 and 4.

Independent samples t-tests were conducted to examine the relationship between supervisee characteristics and the experience of role conflict. Participant's gender ($n = 60$) $t = -.755, df = 58, p = .453$, race ($n = 52$) $t = .106, df = 58, p = .916$, whether their site ($n = 17$) or university ($n = 21$) $t = -.317, df = 36, p = .753$, supervisor supervised the student and whether those employed were working part-time ($n = 4$) or full-time ($n = 18$) $t = -.037, df = 20, p = .971$, had no statistically significant difference. Participant's status as a student ($n = 38$) or employee ($n = 22$), $t = -2.20, df = 31.51, p = .035, r = .290$, student's enrollment in practicum ($n = 16$) or internship ($n = 22$), $t = 2.91, df = 30.40, p = .007, r = .410$, and if the participants were being supervised by their place of employment

($n = 5$), for their licensure credential ($n = 14$) $t = -.276$, $df = 17$, $p = .013$, $r = .549$, or both ($n = 3$) $F = 3.79$, $df = 21$, $p = .041$, $\eta^2 = .285$, were all found to be statistically significant.

Differences between supervisor and supervisee in gender and race were also analyzed using independent sample t-tests. Neither gender ($n = 60$) nor race ($n = 60$) was found to be statistically significant. Due to age being a continuous variable, a correlation analysis was run to examine if differences between supervisor and supervisee age had an impact on role conflict ($n = 51$). Results indicated these differences were not statistically significant.

For participants who indicated they had experienced moral distress, items on the Role Conflict Inventory and the Supervisory Working Alliance Inventory were analyzed for commonality among the answers. Three participants described moral distress in a supervisory relationship but did not fill out the Role Conflict Inventory and the Supervisory Working Alliance Inventory on that same supervisor for which they described the moral distress experience. Six additional participants identified as experiencing moral distress, two of which, based on their open-ended questions, did not appear to experience moral distress as identified in the literature. One commonality that exists among all four participants was their negative responses for an item on the RCI that states, “I got mixed signals from my supervisor and I was unaware which signals to attend to.”

These four participants also responded negatively to items on the SWAI-T that state, “I feel comfortable working with my supervisor”, “I understand client behavior and treatment technique similar to the way my supervisor does”, “I feel free to mention to my supervisor any troublesome feelings I might have about him/her” and “When correcting

my errors with a client, my supervisor offers alternative ways of intervening with the client.”

In an effort to identify characteristics of moral distress, the researcher read the responses to the open-ended questions that were asked on the Moral Distress Inventory from seven participants that indicated moral distress. The researcher read the statements multiple times to form the initial codes. From the codes, three main themes were identified. The first theme was **sense of responsibility to the client**. For example, one participant described how her supervisor wanted her to lecture clients on “how to navigate the world and avoid negative consequences” and to “lecture them on what is right and wrong.” He would live supervise the supervisee and conduct therapy as described in the previous statements. The participant stated that she “felt it a disservice to the client and the therapeutic process and damaged rapport.” The second theme that emerged was **identification of incompetent supervision**. A participant, who was working with court-referred youth, described that her supervisor told her that she “needed to tell the clients that I would maintain confidentiality with them, but once I got the information that I could tell the parents.” She described understanding assent and consent and stated that, “my supervisor did not seem to understand or listen to my way of conceptualizing.” The last theme that emerged was **unethical supervisor behavior**. One participant stated “I have been asked to bill group sessions for more time than I thought I should have in the past. His wishes seem to go against policy and he tries to convince me it’s okay. He once also wanted the therapist in our facility to upcode and ignore personality issues.”

In an effort to identify how supervisees have responded to the experience of moral distress, the researcher read the responses to the open-ended questions that were asked on the Moral Distress Inventory from seven participants that indicated moral distress. The researcher read the statements multiple times to form the initial codes. From the codes, three main themes were identified. The first theme was **commitment to ethical action**. One participant who had been encouraged by her supervisor to obtain information from her minor clients and then tell the parents describes her commitment to ethics by stating “I tried to empower my clients to feel safe to bring up these behaviors with their parents during therapy to eliminate my needing to go behind their backs like my supervisor wanted me to.” The second theme that emerged was **challenges in communication with supervisors**. One participant, who had described unethical billing pressures stated, “I’ve talked about it with him before, but I [sic] not much has changed”, while another participant who was asked to enter into a therapeutic relationship with someone she already had several personal connections with stated, “I expressed my reservations about working with this client.” The third theme that emerged was **methods of coping**. One participant stated, “I consulted with my peers to help process this and to have a safe space to worry about my clients and how they were being treated.” Another participant who had been asked to engage in a dual relationship stated, “After I was told that I would be seeing them, I had a hard time bringing up difficulties in supervision. Mostly I kept the problem to myself.”

Table 1

Regression Summary for Role Conflict Inventory and Supervisory Working Alliance: Trainee Table 2

***Regression Summary for Role Conflict Inventory and Supervisory Working Alliance:
Trainee Form, Rapport and Client Focus Subscales***

	Supervisory Working Alliance	Supervisory Working Alliance (Rapport)	Supervisory Working Alliance (Client Focus)
Mean	5.80	5.99	5.61
Std. Deviation	1.01	1.03	.988
R Square	.667	.758	.501
F	110.39	172.11	55.16
Sig.	.001	.001	.001
Predictor	Beta	Beta	Beta
Role Conflict	-.817	-.871	-.708

Table 2

Independent Samples T-Test Summaries

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Student or Employed						
Student	38	1.43	.605	-2.20	31.51	.035
Employed	22	1.91	.929			
Practicum or Internship						
Practicum	16	1.15	.299	2.91	30.40	.007
Internship	22	1.63	.692			
Supervision Purpose						
Licensure	14	1.58	.737	-.276	17	.013
Employment	5	2.75	1.02			

Table 3

ANOVA Summary for Supervisor's Years of Counseling Experience

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>Eta-square</i>
Counseling Exp.				4.49	2, 56	.015	.138
0-10 years	16	1.38	.433				
11-15 years	16	1.32	.498				
15+ years	27	1.92	.951				
Total	59	1.61	.776				

Table 4

ANOVA Summary for Supervisor's Role

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>Eta-square</i>
Supervisor Role				3.79	2, 19	.041	.285
Licensure	14	1.58	.737				
Employer	5	2.75	1.03				
Both	3	2.10	.911				
Total	22	1.92	.929				

Summary of Findings

The finding that there is a strong negative correlation between scores on the RCI and the rapport subscale of the SWAI-T is significant for supervisors, supervisees and counselor educators as it indicates when role conflict is present between the supervisor and

supervisee rapport suffers. This supports previous research from Olk and Friedlander (1992) that suggested when role conflict is present the supervisory relationship is likely to be negatively impacted. As a positive relationship between the supervisor and supervisee is believed to be the primary way that the goals of supervision are accomplished (Cheon, et al., 2009), it is vital that supervisors, supervisees and educators understand how a negative supervisory relationship can impact the supervisee and ultimately clients as well.

Results also indicated that a negative relationship exists between scores from the RCI and the client focus subscale of the SWAI-T, indicating that when role conflict is present the focus on the client also suffers. Supervision is intended to help supervisees increase skills in working with clients, which should ultimately assist clients toward more positive outcomes (Angus & Kagan, 2007). It is important that supervisors, supervisees and counselor educators be aware that when role conflict is present there is the potential that the client suffers as well as the growth and development of the supervisee.

Results indicated no statistical difference between 0 – 10 years of counseling experience and 11 – 15 years of counseling experience, or 0 – 10 years of counseling experience and 15+ years of counseling experience. However, the difference between 11 – 15 years of counseling experience and 15+ indicated a statistically significant difference. One possible explanation for this could be that supervisors experience with clients may have more of an impact than their experience with supervisees, meaning that the supervisor's role as a counselor has had some influence on their actions as a supervisor. Another possible explanation for this is that a supervisor who has a significant amount of years counseling experience might be more inclined to see things through their

own perspective and theoretical lens and less open to other perspectives, thus leading to more conflict.

Participants who were employed versus students experienced more role conflict. Additionally, students who were enrolled in internship experienced more role conflict than those who were enrolled in practicum. This finding is consistent with previous literature from Olk and Friedlander (1992) that suggests that role conflict is more predominant for those trainees with more experience. This finding might also explain why employees experience more role conflict than students given that they would have more experience working with clients. Findings also indicated that those who were supervised by a supervisor for their licensure credential experienced less role conflict than those who were supervised at their place of employment. A possible explanation for this is that the role of the supervisor for licensure credential and the role of the supervisor at their place of employment have a different focus. The supervisor for place of employment might have an allegiance to the agency, which could influence the supervision process. Additionally, those who supervise for licensure credential have specific training and experience in supervision that could influence the process.

Of note in the current study was the finding that race was not a significant factor in role conflict, given that Nilsson & Changming (2007) found that racial and ethnic minority supervisees reported more role conflict. However, their findings focused on perceived prejudice from White supervisors, which was not a focus here.

For the four participants that described moral distress, the researcher looked at the questions on the constructs that were the most common among participants who indicated moral distress. The analysis indicated three of the four participants responded to question

4 which indicated that participants orientation to therapy was different than that of their supervisor and they thought they had to use the supervisor's approach when they wanted to use their own. This parallels the findings from Olk & Friedlander (1992) indicating that conflict arises when the supervisee is expected to act in ways that are not in line with their personal judgment. When a supervisee is expected to be forming his or her own approach to counseling but is asked to work in a way that is more in line with the supervisors views, conflict appears to occur.

Participants also received mixed signals from their supervisor, indicating a need for open communication so that mixed signals can be openly discussed in supervision as a preventative method. Nelson et al., (2008) found in their study of supervisors' experience working within conflictual relationships, that supervisors most frequently reported learning from their previous conflict the need to communicate expectation clearly from the beginning and provide early feedback. Ladany (2005) suggests that supervisors engage in role induction with supervisees, informing them about the supervision process and expectations of both parties.

When looking at how supervisees who reported moral distress evaluated the supervisory alliance, questions that had negative scores were evaluated and tallied to see which items occurred most among supervisees. Negative responses to items such as "my supervisor stays in tune with me during supervision" indicate a lack of interest on the part of the supervisor, at least from the supervisee's perspective. While responses to questions such as "my supervisor places a high priority on our understanding the client perspective", "my supervisor encourages me to take time to understand what the client is saying and doing", "my supervisor's style is to carefully and systematically consider the

material I bring to supervision”, “my supervisor helps me work within a specific treatment plan” and “I work with my supervisor on specific goals in the supervisory session”, seem to indicate not only a lack of focus on the client but a perceived disinterest in the supervision process in general.

Of those who experienced moral distress, none of the supervisees felt comfortable with their supervisor. It would stand to reason that they might also have difficulty bringing up troublesome feelings toward the supervisor. This is a difficult skill for many people but in the supervisory relationship, where evaluation is part of the process, this could be understandably more challenging. We also see here that the supervisor and supervisee have differing understandings of client behavior and treatment technique. Additionally, from the supervisee’s perspective, supervisors are correcting errors but without alternative suggestions for intervening with clients. A trusting supervisory relationship should allow the supervisee to stretch him or herself in the way they respond to clients and in the techniques they are willing to try (Angus & Kagan, 2007) as well as create a safe environment for supervisees to disclose concerns related to their own deficits (O’Donovan & Kavanagh, 2014). It appears that within the presence of moral distress, role conflict increases and the supervisory working alliance suffers.

Through qualitative analysis it was found that supervisees repeatedly worked to put the needs of the client first even if that meant conflict with the supervisor. Similar situations have been described in the moral distress literature such as a psychologist going against the directives of his place of employment and anonymously placing a call to an advocacy group that could help a client that was not receiving the care he needed (Austin, et al., 2008). This is similar also to the conflict that was experienced by

psychiatrists who are obligated to their clients but also to the hospital, agency or general public in which they serve (Austin, et al., 2008). These supervisees' concern for the client allowed them to face potential conflict in order to act in the manner they thought was ethical.

Another theme that emerged was incompetent supervision. Supervisees who experienced moral distress often had poor supervision experiences. These included supervisors not listening to the supervisee's way of conceptualizing, not discussing techniques or skills, discouraging the supervisee from giving clients optimal care, and encouraging supervisees to engage in behavior that they considered unethical. The supervisory behavior that was described by participants appears to meet the definition of inadequate supervision as defined by Ellis et al., (2014) by failing to help the supervisee develop professional competency. Unfortunately, these participants were not alone in their experience of negative supervision. Ellis et al. (2013) found that 96.3% of their participants had received inadequate supervision at some time in their supervisory experience. It is possible that moral distress might have resulted due to poor supervision experiences, which often included unethical behavior by the supervisors.

The third theme that emerged was unethical supervisor behavior. Supervisees described supervisor behavior that included unethical billing and upcoding, encouraging supervisees to lie to clients, and putting supervisees into known dual relationships despite supervisee reservations. Ladany, et al., (1999) found that 51% of supervisees in their study identified at least one ethical violation by their supervisor. They also found that supervisees report greater satisfaction with supervision when there are fewer ethical violations by supervisors and greater dissatisfaction with supervision when ethical

violations are present. While role conflict is often seen when a supervisee is expected to act in ways that are opposing, moral distress is linked with ethical decision-making. In addition, it appears that moral distress within the supervisory relationship is linked not only to ethical decision-making by the supervisee but also the process of being encouraged to engage in unethical action by the supervisor, the person who should be a guide pointing the way toward ethical behavior.

The first theme that emerged related to how supervisees responded to experiences of moral distress was a commitment to ethical action. Participants in this study continued to find a way to act in what they believed was the most ethical manner even when it was against supervisor advice. Much of the literature related to moral distress that has come out of the medical field indicates that the distress comes when one is constrained from acting. Findings here indicate that within the context of supervision, participants are still acting on their moral principal despite differences with their supervisor. A possible explanation for this is that medical decisions are often made in a more immediate context, whereas in the counseling environment, split second decisions are not being made, allowing supervisees time to consider alternatives.

Participants in this study also sought out supervisors for discussion and clarification. This was apparent in another study of moral distress by Austin et al., (2005). Unfortunately, similar to the study above, findings from the current study imply that communication attempts often lead to conflict rather than understanding.

Participants also reported concerns such as being worried about evaluations and continual thoughts about the client's welfare and their own personal treatment. All supervisees attempted to find ways to cope with the distress. This occurred in a variety of

ways including seeking help from university supervisors, peers, introspection, keeping to self, withdrawal in supervision and looking for other jobs. In Nelson & Friedlander's (2001) qualitative study they found that supervisees' reaction to role conflict and ambiguity included a lack of trust in their supervisor, lack of safety, withdrawal from the relationship, adopting a guarded stance, and feeling powerless. Reichelt, et al., (2009) found that supervisees who find their supervisor to be professionally incompetent are often unwilling to disclose. The impact of moral distress on the worker include inability to care for client welfare, impaired ability to do good work, diminished personal wellbeing and high work turnover (Mänttari-van der Kulp, 2016). All of these were seen here in this current study to some extent.

Limitations

This study may be limited by the relatively small sample size. This would include the ability to compare race of the supervisor and supervisee as well as implications of racial differences. As in all quantitative research, larger numbers of participants would allow for a greater breadth and depth of analysis.

Another limitation in this study that the Moral Distress in Supervision Survey did not ask participants to indicate by answering yes or no if they had experienced the phenomenon of moral distress. Therefore, it is impossible to say that those who did not answer did or did not experience moral distress, just that they left the survey blank. The assumption that they left it blank because they have not had this experience cannot be confirmed. Out of 57 participants, 26 (46%) confirmed they had not experienced moral distress while 9 (16%) indicated that they had experienced moral distress.

Implications

Issues like role conflict, the supervisory working alliance and moral distress raise several concerns about supervision. One is the process of informed consent within supervision. It is important for both parties to enter into the relationship with expectations outlined, which is especially true for the supervisee. It also brings up the questions of how counselors are approved to become supervisors and how those supervisors are trained. It seems important that the supervisor actually wants to work in that capacity and is not just assigned the position by default. It is also important that counselor educators, supervisors and supervisors-in-training be aware of the signs that can indicate the presence of role conflict and moral distress and how both of these constructs impact the supervisory alliance and possibly client care. Additionally, a way to evaluate supervisors is needed so that supervisees have a way to voice their concern.

This study looked at supervisor and supervisee characteristics that corresponded with role conflict. Supervisors' years of counseling experience emerged as statistically significant factor in the supervisory relationship. Although the study did not seek to understand why this might be the case, supervisors need to be aware that those with more counseling experience might be at risk of a more conflictual supervisory relationship. Participants who were employed experienced more role conflict than students, while students in internship experienced more role conflict than students in practicum. Olk and Friedlander (1992) found similar results indicating that more experience increases role conflict. Supervisors, supervisees and counselor educators could benefit from having a greater understanding that as experience increases and supervisees become more comfortable in their role, conflict may increase. Additionally, supervisees who were being supervised by their place of employment reported increased role conflict, while

supervisees who were being supervised by someone for their licensure experienced less role conflict. This could be particularly important for understanding the pressures that exist for those working in agencies.

This study found that when role conflict is present in the supervisory relationship, the supervisory working alliance suffers. Moral distress was also examined in an effort to discover if this is something that exists within the supervisory relationship. While there was a small number in this sample that had experienced this, when moral distress was present, role conflict was higher and the supervisory alliance suffered. While role conflict and moral distress seem to share some characteristics and consequences, it does appear that some difference exists. Moral distress is usually seen within the context of ethical decision-making and findings from this study indicate that those who experienced moral distress described ethical situations that led to their experience. The ethical behavior of supervisors is a concern that requires attention.

Suggestions for Future Research

Moral distress has recently been suggested (Nuttgens & Chang, 2013) to have implications for the supervisory relationship. This study sought to determine the presence of moral distress within the supervisory relationship. Future research should include a scale that could measure this construct quantitatively, which would be beneficial for obtaining a larger picture of the frequency of the occurrence of moral distress. Additionally, a qualitative study that examines in depth the presence of moral distress within the supervisory relationship would be beneficial in describing the essence of the phenomenon.

One finding of interest was that as supervisors' counseling experience increased, supervisees reported more role conflict. This finding would seem to indicate that the supervisor's experience as a counselor and not necessarily as a supervisor has a greater impact on the supervisee's experience of role conflict in supervision. This is an unexpected finding that would benefit from further research to examine how the counseling experience of the supervisor influences role conflict and other aspects of the supervision process.

There have been a number of studies that look at conflict within the supervisory relationship. Research that investigates the supervisor training process could be beneficial for understanding what might be lacking and how that contributes to supervisory relationships that are marked by conflict. Additionally, research that investigates the dispositions of supervisors that lead to both positive and negative outcomes might be beneficial to determine if personal attributes contribute to both conflictual as well as healthy supervisory relationships. Also, the ethical behavior of the supervisor is an area that deserves attention as the current study has found that those supervisees who report moral distress, role conflict and poorer supervisory relationships have indicated that their supervisor had acted unethically.

Conclusion

This study developed an understanding of the relationship between role conflict, the supervisory working alliance and supervisor and supervisee characteristics that might influence conflict within the supervisory relationship. Additionally, this study sought to determine if supervisees in the supervisory relationship experience moral distress and to understand their experience and response to that distress. How role conflict and the

supervisory working alliance correspond was also investigated. This study found that for those who did experience role conflict, the supervisory relationship suffered.

Additionally, those who reported experiences of moral distress also had supervisory relationships that were marked with conflict and lower alliance scores. While role conflict and moral distress share similarities, moral distress appears to emerge in the presence of ethical decision-making.

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Appendix A. IRB Approval

Information

Letter

For a Research Study entitled
"Perceived Moral Distress in Counseling Supervision: An Examination of Role
Conflict and the Supervisory Working Alliance"

You are invited to participate in a research study to explore the impact of role conflict in supervision and the development the supervisory working alliance. In addition, we will be looking examine the presence of moral distress in the supervisory relationship. The study is being conducted by Shanna Willingham, doctoral candidate at Auburn University, under the direction of Dr. Jamie Carney, in the Auburn University Department of Special Education, Rehabilitation and Counseling. You were identified as a possible participant because you currently receiving supervision through a university graduate program and/or through your employment. You must be age 19 or older to participate in this study.

What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to fill out three brief online surveys and answer two open ended questions. Your total time commitment will be approximately 20 to 35 minutes.

Are there any risks or discomforts? There are no risks identified in participating in this study.

Are there any benefits to yourself or others? We can't guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study. I cannot promise you that you will receive any of the benefits described.

Will you receive compensation for participating? There is no compensation for participating in this survey.

Are there any costs? If you decide to participate, it will be at no cost to you.

Add this approval information in sentence form to your electronic information letter!

The Auburn University Institutional
Review Board has approved this
Document for use from
03/29/2017 to 03/28/2020
Protocol # 17-099 EX 1703

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw before submitting there will be no record of the data. If you complete the survey it cannot be withdrawn due to the fact that it is anonymous. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Department of Special Educational Rehabilitation, and Counseling.

Your privacy will be protected. Any information obtained in connection with this study will remain anonymous (or confidential). Information obtained through your participation may be used to fulfill the requirements of a doctoral dissertation, published in a professional journal or presented at a professional meeting.

If you have questions about this study, please contact Shanna Willingham at scw0022@auburn.edu or Dr. Jamie Carney at carnejs@auburn.edu

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at or IRBChair@auburn.edu

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THE RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

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Shanna Willingham, 2-15-2017

"The Auburn University Institutional Review Board has approved this document for use from _____ to _____. Protocol# _____"

Add this approval information in sentence form to your electronic information letter!

The Auburn University Institutional Review Board has approved this Document for use from 03/29/2017 to 03/28/2020
Protocol # 17-099 EX 1703

Appendix B. Information Letter

Information Letter

For a Research Study entitled “Perceived Moral Distress in Counseling Supervision: An examination of Role Conflict and the Supervisory Working Alliance”

You are invited to participate in a research study to explore the impact of role conflict in supervision and the development of the supervisory working alliance. In addition, we will be looking to examine the presence of moral distress in the supervisory relationship. The study is being conducted by Shanna Willingham, doctoral candidate at Auburn University, under the direction of Dr. Jamie Carney, in the Auburn University Department of Special Education, Rehabilitation and Counseling. You were identified as a possible participant because you are currently receiving supervision through a university graduate program and/or through your employment. You must be age 19 or older to participate in this study.

What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to fill out three brief online surveys and answer two open ended questions. Your total time commitment will be approximately 20 to 35 minutes.

Are there any risks or discomforts? There are no risks identified in participating in this study.

Are there any benefits to yourself or others? We can’t guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study. I cannot promise you that you will receive any of the benefits described.

Will you receive compensation for participating? There is no compensation for participating in this survey.

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If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw before submitting there will be no record of the data. If you complete the survey it cannot be withdrawn due to the fact that it is anonymous. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University or the Department of Special Educational Rehabilitation, and Counseling.

Your privacy will be protected. Any information obtained in connection with this study will remain anonymous (or confidential). Information obtained through your participation may be used to fulfill the requirements of a doctoral dissertation, published in a professional journal or presented at a professional meeting.

If you have questions about this study, please contact Shanna Willingham at scw0022@auburn.edu or Dr. Jamie Carney at carnejs@auburn.edu.

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HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THE RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

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Shanna Willingham, 3-29-2017

“The Auburn University Institutional Review Board has approved this document for use from March 29, 2017 to March 28, 2020. Protocol # 17-099 EX 1703”

Appendix C. Demographics Questionnaire

Demographic Questionnaire

Supervisee's information:

Age: ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+

Gender: _____ Female _____ Male _____ Other

Race: ___ White ___ Black or African American ___ Asian American/Asian/Pacific

Islander _____ American Indian/Alaska Native

Ethnicity: _____ Hispanic or Latino

Training Level: _____ Practicum _____ Internship _____ Employeed

In reference to your current professional standing, are you enrolled in:

_____ Practicum _____ Internship

Who is supervising you?

_____ University _____ Site

If you are a practicing counselor are you:

_____ Full Time _____ Part Time

Who is supervising you at this time? (Check all that apply)

_____ Supervisor for my licensure credential

_____ Supervisor for my place of employment

Number of Supervision Sessions to Date with your Supervisor: _____

Please fill out the following information concerning the supervisor that you are referring to for this survey.

Supervisor Information:

Age: _____ Gender: ___ Female ___ Male ___ Other

Race: _____

Education Level: _____

Years as a Counselor: _____

Years as a Supervisor: _____

Appendix D. Role Conflict Inventory

Role Conflict Inventory

Instructions: The following statements describe some problems that therapists-in-training may experience during the course of clinical supervision. Please read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training.

For each of the following, circle the most appropriate number, where 1 = *not at all*, and 5 = *very much so*.

I have experienced difficulty in my current or most recent supervision because:

1. I have felt that my supervisor was incompetent or less competent than I. I often felt as though was supervising him/her.
1 2 3 4 5
2. I have wanted to challenge the appropriateness of my supervisor's recommendations for using a technique w one of my clients, but I have thought it better to keep my opinions to myself.
1 2 3 4 5
3. I have believed that my supervisor's behavior in one or more situations was unethical or illegal and I was undecided about whether to confront him/her.
1 2 3 4 5
4. My orientation to therapy was different from that of my supervisor. She wanted me to work with clients usin her or his framework, and I felt that I should be allowed to use my own approach.
1 2 3 4 5
5. I have wanted to intervene with one of my clients in a particular way and my supervisor has wanted me to approach the client in a very different way. I am expected both to judge what is appropriate for myself and al to do what I am told.
1 2 3 4 5
6. My supervisor told me to do something that I perceived to be illegal or unethical and I was expected to comply.
1 2 3 4 5
7. I got mixed signals from my supervisor and I was unsure of which signals to attend to.
1 2 3 4 5

8. When using a new technique, I was unclear about the specific steps involved. As a result, I wasn't sure how my supervisor would evaluate my work.

1 2 3 4 5

9. I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended.

1 2 3 4 5

10. Part of me wanted to rely on my own instincts with clients, but I always knew that my supervisor would have the last word.

1 2 3 4 5

11. I was not comfortable using a technique recommended by my supervisor; however, I felt that I should do what my supervisor recommended.

1 2 3 4 5

12. I disagreed with my supervisor about implementing a specific technique, but I also wanted to do what the supervisor thought was best.

1 2 3 4 5

13. My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular client.

1 2 3 4 5

From Olk, M., & Friedlander, M. L. (1992). Trainees' experience of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*, 389-397.
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Appendix E. Supervisory Working Alliance Inventory: Trainee Form

Supervisory Working Alliance Inventory: Trainee Form

Instructions: Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, circle the number corresponding to the appropriate point of the following seven-point scale:

1	2	3	4	5	6	7
Almost Never						Almost Always

1. I feel comfortable working with my supervisor.

1 2 3 4 5 6 7

2. My supervisor welcomes my explanations about the client's behavior.

1 2 3 4 5 6 7

3. My supervisor makes the effort to understand me.

1 2 3 4 5 6 7

4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.

1 2 3 4 5 6 7

5. My supervisor is tactful when commenting about my performance.

1 2 3 4 5 6 7

6. My supervisor encourages me to formulate my own interventions with the client.

1 2 3 4 5 6 7

7. My supervisor helps me talk freely in our sessions.

1 2 3 4 5 6 7

8. My supervisor stays in tune with me during supervision.

1 2 3 4 5 6 7

9. I understand client behavior and treatment technique similar to the way my supervisor does.

1 2 3 4 5 6 7

10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.

1 2 3 4 5 6 7

11. My supervisor treats me like a colleague in our supervisory sessions.

1 2 3 4 5 6 7

12. In supervision, my supervisor places a high priority on our understanding the client's perspective.

1 2 3 4 5 6 7

13. My supervisor encourages me to take time to understand what the client is saying and doing.

1 2 3 4 5 6 7

14. My supervisor's style is to carefully and systematically consider the material I bring to supervision.

1 2 3 4 5 6 7

15. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

1 2 3 4 5 6 7

16. My supervisor helps me work within a specific treatment plan with my clients.

1 2 3 4 5 6 7

17. My supervisor helps me stay on track during our meetings.

1 2 3 4 5 6 7

18. I work with my supervisor on specific goals in the supervisory session.

1 2 3 4 5 6 7

Supervisory Working Alliance from: Efstation, J. E., Patton, M. J., & Kardash, C. M. (1990).
Measuring the working alliance in counseling supervision. *Journal of Counseling Psychology*,
37, 322- 329.

