THE RELATIONSHIP BETWEEN GRATITUDE AND BURNOUT
IN MENTAL HEALTH PROFESSIONALS

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THE RELATIONSHIP BETWEEN GRATITUDE AND BURNOUT
IN MENTAL HEALTH PROFESSIONALS

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ABSTRACT

THE RELATIONSHIP BETWEEN GRATITUDE AND BURNOUT IN MENTAL HEALTH PROFESSIONALS

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This study investigated the relationship between gratitude and burnout in mental health professionals. Participants consisted of 65 mental health treatment providers from community mental health agencies and a university counseling center. Consistent with hypotheses, both workplace specific gratitude and dispositional gratitude were positively related to job satisfaction and personal accomplishment. Workplace specific gratitude was also negatively related to emotional exhaustion and depersonalization. Gratitude predicted job satisfaction and burnout after controlling for demographic, job contextual variables, and hope. Workplace specific gratitude predicted emotional exhaustion, depersonalization, and job satisfaction after controlling for dispositional gratitude but not vice versa. Dispositional gratitude predicted personal accomplishment after controlling for workplace specific gratitude but not vice versa.
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Finally, I am grateful for the real-life experiences which served as the inspiration for this study. I hope our research has a positive impact on the psychological literature, but also for the many mental health professionals who face very real challenges in the workplace - and out in the field - every day.
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CHAPTER I

INTRODUCTION

Research demonstrates that mental health professionals experience higher levels of burnout as compared with other occupations (Reid et al., 1999). Burnout has a variety of negative physical, psychological, and social consequences. Predictors of burnout have been identified, such as time spent in the profession (Acker, 1999), variety of tasks on the job (Garfinkel, Bagby, Schuller, Dickens, & Schulte, 2005), social support in the workplace (Burke, Oberklaid, & Burgess, 2003), relationships with clients (Garfinkel et al., 2005), positive treatment outcomes (Bingham, Valenstein, Blow, & Alexander, 2002), and balance between work and family responsibilities (Burke, Oberklaid, & Burgess, 2003). One positive psychology construct that may play a role in alleviating burnout is gratitude. Grateful individuals demonstrate increased pro-social behavior (Bartlett & DeSteno, 2006), deeper interpersonal relationships (Wood, Joseph, & Linley, 2007), greater positive affect and happiness (Fredrickson, 2004; Watkins, 2004), and more effective coping skills in a crisis (Peterson & Seligman, 2003). Only a few studies have examined the relationship between gratitude and burnout (e.g., Chan, 2010; Chen & Kee, 2008).
The present study examined the relationship between gratitude and burnout. My hypotheses were as follows: 1) both workplace specific gratitude and dispositional gratitude would be positively related to job satisfaction and negatively related to burnout, 2) gratitude would predict burnout and job satisfaction after controlling for demographic and job contextual variables, 3) gratitude would predict burnout and job satisfaction after controlling for another positive emotion (hope), and 4) both workplace specific and dispositional gratitude would uniquely predict burnout and job satisfaction. The literature will be reviewed in the following manner. First, a definition of burnout will be discussed. Following this, I will describe research on the occurrence of burnout in mental health professionals. Next, I will outline research on the negative consequences of burnout, followed by a summary of research on the various predictors of burnout. Subsequently, I will define gratitude and present research supporting a potential relationship between gratitude and burnout.

**Conceptualization of Burnout and Job Satisfaction**

Burnout is defined as, “A severe physical and psychological syndrome that occurs in response to prolonged stress at work” (Chiu & Tsai, 2006, p. 517) and involves “emotional exhaustion and cynicism that result from an individual’s job” (Hayes & Weathington, 2004, p. 566). Burnout is typically assessed on the following three dimensions: 1) emotional exhaustion (i.e., a state of mental strain attributed to job stressors), 2) depersonalization (i.e., mentally distancing oneself and adopting a more impersonal view of other people), and 3) a decreased sense of personal accomplishment (Chiu & Tsai, 2006; Hayes & Weathington, 2007; Kumar, Bhagat, Nau, & Ng, 2006; Onyett, Pillinger, & Muijen, 1997; Reid et al., 1999).
Burnout and Mental Health Professionals. There is variation in burnout rates across mental health settings and specialties. For instance, Edward (2005) found that mental health clinicians in crisis work, such as those in emergency rooms, in-patient settings, or crisis hotlines, have a greater tendency to experience burnout. The author describes several situations which these treatment providers encounter, such as, “life-threatening events including attempted / successful suicide, exacerbation of acute psychotic symptoms resulting in potential harm to the person or others, and domestic violence as a result of psychiatric illness, such as a person experiencing symptoms of paranoid schizophrenia” (p. 143). Similarly, Richards et al., (2006) found high burnout and stress levels, as well as low staff morale, among professionals employed at in-patient psychiatric units. In addition, it has been found that burnout levels are high among mental health staff working in community agencies (Reid et al., 1999).

Social workers in mental health settings are especially prone to experience high levels of burnout and decreased job satisfaction (Poulin & Walter, 1993; Um & Harrison, 1998). A study of 128 social workers working in outpatient mental health settings found that these professionals were negatively impacted by their work, as evidenced by emotional exhaustion and depersonalization (Acker, 1999). Moreover, a longitudinal study of nearly 1,000 social workers found that job burnout remains stable over time (Poulin & Walter, 1993). The high burnout rate among social workers is likely due in part to the fact that they often work with SMD (severely mentally disabled) clients.

The theoretical orientation of the provider also appears to play a role in burnout. Linley and Joseph (2007) distributed questionnaires evaluating theoretical orientation and burnout to 156 therapists. Burnout rates were higher among cognitive behavioral
therapists, while humanistic therapists report lower levels of burnout and job stress (Linley & Joseph, 2007). Additionally, humanistic therapists were more likely to report increased job satisfaction and positive change and personal growth, resulting from their clinical work (Linley & Joseph, 2007). This trend may be due to the humanist’s focus on the positive attributes of human nature, and the search for meaning in the midst of crisis.

Surveys of mental health providers indicate that while significant burnout rates exist, paradoxically, job satisfaction can also be high. According to Reid et al. (1999), “Results from several recent surveys of mental health professionals have suggested that their ‘burnout’ and poor mental well-being are at high levels compared with other occupational populations, although, perhaps paradoxically, job satisfaction also appears to be high” (p. 309). For instance, in their study of 445 professionals in 57 community mental health teams, Onyett, Pillinger, and Muijen (1997) found that while high emotional exhaustion was present, high job satisfaction, high personal accomplishment, and low depersonalization also existed. According to these same authors, the presence of both burnout and job satisfaction is not uncommon, because high levels of work commitment are considered a prerequisite of both conditions.

**Negative Consequences of Burnout.** Burnout has a variety of negative consequences. Physical consequences include exhaustion, health problems, difficulty sleeping, and somatic diseases (Hayes & Weathington, 2007). Psychological consequences include higher rates of substance abuse (most notably, alcohol), depression, anxiety, irritability, and low self-esteem (Garfinkel, 2005; Hayes & Weathington, 2007; Kumar et al., 2006). Job stress also adversely affects happiness, self-esteem, and the employee’s feelings of competency (Gavin & Mason, 2004).
Notably, research has found that burnout adversely affects relations with one’s clients. This finding is significant because a positive provider-client relationship is a key component to the client’s recovery process. Providers experiencing burnout exhibit increased cynicism and negative attitudes towards clients, as well as decreased ability or willingness to give of themselves (Hayes & Weathington, 2007). Burnout also includes "a tendency to blame clients for their problems" (Acker, 1999, p. 113) and this mindset is closely associated with delivering poor services.

Additionally, burnout has ramifications for the organization, including decreased job involvement, reduced task performance, and increased turnover (Chiu & Tsai, 2006). Other work-related problems include low morale and absenteeism (Hayes & Weathington, 2007). Burnout also leads to “decreased productivity, increased grievance action, and chronic staff shortage” (Kumar et al., 2007, p.20).

Due to the substantial negative physical, psychological, social, and occupational impacts of burnout, researchers have been calling for mental health organizations to devote increased attention to the well-being of their employees (Gellis, Kim, & Hwang, 2004; Um & Harrison, 1998). Before effective interventions can be developed, it is important to understand the factors that predict burnout.

**Predictors of Burnout.** Research has identified a number of predictors of burnout among mental health professionals. These include the amount of time spent in the profession, variety of tasks on the job, social support in the workplace, relationships with clients, positive treatment outcomes, and balance between family and work responsibilities. Each of these factors are briefly described below.
First, the length of time a provider has spent in the profession affects whether he/she experiences burnout. Acker (1999) administered surveys to 128 social workers and found that younger, more inexperienced workers were less likely to remain on the job. This author attributed this trend to new professionals having a tendency towards unrealistic expectations, disillusionment, and less commitment to the profession. Individuals may enter the helping professions with strong expectations of making immediate, significant impacts, and may be disappointed when faced with the reality of difficult caseloads, slow progress, and their perceived lack of own contribution. Therefore, such individuals are less likely to remain in their respective positions, while more experienced professionals have become accustomed to their job duties and have developed adaptive coping skills.

Similarly, Kumar et al. (2006) found that greater experience in one’s job is linked to greater satisfaction. These authors referred to this trend as the “older-but-wiser” phenomenon, based on their research findings of higher job satisfaction in New Zealand psychiatrists who practiced for more than ten years. Greater work experience allows for more accomplishments and greater organizational commitment, both of which are protective factors against burnout. A professional’s motivation to stay in his or her line of work is also a factor. In the study on burnout in these psychiatrists, their intended length of stay was also highly correlated with their actual length of stay in their career (Kumar et al., 2006).

Although the majority of research suggests that younger workers are at greater risk for burnout, the research is not entirely consistent. For instance, Linley and Joseph’s (2007) study found that counselors who had been doing therapy for longer periods of
time reported decreased psychological well-being and higher burnout. The authors concluded, “A lifetime of therapeutic work may not be conducive to personal satisfaction and growth” (Linley & Joseph, 2007, p. 398). Similarly, in their study of 76 San Francisco mental health staff members, Pines and Maslach (1978) found that longer time spent working in the field was correlated with decreased liking of working with clients, decreased feelings of success in working with their caseloads, and a less benevolent attitude toward mental illness.

Research demonstrates that responsibility for a variety of tasks tends to increase happiness with one’s job, while lack of variety and challenge contributes to burnout (Csikszentmihayli, 1990; Reid et al., 1999). For instance, Garfinkel et al. (2005) found that lack of variety and a shortage of intellectual stimulation have contributed to psychiatrists’ dissatisfaction with their work. Apparently, some psychiatrists embarking upon their career anticipated utilizing psychotherapeutic interventions, as this was partially their motivation for entering the field. However, they subsequently discovered their duties focused primarily on pharmacological intervention and diagnosis, and less on psychotherapy.

Employees who are socially isolated, or experience interpersonal conflict on the job, are more prone to burnout (Csikszentmihayli, 1990). For instance, Kumar et al. (2006) concluded that reasons for burnout among New Zealand psychiatrists included staff shortages and having fewer colleagues to work alongside. Reid et al. (1999) found that feeling alone in working with clients and decreased collaboration with other providers is a significant cause of burnout. Lack of social support and conflict with
colleagues are other contributors to burnout (Garfinkel, et al., 2005; Um & Harrison, 1998).

Conversely, social support is positively correlated with job satisfaction. Burke, Oberklaid, and Burgess (2003) cited the results of a national study of 3,000 employees, which determined that in the presence of supportive supervisors and co-workers, employees experienced increased coping skills, greater depth of organization commitment, more willingness to work toward the organizational good, and higher job satisfaction. These employees also experienced substantially lower levels of job stress and decreased conflicts amongst themselves. Acker (1999) also found that both peer and supervisory support increased coping abilities and job satisfaction alike. Reid et al. (1999) conducted structured interviews with 30 mental health professionals in various locations and found that many attributed satisfaction with their work to positive contact and supportive relationships with colleagues (Reid et al., 1999). Additionally, the most frequently cited coping mechanism among mental health staff was talking to colleagues (Reid et al., 1999).

The quality of relationships with clients can influence whether a professional experiences burnout or job satisfaction (Bingham, Valenstein, Blow, & Alexander, 2002; Garfinkel et al., 2005; Linley & Joseph, 2007; Onyett, Pillinger, & Muijen, 1997; Reid et al., 1999). For instance, the close contact and strong rapport that can develop in settings such as small hospital units can contribute to greater job satisfaction. In a survey of 802 Canadian psychiatrists, Garfinkel et al. (2005) found that client appreciation was a significant predictor of overall career satisfaction. Additionally, Clark, Northrop, and Barkshire (1988) found that client expressions of gratitude (as evidenced by thank you
cards to the provider and/or supervisor) yielded more case manager visits to clients’ group homes. Conversely, decreased client contact and difficult client interactions seem to reduce job satisfaction levels. Occurrences of verbal and physical abuse, complaints, and threats of legal action contributed to job dissatisfaction in Australian psychiatrists (Rey, Walter, & Guiffrida, 2003). Respondents to the study conducted by Reid et al. (1999) reported that less than rewarding relationships with patients was a strong source of dissatisfaction, with the most frequent cause being aggression.

Finally, research shows that a professional’s balance of his or her work and family responsibilities, as well as the organizational emphasis on this area, influence burnout levels (Burke, Oberklaid, & Burgess, 2003; Garfinkel, et al., 2005; Hayes & Weathington, 2007; Lepnum, et al., 2006). For instance, Burke, Oberklaid, and Burgess (2003) found that male and female psychologists who work in organizations which value balancing work and personal lives reported greater joy in work, higher job satisfaction, decreased intention to quit, alleviated job stress, higher family satisfaction, greater emotional well-being, and decreased psychosomatic problems. These authors also found that many psychologists reported difficulty in achieving this balance of personal and professional life, partly due to the “either or” outlooks of organizations. These organizations often place work as the ultimate priority, even at the expense of the individual’s personal life (Burke, Oberklaid, & Burgess, 2003).

**Positive Psychology in the Workplace**

Researchers are beginning to examine how positive psychology constructs relate to the work experience. Positive psychology focuses on an individual’s “strengths of character and positive experiences such as a satisfied life” (Park, Peterson, & Seligman,
Although researchers have examined the role of several positive psychology constructs (e.g., flow, optimism, and meaning) in the workplace, this study will focus on gratitude as a possible predictor of burnout and job satisfaction among mental health professionals.

**Conceptualization of Gratitude**

Gratitude involves “being aware of and thankful for the good things that happen and taking the time to express thanks” (Park, Peterson, & Seligman, 2004, p.606). Emmons (2007) describes three assumptions of gratitude: “[Gratitude] requires a willingness to recognize that a) one has been the beneficiary of someone’s kindness, b) that the benefactor has intentionally provided a benefit, often incurring some personal cost, and c) that the benefit has value in the eyes of the beneficiary” (Emmons, 2007, p.5). Thus, gratitude requires the attribution of a positive outcome to an *external* source (Watts, Dutton, & Gulliford, 2006). Gratitude also entails a sense of abundance, appreciation of simple pleasures, and the recognition of another’s contribution to one’s well-being (Watkins, Woodward, Stone, & Kolts, 2003).

Several researchers have noted that gratitude can be experienced as an emotion (Bono & McCollough, 2006; Tsang, 2006; Watkins, Grimm, & Kolts, 2004; Watkins, Scheer, Ovnicek, & Kolts, 2006; Watts, Dutton, & Gulliford, 2006). For instance, Tsang (2006) notes that gratitude is an interpersonal emotion in response to a gift. Research consistently links gratitude to positive affect states such as happiness, joy, life satisfaction, and overall well-being. Additionally, researchers have made a distinction between state and trait gratitude (Wood, Maltby, Stewart, & Joseph, 2008; Watkins, Grimm, & Kolts, 2004; Wood, Maltby, Stewart, & Linley, 2008). At the state level,
gratitude involves temporary feelings that are often prompted by a recent event. Trait gratitude, on the other hand, involves a grateful perspective that persists across situations.

Gratitude also has a cognitive component (Bono & McCollough, 2006). Gratitude involves interpreting events in a way that emphasizes the benefits or pleasant aspects of a situation while de-emphasizing the negative aspects. Additionally, gratitude is an attitude and way of thinking about life. Watkins, Grimm, and Kolts (2004) describe gratitude as “Appreciating life as a gift and recognizing the importance of expressing that appreciation” (p.53). According to Emmons (2007), gratitude involves recognizing the goodness in life. Gratitude can be part of one’s perspective even when the external circumstances are extremely difficult. Emmons (2007) writes, “Even in the face of such terrible adversity, it is possible to be grateful for a benefit one has received. And, more important, people who experience gratitude in such dire circumstances consistently report that they are happier than those who do not and are less susceptible to negative emotions and outcomes” (p.9).

Gratitude also manifests itself behaviorally. The state of being grateful often elicits an action or a response. For instance, a study conducted by Emmons (2007) and colleagues found that participants in a gratitude intervention reported providing other people more emotional support or assistance with personal problems. This study found that experiencing gratitude leads to increased pro-social behavior. Gratitude is directed outward towards other human beings, in addition to “impersonal sources, such as nature or the cosmos, or non-human sources such as God or animals” (Watts, Dutton, & Gulliford, 2006, p.283). Additionally, gratitude as an action may be in response to
something either material (e.g., gift) or non-material (e.g., a spiritual or emotional experience) (Watts, Dutton, & Gulliford, 2006).

Several researchers have made a distinction between gratitude and indebtedness. Indebtedness is identified by Bono and McCollough (2006) as "A state of obligation to repay another, which arises from the norm of reciprocity, a moral code stating that 1) people should help those who have helped them, and 2) people should not injure those who have helped them.” Tsang (2006) describes the three primary dissimilarities between the two: “[First], indebtedness is associated with negative emotions, while gratitude is associated with positive, [second] indebtedness is associated with avoidance, while gratitude is associated with pro-social motivations, and [third] indebtedness is associated with reciprocity, while gratitude goes ‘above and beyond’” (p.200). Indeed, research finds that gratitude and obligation are two distinct concepts. Gratitude operates independently of obligation, as gratitude elicits positive emotions (such as happiness), while obligation draws out uncomfortable and more negative affect (Goei & Boster, 2003).

**Relationship Between Gratitude and Burnout.** Previously, research has examined how client gratitude impacts provider burnout (Clark, Northrup, & Barkshire, 1988; Bono & McCollough, 2006). Only a few have examined the relationship between provider gratitude and burnout. One study examined how dispositional gratitude related to burnout among teachers in Hong Kong (Chan, 2010). Researchers found that educators' dispositional gratitude was negatively correlated with depersonalization and emotional exhaustion. In addition, participants in an eight-week gratitude intervention program improved on positive affect and life satisfaction. In addition, two studies
conducted by Chen and Kee (2008) found a relationship between gratitude (both dispositional and sport-domain) and well-being in adolescent athletes. Dispositional gratitude was positively related to team satisfaction and life satisfaction. Furthermore, sport-domain gratitude positively predicted team satisfaction and, in turn, negatively predicted burnout in athletes.

There are several reasons why gratitude might relate to burnout. To begin, research has found that gratitude is a strong motivator for pro-social behavior (Anderson, Giacalone, & Jurkiewicz, 2007; Bartlett & DeSteno, 2006; Buck, 2004; Bono & McCollough, 2006; Emmons, 2007; Emmons & McCollough, 2004; Linley, Joseph, & Wood, 2007; McCollough & Tsang, 2004) and altruistic actions (Emmons, 2007). For instance, Bartlett and DeSteno (2006) conducted a study on 105 undergraduate students, who were randomly assigned to a gratitude, amusement, or neutral condition. Participants in the gratitude condition were given a tedious and cognitively-exhausting computer task to complete. However, midway through the taxing exercise, the experimenters knowingly unplugged the computer, but then allowed participants to continue where they had left off, rather than starting over. Participants in the amusement condition were exposed to a funny video clip, while those in the neutral simply had a brief conversation with the experimenters. After the computer exercises were completed, experimenters approached participants and asked them to complete a survey, which would also be time-consuming and taxing, but also very helpful to the experimenter. Study results showed that individuals in the gratitude condition put forth more effort to aid their benefactor, as compared to the other two conditions. This study revealed that gratitude increased efforts to assist an individual, even when such efforts were difficult and taxing. It is possible that
mental health workers’ motivation to engage in helping behavior with clients may increase with increased levels of gratitude.

Gratitude has been linked with positive and effective coping skills following a crisis, tragedy, loss, or other negative event (Buck, 2004; Fredrickson, Tugade, Waugh, & Larkin, 2003; Gordon, et. al, 2004; Peterson & Seligman, 2003). Specifically, individuals with higher levels of gratitude may demonstrate stronger problem-solving abilities, and a motivation to actively address problems. For instance, Wood, Joseph, & Linley (2007) surveyed 236 undergraduate psychology students and found that grateful people utilized more positive coping skills and fewer unhealthy coping strategies. This grateful population may also approach the problems “using positive reinterpretation and growth, active coping, and planning, rather than avoiding the problems via behavioral disengagement, self-blame, substance use, and denial” (Wood, Joseph, & Linley, 2007, p.1088). Likewise, other researchers have found support for the notion that gratitude may help a person “reframe” their negative memories and the accompanying emotions, which in turn decrease the negative impact on the individual (Watkins, Grimm, & Kolts, 2004). Watkins, Grimm, and Kolts (2004) found in two studies of undergraduate students that more grateful individuals found positive life events had more of a positive effect on them, while more negative events had less of a negative impact. According to Wood, Joseph, & Linley (2007), grateful people are more likely to seek social support as a coping mechanism in difficult times. These authors surveyed 236 college students and discovered the gratitude was positively associated with one’s seeking social support, positive interpretation of events, a more pro-active approach to coping, and developing a plan of action (Wood, Joseph, & Linley, 2007).
While gratitude may help increase positive coping abilities, it may serve as a buffer against psychological distress that a tragedy or traumatic event can cause an individual. For example, Masingale et al (2001) examined gratitude and PTSD symptoms in a sample of undergraduate students and found that grateful victims of trauma, in comparison to moderately or low grateful, self-reported substantially decreased levels of post-traumatic stress disorder symptoms (as cited by Watkins, Grimm, & Kolts, 2004). Additionally, gratitude is inversely correlated with negative emotions. For instance, studies by Watkins (2004) and colleagues found that gratitude has a strong inverse relationship with depression, and they hypothesize that a lack of gratitude may predispose an individual to depressive symptoms.

Conversely, gratitude is positively correlated with positive emotions and experiences (Adler & Fagley, 2005; Bono & McCollough, 2006; Watkins, 2004). For instance, research demonstrates that gratitude has a high correlation with overall well-being (Wood, Joseph, & Linley, 2007, p.1076). In their study of 175 undergraduates, Otake, Shimai, Tanaka-Matsumi, Otsui, and Fredrickson (2006) found that individuals who are considered happy have a stronger tendency to recognize another’s kindness. In addition, these happy individuals are more likely to behave in kind ways. Similarly, Tucker (2007) administered surveys to 206 undergraduate students and found that happier individuals not only reported greater appreciation in general, but described greater appreciation for less significant events and ordinary stimuli, which is likened to the “appreciation of simple pleasures” component of gratitude.

Watkins, Woodward, Stone, and Kolts (2003) hypothesize that gratitude might promote happiness by augmenting one’s experience of positive events, increasing one’s
effective coping with negative circumstances, developing mental encoding and retrieval of positive happenings, improving one’s social support system, or by averting or alleviating depression. Fredrickson’s (2004) *Broaden and Build* theory of positive emotion states that positive emotions (including gratitude) produces a variety of positive effects, such as creativity, psychological resilience, and social cohesiveness, which can occur at both the individual and societal levels. Fredrickson (2004) hypothesizes that certain positive emotions render a “positive spiral” or cycle of good outcomes and improved overall well-being.

Investigations of counting blessings interventions have yielded similar findings: having a conscious focus on gratitude led to decreases in negativity, along with increases in optimism, positive affect, and overall well-being (Emmons & McCullough, 2003). For example, Emmons (2007) studied the effect of a gratitude intervention on well-being. Participants were randomly assigned to three conditions: the gratitude group, who was instructed to journal approximately five things they were grateful for in the past week, the hassles group, who delineated five hassles they experienced during the week, and the events group, which simply listed five events, without applying positive or negative labels to the circumstances. Emmons (2007) discovered that those assigned to the gratitude condition reported feeling better about their lives overall, and were increasingly optimistic about the future (as compared to the other two conditions).

Gratitude is also linked to a positive memory bias of life events (Watkins, Grimm, & Kolts, 2004). A study by Watkins, Grimm, and Kolts (2004) utilized a sample of 66 undergraduate students who were assigned to complete a gratitude questionnaire, followed by two life events recall sheets – one to remember positive life events, and
another to reflect on negative life events. As predicted, this study found that trait gratitude was positively associated with a positive memory bias. These authors found that grateful individuals have a greater likelihood of recalling more positive memories than negative memories – even when asked to recall memories of a negative nature. Additionally, these individuals are more likely to view life events as positive. Also, gratitude was inversely associated with the amount of both negative objective and negative subjective events. However, only positive subjective events were correlated with gratitude, while positive objective events were not: “It seems more important that individuals interpret life events as positive in order to feel grateful” (Watkins, Grimm, & Kolts, 2004, p.59). Therefore, a mental health professional who endured difficult external circumstances (e.g., working long hours with a large caseload of SMD clients) may focus on the positive aspects of his/her work (e.g., colleague support, positive helping relationships with several clients), and thus report higher job satisfaction over time. Since gratitude is linked to positive memory bias (of events in the past), another consideration for research is whether gratitude is related to a positive bias for interpreting future events.

**Gratitude as a Predictor Beyond Other Positive Emotions.**

An important question is whether gratitude predicts burnout beyond other positive emotions. Hope was selected for this study because it has previously been related to burnout (Schwartz, Tamiyu, & Dwyer, 2007). For instance, a study was conducted on nurses who worked in hospital burn units. Participants were administered the Hope Scale, with the intention of determining whether being hopeful helped alleviate job-related distress. Study results showed that nurses with high hope managed job stress more
effectively, and reported lower burnout rates and alienation from others (Snyder, 1994). Another study of nurses revealed those with lower hope levels evidenced higher emotional exhaustion, the presence of depersonalization, and a decreased sense of accomplishment (Snyder, 1994), which are all primary elements of burnout. Workers with higher hope levels report greater capacity for problem-solving, anticipating obstacles, goal-setting, and planning (Snyder, 1994). In relating the job burnout state to hope, Snyder (1994) writes, “Burnout is the extinguishing of hope” (p.143).

**Present Study**

The present study addresses four main hypotheses. 1) Both workplace specific gratitude and dispositional gratitude would be positively related to job satisfaction, and negatively related to burnout, 2) Gratitude would predict burnout and job satisfaction after controlling for demographic and job contextual variables, 3) Gratitude would predict burnout and job satisfaction after controlling for another positive emotion (hope), and 4) Both workplace specific and dispositional gratitude would uniquely predict burnout and job satisfaction.
Participants

Participants consisted of 65 mental health treatment providers from community mental health agencies and a university counseling center in the Midwestern United States and included case managers, social workers, psychiatrists, nurses, counselors, psychologists, and clinical supervisors (See Table 1).

The majority of the participants were female (69.2%). Ages of participants ranged from 23 to 62 ($M = 41.54, SD = 11.30$). Participants reported a range of educational credentials (associate's degree or less = 23%; bachelor's degree = 33%; or graduate and professional degree = 44%). Participants held a variety of positions including case manager (30%), counselor (20%), clinical administrator / supervisor (14%), employment / housing specialist (8%), social worker (6%), psychologist (6%), and other (16%). The majority of the study participants were employed at one of two community mental health agencies (89.3%). The average time participants had been employed at their present jobs ranged from less than one year to 33 years ($M = 6.1$ years, $SD = 6.1$ years). The average time spent in their respective position was 10.5 years ($M = 10.46$, $SD = 7.77$).
Measures

Participants completed measures of demographic/background information, burnout (Maslach’s Burnout Inventory), job satisfaction (Minnesota Work Satisfaction Questionnaire, Short Form), gratitude (The Gratitude Appreciation and Resentment Test; Gratitude Questionnaire), and hope (The Adult Trait Hope Scale). Additionally, items measuring gratitude at work were included. These measures are briefly described below.

Demographic/Background Information. Participants completed demographic questions pertaining to age, race, gender, and education level. Participants were asked questions regarding their job such as educational background, the amount of time in their job at the agency, the amount of time in the profession, the amount of variety in their job tasks, the amount and quality of social support they perceive from their colleagues and/or supervisors, the quality of their professional therapeutic relationships with clients, and a brief position description.

Burnout Measures. Maslach’s Burnout Inventory (MBI). Maslach’s Burnout Inventory was utilized to measure job burnout (Maslach & Jackson, 1981). This scale consists of 22 Likert-type items with response possibilities ranging from one (Never) to six (Daily). Factor analyses of Maslach’s Burnout Inventory revealed a three-factor solution. The first factor contains items related to emotional exhaustion (e.g., At the end of the day, I feel empty), the second factor describes items concerning the presence of depersonalization (e.g., I don’t really care what happens to some of my clients), and the third factor contained items relating to personal accomplishment (e.g., I know how to adequately solve my client’s problems). Higher scores on Emotional Exhaustion (EE),...
and Depersonalization (DP), and lower scores on Personal Accomplishment (PA) indicate higher burnout rates.

The Maslach Burnout Inventory has been shown to be reliable and valid. Cronbach’s alpha was .83 for the Emotional Exhaustion factor, .65 for the Depersonalization factor, and .77 for the Personal Accomplishment factor (Ergin, 1993). The test-retest reliability, calculated with an average of two to four weeks between administrations of a sample of 53 individuals, was .60 for the Depersonalization factor and .82 for the Emotional Exhaustion factor, respectively (Richardsen & Martinussen, 2004). The Maslach Burnout Inventory scores were correlated with specific job characteristics that were expected to contribute to burnout. Additionally, Maslach Burnout Inventory sores were also correlated with measures of outcomes that were hypothesized to be related to burnout (Maslach & Jackson, 1981). Finally, the Maslach Burnout Inventory factors were negatively correlated with scores on the Job Diagnostic Survey (Hackman & Oldham, 1975). For instance, scores on the JDS’ “Growth Satisfaction” had a negative correlation with Emotional Exhaustion and Depersonalization factors on the Maslach. Also, participants with lower sores on the “Experienced Meaningfulness of the Work” scored lower on Personal Accomplishment and higher on Depersonalization (Maslach & Jackson, 1981).

**Job Satisfaction Measures. Minnesota Work Satisfaction Questionnaire, Short Form (MWSQ-SF).** The Minnesota Work Satisfaction Questionnaire, Short Form, was utilized to measure job satisfaction (Weis, Dawis, England, & Lofquist, 1967). This scale uses a Likert-type format to determine the likelihood that the employee is satisfied with his/her work. Response possibilities range from one (Very Dissatisfied) to five (Very
Satisfied). Higher scores on the Minnesota Work Satisfaction Questionnaire indicate higher levels of job satisfaction on behalf of the employee. Factor analyses of the Minnesota Work Satisfaction Questionnaire revealed a three-factor solution. The first factor contains items relating to general satisfaction, the second factor describes items concerning the presence of intrinsic satisfaction, and the third factor contains items relating to extrinsic satisfaction (Oncel, Ozer, & Efe, 2007). Items include, “How satisfied am I with the chance to do different things from time to time?”, “How satisfied am I with my pay and the amount of work I do?”, “How satisfied am I with the chance to be somebody in the community?” However, for purposes of this study, subscales will be collapsed to form a single index of job satisfaction.

Cronbach’s alpha ranges from .84 to .91 for the Intrinsic factor, from .77 to .82 for the Extrinsic factor, and from .87 to .92 for the General Satisfaction factor. Evidence for the validity of the Minnesota Work Satisfaction Questionnaire was indirectly derived from construct validation studies of the Minnesota Importance Questionnaire (Weiss, Dawis, England, & Lofquist, 1967). Job satisfaction as defined by the Minnesota Work Satisfaction Questionnaire was also moderately positively correlated with spiritual well-being and strongly positively correlated with existential well-being (Robert, Young, & Kelly, 2006).

**Gratitude Measures.** *Workplace Specific Gratitude.* Four items were created for the purposes of this study to measure workplace specific gratitude. These response options ranged from one (*Never*) to five (*Almost Always*). Items included “How often are you grateful for your supervisors?”, “How often are you grateful for your coworkers?”,
“How often are you grateful for your clients?”, and “How often are you grateful for your current job?”.

**The Gratitude Resentment and Appreciation Test (GRAT).** The Gratitude Resentment and Appreciation Test was utilized to measure gratitude (Watkins, Woodward, Stone, & Kolts, 2003). This scale consists of 44 Likert-type items with response possibilities ranging from one (I Strongly Agree) to five (I Strongly Disagree). Factor analyses of the Gratitude Resentment and Appreciation Test revealed a three factor solution. One factor contains items relating to the absence of a sense of abundance (e.g., “For some reason, I never seem to get the breaks that others get”). Another factor describes items concerning the presence of simple appreciation (e.g., “I think it’s important to enjoy the simple things in life”). A third factor contains items relating to appreciation of others and social appreciation (e.g., “I feel deeply appreciative for the things others have done for me in my life”).

Cronbach’s alpha was .80 for the Sense of Abundance factor, .76 for the Appreciation for Simple Pleasures factor, and .75 for the Appreciation of Others / Social Appreciation factor (Diessner, Solom, Frost, Parsons, & Davidson, 2008). Cronbach’s alpha for the entire scale was .92 (Thomas & Watkins, 2003). The Gratitude Resentment and Appreciation Test was also positively correlated to measures of Subjective Well-Being. Additionally, the Gratitude Resentment and Appreciation Test demonstrated strong correlations with measures of positive affect and the Satisfaction With Life Scales (Watkins, Woodward, Stone, & Kolts, 2003).

**The Gratitude Questionnaire- 6 (GQ-6).** The Gratitude Questionnaire was utilized to measure the disposition to experience gratitude. This scale consists of six
Likert-type items with response possibilities ranging from one (Strongly Disagree) to seven (Strongly Agree). Higher scores on the Gratitude Questionnaire indicate more gratitude.

The Gratitude Questionnaire has strong internal reliability, with $\alpha = .82$ and .87. Gratitude as measured by the Gratitude Questionnaire was also positively correlated with the constructs of optimism, hope, life satisfaction, spirituality, religiousness, empathy, forgiveness, and pro-social behavior. It was negatively correlated with materialism, envy, depression, and anxiety (McCullough, Emmons, & Tsang, 2002).

**Hope Measures**

*The Adult Trait Hope Scale.* The Adult Trait Hope Scale was utilized to measure hope (Snyder, Harris, et al., 1991). This scale consists of 12 Likert-type items with response possibilities ranging from one (Definitely False) to eight (Definitely True). Higher scores on the Adult Trait Hope Scale indicate that individuals are more hopeful, possess more motivation for achieving their goals, and are more skilled at creating means to achieve those goals (Bailey & Snyder, 2007). Factor analyses of the Adult Trait Hope Scale revealed a two-factor solution (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, et al., 1991). One factor contains items relating to the presence of agency, or energy directed towards achieving goals (e.g., I meet the goals that I set for myself), while the second factor describes items concerning the presence of pathways, or establishing plans to meet those goals (e.g., there are lots of ways around any problem). There are also four distracter, or “filler” items (e.g., I worry about my health). However, for the purpose of this study, subscales will be collapsed to form a single index of hope.
Research supports the reliability and validity of the Adult Trait Hope Scale. Cronbach’s alpha was ranged from .70 to .84 for the Agency factor and .63 to .86 for the Pathways factor. Cronbach’s alpha for the entire scale ranged from .74 to .84. The test-retest reliability, calculated with three, eight, and 10 weeks between administrations respectively, were .85, .73, and .76 respectively (Cheavens et al., 1991; Snyder et al., 1991). The Adult Trait Hope Scale demonstrates strong construct, convergent, and discriminant validity in relation to other hope self-report measures (Maikranz, Steele, Dreyer, Stratman, & Bovaird, 2006).

**Procedure**

After receiving approval from our Institutional Review Board, we recruited participants from community mental health agencies and a university counseling center through brief presentations by the author in the weekly agency staff meetings. Of the 110 questionnaires that were distributed, 66 were returned yielding a response rate of 60%. One participant’s survey was eliminated due to incomplete data, leaving a total sample of 65 participants. Participants were informed that the purpose of the study was to better understand work experiences in relation to one’s approach to life. Participants were asked to complete a packet of questionnaires, in addition to the demographic survey. All participants completed an informed consent. Participants were asked to complete the packet of questionnaires assuring that all information will remain confidential. After completion of the questionnaire packet, participants received a form debriefing them about the study. For their contributions to the study, participants’ names were automatically entered into a raffle to win a gift certificate to a local restaurant.
CHAPTER III

RESULTS

Preliminary Analyses

Descriptive statistics were computed for all demographic variables in order to describe the sample. Means, standard deviations, and Cronbach alphas were computed for all predictor and outcome measures. (See Table 2).

Correlations were computed to determine the relationship between demographic / background (i.e., age, time at the agency, time in the profession), workplace characteristics which are potentially contributors to gratitude (i.e., co-worker support, supervisor support, client/provider relations, variety of job tasks), and burnout measures (e.g., Maslach's Burnout Inventory) (See Table 3). Age was negatively correlated with emotional exhaustion ($r = -.27, p = .03$) and positively correlated with work satisfaction ($r = .26, p = .04$). Co-worker support was positively related to a sense of personal accomplishment ($r = .26, p = .04$). Supervisor support was negatively correlated with emotional exhaustion ($r = -.26, p = .04$), and positively correlated with work satisfaction ($r = .40, p = .001$). Support of friends and family was positively related to personal accomplishment ($r = .28, p = .02$). The quality of client and provider relationships was negatively correlated with depersonalization ($r = -.42, p < .001$). Additionally, client /
provider relationships were positively related to a sense of personal accomplishment ($r = .65, p < .001$) and work satisfaction ($r = .40, p = .001$).

ANOVA were computed to determine the relationship between categorical demographic background variables and burnout. A gender difference was found in relation to depersonalization $F(1,63) = 4.97, p = .03$, with males ($M = 7.80, SD = 5.85$) scoring significantly higher than females ($M = 4.76, SD = 4.71$). Additionally, study participants with graduate and professional degrees scored significantly higher on personal accomplishment ($M = 41.89, SD = 3.49$) than participants with a bachelor's degree ($M = 37.70, SD = 6.22$), $F(2,58) = 3.47, p = .04$.

Correlations were computed to determine how dispositional and workplace-specific gratitude are related. (See Table 4). Gratitude for co-workers was positively correlated with gratitude for clients ($r = .33, p = .007$), gratitude for the job ($r = .38, p = .002$), GQ-6 ($r = .53, p < .001$), simple appreciation ($r = .48, p < .001$), appreciation of others ($r = .32, p = .0107$), sense of abundance ($r = .31, p = .012$), and gratitude for supervisors ($r = .31, p = .012$). Gratitude for supervisors was positively correlated with gratitude for the job ($r = .42, p < .001$) and sharing gratitude with others ($r = .37, p = .003$). Gratitude for clients was positively correlated with gratitude for the job ($r = .48, p < .001$), telling others about gratitude ($r = .40, p = .00107$), GQ-6 ($r = .26, p = .039$), and simple appreciation ($r = .27, p = .0292$). Gratitude for the job was positively correlated with telling others ($r = .57, p < .001$).

Overall gratitude measured by the GQ-6 was positively correlated with appreciation of others ($r = .68, p < .001$), simple appreciation ($r = .60, p < .001$), and a sense of abundance ($r = .60, p < .001$). Appreciation of others was positively correlated
with simple appreciation ($r = .51, p < .001$) and a sense of abundance ($r = .48, p < .001$),
while sense of abundance was positively correlated with simple appreciation ($r = .38, p = .002$).

Correlations were computed to examine the relationships between the components of burnout and job satisfaction. (See Table 5). As expected, emotional exhaustion was positively correlated with depersonalization ($r = .65, p < .001$), and negatively correlated with job satisfaction ($r = -.57, p < .001$). Personal accomplishment was positively correlated with job satisfaction ($r = .55, p < .001$), and negatively correlated with depersonalization ($r = -.34, p = .006$). Finally, depersonalization was negatively correlated with job satisfaction ($r = -.57, p < .001$).

**Major Study Questions**

**Hypothesis 1: Relationship Between Gratitude, Burnout, and Job Satisfaction.**

Consistent with our first study hypothesis, workplace specific gratitude was negatively related to burnout and positively related to job satisfaction. (See Table 6). Specifically, depersonalization was negatively correlated with gratitude for one's job ($r = -.35, p = .004$), gratitude for one's co-workers ($r = -.27, p = .03$), gratitude for one's supervisor ($r = -.26, p = .004$), and gratitude for one's client ($r = .38, p = .002$). Emotional exhaustion was negatively related with gratitude for one's job ($r = -.53, p < .001$), gratitude for one's co-workers ($r = -.36, p = .004$), gratitude for one's supervisor ($r = -.52, p =< .001$), and gratitude for one's client ($r = -.43, p = .0004$). However, personal accomplishment was positively correlated with gratitude for one's job ($r = .27, p = .03$), gratitude for one's co-workers ($r = .38, p = .002$), and one's client ($r = .43, p < .001$).
In addition, correlations were computed to establish the relationship between dispositional gratitude, burnout, and job satisfaction. Contrary to the hypotheses, none of the dispositional gratitude measures were significantly correlated with depersonalization or emotional exhaustion. However, the personal accomplishment variable of work satisfaction was positively correlated with the dispositional gratitude variables of abundance \( (r = .31, p = .01) \), simple appreciation \( (r = .43, p < .001) \), appreciation of others \( (r = .48, p < .001) \), and GQ-6 \( (r = .62, p < .001) \). Finally, job satisfaction was positively related to appreciation of others \( (r = .36, p = .004) \) and GQ-6 \( (r = .36, p = .004) \).

**Hypothesis 2: Gratitude as a Predictor of Burnout and Job Satisfaction While Controlling for Demographic and Job Contextual Variables.**

We conducted hierarchical multiple regression analyses to determine whether gratitude predicted burnout and job satisfaction after controlling for demographic and work contextual variables. First, demographics and job contextual variables that were significantly related to criterion variables entered in step one, and workplace specific gratitude variables were entered as a block in step two. As expected, workplace specific gratitude predicted emotional exhaustion \( (R^2 \text{change} = .29, p < .001) \) and job satisfaction \( (R^2 \text{change} = .10, p = .04) \) after controlling for demographic and work contextual variables (such as age, education level, co-worker support, and quality of client / provider relationships).

Next, demographics and job contextual variables were entered in step one, and dispositional gratitude was entered in step two. We found that after controlling for demographic and work contextual variables, dispositional gratitude predicted personal accomplishment \( (R^2 \text{ change} = .12, p = .01) \).
Hypothesis 3: Gratitude as a Predictor of Burnout and Job Satisfaction

While Controlling for Hope.

Correlations were computed to examine the relationship between job satisfaction, burnout, and hope. Hope was positively related to work satisfaction \( (r = .32, p = .01) \) and personal accomplishment \( (r = .61, p < .001) \).

Next, we examined whether gratitude would predict personal accomplishment and job satisfaction beyond hope. Here, hierarchical multiple regression analyses were computed by entering hope in the first step of the equation, and gratitude in the second step of the equation. After controlling for hope, workplace specific gratitude predicted personal accomplishment \( (R^2 \text{ change} = .12, p = .02) \) and dispositional gratitude \( (R^2 \text{ change} = .15, p = .003) \). In addition job satisfaction was predicted by workplace specific gratitude \( (R^2 \text{ change} = .32, p < .001) \).

Hypothesis 4: Predictive Power of Workplace Specific Gratitude Versus Dispositional Gratitude.

Hierarchical multiple regressions were computed to determine whether workplace specific gratitude predicted burnout and job satisfaction beyond dispositional gratitude and vice versa. Workplace specific gratitude predicted emotional exhaustion \( (R^2 \text{ change} = .38, p < .001) \) depersonalization \( (R^2 \text{ change} = .15, p = .048) \) and job satisfaction \( (R^2 \text{ change} = .24, p = .001) \) after controlling for dispositional gratitude but not vice versa. Dispositional gratitude predicted personal accomplishment \( (R^2 \text{ change} = .24, p < .001) \) after controlling for workplace specific gratitude but not vice versa.
CHAPTER IV
DISCUSSION

Major Study Questions Analysis

This study is among the first studies to establish a link between gratitude and job attitudes among mental health professionals. Consistent with hypotheses, our study found that workplace specific gratitude was positively related to job satisfaction and personal accomplishment, and negatively related to burnout. Dispositional gratitude was positively correlated with personal accomplishment and job satisfaction. Moreover, gratitude predicted burnout after controlling for work contextual variables. Our findings are consistent with other studies that have found an inverse correlation between gratitude and burnout among athletes (Chen & Kee, 2008) and educators (Chan, 2010).

There are a few possible reasons why gratitude may relate to burnout. First, gratitude may reduce job related stress by decreasing sympathetic nervous system arousal. It is also possible that gratitude reduces job related stress by decreasing rumination about work related problems. While experiencing gratitude, a person may be more likely to focus on the encouraging aspects of his/her job, versus the more difficult factors, thus enhancing positive emotion and decreasing negative affect.
Additionally, gratitude could be viewed as a coping mechanism. Indeed, several studies have shown a link between gratitude and use of effective coping skills (Buck, 2004; Frederickson, Tugade, Waugh, & Larkin, 2003; Gordon, et. al, 2004; Peterson & Seligman, 2003). For example, gratitude may enable mental health professionals to "reframe" negative work-related memories and accompanying emotions, thus decreasing the negative impact of stressors (Watkins, Grimm, & Kolts, 2004). Another possible explanation for the relationship between gratitude and burnout comes from the Broaden and Build theory of positive emotion, which suggests that positive emotions initiate a positive spiral or cycle of good outcomes and improved overall well-being (Fredrickson, 2004). Gratitude may help foster other positive emotions. For instance, a mental health professional may experience gratitude for his present circumstances, which may lead to increased hope for his future. Consistent with this theory, research shows that gratitude is positively correlated with positive emotions and experiences (Adler & Fagley, 2005; Bono & McCullough, 2006; Watkins, 2004) and inversely correlated with negative emotions, such as depression (Watkins, 2004). Interestingly, our study found that gratitude predicts burnout even after controlling for another positive emotion (e.g., hope).

Our study also found that both workplace specific gratitude and dispositional gratitude contribute uniquely to the prediction of burnout and/or job satisfaction. Specifically, workplace specific gratitude predicted emotional exhaustion, depersonalization, and job satisfaction after controlling for dispositional gratitude but not vice versa. Dispositional gratitude predicted personal accomplishment after controlling for workplace specific gratitude but not vice versa. These findings demonstrate the
importance of assessing workplace gratitude itself, and may also have interesting implications for the development of gratitude interventions.

**Implications for Administrators and Clinicians**

Some professionals experiencing burnout might argue that workplace specific gratitude is easier to experience when administrative work policies and managerial staff is supportive of employees and conducive to their well-being. This is a legitimate concern and administrators should consider practical alterations in the workplace that will promote increased positive emotion (such as gratitude or hope) and enhance overall workplace satisfaction. Administrators possess the capacity to enact positive workplace change on a systemic level. For instance, administrators could implement and oversee the aforementioned gratitude interventions in efforts to improve employee morale and retention.

However, it still is possible to cultivate either workplace specific or dispositional gratitude, regardless of the quality of the work environment. For instance, some professionals may recognize that some jobs, by their nature, carry higher stress levels than others, and burnout may be deemed an “occupational hazard.” The mental health profession carries a high level of societal responsibility and frequent encounters with human tragedy. Therefore, if enacting actual changes in the workplace or the job description is simply not realistic, a helpful intervention would be to then focus on acceptance, positive coping mechanisms, social support, and the elements of the job for which the professional can be grateful.
Study Limitations

There are several limitations to this study that should be taken into account when evaluating our results. First, the sample of participants is not representative of all mental health professionals. The majority of individuals surveyed are case managers (29.7%) and counselors (20.3%). Therefore, other mental health professionals (such as clinical psychologists or psychiatrists) are not adequately represented. Additionally, the number of female participants (69.2%) was more than twice the number of male study participants (30.8%). The majority of our participants came from community mental health agencies (89.3%), and college counseling centers (9.2%). Therefore, treatment providers working in other mental health settings (such as in-patient psychiatric hospitals, long-term care facilities, private practice, state hospitals, the military, or prisons) are not represented in our sample. As a result, it is unclear whether our study results would generalize to mental health professionals employed in other settings. Furthermore, our study did not screen for the number of hours worked per week by our participants, nor specify whether these participants were employed on a full-time (e.g., permanent employees) or part-time (e.g., interns) basis.

Moreover, the study was conducted utilizing a cross-sectional design. Thus, we measured gratitude, burnout, and work satisfaction at one point in time. However, this design does not allow for the assessment of how changes in gratitude over time affect burnout. Longitudinal studies are needed to gain a better understanding of patterns of change that can take place in gratitude and burnout. Moreover, workplace specific gratitude items were created for the purposes of this study. Further psychometric testing is needed for these items.
Another limitation is that we did not control for personality characteristics. Other research studies have shown personality characteristics relate to burnout (Gustafsson, 2009; Hochwalder, 2006). In the future, researchers may examine whether gratitude predicts burnout or job satisfaction beyond the five-factor model of personality, or administer instruments such as the Myers-Briggs Type Indicator (MBTI) instrument to evaluate the influence of various mental health professionals’ personality types.

**Suggestions for Future Research**

Despite limitations, this study makes important contributions to the growing body of research on gratitude. Future research could evaluate the impact of gratitude interventions on burnout.

While our study did not test the causal relationship between gratitude and burnout, there is accumulating evidence that gratitude interventions can lead to increased positive well-being and reduced negative affect (Emmons & McCullough, 2003; Froh, Sefick, & Emmons, 2008). Notably, Emmons (2007) found that participants in a journaling intervention who consciously focused on gratitude reported feeling better about their lives and optimistic about the future, as compared to participants who delineated hassles or neutral events.

Based on our findings, there may be benefits to gratitude interventions that focus on workplace specific gratitude, general overall gratitude, or both. For instance, a mental health professional engaged in an “at-home” gratitude intervention (e.g., private journaling) could experience positive emotions that transfer to the work environment. On the other hand, a mental health professional participating in a workplace-structured, organized gratitude intervention (e.g., employee support group) may develop positive
reframing techniques, which could transfer to the home environment and reduce stress in family interactions.

Therefore, future research could focus on examining whether gratitude interventions can reduce burnout and increase job satisfaction. Many of these gratitude-based interventions are flexible, easy to implement, and require a minimal time investment each day – all while potentially yielding long-term positive effects. Examples of effective gratitude interventions include gratitude letter writing (e.g., Watkins, Woodward, Stone, & Kolts, 2003), counting blessings (e.g., Emmons & McCullough, 2003; Froh, Sefick, & Emmons, 2008), and reflection and meditation (Chan 2010). Practical interventions could be self-initiated by mental health professionals on an individual, informal basis. It could also be presented as an optional, structured group wellness activity, which would be coordinated by human resource departments or employee assistance programs of mental health agencies.

Studies could also compare the effects of these gratitude interventions on mental health professionals with varying credentials (e.g., researchers could compare burnout rates and efficacy of gratitude interventions on psychologists versus mental health counselors) and who work in a variety of settings (e.g., researchers could compare clinicians who work in prisons, university counseling centers, chemical dependency units). Future research could also compare the effectiveness of the different types of gratitude interventions (e.g., journaling, meditation, individual psychotherapy, support groups) to determine which, if any, are most effective at reducing burnout and increasing job satisfaction.
Future research could also evaluate whether attitudes of gratitude cultivated in one life domain (e.g., in the workplace) impact the mental health professional’s perspective in another domain (e.g., at home or in the community). In other words, studies would examine the transferability and generalization of gratitude to different contexts. Furthermore, future research could conduct longitudinal efforts to determine whether levels of burnout and gratitude are relatively stable, or fluctuate, over the course of weeks, months, or even years. For instance, new employees may experience stressors that are unique to beginning employment, and these concerns may erode (or increase) with longevity on the job. Therefore, conducting follow-up evaluations would create a richer understanding of how the concepts of gratitude and burnout evolve over time.


*Current Psychology, 23* (1), 64-##.


## APPENDIX A

Table 1:  
*Demographic / Background Characteristics of Participants*

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</table>
## APPENDIX B

Table 2: 
*Means, Standard Deviations, and Cronbach’s Alphas for all Major Study Variables*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s Alpha</th>
<th>Min/Max Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workplace Specific Gratitude</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Grateful for Co-Workers</td>
<td>4.04</td>
<td>.76</td>
<td>---</td>
<td>1 / 5</td>
</tr>
<tr>
<td>-Grateful for Supervisor</td>
<td>4.03</td>
<td>.85</td>
<td>---</td>
<td>1 / 5</td>
</tr>
<tr>
<td>-Grateful for Clients</td>
<td>3.87</td>
<td>.90</td>
<td>---</td>
<td>1 / 5</td>
</tr>
<tr>
<td>-Grateful for Current Job</td>
<td>4.37</td>
<td>.77</td>
<td>---</td>
<td>1 / 5</td>
</tr>
<tr>
<td><strong>Dispositional Gratitude Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Appreciation of Others</td>
<td>52.29</td>
<td>6.03</td>
<td>.75</td>
<td>13 / 65</td>
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<tr>
<td>-Sense of Abundance</td>
<td>69.65</td>
<td>11.80</td>
<td>.92</td>
<td>17 / 85</td>
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<tr>
<td>-Simple Appreciation</td>
<td>59.00</td>
<td>8.20</td>
<td>.89</td>
<td>14 / 70</td>
</tr>
<tr>
<td>-GQ-6</td>
<td>37.03</td>
<td>4.63</td>
<td>.79</td>
<td>6 / 42</td>
</tr>
<tr>
<td><strong>Hope</strong></td>
<td>51.98</td>
<td>6.00</td>
<td>.77</td>
<td>8 / 64</td>
</tr>
<tr>
<td><strong>Burnout Measures</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Emotional Exhaustion</td>
<td>19.28</td>
<td>9.86</td>
<td>.89</td>
<td>0 / 54</td>
</tr>
<tr>
<td>-Depersonalization</td>
<td>5.69</td>
<td>5.23</td>
<td>.74</td>
<td>0 / 30</td>
</tr>
<tr>
<td>-Personal Accomplishment</td>
<td>39.92</td>
<td>6.09</td>
<td>.77</td>
<td>0 / 48</td>
</tr>
<tr>
<td><strong>Work / Job Satisfaction</strong></td>
<td>78.32</td>
<td>10.25</td>
<td>.80</td>
<td>20 / 100</td>
</tr>
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</table>
**Table 3:**

*Correlations Between Continuous Demographic Variables and Burnout*

<table>
<thead>
<tr>
<th></th>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
<th>Personal Accomplishment</th>
<th>Work Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.27*</td>
<td>-.21</td>
<td>.13</td>
<td>.26*</td>
</tr>
<tr>
<td>Time at Agency</td>
<td>.01</td>
<td>-.05</td>
<td>.11</td>
<td>.15</td>
</tr>
<tr>
<td>Time in Profession</td>
<td>-.14</td>
<td>-.10</td>
<td>.12</td>
<td>.22</td>
</tr>
<tr>
<td>Variety in Job</td>
<td>-.16</td>
<td>-.08</td>
<td>.14</td>
<td>.24</td>
</tr>
<tr>
<td>Co-Worker Support</td>
<td>-.16</td>
<td>-.21</td>
<td>.26*</td>
<td>.23</td>
</tr>
<tr>
<td>Supervisor Support</td>
<td>.26*</td>
<td>-.18</td>
<td>.17</td>
<td>.40**</td>
</tr>
<tr>
<td>Friends/Family Support</td>
<td>-.05</td>
<td>.03</td>
<td>.28*</td>
<td>.08</td>
</tr>
<tr>
<td>Client/Provider Relations</td>
<td>-.10</td>
<td>-.42**</td>
<td>.65**</td>
<td>.40**</td>
</tr>
</tbody>
</table>

* *p < .05, **p < .01
## APPENDIX D

Table 4: 
*Correlations Between Gratitude Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grateful for Co-Workers</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Grateful for Supervisors</td>
<td>.31*</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grateful for Clients</td>
<td>.33**</td>
<td>.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Grateful for Current Job</td>
<td>.38**</td>
<td>.42**</td>
<td>.48**</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. GQ-6</td>
<td>.53**</td>
<td>.21</td>
<td>.26*</td>
<td>.22</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. GRAT: Simple Apprec.</td>
<td>.48**</td>
<td>.18</td>
<td>.27*</td>
<td>.20</td>
<td>.60**</td>
<td>.51**</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>8. GRAT: Sense Abundance</td>
<td>.31*</td>
<td>.16</td>
<td>.17</td>
<td>.17</td>
<td>.60**</td>
<td>.48**</td>
<td>.38 **</td>
<td>–</td>
</tr>
</tbody>
</table>

* *p < .05, **p < .01
APPENDIX E

Table 5: 
*Correlations Between Burnout and Job Satisfaction Measures*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emotional Exhaustion</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Personal Accomplishment</td>
<td>-.17</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Depersonalization</td>
<td>.65**</td>
<td>-.34**</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>4. Job Satisfaction</td>
<td>-.57**</td>
<td>.55**</td>
<td>-.57**</td>
<td>–</td>
</tr>
</tbody>
</table>
Table 6:
*Correlations Between Gratitude, Burnout, and Job Satisfaction*

<table>
<thead>
<tr>
<th></th>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
<th>Personal Accomplishment</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workplace Specific Gratitude</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grateful for Clients</td>
<td>-.43***</td>
<td>-.38**</td>
<td>.43***</td>
<td>.33**</td>
</tr>
<tr>
<td>Grateful for Co-Workers</td>
<td>-.36**</td>
<td>-.27*</td>
<td>.38**</td>
<td>.42**</td>
</tr>
<tr>
<td>Grateful for Current Job</td>
<td>-.53***</td>
<td>-.35**</td>
<td>.27*</td>
<td>.34**</td>
</tr>
<tr>
<td>Grateful for Supervisors</td>
<td>-.52***</td>
<td>-.26*</td>
<td>.16</td>
<td>.53***</td>
</tr>
<tr>
<td><strong>Dispositional Gratitude</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of Abundance</td>
<td>-.21</td>
<td>-.16</td>
<td>.31*</td>
<td>.15</td>
</tr>
<tr>
<td>Simple Appreciation</td>
<td>-.19</td>
<td>-.23</td>
<td>.43***</td>
<td>.24</td>
</tr>
<tr>
<td></td>
<td>Appreciation of Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>-12</td>
<td>-16</td>
<td></td>
<td>.48***</td>
</tr>
<tr>
<td>GQ-6</td>
<td>-0.23</td>
<td>-0.17</td>
<td></td>
<td>.62***</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001
APPENDIX G

Demographic & Background Information

Directions: Please answer the following questions about yourself as accurately as possible. All information provided will remain confidential. Please do not put your name on this questionnaire.

1. Age: ______

2. Gender: ______ Male ______ Female
   (0)                             (1)

3. Current Job Position: ______ Case Manager ______ Social Worker (Other)
   (1)        (2)
   ______ Employment/Housing Specialist ______ Therapist
   (3)        (4)
   ______ Psychologist ______ Nurse
   (5)        (6)
   ______ Psychiatrist ______ Clinical Administrator
   (6)        (7)
   ______ Other
   (8)

4. Level of Education: ______ Associate’s Degree ______ Bachelor’s Degree
   (1)        (2)
   ______ Master’s Degree ______ PhD, PsyD, MD, Doctoral
   (3)        (3)

**FOR QUESTIONS 5 and 6: **Please place a number in each blank below. For example, if you have worked here for six months, your answer would look like ___0____ YEARS and ___6___ MONTHS. If you have worked here for a year and a half, your answer would look like ___1___YEARS and ___6___ MONTHS.

5. Length of Time on the Job AT THE AGENCY
   ______ YEARS and ________ MONTHS

6. Length of Time IN THE PROFESSION
7. What do you do in your present job? Please briefly describe JOB DUTIES.

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

8. Please rate how much variety you have in your current job tasks:

() Never       () Rarely
(1)           (2)

() Sometimes () Often
(3)           (4)

() Almost Always
(5)

9. Please rate how often you experience social support from co-workers

() Never       () Rarely
(1)           (2)

() Sometimes () Often
(3)           (4)

() Almost Always
(5)

10. Please rate how often you feel social support by your supervisor

() Never       () Rarely
(1)           (2)

() Sometimes () Often
(3)           (4)

() Almost Always
(5)

11. Please rate how often you feel support from friends and family

() Never       () Rarely
(1)           (2)

() Sometimes () Often
(3)           (4)

() Almost Always
(5)

12. Please rate the quality of your professional client/provider relationships
_____ Very negative
(1)

_____ Somewhat negative
(2)

_____ Neutral
(3)

_____ Somewhat positive
(4)

_____ Very positive
(5)
APPENDIX H

Gratitude at Work Measure

1. How often are you for your co-workers?

_____ Never          _____ Rarely
(1)            (2)

_____ Sometimes       _____ Often
(3)         (4)

_____ Almost Always
(5)

2. How often are you grateful for your supervisors?

_____ Never          _____ Rarely
(1)            (2)

_____ Sometimes       _____ Often
(3)         (4)

_____ Almost Always
(5)

3. How often are you grateful for your current job?

_____ Never          _____ Rarely
(1)            (2)

_____ Sometimes       _____ Often
(3)         (4)

_____ Almost Always
(5)

4. How often are you grateful for your clients?

_____ Never          _____ Rarely
(1)            (2)
<table>
<thead>
<tr>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
<td>(4) Almost Always</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I

Maslach’s Burnout Inventory - Human Services Survey

[ Not included due to copyright considerations ]
APPENDIX J

Minnesota Work Satisfaction Questionnaire – Short Form

[ Not included due to copyright considerations ]
Gratitude Resentment and Appreciation Test

Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1 = Strongly Disagree
2 = Somewhat Disagree
3 = Neutral
4 = Somewhat Agree
5 = Strongly Agree

_____ 1. I couldn’t have gotten where I am today without the help of many people.
_____ 2. I think that life has handed me a short stick. *
_____ 3. It sure seems like others get a lot more benefits in life than I do. *
_____ 4. I never seem to get the breaks that other people do. *
_____ 5. Often I’m just amazed at how beautiful the sunsets are.
_____ 6. Life has been good to me.
_____ 7. There never seems to be enough to go around and I’m always coming up short. *
_____ 8. Often I think, “What a privilege it is to be alive.”
_____ 9. Oftentimes I have been overwhelmed at the beauty of nature.
_____ 10. I feel grateful for the education I have received.
_____ 11. Many people have given me valuable wisdom throughout my life.
_____ 12. It seems like people have frequently tried to impede my progress. *

APPENDIX K
1 = Strongly Disagree
2 = Somewhat Disagree
3 = Neutral
4 = Somewhat Agree
5 = Strongly Agree

13. Although I think it’s important to feel good about your accomplishments, I think that it’s also important to remember how others have contributed to my accomplishments.

14. I really don’t think that I’ve gotten all the good things that I deserve in life.

15. Every Fall I really enjoy watching the leaves change colors.

16. Although I’m basically in control of my life, I can’t help but think about those who have supported me and helped me along the way.

17. Part of really enjoying something good is being thankful for that thing.

18. Sometimes I find myself overwhelmed by the beauty of a musical piece.

19. I’m basically very thankful for the parenting that was provided to me.

20. I’ve gotten where I am today because of my own hard work, despite the lack of any help or support.

21. At Christmas time, I never seemed to get as many presents or presents that were as good as others received.

22. Sometimes I think, “Why am I so privileged so as to be born into the situation I was born into?”

23. One of my favorite times of the year is Thanksgiving.

24. I believe that I am a very fortunate person.

25. I think that it is important to “Stop and smell the roses.”

26. More bad things have happened to me in my life than I deserve.

27. I really enjoy the changing seasons.

28. Because of what I’ve gone through in my life, I really feel like the world owes me something.

29. I believe that the things in life that are really enjoyable are just as available to me as they are to Ross Perot or Donald Trump.

30. I love to sit and watch the snow fall.

31. I believe that I’ve had more than my share of bad things come my way.

32. Although I think that I’m morally better than most, I haven’t gotten my just reward in life.
33. After eating I often pause and think, “What a wonderful meal.”
34. I really enjoy a crackling fire on a cold winter’s day.
35. I think that it’s important to sit down every once and a while and “count your blessings.”
36. I think it’s important to enjoy the simple things in life.
37. I basically feel like life has ripped me off. *
38. I feel deeply appreciative for the things others have done for me in my life.
39. I feel that “someone up there” doesn’t like me. *
40. The simple pleasures of life are the best pleasures of life.
41. I love the green of Spring.
42. For some reason, I never seem to get the breaks that others get. *
43. I think it’s important to appreciate each day that you are alive.
44. I’m really thankful for friends and family.
APPENDIX L

The Future Scale

Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1. = Definitely False
2. = Mostly False
3. = Somewhat False
4. = Slightly False
5. = Slightly True
6. = Somewhat True
7. = Mostly True
8. = Definitely True

___ 1. I can think of many ways to get out of a jam.
___ 2. I energetically pursue my goals.
___ 3. I feel tired most of the time.
___ 4. There are lots of ways around any problem.
___ 5. I am easily downed in an argument.
___ 6. I can think of many ways to get the things in life that are important to me.
___ 7. I worry about my health.
___ 8. Even when others get discouraged, I know I can find a way to solve the problem.
___ 9. My past experiences have prepared me well for my future.
10. I’ve been pretty successful in life.

11. I usually find myself worrying about something.

12. I meet the goals that I set for myself.
APPENDIX M

The Gratitude Questionnaire-Six Item Form (GQ-6)

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = neutral
5 = slightly agree
6 = agree
7 = strongly agree

___1. I have so much in life to be thankful for.

___2. If I had to list everything that I felt grateful for, it would be a very long list.

___3. When I look at the world, I don’t see much to be grateful for.*

___4. I am grateful to a wide variety of people.

___5. As I get older, I find myself more able to appreciate the people, events, and situations that have been part of my life history.

___6. Long amounts of time can go by before I feel grateful to something or someone.*
APPENDIX N

[Informed Consent for The Relationship between Gratitude and Burnout]

Project Title: The Relationship between Gratitude and Burnout

Investigator(s): Michelle Lanham, B.S., and Mark S. Rye, Ph.D

Description of Study: Participants will complete several questionnaires relating to burnout, gratitude, and hope.

Adverse Effects and Risks: Minimal adverse effects are anticipated. However, you will be asked to carefully contemplate various aspects of the work environment, including difficult client or co-worker interactions. These questions could possibly elicit negative emotions. Participants who are experiencing distress are encouraged to contact Eastway Human Resources at (937) 496-2000. You may also contact the Duke E. Ellis Human Development Institute through Wright State University’s School of Professional Psychology at (937) 775-4300.

Duration of Study: You will spend approximately 30 minutes completing the questionnaires.

Confidentiality of Data: Your name will be kept separate from the data. Both your name and the data will be kept in a locked room. Only the investigators names above will have access to the locked room. Your name will not be revealed in any document resulting from this study. Your responses will remain confidential.

Contact Person: If you have questions or concerns regarding the study, you can contact Michelle Lanham at (937.768.1287) Michelle.E.Lanham@gmail.com, or Mark Rye, Ph.D. at (937.229.2160) Mark.Rye@notes.udayton.edu. If you have questions/concerns about your rights as a research participant, you can contact the chair of the Psychology Department Research Review and Ethics Committee, Greg Elvers, Ph.D. at (937.229.2171) Greg.Elvers@notes.udayton.edu.

Consent to Participate: I have voluntarily decided to participate in this study. The investigator named above has adequately answered any and all questions I have about this study, the procedures involved, and my participation.
I understand that the investigator named above will be available to answer any questions about research procedures throughout this study. I also understand that I may voluntarily terminate my participation in this study at any time. I also understand that the investigator named above may terminate my participation in this study if s/he feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older.

_________________________________________________________
Signature of Participant  Participant’s Name (printed)       Date

_________________________________________________________
Signature of Witness       Date
APPENDIX O

Debriefing Form

Information about the study

The purpose of this study was to investigate the relationship between gratitude and burnout. Burnout is defined as, “A severe physical and psychological syndrome that occurs in response to prolonged stress at work” (Chiu & Tsai, 2006, p.517). **Burnout** is typically assessed on the following 3 dimensions: 1) emotional exhaustion (i.e., a state of mental strain attributed to job stressors), 2) depersonalization (i.e., mentally distancing oneself and adopting a more impersonal view of other people), and 3) a decreased sense of personal accomplishment (Hayes & Weathington, 2007). **Gratitude** entails a sense of abundance, appreciation of simple pleasures, and the recognition of another’s contribution to one’s well-being (Watkins, Woodward, Stone, & Kolts, 2003). It is my hypothesis that increased gratitude, which promotes helping behavior, happiness and other positive affect, and effective coping skills, will be correlated with decreased job burnout levels and higher job satisfaction. The research that you participated in was specifically designed to determine the relationship between gratitude and burnout. While there is no research to date linking these two constructs together, for information about these areas of research, see the following references.


Assurance of Privacy

We are seeking general principles of behavior and are not evaluating you personally in any way. Your responses will be confidential and your responses will only be identified by a participant number in the data set along with other participants’ numbers. However, confidentiality may be broken if you express threats to harm yourself or others.
Contact Information

If you have questions or concerns regarding the study, you can contact Michelle Lanham at (937.768.1287) Michelle.E.Lanham@gmail.com, or Mark Rye, Ph.D. at (937.229.2160) Mark.Rye@notes.udayton.edu. If you have questions or concerns about your rights as a research participant, you can contact the chair of the Psychology Department Research Review and Ethics Committee, Greg Elvers, Ph.D. at (937.229.2171) Greg.Elvers@notes.udayton.edu.

Mental Health Resource

If you are currently experiencing negative feelings, or are having difficulty coping with your actions or the actions of others, we encourage you to contact your Human Resources Department or the Employee Assistance Program. Thank you very much for your participation in this study!