

**Research Plan Overview: A Phenomenological Study of the Experience of Bermudian
Addictions Counselors Navigating Organizational Value Incongruence**

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I have no known conflict of interest to disclose.

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Stage of Completion: Stage Two

I. Introduction

A. Problem Statement

1. Extensive literature currently exists exploring addiction counselors' experience with outcomes of occupational and stress-related phenomena (OSRP) like burnout (B), compassion fatigue (CF), and moral injury (MI); linking them to intrapersonal or client-facing contributing factors. While these clinical observations have merit, less qualitative literature exists to explore and understand the lived experience of addiction counselors navigating conflict stemming from incongruence between their professional, philosophical, or clinical values and their employer's organizational features and values. The study also recognizes the absence of any qualitative data on the experiences of addiction counselors in Bermuda.
 - a. Sorensen, J., McCuistian, C., Fokuo, J. K., Del Pino, H., Smith, J., & Elahi, S. (2024). Ethical issues in treating substance use disorders: Counselor perspectives. *Journal of Psychoactive Drugs*, 57(4), 465–474.
<https://doi.org/10.1080/02791072.2024.2394765>related literature source
 - b. Karakoula, P., Nikolaidi, S., & Koulierakis, G. (2022). Burnout and perception of organizational justice in addiction professionals. In T. J. Buser, R. Cade, & D. Perera (Eds.), *Annual review of addictions and offender counseling V: New directions in research and practice* (pp. 88–16). Wipf and Stock Publishers.
2. Employer-level organizational features and values can significantly impact the personal and professional experience of addiction counselors in Bermuda during service provision. What is not studied and reported sufficiently well is the lived experience of addiction counselors working within organizations with misaligned professional, philosophical, and clinical values. Studying Bermudian addiction counselors lived experiences navigating organizational values conflict provides valuable insight across individual, professional, and organizational domains, and aid in informing more responsive, supportive, and adaptive

organizational cultures and practices. Research finds that counselor retention and high-quality service delivery are protected when clinicians are supported in managing OSRP (Beitel et al., 2018), hence exploring clinicians' experiences through this research lens may promote greater organizational responsiveness, clinician wellness and (Klingemann & Wieczorek, 2023) and programmatic efficacy domains.

- a. Johnson, T., & Shamroukh, S. (2024). Predictive modeling of burnout based on organizational culture perceptions among health systems employees: A comparative study using correlation, decision tree, and Bayesian analyses. *Scientific Reports*, *14*(1), 1–26. <https://doi.org/10.1038/s41598-024-56771-2>
 - b. Klingemann, J. I., & Wieczorek, L. (2023). A crisis of exhaustion in the game of escalation: A qualitative exploration of the consequences of occupational burnout among addiction therapists. *Advances in Psychiatry & Neurology*, *33*(1), 18–25. <https://doi.org/10.5114/ppn.2023.135054>
 - c. Beitel, M., Oberleitner, L., Muthulingam, D., Oberleitner, D., Madden, L. M., Marcus, R., Eller, A., Bono, M. H., & Barry, D. T. (2018). Experiences of burnout among drug counselors in a large opioid treatment program: A qualitative investigation. *Substance Abuse*, *39*(2), 211–217. <https://doi.org/10.1080/08897077.2018.1449051>
3. The problem is that there is insufficient research exploring the lived experiences of addiction counselors in Bermuda, navigating values misalignment between themselves and their place of employment. Current research exploring addiction counselors' vocational experiences largely focuses on OSRP outcomes (Genova, 2026; Klingemann & Wieczorek, 2023) alongside intrapersonal features and wellness solutions (Towey-Swift et al., 2022). Current research has failed to explore addiction counselors' lived experiences in Bermuda, thereby missing additional insights into potential OSRP factors.

B. Purpose

1. The purpose of this phenomenological study is to describe Bermudian addiction counselors' lived experiences of working within organizations where their professional, philosophical, and clinical values are misaligned. At this stage of the research, values misalignment is understood as the sense of disconnection workers feel from their organizations in response to conflicting leader, programmatic, or organizational practices and priorities (Hurtado et al., 2026).

- a. Hurtado, D., Ezekiel-Herrera, D., Boyd, J., Madjlesi, R., Hwang, J., Everson, T., Hammer, L., & Lenhart, A. (2026). Post-pandemic primary care burnout drivers: Interplay of organizational constraints, values (mis)alignment, and team-leader dynamics. *Journal of Healthcare Leadership*, 18(2026), 1–10. <https://doi.org/10.2147/jhl.s570686>

C. General research questions

1. How do addiction counselors in Bermuda describe their experience navigating misalignment between themselves and their organization's professional, philosophical, and clinical values?
2. How do addiction counselors describe their experience of witnessing or facilitating the delivery of conflicting professional, philosophical, and clinical values to their client population?
3. How do addiction counselors describe the short-term and long-term experience of navigating misaligned professional and organizational values on their overall well-being?

D. Research Plan

1. This proposed study will utilize a qualitative research design supported by phenomenological research methodology.
2. The phenomenological research design uses data gathered from several persons experiencing the same phenomenon to compose a rich and authentic description of the lived experience in common (Creswell & Poth, 2024). In using this approach, researchers can capture the essence of the participants' lived experiences (Middleton et al., 2025), navigating experiences of professional, philosophical, and clinical values misalignment alongside the meanings and perceptions these experiences cultivate; a research venture noted as helpful across several groups, like therapists, health personnel, or policymakers (Creswell & Poth, 2024). This form of study allows researchers to more deeply understand what addiction counselors in Bermuda feel and interpret when navigating the aforementioned misalignment, alongside how they experience this phenomenon; moving from narrower expressions of experience like notable statements to broader understandings of meaning, how the essence of the experience itself (Creswell & Poth, 2024).

II. Review of Related Literature

A. Theoretical Framework

1. The philosophical assumptions influencing this research are largely axiological. Axiological assumptions recognize the deeply value-laden nature of various study topics hence these assumptions require researchers' active reflexivity and transparency in reporting their values and biases (Creswell & Poth, 2024; Tavakol & Sandars, 2025). This research posits that values are both an element that influences the research as well as part of the actual phenomena being studied. Additionally, given that my role as the researcher is also informed by my experience as an addictions counselor in Bermuda, the positionality of the research is explicit. My background of clinical work in the respective field will likely influence or bias the interpretation of the data (Eissenstat & Bohecker, 2018).
 2. Several theories initiated the interest and shape of this research study. Person-organization (PO) Fit Theory defines the presence of compatibility between persons and organizations as when one entity meets the needs of the other, when fundamental characteristics between the two are shared, or when both aforementioned factors are true (Kristof-Brown et al., 2023; Rogelberg, 2007). This theory explores how a fit between person and organization is largely influenced by the extent to which the organizational environment meets a person's needs or in turn, the organization's needs are met by an individual's capability (Rogelberg, 2007). Experiences of fulfillment are largely influenced by the presence or lack thereof, of met needs (Rogelberg, 2007). Additionally, the concept of Values Congruence (VC) is largely influential to this study as it conceptualizes the degree to which a person's values align with those expressed in the work environment (Molina, 2023). Finally, Moral Injury Theory (MIT) emerged as a way to understand the experience of existential suffering a person may develop in the face of witnessing, participating or failing to intervene in events that violate their moral beliefs and/or values (Norman & Maguen, 2014).
- B. Important Thinkers/experts/theorists in this field of study
1. Kristof-Brown, A., Schneider, B., & Su, R. (2023). Person-organization fit theory and research: Conundrums, conclusions, and calls to action. *Personnel Psychology*, 76(2), 375–412.
<https://doi.org/10.1111/peps.12581>
 - a. Provides personal historical reviews of experiences of PO reported by the three authors across their respective career domains.

- b. Identified six conundrums regarding PO fit, connecting them to research evidence.
 - c. Identified future direction and practical implications for the six conundrums.
2. Vaknin, O., & Ne'eman-Haviv, V. (2025). Beyond right and wrong: A new theoretical model for understanding moral injury. *European Journal of Trauma & Dissociation*, 9(2025), 1–8.
<https://doi.org/10.1016/j.ejtd.2025.100569>
 - a. Presents an updated understanding of moral injury wherein experiences of moral injury exist on a spectrum.
 - b. Suggest moral injury extends beyond witnessing distressing events and is better understood as the interplay between one's actions in relation to their moral context; one's actual positioning when having to choose between conflicting options where one option is morally right and the other perhaps deemed reasonable in a specific circumstance (Vaknin & Ne'eman-Haviv, 2025).

C. Related Research

1. Middleton, T. J., Obinnakwelu, E., Tamakloe, I., Shabazz, K., & Rodgers, J. (2025). Perceived preparedness: A phenomenological study of licensed counselors' readiness to treat substance use disorders. *Journal of Addictions & Offender Counseling*, 46(2), 134–144.
<https://doi.org/10.1002/jaoc.70002>
 - a. The journal article is a phenomenological study of newly licensed counselors' senses of preparedness in treating substance use disorders.
 - b. Several themes and subthemes emerged from the study that included key features that impact a counselor's sense of preparedness, including: attributes and support of professionals [professors, mentors, and supervisors], evolving perspectives of addiction, ecological perspectives of barriers impacting recovery, and program deficiencies.
 - c. Insights gleaned from the article include that addiction counselors emerging early in the field reported feeling largely impacted by organizational and relational interactions that aligned, supported, and expounded on their earliest conceptualizations of addiction and recovery. Many emerging counselors note features like teacher, mentor, and supervisor support, encouragement, and empathy

- alongside organizational efficacy that bolstered a felt sense of capacity and competency.
- d. Insights from this study shed light on the influential role of congruence among clinicians, their organizational leaders, and organizational structures and cultures in shaping clinicians' sense of preparedness and clinical capacity.
2. Dunning, A., Louch, G., Grange, A., Spilsbury, K., & Johnson, J. (2021). Exploring nurses' experiences of value congruence and the perceived relationship with wellbeing and patient care and safety: A qualitative study. *Journal of Research in Nursing*, 26(1-2), 135–146. <https://doi.org/10.1177/1744987120976172>
 - a. The journal article adopts an exploratory qualitative approach, utilizing essentialist philosophical elements, to examine the relationship between nurses' experiences of value congruence and well-being and patient care and safety.
 - b. This article highlights a functional understanding of values congruence as stemming from alignment between a person's individual values and those of their organization.
 - c. The study's findings highlight how values congruence affects job satisfaction.
 - d. The study's findings also noted accounts of instances in which organizational values can become misaligned with the demands of the practical work environment.
 - e. Outcomes of this study revealed that some nurses believed in the inseparable nature of personal and professional values in the workplace, and thus, congruence or incongruence in the workplace (performance and care provision) impacted personal values. The acknowledgment that job roles and functions impact both personal wellbeing.
 3. Cher, J. E., Barlas, J., Hennessy, M., Ramsay, J. E., & Aw, S. (2025). Staying motivated by anchoring on values: A mixed methods study on the workplace well-being and addiction beliefs of substance use professionals in Singapore. *Substance Abuse Treatment Prevention and Policy*, 20(1), 54–54. <https://doi.org/10.1186/s13011-025-00691-5>
 - a. This mixed-methods study utilized semi-structured interviews and questionnaires to exploring the addiction clinician's sense of well-being and beliefs about addiction.

- b. Reflective thematic analysis produced four main themes impacting clinician level of satisfaction with work and feelings of burnout: 1. meaningfulness in work, 2. role and performance standard clarity, 3. view of addiction, and 5. navigation of systematic challenges.
 - c. A key result of the research outcome was that organizational and systemic challenges negatively impacted participants' sense of workplace well-being. Personal and professional value re-alignment was seen as a driver to sustain satisfaction and motivation.
 4. Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organizational factors to vicarious trauma in mental health professionals: a systematic review and narrative synthesis. *European Journal of Psychotraumatology*, 13(1), 1–21. <https://doi.org/10.1080/20008198.2021.2022278>
 - a. This review article explored the role that organizational factors play in either ameliorating or preventing clinicians experiences of Secondary Traumatic Stress (STS), Vicarious Trauma (VT) and Compassion Fatigue (CF) in the workplace.
 - b. Outcomes of this sweeping review of 36 research studies found that organizational factors like caseload, trauma training, peer support, supervision, organizational support and organizational culture have varying effects on clinician senses of personal and professional well-being.

III. Methods

A. Design (approach) and Rationale

1. A phenomenological approach will be used for this study.
2. The phenomenological research approach will be used to explore how addiction counselors experience organizational values misalignment,, as this method is most effective at capturing the essence and first-hand perspectives of how counselors experience and make meaning of the misalignment phenomenon (Creswell & Poth, 2024; Tavakol & Sandars, 2025).

B. Site

1. The name of the site location is Healing Paths Wellness Centre.
2. Healing Paths Wellness Centre is a centrally located holistic wellness clinic in the City of Hamilton, Bermuda. Its central location provides easy access to public transportation, and its multipurpose functionality supports anonymity in engagement.

3. Healing Paths Wellness Centre will support in-person interviews from Monday through Friday, from 0800-2000 hours, to ensure currently practicing addictions counselors can engage in interviewing throughout traditional working hours. On Saturdays, in-person interviews will be offered between 1000 and 1500 for participants who are unable to engage during the traditional workweek. Virtual sessions will be supported for participants at any time highlighted above. Crucially, these hours are also designed to accommodate addiction counselors working in residential settings that use 12-hour shifts.
4. Healing Paths Wellness Centre is designed to support step-free and wheelchair access for persons with mobility differences. Given its central location, all entrances and exits are well-lit and discreetly monitored by security, while all participants are discreetly greeted and supported by front desk staff. The waiting area is stocked with complimentary refreshments and has clear access to unisex bathrooms.

C. Participants

1. Phenomenological research studies have been reported to use the experiences of three to upwards of 25 individuals (Polkinghorne, 1989, as cited in Creswell & Poth, 2024; Tavakol & Sandars, 2025). This study will include a small sample group of 13 individuals.
2. Using purposive sampling, the participant group will be heterogeneous (Urcia, 2021) and will comprise actively licensed and practicing Internationally Certified Drug and Alcohol Counselors (ICADCs) in Bermuda. Confirmation of licensure will be facilitated by a review of the publicly available notice from the licensure board.
3. There are no demographic restrictions on participants in this study beyond the legal age of majority/consent. Participants must be aged between 18 and 65, have provided direct/individual addiction counseling, and have had experience working within a clinical or multidisciplinary team and/or part of an organization where collective clinical decisions were made regarding client engagement, care, and discharge. Participants can be employed across a variety of addiction treatment domains, like the outpatient, intensive outpatient, and residential treatment settings (Center for Substance Abuse Treatment, 2006).

D. Role of Researcher or Personal biography (the 2nd is much more detailed...you will have to decide what you believe is more pertinent to your study)

1. Doctoral Student-Camily Lovell
2. Addictions Counselor and Clinical Manager

3. I am an ICADC, operating in the capacity of an insider phenomenological researcher given my career experience. I have practiced addictions counseling in Bermuda over the past eight years across several substance abuse recovery domains including outpatient, intensive outpatient, correctional, hospital, and charitable settings.
4. Bracketing and reflexivity are techniques/process used by phenomenological researchers to aide in managing any preconceptions, assumptions or biases about the phenomena, often through continuous self-awareness and self-reflection (Creswell & Poth, 2024; Tavakol & Sandars, 2025). I will have to use bracketing intentionally throughout this research study as I have a dynamic career history addiction treatment settings that directly influence my clinical and philosophical interpretations of the culture and practice of addiction counseling services in Bermuda. I am currently seeking Certified Clinical Supervisory (CCS) qualification, hence I have a vested interest in aspects of organizational culture and practices that impact clinicians professional development and practice experiences in the field.

E. Data Collection

1. In-person and Virtual Interviews (Creswell & Poth, 2024)
 - a. All participants will be engaged in a total of two research encounters throughout the duration of the research project: orientation/initial interview and follow-up/closure interview. The two research encounters will be spaced approximately three months apart.
 - b. In-person Participants: During the orientation/initial interview, in-person participants will first be orientated/reminded of the nature and purpose of the study, followed by informed consent. The consent form would have been emailed to the client prior to the first session and signed at the time of the session. Participants will then be engaged in a 90-minute audio- and video-recorded semi-structured interview. Open-ended questions will be used to support rich, exploratory discussions (Tavakol & Sandars, 2025). At the 35-minute mark, the client will be invited to take a brief five-minute break and then re-engaged for the remainder of the session.
 - c. Virtual Participants: The same protocol as for in-person participants will be followed, except that virtual participants will be allowed to turn off audio/video during the break period.
 - d. All audio and video content will be analyzed and transcribed to better capture the essence of the counselor's experience.
2. Solicited Diaries (Cudjoe, 2022)

- a. In between the two outlined sessions, participants will be invited to engage in a solicited diary exercise. This diary exercise supports the breadth and depth of participants' reflections and supports the recall and accuracy of the reported experiences (Urcia, 2021).
 - b. Sensitive research topics may impact participants' willingness or capacity to be forthcoming during in-person or virtual interviews (Urcia, 2021). Thus, solicited diaries will provide participants with a less-intrusive, low-pressure opportunity to record current and evolving insights while engaging in reflective practice outside the interview setting (Urcia, 2021).
 - c. Solicited diaries will also include specified entry parameters alongside a few guided questions to aid in supplementing the interviews.
3. Organizational/ Decisional Making Flow Charts Organizational characteristics like structure, culture, and climate are all features that directly impact the treatment processes and service delivery (Grella et al., 2007). Equally, an organization's structural characteristics like case management, ownerships, and case load have been strongly associated with the service provision (Edwards et al., 2011).
- a. To develop clarity on organizational structural characteristics and decision-making process, participants will be invited to develop an organizational/decision-making flow chart as a visual aid/representation of their misalignment experiences.
 - b. Client will be supplied with all materials required to compose the flowcharts, along with a visual key.
4. Document: Organization Specific Data
- a. Documents (Creswell & Poth, 2024).outlining organizational features such as motto, mission statement, organizational values, philosophical orientation, and other values-related data from all represented addiction recovery services in Bermuda will be collected for review

F. Data Analysis

1. 1st Technique (i.e., open coding)
 - a. information about it (i.e., organizing data into...)
 - b. specific information on how this process will be done
 - c. why important (i.e., this process allows the researcher to...)
2. 2nd Technique (i.e., constant comparison method of looking at data...)

G. Trustworthiness (the reliability, dependability, and transferability information goes here)

1. 1st Technique (i.e., member checks)

- a. information about it (i.e., having participants review and respond to...)
- b. why important (i.e., this process increases the reliability of the study because...)
2. 2nd Technique (i.e., audit trail)
 - a. information about it
 - b. why important
3. 3rd Technique (i.e., reflexivity or memoing)
 - a. information about it
 - b. why important
 - c. and so on...

H. Ethical Considerations

1. potential issue and how addressed (i.e., negative results could impact school/researcher, used pseudonyms for all participants and identifiable names)
2. potential issue and how addressed
3. protection of data

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Appendix A Interview Questions/Guide

The planned icebreaker activity is designed to engage counselors in a gentle reflection on their earliest experience entering the field of addiction counseling and to support an easy transition into the topic of interest. Each participant will be asked to briefly share the story about the moment that they knew they wanted to, or were being called to, the field of addiction counseling. The goal of this question is to help establish rapport and stimulate storytelling.

To support the depth and richness of participant engagement, the following nine research questions will guide the in-person and virtual interviews:

1. What addiction treatment setting do you work in? How would you describe the culture and climate of your organization? How do you think those features influence clinical decision-making?
2. Please draw for me how you feel clinical decisions are made within your organization. Where do you most often experience values alignment or misalignment?
3. Please describe a moment where your professional values differed from those of your clinical team/organization.
4. Please describe how you responded or reacted (external expression) during the misalignment experience.
5. How would you describe your internal experience when engaged with your team on a clinical decision that differs from your professional values (feelings, thoughts, sensations)?
6. What is the most challenging part of experiencing values conflict within your clinical team/ employing organization?

7. How has your approach changed or stayed the same over time when navigating moments where there are differing values?
8. How have your experiences with values misalignment shaped how you view addiction counseling treatment on the island? How do you feel experiences of organizational misalignment influence your professional identity?
9. What are important contexts that you think/feel are essential in understanding the whole picture of your experience?

Question development is supported with insights gathered from several academic works (Bevan, 2014; Creswell & Poth, 2024; Edwards et al., 2011; Grella et al., 2007; Tavakol & Sandars, 2025).

Appendix B: Other Data Collection Procedures (e.g. Focus Groups, Document Analysis, Writing Prompts, Cognitive Representations, Observations, etc.)

To complement exploratory interviews, participants will also be invited to design organizational decision-making flowcharts and participate in interim diaries . Participants will be invited to write freely in their diaries or engage with question prompts to further explore time-sensitive insights relating to experiences. Question prompts are as follows:

1. What are some of the unspoken rules about how decisions are made within your organization? How do you feel the organizational culture influences your experience of values misalignment?
2. What feelings do you experience most when witnessing or being asked to facilitate an organizational decision that does not align with your professional values?
3. How do you imagine your professional indemnity and clinical decision-making have shifted over time?

4. How does it feel to facilitate an organization or clinical team's decisions that is not aligned with your philosophical and professional values?

- 5.

To support clarity about how organizations engage in decision-making, document analysis will include the review of Organizational Data (Creswell & Poth, 2024), outlining organizational features such as mission statements, organizational values, philosophical orientations, team composition, and treatment modalities. These insights will be supported by participant self-reported experience with organizational decision-making structures via drawn structures. Participant self-reports will provide deeper insights into how participants experience organizational/team decision-making and further highlight alignment or misalignment with their organization.

Appendix C Timeline and Budget

Be specific. Here is an example:

August 2025—Finish coursework (\$ for these items)

September 2025—Get committee together and register for dissertation course EDCO 988 (\$)

Spring 2026—Defend proposal (\$)

Summer 2026—Submit research plan to the Institutional Review Board (IRB) for approval (\$)

And so on...

Appendix D Consent Form

Include a robust, substantive consent form; check out Liberty's IRB Website for example(s). Do you need one for various participants? If you need one for students/minors, it is called an 'assent form.'