Lindenwood University

Digital Commons@Lindenwood University

12-1998

Burnout Among Managed Care Clinicians

Dawn M. Waggoner

Burnout Among

Managed Care Clincians

Dawn M. Waggoner, B.A

Lindenwood University

ABSTRACT

Burnout is a pattern of emotional overload in which one feels overwhelmed by the demands imposed by others. Those individuals who do "people work" of some kind are the most vulnerable to burnout. The purpose of this study was to determine if there is a relationship between the level of burnout and the number of months case workers have worked at the same managed care company. Thirty-two case workers from one managed care company completed the Maslach Burnout Inventory (MBI) to assess their current level of burnout. Data analysis run on all three subscales found that there was no significant correlation to the number of months one had been employed at the managed care company and the level of burnout.

Burnout Among

Managed Care Clincians

Dawn M. Waggoner, B.A

Lindenwood University

A Culminating Project Presented to the Faculty of the Graduate
School of Lindenwood University in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
December 1998

COMMITTE IN CHARGE OF CANDIDACY

Marilyn Patterson, Ed.D Associate Professor, Advisor

Anita Sankar, PhD

Bettie LaMasters, RN, PhD

Dedication

This thesis is dedicated to my loving parents, Walter and JoAnn, who have supported me in my decision to continue my education and achieve my goals. I credit my sister, Stacey, and brother, Matt for being constant examples of how persistance, determination and hard work really do pay off in the end.

Acknowledgement

I would like to acknowledge the clinical staff in the managed care department of Merit Behavioral Care. They are all hardworking and dedicated professionals who strive to give their clients the best care possible. Without the cooperations of these individuals, I would not have been able to complete this thesis.

Table of Contents

List of Tables and Figures

Tables

Figures

Chapter I

Introduction

Burnout is one of those popular psychological terms that has been gaining a lot of attention in recent years. Many articles, books and television programs have been devoted to discussing the concept of burn-out and its effect on today's work place. But what is burnout really? According to the Merriam-Webster Dictionary (1994, p. 111), the term burnout means "the exhaustion of one's physical or emotional strength". According to Herbert Freudenberger (1974), this is exactly what happens when a person experiences burn-out; they feel emotionally depleted and become exhausted due to the excessive demands being made on their energy sources.

"The term burnout was first coined by Herbert Freudenberger" (Jackson, Schuler & Schwab, 1986, p. 630). Freudenberger was a clinical psychologist who studied staff members' responses to stress in free clinics and halfway houses (Jackson, Schuler & Schwab, 1986). The term was further researched, and by the mid-1970s was used to describe a person's response to chronic everyday stress in which a person becomes overly involved emotionally and overextends himself or herself (Maslach, 1982).

Burnout, unlike acute stress, is a pattern of

1

emotional overload in which one feels overwhelmed by the emotional demands imposed by other people (Maslach, 1982). Burnout is unique in that it is caused by the social interaction between a helper and a recipient (Maslach, 1982).

There have been many studies that have explored the emotional, physical and mental reactions to burnout as well as ones that examine the factors that contribute to its etiology (Dupree & Day, 1995; Jackson et. al, 1986; Kwee, 1990 & Raquepaw & Miller, 1989). For the purpose of this study Christina Maslach's definition of burnout will be utilized as a guiding theoretical framework. According to Maslach's definition, burnout is a "syndrome of emotional exhaustion and reduced personal accomplishment that can occur among individuals who do "people work" of some kind" (1982, p. 3).

This study attempts to explore one possible predictor of burnout: the number of months a person had spent working in the same managed care mental health organization. This correlational study was designed to explore the empirical validity that there is a relationship between the number of months a person has worked at the same mental health managed care organization and the level of burnout the individual

organization and the level of burnout the individual will express. The study's design does not allow for a direct cause and effect relationship between the two variables to be established.

Burnout levels among staff at one managed care mental health organization were studied. Case managers, supervisors, and care coordinators were asked to complete the Maslach Burnout Inventory (MBI) to provide data on the three subscales of the instrument: emotional exhaustion, depersonalization and personal achievement (Maslach & Jackson, 1986). The operational definition of each of these concepts is as follows: (1) Emotional exhaustion is a feeling of being drained. It is a feeling that one's emotional resources have been depleted and he or she is no longer able to give of themselves to others. (2) Depersonalization is when a person becomes detached and callous towards the people he or she is supposed to be helping. (3) Personal accomplishment is a feeling of inadequacy about one's ability to relate to recipients (Maslach, 1982).

This study is significant in that it could be used by managed care mental health organizations to help them more clearly determine when their clinical staff are most vulnerable to burnout. This in turn

may help the employer to develop programs and take the necessary steps to decrease burn-out levels and help reduce the negative symptoms that have been correlated with burnout such as low morale, absenteeism and high job turnover (Maslach, 1978).

The purpose of this study is to measure the levels of burnout exhibited by managed care mental health workers by measuring if the number of months a person had worked at the managed care company is related to the level of burnout one experiences. The three subscales call for three hypotheses: (i) There is a significant difference in emotional exhaustion scores based on the number of months one has been employed at the same managed care company. (ii) There is a significant difference in depersonalization scores based on the number of months one has been employed at the same managed care company. (iii) There is a significant difference in personal accomplishment scores based on the number of months one has been employed in the same managed care company.

Chapter II

Review of Literature

Social service workers are often required to spend a great deal of time and energy in intense interactions with clients. Quite often, these interactions are focused on dealing with difficult psychological problems in which solutions are not always easily identified. These interactions can be very emotionally charged and at times can be very draining for both the client and the worker. When a person is faced with these type of interactions on a day to day basis, a feeling of emotional exhaustion or burn-out can set in (Jackson, Schuler & Schwab, 1986; Maslach, Jackson & Leiter, 1996).

History and Theoretical Framework

The dominant view in burnout research is that there is a link between the experience of stress and the etiology of burnout (Cox, Kuk & Leiter, 1993). Stress is understood to be the biological response of a person's autonomic nervous system to pressure (Decker, Williams & Hall, 1982). More specifically, work stress has been defined as "the psychological state that is or represents an imbalance or mismatch between peoples' perceptions of the demands on them (relevant to work) and their ability to cope with those demands" (Cox et al., 1993. p. 186).

Stress can be put into two catgories: situational or self-imposed. "Situational stress is often caused by time constraints, lack of resources, threats to emotional or physical well-being, interpersonal value conflicts and overwhelming challenges" (Peterson & Nisenholz, 1995, p. 30). Whereas, imposed stress is caused by setting unreasonably high standards or having unrealistic expectations regarding one's own ability (Peterson & Nisenholz, 1995). There are two types of stress: "eustress, which is pleasant, curative and often motivational or distress, which is unpleasant or disease producing" (Peterson & Nisenholz, 1995 p. 30).

For optimal performance humans need some stress. However, there comes a point when too much stress can be harmful (Gilliland & James, 1993). How a person responds to stress depends on the magnitude of the stressor and the person's perception of the situation and his or her self-perceived ability to handle the stressor. It also depends on a person's physical condition, what has gone on just before the stressor, and how a person has dealt with stress in the past (Peterson & Nisenholz, 1995).

Stress becomes burnout when a person allows past and present problems to continuously pile up. These problems may vary in degree, but the result is an

imbalance between environmental demands and the individual's ability to respond to those demands (Gilliland & James, 1993).

The idea of burnout was "discovered" in the mid-1970s (Gilliland & James, 1993). The term burnout was first introduced by clinical psychologist Herbert Freudenberger after studying the stress responses of staff members in free clinics and halfway houses (Gilliland & James, 1993; Jackson, Schuler & Schwab, 1986). The term was further researched and developed by Christina Maslach. Maslach defined burnout as a pattern of emotional overload in which a "person gets overly involved, emotionally overextends himself and feels overwhelmed by the emotional demands imposed by other people" (Maslach, 1982, p. 3).

Burnout is unique in that it is a syndrome that occurs among individuals who work with people in some capacity (Maslach, 1996). Being burned-out means "that the total psychic energy has been consumed in trying to fuel the fires of existence. This energy crisis occurs because the psychic demand exceeds the supply" (Gilliland & James, 1993 p. 539).

Based on her research of the burnout syndrome, Maslach developed the Maslach Burnout Inventory as a way to measure current levels of burnout. The inventory explores three typical stress reactions

human service employees display when they are burned-out.

First, emotional exhaustion is when one feels drained or used up and lacks the energy to face the day. One feels that their emotional resources are depleted and they are no longer able to give of themselves to others (Maslach, 1982). A second tendency is for employees to deindividuate and depersonalize clients or patients. This is the idea that an employee uses object labels to define a person (e.g., the "borderline" in room 415) and is no longer able to see his or her clients as unique individuals. The human service worker becomes detached and callous and is unable to empathize with his or her client's situation (Maslach, 1982; Jackson et al., 1986). Third, is when the worker feels reduced levels of personal accomplishment. This is when a worker feels they are inadequate and questions their ability to make a difference in their client's lives (Maslach, 1982).

The onset of burnout is slow and there is no one point or incident that is identifiable as the instigating event. As a result of daily struggles and chronic stress there is a steady erosion of the spirit and energy. Burnout is process rather than event oriented, and it varies in degree of severity

from mild energy loss to death. Burnout also varies in duration. It can last a few weeks to several months if it is not recognized and dealt with appropriately (Gilliland & James, 1993).

Burnout is described as occurring in four stages. Stage one is enthusiasm. This is when the worker first begins the job. That person starts with high hopes and many times unrealistic expectations. If the worker's idealism is not tempered by training programs that define what the worker can reasonably expect to accomplish it will lead to stagnation. Stagnation occurs when the worker begins to feel that his or her needs are not being met. If intrinsic and extrinsic reinforcement does not occur at this stage, the worker will then move into the next stage, frustration. "Frustration clearly indicates that the worker is in trouble." (Gilliland & James, 1993 p. 545) At this stage, the worker begins to question his or her effectiveness, value and impact. Since the effects of burnout tend to be contagious, especially in the organizational setting, one person's frustration is likely to have an effect on other workers. Finally, the worker reaches the apathy stage and chronic indifference sets in. Apathy is truly a crisis stage where the worker feels unbalanced and immobile. At this point psychotherapy is almost always

needed to reverse the effects of burnout (Gilliland & James, 1993).

Symptoms of Burnout

Burnout is a multidimensional phenomenon consisting of physical symptoms, behavioral symptoms, psychological consequences and cognitive symptoms (Gilliland & James, 1993). Physical signs of burnout include chronic fatigue, low energy, the inability to "shake" a lingering cold, frequent headaches, gastrointestinal disturbances, sleep disturbance, and shortness of breath. They also include nausea, muscle tension in the shoulders, neck and back pains and changes in eating habits and weight (Freudenberger, 1974; Maslach, 1976; Pines & Aronson, 1981).

Behavioral signs include quickness to anger, instantaneous irritation and frustration, dreading work, clock watching, complaining, crying easily, a suspicious attitude, and paranoia. Other behavioral signs include feelings of omnipotence, overconfidence, cynicism, boredom, inflexibility, stubbornness, lack of creativity and a lack of enjoyment (Emerson & Markos, 1996 & Freudenberger, 1974; Gilliland & James, 1993).

Psychological symptoms include depression, helplessness, hopelessness, reduced self-esteem, and anxiety (Emerson & Markos, 1996; Jayaratne, Chess

& Kunkel, 1986).

Cognitive changes also occur in burned-out clinicians. Counselors begin to manifest cognitive stress through self criticism, learned helplessness, defensiveness, pessimism, perfectionism, paranoia and suicidal ideation (Emerson & Markos, 1996)

Consequences of Burnout

Burnout is a complex individual-societal syndrome that affects not only millions of human service workers but also the clients they serve. "Put in economic terms, billions of dollars are lost each year because of workers in all fields who can no longer function adequately in their jobs." (Gilliland & James, 1993, p. 537) Burnout has many consequences on the job including job dissatisfaction, turnover, absenteeism, low worker morale and lowered productivity (Gilliland & James, 1993; Maslach, 1976; Snibbe, Radcliffe, Weisberger, Richards & Kelly, 1995).

Burnout can also lead to many psychological problems such as depression, increased levels of anxiety and, in extreme cases, burnout can lead to suicide (Chess & Kunkel, 1986; Maslach, 1976). It has also been found that burned-out workers may turn to drugs or alcohol as a way to cope with their feelings which in many cases will lead to an addiction that threatens their physical well-being as well as

their interpersonal relationships (Emerson and Markos, 1996; Maslach, 1976).

Factors Correlated with Burnout

Personality

According to Freudenberger (1974), the dedicated and the committed are the most prone to suffer from burnout. Those who work too much, too long and too intensely seem to be most at risk for burnout. These individuals tend to feel an internal and an external pressure to help and a need to give to others (Freudenberger, 1974).

It has also been found that those individuals with a weak and unassertive personality in dealing with people are prone to burnout. These individuals tend to be submissive, anxious and fearful of involvement. They also tend to have difficulty setting limits within the helping relationship (Maslach, 1982).

The person who is impatient and intolerant is also more susceptible to burnout. "Such a person will get easily angered and frustrated by any obstacles in his or her path and may have difficulty controlling their hostile impulses." (Maslach, 1982, p. 62).

Individuals with what has been called a Type A personality are also more prone to burnout. These individuals tend to be very self-controlled, time oriented and unable to relax. They also tend to be

competitve, hostile, hyperactive and achievement
oriented (Decker et al., 1982; Peterson & Nisenholz,
1995).

Marital Status

Marital status is another factor that has been
correlated with burn-out. It has been found that
workers who are single tend to experience more burnout
than those who are married. Individuals who are
divorced tend to fall in between these two groups
in that they are closer to the singles in terms of
higher emotional exhaustion, but closer to married
individuals in terms of lower depersonalization and
a greater sense of accomplishment (Gilliland & James,
1993; Maslach & Jackson, 1982).

Educational Background

Educational background is another factor that
has been correlated with burnout level. It has been
found that more education is associated with higher
scores on emotional exhaustion, such that people who
had completed college or had done postgraduate work
had higher scores than those who had not completed
college (Maslach & Jackson, 1982).

Age/Gender/Ethnic Background

Burnout has been found to be greatest for young
workers and least for older workers (Gilliland & James,
1993; Maslach, 1982). It has also been found that

men and women are fairly similar in their experience
of burnout with women showing slightly higher scores
on emotional exhaustion and men showing slightly higher
scores on the depersonalization scale (Maslach, 1982).
Research has also shown that minorities tend to be
less susceptible to burnout than Caucasians (Gilliland
& James, 1993).

The Managed Care Environment

"It is generally assumed that the quality of
the organization, of the work environment and of the
work itself can affect the experience of stress and
employee health and work performance." (Cox et al.,
1993, p. 189) In burnout research the type of work
environment has been explored and has been found to
be correlated with the level of burnout.

Raquepaw and Miller (1989) found when they surveyed
68 psychotherapists in Texas that those who worked
in an agency setting reported more feelings of burnout
than those who had their own private practice. The
researchers suggest that the private practioner does
not seem to suffer the same stresses and strains as
does the agency worker. They suggest that these
feelings of burnout may be related to specific
variables such as additional paperwork that agency
employees are required to complete, higher frequencies
of staff meetings that they are required to attend

and/or the nature of the clientele they serve. It was also suggested that agency workers receive lower salaries and fewer extrinsic rewards than private practioners and that the lack of personal control or role clarity in an agency setting may also contribute to the agency workers increased levels of burnout.

Van Der Ploeg, Van Leeuwen & Kwee (1990), conducted a study of 98 Dutch psychotherapists and found that those therapists who worked in a regional mental health center scored higher on the emotional exhaustion subscale of the Maslach Burnout Inventory than those who were in private practice. The researchers suggest that regional mental health services seem to be characterized by an organizational structure which possessed fatiguing effects on their employees; however, the study did not detail what those characteristics might be.

Dupree and Day (1995) also found in their study of 86 psychotherapists that those who worked in the general public sector were at higher risk for burnout than those therapists who worked in a private setting. Their findings suggest that private practioners tend to report higher scores on the general measure of job satisfaction than those who work in the public sector.

But what about burnout and the managed care environment? There is little research regarding the managed care environment and its effect on burnout despite the increased number of these organizations. In fact, Health Maintenance Organizations (HMOs) and Managed Care companies have emerged as the third largest industry in the United States (Dupree & Day, 1995). Both HMOs and Managed Care Companies are based on the principle of comprehensive health care for its participants in return for fixed, regular payments. The goal of the HMO's and Managed Care companies is to reduce medical and psychiatric expenditures. For the HMO's and Managed Care companies to achieve cost containment, there is an emphasis on decreased utilization of services, prevention of illness, use of short-term treatments, and a demonstration that the treatment has been effective (Dupree & Day, 1995).

Snibbe et al. (1989) were one of the first research teams to explore burnout within a large HMO environment. Their study looked at both primary care physicians and psychiatric clinic staff. It was found that among the primary care physicians moderate levels of emotional exhaustion and depersonalization were reported. Among the psychiatric staff, higher levels of emotional and depersonalization were found. However, contrary to what was predicted, both

physicians and psychiatric staff reported high levels of personal achievement. Overall, the entire group, with only one exception, scored significantly higher on all subscales of the Maslach Burnout Inventory than the scales normative population of physicians and mental health professionals. The study seems to suggest that the heavy demands of increased case loads and the many complexities of the organization may frustrate practioners and increase levels of burnout.

In research conducted by Austad, Sherman, Morgan, and Holstein (1992), it was found that psychotherapists in an HMO setting were more vulnerable to burnout from the stresses of heavy case loads and crisis intervention. The clinicians also reported that they had difficulty in adjusting to the demand characteristics of the HMO which included adopting short-term therapy models and practice style.

Managed Care Factors that Contribute to Burnout

The managed care environment has many of the demand characteristics that have been positively correlated with high levels of burnout. A low degree of autonomy has been associated with burnout (Arches, 1991). As social workers become more a part of the bureaucracy, they are often unable to use the techniques they have been taught in school and must

stick to short-term, problem solving techniques. Also, these workers are often subjected to repeated staffings with supervisors and their clinical judgment is many times brought into question. Research by Arches (1991) suggests that workers tend to show decreased signs of burnout when they are not limited by demands of funding and are not stifled by bureaucratic demands.

Another factor associated with burnout is case load. Jayaratne and Chess (1994) found when workers perceive their case loads to be high, it increases their level of burnout. Maslach and Jackson (1981) also found that when case loads were large, scores were high on the emotional exhaustion and depersonalization subscales of the Maslach Burnout Inventory. In the managed care environment, workers are faced with large case loads and a limited amount of time to service each client (Austad et. al, 1992; Racquepaw & Miller, 1989; Snibbe et. al, 1989).

One factor that has not been given a lot of attention in the literature is the length of time one has worked in the managed care setting and how that affects the level of burnout. In a study conducted by Van Der Ploeg, et al. (1990), the researchers found that those psychotherapists who spent a greater number of years in their jobs showed

fewer symptoms of burnout.

Snibbe et al. (1989) found much the same thing in their study in that those providers who were newer in or to the group (0-5 years) appeared to be more susceptible to depersonalizing their patients and exhibited increased levels emotional exhaustion.

Maslach (1982) in her research suggests that those who are more prone to burnout tend to have their first bout in the first year to year and a half of their career. Because of this early dropout rate of the burned out worker, they will not be around five or ten years later to answer questions regarding the emotional strain of their work.

The purpose of this study is to determine the levels of burnout exhibited by managed care mental health workers to determine if the number of months a person had worked in the managed care environment is related to the level of burnout one experiences. The three subscales of the Maslach Burnout Inventory call for three hypotheses which are as follows: (i) There is a significant difference in emotional exhaustion scores based on the number of months one has worked at the same managed care company. (ii) There is a significant difference in the depersonalization scores based on the number of months one has worked at the same managed care company. (iii)

There is a significant difference in the personal achievement scores based on the number of months one has worked at the same managed care company.

Chapter III

Method

Participants

Subjects for this study were selected from one managed care health company in St. Louis, Missouri. Surveys were distributed to 50 case managers, care coordinators and supervisors. Thirty-two were returned that account for a 64% return rate. Of the surveys returned, there wer 30 females, one male and one non-responder ranging in age from 24-59 years of age with a mean age of 41.56. Of the individuals surveyed, 17 were masters level clinicians, nine had a bachelors degree, one was a PhD and five had an education degre. Twenty-one of the subjects were case managers, nine were care workers and two were clinical supervisors. Of the responders 15 were single 16 were married and one person faied to respond to this demographic question.

Instrument

Much of the research on burnout among health care professionals, teachers and social workers has used the Maslach Burnout Inventory (MBI) as the standard for assessing the degree and the nature of burnout. In the burnout literature, the MBI is by the far the most widely used instrument in assessment and research and is the primary force behind shaping

the theoretical debate over the nature of burnout
(Social Work, 1995).

The MBI-Human Services Survey is comprised of
22 questions that explores how a person feels about
working with clients. Respondents answer according
to a seven point Likert scale with "0" indicating
that one "never" experiences such a feeling to "6"
indicating that one experiences such feelings on a
daily basis. The inventory includes three subscales
that are believed to be the three factors that underlie
burnout. The first is the emotional exhaustion
subscale (9 items) which measures feelings of being
emotionally overextended or drained by one's work.
Scores on this subscale range from 0-54. On the
Emotional exhaustion (EE) subscale a score of 0-16
is considered a low degree of emotional exhaustion.
A score of 17-26 is considered a moderate degree of
emotional exhaustion and 27 or higher is considered
a high degree of emotional exhaustion. The second
is the depersonalization subscale (5 items) which
measures impersonal responses towards the recipients
of one's care or service. Scores on the
depersonalization subscale (DP) range from 0-30. On
the DP subscale, 0-6 is considered a low amount of
depersonalization. A score of 7-12 is considered
to be a high level of depersonalization, and a score

of 13 or higher was considered to be a high level of depersonalization. The third is the personal accomplishment subscale (8 items) which measures feelings of competence and successful achievement in one's work with people. Scores on the personal achievement subscale (PA) range from 0-48. Unlike the emotional exhaustion subscale and the depersonalization subscale where higher scores indicate increased levels of burnout, the lower mean scores on the personal achievement subscale correspond to an increased degree of experienced burnout. A score of 39 or higher on the PA subscale is considered a low amount of depersonalization. A score of 32-38 is considered a moderate amount of personal accomplishment and a score of 0-31 is considered a low amount of personal accomplishment. (Maslach and Jackson, 1981).

The MBI is a relatively easy test to utilize and requires little to no real training to administer the inventory. Scoring procedures for the inventory are clearly outlined and easy to follow.

The MBI has been found to have modest reliability scores. Test-retest reliability scores range from .53 to .82 in a two to four week interval. Internal consistency reliability was somewhat higher with coefficients ranging from .71 to .90 (Mitchell, 1985).

The following are reliability coefficients for each
of the subscales as reported by Maslach and Jackson:
.89 for emotional exhaustion, .74 for personal
accomplishment and .72 for depersonalization (Maslach
and Jackson, 1981).

The validity of the test was looked at by
exploring convergent and divergent validity.
Convergent validity was demonstrated in several ways:
(i) behavioral ratings made by a person who knew that
person well such as a spouse or a co-worker; (ii)
scores were correlated with the presence of certain
job characteristics that were expected to contribute
to burnout; (iii) MBI scores were correlated with
measures of various outcomes that had been hypothesized
to be related to burnout. Evidence suggests substantial
evidence for the validity of the MBI with scores
ranging from . 2 to .4 (p < .05) in relation to job
satisfaction indices, family and marital problems,
insomnia and increased alcohol and drug use (Maslach
and Jackson, 1981; Stout & Williams, 1983).

Overall the Maslach Burnout Inventory is a rather
well constructed instrument. The reliability and
validity data that are provided demonstrate both the
stability and the meaning of the construct. However,
there is a lack of normative data in the manual and
the lack of any discussion regarding the existence

of norms in other sources (Mitchell, 1985). Another
deficiency is the lack of an explicit definition of
burnout and the lack of information describing the
method by which original items were generated. Finally,
there is not a clear distinction between burnout in
human services and level of occupational stress
(Mitchell, 1985).

Despite these limitations the MBI is a
well-researched instrument and appears to be the best
scale presently available for operationalizing the
concept of burnout (Mitchell, 1985).

Design

This is a correlational study to determine if
the number of months worked is a predictor of the
degree of burnout. The variable of burnout was
measured using three subscales which are emotional
exhaustion, depersonalization, and personal
achievement. These three subscales represent the
criterion. The predictor variable in this study is
the number of months one has worked at the same managed
care company.

Procedures

Respondents were given a demographic sheet
(Appendix A) and a copy of the inventory (Appendix

B) in their mailbox. The directions asked respondents to complete the demographic sheet and inventory and turn them into the researcher's mailbox one week from the date of distribution. The instructions also explained that the survey was confidential and asked that employees not discuss the study with fellow co-workers as that might invalidate the data. An e-mail was sent to the respondents on Wednesday of that week to remind respondents regarding the need for the surveys to be turned in by Friday.

Data Analysis

Descriptive statistics were calculated for the number of months worked in the same managed care care company. A Pearson Product Moment coefficient was calculated to examine the relationship between the criterion and predictor variables.

Chapter IV

Results

Descriptive Statistics

The range, mean and standard deviation for the number of months one has worked in the same managed care company are presented in table 1.

Table 1

Total Months Respondents Have Worked in Managed Care

Range (months)	Mean	Standard Deviation
4-101	36.3750	24.9719

Histogram Interpretations

The scores for all three subscales were calculated and plotted on histograms. The emotional exhaustion subscale histogram (Figure 1) shows that for the most part the scores on the EE subscale are normally distributed with most scores falling in the moderate range with a mean score of 23. The depersonalization subscale histogram (Figure 2) shows that the DP scores are positively skewed with most people indicating a low level of depersonalization. The mean score was 7.2 on the DP subscale. The personal accomplishment histogram (Figure 3) shows a pretty even distribution of scores with a mean score of 38.9.
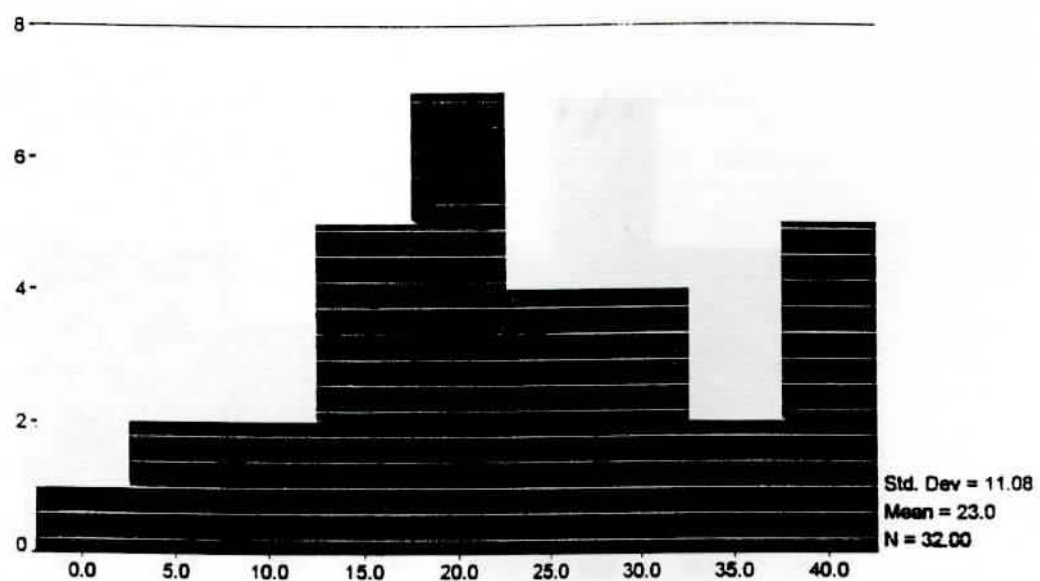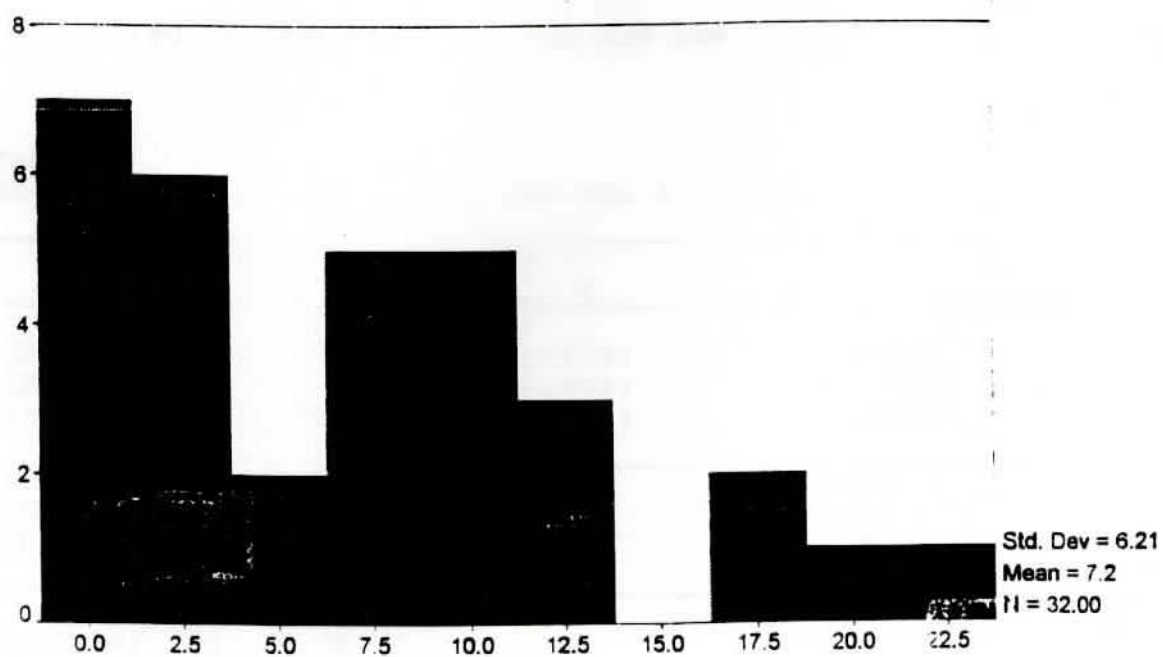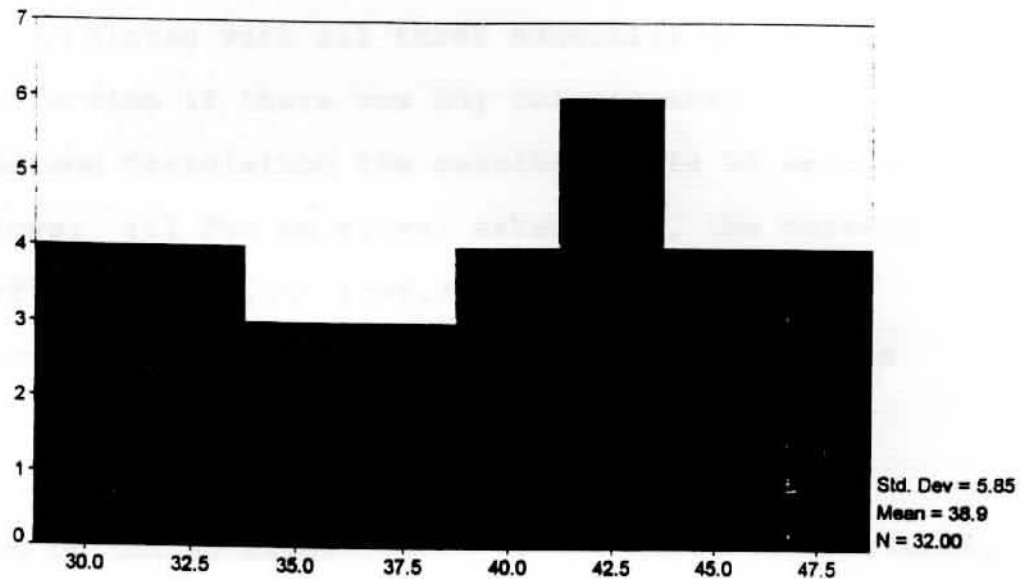
Figure 1

Histogram of Emotional Exhaustion Scores

Std. Dev = 11.08
Mean = 23.0
N = 32.00

Figure 2

Histogram of Depersonalization Scores

Std. Dev = 6.21
Mean = 7.2
N = 32.00

Figure 3

Histogram of Personal Accomplishment Scores

Std. Dev = 5.85
Mean = 38.9
N = 32.00

The means, ranges and standard deviations of the scores for each subscale are presented in table 2 along with the the number and percentage of people who scored at the high, medium and low levels.

Table 2
Scores, Means, and Ranges for the 3 subscales

	EE		DP		PA	
	n	%	n	%	n	%
HIGH	13	(41%)	15	(47%)	18	(56%)
MEDIUM	10	(31%)	12	(38%)	10	(31%)
LOW	9	(28%)	5	(15%)	4	(13%)
RANGE	0-41		0-22		29-48	
MEAN	2.97		7.19		38.94	
SD	11.08		6.21		5.85	

n=number out of 32

Correlation Analyses

The number of months employed at the same managed care company was used as the independent variable and correlated with all three subscales of the MBI to determine if there was any relationship. Using a Pearson Correlation the results (Table 3) were as follows: (i) For emotional exhaustion, the correlation coefficient was .056 (p=0.761). (ii) For depersonalization, the correlation coefficient was -.084 (p=0.647). (iii) For personal achievement, the correlation coefficient was -.052 (p=0.778). Based on the nonsignificance of the three coefficients, all three hypotheses must be rejected; thus, there is no significant relationship between the number of months one has been employed at the same managed care company and scores of the EE subscale, PA subscale or DP subscale.

Table 3

Correlation Coefficients for the Three Subscales

		EE	DP	PA
	(R)	0.056	-0.084	-0.052
Number of Months				
	(P)	0.761	0.647	0.78

Although the results of this study were not significant for the number of months one has worked at the same managed care company and the level of burnout, the study did find that the three subsclaes of the MBI are correlated with one another. Thus, the results did show that the more emotionally exhuasted a person was, the less personal accomplishment one reported (Figure 2). Also, the results indicated that the more emotionally exhausted one is, the more one tends to depersonalize clients (Figure 3). Finally, the results showed that the higher the personal accomplishment, the less depersonalization occurs (Figure 4).

Figure 2

Scatterplot of the Correlation between EE scores and PA scores
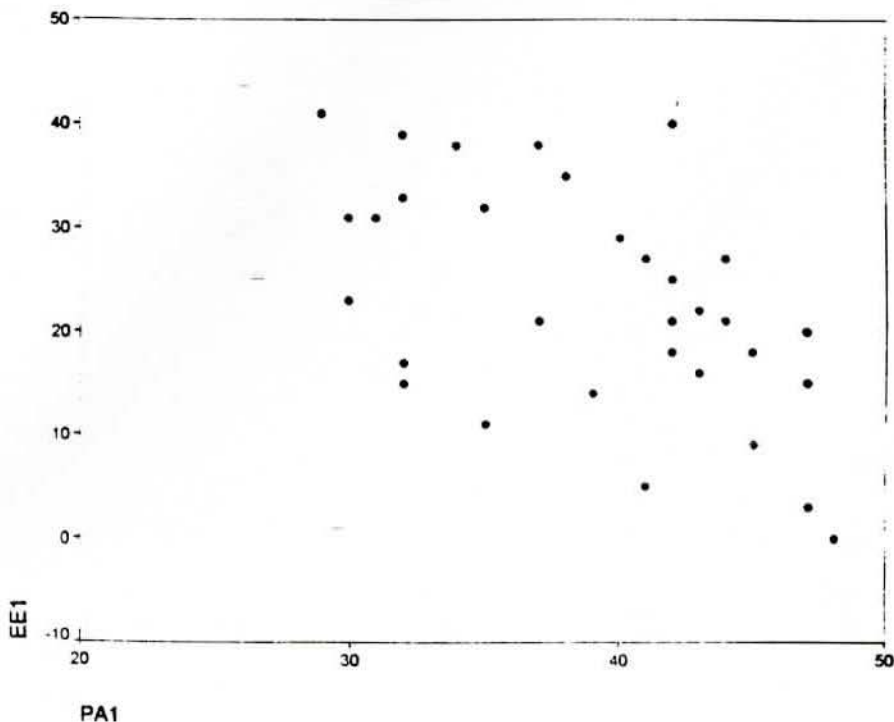
Figure 3

Scatterplot of the Correlation between EE scores and
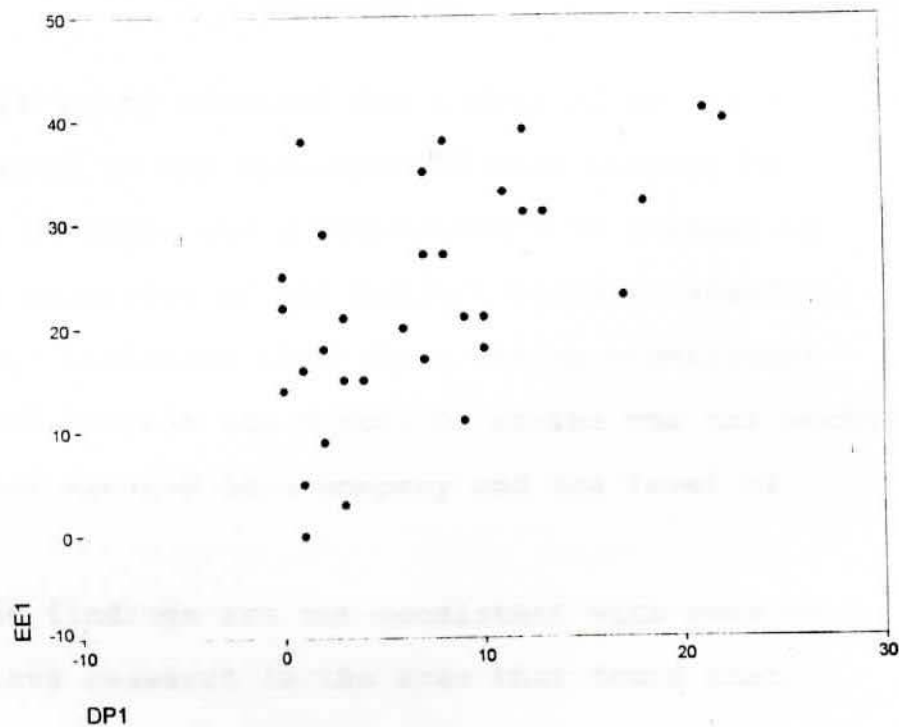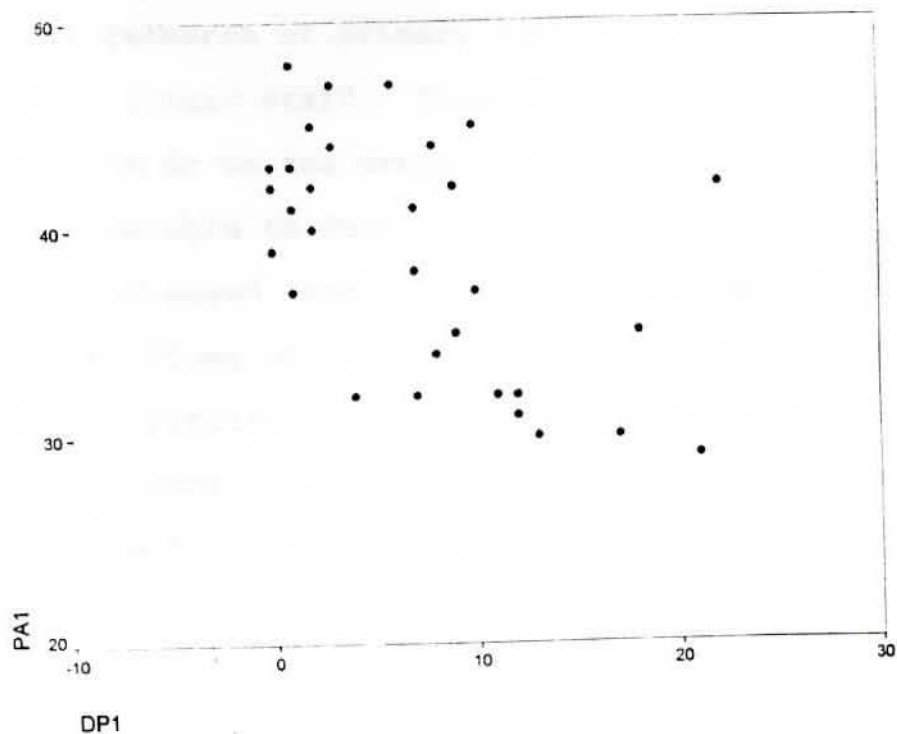
DP scores

Figure 4

Scatterplot of the Correlation between PA scores and

DP scores

Chapter V

Discussion

This study examined the number of months a person worked in the same managed care company to determine if there was a relationship to burnout on the three subscales of the Maslach Burnout Inventory. The results indicated that there was no significant correlation between the number of months one has worked at the same managed care company and the level of burnout.

These findings are not consistent with some of the previous research in the area that found that the burnout tends to be higher for those individuals in their first one to two year of employment (Maslach, 1982). Snibbe et al. (1989) also found much the same thing in their research of primary care physicians and psychiatric clinic staff. They found that those who were newer in or to the group (0-5 years) appeared to be more susceptible to depersonalizing their clients and exhibited increased levels of emotional exhaustion. Finally, Van Der Ploeg et al. (1990) also found in their study of psychotherapists that those who had spent a greater number of years in their jobs tended to show fewer symptoms of burnout.

The study is also not consistent in its findings regarding marital status and the level of burnout. This study found that marital status was not correlated with the level of burnout. This is unlike studies by Gilliland and James (1993) and Maslach and Jackson (1982) who both found that single workers tend to experience more burnout that those who are married

This study also found there was no significant correlation between one's age and their level of burnout. This finding is also inconsistent with the previous research findings of Gilliland and James (1993) and Maslach and Jackson (1982) who found burnout to be greatest for young workers and least for older workers.

These inconsistencies may be explained by the fact that this research study had only 32 subjects. Perhaps a much larger subject pool would have yielded significant results. Another factor that could have contributed to these inconsistent results may be the fact that the researcher was employed at the managed care company used for the study. Most of the respondents knew the researcher and perhaps this affected how they completed the survey. One other possible reason for the inconsistent results might be the way the in which the survey was distributed. The survey was distributed into each clinicians'

mailbox and the respondents were given one week to complete the survey. Due to the fact that respondents did have a week to complete the survey they may have had the opportunity to discuss their answers with one another, though this was discouraged by the researcher. Also another problem with this method of distribution is that the researcher could not control for when clinicians completed the MBI survey. Some may have completed the survey first thing Monday morning after a well rested weekend or they could have completed the survey on Friday after having an extremely busy day. When the survey was completed could have affected how clinicians' answered the survey questions. The researcher could have eliminated contamination of the results by passing out the questionnaires in one group meeting.

This study could be repeated with the changes described above to further explore if there is a relationship between time and the level of burnout. However, this research study could be expanded upon and further research could explore how burnout levels are affected by some of the demand characteristics of the managed care setting such as case load, autonomy levels, or the complexities of the organizational system.

Although the results of this study were not

significant for the number of months one has worked at the same managed care company and the level of burnout, the study did have some significance in that it did add validity to Maslach's research (1996) in showing that the three subscales of the MBI do correlate with one another.

APPENDIX A

Hello!

Currently I am working on my master's thesis that is designed to explore attitudes of helping professionals in a managed care setting. I am asking my co-workers to assist me in this project by participating as my test subjects. The attached page is the Human Services Survey. Simply complete the bottom half of this page as accurately as possible. Then complete the attached survey according to how you feel about working in your current job. Honesty is imperative thus the survey is anonymous. Please do not discuss your answers with others as this may invalidate the data. When you have completed this survey, please place it in my mailbox by Friday, October 23

I realize that your time is very limited and that this is not a work related project. I am grateful for your willingness to help. Your rapid response is appreciated.

Thank you, again.

Dawn Waggoner

Demographic Information:

Circle One:

Gender: Male   Female

Marital Status: Single/Never Married   Single/Divorced   Single/Widowed

Married/First Marriage   Married/Two or more times

Fill in the Blank:

Age: _____

Degree: _____   Credentials: _____

Hire Date: Month _____   Year: _____

Current Position: _____

APPENDIX B

Christina Maslach · Susan E. Jackson

MBI Human Services Survey

The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

<u>HOW OFTEN</u>
0 - 6   Statement:

_____   I feel depressed at work.

If you *never* feel depressed at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you *rarely* feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5."

Consulting Psychologists Press, Inc.
3803 E. Bayshore Road · Palo Alto, CA 94303

MBI Human Services Survey

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN
0 - 6

Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

(Administrative use only)

	cat.		cat.		cat.
EE: ____	____	DP: ____	____	PA: ____	____

References

Arches, J. (1991). Social structure, burnout, and job satisfaction. Social Work, 36, 202-206.

Austad, C. S., Sherman, W. O., Morgan, T., & Holstein, L. (1992). The psychotherapist in the managed care setting. Professional Psychology: Research and Practice, 23, 329-332.

Cherniss, C. (1995). From stress to burnout. Beyond Burnout: Helping Teachers, Nurses, Therapists and Lawyers Recover from Stress and Disillusionment (pp. 37-47). New York: Routledge.

Cox, T., Kuk, G., & Leiter, M.P. (1993). Burnout, health, work stress, and organizational healthiness. In Schaufer, W. B., Maslach, C., & Marek, S. (Eds.), Professional Burnout: Recent Developments in Theory and Research (pp. 177-215). Washington DC: Taylor and Francis.

Decker, T. W., Williams, J. M., & Hall, D. (1982). Preventative training in management of stress for reduction of physiological symptoms through increased cogntive and behavioral controls. Psychological Reports, 50, 1327-1334.

Drake, B., & Yadama, G. N. (1995). Confirmatory factor analysis of the maslach burnout inventory. Social Work Research, 19, 184-193.

Dupree, P., & Day, H. D. (1995). Psychotherapists' job satisfaction and job burnout as a function of work setting and percentage of managed care clients. Psychotherapy in Private Practice, 14, 73-93.

Emerson, S., & Markos, P. A. (1996). Signs and symptoms of the impaired counselor. Journal of Humanistic Education & Development, 34, 108-118.

Freudenberger, H. J. (1974). Staff burn-out. Journal of Social Issues, 1, 159-165.

Gaines, J., & Jermier (1983). Emotional exhaustion in a high stress organization. Academy of Management Journal, 4, 567-586.

Gilliland, B. E. & James, R. K. (1993). Human Services Workers in Crisis: Burnout. In Crisis' Intervention Strategies (2nd ed., pp. 537-579). Pacific Grove, CA: Brooks/Cole

Jackson, S. E., Schuler, R. S., & Schwab, R. L. (1986). Toward and understanding of the burnout phenomenon. Journal of Applied Psychology, 71, 630-640.

Jayaratne, S., & Chess, W. A. (1994). Job satisfaction, burnout and turnover: A national study. Social Work, 29, 448-453.

Jayaratne, S., Wayne, A. C., & Kunkel, D. A. (1986). Burnout: Its impact on child welfare workers. Social Work, 31, 53-60.

Kesler, K. D. (1990). Burnout: A multimodal approach to assessment and resolution. Elementary School Guidance & Counseling, 24, 303-312.

Maslach, C. (1976). Burned-out. Human Behavior, 5, 16-22.

Maslach, C. (1978). Job burnout: How people cope. Public Welfare, 36, 56-58.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Occupational Behaviour, 2, 99-113.

Maslach, C. (1982). Burnout the Cost of Caring. Englewood Cliffs, NJ: Prentice Hall.

Maslach, C., & Jackson, S. E, & Leiter, M.P. (1996). Maslach Burnout Inventory Manual. Palo Alto, California: Consulting Psychologists Press, Inc.

Mitchell, J. V., Jr. (Ed.) (1985). The Ninth Mental Measurements Yearbook. Lincoln, Nebraska: University of Nebraska Press.

Perlman, B., & Hartman, E. A. (1982). Burnout: Summary and future research. Human Relations, 35, 283-205.

Peterson, B. & Nisenholz, J. V. (1995). The problems of becoming and being a counselor: Stress management and the prevention of burnout. In Orientation to Counseling (3rd ed., pp. 29-42).

Needham Heights, MA: Allyn & Bacon.

Pines, A. M., Aronson, E., & Kafry, D. (1981).
Burnout and Tedium: The experience. Burnout (pp.
1524). New York: The Free Press.

Raquepaw, J. M., & Miller, R. S. Psychotherapist
burnout: A componential analysis. Professional
Psychology: Research and Practice, 20, 32-36.

Schaufeli, W. B., Enzmann, D., Girault, N. (1993).
Measurement of burnout: A review. In Schaufer,
W. B., Maslach, C., Marek, S. (Eds.), Professional
Burnout: Recent Developments in Theory and Research
(pp. 199-215). Wahsington DC: Taylor and Francis.

Snibbe, J. R., Radcliffe, T. Weisberger, C.,
Richards, M., & Kelly, J. (1989). Burnout among
primary care physicians and mental health professionals
in a managed care setting. Psychological Reports,
65, 775-780.

Snoderfeldt, M., Soderfedlt, B., & Warg, L.
(1995). Burnout in social work. Social Work, 40,
638-637.

Stout, J. K., & Williams, J. M. (1983).
Comparison of two measures of burnout. Psychological
Reports, 53, 283-289.

Van Der Ploeg, H. M., Van Leeuwen, J. J. & Kwee,
M. G. T. (1990). Burnout among dutch psychotherapists.
Psychological Reports, 67, 107-112.