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Burnout Among Mental Health Workers

Kim Marie Harness

BURNOUT AMONG
MENTAL HEALTH WORKERS

Kim Marie Harness, B.S.

An Abstract Presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
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ABSTRACT

Burnout is the state of being emotionally and physically fatigued by some aspect of one's work leading to the loss of efficiency and productivity. Those employed in the helping profession are uniquely susceptible to burnout as the trials and tribulations of their clients confront them each day. Presented here is research into the possible causes of burnout. The purpose of this study was to determine if levels of burnout correlated with the number of months an individual had worked at the same agency. Burnout was measured on the three subscales of the Maslach Burnout Inventory: emotional exhaustion, depersonalization, and personal accomplishment. Twenty-two female and ten male social workers in a state, outpatient, mental health agency were the subjects. Data analysis showed there was no significant correlation between any of the three subscales of burnout and number of months employed at the agency.

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COMMITTEE IN CHARGE OF CANDIDACY

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DEDICATION

This paper is dedicated to those who played a part in jump starting my brain so I could complete this program. Thanks to my parents, Bud and Diane, who taught through example that college is more than something to do after high school. I credit my sister, Lisa, for teaching me how to use the right side of my brain. Finally, I dedicate this thesis to Brandt who zealously preached the rewards of planning ahead; only to learn that I really can procrastinate and still finish the work.

ACKNOWLEDGMENT

I wish to acknowledge the clinical staff of Great Rivers Mental Health Services. They are all conscientious professionals who often beat themselves up for not reaching some impossible standard for helping clients. The French writer, Colette, urged us to abandon the unrealistic goal of perfection, "You will do foolish things, but do them with enthusiasm." Without the cooperation of these individuals, I would not have a thesis.

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CHAPTER I

Introduction

Raquepaw and Miller (1989) defined burnout as "a syndrome of emotional exhaustion and cynicism that frequently occurs among individuals working directly with people" (p. 32). Sze and Ivker (1986) attempted to explain burnout as a function of one's assessment of satisfaction with the conditions under which one works at the agency such as hours, salary, and case load size. Poulin and Walter (1993) found significant relationships between burnout and organizational, client, and personal variables. This student attempted to explore one other possible predictor of burnout: number of months working in the same mental health agency.

This study was designed to determine the empirical validity that the longer a mental health professional works in the same agency, the higher the levels of burnout this individual will express. Burnout levels among clinical staff at a state mental health agency were measured. Case workers and supervisors completed the Maslach Burnout Inventory to provide data on emotional exhaustion, depersonalization, and personal achievement. If one could determine that a person providing social services directly to the mentally ill population tended to feel increased burnout after working said number of months on the job, then the employer could take preventive measures to allow the worker to feel comfortable and more productive during the said critical time. Therefore,

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the study is significant for its potential to be used by mental health agencies that attempt to better understand why and when their clinical staff becomes vulnerable to burnout.

For the purposes of this study, it was assumed that mental health professionals in any agency face certain stressful situations such as long hours, high case load size, lack of feelings of autonomy, and feeling lack of support from the agency administration to some degree. The null hypothesis was that there is no significant relationship between the number of months a person has worked at the mental health agency and levels of burnout as recorded on the Maslach Burnout Inventory.

The instrument used, The Maslach Burnout Inventory includes three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Maslach and Jackson (1986) define emotional exhaustion as feelings that one is overextended by one's work. Depersonalization is defined as having an impersonal response towards clients. Personal Accomplishment refers to how successful one feels in helping clients (Maslach & Jackson, 1986). For emotional exhaustion and depersonalization the higher the score the higher the degree of burnout. Personal Accomplishment is inverse so the higher the score the lower the degree of burnout.

The three subscales call for three subhypotheses. First, that the longer a worker as been employed in the agency, the higher that person

will score for emotional exhaustion. Second, the longer a person has been employed in the agency, the higher he/she will score on the depersonalization subscale. Third, the longer a person has been employed at the mental health agency, the lower the person will rate himself/herself for personal accomplishment. Relationship between variables was examined using the t-test.

CHAPTER II

Review of Literature

Gottfredson and Holland (1990) conducted a longitudinal study on burnout to explain that there is seldom found an association between one's abilities and interests and how they match career choice and one's susceptibility to burnout:

> Proponents of the matching model in vocational psychology assume that if a person has the abilities, interests, and personal traits that match the requirements, rewards, and interpersonal relations in a given work environment, the person will be satisfied and successful. (p. 389)

Instead, research has shown that each person brings his/her own unique perception to the job; therefore, not every one experiences burnout the same way. While one mental health worker at Agency A may find the job stressful, the co-worker at Agency A may consider, "this is probably as good as it gets." The worker experiencing burnout was the topic of this literature review.

The mental health field was one segment of the wider field of social or human services used to present the problem of worker burnout. Miller, Birkholt, Scott, and Stage (1995) stated that human service work is distinguished from other work because employees must maintain a high level of interaction with the client. Occupations included in the field of

human services were: teacher, social worker, police officer, nurse, physician, and lawyer (Jackson, Schuler, & Schwab, 1986). Numerous research studies assert that burnout is a phenomenon unique to the human services field (McGee, 1989). Articles covering burnout on the job were found in most every publication with the words "social", "psychology", and "counseling" in the title.

Three Elements of Burnout Defined

Emotional exhaustion is the psychological result of mental health workers trying to help clients improve their situation . Emotional exhaustion follows a variety of demands, rather than, monotony. Emotional exhaustion is the first of three components of burnout (Maslach & Jackson, 1986). The second is depersonalization. Depersonalization has been considered one coping mechanism of the helping professional. Depersonalization is to emotionally detach from the client so as to save the professional from becoming emotionally exhausted. Unfortunately, and realistically, the ability to treat people like objects has gone beyond healthy levels. Finally, low feelings of personal accomplishment are another component of burnout. When a counselor or mental health professional feels he/she has failed to move the client closer to independence and growth, the professional experiences burnout.

Consequences of Burnout

Burnout's significance becomes evident when one remembers that emotions can not be separated from work. The consequences of burnout are many. When displays of emotion are part of the job, the employee is at risk of various psychological ailments that may manifest as absenteeism, headaches, or even substance abuse (Miller et al., 1995). Burnout can take energy, purpose, and motivation from its victims (Raquepaw & Miller, 1989). The worker may begin to exhibit cynicism towards the client's situation (Jackson et al., 1986). Services to the clients suffer when burnout affects the social service worker (Raquepaw & Miller, 1989). The trained professional experiencing intolerable levels of burnout may leave the job or even the profession all together (Koeske & Kelly, 1995). Significant relationships have been discovered between high levels of burnout and mental health professionals taking excessive breaks, arriving late, being absent, and leaving the position (McGee, 1989). The agency loses when employees no longer give 100 percent. In addition, the professionals lose too, because their satisfaction level with their performance on the job also decreases. "Burnout impairs the helping professional's ability to attend, concentrate, and engage in complex thinking and problem solving" (McGee, 1989, p. 345).

Burnout can manifest physical symptoms such as fatigue, insomnia, headaches, and gastrointestinal disturbances (Raquepaw & Miller, 1989).

A worker already struggling to perform at his/her level of expertise, now must face physical ailments. Again, somatic complaints reduce level of concentration, tolerance for stress, and certainly absenteeism. Pierce and Molloy (1989) warned that professionals experiencing burnout can be irritable, rigid, and maladaptive.

Those in the helping professions look forward to success with their clients (Carrillio & Eisenberg, 1984). With the client's success comes a sense that the worker was effective and something important was accomplished. If a worker seldom feels accomplishment, burnout may increase (Jackson et al., 1986). Perhaps all unhappiness is caused by comparison. Those who enter the human services field were probably attracted by the idea that they could help people. The human services worker has a perception of how he/she will be helping people, but he/she may not think about the barriers to completing the task. After a number of months on the job, the worker has a new sense of the reality in trying to help people within the constraints of an agency. Then, the worker compares the initial perception with the current experience. If the worker perceives that the current experience is less satisfying than the original perception of the job, then the worker is likely to have ill feelings towards the job and maybe the entire human services field (Jackson et al., 1986).

The experience of burnout can be repeated when the worker seeks another human services position with the expectation that this one will be

different. In short, burnout resulting from unfulfilled expectations can reduce energy, motivation, and positive feelings towards the object perceived as the cause of burnout (Arches, 1991). Not all research studies on burnout emphasize the role of unmet expectations.

Studies have focused on the differences in burnout among specific occupations. Sze and Ivker (1986) attempted to explain burnout as a function of one's assessment of satisfaction with the conditions under which one works at the agency such as hours, salary, and caseload size. Logical association was made between these factors and burnout. Many counselors will complain of too little time, and too much to do. School counselors, for example, listed not having enough time to finish paper work as a stressful event. Stressful events were different for each individual, but most school counselors considered the following to be extremely stressful: students attempting suicide, students threatening physical harm on the counselor, and students threatening physical harm on their families. Frequency of stressful events, rather than any specific one was a predictor of high levels of burnout for school counselors (Ross & Russell, 1989).

Carrilio and Eisenberg (1984) reminded the reader that part of what makes the social service field so stressful are the clients' situations. The home health nurse, social worker, therapist, and psychiatrist often work with similar populations. That is to say that these professionals are

helping clients with emotional and maybe physical limitations. The clients often face financial crisis because of the high cost of health care, and/or their inability to be gainfully employed. These clients may only improve to a small degree or may not improve at all. Family and friends of clients may choose to get in the way of treatment rather than work with the social service worker to improve the client's situation (Carrilio & Eisenberg, 1984). All of these factors have an emotional cost for the clients, and also the professionals who try to help them. It is probable that most people choose to enter the helping profession because they picture that clients can and will get better. Carrilio and Eisenberg (1984) suggested that when clients don't improve or their situations worsen, the social service worker feels an emotional drain.

Hackman and Oldham (1975) reminded researchers that there are individual differences to what degree burnout is manifested. One expects to find different levels of burnout among individuals in the same sample. After all, that is often the point of research, to learn what the differences are between individuals. Perhaps for one person the job gives a feeling of high growth potential, and for another job growth feels limited. The task, skill level, autonomy given are all factors that individuals on the same job may perceive differently leading to variety in measures of burnout. The employee desires for the work to feel meaningful . The employee wishes to see results of his/her hard work. Personal

accountability also affects how the employee relates to the job, and the level of burnout experienced (Hackman & Oldham, 1975).

Burnout As A Process

Wolpin, Burke, and Greenglass (1990) tested the theory that burnout is a process occurring over time. Their study used Golembiewski's theory that the three subscales on the Maslach Burnout Inventory could be prioritized into different stages. Golembiewski's theory suggested that the least important contributor to burnout is depersonalization, the next important is personal accomplishment, and emotional exhaustion is the most important contributor to burnout. The study suggested the person experiencing high levels of emotional exhaustion, but low levels of depersonalization and personal accomplishment reached a later phase of burnout than a person experiencing low levels of emotional exhaustion, and high levels of depersonalization and personal accomplishment. There are eight phases of burnout according to Golembiewski's theory. His theory is based heavily on the Maslach Burnout Inventory and Maslach and Jackson's definitions of emotional exhaustion, depersonalization, and personal accomplishment. Wolpin et al. (1990) cautioned that if researchers want to look at the phase model of burnout, they must use the mean for each subscale of the Maslach Burnout Inventory when comparing the same group at time intervals. Wolpin et al.

(1990) praised Golembiewski's phase model of burnout, yet other researchers have not given it much attention.

<div align="center">Job Expectations and Burnout</div>

Jackson, Schuler, and Schwab (1986) described two types of expectations for the job: achievement and organizational expectations. Achievement expectations include the new worker's thoughts about what he/she will be able to accomplish with the client. The new worker's expectations for the support and resources the employer will provide are all organizational expectations . Jackson et al. (1986) indicated that achievement expectations are voiced more often in discussions of worker burnout. However, their own study failed to show a significant relationship between unmet job expectations and burnout. Respondents in Sze and Ivker's (1986) study tended to rate their work environment as favorable, yet scored significantly high for burnout, and admitted they would take a job with another agency if one were available.

Supervisor Support and the Team Model

Working in teams allows the worker to seek help from other workers. Without coworker or supervisor support, the worker always gives help without ever getting help. When the support is not there, the worker's personal resources will dry up. This is how Kahn defined burnout (1993). The individual worker will be therapeutic with his/her caseload, to the extent that the agency is therapeutic with employees. Kahn (1993) placed

the greatest responsibility for ensuring the workers are given emotional support on the supervisors. Workers feel the agency as a whole cares for their circumstance when the supervisor provides a supportive intervention. The supervisors need not solve every problem to be helpful to the worker. Rather, the supervisors need to offer validation that the workers are facing difficult job constraints (Kahn, 1993). Not surprisingly then, the supervisor giving the support experienced burnout, too. The emotional exhaustion component of burnout was specifically linked to those counselors in a university counseling center who had to supervise another counselor (Ross, Altmaier, & Russell, 1989).

Mallett, Price, Jurs, and Slenker (1991) also emphasized the importance of group support for social service workers. Mallett et al. (1991) also pointed out in their study of nurses that nurses who rated themselves as experiencing high levels of burnout were less likely to attend available support groups than the nurses who rated lower levels of burnout. Mallett et al. (1991) suggested that with higher levels of burnout the individual no longer is motivated to obtain support.

The question arises that if the human services professional refuses the conventional supports offered, what can be done? Perhaps the individual would feel comfortable enough to approach his/her supervisor and discuss the need for a revision of his/her role (Olson & Dilley, 1988).

Again, the research pointed back to the responsibility of the administration to counter the threat of burnout.

Poulin and Walter listed supervisor support and availability of resources as the two most likely factors associated with decreasing burnout for social workers (1993). It was theorized that when a supervisor provides emotional support to the worker, self-esteem rises, and potential for burnout decreases. Support from supervisors was significantly associated with level of burnout, that is those who felt lower levels of burnout, reported greater support from supervisors (Poulin & Walter, 1993). A significant relationship was reported between the amount of support supervisors gave to employees and levels of emotional exhaustion among those employees (Jackson, et al., 1986). Left out of the research was in what form was the support given. Some supervisors make special effort to remember worker birthdays. Some supervisors carefully offer compliments with directions. Supervisors may be crafty with written praise, though the job seldom calls for any except at annual evaluation times. The team model refers to the use of placing the supervisor with all his/her supervises in a meeting for planning and process time.

Carrilio and Eisenberg (1984) were great defenders of the team model in fighting all forms of worker burnout. In a team setting, individual workers do not need to take on the sole burden of an emotionally draining

case. The team offers treatment ideas, support, and eventually a more cost effective way of providing . The team could include only social workers, but it is recommended that all clinicians are involved (Carrilio & Eisenberg, 1984).

<div align="center">Burnout Linked to Other Variables</div>

Poulin and Walter (1993) pointed out that burnout is often examined using a cross-sectional correlation design which does not measure possible changes in burnout levels over time. Their longitudinal study included a sample of 1,196 social workers who filled out questionnaires in 1989 and 1990. Burnout remained stable over time. Poulin and Walter (1993) found significant relationships between burnout and organizational, client, and personal variables. Variances in levels of burnout showed a relationship to variables such as age of the worker, number of hours worked, feelings towards clients, and amount of supervisor support. The strongest predictor of burnout was perceived level of stress on the job.

Koeske and Kelly (1995) examined the possible relationship between over-involvement of the social worker and levels of burnout. It follows that the worker that becomes over-involved in his/her clients' lives would be susceptible to burnout. Those in the helping profession have been taught to stay emotionally removed from their clients to reduce the risk of burnout. However, to become so effective at emotional detachment, that

one stops caring will also lead to burnout on the job. Empirical data suggests that over-involvement on the part of the worker is a precipitator of burnout. Social workers rated as over-involved in clients' lives also rated high for emotional exhaustion. Koeske and Kelly (1995) found a significant relationship between self-esteem and both over-involvement and burnout. They went on to suggest that the worker with low self-esteem becomes over-involved with a client's life in an effort to make up for feelings of failure. Their data does not support or rule out this explanation for the relationship between self-esteem, over-involvement and burnout. Their data showed several variables were linked with burnout, but over-involvement was shown to be the primary factor. (Koeske & Kelly, 1995).

One team of researchers noted that their sample was affected more by perception of caseload than of actual case load size. Raquepaw and Miller (1989) concluded that caseload size was not a predictor of burnout, but perception of caseload was a predictor of burnout. Burnout may precede a negative perception of caseload, rather than the other way around. Evidence was found to conclude that mental health professionals working in private practice experienced less burnout than those working in an agency. Raquepaw and Miller (1989) pointed to lower salaries, more paperwork, and less control over how services are delivered as

some of the possible explanations for the higher risk of burnout in agency workers.

Mallinckrodt (1990) gave attention to the plight of the professional forced to look for work after unexpectedly losing his/her job. Older workers (those over 40 years of age) were between jobs for twice the length of time as younger workers. Older workers needing to fulfill financial obligations took jobs offering less prestige, less benefits, and less money. Older workers, therefore, were found to be at higher risk for experiencing burnout on the new job (Mallinkrodt, 1990).

Ninety-four mental health professionals in Oregon were the subject of one study on how the work environment affected burnout. Significant associations were found between high levels of burnout and low job flexibility, vague job expectations, and strict agency rules. Significant associations were found between low levels of burnout and these work environments: workers rated as strongly committed to the task, coworker relationships encouraged, and supportive supervisors (Savicki & Cooley, 1987).

Managed Care

Savicki and Cooley (1987) did not address one of the newest or at least fastest growing trends that has affected the human services field, managed care. Managed care companies have created their own unique working environment leading to more stress for many professionals.

Snibbe, Radcliffe, Weisberger, Richards, & Kelly (1989) stressed the importance of directing future studies of burnout to the growing number of Health Maintenance Organizations that are causing the mental health profession to make changes. Health Maintenance Organizations have become known for conserving resources to serve a large volume of clients. Studies have published findings linking significantly higher emotional exhaustion scores on the Maslach Burnout Inventory for social workers than for psychiatrists and psychologists working for an HMO. Social workers and psychiatrists scored significantly higher for depersonalization than psychologists. The three groups of mental health professionals did not differ significantly for personal accomplishment on the Maslach Burnout Inventory (Snibbe et al., 1989).

All professionals are at risk for burnout, but those professionals who must endure a constant emotional involvement with their clients have shown greater potential for experiencing burnout (Raquepaw & Miller, 1989). Professionals working in a Health Maintenance Organization were at high risk of detaching emotionally from clients, especially if the professional had only been with the organization for 0-5 years. The same sample did retain a professional attitude towards clients. Snibbe et al. (1989) suggested that psychiatrists and social workers scored high for emotional exhaustion because the demand for brief therapy from the HMO is against what these professionals were taught. Those without

empirical data to examine, have also suggested that the managed care philosophy of brief intervention has and will continue to be a source of burnout for mental health professionals.

Arches (1991) considered burnout among workers in the social services field as a result of sparse funding, managed care, and loss of autonomy. Others have noticed, that managed health care demanded social service agencies to adopt new ways of delivering services. Managed care companies are external sources of capital for an agency. Managed care companies expect the agency to hire employees with certain qualifications, to complete special forms, and deliver services according to their specific regulations. The demands of a managed care company on the individual who had previously performed his/her job according to different rules are stressful. The employee may feel the managed care company prevented the employee from performing the most beneficial or appropriate services for the client. Managed care companies authorize the minimal amount of services, leaving the mental health worker to beg and plead the case for further support services for the client. Caseload size is increasing, while resources are decreasing. The social service worker is left to "make do" and may feel he/she has little ability to change the current trend. Arches (1991) concluded that for social workers, burnout is significantly related to perceived lack of autonomy as occurred working in a managed care company.

Helping professionals seem doomed to face clients with one crisis or another (Raquepaw & Miller, 1989). Besides the severity of the client's situation, long hours and time limitations have been shown to increase the risk of burnout. It has been noted there is a higher risk for burnout the longer an individual works in the social services field. There was little data collected to suggest that age, gender, race, and education level were not correlated with levels of burnout. This study attempted to look beyond the demographics listed above, and test the theory that length of time in one's job was a better predictor of burnout.

Burnout and the Time Factor

There exists a myriad of studies linking various factors and burnout, yet few, directly focused on length of time at an agency as a predictor of burnout. One study found that for their sample of primary care physicians, there was not a significant relationship between years employed with a specific group of physicians and the physician's levels of emotional exhaustion or levels of personal accomplishment (Snibbe, et al., 1989). These researchers did find a relationship between years working in the group and levels of depersonalization. Specifically, physicians who had been with the same professional group for 0 to 5 years scored higher on feelings of depersonalization, than those physicians who had been with the group for 6 to 10 years (Snibbe et al., 1989). This study did not attempt to name indefinitely the causes of

burnout. Rather, this study looked at one particular variable, months at one's job, which may impact levels of burnout.

The following is a passage from an essay by John MacDevitt which put burnout in perspective for this researcher. John MacDevitt (1988), counseling psychologist, related a story from his days working on the psychiatric ward of a Vermont hospital. MacDevitt wrote about how one patient suffering from brain damage resulting from severe alcoholism, became paranoid of staff then physically violent leading to tremendous scuffle one night:

> When we updated the oncoming shift at 11 P.M., on the events of the evening, I was struck with how little any of us had to say about the enormous feelings we had experienced that night. Everything we said seemed to be about what happened outside of us, not what we experienced inside ourselves....From this incident I learned that I had strong emotional reactions to patients, the work, and my role, and that I had to expect those reactions and learn to deal with them. The myth that I was an objective, intellectual solver of others' problems...was dead forever....Now I find that my emotional reactions to clients are one of my most important sources of data about them, as well as a rich source of knowledge about myself. (p. 79)

MacDevitt reminded this researching student that burnout was a collection of feelings vital to understanding why, how, what, when, and where professionals in the mental health field are doing their best work.

CHAPTER III

Design

The variable of burnout was measured with the use of the Maslach

Burnout Inventory which includes three subscales: emotional exhaustion,

depersonalization, and personal accomplishment (Maslach & Jackson,

1986). These three subscales were used as the dependent variable. The

independent variable was months the mental health professionals had

worked at the same agency. The variables are defined in Table 1.

Correlation analyses and T-tests were run to examine the relationship

between the independent and dependent variables. The null hypothesis

was that there would be no significant correlation found between levels of

burnout and the length of time the mental health worker had been

employed at the agency.

Instrumentation

The Maslach Burnout Inventory (MBI) is a widely used, statistically

valid and reliable measure of burnout. There are 22 statements referring

to how a person feels towards working with clients. Respondents answer

according to a seven point Likert scale with 0 indicating one "never" feels

this way to 6 indicating one feels this way "everyday." The 22 statements

are divided into three subscales: emotional exhaustion,

depersonalization, and personal accomplishment. Maslach and Jackson

(1986) define emotional exhaustion as feelings that on is overextended by

one's work. Depersonalization is defined as having an impersonal

response towards clients. Personal accomplishment refers to how

successful one feels in helping clients (Maslach & Jackson, 1986). For

emotional exhaustion and depersonalization the higher the score the

higher the degree of burnout. Personal accomplishment is inverse so the

higher the score the lower the degree of burnout.

The following are reliability coefficients for the subscales as reported

by Maslach and Jackson: .90 for emotional exhaustion; .79 for

depersonalization; and .71 for personal accomplishment. Standard errors

of measurement were: 3.80 for emotional exhaustion; 3.16 for

depersonalization; and 3.73 for personal accomplishment. The test-retest

reliability coefficients are as follows: .82 for emotional exhaustion; .60 for

depersonalization, and .80 for personal accomplishment. Maslach and

Jackson (1986) also presented several tests of convergent and

discriminant validity which showed their instrument does measure the

variables intended.

Table 1

Research Variables and their Level of Measurement

Variables	Definitions	Level of Measurement
MONTHS	months respondent has been working at job	Ratio
EE	emotional exhaustion subscale	Ordinal
DP	depersonalization subscale	Ordinal
PA	personal achievement subscale	Ordinal

Sampling

For this study, this student sampled case workers and supervisors at Great Rivers Mental Health Services in Olivette, Missouri. This state agency provides outpatient psychiatric services to all eligible adults and children living in St. Louis County. Clients must have a chronic mental illness and show financial need. Case workers and supervisors were chosen for this study because they provide direct services to the clients. There are 58 case workers and supervisors total in the agency, and the 48 who received questionnaires were chosen by convenience. Since the sampling was not random, external validity of the results is uncertain.

Data Collection

Respondents were issued a copy of the Maslach Burnout Inventory(APPENDIX A) with a demographic sheet (APPENDIX B) in their

office mailbox. The directions told respondents to return the completed forms to the mailbox of this student. Thus, respondents were allowed total freedom as to when and where they completed the inventory. The instructions asked the respondents to not share their answers with anyone, but the design of this study did not control this element. Therefore, a multitude of confounding variables exist: respondents may have worked on the inventory together, some may have completed the inventory first thing Monday morning when they felt relaxed and others may have waited until just before leaving on Friday afternoon when they were rushing, thus weakening the internal validity. Forty-eight questionnaires and MBIs were passed out, and 32 were returned.

CHAPTER IV

Results

Demographics

Thirty-two inventories were collected from the 48 distributed. Twenty-two of the respondents were female, and ten were male. Total years the respondents have worked in the field of mental health ranged from 0.25 to 17.17, with a mean of 5.241, median of 4.125 as seen in Table 2. Age of respondents ranged from 23 to 50 years old with a mean of 32.063 and a median of 28 (Table 3). Variables of age, gender, and total years in field were recorded for the purposes of future research, and will not be examined in this study. The mean number of months respondents had been working at the agency was 22.266 (Table 4). The median was 19.5 and the mode with four cases was 19 months. One extreme case was found of 96 months.

Table 2

Total Years Respondents Have Worked in Mental Health Field

Range	Mean	Median
0.25-17.17	5.241	4.125

Table 3

Age of Respondents

Range	Mean	Median
23-50	32.063	28

Table 4

Total Months Respondents Have Worked at this Agency

Range	Mean	Median
1-96	22.266	19.5

Descriptive Statistics

Emotional Exhaustion

Table 5 shows a comparison of means for all three subscales of this sample, and mean scores for the normative sample found by Malsach and Jackson when developing the MBI. There were nine items on the Maslach Burnout Inventory which measured emotional exhaustion (EE). Table 6 represents a histogram of EE scores. For the EE subscale a score of 0-16 was considered a low amount of emotional exhaustion as defined by Maslach and Jackson (1986). A score of 17-26 was considered moderate for emotional exhaustion, and a score of 27 or higher was considered to be in the high range. For this data set, the mean EE score was 24.531, the median was 26, and the mode was 25. Actually there were multiple modes, and 25 was the lowest mode found.

So all three measures of central tendency were within the moderate range

for emotional exhaustion. The skewness for EE scores in this sample was

-.229 which shows that these scores were negatively skewed. The

kurtosis was .349 indicating that a larger proportion of cases fell into the

tails relative to a normal distribution.

Table 5

Means for MBI Subscales for Research Sample and Normative Sample

MBI Subscales

|	Emotional Exhaustion	Depersonal-ization	Personal Accomplishment
Research Sample, n=32	24.53	6.84	37.38
Normative Sample, Mental Health Professionals Subgroup, n=730	16.89	5.72	30.87
Normative Sample, Overall n=11,067	20.99	8.73	34.58

Table 6
A Histogram of Emotional Exhaustion Scores
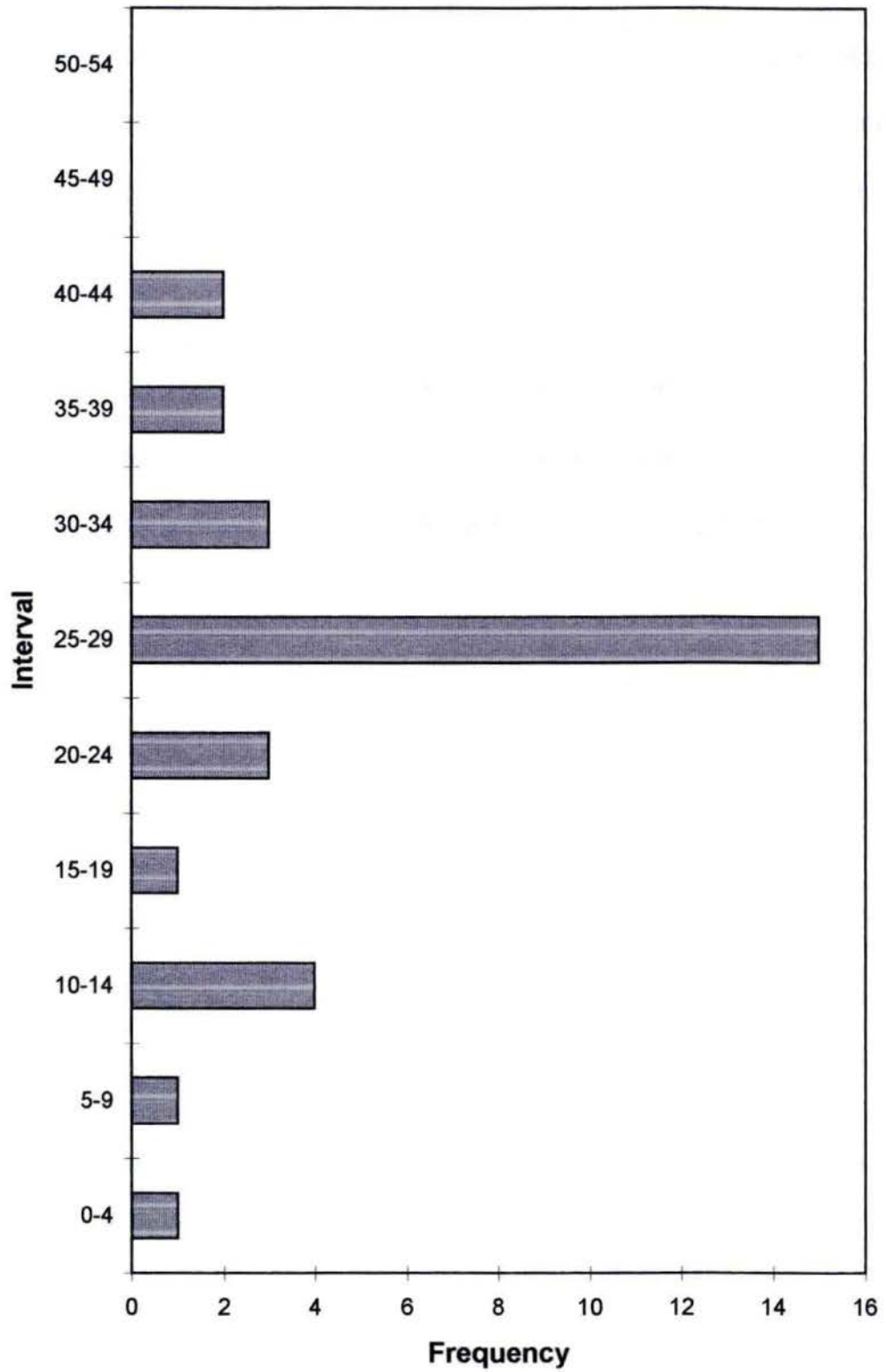
Depersonalization

There were five items on the Maslach Burnout Inventory which measured depersonalization (DP). Table 7 represents a histogram of DP scores. For the DP subscale a score of 0-6 was considered a low amount of depersonalization defined by Maslach and Jackson (1986). A score of 7-12 was considered moderate for depersonalization, and a score of 13 or higher was considered to be in the high range. For this data set, the mean DP score was 6.844, the median was 6.5, and the mode was 7. The skewness was .916 which shows that these scores were positively skewed. The kurtosis was 1.098 indicating that a larger proportion of cases fell into the tails.

Table 7
A Histogram of Depersonalization Scores
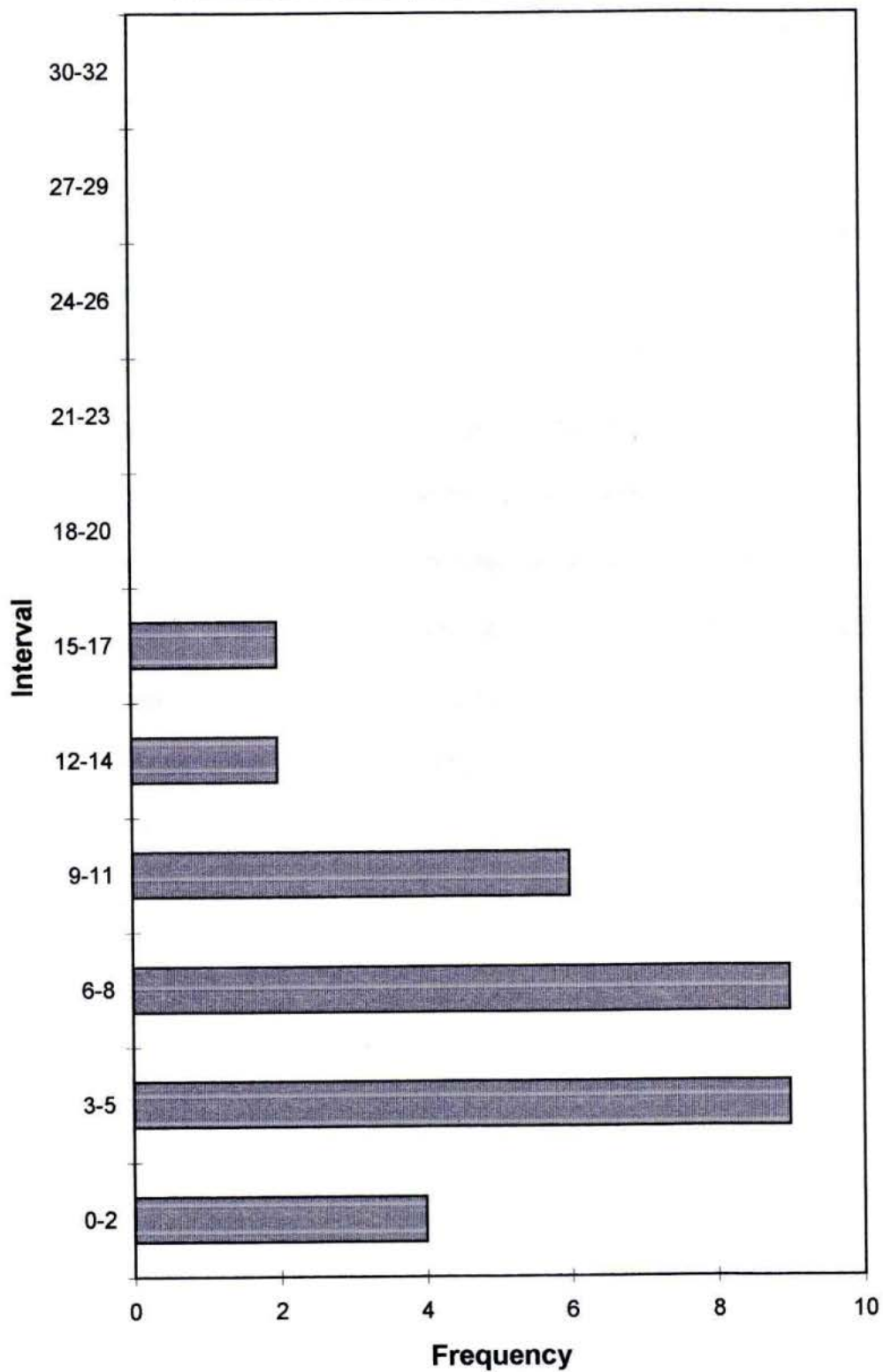
Personal Accomplishment

There were eight items on the Maslach Burnout Inventory which measured personal accomplishment (PA). Table 8 represents the histogram for PA scores. For the PA subscale a score of 39 or above was considered a low amount of personal accomplishment as defined by Maslach and Jackson (1986). A score of 32-38 was considered moderate for personal accomplishment, and a score between 0-31 was considered to be in the high range. For this data set, the mean PA score was 37.375, the median was 37.5, and the mode was 33. Actually, there were multiple modes, and 33 was the lowest mode found. Therefore all three measures of central tendency were within the moderate range for personal accomplishment. The skewness was -.087 which shows that these scores were negatively skewed. The kurtosis was -.679 indicating that a smaller proportion of cases fell into the tails than would in a normal distribution.

Table 8
A Histogram of Personal Accomplishment Scores
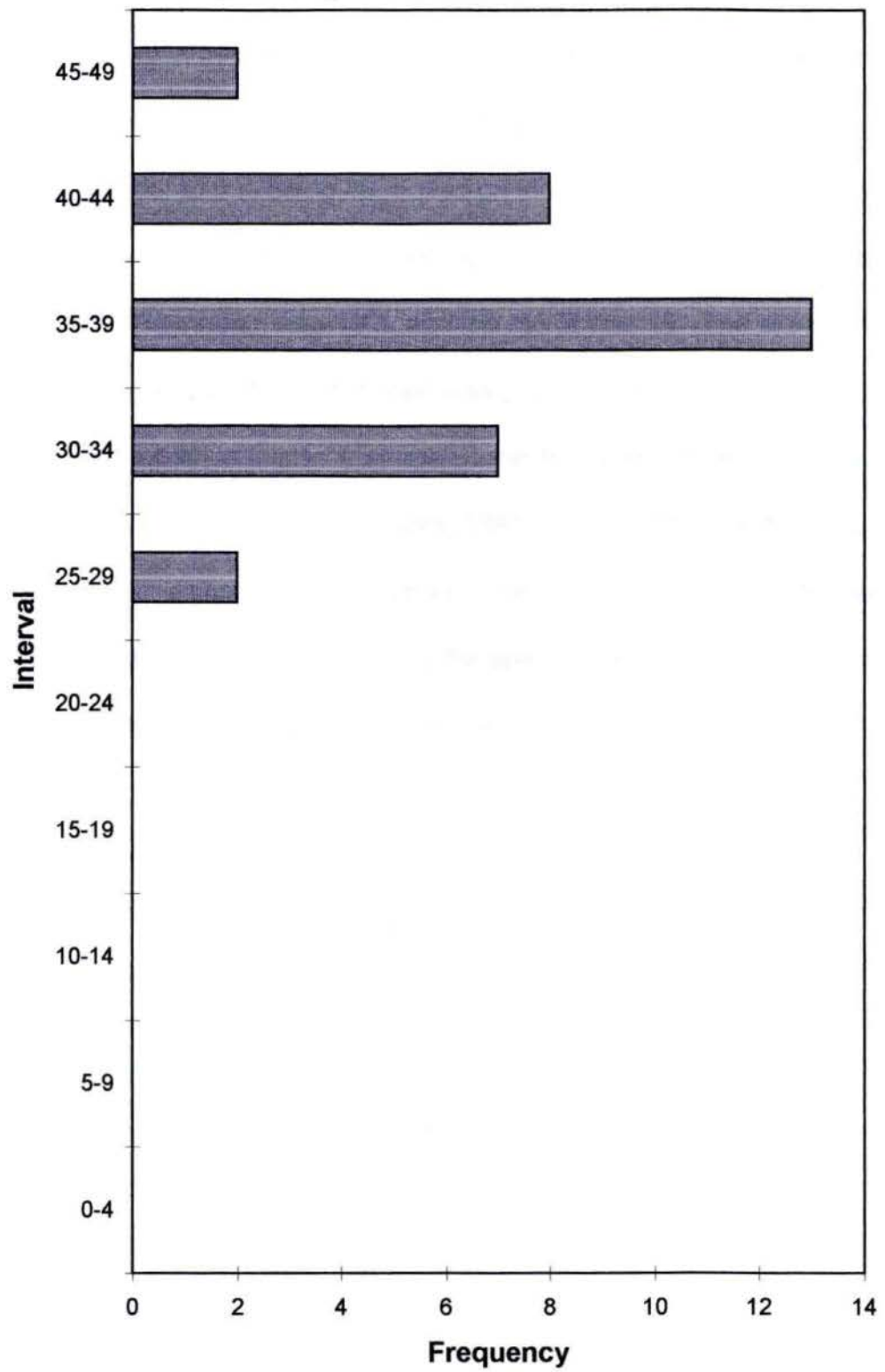
Months

The range of months respondents had been employed by the mental health agency in this study went from 1 month to 96 months. This was obviously a large range for 32 cases. The extreme score of 96, the closest number to this being 40, pulled on the mean. The mean number of months respondents had been employed at the mental health agency was 22.26, the median was 19.5, and the mode was 19. The skewness was 2.469 indicating the distribution was positively skewed. The kurtosis was 10.101 which indicated that the distribution was heavier in the tails than in a normal distribution (Norusis, 1991). A stem and leaf plot, Table 9, is included to show the distribution of the number of months the mental health workers at been employed at the agency. A stem and leaf was used to more clearly present the wide range of values.

Table 9

Stem & Leaf for MONTHS

Frequency	Stem	Leaf
6.00	0	122356
10.00	1	1245789999
10.00	2	0244556999
4.00	3	0669
1.00	4	0
1.00 Extreme case	(96)	

Correlation Analyses and T-tests

MONTHS was used as the independent value for EE, DP, and PA

scores. Table 10 shows the correlation coefficients between all variables.

First, EE was examined as the dependent value. The correlation

coefficient was 0.1996 which was squared to 0.0398. That is to say that

3.98 % of the variability of EE was accounted for by what was known of

the variability in MONTHS. The observed significance level was 0.273.

This meant that the probability was 0.273 that one would observe a

correlation coefficient larger than 0.1996 or smaller than -0.1996, when

the value in the population is zero. The alpha of 0.05 was chosen for all

correlation analyses (Norusis, 1991). Since the observed significance

level was greater than 0.05, the null hypothesis was accepted. There was

not a linear relationship between MONTHS and EE in the population.

The correlation coefficient was merely an estimate, and it can be

tested by computing the t-value. Numbers can be deceiving. What may

look like a large difference in means may not be significant when the

population is considered. This is the reasoning for the t-test. The t-test

will ensure the means are compared more equally with respect to the

sample and population (Norusis, 1991). If the t-value was less than the

critical value at alpha level 0.05 with degrees of freedom equal to 30,

therefore the correlation coefficient was not viewed as significant. The

critical value at alpha level 0.05 with degrees of freedom equal to 30 was

2.042. The t-value of 1.116 was smaller than the alpha level (2.042) so

the null hypothesis was again accepted. There was no significant

relationship found between months at the agency and emotional

exhaustion.

Table 10

Two-tailed significance

Correlation	EE	DP	PA	MONTHS
EE	1.0000	.6813	-.2727	.1996
	(32)	(32)	(32)	(32)
		P = .000	P = .131	P = .273
DP	.6813	1.0000	-.3381	-.0374
	(32)	(32)	(32)	(32)
	P = .000		P = .058	P = .839
PA	-.2727	-.3381	1.0000	-.0896
	(32)	(32)	(32)	(32)
	P = .131	P = .058		P = .626
MONTHS	.1996	-.0374	-.0896	1.0000
	(32)	(32)	(32)	(32)
	P = .273	P = .839	P = .626	

DP was examined as the dependent value. The correlation coefficient was -0.0374 which was squared to 0.0014. That was to say that less than 1 % of the variability of DP was accounted for by what was known of the variability in MONTHS. The observed significance level was 0.839. This means that the probability was 0.839 that one would observe a correlation coefficient larger than 0.0374 or smaller than -0.0374, when the value in the population was zero. Since the observed significance level was greater than 0.05, the null hypothesis was accepted. There was not a linear relationship between MONTHS and DP in the population.

The critical value at alpha level 0.05 with degrees of freedom equal to 30 was 2.042. The t-value of -0.205 was smaller than the alpha level (2.042) therefore the null hypothesis was again accepted. There was no significant relationship found between months at the agency and depersonalization.

Finally, PA was examined as the dependent value. The correlation coefficient was -0.0896 which was squared to 0.008. That was to say that less than 1 % of the variability of PA was accounted for by what was known of the variability in MONTHS. The observed significance level was 0.626. This means that the probability was 0.626 that one would observe a correlation coefficient larger than 0.0896 or smaller than -0.0896, when the value in the population was zero. Since the observed significance

level was greater than 0.05, the null hypothesis was accepted. There was not a linear relationship between MONTHS and PA in the population.

Since the t-value was less than the critical value at alpha level 0.05 with degrees of freedom equal to 30, therefore the correlation coefficient was not viewed as significant. The critical value at alpha level 0.05 with degrees of freedom equal to 30 was 2.042. The t-value of -0.4927 was smaller than the alpha level (2.042) so the null hypothesis was again accepted. There was no significant relationship found between months at the agency and personal accomplishment.

CHAPTER V

Discussion

The null hypotheses were given support by the findings of this study:

1. There was no significant relationship found between emotional exhaustion scores on the MBI and number of months the sample had worked at the mental health agency.

2. There was no significant relationship found between depersonalization scores on the MBI and number of months the sample had worked at the mental health agency.

3. There was no significant relationship found between personal accomplishment scores on the MBI and number of months the sample had worked at the mental health agency.

The findings were not consistent with previous studies.

Specifically, these results conflicted with the past studies which reported high levels of depersonalization and emotional exhaustion among mental health workers who had been employed at their respective agency for 0-5 years (Snibbe et al., 1989). All but one person in this research sample had been at the agency for 0-5 years, yet the sample levels of emotional exhaustion and depersonalization were consistent with the normative sample presented by Maslach and Jackson (1986). The answer to these inconsistencies may lie in the variables this study did not address that

other studies have linked to higher levels of burnout such as supervisor support (Kahn, 1993; Poulin & Walter, 1993). Perception of case load size was another variable ignored in this study, but significantly linked to a high risk for burnout in a past study (Koeske & Kelly, 1995).

This researcher must also consider that some confounding variables affected the results of the study. Perhaps the most obvious confounding variable was that this researcher is employed at the agency used for the study. Most of the mental health workers who completed the MBI and demographic survey knew this researcher. Perhaps the respondents' eagerness to help out a fellow coworker affected how they completed the questionnaire. Respondents may have been overly sensitive to how they rated themselves on each item wanting to do the best job for a "friend."

Another possibility was that only employees who knew the researcher well completed the forms. This researcher was most familiar with coworkers who worked for the same department and under the same supervisor. Therefore, the respondents would not be representative of the mental health workers at the agency.

Even If the respondents were representative of how mental health workers feel at the agency, they may not have been completely accurate in scoring on the MBI. Respondents had the opportunity to discuss their answers with each other, though this was discouraged by the researcher.

This researcher sent questionnaires through employee mailboxes leaving respondents to their own personal controls to keep from discussing their answers. This researcher could have eliminated the contamination of data by passing out and collecting the questionnaires in one group meeting. The group meeting method may have also ensured a more diverse sample from all the mental health workers at the agency.

This study could be repeated with the changes described above to further substantiate that there was not a significant correlation between burnout levels and months worked in a mental health agency. Another option, is to forget the months variable, and explore the correlation between levels of burnout and other demographics such as gender or age. Other researchers have already examined these variables, so another study may not be warranted.

This researcher stressed the need for more studies focusing on the effects of the managed health care trend in the literature review (Savicki & Cooley, 1987; Snibbe et al., 1989; Arches, 1991). The mental health agency used for this study had started the transformation into managed health care when the questionnaires were passed out. This is an other confounding variable of the study.

One more idea for future research would be to repeat this study with new controls now, and in six months when this agency's journey into managed care is complete. This type of longitudinal study could show

how mental health professionals are or are not affected by this new trend

in providing services.

APPENDIX A

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

<u>HOW OFTEN</u>
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: _____ _____

APPENDIX B

Hello!

The attached page is the Human Services Survey which is designed to measure attitudes of helping professionals. This is also known as "the topic I finally picked for my graduate thesis." I am asking my co-workers to assist me by being my test subjects. Simply complete the botfom 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 a necessity, that is why your name will not be on the survey. Do not discuss your answers with others as this may invalidate the data. When you are finished, I would appreciate if you would place the survey in my mailbox.

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

Thank you, again!

Kim Harness

CIRCLE ONE
Gender M   F

AOP CPRP CCS

Case worker   Supervisor

FILL IN THE BLANK
Age ____

Bachelor's Degree   Y   N   Major _____
Master's Degree   Y   N   Major _____

Total months at this job _____

Total years in this profession, <u>before</u> this job _____

Number of clients on caseload _____

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