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A comparison of burnout rates between inpatient and outpatient social workers who serve mentally ill adults

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A COMPARISON OF BURNOUT RATES BETWEEN INPATIENT AND OUTPATIENT

SOCIAL WORKERS WHO SERVE MENTALLY ILL ADULTS

by
Heather N. Kelly

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
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Approved by _____
                                          Professor

Date Approved _____5- 9 - 0 o_____

ABSTRACT

Heather N. Kelly
A Comparison of Burnout Rates Between Inpatient and Outpatient
Social Workers who Serve Mentally Ill Adults
Spring 2000
Roberta Dihoff, Ph.D.
Master of Arts Degree in School Psychology

The purpose of this study was to ascertain differences in burnout rates of social workers serving mentally ill adults who are employed in one of two different types of service, inpatient and outpatient. Burnout rates were assessed using the Maslach Burnout Inventory - Human Services Survey. This 22-item survey contains three subscales measuring: emotional exhaustion, depersonalization, and lack of personal accomplishment.

Data was collected from 19 inpatient and 28 outpatient social workers from four different agencies in Southern New Jersey. One large state psychiatric institution was used to derive the inpatient social worker group and three private non-profit agencies were used to derive the outpatient social worker group. There were two males and 17 females in the inpatient social worker group and, nine males and 19 females in the outpatient social worker group. The mean age for the samples were 45.11 years for inpatient social workers and 35.39 years for outpatient social workers.

An independent t-test was used with a significance level of .05. Results indicated no significance between scores of inpatient and outpatient social workers on all three

subscales. Overall, both groups scored in the moderate frequency range for all three

subscales.

MINI-ABSTRACT

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Burnout rates were compared between social workers employed in inpatient and

outpatient facilities serving mentally ill adults. The social workers completed the

Maslach Burnout Inventory - Human Services Survey. No significant differences were

found in burnout rates between inpatient and outpatient social workers.

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To my wonderful husband, Mark, who has always supported my undertakings and future aspirations. To family and friends who have encouraged me to follow my dreams.

To Savannah, Cookie, and Tiko those furry creatures who kept my lap warm on endless days and nights in front of the computer.

Most importantly to my personal savior, Jesus Christ, who makes everything possible.

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CHAPTER 1: The Problem

NEED

The first articles written about burnout began to appear in the 1970's. Burnout

became such an important concept that people began writing, teaching, and consulting on

burnout issues. Burnout was called the crisis of the 1980's and the "disease of modern

life (Paine, 1982, p.29)."

There are serious implications for sufferers of burnout. Physical symptoms of burnout

include ulcers, headaches, backaches, frequent colds and flu symptoms, gastrointestinal

problems, fatigue, and insomnia. There are also emotional symptoms which include

substance abuse, poor self-esteem, withdrawn behavior, difficulties in interpersonal

relationships, sexual problems, and an inability to concentrate. These symptoms most

commonly occur in human service workers because of the type of work that is involved

(Edelwich, 1980).

When staff members are burned out there are also serious implications for the clients

they serve. When staff burnout is high clients are often neglected which results in

regressive behavior and is counterproductive. Burnout also affects the quality of care

and treatment that is provided to clients. Workers often resent their clients and

emotionally detach themselves. They begin to view their clients as objects instead of

people. If clients are not receiving the type of care they need then the community as a

whole suffers.

Burnout not only impacts the individual but is also a contagious phenomenon. Burnout can be transmitted from clients to staff, staff to clients, and staff to staff. It is obvious that burnout can seriously affect an agency.

Burnout is especially prevalent in human service workers who serve clients that are more chronic and demanding such as those with a severe mental illness. Individuals with severe mental illnesses are usually in institutions while those with less severe symptoms are often served within the community. Social workers as a whole have high rates of burnout. Within the field of social work those who work with the mentally ill population have higher burnout rates than other types of social workers. This research will explore different burnout rates for social workers who serve the mentally ill population in two different forms: clients who are inpatients as opposed to clients who are outpatients.

PURPOSE

The purpose of this study is to examine differences in burnout rates of social workers who work with the mentally ill population. Mentally ill individuals are served in one of two manners: within an inpatient facility or as an outpatient who lives within the community. Inpatient facilities such as specific mental health institutions or mental health wards of general hospitals employ their own social workers to serve the clients. Mentally ill clients who live within a community are often linked to mental health agencies and are given social workers and other mental healthcare services.

Clients are discharged from institutional settings when they become stable. These

clients are then linked to outpatient mental health agencies. Those who remain unstable continue to reside in institutions. A large percentage of clients within mental health institutions are chronic patients who have been hospitalized for numerous years.

HYPOTHESIS

Social workers who serve inpatient mentally ill individuals will have different burnout rates than social workers who serve outpatient mentally ill individuals.

THEORY

Much of the theories on burnout arose in the early 1980's when the term "burnout" became widely used. Most of the theories on burnout incorporate human service workers and their specific job duties. Various reasons for burnout include: the illness severity of one's clients, slow client progress, high worker aspirations, low pay, large caseloads, and high numbers of hours worked per week.

Edelwich and Brodsky (1980) suggest eight reasons why burnout has such a high prevalence rate within the helping professions.

1. *Noble Aspirations and High Initial Enthusiasm* - People chose to work in human services with a strong desire to help people. These new workers have high moral and altruistic ambitions to save each and every person. Their aspirations and enthusiasm are noble but unrealistic.

2. *Lack of criteria for measuring accomplishment* - It is difficult to set standards for reviewing the performance of human service workers. These workers often make

referrals and are unable to see the results of their labor.

3. *Low Pay at All Levels of Education, Skill, and Responsibility* - Low pay is a common complaint in the human services. Those working in non-profit agencies are usually paid less than those in private practice. One's economic well-being overflows into family life and can cause personal stress.

4. *Upward Mobility Through the Administrative Channel* - As pay and status rise, workers become farther away from their clients and the whole reason they chose the human service profession.

5. *Sexism* - Sexual stereotyping exists within the human service field. Nurses, teachers, family relations officers, and nonclerical positions are mostly women. Doctors, school principals, attorneys, and judges are mostly men.

6. *Inadequate Funding and Institutional Support* - Need tends to increase but with pressure to cut taxes and limit spending funding at best levels off. Funds are allocated by top management rather than by the needs of clients or suggestions by those who provide direct services to the clients.

7. *Inefficient Use of Resources - the Dilemma of Case Management* - A disproportionate amount of attention and effort are given to a small population who do not respond well to counseling. Considerable effort is also given to those who do respond well to counseling because they are cooperative, show progress, and are "successes." The clients in the middle become lost in the shuffle.

8. *High Public Visibility Coupled with Popular Misunderstanding and Suspicion* - The general public is mistrustful of people who are different, not pulling their own weight,

and costing the taxpayers money. The media portrays scandals instead of the constructive everyday work within human services. People commend treatment centers and half-ways houses as long as it is in someone else's neighborhood.

Pines, Aronson, and Kafry (1981) have three common antecedents of burnout in human services.

1. *Emotionally taxing work* - Human service workers provide services to clients for long periods of time in emotionally demanding situations. Workers deal with their client's psychological, social, and physical problems. Workers are expected to conduct their job in a professional manner and at the same time be personally concerned for their clients.

2. *Personality characteristics of human service workers* - People who chose to work in human services are empathic and sensitive toward others. These traits make them vulnerable to the emotional stresses that are part of their profession.

3. *A "client-centered" orientation* - This orientation focuses on the people who are receiving services. The worker's role is defined by the client's needs. "The professionals give and the clients receive (p.53)." Little attention is given to the stresses a worker faces. This orientation characterizes most human service professions.

Pines, Aronson, and Kafry (1981) also discuss characteristics of staff burnout in the mental health field. Their research found that the longer staff worked in the field the less they liked working with patients, the more they avoided direct contact with patients, they felt less successful in their work, and their attitudes about mental illness were less humanistic. Workers also stopped looking for self-fulfillment in their work, rarely had good days, and explained that the only good thing about their job was security.

In mental health facilities, staff was found to be more burned out when there was a higher percentage of schizophrenics in the patient population. These staff also felt less satisfied with their job, spent more time doing administrative duties, were less aware of their goals, and were more interested in leaving their jobs (Pines, 1981). Dealing with difficult clients on a full-time basis is a stressful task. Studies also show that crisis intervention is particularly demanding when this is the sole aspect of one's job.

Clients with severe mental illness (SMI) have difficulty sustaining a therapeutic relationship. These clients display regressive and inappropriate behaviors making it difficult for the workers to engage them in treatment. Client progress is slow and signs of change and improvement are often minimal and insignificant. Clients with SMI are viewed as more stressful and less desirable to work with than other types of clients. Clients with SMI are more likely to be in institutions than in community settings (Acker, 1999).

Herbert T. Freudenberger, a psychoanalyst, studied burnout symptoms in those working in institutions. These symptoms included cynicism, negativity, and inflexibility. Workers used terms which described their client's as objects helping to distance themselves from emotional involvement. Workers became withdrawn and rarely communicated with others. Freudenberger suggested that facilities which employ double shifts and/or overnight shifts often result in the entire organization burning out (Pines, 1988).

DEFINITIONS

BURNOUT: a loss of excitement, enthusiasm, and sense of mission in one's work. Changes in attitude and behavior that arise in response to excessive job related demands.

SOCIAL WORKER: one who provides services to the underprivileged and maladjusted. Agencies often call their social workers case managers or case workers.

HUMAN SERVICES/HELPING PROFESSIONS: professions where people work with people. Examples include: teachers, nurses, counselors, police officers, social workers, and psychologists.

EMOTIONAL EXHAUSTION: feeling drained and unable to give oneself psychologically. Emotionally exhausted by one's work.

PERSONAL ACCOMPLISHMENT: feelings of competence and accomplishment in one's work.

DEPERSONALIZATION: seeing others as things or categories. A loss of feelings and concern toward clients.

ASSUMPTIONS

It is assumed that all participants took their time completing the inventory and answered all questions honestly. Because of such flexibility in the term "social worker" and other titles agencies give their social workers (case manager, case worker, etc.) it is also assumed that those selected for the study are considered "social workers." It is assumed that the sample chosen will represent the total population of those who could have possibly been chosen for this study.

LIMITATIONS

These results are limited to social workers who are employed in Southern New Jersey. Limitations also include the manner in which the sample was located and the possibility of the sample not being random enough. The sample is derived from many agencies in which the researcher has direct connections. These connections include agencies in which the researcher is employed, was past employed, has friends who are employed, and other agencies which are linked to the place of current employment.

OVERVIEW

In Chapter 2, research on burnout in social workers and in the human services will be explored. In Chapter 3, the researcher will examine the design of the study which includes descriptions of the sample, measures, testable hypothesis, and analysis. Chapter 4 will examine the analysis of results and finally the summary and conclusions will be analyzed in Chapter 5. The next area of study will be the review of literature pertaining to burnout in the social work profession in Chapter 2.

CHAPTER 2: Review of Literature

Job burnout is a concept which became popular in the late 1970's and early 1980's.

Since then there has been a considerable amount of research in this area. Most of the

studies assessed various types of human service workers including social workers,

psychologists, psychiatrists, counselors, family/child workers, drug/alcohol counselors,

nurses, teachers, and many other specific social service positions. Many of these human

service workers are employed in a mental health agency/facility. One finding which is

quite significant is those working with severe mentally ill individuals had overall higher

burnout rates than those working with other types of clients. The findings in this chapter

have important implications for those working in the human services field.

MASLACH BURNOUT INVENTORY

Many of the following studies used the Maslach Burnout Inventory (MBI) to assess

burnout. This inventory consists of 22 statements of job-related feelings on a six point

likert scale. The three subscales of the MBI include Emotional Exhaustion,

Depersonalization, and Personal Accomplishment.

Lee and Ashforth (1990) gave the MBI to 219 supervisors and managers from a

large public welfare agency. The authors also assessed the participants on psychological

and physiological aspects of strain, control of and escape from stressful work situations,

work-related helplessness, and self-appraisal using items from various scales developed by other researchers. All three subscales were related to strain, stress coping, and self-efficacy. Emotional exhaustion and depersonalization were found to be highly correlated and both variables were strongly associated with psychological and physiological strain. Personal accomplishment was more strongly associated with perceptions of performance and use of control. Helplessness was more strongly related to emotional exhaustion and depersonalization than to personal accomplishment.

BURNOUT AMONG THE GENERAL POPULATION

Job burnout and workplace variables were studied by comparing scores on the MBI, the Likert Profile of Organizational Characteristics, and Friedlander's Group Behavior Inventory (Tennis, 1986). Higher scores for workplace variables were associated with lower burnout scores. Interpersonal trust was a useful predictor of burnout and leadership processes and mutual influence followed. These findings suggest that negative workplace processes contribute to job burnout.

BURNOUT AMONG HUMAN SERVICE WORKERS

The effects of social support and burnout on coping strategies among human service workers was studied using the questionnaires of 134 mental retardation workers (Swiatynski, 1988). Workers who reported low levels of overall social support also reported more emotional exhaustion and experienced less feelings of work accomplishment. Workers who reported high levels of social support from both co-

workers and supervisors had lower burnout rates than those who only reported co-worker social support. The author did not find a significant relationship between social support and coping strategies at work or at home.

Stark (1993) used the MBI and the Work Environment (WES) scales to test 108 human service workers to see if there was a relationship between burnout and job satisfaction. Emotional exhaustion rates were negatively correlated with job satisfaction scores. The author discovered a positive correlation between personal accomplishment and job satisfaction.

Lee (1990) studied perceptions of work environment and burnout rates among social service workers who worked for the Department of Social Services (DSS). The author examined the three subscales of the MBI to measure burnout. Other questions focused on individual characteristics, work environment, policy and structure, and supervision. Supervisor's perceptions of burnout and work environment were also studied to determine if there was a relationship with the caseworkers' burnout and work environment. Rates of burnout were prevalent among DSS caseworkers and supervisors. The dimension on policy was the most stress provoking aspect of the DSS workers. Supervision and management both contributed to high burnout rates among these social service workers.

Two-hundred family/child and psychiatric workers of seven social service organizations were surveyed using the Minnesota Satisfaction Questionnaire, the MBI, and the Staff Burnout Scale for Health Professionals (Martin, 1991). Family/child workers reported higher rates of burnout while both psychiatric and family/child workers

had similar rates on job satisfaction. Correlates for burnout of the psychiatric workers included dissatisfaction with amount of supervisor praise and salary while correlates for family/child workers included limited social services employment and limited amounts of praise. Both groups were dissatisfied with salary levels and promotional opportunities.

Kelly (1984) studied the relationship between burnout and work alienation using Dwight Dean's Alienation Scale and the MBI. Both tests were given to personnel of a social service agency in hopes to explore the nature, direction, and strength between the two concepts. The findings confirmed the hypothesis that burnout and alienation are both reactions of one's dissatisfaction. The author even suggests that the two concepts be used interchangeably. Age and total work experience were predictors of both burnout and alienation rates.

Miller (1995) surveyed 172 social service workers who provide services to the homeless. The survey assessed two types of empathy - empathic concern and emotional contagion, burnout using the MBI, and other variables which fit into the "Empathic Communication Model of Burnout" - job involvement, individuals' perceptions of the services they provide to the homeless, and a classification of each worker regarding his/her job type (administrative, casework, or clerical). Findings indicate that the "Empathic Communication Model of Burnout" was not related to the overall data derived from the sample but was related to the high job-involvement group. The model was also related to all three employee groups.

Job stress and burnout was studied surveying 141 members of a statewide

professional society for group therapists and other group workers (Shinn, 1984).

Participants worked in a number of settings including mental health centers, school

systems, drug and alcohol programs, religious organizations, and residential programs for

adults and children. Most of the participants were involved in direct service or teaching

areas. The questionnaire included information on job stress and coping, psychological

strain, and demographic questions. The questions were created by authors. Findings

indicate that human service professionals experienced stress in "relationships with clients

who make emotional demands, fail to improve, or are otherwise difficult to work with

and failure to live up to the unrealistic expectations fostered by the professional role

(Shinn, 1984, p. 874)." Poor supervision and communication were the highest predictors

of burnout among child abuse workers.

Evans (1993) surveyed 228 non-human service workers and 361 human-service

workers. The non-human service workers were employees of a computer firm in Canada

and were given the general MBI. The human service workers were school teachers and

other personnel who were given the MBI for teachers. All three subscales were

supported as a significant model for the human service sample but depersonalization was

not considered meaningful by the non-human service group.

Factors associated with burnout in residential workers was assessed by 173

participants who took the MBI and the Residential Services Questionnaire which

included questions on demographic information and personal reactions to work (Hill,

1998). Participants who agreed to the statement "I would quit this job immediately if I

could" had higher burnout scores than those who did not agree. Participants who felt

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their family supported them in their job had lower burnout scores. Those who agreed to the statement "I am involved in decision making in my job" had lower burnout scores. There were no significant correlations between burnout scores and hours worked, length in job, age of residents, or degree of resident disability.

A study of social service supervisors and managers and job burnout was studied by Lee (1990). A total of 223 supervisors and managers within a public welfare agency completed a questionnaire measuring burnout and antecedents and consequences of job burnout. The major findings follow. Social support, indirect work control, and autonomy affected role stress. Indirect work control and autonomy affected emotional exhaustion as well as role stress and social support. Exhaustion affected depersonalization, work commitment, and turnover intentions. Helplessness and accomplishment were not related to depersonalization or emotional exhaustion.

Burnout as a function of communication patterns was studied by Leiter (1988). Three questionnaires were given to the 34 participants who worked in an agency providing direct client contact in outpatient and residential settings. Clients were assessed by the Job Description Index, the MBI, and the Communication Network Analysis. Results indicated that all three burnout scales were related to job satisfaction. Job satisfaction was negatively correlated with emotional exhaustion and depersonalization but it was positively correlated with personal accomplishment. The communication findings indicate that informal contacts were negatively correlated with emotional exhaustion and positively correlated to personal accomplishment and job satisfaction. Work contacts were positively correlated with emotional exhaustion and

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personal accomplishment. This study suggests defining burnout as a combination of job satisfaction and communication.

The MBI was administered to 211 human service workers to assess the validity of the test (Girdler, 1984). The MBI scales were somewhat correlated with intrinsic and extrinsic job satisfaction. Job satisfaction is not reliable in predicting MBI scores. Stress accounted for 34% of burnout rates.

Robinson (1982) studied 76 employees, who provide direct services to the mentally retarded, personality characteristics in relation to burnout. Personality was studied using the California Psychological Inventory (CPI), job satisfaction was measured using the Work Scale of the Job Description Index (JDI), and job burnout was assessed using a scale from a previous study by Armstrong. Twelve of the CPI scales significantly accounted for 25.8% of job satisfaction and 14 CPI scales significantly accounted for 35.6% of job burnout. The overall conclusion is that personality characteristics account for some difference in job satisfaction, dissatisfaction, and burnout.

A total of 95 middle management and front line human service workers participated in a study pertaining to burnout and the validity of the MBI (Wallace, 1991). Overall, the participants were not extremely burned out and had high personal accomplishment, moderate emotional exhaustion, and low depersonalization. The clients also engaged in an interview which consisted of open ended questions regarding professionalism in socialization and training, job expectations and experiences, and perceptions of autonomy and control over work tasks. The questionnaire consisted of

forced choice questions adapted from the MBI, the Job Involvement Scale, Intrinsic Motivation Scale, scales measuring occupational stress, and Maslow's Hierarchy of Needs Scale.

Findings indicated a positive correlation between stress and emotional exhaustion, but stress was not related to depersonalization or personal accomplishment. Other findings follow. Role ambiguity effects job involvement, intrinsic motivation, and higher needs. Role ambiguity also has a negative effect on one's sense of professionalism. Autonomy is positively correlated to greater satisfaction of higher needs. Job involvement is positively correlated with depersonalization. Intrinsic motivation is positively correlated with personal accomplishment and negatively correlated with depersonalization. Higher order needs satisfaction is negatively correlated with emotional exhaustion.

Sturgess and Poulsen (1983) studied occupational therapists who worked in psychosocial fields versus those working in physical or pediatric fields. The MBI was completed by 106 therapists employed in Brisbane, Australia. Of these participants, 40 worked in physical rehabilitation, 33 in pediatrics, and 33 in psychosocial settings. The results indicated that psychosocial occupational therapists had less rest hours, individual clients, and client contact hours. This group also had the highest total number of overall clients and clients worked within groups. Psychosocial occupational therapists had lower personal accomplishment scores than pediatric or physical rehabilitation occupational therapists. The authors recommend that the MBI norms be devised specifically for occupational therapists since as a whole this group was at lower levels than the mean

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scores of the test norms.

Jayaratne and Chess (1984) compared job satisfaction, burnout, and turnover

rates in 144 community mental health workers, 60 child welfare workers, and 84 family

service workers. All of the participants had a master's degree in social work (MSW) and

were part of a larger study on work stress and strain among social workers. There were

no differences in satisfaction rates and intent to change job rates among the three groups.

Family service workers had lower levels of depersonalization and reported a better work

environment than the other two groups. Child welfare workers reported the worst work

environment, higher lack of challenge rates and had higher stress rates than the other

groups. Child welfare workers had the smallest average number of cases but considered

their caseloads to be too high. The type of problems that the workers encounter may be

related to these thoughts.

BURNOUT AMONG MENTAL HEALTH WORKERS

Lo Schiavo (1996) administered the MBI and the Counseling Self-Estimate Inventory

(COSE) to 173 Community Mental Health Center direct service workers. Findings

indicated that professional self-efficacy had a positive correlation with the Personal

Accomplishment subscale and had a negative correlation with the Depersonalization and

Emotional Exhaustion subscales.

Thornton (1991) surveyed 234 professional mental health workers to determine the

relationship between individual coping, job burnout, and cognitive appraisal. These

workers provide direct care and are employed in inpatient and outpatient services of a

large state psychiatric facility. Of this sample, 83 were social workers. The participants were surveyed during in-service meetings and asked to complete three different questionnaires.

Coping was assessed using the Ways of Coping Checklist (WCC, revised) Which is a 66 item questionnaire including various thoughts and actions people use to deal with stressful events. This checklist contains eight individual coping subscales. Each participant was also asked to describe in writing a typical stressful work event and then use the four point scale to indicate the extent to which he or she had used a specific coping strategy for that event. For cognitive appraisal, each participant assessed the extent to which he or she could change or do something about the stressful situation. Burnout was assessed using the Maslach Burnout Inventory (MBI).

Findings suggest that individual coping is related to burnout. Increased rates of the WCC subscale Escape-avoidance ("Wished that the situation would go away or somehow be over with") were associated with all three subscales of the MBI. A multivariate analysis of variance (MANOVA) found that those working in an inpatient setting reported more burnout than those working in an outpatient setting.

Two pioneers in studies pertaining to job burnout, Ayala Pines and Christina Maslach (1978), conducted a study of 76 staff members of mental health institutions in the San Francisco Bay Area. Participants included psychiatrists, psychologists, nurses, social workers, attendants, and volunteers. Data was collected through interviews based on specialty questionnaires. Four major areas were addressed: background information, characteristics of the job, attitudes and feelings about mental health work, and

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perceptions of themselves. Staff members were less likely to like their jobs when there was a(n): larger ratio of patients to staff, higher percentage of schizophrenics in the patient population, higher frequency of staff meetings, inability to temporarily withdraw from direct patient contact, and a great deal of time spent in administrative work. The questionnaire also revealed that the longer a staff member had worked in the mental health field, the less he or she liked working with patients. A basic overall finding suggests that mental health workers encounter personal stress as a result of working closely and intensively with patients over an extended period of time.

Work environment, client contact, and burnout in 94 mental health workers was assessed by Savicki and Cooley (1987). The sample was derived from ten different agencies in northwestern Oregon. The agencies included three residential treatment facilities and two day treatment programs for children and adolescents, four community mental health centers, and one domestic court conciliation staff. Burnout was assessed using the Maslach Burnout Inventory (MBI). Work environment was assessed using the Work Environment Scale (WES) to measure ten different dimensions of social climate in a 90 item true/false questionnaire. MBI scores were correlated with WES scores to measure the relationship between environment and burnout. Most of the MBI and WES correlations were significant. High work pressure, low involvement, and low autonomy were correlated with high levels of the Emotional Exhaustion scale, peer cohesion and physical comfort correlated to the Personal Accomplishment scale, and high control and low levels of task orientation correlated to the Depersonalization scale.

Multiple regressions were used to identify environmental contributions to the MBI

burnout scales for high and low contact workers. For low contact workers, emotional exhaustion was positively correlated to work pressure and physical comfort and negatively correlated to innovation. For high contact workers, emotional exhaustion was positively correlated with work pressure and negatively correlated to staff support and task orientation. Personal accomplishment was positively correlated to peer cohesion and physical comfort for high contact workers. Depersonalization was negatively correlated to physical comfort for low contact workers. For high contact workers, depersonalization was negatively correlated to task orientation and positively correlated to control.

A managed health care setting was assessed for burnout rates (Snibb, 1989). Primary care physicians and psychiatric clinic staff were given the Maslach Burnout Inventory (MBI). For primary care physicians, a moderate level of emotional exhaustion and depersonalization were found while personal achievement was high. For psychiatric staff, a high level of emotional exhaustion and depersonalization were found while personal achievement was high. This entire sample had higher rates of emotional exhaustion and depersonalization and lower rates of personal achievement than Maslach's normative sample for the MBI. Psychiatrists and social workers had significantly higher rates on the depersonalization scale than primary care physicians and psychologists.

Shutts (1986) surveyed 98 mental health workers of a rural psychiatric center. Participants completed questionnaires which assessed personality characteristics of Type A personality, internal and external locus of control, experience of burnout, and

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availability of support networks. Results indicated a significant relationship between age and personality type on burnout. A negative correlation between age and experience of burnout was found as was higher levels of burnout for those described as having a Type A personality and an external locus of control. For all dimensions, persons with more external locus of control and persons with Type A personality had higher burnout rates. There was no relationship between personality type and social support. Those who scored the highest on social support reported greater support from supervisors and co-workers while the lower scorers reported the opposite.

Job satisfaction and burnout rates were derived from 445 team members of 57 community mental health teams (Onyett, 1997). The sample included 69 social workers. Burnout was assessed using the MBI. Job satisfaction was assessed using the Occupational Stress Indicator which consists of five subscales including "achievement, value and growth, the job itself, organizational design, organizational processes, and work relationships (Onyett, 1997, p57)." Personal and team identification scales were created by the authors. Data pertaining to caseload size, number of days working with the team, percentage of clients with severe mental illness', and the number of days in which service is provided to consumers.

Results indicated significant differences between job disciplines. Consultant psychiatrists, social workers, nurses and psychologists were more emotionally exhausted. Consultant psychiatrists and voluntary staff reported the most personal accomplishment while consultant psychiatrists reported higher depersonalization. Social workers were less satisfied than consultant psychiatrists and occupational therapists. Consultant

psychiatrists were more satisfied with achievement, value and growth than social workers, support workers, and administrative staff. Consultant psychiatrists were also more satisfied with their work relationships than social workers and CPN's. Both social workers and clinical psychologists were less clear than other job disciplines regarding their own role and the role of the entire team. Nurses and social workers both contributed more days per week to the team than the other job disciplines.

The effect of client severity on burnout and the role of the organization and its management in alleviating the effects of the client, conditions, and personal variables on burnout was researched (Schulz, 1995). A survey was completed by 311 staff in 42 community mental health agencies representative of rural and small city areas in Wisconsin. In each organization, case managers and other staff provided information about those clients with a chronic mental illness on the Client Assessment Questionnaire (CAQ). Data was completed for 1,600 clients or 67.1 percent of the target population. Client data was linked to staff data and each staff member was categorized by the average number of clients with whom he or she worked.

Burnout was assessed using the MBI. Work satisfaction was assessed using 14 items in which eight were derived from Spector's Job Satisfaction Scales, five were derived from Stamps and Piedmonte's Satisfaction with Autonomy and one item measured overall work satisfaction. Client functioning was measured using a scale of clients' activities of daily living in the community. This scale measured the number of days living independently, vocational activities, participation in social and recreational activities, and substance abuse. Staff was also measured on work environment,

organization and management, individual characteristics, and organization context. Being supported and challenged contributed to goal congruence, job coherence, and job satisfaction which indirectly diminished burnout. A team structure which allows for staff to share client responsibility was associated with less burnout. Education has multiple relationships to burnout in this model. Staff who were better educated were more likely to work as clinical professionals which poses greater responsibilities and expectations and leads to higher burnout. At the same time, the better educated staff have more participation in decision making which leads to greater autonomy. A relationship between client severity and staff burnout was not found in this study.

Burnout and co-worker support in psychiatric hospitals was studied using 47 workers from a 355 bed psychiatric state hospital in Illinois (Corrigan, 1995). These 47 staff members work with extended care patients who typically have severe mental illness', repeated admissions, and few independent living skills. Nursing staff comprised 60 percent of the sample and clinical staff (including social workers) comprised the other 30 percent. Participants completed six different measures. Burnout was assessed using the MBI, co-worker support was assessed using the Modified Social Support Questionnaire (SSQ), prolonged anxiety was assessed using the State Trait Anxiety Inventory (STAI), Trait Version, physical health was assessed using the Health History Questionnaire (HHQ), and work related attitudes were assessed using the Barriers to the Implementation of Behavior Therapy (BIBT) and the Needs Assessment Inventory (NAI).

Burnout was significantly correlated with anxiety and physical health. Those who were burned-out experienced prolonged anxiety and had frequent illnesses. Burnout was

also associated with negative job attitudes in which the staff identified more weaknesses and greater obstacles to remedy the weaknesses. Burnout was also associated with support from co-workers. Workers who perceived peers and/or supervisors as supportive experienced less burnout than those who did not. Emotional exhaustion and depersonalization was related to physical health, anxiety, job attitudes, and collegial support while personal accomplishment was not. Age and tenure were negatively correlated with burnout. There were no significant differences between nursing and clinical staff and burnout.

Communication, stress, and burnout were studied using 417 completed questionnaires of staff members working in a private Midwestern psychiatric hospital housing 250 child, adolescent, and adult inpatients (Miller, 1990). Of the participants, 70 percent (caregiver group) were directly involved in patient care including social workers while the other 30 percent (support staff group) served in a support role including records, food service, and house keepers. Role stress and work load were assessed using Kahn's Survey of Job Stress, burnout was assessed using the MBI, work satisfaction was assessed using the work subscale of the Job Descriptive Index, occupational commitment was assessed using items from the Organizational Commitment Questionnaire, participation in decision making was assessed using a scale developed by Vroom, and social support was assessed using scales developed by Caplan, Cobb, French, Harrison, and Pinneau.

The results of the caregiver group follow. Participation, which provides workers with a sense of worth and satisfaction, had a positive correlation with personal

accomplishment. Feeling of depersonalization led to less personal accomplishment, less

work satisfaction, and more emotional exhaustion for caregivers. Co-worker support did

not have any impact on stressors, burnout, or outcomes.

The study of job involvement and work centrality's relationship to burnout was

studied using 325 human services employees from a state psychiatric hospital (Paullay,

1992). Job involvement is described as "the degree to which one is cognitively

preoccupied with, engaged in, and concerned with one's present job." Work centrality is

defined as "the value or significance that people attach to having work or performing

work in general." The participants completed questionnaires measuring burnout, job

involvement, work centrality, and job satisfaction. The author's hypothesis that job

involvement and work centrality are two different constructs was confirmed. Job

involvement and burnout were negatively correlated and job satisfaction and burnout

were negatively correlated.

The relationship between managed mental health care's regulations of outpatient

psychotherapy and job satisfaction and burnout were measured using 86 licensed

psychotherapist participants (Dupree, 2992). Findings suggest a negative correlation

between number of managed mental health care clients and psychotherapist's job

satisfaction and burnout. A negative correlation also existed between job satisfaction

and burnout. Rates of depersonalization were higher for workers in the public sector

than for workers in the private sector. Private psychotherapists were more satisfied in

their jobs while public psychotherapists experienced more depersonalization.

BURNOUT AMONG SOCIAL WORKERS

The relationship between feelings of alienation and burnout in social work was researched using 506 returned surveys of social workers practicing in the State of Wisconsin (Powell, 1994). The survey was broken down into four sections including the MBI, personal demographic questions, and questions related to practice settings and client populations, questions about decision making at work, and five domains of alienation: normlessness, powerlessness, meaninglessness, self-estrangement, and isolation. Four types of social workers were sampled: members of the state chapter of the National Association of Social Workers (NASW) (N=201), nursing home social workers (N=124), hospital social workers (N=116), and child and family welfare social workers (N=65).

All of the samples reported low to medium rates of burnout with the NASW group reporting the highest burnout. The strongest domains of alienation were powerlessness and isolation while self-estrangement and meaninglessness were the weakest. Hospital social workers showed higher rates of powerlessness while nursing home social workers showed the lowest. Nursing home social workers felt the least isolated but the most self-estranged. All of the four domains of alienation were significantly correlated with burnout, but alienation does not predict burnout. The hypothesis was confirmed that alienation and burnout are strongly related concepts.

Burnout and job satisfaction was studied using a sample of 275 practicing social workers who were listed with the Massachusetts Registry of Social Workers (Arches, 1991). Burnout was assessed using the MBI and job satisfaction was assessed using the

Job Description Index. Other questions were asked regarding workers' autonomy, control by funding, and bureaucratization, and size of the organization. Significant relationships were found between perception of autonomy and bureaucratization with burnout.

The relationship between life events and burnout was studied using 188 employees of outpatient and inpatient settings in substance abuse and mental health programs in Texas and Louisiana (Justice, 1981). Fifty-seven percent (n=107) of these subjects were employed in direct service positions of a social work nature while 82 (n=155) percent were employed in government positions. The authors created an instrument which consisted of four sections including demographic information, level of burnout, feeling towards one's life, work, self, and a list of 23 positive and negative common life events. The sample as a whole were satisfied with themselves, satisfied with their lives, but less satisfied with their work. Government employees were less satisfied with their work than those working in a private sector. Private sector employees reported more life events and many more positive events in the previous six-month than government employees. The number of negative life events reported was positively related to all three burnout scales. Overall, government employees had slightly higher burnout rates than private sector employees.

A sample of 107 practicing social workers who were members of the Southwest Division of Pennsylvania chapter of the National Association of Social Workers completed questionnaires addressing emotional exhaustion, involvement, job satisfaction, social support, and relevant work related topics (Koeske, 1995). The

emotional exhaustion subscale from the MBI, the Job Satisfaction Scale, and other questions created by the authors or derived from similar studies were used. Overinvolvement was positively related to burnout and in turn was related to lower intrinsic satisfaction. A direct effect of overinvolvement on intrinsic satisfaction was nonsignificant. Work load was not related to burnout or any other measure of satisfaction. Social support showed a direct effect on burnout. For human service workers, overinvolvement predicts burnout and lowers job satisfaction.

Feelings about burnout from social workers of different types of institutional work were researched by Meyerson (1994). Social workers working in acute and chronic hospitals were studied and compared. Both groups worked at large Veterans Administration hospitals and performed comparable tasks. The acute hospital was a teaching hospital and divided social workers between Medical Social Work and Acute Psychiatric Social Work departments. The chronic hospital was a rehabilitation hospital which did not engage in teaching and included Chronic Psychological, Geriatrics, Drug and Alcohol, and Vietnam Veterans departments. Social workers in the acute hospital depicted burnout as a disease one suffers from. They tended to blame the individual for being unable to cope and described burnout as a personality defect. Social workers in the chronic hospital depicted burnout as a normal condition. Burnout was viewed as a health response.

BURNOUT AMONG MENTAL HEALTH SOCIAL WORKERS

Forty-nine social workers employed in a mental health setting were interviewed with

regards to work situations, career experiences, rewards, frustrations, expectations, and

goals using a questionnaire (Leeson, 1980). Burnout was assessed using the MBI. The

author's hypothesis that burnout is higher when one's actual work is different than one's

expected work was confirmed. Having a Master's degree; working part-time; limited,

unattractive, and noisy personal office space; and carrying job stress into after-work life

are all related to higher levels of burnout. Staff who found their supervisors inaccessible

and undependable had high burnout rates.

The impact of clients' mental illness on job satisfaction and burnout was studied by

Acker (1999). The sample consisted of 128 social workers working in outpatient mental

health agencies in New York State. Client severe mental illness (SMI) was measured

using six items developed by the author that describe categories in which these clients

would fall into. Job satisfaction was measured using the Job in General scale (JIG)

which consists of 18 adjectives regarding the feelings about one's work. Burnout was

measured using the MBI.

Results indicated a positive correlation between social workers who were involved

with clients with SMI and both emotional exhaustion and depersonalization.

Involvement with SMI clients did not correlate with job satisfaction and personal

accomplishment. Workers who were involved with schizophrenic clients had higher

correlations of emotional exhaustion, depersonalization, and reduced personal

accomplishment. Social workers who worked solely with adults had higher

depersonalization rates than those working with both adults and children. This may

suggest that depersonalization can be combated by working with a diverse population.

Adequate support was associated with higher scores on job satisfaction and lower scores of emotional exhaustion. A negative correlation between involvement with clients with SMI and adequate support existed.

OVERVIEW ON BURNOUT

Walsh (1987) suggests using personal and professional values to relieve the effects of burnout in the social service field. He states that a worker benefits from administrator appreciation and recognition. Other suggestions include taking all of one's vacation days each year for those high demand jobs. This type of staff should also use their compensatory time soon after it is earned since being refreshed decreases burnout and exhaustion. Communication is another important tool for decreasing burnout. One suggestion is to use a bulletin board to display meeting minutes, memos, and non-work related information such as staff birthdays. Administrative staff should keep their employees informed and praise achievements. The author also suggests personal counseling for all staff members. Each staff member spends much time consulting others and would greatly benefit from changing roles for even a short period.

Soderfeldt (1995) suggests guidance for preventing burnout in social workers. These pointers include improving staff communication, agency policies, leadership, community support, and salary. Training staff is also very important. All staff members should have both adequate and supervisor training. The environment should be supportive with low work pressure, high job security, independence, high self-esteem, and acceptance. Higher level and tenured staff should be understanding of newer staff. Objectives should

be clear and one's work assignments should be rotated. These are just a few suggestions for preventing and dealing with burnout in social workers and other social service professions.

SUMMARY

The review of literature indicates that many human service workers experience burnout and the term "burnout" is used most frequently in this particular field. The studies have shown different rates and types of burnout for different occupations within the broad field of human service. Social workers experience considerable burnout since they are considered "front line" workers who confront clients and their problems on a daily basis. Most of the researchers used the Maslach Burnout Inventory (MBI) to assess levels of burnout.

CHAPTER 3: Design of the Study

SAMPLE

The sample consisted of 47 social workers, 19 inpatient social workers and 28 outpatient social workers. The inpatient social worker group was derived a state psychiatric hospital which provides inpatient psychiatric services for adults from the following counties in New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties. The hospital is located in a rural setting in Camden County and has a patient census averaging around 525 with a rated capacity of 626 patients.

The following data was derived from the inpatient social worker group. The age range for this group was 26 to 56 years-old with a mean of 45.11. There were two males and 17 females. The ethnicity of this group consisted of 12 Caucasians, five African-Americans, two Asians/Asian Americans. The highest degree achieved for this group consisted of 13 bachelor's degrees, five master's degree, one person obtained a master's degree plus 30 credits. The number of years in current position ranged from two months to 24 years with a mean of 7.97. The number of years working in the human services field ranged from three to 29 years with a mean of 16.47. The average caseload ranged from zero to 45 cases with a mean of 31.42. The average number of hours worked in a week ranged from 30 to 40 hours with a mean of 35.53. The average number of direct

client contact hours worked in a week ranged from four to 35 hours with a mean of 17.53.

The outpatient social worker group was obtained from three agencies. All three agencies are private non-profits. The first agency is located in a suburban area of Cape May County. This agency provides a full range of counseling and mental health services to families and individuals. The sample was derived from two departments within the agency: Integrated Case Management Services (ICMS) and the Program of Assertive Community Treatment (PACT). Both of these departments provide case management for mentally ill adults. The second sample was derived from an agency located in an urban area of Atlantic County. This agency provides residential placements for mentally ill clients. Each client also has a case worker provided by the agency. The third sample was derived from an agency located in a rural area of Atlantic County. This agency provides a full range of services to mentally ill adults. The sample was derived from the Social Worker Department.

The following data was derived from the total outpatient social worker group. The age range for this group was 24 to 64 years-old with a mean of 35.39. There were 9 males and 19 females. The ethnicity of this group consisted of 23 Caucasians, four African-Americans, and one Latino/Hispanic/Mexican American. The highest degree achieved for this group consisted of 22 bachelor's degrees, 3 master's degrees, one RN, and two workers without degrees. The number of years in current position ranged from six months to 14 years with a mean of 3.56. The number of years working in the human services field ranged from one to 27 years with a mean of 11.11. The average caseload

ranged from seven to 46 cases with a mean of 22.68. The average number of hours

worked in a week ranged from 35 to 50 hours with a mean of 38.68. The average

number of direct client contact hours worked in a week ranged from 10 to 35 hours with

a mean of 23.57.

MEASURES

The Maslach Burnout Inventory - Human Services Survey (MBI-HSS) was used to

assess burnout. This survey is a commercially published scale containing 22 self-report

items on a six point likert scale. The survey takes 10 to 15 minutes to complete and

assesses three aspects of the burnout syndrome: emotional exhaustion (nine items),

depersonalization (five items), and lack of personal accomplishment (eight items). Each

aspect is measured by a separate subscale and rated as low, moderate, or high (Maslach,

1996).

The MBI has been used quite frequently to assess burnout in social workers and other

human service workers. Many of these studies have been reviewed in Chapter Two. The

first MBI manual was published in 1981 and was revised two times. The MBI contains

three different survey forms: Human Services Survey , General Survey, and Educators

Survey. The Human Services Survey (HSS) form was designed for those who spend

considerable time in intense involvement with other people (Maslach, 1996). Questions

consist of wording such as "working with people, recipients, and other people's lives"

which are relevant to social workers and other human service workers.

Lee and Ashforth (1990) describe the MBI as having relatively high internal

consistency and test-retest reliability. They also describe results that concern concurrent and predictive validity as promising. The following discussion of reliability and validity was derived from the Maslach Burnout Inventory, Third Edition (1996). Reliability coefficients for the subscales were: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The standard error of measurement for each subscale is: 3.80 for Emotional Exhaustion, 3.17 for Depersonalization, and 3.73 for Personal Accomplishment.

Test-retest reliability of the three subscales, Emotional Exhaustion, Depersonalization, and Personal Accomplishment, was reported for samples with an interval of two to four weeks (.82, .60, .80), three months (.75, .64, .62), six months (.59, .50, .63), eight months (.74, .72, .65), and one year (.60, .54, .57). Overall, the longitudinal studies of the MBI - HSS found a high degree of consistency within each subscale that did not markedly diminish from a period of one month to a year.

The authors demonstrated convergent validity using several studies. "External validation of personal experience" was measured by correlating individual MBI-HSS scores with behavior ratings made by people who knew the individual well, such as a co-worker or spouse. "Dimensions of job experience" was measured by correlating the MBI-HSS scores with job characteristics that were expected to contribute to burnout. "Personal outcomes" were assessed by correlating scores on the MBI-HSS with measures of outcomes that were expected to contribute to burnout. The authors state that all three of these correlational sets provided evidence for the validity of the MBI-HSS (Maslach, 1996).

Discriminant validity of the MBI-HSS was studied by distinguishing it from other psychological construct measures that may be confounded with burnout. The MBI-HSS was compared with the Social Desirability Scale (SD), the Beck Depression Inventory, and the "general job satisfaction" measure on the Job Diagnostic Survey (JDS). Burnout was not correlated with any of the above measures and was found to be a distinct measure (Maslach, 1996).

METHODS

Subjects of the outpatient group were located by calling various local mental health agencies and conversing to the director of the social worker department. The inpatient group was selected from a state psychiatric hospital which serves clients from both Atlantic and Cape May Counties, the same counties as the outpatient group. Many of the outpatient clients were once patients at the psychiatric inpatient hospital. Social workers who work with adult mentally ill adults were selected for the study. The researcher attended staff meetings and asked every staff member whose job title was "social worker, case worker, or case manger" and who serve mentally ill adults to complete a human services survey of job-related attitudes and an attached demographic data sheet. The title of the survey is "MBI Human Services Survey." The authors do not use the word "burnout" so that the population will not be sensitized to the burnout construct.

The researcher asked all participants to answer the questions honestly and conveyed that their responses would be anonymous. The researcher read the directions on the survey aloud to the group and answered any questions. The participants completed the

survey in the normal meeting room as a group and did not converse with one another during this time. Each participant only looked at his/her survey and turned in the survey to the researcher immediately upon completion. After all participants were finished completing the survey, the researcher discussed job burnout within the human services field. Questions and comments from the participants were accepted at this time.

VARIABLES

The independent variable is the environment in which the social worker is employed, inpatient or outpatient. There are three dependent variables since rates of burnout are measured in three subscales. These variables are emotional exhaustion, depersonalization, and personal accomplishment.

DESIGN

In this study, the researcher will be using an independent samples t-test to assess any differences on the three subscales for the two groups. A between-subjects approach will be used. This study is considered correlational since the researcher was trying to identify relationships between the independent variables and the dependent variables. The study would not be considered experimental since the researcher did not manipulate any variables.

TESTABLE HYPOTHESIS

Null Hypothesis: No differences will be found in burnout rates between inpatient

social workers and outpatient social workers.

SUMMARY

The purpose of this study was to assess differences in burnout rates between inpatient

and outpatient social workers who serve mentally ill adults. The Maslach Burnout

Inventory - Human Services Survey (MBI-HSS) was utilized to measure three types of

burnout: emotional exhaustion, depersonalization, and lack of personal accomplishment.

Results of the study will be discussed in length in chapter four.

CHAPTER 4: Analysis of Results

OVERVIEW

Data was collected from 28 outpatient and 19 inpatient social workers serving

mentally ill adults. The purpose of the study was to research the concept of burnout and

compare burnout rates between social workers employed in outpatient and inpatient

mental health agencies. The Maslach Burnout Inventory included three subscales

assessing: emotional exhaustion, depersonalization, and personal accomplishment.

STATEMENT OF HYPOTHESIS

Social workers who serve inpatient mentally ill individuals will have different

burnout rates than social workers who serve outpatient mentally ill individuals.

RESULTS

An independent samples t-test was used with a significance level of .05. Results

indicated no significance between scores of inpatient social workers and outpatient

social workers on all three subscales. The hypothesis was rejected.

Overall, both groups scored in the moderate frequency range for all three subscales:

emotional exhaustion, depersonalization, and lack of personal accomplishment. The

mean scores between groups were quite similar as shown in Tables 4.1, 4.2, and 4.3.

Table 4.1

Emotional Exhaustion

Group	No. of Subjects	Mean	Std. Deviation	Std. Error of Mean
outpatient	28	20.68	11.33	2.14
inpatient	19	24.58	11.96	2.74

Table 4.2

Depersonalization

Group	No. of Subjects	Mean	Std. Deviation	Std. Error of Mean
outpatient	28	6.71	4.40	.83
inpatient	19	7.95	4.84	1.11

Table 4.3

Personal Accomplishment

Group	No. of Subjects	Mean	Std. Deviation	Std. Error of Mean
outpatient	28	38.82	4.91	.93
inpatient	19	36.26	5.68	1.30

Graphs 4.1, 4.2, and 4.3 visually display the minimal differences in scores between the two groups.

The frequency ranges for emotional exhaustion include: 27+ = high, 17-26 = moderate, and 0-16 = low. The frequency ranges for depersonalization include: 13+ = high, 7-12 = moderate, and 0-6 = low. The frequency ranges for lack of personal accomplishment include: 0-31 = high, 32-38 = moderate, and 39+ = low.

The following results are for the outpatient group. The emotional exhaustion scale showed the highest score of 53 and the lowest score of five. The depersonalization scale showed the highest score of 16 and the lowest score of zero. The lack of personal accomplishment scale showed the highest score of 46 and the lowest score of 29.

There were two surveys which displayed extreme scores. One of the subjects scored 53 on the emotional exhaustion scale, eight on the depersonalization scale and 39 on the lack of personal accomplishment scale. The second subject scored 41 on the emotional exhaustion scale, 16 on the depersonalization score, and 41 on the lack of personal accomplishment scale. Most of these scores deviate significantly from the mean scores.

The following results are for the inpatient group. The emotional exhaustion scale showed the highest score of 45 and the lowest score of two. The depersonalization scale showed the highest score of 19 and the lowest score of zero. The lack of personal accomplishment scale showed the highest score of 46 and the lowest score of 28.

There were also two surveys from the inpatient group which displayed extreme scores. One of the subjects scored 31 on the emotional exhaustion scale, 19 on the depersonalization scale and 28 on the lack of personal accomplishment scale. The second

Graph 4.1: Social Worker's Scores on Emotional Exhaustion Scale
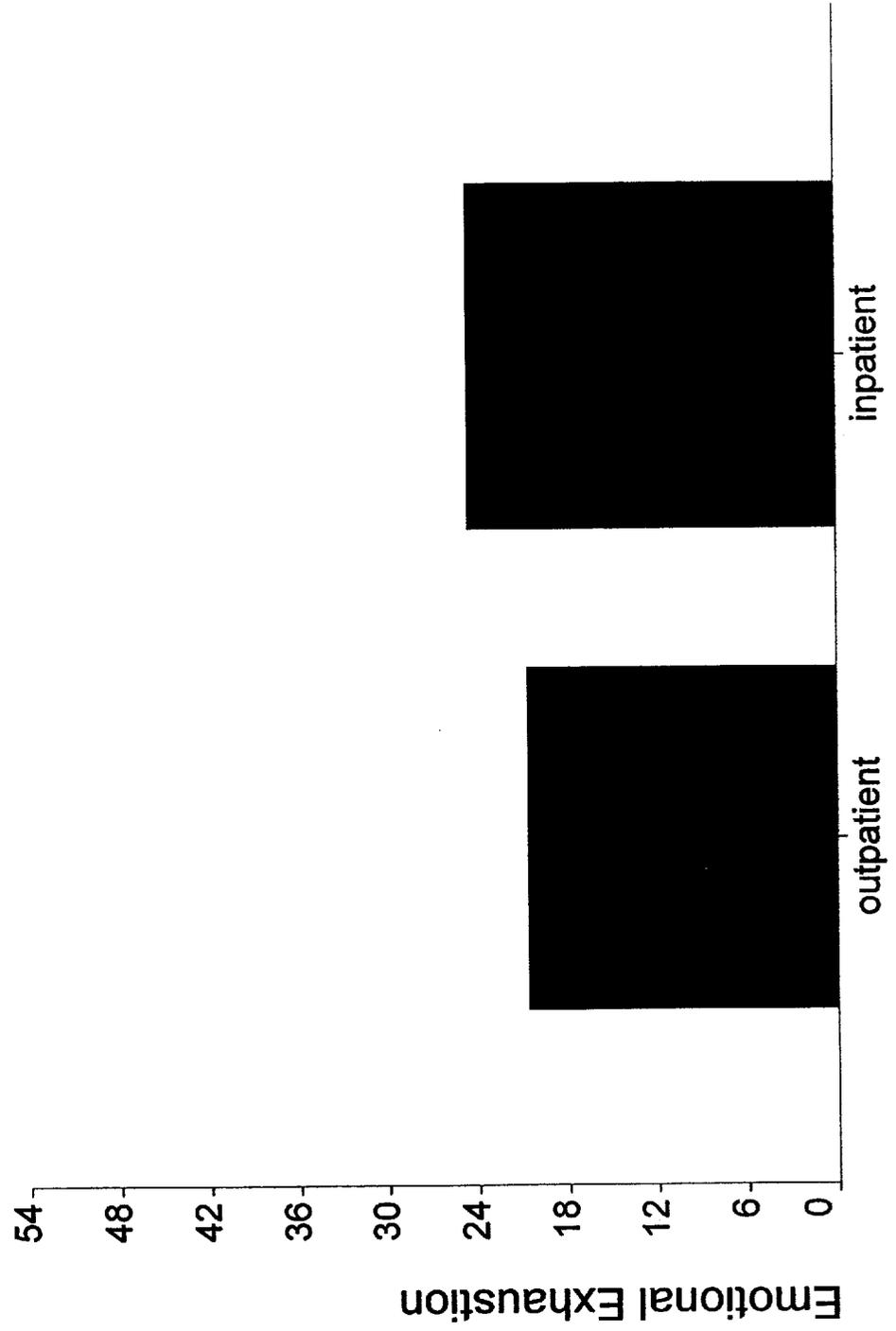
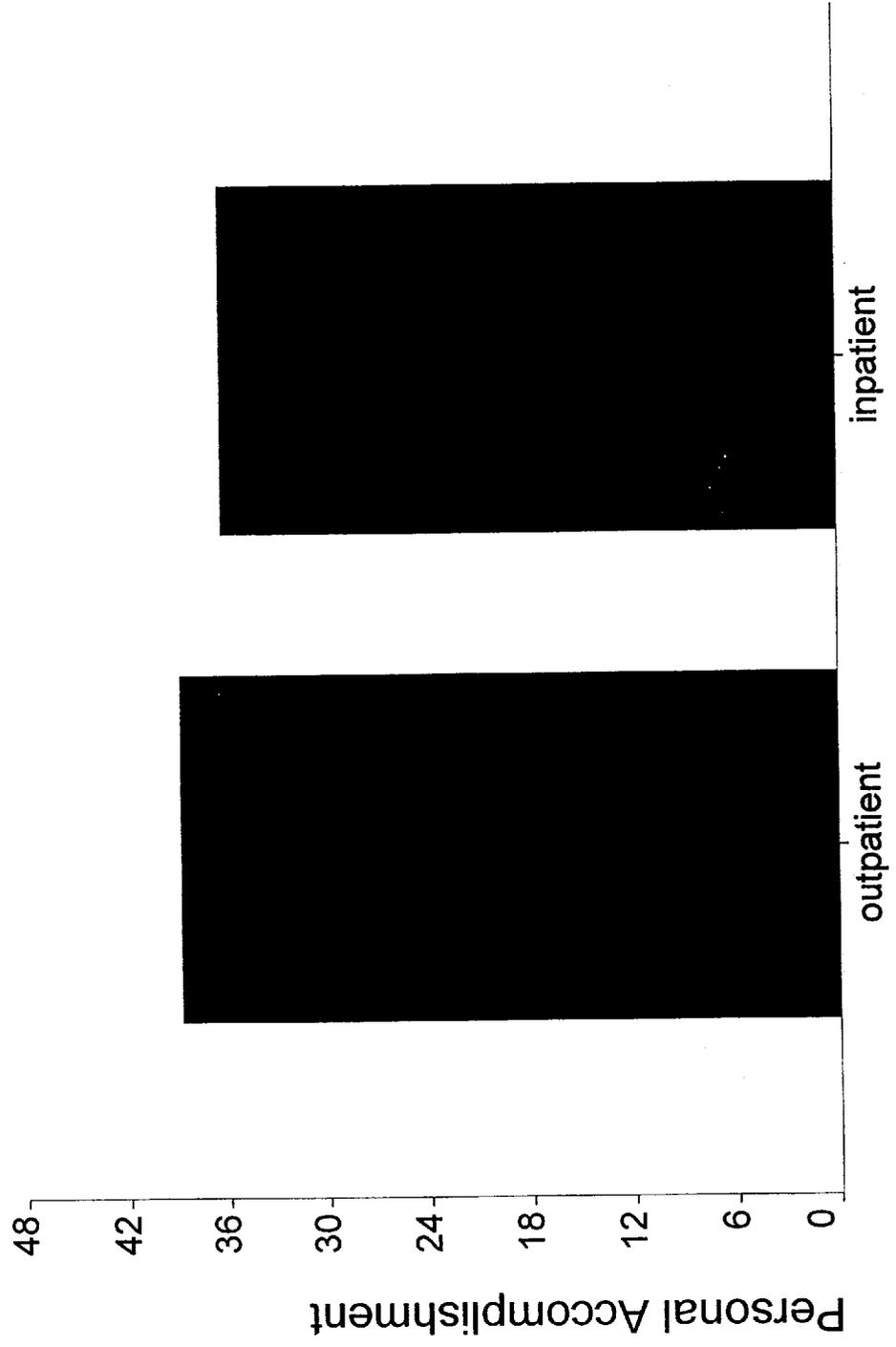Graph 4.2: Social Worker's Scores on Depersonalization Scale
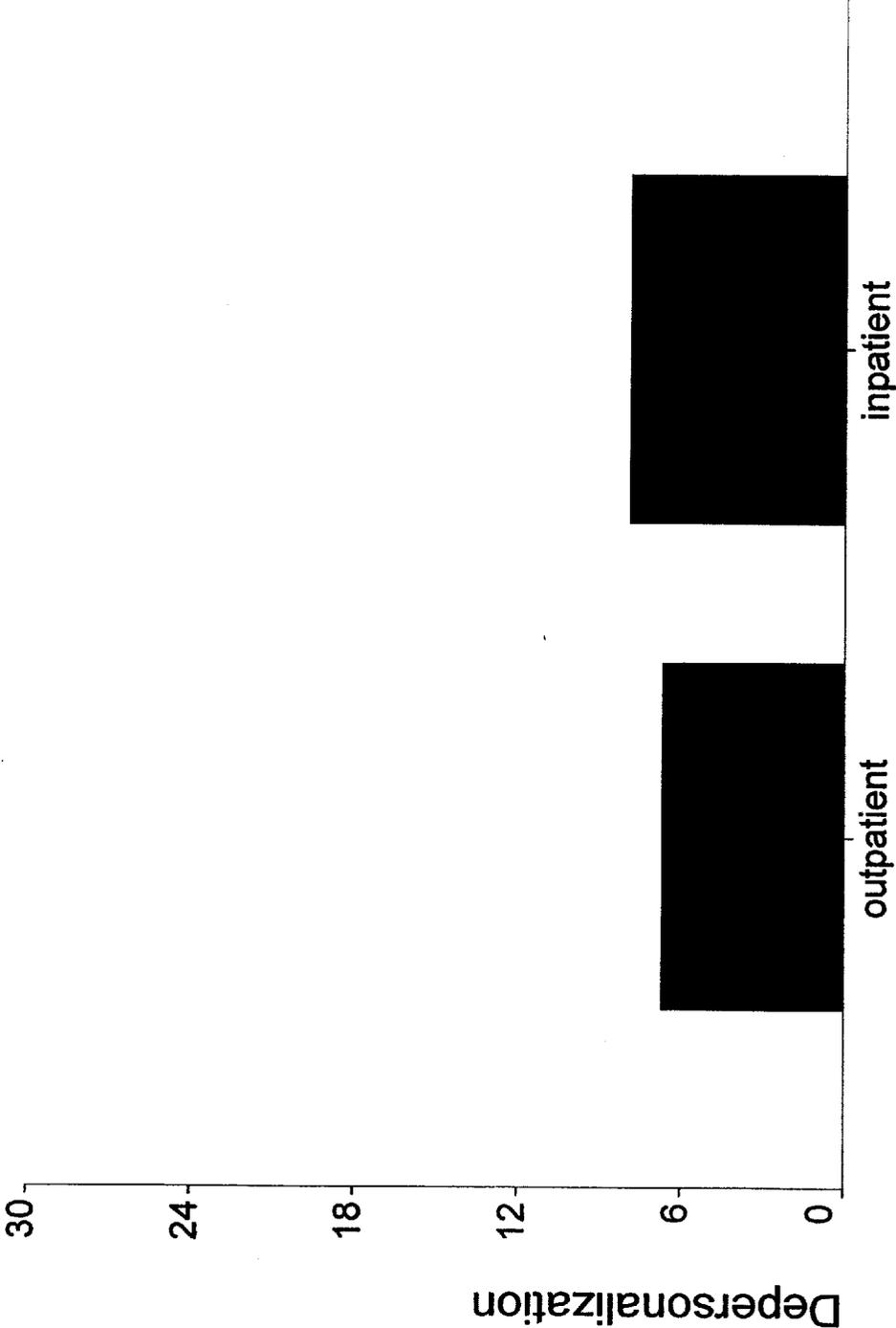
Graph 4.3: Social Worker's Scores on Personal Accomplishment Scale

subject scored five on the emotional exhaustion scale, three on the depersonalization score, and 46 on the lack of personal accomplishment scale. Most of these scores deviate significantly from the mean scores.

SUMMARY

The data collected from both inpatient and outpatient social workers was statistically analyzed to examine possible differences in burnout rates. Results of the analysis revealed no significant differences in scores between the two groups on all three subscales.

CHAPTER 5: Summary and Conclusions

The purpose of this study was to ascertain differences in burnout rates of social workers serving mentally ill adults in two different capacities, inpatient and outpatient. The hypothesis stated that there would be differences in burnout rates between inpatient and outpatient social workers. Burnout rates were assessed using the Maslach Burnout Inventory - Human Services Survey (MBI-HSS). This 22-item self-report survey contains three subscales measuring: emotional exhaustion, depersonalization, and lack of personal accomplishment. Subjects rate each statement related to their work on a six point likert scale.

Data was collected from 19 inpatient and 28 outpatient social workers from four different agencies in Southern New Jersey. One large state psychiatric institution was used to derive the inpatient social worker group and three private non-profit agencies were used to derive the outpatient social worker group. There were two males and 17 females in the inpatient social worker group, and nine males and 19 females in the outpatient social worker group. The mean age for the samples were 45.11 years for inpatient social workers and 35.39 years for outpatient social workers.

An independent samples t-test was used with a significance level of .05. Results indicated no significance between scores of inpatient and outpatient social workers on all three subscales. Overall, both groups scored in the moderate frequency range for all

three subscales.

DISCUSSION

This study expanded on previous research of burnout in human service workers.

Many previous studies researched burnout rates in relation to social support, job

satisfaction, perception of work environment, work alienation, job stress, levels of

communication on the job, individual coping, praise, self-efficacy, attitudes, empathy,

family/social support, autonomy, and personality. Other types of previous research

include: comparing burnout rates of human service workers to non-human service

workers and burnout rates of various job disciplines within the human service realm.

This author was unable to locate any studies comparing burnout rates between inpatient

and outpatient workers.

When compared to other human service disciplines, social workers tend to have

higher rates of burnout and exhibit more characteristics related to burnout. Differences

were found in burnout rates between job disciplines within mental health teams. Social

workers reported more emotional exhaustion, were less satisfied with their job, were less

clear regarding their role, and were less satisfied with their work relationships than most

other human service workers. Social workers also contributed more days per week to the

team than most of the other job disciplines (Onyett, 1997). Social workers were used in

this study since they tend to exhibit more characteristics of burnout than other human

service workers.

Clients in inpatient psychiatric institutions have more severe mental illnesses than

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clients living in the community who are served in outpatient programs. For this reason, it was hypothesized that inpatient social workers would have higher burnout rates than outpatient social workers. Research has reported higher burnout rates for social workers serving clients with severe mental illnesses. A study by Acker (1999) reported a positive correlation between social workers who were involved with clients with severe mental illnesses and both emotional exhaustion and depersonalization. This study also found that workers who were involved with schizophrenic clients had higher correlations of emotional exhaustion, depersonalization, and lack of personal accomplishment. Another study found high rates of burnout in human service workers who had higher percentages of schizophrenics on their caseload (Pines, 1978).

The main differences in this study compared to previous research are the small sample size and the small geographic area in which the sample was derived. It would be beneficial to gather a much larger sample group from a larger geographic area in future research of this topic. Most of the previous studies also used the MBI-HSS to assess burnout. The social worker demographic data appeared to be similar to data derived in previous studies of social workers.

The mean scores from the norm group of the MBI-HSS are quite similar to the mean scores derived from this study. The norm group is divided into several occupational subgroups. The two subgroups relevant to this study are: social services (N = 1,538) and mental health (N = 730). The mean scores from each subscale for the social services group are: 21.35 on emotional exhaustion, 7.46 on depersonalization, and 32.75 on lack of personal accomplishment. The mean scores from each subscale for the mental health

group are: 16.89 on emotional exhaustion, 5.72 on depersonalization, and 30.87 on lack

of personal accomplishment (Maslach, 1996). Refer to page 40 to compare scores from

this study to those derived from the norm group.

CONCLUSIONS

Both inpatient and outpatient social worker groups scored in the moderate frequency

range for all three burnout subscales. The mean scores of both groups were comparable

to the mean scores derived from the norm group used in standardizing the MBI-HSS.

The author would have liked to compare the inpatient and outpatient scores derived in

this study to other inpatient and outpatient scores from previous studies, but a similar

study was not located. Also, the MBI-HSS norm group was not separated into inpatient

and outpatient subgroups. Both groups are represented together as a whole in both the

social services and mental health subgroups.

IMPLICATIONS FOR FUTURE RESEARCH

No significance was found between burnout rates of inpatient and outpatient social

workers. The data derived from this study appears to be accurate, since the scores are

comparable to scores derived from the norm group used in the MBI-HSS. Job burnout is

an important topic for further research. Research findings indicate that human service

workers have higher rates of burnout than many other employment fields. Research has

also found that social workers tend to have higher burnout rates than other job disciplines

within the human service sector. These findings suggest that further research in burnout

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rates of social workers is needed.

The small size of the sample was a weakness in this study. Further research should survey larger numbers of both inpatient and outpatient social workers. More than one psychiatric hospital should be used to derive inpatient social worker scores. Overall, future research should study a larger geographic area which would incorporate more outpatient agencies and inpatient psychiatric hospitals. In studying a larger geographic area, one could easily obtain a larger sample group from many different agencies and hospitals. Further research comparing inpatient and outpatient social workers is needed, since little research is available on this specific comparison.

There were many interesting findings derived from the demographic data page attached to the survey used in this study. The mean age for the inpatient social worker group was 45.11 years compared to 35.39 years for the outpatient social worker group. The highest degree achieved for the inpatient group consisted of: 68.42% bachelor's degrees, 26.32% master's degrees, and 5.26% master's degrees plus 30 credits. The highest degree achieved for the outpatient group consisted of: 78.57% bachelor's degrees, 10.71% master's degrees, 7.14% with no degree, and 3.57% RN's. The mean number of years in one's current position was 7.97 for the inpatient group and 3.41 years for the outpatient group. The number of years working in the human services field for the inpatient group 16.47 years and 10.29 years for the outpatient group. The average caseload for the inpatient group was 31.42 cases and 22.68 for the outpatient group. The average number of direct client contact hours worked in a week was 17.53 hours for the inpatient group and 23.57 hours for the outpatient group.

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Further research, on comparing inpatient and outpatient social workers, could study demographic differences and calculate possible significance. Many of the demographic differences noted in this study were contrary to original expectations of the researcher. Further research and possible explanations of demographic differences in inpatient and outpatient social workers would be noteworthy.

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