

10-2002

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Recommended Citation

Stalker, C. & Harvey, C. (2003). Professional burnout in social service organizations: A review of theory, research, and prevention (pp. 1–56, Report). Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project (Finding a Fit: Family Realities and Service Responses Series).

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Partnerships for Children and Families Project

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Theory, Research, and Prevention

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October 2002

SOCIAL WORK



Professional Burnout in Social Service Organizations: A Review of Theory,
Research and Prevention

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Professional Burnout in Social Service Organizations: A Review of Theory,
Research and Prevention

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Our work never ends. Often we feel that nothing is ever completed, and no family is given the service we really want to give them. Seeing the potential for change, but lacking the resources to see things through, only increases the frustration. In other cases we have to face the painful reality that some clients are not capable of sufficient change for their children (Morrison, 1992, p. 269).

Professional burnout in human service workers began to receive attention in the early 1970s (Maslach & Schaufeli, 1993). Most of the social work literature on burnout concerns child welfare workers (Jayartne & Chess, 1984), and it is generally assumed that burnout is very high in child welfare settings. While there is a great deal of evidence supporting the contention that child welfare work is highly stressful, a national study of social workers in the United States found that levels of burnout in child welfare workers were not significantly different than those of community mental health workers (Jayartne & Chess, 1984). It is important, therefore, to understand what we mean by these terms, and to be clear about the factors that precipitate these processes, if preventive efforts are to be effective. As will become clearer in this chapter, burnout is usually understood as resulting from ongoing stress in the workplace that, over time, impairs functioning on the job and in the individual's personal life. However, considerable overlap between the concepts of stress and burnout is evident, and this is one of the problems encountered

in making sense of the burnout literature.

Another common assumption is that burned out workers leave their jobs. While a number of studies have found that workers who score high on burnout measures are intending to leave their jobs, several studies (including one with child welfare workers) have found that some workers do not quit, but become cynical about their clients, and distance themselves emotionally. Clearly, if cynical, emotionally detached workers stay in their positions and communicate uncaring and devaluing attitudes toward vulnerable children and families, the consequences are serious indeed.

This paper provides an overview of research on burnout in human service workers, with an emphasis on findings relevant to social workers and other professionals in child welfare and children's mental health and the organizations that employ them. It is intended to inform the reader about the developments in burnout research since the phenomenon was initially described, and to identify some issues and questions that need further study. Part one of the paper begins with a discussion of several definitions of burnout and its components. Part two outlines the variables that have been identified by research as antecedent to burnout, and as consequences of burnout. Part three describes several theoretical models that have been used to explain the causes of burnout and its relationship to other forms of stress, coping and organizational processes. Part four reviews and critiques some prevention literature, and offers additional thoughts for consideration when intervention is planned.

Definition and Development of the Concept of Burnout

What is Burnout?

In the early 1970's, Freudenberger, a psychiatrist, identified burnout as a social or clinical problem affecting volunteers in a health care agency. He observed that these volunteers gradually lost their initial motivation and passion for the work and began to experience a variety of mental and physical symptoms (Maslach & Schaufeli, 1993). At about the same time, Christina Maslach, a social psychology researcher, was studying emotional arousal in the workplace and became interested in cognitive strategies used by human service workers to put emotional distance between themselves and their clients or patients. Many different definitions of burnout and a lack of empirical data characterized this "pioneer phase" (Maslach & Schaufeli, 1993).

In 1982, when the first major review of the burnout literature was published, it referred to 48 different definitions. The reviewers (Perlman and Hartman) formulated the following "synthetic definition":

Burnout is a response to chronic emotional stress with three components: (a) emotional and/or physical exhaustion, (b) lowered job productivity, and (c) overdepersonalization. (Perlman & Hartman as cited in Schaufeli, Enzmann, & Girault, 1993)

About a year earlier, Maslach and Jackson had used a similar definition as the basis for the development of the Maslach Burnout Inventory (MBI) (Schaufeli, Enzmann et al., 1993). With the conceptual justification provided by Perlman and Hartman's definition, and the availability of the MBI, the stage was set for the MBI to become the most widely used instrument for measuring burnout. The MBI defines

burnout as

a three dimensional syndrome characterized by emotional exhaustion, depersonalization ('negative, cynical attitudes and feelings about one's client'), and reduced personal accomplishment ('the tendency to evaluate oneself negatively, particularly with regard to one's work with clients') (Maslach & Jackson as cited in Schaufeli, Enzmann et al., 1993, p. 200),

The difference between Perlman and Hartman's definition and that used for the MBI was only in the third component. Maslach and Jackson defined the third component as a reduced sense of personal accomplishment rather than lowered job productivity.

In Maslach's view, the concept of burnout has not changed much since the early 1970s (Maslach & Goldberg, 1998). What has changed, is the range of occupations in which burnout is thought to be experienced. When Maslach and Jackson developed the MBI, they restricted the concept of burnout to people who work within the human service professions. Consequently, most research on burnout has been done with people in these occupations. However, some researchers used the scale with occupational groups other than human service workers, including civil servants, military personnel, computer programmers, police officers, teachers, managers and entrepreneurs (Leiter & Schaufeli, 1996). When it became apparent that workers in other occupational groups were also experiencing something like burnout, a second version of the MBI was developed and named the Maslach Burnout Inventory – General Survey. Research has shown this version to be a valid measure of burnout in a wider variety of occupations. Burnout in the general survey version is operationally defined as consisting of exhaustion, cynicism and a diminished sense of professional

efficacy. The exhaustion component is “generic, without the MBI’s emphasis on emotions and direct reference to service recipients” (Leiter & Schaufeli, 1996, p. 230). Cynicism refers to indifference or a lack of enthusiasm and a distant attitude towards work, and the items neither include nor exclude personal relationships at work. The professional efficacy component is similar to personal accomplishment in the original MBI, but has a broader focus and includes questions about expectations of continued job effectiveness (Leiter & Schaufeli, 1996). The educators’ version is very similar to the human service survey and uses the same three subscales.

Leiter and Schaufeli (1996) now conceptualize human service burnout with its focus on the service providing relationship as only one type of a more general phenomenon experienced by a wide range of employees. This more general form of burnout can be applied to any occupation in which people are psychologically engaged in the job, and is characterized by chronic fatigue at work, attempts to distance oneself psychologically from one’s career, and decreases in one’s subjective experience of effectiveness (Leiter & Schaufeli, 1996).

It should be noted that not all researchers accept the definition of burnout that is reflected in the MBI. Considerable evidence supports the view that the emotional exhaustion subscale of the MBI is the central component (Cox, Kuk, & Leiter, 1993). Koeske & Koeske (1993) argue that the tri-component conceptualization of burnout has hindered theoretical development, and that a decision to define burnout as equivalent to emotional exhaustion would enable clearer links with the extensive empirical research on stress. Another writer, (Hallsten, 1993) points out that the MBI’s “state conception of burnout”, is inadequate because of its overlap, not only with concepts of stress and

strain, but also with the concept of depression.

Development of the burnout concept

Two reasons have been suggested for the popularity of the concept and its application to many diverse fields. The first is that it is a concept that does not stigmatize the person experiencing it, as do the concepts of depression or work stress. The perspective from which the concept initially developed emphasized the social context of work as the major determining factor, and therefore did not hold the individual responsible. Second, it has provided a useful, non-blaming explanation for the experiences of many human service workers during a period of rising public expectations and decreasing resources (Cox et al., 1993).

During the 1980's, what has been termed the "empirical phase" of burnout research developed as authors began to outline their working models of this phenomenon (Maslach & Schaufeli, 1993). The wide acceptance of the Maslach Burnout Inventory, and to a lesser extent, the Tedium Measure, now called the Burnout Measure, (Pines et al., 1981, as cited in Maslach & Schaufeli, 1993), led to more systematic research. Although some characteristics of individuals, including demographic and personality variables have been studied, the emphasis of most burnout research has been on the social context of work; job and organizational factors as antecedents to burnout have been the primary focus. Most studies, in fact, have found that job factors are more strongly related to burnout than individual characteristics. However, these findings are based on studies that have methodological limitations and consequently more research is required before firm conclusions about

all of the causes of burnout can be made (Maslach & Schaufeli, 1993).

A major problem during this “empirical” phase was that study designs were not developed from theoretical frameworks; consequently, this period has been described as “atheoretical” (Buunk & Schaufeli, 1993) and one of “blind empiricism”. In the late 80's and into the 90's, efforts were made to correct this shortcoming. An important contribution was the 1993 book “Professional Burnout: Recent Developments in Theory and Research” edited by Schaufeli, Maslach and Marek, which includes chapters on burnout from a social comparison perspective (a development of social exchange theory), from the conservation of resources perspective (a general stress theory of burnout), from a transactional model of occupational stress, and from an expansion of Hall and Bandura’s (as cited in Cherniss, 1993) theory of motivation and the importance of self-efficacy. Other authors who link burnout “more eclectically with elements from several theoretical approaches” (Schaufeli, Maslach, & Marek, 1993, p. 254), such as existential psychology, action theory, ego psychology, organizational theory and the psychology of creativity, are also included. Our review of studies of burnout published since 1995 revealed that the call for research based on theoretical models has been heeded. Most recent studies refer to a theoretical model that has guided their research, and relate their findings to these models.

Antecedents and Consequences of Burnout

Since many studies were conducted prior to the development of clear theoretical models, we shall identify the variables that empirical research has consistently found to be associated with burnout before discussing the theoretical models. In recent reviews,

these variables have been grouped into two categories: the antecedents and consequences of burnout (Cordes & Dougherty, 1993; Leiter & Harvie, 1996). This reflects the dominant view of burnout, in which a variety of factors, including the experience of stress at work is believed to cause or at least contribute to burnout, and burnout is seen to lead to several consequences, including job dissatisfaction, lack of commitment to the employer, and “withdrawal behaviours” such as frequent absence and leaving the job (Cox, Kuk & Leiter, 1993). However, since most studies have been cross-sectional, the assignment of many of these variables into one of these two categories should be seen as provisional and requiring further support by means of longitudinal research.

The findings summarized below have been drawn from three recent papers that reviewed research on burnout. The first is Lee and Ashforth’s (1996) meta-analysis of all studies that used the MBI between 1982 and 1994. The subjects of the studies were human service providers (80%), and supervisors and managers (20%) of human service workers. The second was authored by Cordes and Dougherty (1993) who reviewed “antecedents and consequences” of job burnout focusing on empirical studies that used the MBI between 1983 and 1992. Their review was not restricted to samples of people in the helping professions, but the large majority of the studies did include human service professionals including teachers, police, and correctional officers as well as social workers and nurses. Third, Leiter and Harvie (1996) reviewed the burnout literature specifically related to mental health workers, and also addressed antecedents and consequences. For them, mental health workers included psychiatrists, psychologists, counselors, mental health social workers and nurses, and occupational

therapists providing mental health care. In addition to these three review papers, the findings reported in recent papers (since 1995) reporting antecedents and consequences of burnout have also been incorporated. Studies that use the MBI typically distinguish which of the three subscales are most strongly related to the antecedents and consequences being examined.

Antecedents of Burnout

Cordes and Dougherty (1993) grouped the antecedent variables into three categories: 1) job and role characteristics; 2) organizational characteristics; and 3) personal characteristics. The findings in terms of these categories are discussed below and those variables empirically supported as correlates to burnout components are listed in Table 1.

Job and role characteristics

Worker-client relationship and client problems. Cordes and Dougherty (1993) concluded that the characteristics of the employee-client relationship are the most critical antecedent to burnout. Leiter & Harvey (1996) also described client characteristics and contact as “a defining factor in burnout among human service providers” (p.93). A key argument in suggestions that burnout applies only to human service providers is that it is the experience of working with people, and especially with individuals who are suffering, angry, or difficult to help, that is the core of the burnout phenomenon. Numerous studies have examined the employee-client relationship and its association with burnout. Caseload has been divided into quantitative (frequency of contact, duration of contact, number of interactions, and percent of time spent with clients) and qualitative dimensions, such as interpersonal distance (e.g. phone contact

versus face to face), and client characteristics (chronic versus acute, child versus adolescent or adult). The findings quite consistently indicate, "Client interactions that are more direct, frequent, or of longer duration for example, or client problems that are chronic (versus acute) are associated with higher levels of burnout" (Cordes & Dougherty, 1993, p. 628).

High scores on the subscales of the burnout measure have been associated with mental health patients' "aggressive" and "negative behaviour" (Leiter & Harvie, 1996). Results are mixed as to whether private versus public work settings have an impact on burnout. Mental health workers working with inpatients report more burnout than those working in an outpatient setting (Leiter & Harvie, 1996).

Other aspects of interactions between workers and clients have been examined. VanYperen, Buunck & Schaufeli (as cited in Cordes & Dougherty, 1993) found that nurses who believed they invested more in their patients than they received in return in the form of feedback, appreciation, and gratitude reported higher levels of burnout. Van Dierendonck et al. (1996) found that therapists who perceived their relations with clients as equitable were the least exhausted, but contrary to VanYperen et al.'s study with nurses, therapists who felt they received more from their clients than they invested were more emotionally exhausted than those who felt they gave more than they received in return. It is possible that once a therapist has reached a certain level of emotional exhaustion that her appraisal of her contribution to the relationships with her clients becomes distorted, and that it is, in fact, the experience of burnout that leads her to feel that she is receiving more than she is giving. Alternatively, expectations of equitable relations with clients may vary among professions. Clearly, more research is required to

understand these conflicting findings.

Role overload. Findings that will come as no surprise to the child welfare field and other sites for social work, relate to the impact of high caseloads on employees. Cordes and Dougherty (1993) report that role overload (especially quantitative overload, - the perception that the work cannot be done in the allotted time) is associated with higher levels of burnout across a variety of occupations. Consistent with these conclusions, Leiter and Harvie (1996) report significant associations in samples of mental health workers between the perception of having too many cases and burnout, between hours of patient contact per week and burnout, and between high levels of time pressure and burnout. Lee and Ashforth (1996) also reported significant relationships between emotional exhaustion and workload and work pressure.

Role conflict and role ambiguity. Role conflict occurs when there are incompatible messages about what is expected of the individual in a particular role. Role ambiguity refers to the perception that expectations are unclear (Jones, 1993). Although relatively few studies of these phenomena have been published, those available consistently report that role ambiguity and role conflict are associated with higher levels of burnout (Cordes & Dougherty, 1993). Leiter and Harvie (1996) report a study where role ambiguity for mental health nurses working in a long stay facility was associated with all components of burnout and another study where rehabilitation counsellors were more satisfied with supervision, administrators and physical environment when the policies of the agency were unambiguous. Lee and Ashforth (1996) reported that role conflict had a strong direct relationship to emotional exhaustion, and depersonalization was correlated with both role ambiguity and role conflict to a lesser degree.

Munn, Barber and Fritz (1996), in a study of child life specialists, found that role stress (represented by attributes of role conflict and role ambiguity) was the best predictor of emotional exhaustion and accounted for more than 50% of the variance of this key burnout component. The role ambiguity attributes were stronger predictors than the role conflict attributes. Um and Harrison (1998) found that role conflict in a sample of clinical social workers had a direct effect on emotional exhaustion, but role ambiguity did not. Which of these two role variables has the most effect on burnout may vary according to other factors, but both would seem to be important contributors to burnout.

Organizational characteristics

Compared to the number of studies examining the relationship between job characteristics and burnout, fewer studies have looked at organizational characteristics (Cordes & Dougherty, 1993). Leadership style, perceived support from management, provision of structure and clear expectations, and involvement of staff in decision-making seem to be associated with less burnout. Wilcoxon (as cited in Leiter & Harvie, 1996) found that mental health therapists who perceived that administrators used a personal affiliative style in interactions with them, and provided structure and precise expectations regarding their responsibilities, scored lower on emotional exhaustion and depersonalization. Another study (O'Driscoll & Schubert, as cited in Leiter & Harvie, 1996) found that social workers reported more emotional exhaustion when there was a perceived lack of support from administration and a belief that the organizational influence process was top down. They reported more personal accomplishment when they perceived that the decision process was democratic and that the staff members were involved in decisions influencing their work. Another study (Maslach & Florian, as

cited in Leiter & Harvie, 1996) reported that greater satisfaction with supervision, administrators and physical environment was associated with clear agency policy.

Leiter and Harvie (1997) found evidence of correspondence of perspectives between supervisors and the workers they supervise. In two settings, a large hospital and a residential and outpatient psychiatric centre, workers whose supervisors were accepting of change scored lower on emotional exhaustion, and workers whose supervisors perceived higher work-related health risks scored higher on emotional exhaustion. Also, supervisors' levels of cynicism and perception of health risks was highly associated with staff cynicism. Finally, supervisors' emotional exhaustion levels were associated with the professional efficacy scores of their supervisees. When taken together, 41% of the emotional exhaustion of staff could be predicted by the supervisor variables. Since this was a cross-sectional study, causal relationships cannot be inferred. Leiter and Harvie (1997) note that the findings of this study support the idea that stress has mutual or transactional effects - individuals experiencing stress evoke responses from the people around them, and that response can exacerbate the stress of the first person.

Lee and Ashforth (1996) also found significant correlations between emotional exhaustion and opportunities to be innovative, participation in decisions affecting their work, unmet expectations, and the perception that workers are punished regardless of their performance (noncontingent punishment). Lower depersonalization was correlated with team cohesion and skill utilization. Personal accomplishment was positively correlated with participation in decisions, and task orientation of the agency (the extent to which the environment emphasizes efficiency and good planning). Significant

associations between high levels of burnout and high levels of control by management and low worker autonomy have also been reported (Epstein & Silvern, 1990 and Savicki, 1993 as cited in Leiter & Harvie, 1996).

Geurts et al. (1998) concluded that the perception of organizational inequity was a strong antecedent of emotional exhaustion, and Armstrong-Stassen et al. [1998 #24] reported that among their sample of the Canadian nurses, perception of high organizational support predicted lower emotional exhaustion.

In a study of intensive case managers, Carney, Donovan, Yurdin et al (as cited in Leiter & Harvie, 1996) found that workers' perception of being able to access resources for clients was associated with lower emotional exhaustion and lower depersonalization; the perception of a lack of support from community service provider agencies was associated with higher burnout (Leiter & Harvie, 1996).

Recent studies have examined additional organization-related constructs that may be antecedent to burnout. Wykes, Stevens and Everitt (1997) found in a sample of British community mental health workers that the number of "work hassles" reported by staff was the main predictor of emotional exhaustion. They also found that workers in urban agencies experienced more emotional exhaustion than those in rural agencies.

Personal characteristics antecedent to burnout

Gender, age, and years of experience. Although Cordes and Dougherty (1993) concluded that younger people more often report the experience of burnout, Leiter and Harvie (1996) found no relationship between age and burnout in the studies they reviewed. Similarly, Leiter and Harvie (1996) concluded that for mental health workers, years of experience demonstrate either no relationship with burnout, or that employees

with more work experience score lower on dimensions of burnout (Armstrong-Stassen, Al-Ma'aitah, Cameron, & Horsburgh, 1998; Leiter & Harvie, 1996). Many studies examining gender, age and years of experience have not reported whether possible moderating effects were examined (Cordes & Dougherty, 1993), and it would appear that relationships between these variables and burnout might be affected by other variables (e.g. co-worker or supervisor support, marital status, having children).

Marital status, children, education and ethnicity. Leiter and Harvie (1996) report that most studies of mental health workers have found no relationship between burnout and marital status, but Cordes and Dougherty (1993) report one study (Maslach & Jackson as cited in Cordes & Dougherty, 1993) where married individuals were less likely to experience burnout. In the same study, individuals with children reported less burnout. No significant relationship has been found between burnout and ethnic background according to Leiter and Harvie (1996). Studies examining the relationship between education and burnout have produced conflicting results.

Personality - hardiness and psychological well-being. Two recent studies have examined the possible contribution of personality attributes to stress or burnout (Koeske & Kirk, 1995; Rush, Schoel, & Barnard, 1995). However, both have significant methodological problems and the findings are difficult to interpret. They indicate that psychological well-being or hardiness (people who respond to stress with “active” coping or a “fight” response) may protect some individuals from developing burnout, but the significance of these characteristics is not at all clear. In some cases, individuals who respond to stress with “active” coping strategies may actually become more stressed rather than less (Rush et al., 1995).

Perceived social support¹. Considerable attention to the effects of social support on stress and burnout has revealed that perceived social support from supervisors and co-workers is associated with lower levels of burnout (Cordes & Dougherty, 1993). Leiter and Harvie (1996) report a number of studies where peer cohesion and perceived support from program administrators, supervisors and work team were associated with lower levels of emotional exhaustion and depersonalization. Armstrong-Stassen et al. (1998) reported that greater co-worker support predicted lower emotional exhaustion. Munn et al. (1996) found that support from medical staff predicted lower emotional exhaustion for child life specialists and Um & Harrison (1998), in a clinical social work sample, found that higher levels of perceived social support, especially from coworkers, were associated with lower levels of emotional exhaustion. Lee and Ashforth (1996) report a moderate correlation between supervisor support and general social support and emotional exhaustion.

However, the relationship between social support and burnout is not always straightforward. Leiter (as cited in Cordes & Dougherty, 1993) explored the effect of two forms of social support in a mental health organization. He found that more informal contacts (sharing time at breaks as well as on the job) were related to higher personal accomplishment. The findings regarding work-oriented support (regular weekly contact with co-workers regarding clinical or administrative issues) were conflicting. More work-oriented social support was related to higher emotional exhaustion, but this support was also associated with greater personal accomplishment. A later study by Leiter (as cited

¹ Measures of perceived social support from supervisors and co-workers can be an indicator of both organizational and personal characteristics. It is assumed that workers' perceptions of the supportiveness of others have substantial correspondence with

in Cordes & Dougherty, 1993) demonstrated that support from family members was related to lower emotional exhaustion and less depersonalization, and organizational support (defined as opportunities for implementation and development of skills) was related to lower depersonalization but also to lower perception of personal accomplishment. Leiter and Maslach (as cited in Cordes & Dougherty, 1993) found, as would be expected, that higher levels of unpleasant contact with a supervisor were associated with higher emotional exhaustion, higher levels of pleasant contact with a supervisor were related to less depersonalization, and more pleasant contact with co-workers was related to higher levels of personal accomplishment. Cordes and Dougherty (1993) conclude that the sources of support are related differently to the burnout components and that professional and personal sources of support are independent of each other. They point out that most of the research has explored professional and organizational support, and neglected personal sources of social support.

Personal expectations. Cordes and Dougherty (1993) indicate that some evidence exists for the notion that employees' achievement expectations (beliefs about what they are able to accomplish with clients) and organizational expectations (expectations about the nature of the professional system in general and the job in particular) are associated with burnout. One study (Stevens & O'Neil, as cited in Cordes & Dougherty, 1993) found that less experienced employees tended to have higher expectations of themselves and of organizational resources, and also higher burnout levels, whereas more experienced employees had apparently shifted their expectations

reality, but it is also recognized that personal characteristics also affect perception.

to fit reality and had lower burnout scores. This may help to explain the finding referred to earlier, that less experienced employees have higher levels of burnout. Some studies have found that the individual's most recent training environment influenced these expectations, as did messages received from job recruiters (Gold as cited in Cordes & Dougherty, 1993; Wanous as cited in Cordes & Dougherty, 1993).

Coping strategy. Leiter and Harvie (1996) report a study where “active coping strategies” such as talking to a friend, was associated with less depersonalization in female mental health nurses, and positively associated with personal accomplishment for male nurses. Passive coping strategies such as using alcohol were positively correlated with emotional exhaustion for both genders and associated with high depersonalization and lower personal accomplishment for female nurses. In another study, the use of escape avoidance coping (similar to passive coping) was associated with higher burnout levels. Lee and Ashforth (1996) report that control coping (a problem-focused response to stress) as assessed in three studies is weakly associated with lower emotional exhaustion and lower depersonalization, but strongly related to higher levels of personal accomplishment. Um and Harrison (1998) found that control coping was associated with more job satisfaction but had no effect on burnout. It is likely that control coping is effective in some work settings, but less effective in others, again suggesting the need to examine moderating conditions.

Consequences of Burnout

Compared to the number of studies of the possible antecedents to burnout, the number of studies examining the consequences is few (Leiter & Harvie, 1996). The consequences discussed below are summarized in Table 2.

Physical and emotional consequences

Burnout components have been linked with a variety of mental and physical health problems including decreased self-esteem, depression, irritability, helplessness and anxiety, insomnia, headaches, poor appetite, chest pain, and gastrointestinal disturbances (Cordes & Dougherty, 1993). Since burnout is conceptualized as resulting from stress that continues over an extended period of time, it is not surprising that these well known correlates of extended stress are also found in individuals with high levels of burnout.

A number of studies with human service workers have supported the notion that depersonalization follows emotional exhaustion in time, and is a way of coping with emotional exhaustion (Leiter, 1993). More recently, in a sample of mental health care professionals, 59% of whom worked directly with residential patients, Guerts et al. (1998) also found a strong path between emotional exhaustion and depersonalization again suggesting that depersonalization is the consequence of emotional exhaustion for a significant proportion of workers.

Interpersonal Consequences

A number of studies (especially with police officers) have shown that burnout is associated with deterioration of social and family relationships. Some studies have also documented increased levels of burnout associated with withdrawal from interaction with clients, and increased impatience and moodiness (Cordes & Dougherty, 1993).

Leiter (1996), in a longitudinal study of female health care professionals designed to understand “spillover” (the impact of work on the family domain and vice versa), found “more evidence of associations from work to family than from family to work” (p.

41). The data indicated that emotional exhaustion had a negative effect on ratings of marital satisfaction, and that family problems did not obviously disrupt work unless there was active personal conflict and not simply an absence of family support. Work overload was related to family personal conflict, and a worker's sense of accomplishment predicted marital satisfaction, perceived support from friends, and the extent to which the family was perceived as interfering with work at a later point in time.

Attitudinal consequences (Job Satisfaction and Organizational Commitment)

A number of studies have found that higher burnout levels were associated with lower job satisfaction and organizational commitment (Cordes & Dougherty, 1993; Lee & Ashforth, 1996). A closer look revealed that whereas higher emotional exhaustion and depersonalization were related to lower organizational commitment and job satisfaction, these variables were minimally related to personal accomplishment (Lee & Ashforth, 1996). However, Um and Harrison (1998), in their sample of clinical social workers, did not find a direct relationship between emotional exhaustion and job satisfaction, but did find that those workers with higher levels of emotional exhaustion and lower levels of social support reported lower job satisfaction. Silver, Poulin and Manning (1997) in a sample of child welfare supervisors, found that emotional exhaustion was one of the variables that predicted lower job satisfaction. In samples of mental health workers, similar results have been reported, and two facets of job satisfaction, namely opportunities for promotion and positive relationship with administrators, have been found to be associated with lower emotional exhaustion (Leiter & Harvie, 1996).

Behavioral consequences

Cordes and Dougherty (1993) include "consumption behaviours" as well as

organizational outcomes such as turnover, absenteeism, and lowered job performance under this heading. They note that police workers reporting higher levels of the burnout components also reported higher levels of drug, alcohol and tobacco use. A study of nurses found that a higher level of emotional exhaustion was associated with higher levels of absenteeism.

Maslach and Jackson (as cited in Cordes & Dougherty, 1993) reported an association between job performance and burnout. More recently, Wright and Cropanzano (1998), in a sample of social welfare workers, found that emotional exhaustion predicted lower job performance as assessed by an administrator.

Leiter (1998) found that higher levels of emotional exhaustion in nursing staff in a hospital were correlated with lower levels of patient satisfaction, and also with lower ratings of the information patients received, the care they received from doctors, and their rating of outcome of the hospitalization. One could infer from these findings that higher emotional exhaustion was associated with poorer job performance.

Turnover intentions

The relationship between burnout and turnover intentions has the strongest support of all associations between burnout and the consequences of burnout listed here. Furthermore, all of the burnout components have been associated with turnover intentions (Cordes & Dougherty, 1993; Leiter & Harvie, 1996; Lee & Ashforth, 1996; Blankertz & Robinson, 1997; Leiter, Harvie & Frizzell, 1998). Manlove and Guzell (1997) found that a change from low to medium or from medium to high in emotional exhaustion made it two and half times more likely that the person would also be intending to leave the job.

Unexpectedly, Guerts et al. (1998) in a sample of mental health professionals did not find that emotional exhaustion had a direct effect on turnover intentions. However, emotional exhaustion had a direct effect on the amount of negative communication with colleagues regarding management, and this negative communication had a direct effect on turnover intentions. One possible reason for conflicting results in this study is the relatively low level of burnout in the sample. The study suggests that individuals who are emotionally exhausted may influence other workers to consider leaving an organization by engaging in negative discussions of management.

Actual Turnover

Fewer studies have examined the relationship between burnout and actual turnover. One study involving nurses (Firth & Britton, as cited in Cordes & Dougherty, 1993) did not find a significant relationship between either emotional exhaustion or personal accomplishment and actual turnover, but did find a moderate association between depersonalization and turnover. Manlove and Guzell (1997) in their study of childcare center staff found that emotional exhaustion was not related to turnover, but it was related to intention to quit. In the study of child welfare workers referred to earlier, Drake and Yadama (1996) found that while high levels of emotional exhaustion were associated with job exit within the next 15 months, high levels of depersonalization in child welfare workers did not have an effect on turnover.

Hom and Griffeth (1995), in a review of research on employee turnover, suggest that burnout may foreshadow turnover, but because burnout has been studied primarily in human service fields, researchers of employee turnover across all occupations have not reported significant findings connecting burnout and turnover. Also, turnover

researchers have tended to assume that job stress is the same as poor work conditions, and consequently have not always included job stress or burnout as a variable in their studies.

As has been noted in the literature on employee turnover across all occupations (Harvey & Stalker, 2002) actual turnover is probably affected by perceived alternatives. In cases where unemployment in an occupation is high, job exit may not occur as readily as it would in a different employment environment. This moderating variable may account for the conflicting findings regarding the relationship between burnout components and actual turnover.

Summary of antecedents and consequences of burnout

Although this review reveals several areas where the findings are conflicting or confusing, considerable empirical study supports the belief that the variables listed in Table 1 contribute in some way to the development of burnout, and that high levels of burnout lead to, or are at least related to, the consequences listed in Table 2. As we shall see in the next section, researchers from different disciplines have developed a variety of models by which they have tried to make sense of the relative importance of these variables for burnout development, and the various ways in which they may interact to produce different outcomes.

Theoretical Models of Burnout

The theoretical models summarized in Table 3 and described below are not an exhaustive list. They include those to which researchers referred in the burnout studies

published since 1995.

Conservation of Resources Theory of Stress

The model that has received the most attention and empirical support is that of the conservation of resources (COR) theory of stress (Hobfoll, 1989; Hobfoll & Freedy, 1993). Hobfoll & Freedy (1993), the developers of this theory, conceptualize burnout as a response to stressful work conditions, a unique disorder, and also one that is related to the “family” of stress disorders. The basic premise of the theory is that individuals strive to obtain and keep what they value – these being called resources. Examples are “conditions” such as having a job, or a quality marriage; “energies” such as money, stamina, and knowledge, “personal characteristics” such as skills, good health, or high self-esteem; and “objects” such as clothing and furniture (Hobfoll & Freedy, 1993). The theory postulates that when circumstances threaten a person’s obtaining and keeping resources, stress occurs. Three conditions are seen as resulting in stress: 1) when resources are threatened or inadequate to meet demands, 2) when resources are lost, and 3) when individuals invest resources and do not receive the expected return. In the workplace, examples of demands include heavy workload and pressure, stressful events, and role conflict and role ambiguity (Lee & Ashforth, 1996). It is assumed that burnout develops when stress continues over a period of time.

A common example occurs when a social worker finds that meeting the demands of a large caseload that includes very difficult, uncooperative clients leaves her so exhausted that she has no energy in the evenings or on the weekends to enjoy time with her partner and children. According to the COR theory, she would experience stress because of the perceived loss of resources (stamina, and threat to a quality

marriage or good relations with children), and if this continued for some time she would be at risk to experience burnout.

The major resources in the workplace include social support from coworkers and supervisors, job enhancement opportunities such as having more control over work demands, participation in decision-making, opportunity to work autonomously, and a reward system that recognizes effort and skill (Lee & Ashforth, 1996). The COR theory also states that in addition to burnout, outcomes such as absenteeism, lateness, poor job performance, plans to quit one's job, reduced commitment to the organization, reduced job involvement, and reduced job satisfaction result from resource loss (Lee & Ashforth, 1996).

Three principles are also included in COR theory: the first is "primacy of loss". Because people tend to try to protect themselves from loss they are more sensitive to loss experiences than to gain experiences. The second principle is the "secondary importance of gain". Although gain in resources is seen as less important in terms of stress outcomes than losses, gains in resources do have value because having considerable resources decreases the chances of loss, and makes it less likely that individuals will suffer additional stressful events when a loss occurs. For example, individuals with good self esteem and a good marriage will be less likely to suffer depression and marital problems if they lose their job than persons who have low self-esteem and are socially isolated. A person with a variety of skills and work experience will be less likely to be laid off from a job, or will have less difficulty finding another one. Anything that leads to a gain in resources can be seen as a protection or buffer against work stress related to future threats or losses of resources. The third principle is that

individuals invest resources to prevent loss and in the hope of gaining more resources. When the investment does not “pay off”, work stress is likely to increase. For example, the employee who invests time and money in increasing her credentials, expecting that she will be promoted, and thereby, gain increased status and salary will perceive a loss if she is not promoted (Hobfoll & Freedy, 1993).

Leiter & Maslach, and Leiter (as cited in Lee & Ashforth, 1996) developed this model further by hypothesizing that the demand and resource correlates are differentially associated with the three components of burnout. The level of demands was thought to be more strongly associated with emotional exhaustion, and the level of resources more strongly associated with either depersonalization or personal accomplishment. These hypotheses have received significant support from recent research and can now be considered to be part of the COR model of burnout (Lee & Ashforth, 1996; Wright & Cropanzano, 1998).

It should be noted that the COR theory primarily explains the development of stress at an individual level; however, its authors argue that we must assume that individuals’ perceptions are real rather than simply the result of personality differences. For them, effective burnout prevention would focus on enhancing employees’ resources and minimizing the causes of the loss of resources, not simply trying to change workers’ perceptions (Hobfoll & Freedy, 1993).

Transactional Model of Occupational Stress

This model, described by Tom Cox, a British organizational psychologist, was developed to explain “work stress”, and only latterly has been applied to the concept of burnout (e.g. Armstrong-Stassen et al., 1998; Cohen-Mansfield, 1995; Rush et al.,

1995). Work stress is defined as “the psychological state that is or represents an imbalance or mismatch between peoples’ perceptions of the demands on them (relevant to work) and their ability to cope with those demands” (Cox et al., 1993, p. 186). This definition is similar to how stress is defined by the COR model, except that the emphasis is on one’s perceived ability to cope rather than perception of threat to resources. Moreover, this model more clearly posits that it is the healthiness of the employing organization, as represented by the task environment, the problem-solving environment, and the development environment that affect the level of work stress and burnout among employees. This model has developed concepts of feeling “worn out” and “uptight and tense” (approximately similar to burnout), which are postulated to be caused not only by the experience of stress, but also by the effects of attempts to cope with the stress, which then feed back and have an effect on the experience of, and response to stress. It is this idea of recursiveness (that the effects of stress affect the sources of stress) that is emphasized by the label “transactional”.

An example of this recursiveness might be seen when a worker who is experiencing much job stress becomes less tolerant of family members, or oversensitive to changes in plans with friends. This can lead to an increase in personal stressors that compound the workers’ experience of stress. At the organizational level, if the quality and quantity of work produced by stressed workers decreases, the demands on other staff increase, producing more stress for them.

It should be noted that this model of stress in the workplace draws heavily on the more general “transactional model of stress” developed by Lazarus and Folkman (1984). Also, Cox (1993) point to the considerable conceptual overlap between the

MBI's definition of burnout and notions of work stress and general well-being (health); they argue that emotional exhaustion seems to be the central component of what is most often meant by "burnout", and that notions of burnout and work stress need to be reconciled.

Demand control model

One study (Soderfeldt et al., 1997) published since 1995 refers to the demand control model which, like the transactional model, also appears to be a variation of the COR model. According to Soderfeldt et al. (1997), this model

proposes that psychological job strain results from the joint effects of the demands of a work situation and the range of decision-making freedom and control available to the worker in meeting the demands. Particularly, those with high job demands in combination with poor opportunities for control are prone to develop stress-related illness. Social support received in the workplace can mitigate, but not cancel, such effects of the job conditions (p. 527).

In this model, the resources that are seen as critical to the development of stress and stress-related illness are the worker's autonomy and control on the job. As in the Transactional Model, the organization is seen to be the main determinant of the level of demands and of the degree of control or autonomy (resources) available to the employee. These researchers have demonstrated support for the hypothesis that the demand and control variables draw a substantial part of their variation from the organizational level in a study of two large Swedish human service organizations (Soderfeldt et al., 1997). It should be noted that this is a theory developed by occupational epidemiologists, and that they use the emotional exhaustion scale of the

MBI as a measure of stress-related illness; their focus is not on the concept of burnout, but rather to what degree organizational factors determine individuals' health.

Stress Strain Outcome (SSO) model

Another model referred to in studies since 1995, which was specifically developed to explain burnout in social workers, is the stress-strain-outcome (SSO) model (Koeske & Koeske, 1993). In this model, burnout (which is called strain) is operationally defined only by emotional exhaustion as measured by the MBI, and the components of depersonalization and personal accomplishment are excluded. Drawing from previous research, it proposes that work stressors (objective events) lead to stress (perceived troublesomeness) which leads to strain (burnout as defined by emotional exhaustion) which leads to outcome (e.g., job dissatisfaction or intentions to leave one's job). The model also includes social support and personal accomplishment as moderating variables. Note that, rather than being a component of burnout, personal accomplishment is seen by this model as moderating or buffering the relationship between stress and emotional exhaustion. Stress is postulated to assume a mediating role in the stressor to strain (emotional exhaustion) relationship, and strain (emotional exhaustion) assumes a mediating role in the stress to outcome relationship. Koeske & Koeske's (1993) data supported the model, but Um & Harrison (1998) in a clinical social work sample, reported only mixed support. They found that role conflict (stress) did intensify burnout; however, two other findings did not support the model. First, the expected relationship between burnout and job satisfaction was not found. Second, the hypothesis that "control coping" (believing that one can gain control over a situation through proactive, positive means) combined with social support would be a mediating

variable between burnout and job satisfaction was not supported.

Clearly, by defining burnout as equivalent to the emotional exhaustion component of the MBI only, the SSO model attempts to predict a less complex phenomenon than models that define burnout as having three dimensions. We think this is a wise strategy, as attempts to find consistent results when attempting to test a model that predicts the tri-component burnout construct have not been particularly successful. Confining the model of burnout development to one profession, as Koeske & Koeske have done, may also be a good idea; quite likely this approach reduces the number of variables that affect the outcome. However, in spite of these strategies, the data suggests that the SSO model requires further specification.

Social Exchange/Social Comparison Theories

Another way to think about burnout that has received some recent attention is a model that represents the application of ideas from social exchange and social comparison theories. The model is based on three assumptions. First, social exchange and reciprocity between individual workers and the organization are key elements in the employment relationship. Second, individual workers tend to engage in social comparison and communication with colleagues in order to connect their own experiences to those of others in similar positions. Human service professionals are seen as being more inclined than others to do this because of the uncertainty in their work, and the lack of clear definitions of success (Geurts et al., 1998, p. 342). Third, individuals in the human service professions are involved in relationships with clients and patients where expectations of equity and reciprocity play an important role in these

relationships (Buunk & Schaufeli, 1993, p. 55)¹.

Studies have provided some support for this model (Buunk & Schaufeli, 1993; Geurts et al., 1998), and some contradictory findings (van Dierendonck et al., 1996). Personality characteristics may be relevant in this model as self-esteem and “exchange orientation” were found to have an effect on the relationship between the source of stress and burnout in a nursing sample (Buunk & Schaufeli, 1993).

With its emphasis on perceptions of equity and reciprocity, this approach seems to be a departure from the other models that focus on resources, demands, social support and coping. However, as Guerts et al. (1998) point out, it is not yet clear whether the variance explained by perceived inequity in this model is unique variance or the same variance explained by “well-established determinants, as major job stressors and job satisfaction” (p. 258). It is possible that perceived inequity is very similar to the perceived loss of resources that is central to the COR theory.

Summary

It appears that the first four models described above are in fact very similar; each includes either directly or indirectly, the notion of work stressor, stress, strain, demands, resources, social support, and individual coping style. The differences among these models are more a matter of emphasis. The COR theory rests on higher-order, inclusive concepts like resources and demands, while the Transactional model focuses on perceived ability to cope as the salient construct, and the Demand-Control model

¹ When researchers have tested this last assumption with its expectations of equity and reciprocity, the model has been referred to as “equity theory” (e.g. van Dierendonck et al., 1996).

focuses on perceived autonomy and control as the central determinant of psychological job strain. Similarly, the original SOS model included the concepts of stressor, stress, strain, and social support, and Um and Harrison (1998) added coping strategy when they tested it. The social exchange/social comparison model uses different language than the other four as it departs from concepts related to stress research. Whether it offers something new to our understanding of the causes of burnout, or simply another way of specifying resources and demands remains to be seen.

The COR model and the social exchange/comparison model reflect attempts to link burnout to theories of human motivation and determinants of interpersonal behaviour, respectively. The transactional model of stress and the demand-control model represent attempts to link burnout to theories of occupational stress and its relation to general health. Integrating burnout into broader theories seems wise in view of the amount of research that has been conducted in fields of human motivation, stress, and health determinants in recent decades. However, although this strategy provides ready-made concepts and scales to operationalize them, much about burnout as a three-component syndrome remains to be explained.

Close examination of these models and attempts to test them reveals that many researchers are equating burnout with emotional exhaustion only, and viewing depersonalization as one way that some individuals cope with either emotional exhaustion or work stress. The degree to which a lowered sense of personal accomplishment is a necessary component of the burnout phenomenon is unclear; the idea that it may moderate the relationship between stress and emotional exhaustion or

the relationship between emotional exhaustion and outcomes such as job turnover seems plausible. Even advocates of the COR theory who continue to operationalize burnout using the three scales of the MBI recognize that the determinants of the three components differ from one another. The conclusion that we come to is that the core experience of the concept of burnout is that operationalized by the emotional exhaustion scale of the MBI. Depersonalization and a lowered sense of personal accomplishment should be seen as experiences that are sometimes associated with emotional exhaustion, but not always.

A common theme among all five models is that if individual factors play a role, it is relatively small compared to that played by job and organizational characteristics. It has become clear to us that a bias toward this conclusion has existed among burnout researchers since the early days. While we suspect that less biased research would come to the same conclusions, more attention to the role of individual differences in the development of emotional exhaustion, depersonalization and a lowered sense of accomplishment is indicated. More research is also needed to clarify how individual differences interact with organizational factors. Since most research to date has focused on specific job factors, future research should focus more on organizational factors that affect specific job factors, and address such questions as: What are the indicators of a healthy organization? And, how does an unhealthy organization change to a healthy one?

Prevention of Burnout

Although many authors have offered suggestions and ideas about how to cope with or prevent burnout, relatively few interventions have been implemented, and almost none have been empirically validated (Maslach & Goldberg, 1998; W.B. Schaufeli, C. Maslach, & T. Marek, 1993). Maslach and Goldberg (1998) in a review of the prevention literature, note that most prevention recommendations focus on changing the individual in spite of the fact that most of the research has found that “situational and organizational factors play a far bigger role in burnout than individual ones” (p. 69).

In our review of literature on prevention, the most refreshing perspectives are those put forward by Leiter & Maslach (2000), Maslach & Goldberg (1998) and Cherniss (1993). They encourage a shift away from trying to prevent or reduce burnout towards examining ways that organizations can increase workers' engagement with work. The direct opposite of the three components of burnout are energy (rather than exhaustion), strong involvement (rather than depersonalization) and a sense of efficacy (rather than a reduced sense of accomplishment). A focus on how an organization can enhance workers' energy, involvement and sense of efficacy may be more useful than the traditional approach targeting the reduction or prevention of burnout (Maslach & Goldberg, 1998).

This section reviews prevention strategies that have been identified in the literature. They are organized into three categories: those that focus on changing the individual, those that focus on changing the job, role or organization, and finally, a third more recent approach that views the interaction between the individual and the organizational context as the critical site for preventive interventions.

Strategies focused on the individual

Maslach & Goldberg (1998) have classified the strategies that focus on the individual into six types: 1) Change of work patterns. These include an individual attempting to work less or to work slower, to balance work with personal life, to take regular breaks, and to avoid overtime work. 2) Development of preventive coping skills. These are attempts to change how the individual responds to stressors. They include cognitive restructuring such as reducing expectations, reinterpreting the meaning of certain behaviours, changing perceptions of one's responsibility, and learning time management skills or conflict resolution techniques. 3) Utilization of social resources. These include recommendations to access professional support from colleagues, supervisors, family and friends. 4) Development of relaxed life style. These include use of meditation, biofeedback, development of non-work related interests and hobbies. 5) Improvements in health. These include attention to good nutrition, physical exercise and general wellness strategies. 6) Self-analysis to increase self-awareness. These include exhortations to consider one's own needs to be appreciated and admired, the effect of one's family of origin on unconscious expectations, whether one's expectations of clients and co-workers are realistic, and one's values and ethics and how they interact with job expectations. They assume that such insight will lead to changes in behaviour and expectations that will in turn lead to less burnout.

Clearly, these strategies fail to address a number of realities. They do not address the pressures workers receive from others (e.g. supervisors and peers) to do more work, to meet deadlines, to complete paper work and other tasks before taking time off, or to cover other workers' cases in addition to their own when other workers

are absent. They assume that the source of unrealistic expectations or exaggerated perceptions of one's responsibility are located in the individual worker. Yet, many have pointed out that our society's expectations of child welfare and other human service workers are impossible to meet, and that workers are being held accountable for life and death decisions when human behaviour is not easily predicted. They also assume that supervisors and colleagues are supportive, and have the time, knowledge and skills to assist the worker to solve problems. Unfortunately, these conditions are rare in many social and child welfare agencies today. They also fail to recognize that general wellness and good psychological adjustment cannot completely protect human beings from secondary traumatic stress due to ongoing empathic engagement with traumatized or emotionally damaged children and adults (Figley, 1995).

Strategies focused on the job, role or organization

According to Maslach and Goldberg (1998), even when prevention recommendations have targeted the worksite, "the focus has *not* been on changing the job, but on changing people to adjust to the job" (Maslach & Goldberg, 1998, p. 68). Recommendations that reduce or eliminate the stressors in the job or organization have rarely been put forward.

One possible strategy is presented by Cherniss (1993), who argues that the concept of professional self-efficacy is a useful unifying construct for the burnout field, and that this is not only an individual personality trait, but rather "linked to a particular role" (W. B. Schaufeli et al., 1993, p. 131). For strategies focused on the work environment, Cherniss (1993) points to the results of his study of two organizations (a residential program for the mentally retarded and a school for emotionally disturbed

children), both of which would have been expected to have high levels of burnout, but which, in fact, did not. The significant common factor was what he called “ideological communities” which referred to “a very clear, explicit, well developed, and uniform ideology on which work in the setting was based” (Cherniss, 1993, p. 147). It appeared that such an ideological framework helped reduce ambiguity and conflict – but it was also significant that everyone accepted the framework, and that it had been translated into concrete goals and guidelines for achieving the goals. Furthermore, the structure included regular opportunities for workers to receive positive feedback about their performance, which employees experienced as supportive. Significant dangers and potential for abuse exist when organizations attempt to construct ideological communities; however, these findings provide some ideas for further study.

Cherniss (1993) points out that social status also affects self-efficacy, and that the professions that are high in burnout such as nursing, teaching and social work are relatively low status professions. Any intervention that increases the value that a society attributes to a profession will decrease burnout levels. This point suggests that strategies directed at the societal context of the organization are also required.

Hobfoll and Freedy (1993) argue that the COR theory regarding burnout implies that greater attention needs to be focused on changing job requirements when current requirements lead to perceived loss of resources for workers. For example, the requirement to do excessive amounts of paper work represents a loss of the face-to-face contact with clients that social workers generally value. Similarly, working excessive hours represents a loss of time with family or to engage in leisure activities. The COR theory implies that interventions would need to target the causes of excessive

amounts of paper work and the causes for workers working overtime, and result in job requirements that do not lead to worker perceptions of resource loss. Some causes of losses (such as the death of a patient, or the failure of a parent to change enough to have his or her child returned) are inevitable. On the other hand, many aspects of workplace stress are associated with the structure and norms of the organization, and are not inevitable. They emphasize that to be truly effective, interventions need to be broad based and involve many levels of the organization (Hobfoll & Freedy, 1993).

Maslach and Goldberg (1993), also using concepts from the COR model and its application to the multidimensional perspective of burnout (Maslach & Goldberg, 1998), advocate that each organization requires interventions designed to specifically address the job situation in which workers are located. They postulate that certain jobs or roles in a particular organization have inherent demands and available resources.

Consequently, various levels of experience of burnout within an organization are related to the impact of different jobs on the experience of the three components of burnout. For example, jobs with high caseloads may be particularly likely to be associated with high levels of emotional exhaustion, whereas positions involving extensive contact with multi-problem clients may be associated with higher levels of depersonalization (see Lee & Ashworth, 1996). Interventions designed to address all three components of burnout need, in their view, to be designed (Maslach & Goldberg, 1998).

Other strategies that could be implemented at the organizational level seem obvious when one reviews the antecedents identified earlier. For example, policies that limit the number of chronic, aggressive or resistant clients assigned to one worker, or which have a number of workers share responsibility for such clients would reduce

some of the worker-client interaction factors that can contribute to burnout.

A number of writers in the burnout field have recommended interventions targeted toward new workers who are particularly at risk for burnout because of their youth, lack of experience, and high expectations of self and organization. These include well-planned orientation to the work including job shadowing (Cherniss, 1993) and structured opportunities to receive concrete feedback and support encouraging them to evaluate themselves and their work realistically. Some have suggested that formal mentoring of new workers may be helpful (Blankertz & Robinson, 1997). A crucial part of such a program would be sufficient organizational support in terms of time and resources for the more experienced workers offering the orientation and mentoring.

Schools, that in the professional training process may encourage students to have unrealistic expectations of human service jobs and organizations, also play a role in setting new professionals up for disappointment and possibly burnout. Training programs need to balance the wish to encourage students' idealism with information about the very real difficulties with which workers and organizations must cope. They need to give their students the knowledge and skills that will enable them to make needed changes, and at the same time encourage them to take comfort and hope in small changes when the bigger ones are not yet possible.

The importance of a supportive and positive supervisor seems clear. This highlights the crucial role of administrators and human resource personnel in terms of selecting suitable supervisors and providing effective training for supervision and team building skills. Similarly, the recruitment and selection of all employees with attention to their interpersonal skills as well as professional skills is an important part of preventing

high levels of burnout.

In agencies where role conflict and role ambiguity are prevalent, regularly scheduled meetings with supervisor and colleagues in which workers can discuss conflicting expectations and ethical dilemmas, might reduce some of these antecedents to burnout. Where the issue is a conflict between the values inherent in the mandated intervention and the professional or personal values of the worker, effective intervention would require some receptivity to change on the part of those who mandate the intervention, and a genuine willingness at all levels to attend to workers' concerns. The perception by employees that opportunities for consultation are only window dressing, and that decisions have already been made, will in all likelihood increase the risks for burnout.

The importance of workers believing that they can be efficacious in reducing stressors inherent in the organization is emphasized by Cherniss (1993). Based on his research involving case studies of professionals over many years, he states that a particularly "pernicious" cause of burnout occurs when professionals believe they cannot influence organizational sources of stress. The professionals in his studies, who overcame early career stress, were those who believed that they could effect change in their organization, and were successful in their efforts. Obviously, a two-part strategy that encouraged workers to believe that they could effect change, and that also helped organizations to be responsive to such change efforts would be necessary.

Some antecedents such as perceived lack of support from other community agencies require the organization to listen carefully to the perceptions of other agencies and, where indicated, alter agency policy and practice. When the problem is a lack of

community resources for clients, the organization may need to implement change strategies directed toward the larger community. These ideas suggest the importance of leadership that is willing to listen to a variety of voices, respond flexibly, think strategically, and communicate effectively both within the organization and at the community level.

Strategies focused on the interaction between person and situation

Maslach & Goldberg (1998) offer two frameworks for developing prevention strategies, both of which are intended to focus on the interaction between personal and situational factors in the development of burnout. The first approach is one that is used in the prevention of other health-related behaviours, and is called a decision-making approach. It encourages those attempting to reduce burnout to develop a working “mental model” of how people perceive their job situation and its norms, and what people think increases or decreases the risk of burnout. It encourages analysis of whether workers do not perceive the risk of burnout, or whether they perceive the risk but decide to take the risk anyway. In the latter case, it is likely that the workers reject the values they perceive to be associated with low-risk behaviour. This is important information, as it would suggest an intervention that would encourage questioning of the values that are determining the risk-taking behaviour. Another possibility is that workers are so overwhelmed that they are not thinking clearly, in which case an appropriate intervention would involve either 1) teaching rational decision-making or 2) strongly reinforcing choices and work behaviours that are less likely to lead to burnout. This approach also looks for cognitive biases in workers’ thinking and peer or organizational pressure that may be preventing healthier choices.

The second approach frames burnout in terms of job-person mismatch. Maslach & Leiter (as cited in Maslach & Goldberg, 1998) have identified six areas in which this mismatch can take place. They are:

- 1) work overload – chronic inability to keep up with the work because there is too much to do, not enough time and insufficient resources;
- 2) lack of control – individuals are constrained by policies and rigid expectations and don't have the opportunity to innovate or be creative;
- 3) insufficient reward – insufficient salary and benefits for the work accomplished, and also not enough internal rewards such as feeling a sense of having done something important and well;
- 4) breakdown of community – a loss of a sense of positive connection (social support) and even more importantly, chronic and unresolved conflict with co-workers;
- 5) absence of fairness – when workload or pay is not perceived as fair, or when there is cheating or inequity in terms of evaluations or promotions; and
- 6) value conflict – a mismatch between the requirements of the job and the worker's values or principles.

These authors acknowledge that more research is required to determine whether some mismatches are more significant than others, or whether a certain number are required for burnout to develop. However, Leiter & Maslach (2000) have developed a very user-friendly resource based on this model of job-person mismatch, entitled "Preventing Burnout and Building Engagement". The kit includes a manual and workbook providing detailed instruction for either a small group of employees or a manager to begin an assessment of the engagement and burnout that employees in all

parts of an organization are experiencing. The kit includes an “Organizational Checkup Survey” that can be used to gather relevant information, and also suggestions about usual steps in the process, and expectable problems along the way (Leiter & Maslach, 2000). Although its effectiveness has not yet been measured, it offers concrete help to organizations that is based on empirical research. The kit has the potential to assist organizations in efforts to prevent burnout, or to reduce it where it already exists.

Conclusion

This review demonstrates that although much has been written about professional burnout, and empirical studies have become increasingly guided by theory and more methodologically sophisticated, many issues and questions remain. Burnout has been defined as a complex, multi-dimensional phenomenon that develops over time in workers employed in a wide variety of organizations. Although it was originally identified in human service occupations, as more workers have become increasingly psychologically involved with their work, burnout has been found in a wide variety of occupational groups (Maslach & Goldberg, 1998). Although it can be categorized as a form of stress, burnout is seen by many as a unique type of stress; it is associated with one’s psychological engagement with one’s profession or occupation, and is often associated not only with emotional exhaustion, but also cynical or detached attitudes, and a reduced sense of professional accomplishment or efficacy. Some researchers (ourselves included) are arguing that emotional exhaustion is the central dimension of burnout, and that defining it in this way will permit more accurate theoretical models, and clearer links with the extensive empirical research on stress.

Research has clarified that some personal, job and organizational characteristics increase the risk of burnout, but a variety of factors (many unknown) influence the magnitude of the risk and the degree to which burnout actually develops in an organization. Furthermore, a variety of factors (also some unknown) appear to affect the consequences of burnout both for the individual and for the organization.

More research of varying types is clearly needed. We need more longitudinal studies that permit the testing of hypotheses about the causes and effects of burnout. We need quasi-experimental studies that compare organizations that are similar in most respects, but that differ on key aspects such as decision-making process, quality of supervision, or autonomy of front-line workers. We also need more research on the contribution of personal factors and how these interact with job and organizational factors. As has been pointed out, the theorizing about burnout has always focused more on job and organizational characteristics, yet prevention efforts have primarily targeted the individual. Our society's values of individualism and independence encourage us to see the individual who is expressing the symptoms of burnout as responsible for the solution (Maslach & Goldberg, 1998). Personal factors such as age, experience, coping style and ability to use social support may contribute to individual burnout in some situations – but not always, and not always to the same degree.

We need more evaluation of interventions to prevent or reduce burnout. More explicitly, we need interventions that are designed specifically for certain employees in particular organizations following in-depth studies of the factors that appear to be contributing to burnout or lack of engagement with the work in the various parts of the organizations. Such studies would test the accuracy of theoretical models that

hypothesize the conditions that cause burnout, and also the effectiveness of models in guiding appropriate interventions.

Child welfare organizations, where client interactions are frequently difficult, caseloads are excessive, role conflict is inherent, job autonomy is low, and workers frequently are unsuccessful in accessing community support and resources for clients, are obviously at great risk for high levels of burnout. Child welfare organizations are also sites where strong, dedicated individuals with tremendous experience in counteracting stress and burnout are to be found. They are, therefore, ideal sites for learning more about what factors and conditions exacerbate high levels of burnout, and what conditions facilitate resistance to the development of this phenomenon. They are also workplaces that are often looking for innovative interventions that will make it possible for their workers to do their important work effectively, but not at the expense of their own health and well-being.

We hope that the information and knowledge reviewed in this paper will be useful to workers and administrators of child welfare organizations and other social work and human service organizations that are looking for ways to prevent or reduce professional burnout. The vulnerable children, adults, and families that these organizations serve deserve no less than highly skilled workers who, consistently and over long periods, can bring to their jobs energy, passion, and hope. The professionals who undertake this difficult work deserve the working conditions and support that is required to do their work well, and the managers who administer these organizations deserve the societal and governmental resources needed to create workplaces that make burnout extremely rare.

Table 1

Antecedents to Burnout

Job and Role Characteristics associated with higher levels of burnout

Interactions with service recipients are direct, frequent, and of long duration
Service recipient problems are chronic; involve aggressive or other behaviours; or involve severe mental health problems
Excessive workload (role overload)
Role ambiguity
Role conflict

Organizational Characteristics associated with higher levels of burnout

Leadership style is not perceived as personal or affiliative
Workers perceive decision-making process as top-down or as failing to involve staff
Workers perceive administrators as unsupportive
Workers perceive that administrators do not provide structure and clear expectations
Supervisor has high level of cynicism and emotional exhaustion
Supervisor is not accepting of change
Supervisor perceives high levels of health risks
Workers' expectations of the job are not met
Organizational rewards perceived as unrelated to performance
Low team cohesion
Few opportunities for use and development of skills
Low autonomy
Workers perceive that organization does not emphasize good planning and efficiency
Workers perceive organizational inequity
Workers perceive a lack of support from other community agencies
Workers perceive a lack of success in accessing resources for clients

Personal characteristics associated with higher levels of burnout

Younger age (mixed findings)
Fewer years of experience
High expectations of self and organization
Perceived lack of support from supervisors (mixed findings)
Perceived lack of support from co-workers
Perceived lack of support from family members
Escape avoidance or passive coping strategies (mixed findings)

Table 2

Consequences of Burnout

Physical and Emotional

Depression,
Irritability,
Helplessness and anxiety,
Insomnia,
Headaches,
Poor appetite,
Chest pain,
Gastrointestinal disturbances
Depersonalization (detached, cynical relationships with service recipients)

Interpersonal

Deterioration in social and family relationships
Withdrawal from interaction with clients
Increased impatience and moodiness in interactions with others
Lower marital satisfaction

Job Attitudes

Lower job satisfaction (mixed results)
Lower organizational commitment

Behavioural

Higher levels of drug, alcohol and tobacco use
Higher levels of absenteeism
Negative communication with coworkers about management
Poor job performance

Turnover intentions

Thinking about, or planning to leave job

Actual Turnover (mixed results)

Table 3. Selected Theoretical Models of Burnout

Theory/Model	Discipline	Classification/definition of Burnout	Focus of the theory/model	Key concepts	Basic Tenets re Burnout
Conservation of Resources Theory	Social Psychology	A unique type of stress; A tri-component concept as operationalized by total MBI.	Development of stress	Work demands; Resources (conditions, energies, personal characteristics, objects)	Stress and burnout occur when work demands threaten or reduce resources, or when expected return on resource investment does not occur.
Transactional Model of Occupational Stress	Organizational Psychology	Work stress unique to human service workers (particular case within the stress process); Emotional exhaustion is central.	Development of occupational stress	Situational and individual antecedents of stress; perceived ability to cope, organizational healthiness	Organizational healthiness (especially problem-solving environment) affects level of work stress and burnout. Coping response can cause additional stress.
Demand-Control Model	Occupational Epidemiology	Seen as an indicator of stress-related illness; Emotional exhaustion subscale used to assess outcome of work stress on health.	Development of occupational stress	Job strain; work demands; autonomy; control; organizational factors	Psychological job strain results from work demands and control available to worker in meeting the demands.
Stress-Strain-Outcome Model	Social Work	Burnout = strain = emotional exhaustion as operationalized by MBI scale.	Development of burnout/work strain (emotional exhaustion)	Work stressors; stress; strain; social support; coping style; outcome	Work stressors lead to stress which leads to strain (burnout) which leads to job dissatisfaction or intent to turnover.
Social Exchange/Social Comparison Theories	Social Psychology	A tri-component concept as operationalized by total MBI.	Development of interpersonal behaviour under stress	Perceived inequity; perceived reciprocity; exchange orientation	Burnout is one possible reaction to an inequitable employment relationship, or to interpersonal inequity in relationships with service recipients.

MBI = Maslach Burnout Inventory

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