

DIRECT-CARE STAFF BURNOUT IN RESIDENTIAL SERVICE SETTINGS: A THEORY OF CONSULTATION FOR PREVENTION & INTERVENTION



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The Environment: Residential Service Settings

- ◆ Client Population
- ◆ Provided Services
- ◆ Organizational Structure
& Departments
- ◆ Direct-Care Staff



A Cause for Concern: Burnout

- ◆ Burnout Defined (Maslach & Jackson, 1981)
 - ◆ *Emotional exhaustion*
 - ◆ Depersonalization
 - ◆ Diminished personal accomplishment
- ◆ Burnout Symptoms (e.g., Kahill, 1988)
 - ◆ Physical
 - ◆ Emotional
 - ◆ Behavioral





COR – A Means to Describe the Mechanisms of Burnout

- ◆ Conservation of Resources (COR) (Hobfoll, 1989)
 - ◆ Resource oriented “stress model”
 - ◆ Three ways individuals experience stress
 - ◆ Loss of resources
 - ◆ Threat to current resources
 - ◆ Inadequate return on investments made to maximize resources
- ◆ Recall: Emotional Exhaustion (depletion of emotional resources) has the most consistent and strongest relationship with outcome variables



Burnout (& COR) Conceptualized from an Open Systems Perspective

Burnout is conceptualized from an open systems perspective as an entity (individual or organization as a whole) in which the outputs of the system persistently exceed inputs, resulting in a depletion of energetic reserves (individual or organization) necessary for sustaining healthy functioning

- ♦ Individual
- ♦ Organization

Burnout—Why Care? Client Well-Being!



- ◆ Decrease in such outcomes as (OCBs – discussed soon), job involvement, job performance, organizational commitment, etc. means poor organizational effectiveness → poor quality of care to clients
- ◆ What can a consultant do with direct-care staff burnout?

Correlates of Burnout – Where to Assess & Intervene

- ◆ Emotional vs. Cognitive Empathy
& Emotion vs. Problem-Focused Coping
- ◆ Challenging Behavior of Clients
& Overall Workload
- ◆ Supervisor & Coworker Support
- ◆ Role Conflict & Role Ambiguity
- ◆ Powerlessness in Decision Making
& Organizational Estrangement



A New Paradigm to View Burnout in Residential Service Settings: OCB

- ◆ OCB Defined: “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization” (Organ, Podsakoff, & MacKenzie, 2006, p. 3)

A New Paradigm to View Burnout in Residential Service Settings: OCB

- ◆ Five Common Dimensions
 - ◆ Altruism
 - ◆ Conscientiousness
 - ◆ Sportsmanship
 - ◆ Civic Virtue
 - ◆ Courtesy
- ◆ OCB-O & OCB-I



A New Paradigm to View Burnout in Residential Service Settings: OCB

- ◆ Social Exchange & OCB (Halbesleben & Buckley, 2004)
- ◆ OCB – (Fairness) Cognitions (Organ & Konovsky, 1989)
- ◆ OCBs are a must in a residential service setting
- ◆ Organizational Functioning → Burnout → Burnout Outcomes ↔ OCBs ↔ Organizational Effectiveness → Client Well-being (**Figure 1**)





*Review

Correlates of Burnout



- ◆ Emotional vs. Cognitive Empathy
& Emotion vs. Problem-Focused Coping
- ◆ Challenging Behavior of Clients
& Overall Workload
- ◆ Supervisor & Coworker Support
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Burnout & OCB Correlates

- ◆ Emotional Exhaustion → OCB → turnover intentions & job performance (Cropanzano et al., 2003)
- ◆ Emotional Exhaustion & Diminished Personal Accomplishment → OCB (job involvement as mediator) (Chiu & Tsai, 2006)
- ◆ Emotional Exhaustion → OCB → job performance (Taris, 2006)

Burnout & OCB Correlates

- ◆ Emotional Exhaustion → OCB (Halbesleben & Bowler, 2005)
 - ◆ But from an OCB-O & OCB-I Perspective
 - ◆ Emotional Exhaustion → OCB-O (same) (mediated by disengagement)
 - ◆ Emotional Exhaustion → OCB-I (positive relationship)
- ◆ Emotional Exhaustion → OCB (Halbesleben & Bowler, 2007)
 - ◆ Emotional Exhaustion → OCB-O (negative)
 - ◆ Emotional Exhaustion → OCB-I (positive)

Consultative Prevention & Intervention Through:

Administrative Open Systems Lens

- ◆ Organizational Structure
- ◆ Work Conditions
- ◆ Supervision
- ◆ Role Definitions
- ◆ Organizational Awareness

OCB Lens

- ◆ Organizational Goals
- ◆ OCB Lens
- ◆ Interventions
- ◆ OCB Constructs
- ◆ Desired Outcomes

◆ *Figure 2*

Ultimate Goal is second-order change where there is a “change in assumptions, values, structural relations, and Rules governing the system” (Bennet, 1987, p. 13).



**Administrative
Open Systems
OCB Lens**

Evaluation: Individualized Goal Attainment
Measures
to Ameliorate Burnout
by Improving Organizational Functioning

**Five
OCB Constructs**

**Desired
Outcomes**

Goal 1

Improved
Organizational
Structure

Source of Intervention

- Philosophies, values, norms, goals – e.g., socialization, institutionalization, explicit
- Decision making process – e.g., democratic
- Communication patterns – e.g., formal

Goal 2

Improved
Work
Conditions

Source of Intervention

- Training – e.g., basic job skills – direct-staff leadership skills, social exchange – mangmnt
- Stress management – e.g., coping/empathy
- Work schedule – e.g., flexible shift system

Goal 3

Improved
Supervision

Source of Intervention

- Style – e.g., increase social support, growth, clinical understanding
- Shorten height of tall management
- Awareness/recognition of performance; valued

Goal 4

Improved
Role
Definitions

Source of Intervention

- Job description – e.g., salient, specific, explicit (decrease role conflict/ambiguity)
- Decrease in micromanagement

Goal 5

Improved
Organizational
Awareness

Source of Intervention

- Enhance collectivism – collegial relationships, sense of common purpose
- Leader responsiveness to requests
- Monitoring appraisal of fairness and equity

Altruism

Conscientiousness

Sportsmanship

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Org.
Effectiveness

Improved
Client
Well-being