



A WORKSHOP ASSESSING THE EFFECTS OF SOCIAL SUPPORT ON THE
INCIDENCE OF BURNOUT

By

David Brian Bates

RECOMMENDED:

Andy Sheehal

James Allen

Carole Gordon

Advisory Committee Chair

James Allen

Department Head

APPROVED:

D. Monson

Dean, University of Alaska Fairbanks
College of Liberal Arts

W. Kay

Dean of the Graduate School

8-13-02

Date

A WORKSHOP ASSESSING THE EFFECTS OF SOCIAL SUPPORT ON THE
INCIDENCE OF BURNOUT

A
THESIS

Presented to the Faculty
of the University of Alaska Fairbanks
in Partial Fulfillment of the Requirements
for the Degree of
MASTER OF ARTS

By
David Brian Bates, B.S.

Fairbanks, Alaska

August 2002

BF
481
B38
2002

Abstract

This research was designed to address the issue of burnout by developing and presenting a workshop to 26 human service providers (primarily educated Caucasian women) to increase their level of social support and address organizational concerns. Two measures were used in a pre-posttest design: the Maslach Burnout Inventory and a social support questionnaire developed for this study. The results showed that burnout dropped significantly on the emotional exhaustion subscale. There was a drop in the depersonalization subscale but it only approached significance. There was also a negative correlation of perceived social support satisfaction with emotional exhaustion and depersonalization at both pre and posttest. Building social support has implications for reducing burnout. Studies with quasi-experimental designs and larger samples are needed to further validate the findings of this study.

Table of Contents

<u>Chapters</u>	<u>Pages</u>
Abstract	3
Tables	6
Introduction.....	7
Definition of Burnout.....	9
History of the term “burnout.”	9
Problems with defining burnout.....	10
Individual and situational definitions of burnout.....	11
Definition of burnout for this study.	14
Causes and Consequences of Burnout	14
Environmental causes of burnout.....	14
Problems first associated with burnout.	16
Reasons for increasing burnout among professionals.....	17
Reasons for addressing burnout in the work place.	18
Potential Solutions to Burnout.....	20
Social support.....	21
Burnout workshops.	22
Measuring Social Support.....	24
Measuring Burnout	26
The Burnout Measure.	26
The Maslach Burnout Inventory.	27
The three subscales of the MBI.	28
Purpose.....	29
Method	30
Sample.....	30
Measures	31
Background information.	31
Social support questionnaire.	31
Maslach Burnout Inventory-Human Service Survey.	32
Procedure	35
Pretest.....	35
The workshop.....	36
Posttest.	38
Feedback to the agency.	38
Results.....	38
Internal Consistency and Intercorrelations of the MBI and Social Support Subscales	38
Hypothesis Testing.....	41
Additional Correlations.....	42
Discussion	43
Hypothesis One.....	44
Reasons for decreases in burnout.....	44

Reasons for lack of change in personal accomplishment.....	45
Emotional exhaustion and personal accomplishment.....	46
Hypothesis Two.....	47
Hypothesis Three.....	49
Additional Findings.....	51
Limitations of the Study.....	52
Directions for Future Research.....	54
Conclusions.....	55
References.....	63
Appendix A: Background Information.....	72
Appendix B: Social Support Questionnaire.....	73
Appendix C: Self Awareness Workshop.....	74

Tables

Table 1: Demographics	57
Table 2: <i>Internal Consistency for the MBI and Social Support Satisfaction</i>	59
Table 3: <i>Intercorrelations between subscales for MBI and Social Support at Pretest</i>	60
Table 4: <i>Intercorrelations between subscales for MBI and Social Support at Posttest</i> . .	60
Table 5: <i>Paired T-Test differences pre and post MBI and Social Support subscales</i>	61
Table 6: <i>Intercorrelations at Pretest between Age, Social Support Satisfaction, MBI, Years in Social Services and Years at Agency</i>	62
Table 7: <i>Intercorrelations at Posttest between Age, Social Support Satisfaction, MBI, Years in Social Services and Years at Agency</i>	62

Introduction

The focus of this research was to develop and present a workshop on burnout, then evaluate its impact on the participants. The goal was to provide information about burnout causes and prevention strategies to human service workers employed by agencies providing child, family, and adult services. The workshop provided opportunity for participants to evaluate their burnout level, support networks, and work environment. The workshop evaluation focused on the effectiveness of the workshop in lessening burnout as perceived by participants over a two month period.

Burnout is a common phenomena for staff in the human service professions, particularly in teaching, medical services, counseling, and social work. The number of workers in human services has increased four fold since the late 1880's (Cherniss, 1995), thereby increasing the potential for more burnout in the human service workforce. One reason such workers burn out easily is their humanitarian attitude (Pines, 1983). Those personality characteristics contributing to these workers' desire to care for people seem to place them at a higher risk of burnout.

Considerable research has been conducted and published in journals discussing many issues involved in burnout including defining its conditions, measuring it, and designing prevention strategies. Currently, many prevention strategies still focus on what the individual can do to personally prevent burnout. Most agencies do little, if anything, to address the issues of burnout. Those agencies that do acknowledge burnout as a problem may encourage employees to attend community workshops but few, if any, offer such workshops to their employees or address interpersonal and organizational issues.

Leiter and Maslach (2000) addressed organizational problems with a complete tool kit called "Preventing Burnout and Building Engagement: A Complete Program for Organizational Renewal." This kit was designed to help organizations implement a program of burnout prevention. It provides assessment tools, a CD-ROM, a copy of the book *The Truth About Burnout*, handouts, timelines, checklists, organizational survey instrument and a PowerPoint slide presentation. The program becomes part of the ongoing re-assessment of current organizational conditions, problems, and effective long-term solutions. Their work addresses social support issues but has no assessment tool to evaluate social support. This deficit in addressing interpersonal issues, i.e. social support remains.

Until long term prevention programs (e. g. Leiter and Maslach's) become more widely used, and social support issues are addressed and measured, burnout prevention will remain largely up to the individual. Most burnout workshops deal only with the relevant individual issues. Those that deal with situational problems appear to be rare due to the time commitment they require from both the agency and the organization providing burnout prevention services.

This burnout workshop purposed to initiate a training process without defined beginnings or ends. Such a process will help agencies continually assess social support issues and implement long term organizational changes designed to reduce workplace burnout.

Definition of Burnout

Burnout has been defined in many ways since the early 1970's. The word itself is a grass roots rather than scientific term, coined to give name to a set of symptoms individuals were experiencing in certain settings (Maslach & Goldberg, 1998). "The main characteristics [of burnout] are an overwhelming exhaustion: feelings of frustration, anger, and cynicism and a sense of ineffectiveness and failure" (Maslach & Goldberg, 1998, p. 63).

History of the term "burnout."

The term "burnout" has generated great interest in the past 25 years and has produced a considerable number of books, professional articles, and workshops (Maslach & Schaufeli, 1993). In the last 10 to 15 years, a number of articles and instruments on burnout were also translated into other languages while a number of journal articles on the subject have been published in Europe and other industrialized nations (Golembiewski & Boudreau, 1998; Hannigan, Edwards, Coyle, Fothergill & Burnard, 2000; Maslach & Schaufeli, 1993). This increased interest suggests burnout warrants serious attention among professionals in a variety of cultural contexts.

Freudenberger (1974) and Maslach (1976) first began discussing and defining the term in the 1970's. Freudenberger originally defined burnout using the dictionary definition "to fail, to wear out or become exhausted by excessive demands on energy, strength or resources" (1974, p. 159). Maslach and Jackson then defined burnout as involving three aspects: emotional exhaustion, depersonalization, and reduced personal accomplishment (1981).

Problems with defining burnout.

Early researchers had difficulty defining the properties of burnout (Farber, 1983; Maslach & Schaufeli, 1993). Researchers were at first concerned that burnout was illusionary, a kind of hypochondria among practitioners that would soon disappear (Maslach & Schaufeli, 1993). Since then, the challenge has involved shortening the list of symptoms that are thought to be associated with burnout.

A review of the literature indicates four main reasons for the difficulty in defining burnout. First, there was little agreement on what constitutes burnout (Maslach & Schaufeli, 1993). Indeed, Perlman and Hartman (1982) found more than 48 definitions in the literature.

Second, the term encompassed a large array of symptoms (Maslach & Schaufeli, 1993). Schaufeli (1990) listed more than 100 symptoms associated with the condition. This made it impossible to distinguish burnout from other problems workers had in the field such as depression, stress, tedium, and compassion fatigue.

Third, a major problem in defining burnout is that it is a process and not an event (Farber, 1983). This process is not the same for each person; thus the symptoms of burnout are unique to the individual depending on the circumstances.

Fourth, the literature on burnout was almost exclusively nonempirical. A study of 48 articles (Perlman & Hartman, 1982) found less than 10 percent with any empirical data, yet most of these articles prescribed a clinical approach. This lack of empirical evidence clouded the definition question and slowed the search for appropriate interventions greatly.

Once more empirical data had been collected that might have been expected to clarify these questions, new problems emerged. One of the issues has been a lack of random samples (Pines & Aronson, 1988). Workshops were offered to agencies in which burnout was a problem. Employees however, were encouraged but not required to attend. Moreover, the workshops and data collection focused more in the area of human service work than elsewhere (Pines & Aronson, 1988).

Another “definitional” problem has been the limiting of burnout to a medical model (Freudenberger, 1983). This model tends to look at the individual as the source of the problem. However, studies since the mid-eighties show there is a need to understand burnout as a process occurring within a psychosocial context (Farber, 1983; Pines & Aronson, 1988; Maslach & Leiter, 1997).

Individual and situational definitions of burnout.

Freudenberger and Maslach took different theoretical approaches to defining and measuring burnout. Freudenberger, a trained psychoanalyst, developed a model based on the psychology and intra-psychic makeup of an individual in a stressful workplace (Freudenberger, 1974). He described the individual dynamics of burnout, the psychological reasons for its occurrence, and its process. He believed there was no prevention but rather proposed treatment when it occurred. “In sum, we cannot avoid burn-out, but we can certainly help to avoid it as much as possible and when it does happen to one of us, to admit it, ask others for help, and take some time off for ourselves” (Freudenberger, 1974 p. 165). His research began with individual clinical observation rather than empirical inquiry. He has been credited with first using the term “burnout,”

which he acquired from those working with chronic drug addicts (Maslach & Schaufeli, 1993).

Maslach, on the other hand, is a social psychologist who views burnout issues from the perspective of the situation, rather than the individual. As Maslach (1977) noted, the field had “reached the point at which the number of rotten apples in the barrel warranted examination of the barrel itself” (p. 14). Thus, what was first considered a problem of certain “weak” individuals was now seen as a reaction to a trying social situation.

Cherniss (1980) first began studying burnout in the mid 1970's. In an attempt to provide a framework for prevention strategies, Cherniss described three approaches to preventing burnout in relation to stress: the individual, the interpersonal, and the organizational or situational. Cherniss and Maslach both agreed that burnout was not only an individual problem but also a reaction to the organization in which the individual works.

Like Cherniss and Maslach, Pines takes the situational approach to burnout prevention (Pines, Aronson & Kafry, 1981). Pines, a colleague of Maslach's, has added considerable research to the study of burnout. She and her colleagues defined burnout and conducted research on its causes and prevention. According to Pines, “burnout is the result of constant or repeated emotional pressure associated with an intense involvement with people over long periods of time” (Pines et al., 1981, pg. 15). In her research, Pines found three basic characteristics shared by human service workers: (1) their work is emotionally taxing; (2) they share certain personality characteristics that lead them to

choose human service as a career; and (3) their work involves a client-centered focus (Pines et al., 1981, p. 48).

Pines is well known for her burnout workshops (Pines & Aronson, 1988). In her research, she has documented that burnout correlates with poor satisfaction relating to work, life and self. She found, as a result, that staff experiencing burnout may ultimately have personal problems and may leave their jobs. Her work also correlates burnout with a number of medical problems, such as headaches, backaches, and stomachaches.

Farber (1983) contends that the clinical and empirical approaches have been mutually corroborative. The individual approach has been beneficial in that certain personality types tend to be more prone to burnout. People with type A “workaholic” personalities, for example, are at higher risk for burnout than type B personalities. On the other hand, understanding the situation is important in understanding the context of burnout and formulating prevention strategies. In the workplace, role ambiguity, interpersonal conflict and job overload have been shown to contribute to burnout of staff (Farber, 1983). These problems occur in most organizational structures to some extent and are associated with job frustration and, for a large number of employees, burnout.

In summary, it is generally agreed that burnout includes attitudinal, situational, emotional, and physical components (Farber, 1983). The field of burnout research continues to evolve in its perspective of the problem from one of a character flaw to how the individual personality responds to the work setting itself.

Definition of burnout for this study.

For this research, the definition that Maslach and Jackson (1986) conceptualized will be used. "Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (Maslach & Jackson, 1986, p.1). Burnout as defined by Maslach and Jackson is three dimensional versus other one or two dimensional definitions, and their measure is the most widely used across the world.

Causes and Consequences of Burnout

Environmental causes of burnout.

Maslach and Leiter (1997) identified six sources of burnout that originate in the environment rather than the individual. First, *work overload* is common in many work settings since the more employees accomplish, the more economically the organization can operate. In the human service field, shrinking budgets mean increased caseloads, so that work demands more time. Indeed, in the past few years, the work week has increased, middle management jobs have been cut, and work has become more demanding with much of the paper work shifting to line workers. This overload results in emotional, creative, and physical exhaustion.

Second, *lack of control* is a factor in burnout. Policies and hierarchical structure limit employees' autonomy and involvement at work. Workers are able to identify problems but cannot bring creativity and personal experience to bear in their resolution. Many employees are frustrated by a bureaucracy that makes meaningful participation in resolving day to day problems impossible. Centralized control diminishes job satisfaction

for front line workers due to restraints on their personal autonomy. In addition, increasing ambiguity related to job stability and security adds to an emotional climate of exhaustion, cynicism, and a perceived lack of self-reliance.

Third, *insufficient reward* creates stress resulting from less pay, less prestige, and less security in the job market in addition to reduced job satisfaction. Public employees have dealt with wage freezes and increased client caseloads for a number of years. Also, a lack of job advancement due to middle management cuts means employees are unable to advance in their careers. Finally, there is a lack of job security. Workers are to believe they should be happy to still have a job, due to the number of cuts being made. Thus, employees have less loyalty to the workplace.

The fourth element contributing to burnout is the *breakdown of community* at work. Community is undermined when job security is questionable, in circumstances with high staff turnover due to burnout. Under these conditions, both personal relationships and team building are sacrificed. In a healthy work community, contact with co-workers and supervisors helps staff build their support network, particularly in highly demanding and emotional work. Without such community, workers have little support when emotional challenges arise.

Fifth, *absence of fairness* becomes a problem when trust, openness, and respect are lost. When an organization operates as a community, people build trust; they communicate openly and show respect for each other's work. Unfortunately, organizations often use a financial rationale to determine their actions, with little concern for impact on employees' welfare. For example, organizations are sometimes reluctant to

tell line workers about possible policy changes that will affect their work. Fairness indicates employees involvement when changes are being made and understanding reasons for such changes to facilitate their acceptance. Lack of such fundamental fairness in the workplace can be a source of burnout.

Finally, *conflicting values* can influence every aspect of work. Often, a push for excellent service or production actually results in a lowered quality of work. Client service may be an important staff value, yet systems set up to increase efficiency often limit personal contact. Even an organization with an agreed upon mission statement, (in principle, an agreement on values), a conflict may result between employees' values and organizational imperatives. Moreover, a value driven mission may be difficult to implement due to costs, caseloads, and policies.

These six causes often result in frustration for employees and contribute collectively to burnout.

Problems first associated with burnout.

Freudenberger (1974) and Maslach (1976) noticed that within a period of twelve to eighteen months, young, enthusiastic and motivated professional men and women in human service fields began to feel depressed, tired, and apathetic often appearing more in need of attention than their clients. These researchers observed that burned out professionals lost concern for their clients and at times even dehumanized them.

“Dehumanization is defined as a decreased awareness of human attributes of others and a loss of humanity in interpersonal relations” (Kellman, 1973). Furthermore, staff members who are experiencing burnout may at times make fun of their clients (Pines & Aronson,

1988). This symptom can also lead workers to treat their clients as deserving of their troubles and begin blaming them for their living conditions.

Freudenberger (1974) and Maslach (1976) also noticed that workers who showed signs of burnout had problems outside of the work environment. Staff tended to drink more, smoke more, have increased marriage and family problems, and suffer from physical symptoms such as stomach ulcers, headaches, and recurring back-aches. Emotional problems also developed among workers, such as crying, depression, and an inability to get up in the morning to go to work (Freudenberger, 1974; Maslach, 1976; Pines & Aronson, 1988).

Reasons for increasing burnout among professionals.

There are three reasons why burnout is on the rise among professionals: economic trends, technology, and management philosophy (Maslach & Leiter, 1997). Economic trends are changing on many fronts: as corporations push for higher profits, companies are leaving communities and the country in search of cheaper labor. Recent changes in government priorities have resulted in budget cuts to social services and “down sizing” in every sector of the economy (Maslach & Leiter, 1997).

Computer technology and robotics reduce the need for personnel in all economic sectors and/or push out older workers who lack high-tech skills. Automated telephone systems depersonalize the experience of trying to obtain services. Those needing social services are thus receiving less personal contact by human service workers, resulting in clients feeling less valued and, at times, more irritable once they connect with a person.

Unions have lost much of their historic power, while “health maintenance organizations” tell medical and counseling professionals how to treat clients and for how long (Maslach & Goldberg, 1998). The push for greater efficiency also places strain on employees by eliminating many middle management jobs.

Changes in the work place such as those described above result in increased caseloads for social workers, larger classrooms for teachers, and a larger number of patients for health care professionals. People in the helping professions experience ever increasing job stress (Cole, 1999; Cranswick, 1997), and higher burnout rates are occurring (Cole, 1999; Maslach & Leiter, 1997; Maslach & Ozer, 1995).

Reasons for addressing burnout in the work place.

Human service workers are considered to be at above-average risk for burnout (Jayaratne & Chess, 1984; Pines & Kafry, 1978). Those who choose the helping professions tend to demonstrate high empathy towards those who suffer and like working with people; they also tend to be involved in emotionally demanding work over long periods of time. Social workers, for example, experience emotionally intense interactions with clients and may be responsible for making complex decisions that seriously affect the lives of client families (Porter, 1979).

Burnout’s impact on human service workers is worrisome for many reasons. Physical illness has been attributed to those who experience burnout (Cox, 1988; Cox, Thirlaway, & Cox, 1984; Cox, Thirlaway, Gotts, & Cox, 1983). High turnover rates and absenteeism are also attributed to burnout (Jackson & Maslach, 1982; Leiter & Maslach, 1988; Maslach & Schaufeli, 1993). Workers not leaving their profession or jobs often

have diminished organizational commitment if they are experiencing burnout (Pines & Aronson, 1988; Cherniss, 1995). Pines and Aronson labeled these burned out staff as “dead wood” because they tend to be apathetic, wait to be told what to do, and are concerned mostly with retirement. The inherent difficulty of emotionally demanding work combined with the problems of decreasing funds and increasing caseloads presents a complex challenge to staff who must likewise, for these very reasons, deal with employees and or co-workers who are also burned out (Cherniss, 1995; Maslach & Leiter, 1997).

The costs of burnout are high for both employers and society. First, high turnover rates and absenteeism in the human service professions cause overall low morale among workers (Pines & Aronson, 1988). Second, high turnover requires employers to hire and/or train new staff. This process is costly because most training requires those new employees to take on casework gradually (often over a period of months), until they are prepared to handle a full caseload. This slowdown in turn places an additional burden on veteran staff members. Third, the quality of services offered to clients is likely degraded when an organization routinely trains new personnel. High turnover rates often result in clients being shuffled around between caseworkers, contributing too less effective treatment. Fourth, clients served by burned out service professionals are in jeopardy of receiving less than optimal care (Maslach & Goldberg, 1998; Cherniss, 1995). Finally, community health suffers when receiving services from a social service agency experiencing a high degree of burnout (Cherniss, 1995). Communities seem to become

healthy sooner when social service systems are optimized through burnout prevention strategies.

Potential Solutions to Burnout

There are three areas in which burnout can be addressed: individual conditions, interpersonal conditions such as social support, and organizational conditions. First, individual concerns would include personality type, communication style, and learning to take care of oneself, physically, mentally and spiritually. For interpersonal conditions, the ease of making change in one's social support network along with the amount and quality of social support are crucial in dealing with burnout. Second, lack of social support, both at and outside work, is negatively correlated with burnout (Pines & Aronson, 1988). Pines has addressed six areas in which such social support is obtained. Third, burnout arises when a mismatch occurs between a worker and six areas of organizational life: conflict in values, lack of control, lack of community, work overload, lack of reward, and not being treated fairly (Maslach & Leiter, 1997).

Prevention strategies for burnout are greatly needed (Maslach & Goldberg, 1998; Maslach & Leiter, 1997; Pines & Aronson, 1988). Unfortunately, prevention strategies have been slow in coming and have focused primarily on individual staff members and strategies they can use on their own (Pines & Aronson, 1988; Maslach & Schaufeli, 1993).

In the past 10 years there has been strong evidence of what strategies constitute good burnout prevention (Maslach & Leiter, 1997; Pines & Aronson, 1988). These strategies include defining what the individual can and should do for him or herself.

Strengthening the individual's support network, and making changes on organizational levels, such as management decisions and policy changes, will contribute to reduced burnout in workers. There has been little research in comparing one's level of social support and level of burnout among social service workers. For this reason, social support will be further studied in this research.

Social support.

According to Pines and Aronson (1988), six areas of social support contribute to prevention burnout: listening, technical challenge, technical support, emotional support, emotional challenge, and providing social reality. Workers need someone who can actively listen to them without giving advice, someone appreciative of their work and supportive of what they accomplish. They need someone who will challenge them to do better, and to encourage them in eventually becoming more successful. An effective support system must provide employees with emotional support during difficult situations, but also help them (emotional challenge) to find rational solutions to problems. Finally, workers need to have someone they can count on to provide social reality. For example, when questioning something one sees or hears, a coworker's nod or look can confirm one is on track.

One person cannot usually provide all six basic support needs. For instance, people in one's support network outside of work cannot usually meet technical challenge needs; normally someone from work who knows the job's requirements is needed to challenge one's performance. Indeed people should not depend on co-workers for all their emotional support. Many coworkers with families obtain a great deal of support

from home, and have neither the time nor interest to offer all an individual's needed social support. Building social support at work takes time, requiring administration and line workers set aside a particular time and place to establish a support network.

Social support is a multi-dimensional construct (Streeter & Franklin, 1992) observed to be a key element in whether a professional is prone to experiencing burnout (Maslach & Goldberg, 1998; Pines, 1983; Pines & Aronson, 1988). Cobb (1976) defined social support as information that leads individuals to believe they are loved and cared for, valued and esteemed. Individuals with strong social support participate in a network of communication and mutual cooperation. Several researchers have noted the importance of social support and how it works as a form of burnout prevention (Pines, 1983; Pines et al., 1988; Maslach et al., 1998). Pines (1983) found that the quality of employees' relationships negatively correlates with burnout. Both higher quality and quantity of positive relationships were associated with less burnout.

Burnout workshops.

Workshops are shown to be effective in reducing burnout symptoms (Pines & Aronson, 1988). Pines has conducted more than 100 workshops with over 5,000 participants. These workshops included people of many professions: psychologists, counselors, dentists, nurses, mental health workers, social workers, teachers, lawyers, business managers, etc.

Pines and Aronson (1988) studied the long term effects of their workshops, which included the following format. Informal support groups of four co-workers were formed. They were given discussion topics and assignments during the workshop including

inquiries about the support they provided to others for work related issues. The group also practiced being emotional challengers to each other. Members questioned each other's motives and methods in dealing with clients. Workers challenged each other on how efficiently each member used their support groups, and to expand their support group both at and outside of work. A two year informal follow-up with this same group of social service workers showed these groups still functioning and effectively combating burnout.

Overall, Pines' workshops produced several positive results, including a decrease in burnout, an increase in awareness of the relationship between different work conditions and burnout, and an increase in positive interactions with supervisors, the department as a whole, co-workers, and the clients served.

The long-term effects of burnout prevention workshops are difficult to evaluate. In one study (Pines & Aronson, 1988), for example, 53 social service employees were chosen from two different offices to attend a burnout workshop. They were chosen due to similarities in size, location, clients, and performance. Twenty-three employees from one office were chosen for the experimental group, while the other office's employees were selected for the control group. Both groups were given a pre-test as well as follow-up tests one week, and six months afterwards. After the six-month follow-up test, workers attending the workshop had significantly lower rates of burnout than the control group did. Unfortunately, those from the experimental group who completed the six-month test were so few in number that statistical analysis was not meaningful. However, the

workshop had a major positive impact on the social aspects of work for participants which was still evident after six months.

There are many possible reasons why employees feel better about their work after such a workshop. Workers may become aware of the issue of self-care, and bring similar awareness to clients and co-workers. People in the workplace might be better able to make changes in their behavior resulting in reduced burnout. Little or no research exists on whether these changes are long-term. This lack of empirical data in assessing burnout reduction workshops suggests need for further research.

Measuring Social Support

Streeter and Franklin (1992) reviewed eight self reported social support measures: (The Social Support Network Map, Tracy & Whittaker, 1990; Social Support Network Inventory, Flaherty, Gaviria & Pathak, 1983; Social Support Resources, Vaux & Harrison, 1985; The Family Relationship Index, Holahan & Moos, 1986; Perceived Social Support Questionnaire, Procidano & Heller, 1983; Social Support Appraisals Scale and the Social Support Behavior Scale, Vaux, 1988; Inventory for Socially Supportive Behaviors, Barrera, Sandler & Ramsay, 1981). They concluded these measures were designed for practitioners assessing client's social support structure, rather than assessing professional staff social support. Though these measures have acceptable reliability and validity, they are not yet standardized with established norms.

Most forms of social support measures have been used to assess positive health outcomes such as prevention of disease and psychological well being (Dolbier &

Steinhardt, 2000). A person with good social support has been shown to be healthier both physically and psychologically.

Social support measures useful in the field of social work are the result of gradual development. The Social Support Survey-Clinical form (SSS-C)(Richman, Rosenfeld, & Lawrence, 1993) is one such self-report measure. It collects four types of information for each of the eight forms of social support: listening support, task appreciation, task challenge, emotional support, emotional challenge, reality confirmation, tangible assistance, and personal assistance. Each topic has the same four questions for a total of 32 questions. The survey is multi-dimensional in that it includes four elements that are operational in acquiring social support: (1) the recipient of support; (2) the provider of the support; (3) the interaction between provider and recipient; and (4) the outcomes of the exchange process. Each of these elements is relevant to the physical and emotional well being of every individual.

The Social Support Questionnaire (SSQ)(Sarason, Levine, Basham, & Sarason, 1983) and the Social Support Survey-Clinical form (SSS-C)(Richman, Rosenfeld & Hardy, 1993), are demonstrated to have good reliability and validity; however, they too have been used primarily with clients, and not providers.

Social support measures are still being tested, and psychometric findings are limited. However, most noted burnout researchers agree that a person's level of social support is a key element in whether or not he or she experiences burnout (Baruch-Feldman, Brondolo, Ben-Dayan & Schwartz, 2002; Dolbier & Steinhardt, 2000;

Greenglass, Burke, & Konarski, 1997; Maslach & Leiter, 1997; Pines & Aronson, 1988; Rosenfeld & Richman, 1997).

In review of these surveys, a simplified measure for assessing perceived social support was designed for this study. Due to the length of other measures already being used in this study, a shorter version needed to be utilized in order not to overwhelm the participants. Both the SSQ and SSS-C contained 27 questions or more. The social support questionnaire for this study was designed from these more complex measures.

Measuring Burnout

Over the years, a number of attempts have been made at measuring burnout (Schaufeli et al., 1993). Most measures of burnout are currently self-report inventories. The two most widely used measures are the Burnout Measure (BM; Pines et al., 1981; Pines & Aronson, 1988) and the Maslach Burnout Inventory (MBI; Maslach & Jackson 1981, 1986; Maslach, Jackson & Leiter 1996). Both measures focus on the experience of individuals, but do not assess the social content within which they function.

In addition to self-report inventories, more complex measures have been developed to assess burnout. One such measure is the Staff Burnout Scale (SBS; Jones, 1980). The SBS is based on the Maslach Burnout Inventory, but includes reported behavioral and psychological items as well as cognitive and emotional ones (Paine, 1982).

The Burnout Measure.

Pines and Aronson designed the BM after years of conducting burnout workshops. The Burnout Measure (1988) is designed from Pines and Aronson's

definition of burnout as “a state of physical, emotional and mental exhaustion, [which] typically occurs as a result of long-term involvement with people in situations that are emotional demanding” (p. 9). This measure makes no reference to how one feels at work as the MBI does. The BM consists of 21 items rated on a 7-point scale. It is a one-dimensional, self-report questionnaire that has been used with over 5,000 subjects from various backgrounds. Psychometric findings obtained from Pines’ workshops show the measure has some usefulness (Schaufeli, Enzmann & Girault, 1993). In general, the BM is a reliable and valid research instrument measuring an individual’s experience of exhaustion, which has been established as the main element of burnout syndrome (Shirom, 1989).

The Maslach Burnout Inventory.

Maslach and Jackson (1981, 1986), after years of research in the field, designed a conceptual, multi-dimensional measure of burnout called the Maslach Burnout Inventory. Within a few years of being formulated, the MBI became the most widely used instrument of its kind and continues to enjoy this status (Drake & Yadam, 1995; Kalliath, O’Driscoll, Gillespie, & Bluedorn, 2000; Schaufeli & Dierendonck, 1993). According to this model, burnout is a type of prolonged reaction to chronic emotional and interpersonal stressors in the work place (Maslach & Goldberg, 1998). Thus, the individual experiences stress as the result of complex social dynamics, including the person’s conception of self and others.

Maslach and Jackson (1986) define burnout as a psychological syndrome involving emotional exhaustion, depersonalization and reduced personal

accomplishment. Current research supports an amended version of this sequential process: emotional exhaustion leads to depersonalization, while reduced personal accomplishment develops on its own (Maslach & Goldberg, 1998). Overall, evidence from Maslach, Jackson, and Leiter's (1996) model shows emotional exhaustion and depersonalization correlate better with psychological and physiological symptoms than does personal accomplishment. Personal accomplishment was demonstrably more correlated with control-oriented coping. These issues are discussed in greater detail below.

The three subscales of the MBI.

Emotional Exhaustion refers to the depletion of one's emotional resources over time (Maslach & Jackson, 1982) as a result of staff workload and personal conflict in the workplace. This component represents the basic stress dimension of burnout.

Depersonalization refers to an individual becoming cold, callous and detached, often as a result of emotional exhaustion. It begins as a means of self-protection; however, it can lead to dehumanization of clients. This component represents the interpersonal dimension of burnout.

Reduced Personal Accomplishment refers to a downward spiral of feelings of competence and productivity at work, in which an individual becomes depressed and experiences a diminished sense of self-efficacy. It can be exacerbated by a lack of social support and opportunities to develop professionally. This component represents the self-evaluation dimension of burnout.

Maslach et al. found personal accomplishment to be independent of the other two subscales and the least important subscale in measuring burnout. Personal accomplishment was not found to be negatively correlated with emotional exhaustion or depersonalization as one might think. Personal accomplishment is the weakest identifier of burnout of the three subscales. Personal accomplishment correlates more with competence and successful achievement than physiological and psychological aspects of burnout. Burnout is on a continuum, its not an either or situation. However, people who are both emotionally drained and depersonalizing from clients while also having low personal accomplishment, tend to have greater burnout than those who only experience emotional exhaustion and depersonalization.

It is important to note that the MBI subscales were empirically, not theoretically, established (Schaufeli et al., 1993). Subscales were labeled after factor analysis data was gathered from several samples, mostly human services staff (Schaufeli & Dierendonck, 1993). Thus, an inductive, as opposed to deductive, approach was employed in developing the measure. The validity of MBI's three-dimensional structure has been confirmed in several studies (Belcastro, Gold, & Hays, 1983; Drake & Yadama, 1995; Gold, 1984; Huberty & Huebner, 1988; Fimian & Blanton, 1987; Schutte, Toppinen, Kalimo, & Schaufeli, 2000).

Purpose

The focus of this research was to develop and present a workshop on burnout and building social support, then evaluate its impact on the participants. The goal was to provide information about burnout causes and prevention strategies appropriate for

human services staff. The workshop was presented to human service workers employed in child, adult and family service agencies. The workshop provided opportunity for participants to evaluate themselves, their support networks, and their work environment. The evaluation of the workshop focused on its effectiveness in lessening burnout and building social support as perceived by the participants over a period of two months.

The following three hypothesis will be tested in this research. Hypothesis 1: at posttest, burnout will be lower than at pretest as measured by the MBI. Hypothesis 2: at posttest, social support will be higher than at pretest as measured by the social support indicator developed for this study. Hypothesis 3: burnout and social support will be negatively correlated at both the pre and posttest levels.

Method

Sample

Participants were gathered from various agencies by a State of Alaska employee who was responsible for providing training and safety classes to state employees. Of the 36 human service participants who attended the workshop, some were from public agencies and others from nonprofit agencies. Only 26 participants completed the pre and posttest. Participants were given their posttests to complete; because it was voluntary and because workers were to complete them on their own time some failed to return the forms. Therefore, the population for this study included 26 human service providers from five agencies. Participants had the following job classifications: clerical (15.4%), supervisors (11.5%), eligibility technician (19.2%), direct services staff (19.2%) and social workers (34.6%) (see Table 1). Women comprised 92.3 % and men 7.7 % of the

overall sample. The average age was 41-50 and they were the largest group with the second largest age group being 51-60. The majority of the sample was Caucasian (92 %), while a small number of different ethnic groups, comprised the sample (8%). Half of the sample (50 %) had completed a 4-year degree; 23% had completed high school. The participants varied greatly in their field of study: nursing (3.8%), psychology (15.4 %), business (7.7 %), social work (23 %), other (23%) and none (27 %). The average numbers of years working in their field was 7 years, with a range from 3 months to 35 years.

Measures

The survey packet included three sections: personal background information (pre only), a social support questionnaire (pre and post), and a Maslach Burnout Inventory Human Service Survey (MBI-HSS) (pre and post). This packet was administered at the beginning of the workshop and again approximately two months after the workshop.

Background information.

Information on each participant's demographic and professional background was collected (see Appendix A). All participants were asked to identify their age category, ethnicity, education, years at their respective agency, and years in a social service position.

Social support questionnaire.

The social support questionnaire designed for this study consists of six questions rated on a five-point, fully-anchored Likert Scale (see Appendix B). The questionnaire composes two subscales, perceived social support satisfaction (SSS) and social support

network (SSN). These six questions are a simplified version of lengthier and more complex measures (Social Support Questionnaire (SSQ)(Sarason, Levine, Basham, & Sarason, 1983; Social Support Survey-Clinical form (SSS-C) Richman, Rosenfeld, & Lawrence, 1993). These items cover six areas of social support identified in research as encompassing all possible areas of social support. The participants were first asked to write down the initials of each person who provided them with support and what their relationship was to that person. This task helped them take a critical look at their support network. The next two questions asked the participants if they felt they received enough support from those in the work setting, coworkers and supervisors. The next three questions asked if they felt they received enough social support outside of their work environment. The last question asked how overall they feel supported from both work and home/community.

Maslach Burnout Inventory-Human Service Survey.

The Maslach Burnout Inventory (MBI) (Maslach, Jackson & Leiter, 1996) is a self-report survey that measures burnout. It has been in existence since 1981 and is now in its third revision. The MBI consists of three subscales: Emotional Exhaustion, Depersonalization and Personal Accomplishment. It contains 22 questions that are scored on a six-point, fully-anchored Likert Scale, zero being *never* and six being *every day*. There are three forms of the MBI: a Human Services Survey (HSS), a General Survey and an Educational Survey. The Human Services Survey was used for this research as it applies most specifically to the population being studied (not shown in appendix due to copyright laws). The MBI has been shown to have good psychometric properties.

The internal consistency of the MBI-HSS was calculated using Cronbach's coefficient alpha for a sample of 1,316 service providers consisting of teachers, school psychologists, therapists and nursing staff (Maslach et al., 1996). The reliability coefficients of the subscales were as follows: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The standard error of measurement for each subscale were as follows: 3.80 for Emotional Exhaustion, 3.16 for Depersonalization, and 3.78 for Personal Accomplishment.

Test-retest reliability has been reported for five samples, including social welfare workers and administrators of a health agency, teachers, therapists, and psychologists (Maslach et al., 1996). The test-retest reliability coefficients for the subscales were as follows: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment. Overall, these results show a high degree of consistency within each subscale, which does not diminish over time.

Convergent validity for the MBI was established in several ways. First, subjects were evaluated by those who knew them; i.e., close friends, co-workers, and spouses of policemen were surveyed about the respondents' behavior at home and at work (Jackson & Maslach 1982; Maslach & Jackson, 1979).

Second, Maslach and Pines (1977) correlated certain job characteristics with experienced burnout, e.g., the number of clients assigned to a worker. From these findings, Maslach and Pines predicted job burnout due to caseload. Maslach and Jackson (1984) reaffirmed this hypothesis in a study of burnout in 845 public employees in relation to their caseloads.

Third, MBI scores were compared to personal outcomes hypothesized as related to burnout. For instance, Maslach (1976) predicted that workers experiencing burnout would be unappreciative of opportunities for development and personal growth at their work settings. Her study of 180 nurses, social workers and mental health workers supported this theory. Jackson and Maslach (1982) also hypothesized that burnout would relate to changing careers; a study of 142 police officers confirmed this prediction. Support for the hypothesis was also found in Maslach and Jackson (1984) among public contact workers and teachers (Jackson, Schwab & Schuler, 1986).

Discriminant validity was established by comparing subjects' scores on the MBI-HSS and the Job Diagnostic Survey measure of "General Job Satisfaction" (JDS) (Hackman & Oldman, 1974, 1975). These two surveys were administered to 91 social service and mental health workers. The General Job Satisfaction survey had a negative correlation with both Emotional Exhaustion ($r = -.23, p < .05$) and Depersonalization ($r = -.22, p < .02$) as well as a slight positive correlation with Personal Accomplishment ($r = .17, p < .06$). This evidence gives credibility to the discriminant validity of the MBI in relation to burnout.

The MBI survey is scored using a scoring key wherein the researcher adds the total score for each subscale. Once the researcher has a total for each sub scale, he or she writes that number down at the bottom of the survey and then uses the scoring key to determine the person's level: low, moderate or severe for each subscale. For both emotional exhaustion and depersonalization, the higher the score the more burned out the participant is; a low score in personal accomplishment means a higher level of burnout.

There are important differences between burnout and depression. An empirical test utilizing confirmatory factor analysis of scores from the MBI-HSS and several measures of depression (Leiter & Dunrup, 1994) found that burnout and depression loaded on separate second-order factors. This study confirmed burnout as a three-factor syndrome (emotional exhaustion, depersonalization and personal accomplishment), in which each component was more closely tied to the other than to depression.

Cox, Kuk, and Leiter (1993) have examined the differences between burnout and occupational stress. Occupational stress is defined as an imbalance of occupational demands and available coping strategies. Burnout, on the other hand, is a combination of exhaustion, depersonalization, and lack of personal accomplishment. Cox, Kuk, and Leiter found that staff often complain of stress at work but still gain much satisfaction from their work. These employees were not experiencing burnout.

In summary, for the reasons cited above, the MBI appears to be the best choice for the purposes of this study.

Procedure

Pretest.

At the beginning of the workshop, the participants were each given a packet of forms and questionnaires. A complete description of the forms, questionnaires and workshop was provided, and procedures were discussed. The participants completed a survey packet before the workshop and at a two-month follow up.

At the beginning of the workshop, an informational "Self Awareness Workshop" cover sheet was presented to the participants (see Appendix C). After each page was

reviewed, time was allowed for questions. The participants kept the “Self Awareness Workshop” cover sheet for future reference and contact information. A consent form was read and time allowed for questions and signing. Participants were informed their part was completely voluntary and confidential and no one outside their agencies would know they participated. Those participants who then wanted to participate wrote their names on a contact information form, which had a number corresponding to the second set of measures. The consent form and contact information form were collected and sealed in an envelope. Participants were asked to complete a first set of self-report measures: a background information form, a social support questionnaire, and a Maslach Burnout Inventory Human Service Survey. Participants placed their surveys in an envelope and sealed them before collection.

The workshop.

Each “Self Awareness” workshop lasted one day (about six hours each). Two workshops were given in order to have a large enough sample. The format of the workshop was a mix of PowerPoint presentation (items 1 and 2 below) and group discussion (items 3 and 4 below).

The workshop lectures and discussions focused on issues related to the development of stressful work situations, including identification of those situations amenable to change and those that are not. At the workshop’s outset, participants formed groups of four people. Group discussions focused on work and career goals, such as what attracted participants to this kind of work, and their professional goals and expectations. Participants discussed their social support systems in and outside of the workplace with

their small groups. They were encouraged to build support while discussing the importance of support in their work and how it leads to avoiding burnout. Participants were then asked to make plans for expanding their support groups and strengthening their current support structures. The workshop was also designed to help participants develop tools for recognizing symptoms of burnout in both themselves and their co-workers and knowing what to do when the problem arises. Groups had time to work alone and then were asked to present their ideas to the larger group.

The following were the key presentation points for the workshop:

1. Definitions of burnout, its history, and current research
2. Causes of burnout, particularly in the human services
3. Development of skills to distinguish between different types of stressful situations, i.e., those individuals can affect and those they cannot, and to identify aspects of their work that can be changed or adapted to give them a better sense of control
4. Development of tools for coping, in particular, developing of support systems, recognizing positive work aspects, and developing positive attitudes
5. Plans for the future

The final part of the workshop focused on a quick review of the most important strategies for avoiding burnout and what providers can do if they see or feel it occurring. Individual concerns related to work, with an emphasis on what can and cannot be changed, were reviewed. Finally, participants reviewed what they had learned and what they wanted to do in future workshops and planning.

Posttest.

A second meeting with each agency took place approximately two months after the workshop, and participants were asked to complete a second (posttest) set of measures consisting of a social support questionnaire and the MBI-HSS. Some agencies could not meet due to job constraints and their surveys were left for them in their mailboxes to fill out at their convenience. A memo attached to each survey packet gave directions on sealing the envelope when they were done and where to place the envelope (in a secure container) for later pickup. The agencies were visited several times during a two week period to collect the second set of surveys.

Feedback to the agency.

A meeting date was set to which all five agencies were invited for a complete review of the relevant findings. A discussion of the workshop examined what worked, what needed improvement, and what did not work. A time of questions and answers followed, which included how the organizations could be further served.

Results

Pre testing was conducted in November and December of 2001 with 36 participants, and posttests in February of 2002 with 26 participants. An alpha level of .05 was used for all statistical tests.

Internal Consistency and Intercorrelations of the MBI and Social Support Subscales

Internal consistency was tested using the Cronbach's coefficient alpha ($n = 26$) for the MBI's three subscales at pretest (see Table 2). The Cronbach's alphas for the three subscales at pretest were as follows: emotional exhaustion .82, depersonalization .79 and

personal accomplishment .61. The MBI manual (Maslach et al., 1996) reported similar consistency values for 1,316 participants: emotional exhaustion .90, depersonalization .79 and personal accomplishment .71. Because of the small sample size, this research's results could very easily differ from those found in the larger body of data, due to chance or some unidentified artifact. Nevertheless, even given these limitations, the MBI was still the best-suited instrument for use with this study's sample because it has the largest history of use, as well as solid research and findings.

Internal consistency was also tested using the Cronbach's coefficient alpha ($n = 26$) for the social support satisfaction indicator at pre and posttest (see Table 2). Alphas for social support satisfaction were .65 at pretest and .79 at posttest. There are several possible reasons for this difference in alphas. First, the indicator could be spurious, and measure something other than its intended purpose. Second, the small number of participants means the results could have occurred by chance alone. Third, the results could be due to artifact, a confound in variable. One potential artifact is that the workshop trained and educated participants in the use and meaning of social support; thus it is not surprising to see these scores increase since the workshop was conducted. Despite these concerns, the values demonstrate that the indicator measured the same perceived set of experiences from the participants at both pre and posttest.

The MBI's three subscales were correlated for both pre and posttest observations using the Pearson's correlation coefficient (see Table 3). At pretest, emotional exhaustion and depersonalization were significantly correlated ($r = .40, p < .05$). At posttest the correlation between these two subscales was ($r = .57, p < .01$). Staff who felt emotionally

exhausted also began to depersonalize, distancing themselves from clients. These results were consistent with those found in the MBI manual (Maslach et al., 1996), in which emotional exhaustion and depersonalization were also significantly correlated ($r = .52, p < .05$).

At pretest, emotional exhaustion and personal accomplishment showed a significant correlation ($r = .47, p < .05$). At posttest, these two subscales were not correlated ($r = .02, p = .93$). The MBI manual had no correlation between emotional exhaustion and personal accomplishment ($r = -.22$). The participants in the current study were emotionally exhausted yet had feelings of personal accomplishment before the workshop, but then there was no correlation afterwards.

At both pre and posttest, there was no correlation between depersonalization and personal accomplishment ($r = -.06, p > .05$, and $r = -.33, p > .05$, respectively) According to the MBI manual, depersonalization and personal accomplishment had no correlation ($r = -.26$).

The two subscales of the social support survey (see Table 3 and 4) showed no significant correlation at either pre or posttest ($r = .14, p = .50$ and $r = .20, p = .32$, respectively). The two social support subscales show no relation to each other in this study. It appears social support satisfaction for these participants comes from the quality not the quantity of the relationships. In this sample, the participant's perceived social support satisfaction and social support network were not related.

Hypothesis Testing

The first hypothesis stated that at posttest burnout would be lower than at pretest as measured by the MBI. The pre and posttest scores of the MBI subscales were compared using a within-group t-test for a paired sample (see Table 5). For emotional exhaustion the paired t-test yielded a $t(25) = 3.07$, which was statistically significant ($p = .005$)(two-tailed). For depersonalization the paired t-test yielded a $t(25) = 2.00$, which approached significance ($p = .056$)(two-tailed). For personal accomplishment the paired t-test yielded a $t(25) = .54$, (two-tailed) which was not statistically significant. Based on these results, there is evidence that emotional exhaustion decreased, some indication that depersonalization decreased, and no evidence that personal accomplishment increased after the workshop was conducted.

The second hypothesis stated that at posttest social support would be higher than at pretest as measured by the social support indicator developed for this study. The pre and posttest scores of the social support indicator were compared using a within-group t-test for a paired sample using the two subscales: social support satisfaction (SSS) and social support network (SSN) (see Table 5). For social support satisfaction the paired t-test yielded a $t(25) = -1.55$, (two-tailed) which was not statistically significant. For social support network, the paired t-test yielded a $t(25) = .45$, (two-tailed) which also was not statistically significant. Neither social support satisfaction nor one's social support network changed significantly between the pre and post measures.

The third hypothesis stated that burnout and social support would be negatively correlated at both the pre and posttest levels. The sample was analyzed using the

Pearson's correlation coefficient (see Table 6 and 7) for the pre and posttest between the MBI and the social support measures. At pretest, two areas showed significant negative correlations: emotional exhaustion and social support satisfaction (preSSS) ($r = -.48$, $p < .05$)(two-tailed), and depersonalization and preSSS ($r = -.44$, $p < .05$)(two-tailed). Results showed a significant negative correlation between two of the MBI subscales of burnout and social support satisfaction at the pretest level providing some evidence supporting hypothesis three.

At posttest for the MBI and the social support measure, emotional exhaustion and postSSS showed significant negative correlation ($r = -.63$, $p < .01$)(two-tailed). There was also a trend in the data towards a negative correlation between depersonalization and postSSS ($r = -.39$, $p = .05$)(two-tailed). Results showed a significant negative correlation between one of the MBI subscales of burnout and social support satisfaction at the posttest level providing additional evidence supporting hypothesis three. There was no correlation between personal accomplishment and social support satisfaction at both pre and posttest ($r = .04$, $p > .05$ and $r = .24$, $p > .05$ respectively)(two-tailed).

Additional Correlations

A correlation between age and social support satisfaction was found at both pre and posttest ($r = .36$, $p = .07$ and $r = .39$, $p < .05$, respectively). Thus, the older the workers, the more satisfied they were with the social support they received from co-workers, supervisors, and personal relationships.

In addition, there was a significant correlation at pre and posttest between years in social service positions and social support satisfaction ($r = .38$, $p = .06$ and $r = .43$,

$p < .05$, respectively). Thus, the longer the participants were in the field of human services, the higher their social support satisfaction.

Finally, there was a significant negative correlation between age and emotional exhaustion at posttest ($r = -.41$, $p < .05$). The older the worker, the less emotionally exhausted they were at posttest.

Discussion

This research partially confirmed two of the three hypotheses tested. In reference to the first hypothesis (that burnout would decrease), the Maslach Burnout Inventory showed that one of the three MBI subscales showed significant change. In reference to the second hypothesis, (that social support would increase), there were no changes in the participants' perceived social support satisfaction or size of social support network. In reference to the third hypothesis, some moderate to strong negative correlations between participants' burnout levels and their social support satisfaction levels were observed. Several correlations were found in addition to those concerning the three main hypotheses. There were significant correlations between age and several variables: social support satisfaction, years at agency, years in a social service position, and emotional exhaustion. Overall, the workshop was successful in decreasing the participant's level of burnout over a two month period. No data was collected on organizational issues; however, the workshop did address policies, leadership issues, and cross level communication to alleviate burnout and increase social support.

Hypothesis One

The first hypothesis of the current research predicted that, at posttest, burnout would be lower than at pretest, as measured by the MBI. Before the workshop, the participants on average, experienced moderate burnout. At posttest, their level of burnout dropped significantly on one of the three MBI subscales: emotional exhaustion. Depersonalization approached significance; and personal accomplishment did not change.

In the course of their research, Maslach et al. (1996) found emotional exhaustion to be the primary factor in burnout and that when human service workers are emotionally drained from work, they depersonalize. Emotional exhaustion refers to feelings of being emotionally overextended and exhausted by work. Depersonalization refers to not having any feelings towards clients and having an impersonal response towards them. Personal accomplishment relates to how participants feel about the work they do with their clients, and how successful they feel; it is more correlated with competence and successful achievement than with the physical and psychological aspects of burnout. Given Maslach et al.'s findings (1996), the results of this study give much credence to hypothesis one.

Reasons for decreases in burnout.

One reason burnout may have decreased was that the workshop spent, considerable time discussing the burnout concerns: its definition, prevention techniques, and spotting burnout in oneself and one's co-workers. Participants learned and practiced burnout avoidance skills, were encouraged to plan how to increase their social support, and considered taking steps to decrease their burnout on personal, interpersonal, and

organizational levels. It appears the areas covered during the workshop had some impact on participants and that they began to make changes in their lives. Thus, their burnout decreased.

Another possible reason for burnout levels decreasing could be that the pretest was given during the holiday season and the posttest after. It is possible the holiday season added stress to participants' lives so staff may have been less burned out at posttest after the holidays.

A third possible reason for a decrease in burnout could be the positive effects of a vacation. According to Westman & Etzion (2001), the positive effects of a vacation begin to fade within two weeks and fade almost entirely after six weeks. It is not known how many participants took vacation time during the holiday season. The posttest was conducted between three and four weeks after the holiday season.

Reasons for lack of change in personal accomplishment.

One possible reason for the lack of change in personal accomplishment between pre and posttest was the workshop's focus on building support with coworkers, supervisors, friends and family. In contrast the MBI measures personal accomplishment as feelings people have primarily about their dealings with clients. Personal accomplishment also measures how people perceive their accomplishments from work, and their feelings of success. Having resources to help clients, autonomy, and support from other coworkers or a supervisor helps strengthen one's perceived level of personal accomplishment.

The workshop addressed how to obtain “detached concern” (Pines & Aronson, 1988): participants learned skills including how to avoid getting too close or becoming too distant from one’s clients. “Detached concern” seems to help avoid burnout and attain positive feelings about one’s work with people. However, learning new skills in proper mental distancing with clients takes considerable practice as well as change in workers’ thinking. As noted by Pines and Aronson (1988), this skill takes constant monitoring and evaluation to keep mental distancing in balance with one’s clients.

Emotional exhaustion and personal accomplishment.

Unexpectedly, there was a positive correlation at pretest between emotional exhaustion and personal accomplishment, something not found consistently in the larger body of literature on burnout thus far. There are two possible reasons for this occurrence. First, participants might be very satisfied but also emotionally drained by their work. Oktay (1990) noticed in her study of social workers with AIDS patients that workers experienced high levels of emotional exhaustion and depersonalization, yet had high levels of personal accomplishment. Some evidence exists that some medical field workers show similar responses (Davidson, 1985). Second, the workshop primarily addressed women, who may have felt overwhelmed by work and the holiday rush, yet very satisfied with their accomplishments from these endeavors (the workshops were held during the holidays). Women in western culture, to a large degree, are often primarily responsible for organizing family holidays, including house and meal preparation and buying presents for family, relatives, and friends.

Hypothesis Two

The second hypothesis predicted that social support would be higher at posttest than at pretest, as measured by the social support questionnaire. Though social support satisfaction (SSS) and size of social support network (SSN) did change in a positive direction, neither of these measures of social support changed significantly.

One reason for this unexpected finding could be that social support is not actually measured by this instrument. This measure was designed for this study and there is not yet enough psychometric data collected to verify the measure is testing social support. Because of the small sample size, the results could be due to chance alone or some unknown artifact not identified. There is limited support for the measure's internal consistency. The data of this study showed six items measuring satisfaction of various sources of support to be correlated with each other.

A second possible reason for this finding could be the brevity between the pre and posttest. There is no research on the effects of time in building social support..

Other correlations found during this research add evidence to the theory that time and social support are related. For example, longer term staff in the field of social services were also more satisfied with their social support. It could be assumed workers holding social service positions longer had more time to build social support than workers with less time in their positions. There were a number of participants who were relatively young and also a number who were new to the social service field. Therefore, a number of participants may not have the social support needed either due to an internal

inability to obtain it, not being in social services long enough to build adequate social support, or some external obstacle keeping them from obtaining it.

A fourth possible reason for the lack of significant change in social support is that at pretest the results could have been invalidated. Participants did not have a complete understanding of the term and conditions constituting social support as defined for this study. Before the workshop was conducted, participants were asked to report on their perceived social support. Then, the workshop spent considerable time discussing six types of social support needed for avoiding burnout. It's very possible participants better understood social support after the workshop and therefore were more critical/conservative about their social support needs being met during posttest.

There is also evidence emphasis on developing a certain type of support, such as that from co-workers, can trigger further stress (Shumaker & Brownell, 1984). The perceived need to improve friendships, add new social support, or respond to those asking for social support might have added to participants' stress level, not reduced it. This increase in stress might prevent workers from making progress in developing social support. This situation could then result in the opposite of the workshop's intended purpose, which was to increase social support.

A good workshop is only a start in addressing the issues of burnout and building social support. Maslach and Leiter (1997) noted that for real change to occur in the line staff's burnout level, the administration must be present and accept significant responsibility for burnout prevention. If the administration is absent from the workshop, as in this study, there seems little chance employees will be encouraged to practice what

they learn in the workplace, i.e. building social support. Further research to verify (or not) this possibility would be desirable.

In this research, the workshop was not provided to any entire organization. Only units of the larger organization came, as well as random employees from several other organizations. Organizations need to understand that the whole group must work together to avoid burnout (Maslach & Leiter, 1997). As noted by Coady and Kent (1990), in their study of social workers serving cystic fibrosis patients, those with high team and supervisory support had less burnout as measured by the MBI. This workshop was designed for more inclusive work with all the occupational strata of human service workers. The workshop emphasized how to provide and be receptive to social support from coworkers, supervisors, family, and friends. It could be concluded the lack of knowledge and training in effectively combating burnout among these organizations as a whole made them unable to significantly change the building of social support in spite of the workshop's inclusive focus.

Hypothesis Three

The third hypothesis predicted burnout and social support would be negatively correlated at both pre and posttest. As expected, at pre and posttest, the participants' levels of emotional exhaustion and depersonalization were negatively related to their perceived levels of social support satisfaction. These results suggest high levels of social support are associated with workers who have low levels of emotional exhaustion and depersonalization. People whose emotional exhaustion was high and were

depersonalizing either were not receptive to social support or not receiving enough social support from work, home, and the community.

There was no correlation between personal accomplishment and social support. Emotional exhaustion had a stronger correlation to social support satisfaction than depersonalization did. As mentioned earlier, past research has shown emotional exhaustion is the primary result of burnout with depersonalization second in significance, while personal accomplishment is independent and less of an indicator than these first two. Those with high social support statistically had low burnout in two of the three levels (emotional exhaustion and depersonalization) both before and two months after the workshop.

This result is consistent with earlier findings. Baruch-Feldman, Brondolo, Ben-Dayan and Schwartz (2002) noted a strong negative correlation between a worker's level of perceived social support and burnout. They studied four types of social support: family/friends, coworkers, immediate supervisors, and unit supervisors. They noted family/friends and unit supervisors played a significant role in avoiding burnout. They confirmed their hypothesis that burnout and emotional social support were negatively correlated. Pines (1983) too found a strong negative correlation between burnout and social support in her work providing workshops. It should be noted that Pines tested burnout on a single level only, emotional exhaustion. She noted that an increase in social support satisfaction decreased one's level of burnout. Lindgren (1990), in her study of burnout and social support in family caregivers, noted a strong negative correlation existed between burnout according to the MBI subscales and social support satisfaction.

It has been further noted by Davis-Sacks, Jayaratne and Chess (1985) that female child welfare workers who perceive high spousal and supervisor support satisfaction, experience less burnout, depression, and anxiety. They noted co-worker support was also important in decreasing one's level of burnout. However, they sometimes found increasing social support among coworkers could, in fact, backfire and add stress, due to criticisms and gripe sessions that could occur during group meetings.

Stress is a known factor in determining burnout (Maslach & Leiter, 1997; Pines & Aronson, 1988). Brown, Schultz, Forsberg, King, Kocik and Butler (2002), in their research into retaining health care professionals working with HIV/hemophilia patients, also noted that an increase in social support had reduced participants' stress level. This finding was attributed to the retention of health care professionals. The issue of human service workers leaving the profession due to burnout has been well documented (Pines & Aronson, 1988; Maslach & Leiter, 1997).

Additional Findings

Older participants had more perceived social support satisfaction and experienced less emotional exhaustion. These results are confirmed by several studies where older human service workers experience less burnout (Ackerley, Burnell, Holder & Kurdek, 1988; Huberty & Huebner, 1988; Maslach, et al., 1996; Oktay, 1990). Age consistently correlates negatively with emotional exhaustion and depersonalization in studies (Maslach, et al., 1996). However, it is not clear why older human service workers experience less burnout. Huberty and Huebner (1988) hypothesized that as human service workers become older, they may develop both behavioral and attitudinal experiences that

reduce the amount of burnout experienced. Oktay (1990) found job experience was not a predictor of low burnout. She concluded that perhaps older workers have more realistic expectations than younger workers do. Oktay also found older workers possibly invest less of themselves in their work. Oktay noted that only age, autonomy, and belonging to a social support group correlated with the lower levels of burnout experienced by some social workers. There was also a correlation between high social support satisfaction and a participant's tenure in the social services field. This result could indicate time helps one in building social support. However research has not investigated the relationship between social support and years in the social service profession. This study appears to show that older workers had built more social support with less emotional exhaustion, and that social support satisfaction was related to one's professional tenure in social services.

Limitations of the Study

As mentioned earlier, one limitation was that it is not evident yet whether the social support questionnaire designed for this study actually measures social support. A second limitation was the workshop's lack of a control group as part of its research. Other factors outside the control of this research, could include job changes, counseling or other training, and vacations could have affected the participants in such a way as to adversely or positively impact the posttest results. If an organization recently lost staff, for instance, chances are case loads increased, adding to the stress level of all staff and likely adding to their level of burnout. Alternatively, if a staff member just completed a two week vacation, they would be less likely to be burned out (Westman & Etzion, 2001). Only a

small number of respondents completed both pre and posttest; this response could cause data results to be due more to chance or artifact than to the workshop training.

Additionally, a time period of two months is also a concern in terms of lasting affects of the workshop. Six month and one year follow up would more appropriately validate the findings from this research.

The majority of respondents at pre and posttest were white, female, and primarily raised in Western culture. This composition limits the research in its comparison to the larger body of knowledge which has considerably more demographic diversity in regards to both sex and race. There was also an absence of administrators/directors and supervisors attending the workshop as already discussed. Finally, as noted earlier, these workshops had only partial attendance from several organizations, instead of full organizational participation so everyone working together could learn the same skills and put them into team practice.

In view of the statistical data on emotional exhaustion, it showed a significant change between pre and posttest. However, this change is limited when considering the clinical significance of the data. Clinical significance refers to how the workshop affected the participants over a given time period, changing their lives in a significant way. The change in emotional exhaustion in this study was less than one half of a standard deviation. A change closer to one standard deviation would show a higher level of significance. Given this finding it appears that with just a workshop, a meaningful though modest change occurred in this key dimension of emotional exhaustion, which suggests more workshops, or more lengthily training are likely to lead to decreases in burnout.

Directions for Future Research

It is apparent that a social support measure specifically focused on human service workers should be developed and validated. Current social support indicators are lengthy and as of yet see little use with human service providers. Questions need to be written so they evaluate the qualitative as well as quantitative value of social support. In addition, both sample size and sample demographics of studies used to validate this measures use must be increased to add validity to the instrument's value. To further develop this instrument, external validation, dimensions of job experience, and personal outcomes need to be included.

Regarding the need for controlled studies, using only part of an organization as a control group would be both unethical and ineffective. It would be unethical to provide needed burnout prevention training to only some members of an organization, while having a control group work without. Even if the control group were trained at a later date, it would take a least six months. In this time, considerable damage can occur due to change in participants' communication with nonparticipants. In followup work (about 4 months after the workshop), one small group of participants complained of being ostracized at their workplace due to their workshop attendance, and assignment to develop a plan for the organization. In order to have an effective control group, further research needs to be conducted in a city or area large enough where two similar agencies could participate, one could be a control group. Due to cost especially with state agencies, only one agency usually serves an area or city. Moreover, it is most efficient for only one agency to be a clearinghouse for organizing and providing services.

Studies looking at comparing the effects of increased social support on burnout should be conducted long-term to evaluate lasting effects of the workshop's impact on human service organizations. The complete occupational strata of human service organizations, including administrators/directors and supervisors, are needed to further validate these findings and accurately research the effects of workshops on reducing burnout and increasing social support.

Leiter and Maslach (2000) have provided the material needed to conduct workshops, long-term planning, and continual appraisal of situations and conditions affecting human service workers in the area of burnout and organizational concerns. Evaluation of the long-term effects this training will have on organizations is needed. However, their materials do not provide evaluation tools that measure social support as this study did. The evaluation of social support's effects on burnout remains a concern.

In addition, future research should look at the distinctions in job descriptions, education and types of degrees in assessing levels of participants burnout levels.

Conclusions

Workshops designed to address burnout on two levels (personal and interpersonal) appear to reduce burnout, and possibly increase social support. This research demonstrated that emotional exhaustion can be reduced by a one-day workshop, at least during the two month time period following a workshop.

A reduction of emotional exhaustion in human service workers occurred in the current research. Depersonalization decreased but not to a significant level and personal accomplishment did not change. Participants' social support satisfaction improved over

time, though not significantly. Including the overall organization in burnout prevention appears to be important in having better long-term results in lowering burnout and increasing social support. If whole organizations attend a workshop, then all participants will have better understanding of the issues and the need for continued efforts towards the issues of burnout and social support. With this goal in mind, it appears a one-day workshop should be seen as only the beginning of a process that needs continual addressing over time. Longitudinal and experimental studies are needed before specific relationships between burnout and social support can be explored.

Little research is being done with human service providers to provide workshops/education and long term follow-up for increased social support and reduced burnout. The reasons are several: lack of money to assist research, inability to show research is cost effective, the multiplicity of variables making it difficult to assess artifacts possibly present, and the large numbers of correlations, some of which are difficult to explain. In addition, there is the concern of directors who are resistant to possible change, and the long term commitment necessary to see effective change take place.

In a time of ever decreasing budgets and increasing caseloads, however, reducing burnout and increasing social support is much needed. Through the cooperation of organizations and solid research addressing how those systems can work to eliminate burnout, debilitating symptoms can be rectified and worker and client satisfaction enhanced.

Table 1

Demographics

Sex	N	%
Male	2	7.7
Female	24	92.3
Age	N	%
21-30	5	19.2
31-40	1	3.8
41-50	10	38.5
51-60	9	34.6
Over 60	1	3.8
Education	N	%
High School	9	25
Some College	7	19.4
2 Year Degree	2	5.6
4 Year Degree	16	44.4
Masters Degree	2	5.6
Degree	N	%
Business	2	7.7
Psychology	4	15.4
Nursing	1	3.8
Social Work	6	23.4
Other	6	23.1
None	7	26.9

Table 1 Continued

Race	N	%
Caucasian	24	92.3
Asian	1	3.8
Native American	1	3.8
Job Classification	N	%
Clerk	4	15.4
Eligibility	5	19.2
Technician		
Direct Services	5	19.2
Social Work	9	34.6
Supervisors	3	11.5
Years at Position	N	%
0-5	15	56.0
5-10	6	24.0
11-20	3	12.0
Over 21	2	8.0

Table 2

Internal Consistency for the MBI and Social Support Satisfaction

Item	Alpha	Mean	SD
Pre Emotional Exhaustion	.82	23.92	7.57
Pre Depersonalization	.79	8.08	4.80
Pre Personal Accomplishment	.61	35.35	5.78
Pre Social Support Satisfaction	.65	2.54	.61
Post Social Support Satisfaction	.79	2.70	.69

Notes: n = 26

Table 3

Intercorrelations between subscales for MBI and Social Support at Pretest

Item	1	2	3	4	5
1. Pre Social Support Satisfaction	—	.14	-.48*	-.44*	.04
2. Pre Social Support Numbers		—	.03	.23	-.05
3. Pre Emotional Exhaustion			—	.40*	.47*
4. Pre Depersonalization				—	-.06
5. Pre Personal Accomplishment					—

Notes: n = 26, *p < .05, (two-tailed).

Table 4

Intercorrelations between subscales for MBI and Social Support at Posttest

Item	1	2	3	4	5
1. Post Social Support Satisfaction	—	.19	-.63**	-.39	.24
2. Post Social Support Numbers		—	-.07	-.11	.13
3. Post Emotional Exhaustion			—	.60**	.02
4. Post Depersonalization				—	-.33
5. Post Personal Accomplishment					—

Notes: n = 26, **p < 0.01, (two-tailed).

Table 5

Paired T-Test differences pre and post MBI and Social Support subscales

Item	pre	post	t	p
Pre-Post Social Support			-1.55	.13
Mean	2.54	2.70		
SD	.61	.69		
Pre-Post Social Support Numbers			-.45	.66
Mean	6.77	7.08		
SD	3.27	3.39		
Pre-Post Emotional Exhaustion			3.07	.01
Mean	23.92	20.69		
SD	7.57	8.61		
Pre-Post Depersonalization			2.00	.06
Mean	8.08	6.04		
SD	4.80	5.78		
Pre-Post Personal Accomplishment			-.55	.59
Mean	35.35	35.96		
SD	5.78	5.39		

Notes: n = 26, p < .05 (two tailed), df = 25 (2.06)

Table 6

Intercorrelations at Pretest between Age, Social Support Satisfaction, MBI, Years in Social Services and Years at Agency

Item	2	3	4	5	6	7
1. Age	.36	-.24	-.02	.12	.52**	.50**
2. Social Support	-	-.48*	-.44*	.04	.38	.19
3. Emotional Exhaustion	-	-	.40*	.48*	-.30	.02
4. Depersonalization	-	-	-	-.06	-.10	.15
5. Personal Accomplishment	-	-	-	-	.23	.36
6. Years in Social Services	-	-	-	-	-	.70**
7. Year at Agency	-	-	-	-	-	-

Notes: n = 26, *p < .05, (two-tailed), **p < .01, (two-tailed).

Table 7

Intercorrelations at Posttest between Age, Social Support Satisfaction, MBI, Years in Social Services and Years at Agency

Item	2	3	4	5	6	7
1. Age	.39*	-.41*	-.09	.19	.52**	.50**
2. Social Support	-	-.63**	-.39	.24	.43*	.32
3. Emotional Exhaustion	-	-	.57**	.02	-.23	-.04
4. Depersonalization	-	-	-	-.33	-.14	.01
5. Personal Accomplishment	-	-	-	-	.37	.18
6. Years in Social Services	-	-	-	-	-	.70**
7. Year at Agency	-	-	-	-	-	-

Notes: n = 26, *p < .05, (two-tailed), **p < .01, (two-tailed).

References

- Ackerley, G. D., Burnell, J., Holder, D.C. & Kurdek, L.A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*, 624-631.
- Barrera, M., Sandler, I., & Ramsay, T. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology, 9*, 435-447.
- Belcastro, P., Gold, R., & Hays, L. (1983). The Maslach Burnout Inventory: Factor structures for samples of teachers. *Psychological Reports, 53*, 36-366.
- Brown, L., Schultz, J., Forsberg, A., King, G., Kocik, S., & Butler R. (2002). Predictors of retention among HIV/hemophilia health care professionals. *General Hospital Psychiatry, 24*, 48-54.
- Baruch-Feldman, C., Brondolo, E., Ben-Dayana, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology, 7(1)*, 84-93.
- Cherniss, C., (1980). *Staff burnout: Job stress in the human service*. Beverly Hills, California: Sage Publication.
- Cherniss, H. C. (1995). *Beyond Burnout*. New York: Routledge.
- Coady, C. A., & Kent, V. D. (1990). Burnout among social workers with patients with cystic fibrosis. *Health and Social Work, 15(2)*, 116-128.
- Cobb, S. (1976). Social support as moderator of life stress. *Psychosomatic Medicine, 5(38)*, 300-317.

- Cole, J. (1999). An ounce of prevention beats burnout. *HR Focus*, 1-3.
- Cox, T. (1988). Psychobiological factors in stress and health. In S. Fisher, & J. Reason (Eds.), *Handbook of Life Stress, Cognition and Health*. (pp. 603-628). Chichester: John Wiley and Sons.
- Cox, T., Kuk, G. & Lieter, M. P. (1993). Burnout, health, work stress, and organizational healthiness. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional Burnout: Recent Developments in Theory and Research*. (177-193). Washington D.C.: Taylor & Francis.
- Cox, T., Thirlaway, M., & Cox, S. (1984). Occupational well being: Sex differences at work. *Ergonomics*, 27, 499-510.
- Cox, T., Thirlaway, M., Gotts, G., & Cox, S. (1983). The nature and measurement of general well being. *Journal of Psychosomatic Research*, 27, 353-359.
- Cranwick, K. (1997). Human service worker's response to work: A study of job satisfaction of management and frontline workers. *Canadian Journal of Rehabilitation*, 11(2), 51-60.
- Davidson, K. (1985). Social work with cancer patients. *Social Work in Health Care*, 10(4), 73-82.
- Davis-Sacks, M., Jayaratne, S., & Chess, W. (1985). A comparison of the effects of social support on the incidence of burnout. *Social Work*, 30(3), 240-244.
- Dolbier, C. L., & Steinhardt, M. A. (2000). The Development and validation of the sense of support scale. *Behavioral Medicine*, 25, 169-180.

- Drake, B., & Yadama, G. (1995). Confirmatory factor analysis of the Maslach Burnout Inventory. *Social Work Research, 19*(3), 184-196.
- Farber, B. A. (Ed.). (1983). Introduction: A critical perspective on burnout. *Stress and Burnout in the Human Service Professions*. New York: Pergamon Press.
- Fimian, M. J., & Blanton, L. P. (1987). Stress, burnout and the role problems among teacher trainees and first-year teachers. *Journal of Occupational Behaviour, 8*(2), 157-165.
- Flaherty, J., Gaviria, F. & Pathak, D. (1983). The measurement of social support: The Social Support Network Inventory. *Comprehensive Psychiatry, 24*, 521-529.
- Freudenberger, H. (1974). Staff burn-out. *Journal of Social Issues, 30*(1), 159-165.
- Freudenberger, H. (1983). Burnout: Contemporary issues, trends, and concerns. In B. A. Farber (Eds.). *Stress and Burnout in the Human Service Professions*. (pp. 23-28). Elmsford, New York: Pergamon Press Inc.
- Greenglass, E. R., Burke, R. J., & Konarski, R. (1997). The impact of social support on the development of burnout in teachers: Examination of a model. *Work & Stress, 11*(3), 267-278.
- Golembiewski, R. T., & Boudreau, R. A. (1998). Estimates of burnout in public agencies: Worldwide, how many employees have which degrees of burnout, and with what consequences. *Public Administrative Review, 58*(1), 59-71.

- Hackman, J. R., & Oldham, G. R. (1974). The Job Diagnostic Survey: An instrument for the diagnosis of jobs and the evaluation of job redesign projects. *JSAS Catalog of Selected Documents in Psychology, 4*, 217-236, Washington DC: Taylor & Francis.
- Hackman, J. R., & Oldham, G. R. (1975). Development of the Job Diagnostic Survey. *Journal of Applied Psychology, 60*, 159-170.
- Hannigan, B., Edwards, D., Coyle, D., Fothergill, A., & Burnard, P. (2000). Burnout in community mental health nurses: Findings from the all-Wales stress study. *Journal of Psychiatric and Mental Health Nursing, 7*, 127-134.
- Holahan, C., & Moos, R. (1986). Personality, coping, and family resources in social resistance: A longitudinal analysis. *Journal of Personality and Social Psychology, 51*, 389-395.
- Huberty, T. J., & Huebner, E. S. (1988) A national survey of burnout among school psychologists. *Psychology in the Schools, 25*, 54-61.
- Jackson, S. E., & Maslach, C. (1982). After-effects of job-related stress: Families and victims. *Journal of Occupational Behavior, 3*, 63-77.
- Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology, 71*, 660-640.
- Jayaratne, S., & Chess, W. A. (1984). The effects of emotional support on perceived stress and strain. *The Journal of Applied Behavioral Science, 20*, 141-153.

- Kalliath, T. J., O'Driscoll, M. P., Gillespie, D. F., & Bluedorn, A. C. (2000). A test of the Maslach Burnout Inventory in three samples of healthcare professionals. *Work and Stress, 14*(1), 35-50.
- Kellman, M. C. (1973). Violence without moral restraint: Reflections on the dehumanization of victims and victimizers. *Journal of Social Issues, 29*, 25-61.
- Leiter, M. P., & Dunrup, J. (1994). The discriminate validity of burnout and depression: A confirmatory factor analytic study. *Anxiety, Stress, & Coping, 7*, 357-373.
- Leiter, M. P., & Maslach C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior, 9*, 297-308.
- Leiter, M. P., & Maslach C. (2000). *Preventing burnout and building engagement: A complete program for organizational renewal*. San Francisco: Jossey-Bass.
- Lindgren, C. (1990). Burnout and social support in family caregivers. *Western Journal of Nursing Research, 12*(4), 469-487.
- Maslach, C. (1976). Burned-out. *Human Behavior, 5*(9), 16-22.
- Maslach, C. (1978). The client role in staff burn-out. *Journal of Social Issues, 34*(4), 111-124.
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied & Prevention Psychology, 7*, 63-74.
- Maslach, C., & Jackson, S. E. (1979). Burned-out cops and their families. *Psychology Today, 12*(1), 59-62.
- Maslach, C., & Jackson, S. E., (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2*, 99-113.

- Maslach, C., & Jackson, S. E. (1982). Burnout in health professions: A social psychological analysis. In G. Sanders & J. Suls (Eds.), *Social Psychology of Health and Illness*. Hillsdale, NJ: Erlbaum.
- Maslach, C., & Jackson, S. E. (1984). Patterns of burnout among a national sample of public contact workers. *Journal of Health and Human Resources Administration*, 7, 189-212.
- Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory Manual* (2nd ed.). Palo Alto, CA: Consulting Psychologist Press.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory manual*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach C., & Leiter, M. P. (1997). *The truth about burnout*. California: Jossey-Bass.
- Maslach, C., & Ozer, E. (1995). Theoretical issues related to burnout in AIDS health workers. In L. Bennett (Ed.), *Health Workers and AIDS: Research Intervention and Current Issues in Burnout and Response*. (pp. 1-14). Chur, Switzerland: Harwood Academic Publication.
- Maslach, C., & Pines, A. (1977). The burnout syndrome in the day care setting, *Child Care Quarterly*, 6, 100-113.
- Maslach, C., & Schaufeli, W. (1993). Historical and conceptual development of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 1-16). Washington D.C.: Taylor & Francis.

- Oktay, J. S. (1992). Burnout in hospital social workers who work with AIDS patients. *Social Work, 37*(5), 432-443.
- Perlman, B., & Hartman, E. A. (1982). *Burnout: summary and future research*. Paper presented at the Annual Convention of the Rocky Mountain Psychological Association, Denver, CO.
- Pines, A. (1983). On burnout and the buffering effects of social support. B. A. Farber (Ed.), *Stress and burnout in the human service profession*. (pp. 155-174). New York: Pergamon Press.
- Pines, A., & Aronson, E. (1983). Combatting Burnout. *Children and Youth Services Review, 5*, 263-275.
- Pines, A., & Aronson, E. (1988). *Career burnout: causes and cures*. New York: Free Press London.
- Pines, A., Aronson, E., & Kafry, D. (1981). *Burnout: from tedium to personal growth*. New York: The Free Press.
- Pines, A., & Kafry, D. (1978). Occupational tedium in social service professionals. *Social Work 23*(6), 499-507.
- Porter, M. (1979). *Worker burnout among child protective service workers*. DHEW Publication; no (OHDS) 79-30224.
- Procidano, M., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11*, 1-24.

- Richman, J. M., Rosenfeld, L. B., & Hardy, C. J. (1993). The Social Support Survey: A validation study of a clinical measure of the social support process. *Research on Social Work Practice, 3*(3), 288-297.
- Sarason, G., Levine, H., Basham, R., & Sarason, B. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology, 44*, 127-139.
- Schaufeli, W. B. (1990). *Opgebrand (Burnout)*. Rotterdam: Ad. Donker.
- Schaufeli, W. B., Enzmann, D., & Girault, N. (1993). Measurement of burnout: A review. In W. B. Schaufeli, C. Maslach & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 199-215). Washington D.C.: Taylor & Francis.
- Schaufeli, W. B., & Van Dierendonck, (1993). The construct validity of two burnout measures. *Journal of Organizational Behavior, 14*, 631-647.
- Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. (2000). The factorial validity of the Maslach Burnout Inventory-General Survey (MBS-GS) across occupational groups and nations. *Journal of Occupational & Organizational Psychology, 73*(1), 53-67.
- Shirom, A. (1989). Burnout in work organizations. In C. Cooper & I. Robertson (Eds.), *International Review of Industrial and Organizational Psychology*. 25-48.
- Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support. *Journal of Social Issues, 40*(4), 11-36.

- Streeter, C. L., & Franklin, C. (1992). Defining and measuring social support: Guidelines for social work practitioners. *Research on Social Work Practice, 2*, 81-108.
- Tracy, E., & Whittaker, J. (1990). The Social network map: Assessing social support in clinical practice. *Families in Society, 71*, 461-470.
- Vaux, A. (1988). *Social support: Theory, research, and intervention*. New York: Praeger.
- Vaux, A., & Harrison, D. (1985). Social network characteristics associated with support satisfaction and perceived support. *American Journal of Community Psychology, 13*, 256-268.
- Westman, M., & Etzion, D. (2001). The Impact of vacation and job stress on burnout and absenteeism. *Psychology and Health, 16*, 595-605.

Appendix A

Background Information

The following pages are questions that will be collected and used as part of this research. Read each question carefully and answer all questions to your best ability. Please circle or write in the appropriate number.

1. Sex: Male Female
2. Please indicate your ethnic background _____
3. What is your age?

Between 21-30	Between 31-40		
Between 41-50	Between 51-60		
Over 61			
4. Please indicate your level of education:

High school	Some College		
B.A. or B. S.	M. A. or M. S.	Ph.D.	PSY.D.
5. What is your degree in? _____
6. Please indicate what type of job you hold:

Managerial/Supervisor	Social Worker	SSA
Administrative staff	Clerical	Licensing
Other _____		
7. How many years have you been with this agency? _____
6. How many years have you worked in a social services position? _____
7. What unit do you currently work in? _____
8. How many different positions have you held at this agency? _____

Appendix B

Social Support Questionnaire

Your complete response to each question is appreciated.

“Social support” is a complex term meaning different things to different people. For purposes of this survey, social support is defined as: a perception that one is supported, encouraged and challenged to do one’s best at work; as well as being cared for, and listened to and appreciated

1. Who are the people in your life who provide you with social support? Please list each person by writing their initials and what their relationship is to you.

Example: T. N. (co-worker)

Initials: ___	Relationship: _____	Initials: ___	Relationship: _____
___	_____	___	_____
___	_____	___	_____
___	_____	___	_____
___	_____	___	_____

Using the scale below please indicate your level of satisfaction with your ‘support group.’

0	1	2	3	4
strongly disagree	disagree	neutral	agree	strongly agree

2. _____ I receive enough support from co-workers in regards to my work?
3. _____ I receive enough support from supervisors in regards to my work?
4. _____ I receive enough support from friends in regards to my work?
5. _____ I receive enough support from my family in regards to my work?
6. _____ I receive enough support from other sources i.e. church, social organizations etc., towards my work?
7. _____ Overall I receive enough social support towards my work?

Appendix C

Self Awareness Workshop

Dave Bates

University of Alaska, Fairbanks,
Community Psychology Program

This workshop is designed to define and discuss professional burnout and provide the participants with information that can be helpful in preventing social service workers from burning out on the job. You will be asked to complete a questionnaire that includes questions about your background, questions concerning your work-related social support, and statements about job-related feelings. This questionnaire will be completed today and again in two months.

Filling out this questionnaire is voluntary. However, it is important that you answer the questions carefully and accurately. Please answer all of the questions, and read the directions carefully. Do not dwell on a question too long; usually the first response is the best.

All answers you give on these questionnaires will be kept completely confidential. Do not put your name on the questionnaires. Only Dave Bates will see your responses. No one from your department or anyone else will have access to your answers.

The questionnaire packet also includes a consent form and a contact information form. Please read and sign the consent form in your packet. On the contact information form is a line and a number, please write your name clearly on the line. The number on the contact information form and on the questionnaire packet envelope identifies you so that when you receive your second set of questionnaires to fill out it can be matched up with your first set of questionnaires. You will be asked to place this form in an envelope that will be passed around and collected by Dave Bates. Only Dave Bates will see this page with your name and number. Once the second set of questionnaires are given and recorded your contact information form will be destroyed.

You can return your questionnaires to me directly during the workshop after sealing them in the envelope provided or by placing the sealed packet in the drop box located in the workroom.

If you have any questions about this study, or have any problems as a result of this study, phone Dave Bates at (907)-474-6512, or write to him at: Department of Psychology, Attn: Dave Bates, University of Alaska Fairbanks, Box 756480, Fairbanks, AK, 99775-6480. If you have any questions about the rights of research participants, contact Dr. Geist, Chair, at the Arctic Research Office for Protection from Research Risks at (907)-474-7314.

Keep this cover sheet for your records and in case you have any further questions.

THANK YOU FOR YOUR PARTICIPATION!!!