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Abstract

Employees in residential facilities face emotionally stressful situations with youth who often become physically aggressive. Exposure to physical aggression and a stressful work environment can lead to burnout in employees who work in youth residential facilities. Previous research suggests that perfectionism and coping styles are related to burnout. However, there is a gap in the literature related to the relationships between perfectionism, coping, and burnout in residential employees. Therefore, this study sought to explore the relationships among adaptive perfectionism, avoidant coping styles, and work-related burnout in (n = 69) residential employees. The results indicated that both avoidant coping styles and adaptive perfectionism were significant predictors of work-related burnout. Implications of the study's findings are discussed for human services employees who work in residential settings.

Keywords: perfectionism, coping, burnout, residential employees

Factors Associated with the Work-Related Burnout of Residential Employees: An Examination of Perfectionism and Coping

Burnout is prevalent in the human services field (Thomas, et al., 2014) and is comprised of three characteristics: emotional exhaustion, depersonalization, and lowered sense of accomplishment (Maslach & Jackson, 1986). Related, there is a longstanding problem regarding the high turnover rates of employees who work in residential facilities (Tremblay, et al., 2016). Often, employees leave residential facilities because of the stressors involved with helping emotionally distressed clients (Kruger, et al., 1991). Particularly in youth residential facilities, burnout rates are high because employees often have limited training to handle the emotionally charged interactions they face with youth over prolonged periods of time (Eastwood & Ecklund, 2008).

Coping and Residential Employees

These emotionally charged interactions with youth often involve youth's physical aggression directed towards residential employees (McAdams & Foster, 1999). The reason for youth's physical aggression is often individualistic and influenced by multiple environmental factors (Jamieson, et al., 2000). Moreover, the aggressive behaviors that residents may exhibit towards themselves; others; or property include: kicking, biting, verbal aggression, and sexual acts (Hensel, et al., 2014). According to Connor et al. (2004), residential employees must find ways to cope with the youth's physical aggression and the stressors involved with working in a residential setting. In youth residential facilities, the threat of violence as well as violence itself is a significant stressor for most employees (Jamieson, et al., 2000). In order to handle these stressors, employees may adopt active or avoidant coping styles. Active coping strategies include: planning, seeking social support, and turning to religion as strategies for dealing with stressful situations. In contrast, avoidant coping strategies include denial, behavioral disengagement, and suppression (Carver, Scheier, & Weintraub, 1989). Emam and Al-Bahrani (2014) found that in a sample of employees working with children with disabilities in a residential facility, active coping strategies such as of using positive religious coping were associated with decreases in stress.

Although, team dynamics, gender differences, job support, job demands, and selfefficacy were explored to better understand how employees in residential facilities cope with their unique job experiences, there is a need to further develop more current literature related to coping styles and burnout in residential employees (Barnes et al., 2018; Brouwers & Tomic, 2016; Kruger et al., 1995; Pelletier, et al., 1996). Moreover, there is a dearth in the literature regarding the exploration of other personality characteristics (i.e., perfectionism) in regard to understanding residential employees' burnout. Kruger and colleagues (1995) explored coping and burnout with counselors working in a residential facility. Friendships among employees were positively correlated with personal accomplishment and inversely correlated with depersonalization. Another study which took place in a residential facility found that male youth counselors had higher instances of experiencing depersonalization burnout symptoms (Pelletier, et al., 1996). Female youth counselors tended to cope with work-related stress at the residential facility while male youth counselors tended to take their stress home with them by discussing their work experiences with family members. In 2016, Brouwers and Tomic conducted a study with employees at youth residential facilities and found that increased job demands were associated with exhaustion and depersonalization. In addition, their findings revealed that employee's self-efficacy beliefs regarding coping with aggressive behaviors was related to a reduced sense of personal accomplishment. Similarly, when examining the relationship between

teacher self-efficacy, school support, and teacher burnout, Barnes et al. (2018) found that the more supported teachers on residential campuses felt, the lower their reported levels of burnout. Though their study was not solely focused on human service employees who work directly with youth, Gray-Stanley and Muramatsu (2011) found having social supports at work as well as a locus of control were associated with decreased stress and burnout in direct care workers.

Personality and Perfectionism

In youth and childcare human service employees, personality traits such as neuroticism and extraversion are also associated with burnout (Barford & Whelton, 2010). Barford and Whelton (2010) found that in human service employees' neuroticism was predictive of emotional exhaustion and three personality factors including neuroticism, extraversion, and conscientiousness were significant predictors of human services employees' personal accomplishment. Although the Big Five personality traits (i.e., openness, conscientiousness, agreeableness, extraversion, and neuroticism) have been previously studied in human service employee populations, there are other personability traits such as perfectionism that can explain burnout. Perfectionism is a personality trait that relates to high personal standards, a hypersensitivity to mistakes, and critical evaluation of one's behavior (Gong, et al., 2015; Stoeber & Otto, 2006). Perfectionism is commonly studied in a variety of settings and is comprised of two domains: perfectionistic strivings and perfectionistic concerns (Stoeber & Otto, 2006). Perfectionistic strivings is characterized by high standards whereas, perfectionistic concerns (i.e., maladaptive perfectionism) relates to high levels of self-criticism. Perfectionistic strivings or adaptive perfectionism, is associated with lower levels of psychological distress.

Gong, et al. (2015) examined perfectionism in relation to parenting and coping styles. Maladaptive perfectionism was associated with avoidant coping styles while adaptive perfectionism was associated with active coping styles. Perfectionism dimensions meditated the relationship between parenting styles and coping styles. Although there is burgeoning literature regarding perfectionism and coping styles, to date there are no studies which examine both coping and perfectionism in relation to burnout in a sample of residential employees.

The Present Study

Therefore, this study sought to explore the relationships between adaptive perfectionism (i.e., high standards), avoidant coping styles, and work-related burnout in residential employees. The researcher sought to answer the following research questions. First, are adaptive perfectionism (i.e., high standards) and avoidant coping styles correlated with work-related burnout? Second, are adaptive perfectionism and avoidant coping styles predictors of work-related burnout? The researcher hypothesized that adaptive perfectionism would be a negatively correlated with, and a significant predictor of, work-related burnout. In addition, the researcher hypothesized that avoidant coping would be positively correlated with, and a significant predictor of, work-related burnout.

Method

Participants

Participants were (n = 69) employees at two residential facilities in the Mid-Atlantic region. One of the residential facilities was located in an urban setting and one was located in a rural setting. Both residential facilities served youth under the age of 18. Both residential facilities included youth group homes and alternative schools on their residential campus. The sample included (n = 19) males and (n = 50) females. The mean age of the participants was 37.58 years old, (SD = 10.53). Participants racially identified as White (n = 29), Black (n = 35), Asian (n = 2), Pacific Islander (n = 1), and Other (n = 2). In addition, two of the participants

identified their ethnicity as Hispanic/Latinx. Most of the participants were full-time employers (n = 51); however, some participants were part-time employees (n = 18). The sample included (n = 40) qualified mental health professionals (QMHP), (n = 11) counselors/clinicians, and (n = 14) alternative school teachers. Four of the participants did not disclose their job position. Most of the participants indicated that they had been in their current job position for one to five years (n = 34). The majority of the sample (n = 48) indicated that at their job they had witnessed youth exhibit physical aggression more than 10 times.

Instruments

Short Almost Perfect Scale (SAPS; Rice, Richardson, & Tueller, 2014)

The SAPS is an eight item, seven-point Likert-type scale instrument that measures standards and discrepancy. The standards subscale refers to how high the standards are that people set for themselves and discrepancy subscale refers to the mismatch between one's standards and the degree to which one's standards are met. The SAPS asks participants to rate on a scale from ("1-Strongly Agree") to ("7-Strongly Disagree") how much they agree or disagree with statements like "I have high standards for my performance at work or at school." In addition, the SAPS subscales tend to have high Cronbach's alpha coefficients, typically for the standards subscale Cronbach's alpha coefficients are in the mid-.80 range and for the discrepancy subscale Cronbach's alpha coefficients are in the low .90 range. In this study the standards subscale was used and the Cronbach's alpha coefficients was adequate, .67. Previously, the SAPS showed good convergent and criterion validity when compared with the Mini-International Item Pool instrument.

Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Christensen, 2005)

The CBI is 19 item, five-point Likert-type scale instrument where participants are asked on a scale from ("0-never/almost never") to ("100-always") how often they experience physical and psychological exhaustion related to work, clients, and their personal lives. Typically, the Cronbach's coefficients alphas for the CBI range from .85-.87 (Kristensen, Borritz, Villadsen, & Christensen, 2005). In this sample, the Cronbach's coefficients alpha for the work-related burnout subscale was adequate, .66. Predictive validity was established by comparing CBI subscales to related outcomes (Kristensen, et al., 2005). For example, work-related burnout scores on the CBI were predictive of participants' sleep problems, increased number of sick days, and increased intentions to quit work.

Brief COPE (Carver, 1997)

The Brief COPE instrument is an abbreviated version of the COPE scale. Convergent validity was established by the Brief COPE's association with the full COPE scale (Carver, 1997). The Brief COPE measures how people handle stress in their personal lives. It is a 28 item, four-point Likert-type scale instrument. Participants are asked to rate on a scale from ("1- I haven't been doing this at all") to ("4- I've been doing this a lot") how often they utilize avoidant and approach/active coping strategies. Each of the 19 subscales are comprised of two items. The self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame subscales indicate avoidant coping styles. Conversely, the active coping, emotional support, use of informational support, positive reframing, planning, and acceptance subscales make up the approach or active coping styles. The remaining two subscales, religion and humor, are considered neither avoidant or approach coping styles. In this study, one item on the venting

subscale was not included in the avoidant coping subscale because of its low factor loading. The Cronbach's coefficients alphas of the Brief COPE's subscales typically range from .57 to .90. In this sample, the Cronbach's coefficients alphas of the subscales related to avoidant coping was adequate, .66.

Procedures

First, this study was approved by the university's Institutional Review Board as an exempt study. Participants from two residential facilities in the Mid-Atlantic region of the U.S.A were sent recruitment emails with a link to the study's survey using Research Electronic Data Capture (REDCap), a secure web-based application designed to support data capture for research studies (Harris et al., 2009). All employees, including part-time and full-time employees who worked directly with youth at each site were sent the recruitment email once a week for one month. Participants voluntarily opted to complete the survey online and participants had to be at least 18 years old in order to participate. Managers at both residential facilities supported the study by allowing participants to complete the study during work hours. The survey took participants approximately 15-25 minutes to complete.

Data Analysis

An *a priori* power analysis with a .80 power level, two predictors, a medium effect size (.15), and a .05 *p*-value was conducted using G*Power 3 to determine the adequate sample size needed to detect a medium effect size (Faul, et al., 2007). The *a priori* power analysis revealed that a sample size of 43 would be sufficient to detect a medium effect size. Although, 89 participants responded to participate in the study, 20 cases were removed due to significant amounts of missing data (i.e., participants did not answer survey items beyond the informed consent). The researcher performed Little's test to determine if there was evidence to suggest that the responses were missing completely at random (MCAR; Little, 1988). Then, the means, standard deviations, and bivariate correlations of the study's variables. Subsequently, *t* tests were conducted to determine differences in work-related burnout based on full-time and part-time employment and ANOVAS information were conducted to determine differences in work-related burnout based on race and gender.

Lastly, a multiple regression was conducted using SPSS 25 and the assumptions of regression analysis were analyzed to determine if high standards and avoidant coping were predictive of work-related burnout. The predictor variables (i.e., high standards and avoidant coping) were entered into the multivariate equation in a blocked fashion with p value set at the .05 level. There was no evidence to suggest multicollinearity because the variance inflation factor (VIF) was 1.02, which was below a VIF threshold of 5 (Tabachnick & Fidell, 2013). However, a review of the p-p plot showed that the distribution of the residuals slightly deviated from a straight line. Thus, the assumption of a normal distribution of errors could not be supported. Therefore, bootstrapping was used with 10,000 replications and a 95% confidence interval (CI) in order to account for non-normality of residuals.

Results

Table 1Correlations, Means, and Standard Deviations Among Study Variables

	1.	2.	3.
1. Work-Related Burnout			
2. High Standards	25*		
3. Avoidant Coping	37 ^{**}	14	
M	14.90	11.78	17.06
SD	3.66	5.11	4.27

Note: n = 69; *. Correlation is significant at the 0.05 level & **. Correlation is significant at the 0.01 level; 1. Work-Related Burnout = CBI Work-Related Subscale, 2. High Standards = SAPS Standards Subscale, and 3. Avoidant Coping = Brief COPE Avoidant Coping Subscales.

First, the results of Little's test were not significant (p = .99), suggesting data were MCAR (Little, 1988). Thus, the expectation maximization algorithm (EM) was used for single imputation of missing cases. Following, the means, standard deviations, and bivariate correlations were calculated (See Table 1). The results of the bivariate correlations showed that high standards and work-related burnout were significantly, negatively correlated (p < .05) and avoidant coping and work-related burnout were significantly, negatively correlated (p < .01). However, the bivariate correlations showed that avoidant coping and high standards were not significantly correlated.

The results of the t tests and ANOVAS yielded no significant differences in work-related burnout based on race, gender, and job position (ps = .19 to .95). The results of the multiple linear regression are seen in Table 2. The regression analysis in Table 2 showed that changes in high standards and avoidant coping scores explained 16% of the variance in work-related burnout scores, indicating a medium effect size (Cohen, 1988).

 Table 2

 Hierarchical Regression Predicting Work-Related Burnout

Work-Related										
Burnout	B	SEB	β	t	p	R^2	ΔR^2	ΔF	df	95% CI
Step 1	21.56	3.23		6.68	.01***	.06	.06	4.33	(1, 67)	[15.12, 28.00]
High Standards	27	.13	25	-2.08	.04*					[53,01]
Step 2	28.82	3.59		8.06	.01***	.16	.10	13.38	(1, 66)	[21.80, 36.15]
High Standards	33	.12	30	-2.76	.01**					[54,09]
Avoidant Coping	34	.09	40	-3.66	.01**					[53,16]

Note: n = 69; *. Correlation is significant at the .05 level, **. Correlation is significant at the .01 level, and ***. Correlation is significant at the .001 level; Work-Related Burnout = CBI Work-Related Subscale, High Standards = SAPS Standards Subscale, and Avoidant Coping = Brief COPE Avoidant Coping Subscales.

Discussion

This study sought to add to more current literature surrounding burnout in employees who work in youth residential facilities. Additionally, this study sought to contribute a more nuanced understanding of work-related burnout by exploring the personal characteristics (i.e., perfectionism and coping styles) of employees in youth residential facilities. In support of the hypothesis, high standards (i.e., adaptive perfectionism) was negatively correlated with work-related burnout. In addition, adaptive perfectionism was a significant predictor of work-related burnout. Thus, for every one unit increase in high standards work-related burnout scores decreased by .27 units. This finding was anticipated because personality traits have previously been associated with work burnout (Barford & Whelton, 2010). Adaptive perfectionism is typically associated with less psychological distress (Gong, et al., 2015; Stroeber & Otto, 2006). These findings suggest that understanding adaptive perfectionism may be helpful in combating residential employees' burnout rates.

The hypothesis that avoidant coping would be a significant predictor of work-related burnout was supported by the results. Surprisingly, this relationship was not in the direction the researcher hypothesized. For every one unit increase in avoidant coping style scores, work-related burnout scores decreased by .34 units. This finding was interesting because typically, avoidant coping styles are positively associated with maladaptive behaviors (Carver, et al., 1989). Consequently, one would expect that as avoidant coping styles scores increased so would work-related burnout scores. Barford and Whelton (2010) suggested that although human services employees who work with youth are physically and mentally exhausted, they are still engaged in their work and have a sense of pride for their field. Perhaps in order to stay engaged in their work and avoid burnout symptoms, human services employees in residential settings utilize avoidant coping strategies such as taking a step back before re-engaging with the youth in their setting.

Consistent with the literature which suggested that employees in youth residential facilities are frequently exposed to youth's physical aggression (Hensel, et al., 2014), 70% of the participants in this sample endorsed witnessing youth's physical aggression more than 10 times while at their residential facility. Thus, participants in this study likely had to find ways to cope with the stress related to this youth physical aggression. However, in a busy work environment, it may be too overwhelming to actively cope with this exposure to aggression. It is possible that in order to cope with this exposure to physical aggression, residential employees tend to avoid active coping strategies. While avoidant coping styles might not be the most ideal; perhaps, employees in these youth residential settings have learned to cope with the stressors related to their work environment in a different way than what is typically conceptualized as adaptive.

Implications

This study highlights that human service employees in residential settings, should be aware of the prevalence of burnout. Human service employees at youth residential facilities may benefit from developing an increased self-awareness of their coping styles and may also benefit from trainings that promote healthy ways of coping. For example, residential facilities can provide employees with workshops on the differences between avoidant and active coping styles and the benefits of using more active coping skills at work. In addition, this study's findings also showed the importance of understanding personality characteristics such as perfectionism in relation to burnout. Thus, when working in a residential facility, employees may benefit from developing manageable, high, and realistic expectations for themselves regarding their ability to interact with youth; especially, youth who may exhibit challenging behaviors (e.g., physical aggression). Conversations surrounding how a residential employee's perfectionism impacts

their burnout levels can be explored during the supervision process. Supervisors of residential employees can help their supervisees develop manageable expectations and reframe unrealistic or unattainable goals. Having conversations with a supervisor regarding adaptive perfectionism can also help residential employees develop a locus of control and feel supported at work, both of which are associated with reducing burnout levels (Barnes et al., 2018; Stanley & Muramatsu, 2011).

Limitations

Although this study further contributed to the literature regarding employee burnout in youth residential facilities, there are several limitations. First, this study had a small sample size which limited the type of analysis that could be done. In addition, this study included missing data. Both the small sample size and the missingness in the data may have negatively affected the reliability of the study's instruments. Future studies can mitigate this by providing incentives for survey completion and researchers should work with residential facilities to promote participation among employees. Related, future studies with larger sample sizes can include more predictors of work-related burnout and explore the interactions between this study's variables. Furthermore, due to the cross-sectional nature of this study, causality cannot be established. However, future studies can build off these findings to develop interventions that promote adaptive coping styles among employees in residential setting. Additionally, future studies can explore the connection between decreases in employee burnout, employee turnover rates, and youth mental health outcomes. Lastly, similar to the work of Brouwers and Tomic (2016) future studies can explore employees' self-efficacy surrounding using active coping styles and adaptive perfectionism to reduce burnout rates.

Conclusion

Human services employees in youth residential settings are often overlooked in the literature. However, it is important to continue to develop the literature regarding youth residential facilities because they are vital mental health settings that support disenfranchised youth who have experienced trauma. The trauma that youth in residential facilities have faced in their lives may lead to their expressions of challenging physical behaviors; thus, making employees in residential facilities face numerous stressors and challenges at work. Even so, research and interventions that promote healthy coping styles can help enhance the self-care of human services employees working in youth residential facilities so that they may better serve youth who need quality mental health services. In addition, helping employees understand their own perfectionistic standards can them help to better combat burnout.

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