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JOB STRESS AS IT RELATES TO  
SOCIAL WORKERS IN A LOCKED  
STATE MENTAL HEALTH HOSPITAL

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A Project  
Presented to the  
Faculty of  
Calif State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the degree  
Master of Social Work

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by  
John Patrick Lane  
and  
James Milo Curbow

June 1994

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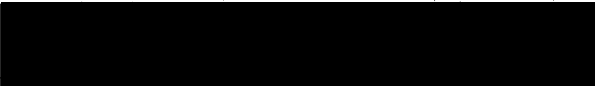
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by


John Patrick Lane and James Milo Curbow

June 1994


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## Abstract

This research examines the level of stress experienced by social workers employed in a locked mental health hospital. A comparative analysis was completed measuring the level of stress associated with the type of unit: acute or chronic. This study also examines the stress levels associated with performing individual therapy in such a setting. The Maslach Burnout Inventory survey and the Work Environment Scale were used for data collection and data analysis. The findings of the study suggest that the work environment does create stress, that the social workers working on the acute units experience higher levels of stress than social workers on the chronic units, and that a social worker's level of stress is not directly related to the number of individual therapy hours performed. Recommendations are discussed which include increasing employee recognition and establishing peer support groups to help elevate job-related stress among social workers.

## Table of Contents

Abstract. . . . .	iii
Table of Contents . . . . .	iv
List of Tables . . . . .	v
Introduction	
Problem Statement. . . . .	1
Problem Focus. . . . .	3
Literature Review . . . . .	4
Work and Stress . . . . .	5
Motivation and Self-Esteem . . . . .	7
Emotional Exhaustion . . . . .	10
Research Design and Method	
Purpose of the Study. . . . .	13
Research Questions. . . . .	13
Sampling . . . . .	14
Data Collection . . . . .	14
Instruments. . . . .	15
Protection of Human Subjects . . . . .	27
Data Analysis . . . . .	28
Levels of Measurement. . . . .	29
Concepts. . . . .	29
Constructs . . . . .	30
Variables. . . . .	31
Results . . . . .	31
Discussion . . . . .	39
Implications . . . . .	41
Appendices	
A Human Services Survey. . . . .	44
B Work Environment Scale. . . . .	49
C Human Services Demographic Data . . . . .	54
D Open Ended Questionnaire. . . . .	55
E Debriefing Statement. . . . .	56
F Consent Form. . . . .	57
G Levels of Stress: Acute vs. Chronic. . . . .	60
Bibliography . . . . .	61

## List of Tables

Table 1 ...WES Subscales and Dimension Description. . . .	17
Table 2 ...Categorization of MBI Scores . . . . .	23
Table 3 ...MBI Standard Rating Scale For Social . . . . . Service Workers	33
Table 4 ...Mean Scores For The MBI Work Setting Subscale.	34
Table 5 ...Means and Standard Deviations of the WES. . . .	36
Table 6 ...Form R: Normative Samples and Test Statistics Health-Care Work Group From the WES . . . . .	36

## Introduction

### Problem Statement

According to Heneman, et al. (1989) employees may feel incapable of adequately responding to the demands of their job and the total work environment when they experience job related stress. Stress, which can lead to burnout, is emerging as the occupational hazard of the helping professions (Courage and Williams, 1987).

Brewer (1991) states that 75% of all workers suffer from stress on the job. Ramanathan (1992) claims there is enough empirical evidence to suggest that stress encompasses many behavioral, social, and psychological factors in health. Further, stress may contribute to the development of a wide range of physical and mental disorders including cardiovascular diseases, gastrointestinal disorders and depression. When people suffer either physically or mentally, the ability to perform their normal job functions also suffers.

Brewer (1991) describes two types of stress: physical and mental. Physical stress results from situations which are an immediate threat to our physical being and are usually short term. Physical stress is usually referred to as those stressors which trigger the "fight or flight" biochemical mechanism.

Mental stress is not so easily defined. It usually involves highly personal and emotional issues that are most always subjective in nature. Mental stress can often involve other people, their emotions and behaviors and how those emotions and behaviors relate to us.

According to Brewer (1991), there are three forms of stress: good, bad and ugly. We do not normally perceive stress as being good and, in fact, we usually think of stress as being damaging to us. However, some types of stress, such as a new job or a challenging project, are actually healthy and stimulating. Bad stressors cause tension build-up and tend to leave us angry and anxious. Bad stress is usually associated with the person or incident which forces that "last straw" feeling in an already horrible day. Ugly stress is described as those circumstances which are chronic and pervasive. This occurs when one feels taken-for-granted in the work place. Ugly stress creates a lack of energy, chronic depression, low self-esteem and leads to job burnout and employee turnover. Ugly stress is the focus of this research.

Job stress (ugly stress), has been linked to employee turnover rates of over 50% among social service agencies. Also, a national study of social workers reported that 44% of those surveyed indicated that they had some intent to quit their agency jobs sometime in the future (Himle, Jayaratne, and Thyness, 1989). The past turnover rate of social workers



at Patton State Hospital, a forensic hospital in California (the focus of this study) has been a constant 30% per year. However, due to past and current economic conditions, the last two years has seen a decrease in the number of social workers willing to give up steady employment for a job that may not be there the next month. Consequences of ugly stress are not only directly detrimental to a social worker, but indirectly to the profession. If social workers become highly stressed, they may provide inadequate service to their clients/patients. If this happens, the reputation of the social worker and the social work profession might suffer.

#### Problem Focus

This positivist, exploratory study will address the problem of job stress which leads to burnout, as it relates to social workers in a locked state mental health hospital. It is generally recognized that burnout has been caused by stress experienced on the job, by a lack of motivation and/or low self-esteem, or by the social worker becoming emotionally drained. However, the research so far (with one known exception, Long 1989), has been limited to human service professionals working in unlocked facilities.

The purpose of this study was to collect data from social workers at Patton State Hospital (a forensic facility in Patton, California) in order to explore: 1) whether job stress and burnout are caused by the work environment in an

inpatient locked psychiatric hospital; 2) are the social workers working in the acute units experiencing more job related stress and burnout than social workers who work in the chronic units; and 3) is the level of job stress and burnout directly related to the number of individual therapy hours provided by the social worker.

This study may contribute to social work research by identifying problems encountered by social workers in a locked state mental health hospital. These findings were compared to the study completed in 1989 by Mary Long, who evaluated job stress and burnout among the social workers at a locked facility, Metropolitan State Hospital in Norwalk, California. In addition, this study has looked at the level of stress as it relates to the number of hours per week a social worker spends providing individual therapy.

### Literature Review

Studies regarding job related stress have been conducted for many years on every population of the social work field. However, only one study has focused on social workers who work in locked state mental health hospitals in California.

Bach (1979), Beehr and Gupta (1978) and Farber (1978) report that job stress and burnout is a hazard of the social work profession. They also identify a list of characteristics

which manifest as a person's level of stress increases. A stressed worker will have one or more of these characteristics:

1. Exhaustion and easy tiring.
2. Disenchanted with work.
3. Feeling isolated, socially, psychologically, and physically.
4. A growing apathy toward patients.
5. Inescapable boredom.
6. Problems outside of the work environment.
7. A growing unprofessionalism in all areas of work.
8. Cynicism.
9. An unhealthy increase in risk-taking behavior.
10. Outside concerns take precedent over patients and work in general.

Other writers mention an unlimited number of conditions that can be the result of stress. Taken together, these conditions suggest that stress may be a process consisting of a number of stages. Cherniss (1980) and Riggan (1985) claim there are three stages: Stress, strain, and burnout. Courage and Williams (1987) identify four stages: situation, perception, response and outcome. On the other hand, some writers claim that stress and burnout are polar opposites of a continuum and that most workers are somewhere between the two poles (Bies and Molle, 1980; Daley, 1979; Edelwich and Brodsky, 1980).

#### Work and stress

Various aspects of any job can produce work-related stress. Neff (1985), reports that work-related stress can be produced when the job becomes boring and meaningless. He further states that when this happens, worker absenteeism

increases. Courage and Williams (1987) claim that the number one work-related stressor is workload. Cherniss (1980) found that effectiveness declines when the helping professional loses enthusiasm and when his/her sense of mission deteriorates. Cherniss further states that when resources exceed the demand, a sense of boredom and stagnation is common. Davies, Shackleton, and Parasuraman (1983), agree with Cherniss, and note that the perception of monotony has been regarded as giving rise to feelings of boredom and dissatisfaction with the job. The outcome of boredom is often absenteeism and turnover.

These findings give rise to a concern regarding job-related stress among human services professionals. LeCroy and Rank (1987) report that social work can be seen as a job which carries a variety of inherent stressors. Those stressors include the stressful nature of social work activity, the problems which social workers must confront, the limitations of knowledge in the field, and the organizational structure of the social work profession.

Fischer (1982) defines the characteristics associated with burnout as those associated with depression. Fischer states that when we discuss job stress and burnout, we need to make sure that we are not actually identifying depression. He explains that stress and burnout are situation-specific and depression is pervasive. A person may suffer from job

stress but may be functioning quite well in other life situations; with depression, a person's symptoms tend to manifest across most situations.

Farber (1982) claims there is no relationship between stress and burnout, that it is not on a continuum, nor is burnout attributed exclusively to intrapsychic factors. His findings suggest that stress and burnout are not unidimensional problems, but are complex issues with roots in intrapsychic, interpersonal, occupational, organizational, historical, and social phenomena.

Glicken and Janka (1984), explain that we must be cautious when examining the symptoms of burnout. They note that some workers appear burned out when in reality they face work assignments which do not appeal to them.

#### Motivation and self-esteem

Low self-esteem and/or a lack of motivation has long been a concern when professionals talk of job stress and burnout. Maslach (1987) states that burnout is related to lower levels of self-esteem. When workers think of their job as boring and meaningless, it leads to a weakened motivation to work and an unwillingness to commit the energy to perform adequately, (Neff, 1985). Fischer (1982), notes that those people who do not live up to the expectations of their defined role may experience a decrease in their self-esteem.

The stimulating forces of motivation can be either

internal or external, or a combination of the two. External motivators are those external rewards for performance such as pay and benefits. Internal motivators would be each person's internalized view of the importance of work and the meaning work has. Generally, when a person reacts to a job-related situation, the resulting action is the combination of external and internal motivators at work.

Three important writers in the self-esteem/motivation areas are Douglas McGregor, A.H. Maslow, and Frederick Herzberg. The theories of each writer are noted as follows.

McGregor is most commonly associated with two contrasting sets of beliefs termed theory "X" and Theory "Y". Theory "X" says that most employees are difficult to motivate, have low self-esteem, and will do as little work as possible. Theory "Y" says that most people like to work and expect to expend physical and mental efforts in the pursuit of work related activities. Theory "Y" also believes that most people want responsibility of some kind at work and that most workers want to satisfy their self-esteem needs, (Terry, 1975). Walters (1975), believes that theory "X" contributes to motivation by offering workers external rewards and punishments. If this is true, then attempts to motivate using external motivators are not long lasting. If, for instance, the motivation supplied is money, then the organization must keep increasing salary to obtain the same motivational level

from the employee. Most organizations would find this impossible to do.

Walters notes that theory "Y" assumes that people are motivated from within, can fulfill themselves and can contribute to organizational success. To be successful at theory "Y", managers have to continually create an environment which stimulates and develops self-direction. This ability to constantly stimulate inner motivational mechanisms can be very difficult on most managers.

Maslow, according to Keeling, Kallaus, and Neuner (1975), believes that the underlying need for all human motivation can be organized on five general levels from lowest to highest. These five needs are: basic physiological needs, safety, love, esteem, and self-actualization. Maslow further divides these needs into deficiency needs and growth needs. However, only self-actualization is considered to be a growth need (Landy, 1984).

From the motivational standpoint, Maslow's theory states that everyone has five energizers of behavior (i.e., the five needs). At any given time one or more of those energizers controls our behavior (Lawless, 1972). Maslow assumes that the potential for growth is contained within each person. However, if we have to be self-actualized to show growth, then only a few people would qualify. Hall and Lindzey (1978) claim that Maslow found it difficult to find an example

of an individual who had attained self-actualization. But clearly, many people move in that direction and achieve success and satisfaction.

Herzberg (1976) states that the surest and least troublesome way of getting someone to do something is to "kick him in the pants" (p. 21). Herzberg does not imply that this is a form of motivation, but a form of behavior modification. This principle lead Herzberg to develop the Motivation-Hygiene Theory which describes two sets of needs: those stemming from man's animal nature and those which relate to man's ability to achieve. Herzberg states that the stimulus for growth and achievement is found in the work itself and is commonly referred to as motivators. Hygienic rewards are related to the productivity of the job which in reinforcing factors such as pay, working conditions, medical coverage, retirement and organizational policy. Herzberg's theory is criticized because it does not provide for individual values and hygienic factors seldom give rise to (except for temporary periods) positive job satisfaction (Terry, 1975).

#### Emotional Exhaustion

Many theorists and researchers have written about the emotional drain on psychotherapists due to the therapeutic relationship. Each time we terminate work with a patient, we must give up that relationship. This is a tremendous loss



since we, and the patient, have invested a great deal of time to make this intimate relationship work. Having to give up this relationship, therapists are asked almost immediately to start again. Mendel (1986) uses the analogy that this is similar to asking someone to become immediately and deeply involved with a new wife within days after the death of the previous one. Mendel further states that the intimacy of the psychotherapeutic relationship is both the most rewarding and the most difficult aspect of therapy. According to Mendel, intimacy in the psychotherapeutic process goes far beyond that which is usually required in human relationships. It is more demanding than that of the child to parent relationship, less defensive than the relationship with a spouse, and more taxing than that of friend to friend. For the psychotherapist the intimacy is generally unrewarded in its own reciprocal terms. He/she must invest a great deal of himself/herself for the patient in the relationship, yet the patient rewards him/her with very little. The therapist is supposed to gain gratification from his professional life and discovery, not from the relationship and the intimacy. The investment of concern and interest is direct but the return is indirect, and frequently second-hand. The therapist's needs for intimacy cannot be gratified by the patient. Yet, his energy is constantly drained by the patient.

Berstein (1982) claims that burnout is a phenomenon that

exists in part because of emotional exhaustion of the human service worker. Courage and Williams (1987) explain that the constant expenditure of energy on behalf of others creates a pattern of emotional overload which results in emotional and physical exhaustion.

The process of emotional exhaustion is further complicated when work-related stress triggers detachment mechanisms (Cherniss, 1980). Cherniss states that the more stress the helper experiences from any source, the less emotional energy is available. Psychological detachment assists the helper to conserve his energy. Often, blaming the patient or the system serves as a defensive function against emotional exhaustion. As the helper begins to withdraw psychologically from the patient and the job, guilt begins to develop over the quality of service provided. The guilt becomes stressful and the helper often begins to blame the patient in order to cope with the stress (Cherniss, 1980).

It is important to remember that this form of detachment is not permanent since job stress can be reduced and healthy attitudes restored. Therefore, it is critical to understand the source of stress and burnout which affect the helping professional and to develop methods which will reduce the strain of the emotional drain. This study examines ways in which the work environment may create stress and the relationship of job stress/burnout and motivation.

## Research Design and Method

### Purpose of the Study

The purpose of this study is to examine the level of stress experienced by the social workers working in a locked inpatient psychiatric hospital. Such information will contribute to a better understanding of the issues social workers are experiencing, provide data to help find resolutions, assist the hospital administration in developing interventions, and generally improve the quality of patient treatment.

### Research Questions

This is a positivist, descriptive study which asks three questions about the stress experienced by social workers working in a locked inpatient psychiatric hospital. These questions are: 1) is there a correlation between job stress/burnout and the work environment in an inpatient locked psychiatric hospital, 2) are the social workers working on the acute units experiencing more job related stress and burnout than social workers working on the chronic units, and 3) is the level of job stress and burnout directly related to the number of individual therapy hours provided by the social worker?

### Sampling

The population of interest in this research study is

psychiatric social workers who are employed at Patton State Hospital, Patton, California, and who have direct interaction with patients. The population includes social workers who are both male and female, range in age from mid-twenties to mid-sixties, are married or unmarried, and do or do not have children. They come from various ethnic backgrounds, social classes, and live predominantly in the San Bernardino and Riverside Counties.

#### Data Collection

Two questionnaires, a demographic sheet, and a sheet with two open-ended questions, two consent forms and a Participant's Bill of Rights and a debriefing statement were distributed to the research population during one of their bi-weekly meetings (appendices A,B,C,D,E and F).

Instructions to complete the questionnaire were provided as well as explained and a due date given. To ensure confidentiality, the packets were not numbered or coded in anyway that would identify respondents. Participants then read and signed (if they chose to participate) the consent form. Once the social worker had signed the consent form, he/she placed it up-side down in a large envelope that was available for the collection of these forms. The original consent forms were placed in a locked cabinet in the Director of Social Work's office and were destroyed after the research project had been completed. Respondents were given a stamped

addressed envelope in which to return the survey. This procedure was employed to protect the anonymity of the respondents and provided a sense of confidentiality that, hopefully, produced openness and honesty in the respondent's replies.

### Instruments

The Work Environment Scale (WES), developed by Paul M. Insel and Rudolf H. Moos, consists of ten subscales which measure the social environment of different types of work settings. The WES has three forms: the Real Form (R), which measures perceptions of existing work environment; the Ideal Form (I), which measures conceptions of ideal work environments; and the Expectations Form (E), which measures expectations about work settings. Only the Real Form (R) was used in this study since the emphasis was to find out about the respondents view of existing and ideal work environments.

The ten WES subscales assess three underlying domains, or sets of dimensions: the relations dimension, the personal growth dimension, and the system maintenance and system change dimension (see table 1). The relationship dimension is measured by the involvement, peer cohesion, and supervisor support subscales. These subscales assess the extent to which employees are friendly to and supportive of one another and the extent to which management is supportive of employees and encourages employees to be supportive of one another.

The personal growth dimension is measured by the autonomy, task orientation, and work pressure subscales. These subscales assess the extent to which employees are encouraged to be self-sufficient and to make their own decisions. The emphasis of this subscale is on good planning, efficiency, getting the job done, and the degree to which the pressure of work and time urgency dominate the job milieu.

The system maintenance and system change dimension is measured by clarity, control, innovation, and physical comfort subscales. These subscales assess the extent to which employees know what to expect in their daily routines and how explicitly rules and policies are communicated. The subscale also considers the extent to which management uses rules and pressures to keep employees under control, the degree of emphasis on variety, change, and new approaches and, the extent to which the physical surroundings contribute to a pleasant work environment.

Table 1

Wes Subscales and Dimension Descriptions

**Relationship Dimension**

<u>Subscale</u>	<u>Description</u>
1. Involvement-----	The extent to which employees are concerned about and committed to their jobs.
2. Peer Cohesion-----	The extent to which employees are friendly and supportive of one another.
3. Supervisor Support--	The extent to which management is supportive of employees and encourages employees to be supportive of one another.

**Personal Growth Dimension**

<u>Subscale</u>	<u>Description</u>
4. Autonomy-----	The extent to which employees are encouraged to be self-sufficient and to make their own decisions.
5. Task Orientation----	The degree of emphasis on good planning, efficiency, and getting

the job done.

6. Work Pressure-----The degree to which the pressure of work and time urgency dominate the job milieu.

### System Maintenance and System Change Dimension

<u>Subscale</u>	<u>Description</u>
7. Clarity-----	The extent to which employees know what to expect in their d daily routine and how explicitly rules and policies are communicated.
8. Control-----	The extent to which management uses rules and pressures to keep employees under control.
9. Innovation-----	The degree of emphasis on variety, change, and new approaches.
10. Physical Comfort----	The extent to which the physical surroundings contribute to a pleasant work environment

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Note: Permission was granted by Consulting Psychologists Press, Inc. Palo Alto, California to use the WES.



The WES consists of 90 true/false questions and a separate answer sheet. Each question is answered by the respondent placing an X in the appropriate space. Items are arranged so that each column of responses contributes to one of the subscales. The scorer simply counts the number of Xs showing through the template in each column and enters the total in the R/S (Raw Score) box at the bottom of the answer sheet. An average score can then be calculated for work groups and for subscales.

Several methods were employed by the developers of the Work Environment Scale (Moos, 1981) to establish validity and reliability of the WES as a research tool. Such methods were used to gain understanding of the social environments of work groups and to obtain an initial pool of questionnaire items. Items were constructed from information gathered in structured interviews with employees in different work settings. The choice of items was guided by the general formulation of three domains of social-environmental dimension. Each item had to focus on an aspect of a work setting that could identify the emphasis on interpersonal relationships (such as peer cohesion), on areas of personal growth (such as autonomy), and on the organizational structure of the work setting (such as clarity). The WES was administered to a sample of 624 employees and managers in 44

work groups. To ensure that the WES would be applicable to a variety of settings, the sample included people in a wide range of work groups; municipal employees in administrative, financial, recreational, and community services; janitors, maintenance workers, plumbers, and security officers; maintenance and production workers at a large factory; drivers, mechanics, and fork-lift operators at a trucking firm. Also sampled were groups from several health-care employment settings, faculty members in a university nursing school, administrative and staff nurses in a Veterans Administration medical center, and para-professional workers in a psychiatric outpatient clinic.

Five psychometric criteria were applied to the data to select items for the final form of the WES. The overall item split had to be as close to 50-50 as possible to avoid items characteristic only of unusual work settings. Items had to correlate more highly with their own subscale than with any other subscale (all of the final 90 items met this criterion). Each subscale needed to have a low to moderate intercorrelations and discriminate among work settings. In general, each of these criteria were met. The results of these analyses, which were used to develop the 90-item, 10-subscale Form R, are reported in the WES Manual (Moos, 1981).

Test-retest reliability of individuals' scores on the 10 subscales were calculated for 75 employees in four work

groups who took Form R twice with one-month interval between administrations. The test-retest reliabilities are all in an acceptable range, varying from a low of .69 for clarity to a high of .83 for involvement. Test-retest reliabilities were also calculated for a sample of 254 people who had been in the same work setting for 12 months and took Form R twice with a 12 month interval between administrations. The coefficients are considered moderately high for a 12 month period and range from a low of .51 in supervisor support to a high of .62 in involvement.

The MBI, Maslach and Jackson (1986), is designed to assess three characteristics of the burnout syndrome: emotional exhaustion, depersonalization, and lack of personal accomplishment (Appendix A).. Each characteristic is measured by a separate subscale. The Emotional Exhaustion subscale assesses feelings of being emotionally over extended and exhausted by one's work. The Depersonalization subscale measures as unfeeling and impersonal, responses towards recipients of one's service, care, treatment, or instruction. The Personal Accomplishment subscale assesses feelings of competence and successful achievement in one's work with people. The frequency that the respondent experiences feelings related to each subscale is assessed using a six-point, fully anchored response format.

Burnout is conceptualized as a continuous variable, ranging from low to average and to high degrees of experienced feeling. It is not viewed as a dichotomous variable, which is either present or absent. Therefore,

1. A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment subscale.
2. An average degree of burnout is reflected in average scores on the three subscales.
3. A low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and in a high score on the Personal Accomplishment subscale.

Scores are considered high if they are in the upper third of the normative distribution, average if they are in the middle third, and low if they are in the bottom third. The numerical cut-off points are shown in Table 2. The scores for each subscale are considered separately and are not combined into a single, total score. Thus, three scores are computed for each respondent.

The MBI takes about 15 minutes to fill out. It is self-administered. Each respondent's test form is scored by using

Table 2

Categorization of MBI Scores

MBI Subscales	<u>Range of experienced burnout</u>		
	Low (lower third)	Average (middle third)	High (upper third)
<hr/>			
Overall sample			
Emotional Exhaustion	≤16	17-26	≥27
Depersonalization	≤06	07-12	≥13
Personal Accomplishment	≥39	38-32	≤31
Occupational Subgroups			
Teaching (K-12)			
Emotional Exhaustion	≤16	17-26	≥27
Depersonalization	≤08	09-13	≥14
Personal Accomplishment	≥37	36-31	≤30
Post-secondary Education			
Emotional Exhaustion	≤13	14-23	≥24
Depersonalization	≤02	03-08	≥09
Personal Accomplishment	≥43	42-36	≤35
Social Services			
Emotional Exhaustion	≤16	17-27	≥28
Depersonalization	≤05	06-10	≥11

Personal Accomplishment	≥37	36-30	≤29
Medicine			
Emotional Exhaustion	≤18	19-26	≥27
Depersonalization	≤05	06-09	≥10
Personal Accomplishment	≥40	39-34	≤33
Mental Health			
Emotional Exhaustion	≤13	14-20	≥21
Depersonalization	≤04	05-07	≥08
Personal Accomplishment	≥34	33-29	≤28
Other			
Emotional Exhaustion	≤16	17-27	≥28
Depersonalization	≤05	06-10	≥11
Personal Accomplishment	≥40	39-34	≤33

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Note: Permission to use the MBI was granted by Consulting Psychologists Press, Inc. Palo Alto, California.

a scoring key which contains directions for scoring each subscale. Each score can then be coded as low, average, or high by using the numerical cut-off points.

Data on test-retest reliability of the MBI were obtained from a sample of graduate students in social welfare, and administrators in a health agency (n=53). The two test sessions were separated by an interval of 2-4 weeks. The test-retest reliability coefficients for the subscales were as follows: .82 (frequency) and .53 (intensity) for emotional exhaustion, .60 (frequency) and .69 (intensity) for depersonalization, and .80 (frequency) and .68 (intensity) for personal accomplishment. Although these coefficients range from low to moderately high, all are significant beyond the .001 level (Maslach and Jackson, 1981).

Validity of the MBI was measured by using several methods. First, an individual's MBI scores was correlated with behavioral ratings made independently by a person who knew the individual well, such as a spouse or coworker. Second, MBI scores were correlated with the presence of certain job characteristics that were expected to contribute to experienced burnout. Third, MBI scores were correlated with measures of various outcomes that had been hypothesized to be related to burnout. All three sets of correlations provided substantial evidence for the validity of the MBI

(Maslach and Jackson, 1981).

Further evidence of the validity of the MBI was obtained by distinguishing it from measures of other psychological constructs that might be presumed to be confounded with burnout. For example, it is possible that the experience of dissatisfaction with one's job influenced the levels of burnout. Although one would expect the experience of burnout to have some relationship to lowered feelings of job satisfaction, it was predicted that they would not be so highly correlated as to suggest that they were actually the same thing. A comparison of subjects' scores on the MBI and the JDS (Job Diagnostic Survey, by Hackman and Oldham, 1974, 1975) measure of "general job satisfaction" ( $n=91$ , social service and mental health workers) provides support for this reasoning. Job satisfaction had a moderate negative correlation with both Emotional Exhaustion ( $r = -.23$ ,  $p < .05$ ) and Depersonalization (frequency only,  $r = -.22$ ,  $p < .02$ ), as well as a slight positive correlation with Personal Accomplishment (frequency only,  $r = .17$ ,  $p < .06$ ). However, since less than 6% of the variance is accounted for by any one of these correlations, one can reject the notion that burnout is simply a synonym for job dissatisfaction (Maslach and Jackson, 1981 p.9).

It might also be argued that scores on the MBI are subject to distortion by a social desirability response set



because many of the items describe feelings that are contrary to professional ideas. To test this idea, 40 graduate students in social welfare were asked to complete both the MBI and the Crowne-Marlowe (1964) Social Desirability (SD) Scale. If reported burnout is not influenced by a social desirability response set, then the scores on the MBI and the SD Scale should be uncorrelated. Maslach and Jackson (1981) report that their results supported this hypothesis; none of the MBI subscales were significantly correlated with the SD Scale at the .05 level.

The two open-ended questions were used to summarize what social workers believe administration could do to help lower the stress level, and to see if, and how, working in a locked inpatient psychiatric hospital creates stress. Reliability and validity are not addressed for these two questions.

#### Protection of Human Subjects

Before the questionnaire packets were handed out, issues of confidentiality were discussed and the packets were not numbered or coded in anyway. Also, a letter of informed consent (Appendix F) was read and explained and all respondents were given two letters to sign, one for them to keep, the other to return to the researchers. After the letters of consent were signed, each respondent placed his/her consent letter face down in a large collection envelope. The envelope was given to the Director of Social

Work and was placed in a locked file cabinet until the research project had been completed and approved by the School of Social Work California State University, San Bernardino, after which they were destroyed.

A debriefing statement (Appendix E) was included in the packets. This provided information on how respondents can obtain additional information about the research effort and results of the study.

### **Data Analysis**

Forty survey packets were distributed, 36 were completed and returned and 4 packets were returned incomplete and were unuseable. Data was analyzed using the Work Environment Scale (WES) and the Maslach Burnout Inventory (MBI). Also, a demographics questionnaire (Appendix C) was used and provided data on variables such as age, gender, type of unit worked etc. A two question open ended questionnaire (Appendix D) was distributed so that the respondents could freely answer 2 questions: 1) what can the administration do to help reduce stress on the job? and 2) do you believe that working in a locked inpatient psychiatric hospital helps create stress, and why? The answers to these two questions were used to validate the level of stress as subjectively reported by the social workers.

### Levels of Measurement

The variables in this study were measured at the nominal, ratio or ordinal level. Unit type, and whether respondents belong to a support group are nominal levels of measurement. Years of work at Patton, hours spent in individual and group therapy are ratio levels of measurement. The self reported stress level is an ordinal level of measurement. Univariate analysis was examined for each variable independent of other variables and a mean was established. A bivariate analysis was conducted to see relationships between the number of years worked and the stress level, the type of unit and the stress level, hours of individual therapy and the stress level and hours of group therapy and the stress level. A comparison was conducted to examine the relationship between the self-reported stress level of the social workers and the actual test scores.

### Concepts

During normal economic conditions, the average turnover rate among social workers at Patton State Hospital is 30%. During the last three years that rate has dropped to 10%. It is generally accepted (by social workers at Patton), that this reduction in turnover is directly related to our troubled economy in California and not to a reduction of job-related stress. This study attempts to investigate whether

the facility itself creates stress, whether stress level depends on the type of unit to which the social worker is assigned, and whether doing individual therapy creates stress for the social worker. The level of stress in each of these three areas was not added to get an overall stress level of the employee. However, we can assume that if the stress level of two or three areas is high, that it probably affects the total level of the employee's stress.

### Constructs

There are three constructs in this study. First, the facility may create job-related stress because it may be intimidating to most employees. The idea of working behind 20 foot fences with rolled barbed wire on top and behind locked doors and gates with guards has to be at least mildly stressing to anyone.

Second, the type of unit that a social worker works on can be a source of stress. This study believes that those social workers working on the acute units suffer from higher levels of stress than the social workers working on the chronic units.

The final construct is that individual therapy sessions are so emotionally exhausting for a social worker, that this emotional exhaustion turns to job stress.

## Variables

This study has three independent variables:

- 1) The social worker's perception of his/her work environment.
- 2) The number of hours of individual therapy provided by the social worker each week.
- 3) The type of unit worked on, acute or chronic.

The dependent variable of the study is the level of changes in the stress among social workers as it relates to each independent variable.

Similar to the results of the 1989 study by Mary Long, we found that just being behind the fence of the locked facility will increase the level of worker stress. We also found that social workers assigned to acute units experience higher levels of stress than those social workers assigned to chronic units. Conversely, we found that the level of job-related stress is not directly correlated with the quantity of individual therapy hours provided by the social worker.

## **Results**

When asked the question "Do you believe that working in a locked inpatient psychiatric hospital helps create stress?", 78% of the respondents replied "yes" (n=36, yes=30, no=6).

The MBI subscale scores were computed using Maslach and Jackson's Manual (1981) and examined by doing an analyses of variance by using a standardized rating scale (see table 3). Comparison of the social workers on the acute units with social workers on the chronic units (see table 4) show that the social workers working on the acute units experience a higher level of stress in the emotional exhaustion (EE) subscale. This subscale assesses feelings of being emotionally overextended by one's work. The acute unit social workers experienced a higher degree of stress on the depersonalization (DP) subscale than did the chronic unit social workers. Even though the results were all in the moderate range, the acute unit scores were in the high moderate range while the chronic unit scores were in the low moderate range. The (DP) subscale measures an unfeeling and impersonal response towards recipients of one's service, caring, treatment, or instruction. Both the acute and chronic unit workers reported a moderate degree of stress on the personal accomplishment (PA) subscale. However, the acute unit scores show a lower level of stress (the higher the score the lower the stress level in this subscale) than that of the chronic unit workers. The (PA) subscale assesses feelings of competence and successful achievement in one's work with people. Although the social workers reported stress

Table 3

MBI Standard Rating Scale for Social Service Workers

---

	Low	Moderate	High
Emotional Exhaustion	≤ 16	17 - 27	≥ 28
Depersonalization	≤ 05	06 - 10	≥ 11
Personal Accomplishment	≥ 37	36 - 30	≤ 29

---

Note: These figures were provided by the Maslach Burnout Inventory Research Edition and the use authorized by Consulting Psychologists Press, Inc. Palo Alto, California.

--A high degree of stress is reflected in high scores on the EE and DP subscales and in low scores on the PA subscale.

--A moderate degree of stress is reflected in moderate scores on all three subscales.

--A low degree of stress is reflected in low scores on the EE and DP subscales and in high scores on the PA subscale.

Table 4

Mean scores for the MBI Work Setting Subscales

Subscale	Acute (n=12)	Chronic (n=18)
<u>Emotional Exhaustion</u>		
Mean	28.83	18.33
Standard Deviation	8.52	8.72
<u>Depersonalization</u>		
Mean	7.92	6.89
Standard Deviation	4.46	4.95
<u>*Personal Accomplishment</u>		
Mean	37.5	36.39
Standard Deviation	9.89	6.57

\* Higher ratings denote less stress.



at the upper moderate range in the (EE) and (DP) subscales, they reported low moderate scores on the (PA) subscale. This means that although they feel stressed, they still feel they are accomplishing something in their work. (see table 4).

The Work Environment Scale (WES) consists of 10 subscales that measure the social environments of different types of work settings. The WES (R) Real Form, which measures perception of existing work environments, was used to assess how the social workers viewed their work environment.

The 10 WES subscales assesses three underlying domains or sets of dimensions: The relationship dimension, the personal growth dimension, and the system maintenance and system change dimension. (see tables 5 and 6).

The relationship dimensions are measured by the involvement, peer cohesion, and supervisor support subscales. These subscales assess the extent to which employees are concerned about and committed to their jobs; the extent to which employees are friendly to and supportive of one another; and the extent to which management is supportive of employees and encourages employees to be supportive of one another.

The personal growth or goal orientation dimension is measured by the autonomy, task orientation, and work pressure subscales. These subscales assess the extent to which employees are encouraged to be self-sufficient and to make their own decision, the degree of emphasis on good planning,

Table 5

Form R: Means and Standard Deviations of the WES

Subscales	Acute Unit (n=12)		Chronic Unit (n=18)	
	m	sd	m	sd
Relationship Dimension				
Involvement	4.08	2.11	3.89	2.08
Peer Cohesion	3.75	1.86	4.61	1.79
Supervisor Support	3.00	1.75	4.28	2.22
Personal Growth Dimension				
Autonomy	5.25	2.53	5.50	1.79
Task Orientation	3.75	2.42	3.22	2.24
Work Pressure	7.00	1.41	4.39	1.61
System Maintenance and Systems Change Dimension				
Clarity	3.25	1.36	4.17	1.86
Control	5.00	1.65	4.67	1.37
Innovation	2.25	2.05	2.44	1.82
Physical Comfort	1.58	1.62	3.00	1.91

Table 6

Form R: Normative Samples and Test Statistics  
Health-Care Work Group From the WES

	I	PC	SS	A	TO	WP	C	CTL	INN	COM
mean	5.56	5.22	4.99	4.98	5.63	4.87	4.44	5.43	4.37	3.72
sd	1.54	1.40	1.40	1.46	1.31	1.57	1.41	1.42	1.82	1.28

(n= 1,607)

Note: Health care group sample consists of employees from for outpatient psychiatric clinics and groups of patient-care personnel.

efficiency, and getting the job done and the degree to which the pressure of work and time urgency dominate the job milieu.

The system maintenance and systems change dimensions are measured by the clarity, control, innovation, and physical comfort subscales. These subscales assess the extent to which employees know what to expect in their daily routines and how explicitly rules and policies are communicated; the extent to which management uses rules and pressure to keep employees under control; the degree of emphasis on variety, change, and new approaches; and the extent to which the physical surroundings contribute to a pleasant work environment.

Contrasting the acute and chronic units with the normative scores for the instrument of Health Care Workers, these groups scored below average on all subscales except autonomy, and the acute unit scored high on the work pressure subscale.

Both groups reported that the work environment had relatively little emphasis on involvement, peer cohesion, or supervisor support, with the acute units reporting a much lower score on the peer cohesion and supervisor support subscales than did the chronic units. The focus on autonomy was higher than average in both groups, but there was a stronger pressure to keep up with an ever-changing workload on the acute units than on the chronic units. Furthermore, the social workers on

the chronic units felt about a normal degree of expectations regarding rules and policies and management control. The acute unit workers felt that, in their environments, the rules and policies were poorly communicated and that there was more pressure to keep employees under control by the management. Both groups felt there was little emphasis on variety, change, and new approaches. Also, both groups felt their surroundings did not contribute to a pleasant work environment with the chronic unit group reporting the lowest scores on this subscale.

The Acute unit social workers placed more emphasis on work pressure, control, and task orientation. The Chronic unit workers placed more emphasis on physical comfort, peer cohesion, supervisor support, clarity, and autonomy. The two groups placed about the same emphasis on involvement and innovation.

When the characteristics of the Work Environment Scale (WES) and the Maslach Burnout Inventory (MBI) were examined and correlated, links between the two were found. Emotional exhaustion was related to autonomy, lack of involvement, high work demands and work pressure. Depersonalization was related to low task orientation, low supervisor support and to low level of control in one's job. Personal accomplishment was related to innovation, physical comfort, and co-worker cohesion (Long, 1989).

When asked to report the number of individual therapy hours provided to patients, social workers on the acute units reported an average of 6.25 hours and the social workers on the chronic units reported 7.78 hours.

### Discussion

This study was conducted to determine: 1) If working in an inpatient locked psychiatric hospital causes job-related stress. 2) Whether social workers working on the acute units experience more job-related stress than social workers working on the chronic units. 3) Whether the level of job-stress is directly related to the number of individual therapy hours provided by the social worker.

This study continues the work of Mary Long (1989) in an effort to further develop research about the stress levels of social workers working in a state locked mental health hospital. The two studies have been compared for similarities and differences for the purpose of expanding the limited knowledge about stress among social workers in this field.

The results of the two studies show that the majority of social workers reported that working in a locked inpatient psychiatric hospital does, in fact, create stress. This is reinforced by the findings of moderate levels of stress in both the acute and chronic unit social workers responses on

the MBI subscales of emotional exhaustion and depersonalization.

In answer to the question of whether social workers on the acute units experience more job related stress than social workers on the chronic units, this study found that social workers on the acute unit do experience higher levels of stress. The results show that the social workers working on the acute units scored higher on the MBI subscales of emotional exhaustion and depersonalization. They also scored high on the WES subscales of work pressure and control which suggest higher levels of stress. Conjointly, these results indicate that the acute unit workers feel that they have little control over their work environment, have to deal with fast patient turnover, and feel pressure in their work environment.

In response to whether the level of job stress is directly related to the number of individual therapy hours provided by the social worker, the answer is no. Even though the social workers on the chronic units provide more individual therapy hours than the acute unit social workers, their scores on the MBI are lower than the acute unit social workers. This suggest that acute unit social workers experience more emotional exhaustion and depersonalization for reasons other than providing individual therapy. Such possible reasons could include the number of group therapy

hours provided by the social worker, the psychiatric instability of the patients and the fast turnover rate of patients on the acute units.

This study has shown that the nature of a locked facility is conducive to high moderate levels of job stress experienced by social workers. The social worker, along with all staff, have to work behind tall fences, in buildings with locked doors, and with patients who are often hostile. Even though these stressors are required elements of the facility, research has found that they generally contribute to higher levels of stress among workers (Long, 1989). Anytime a worker experiences emotional exhaustion, depersonalization and pressure from the work place, it tends to affect his/her self-esteem. Prior research has shown that when an employee's self-esteem is affected, the quality of his/her work will eventually decline and will often result in employee burnout. Employee burnout can be expensive to both the facility and to the employee since the facility must pay to attract, hire and train new employees and the current employee, if burned out, must search for new employment when he/she becomes emotionally ready.

#### Implications

To help employees handle stress in a positive way, it is suggested that a peer support group be established and that social workers be encouraged to attend. Whiton Paine (1982),

Barry A. Farber (1982), and J. Dunham (1978) have stated that a peer support group is a vital tool to combat stress and burnout. It is further suggested that all social workers should be rewarded for a job well done. Since recognition is important to all employees, it should not be restricted to social workers that work on certain types of units. Furthermore, most social workers pride themselves on being professionals and usually conduct themselves accordingly. However, it is felt by many social workers at Patton State Hospital, that other staff members do not give them the professional recognition that they deserve. If the administration could find ways in which to help promote the professionalization of the social worker at Patton State Hospital, it could help reduce the turnover rate and increase the quality of care that is provided to the patients. It was suggested by many social workers that they and the administration work more closely together to achieve common goals. Social workers should be given the opportunity to provide input to administration and have the administration listen to their concerns. The administration and social workers need to be mutually supportive in order to facilitate the treatment and health of its patients.

This study supports the findings of the 1989 study of Mary Long in that it recognizes that working in a locked mental health facility is a very stressful situation.



According to the Social Service Scale developed by Maslach and Jackson (1981), the results of this study suggest that social workers at Patton State Hospital have moderately higher levels of stress than other social service occupations.

It is hoped that this study will promote further studies on social workers working in locked state mental health facilities, in addition to other types of locked facilities. The implication would be an improved quality of care that social workers provide and an increased employment longevity for social workers at their job location. Also, further studies may help to provide answers that will lower the emotional exhaustion, increase the self esteem, and reduce the level of stress and burnout among social workers.

## Appendix A

### Human Services Survey

Christina Maslach and Susan E. Jackson

The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you feel this way about your job. If you have *never* had this feeling, write a "0" (zero) in both the "HOW OFTEN" and "HOW STRONG" columns before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. Then decide how strong the feeling is when you experience it by writing the number (1 to 7) that best describes how strongly you feel it. An example is shown below.

#### EXAMPLE

---

How often	0	1	2	3	4	5	6
	never	a few times a year or less	once a month or less	a few times a month	once a week	a few times a week	every day

---

How Strong	0	1	2	3	4	5	6	7
	never	very mild barely noticeable			moderate			major very strong

---

<u>How often</u>	<u>How strong</u>	Statement:
0-6	0-7	I feel depressed at work.
_____	_____	

If you never feel depressed at work, you would write the number "0" (zero) on both lines. If you rarely feel depressed at work (a few times a year or less), you would write the number "1" on the line under the heading "HOW OFTEN". If your feelings of depression are fairly strong, but not as strong as you can imagine, you would write a "6" under the heading "HOW STRONG". If your feelings of depression are very mild you would write a "1".

### Human Services Survey

<u>How Often</u> 0-6	<u>How strong</u> 0-7	Statements:
1. _____	_____	I feel emotionally drained from my work.
2. _____	_____	I feel used up at the end of the workday.
3. _____	_____	I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____	_____	I can easily understand how my recipients feel about things.
5. _____	_____	I feel that I treat some recipients as if they were impersonal objects.
6. _____	_____	Working with people all day is really a strain on me.
7. _____	_____	I deal very effectively with the problems of my recipients.
8. _____	_____	I feel burned out from my work.
9. _____	_____	I feel I'm positively influencing other people's lives through my work.
10. _____	_____	I've become more callous toward people since I took this job.
11. _____	_____	I worry that this job is hardening me emotionally.

12. \_\_\_\_\_ I feel very energetic.
13. \_\_\_\_\_ I feel frustrated by my job.
14. \_\_\_\_\_ I feel I'm working too hard on my job.
15. \_\_\_\_\_ I don't really care what happens to some recipients.
16. \_\_\_\_\_ Working with people directly, put too much stress on me.
17. \_\_\_\_\_ I can easily create a relaxed atmosphere with my recipients.
18. \_\_\_\_\_ I feel exhilarated after working closely with my recipients.
19. \_\_\_\_\_ I have accomplished many worthwhile things in this job.
20. \_\_\_\_\_ I feel like I'm at the end of my rope.
21. \_\_\_\_\_ In my work, I deal with emotional problems very calmly.
22. \_\_\_\_\_ I feel recipients blame me for some of their problems.

### MBI scoring key

Transfer the appropriate score from the answer sheet/questionnaire to the corresponding number in each subscale.

Emotional Exhaustion Accomplishment		Depersonalization		Personal	
#	How often How strong	#	How often How strong	#	How often How strong
1.	_____	5.	_____	4.	_____
2.	_____	10.	_____	7.	_____
3.	_____	11.	_____	9.	_____
6.	_____	15.	_____	12.	_____
8.	_____	22.	_____	17.	_____
13.	_____			18.	_____
14.	_____			19.	_____
16.	_____			21.	_____
20.	_____				
total		total		total	
_____		_____		_____	

How Often (frequency)	How Strong (intensity)
EE _____	_____
DP _____	_____
PA _____	_____

#### Range of MBI Scores

MBI Subscale	Low (lower third)	Moderate (middle third)	High (upper third)
Emotional Exhaustion			
frequency	≤17	18 - 29	≥30
intensity	≤25	26 - 39	≥40

Depersonalization

frequency	$\leq 05$	06 - 11	$\geq 12$
intensity	$\leq 06$	07 - 14	$\geq 15$

Personal Accomplishment

frequency	$\geq 40$	39 - 34	$\leq 33$
intensity	$\geq 44$	43 - 37	$\leq 36$

## Appendix B

### Work Environment Scale

Paul M. Insel & Rudolf H. Moos

Please read each statement in your booklet and then, in the boxes on the answer sheet, mark T (true) if you think the statement is true of your work environment, and F (false) if the statement is not true of your work environment.

Use a heavy X, as in the example:

Example only

Please use a pencil with an eraser

and not a pen. Be sure to match each number in the booklet with each number on the answer sheet.

T	X	
---	1---	2---
F		X

1. The work is really challenging
2. People go out of their way to help a new employee feel comfortable.
3. Supervisors tend to talk down to employees.
4. Few employees have any important responsibilities.
5. People pay a lot of attention to getting work done.
6. There is constant pressure to keep working.
7. Things are sometimes pretty disorganized.
8. There's strict emphasis on following policies and regulations.
9. Doing things in a different way is valued.
10. It sometimes gets too hot.
11. There's not much group spirit.
12. The atmosphere is somewhat impersonal
13. Supervisors usually compliment an employee who does something well.
14. Employees have a great deal of freedom to do as they like.
15. There's a lot of time wasted because of inefficiencies.
16. There always seems to be an urgency about everything.
17. Activities are well planned.
18. People can wear wild looking clothing while on the job if they want to.
19. New and different ideas are always being tried out.
20. The lighting is extremely good.
21. A lot of people seem to be just putting in time.
22. People take a personal interest in each other.
23. Supervisors tend to discourage criticisms from employees.
24. Employees are encouraged to make their own decisions.
25. Things rarely get "put off till tomorrow".
26. People cannot afford to relax.
27. Rules and regulations are somewhat vague and ambiguous.
28. People are expected to follow set rules in doing their work.
29. This place would be one of the first to try out a new idea.
30. Work space is awfully crowded.
31. People seem to take pride in the organization.
32. Employees rarely do things together after work.



33. Supervisors usually give full credit to ideas contributed by employees.
34. People can use their own initiative to do things.
35. This is a highly efficient, work-oriented place.
36. Nobody works too hard.
37. The responsibilities of supervisors are clearly defined
38. Supervisors keep a rather close watch on employees.
39. Variety and change are not particularly important.
40. This place has a stylish and modern appearance.
41. People put quite a lot of effort into what they do.
42. People are generally frank about how they feel.
43. Supervisors often criticize employees over minor things.
44. Supervisors encourage employees to rely on themselves when a problem arises.
45. Getting a lot of work done is important to people.
46. There is no time pressure.
47. The details of assigned jobs are generally explained to employees.
48. Rules and regulations are pretty well enforced.
49. The same methods have been used for quite a long time.
50. The place could stand some new interior decorations.
51. Few people ever volunteer.
52. Employees often eat lunch together.
53. Employees generally feel free to ask for a raise.
54. Employees generally do not try to be unique and different.
55. There's an emphasis on "work before play".
56. It is very hard to keep up with your work load.
57. Employees are often confused about exactly what they are supposed to do.
58. Supervisors are always checking on employees and supervise them closely.
59. New approaches to things are rarely tried.
60. The colors and decorations make place warm and cheerful to work in.
61. It is quite a lively place.
62. Employees who differ greatly from

others in the organization don't get on well.

63. Supervisors expect far too much from employees.
64. Employees are encouraged to learn things even if they are not directly related to the job.
65. Employees work very hard.
66. You can take it easy and still get your work done.
67. Fringe benefits are fully explained to employees.
68. Supervisors do not often give in to employee pressure.
69. Things tend to stay just about the same.
70. It is rather drafty at times
71. It's hard to get people to do any extra work.
72. Employees often talk to each other about their personal problems.
73. Employees discuss their personal problems with their supervisors.
74. Employees function fairly independently of supervisors.
75. People seem to be quite inefficient.
76. There are always deadlines to be met.
77. Rules and policies are constantly changing.
78. Employees are expected to conform rather strictly to the rules and customs.
79. There is a fresh, novel atmosphere about the place.
80. The furniture is usually well arranged.
81. The work is usually very interesting.
82. Often people make trouble by talking behind others' backs.
83. Supervisors really stand up for their people.
84. Supervisors meet with employees regularly to discuss their future work goals.
85. There's a tendency for people to come to work late.
86. People often have to work overtime to get their work done.
87. Supervisors encourage employees to be neat and orderly.
88. If an employee comes in late, he can make it up by staying late.
89. Things always seem to be changing.
90. The rooms are well ventilated.

WES Answer sheet

T												T
F	1	2	3	4	5	6	7	8	9	10		F
T												T
F	11	12	13	14	15	16	17	18	19	20		F
T												T
F	21	22	23	24	25	26	27	28	29	30		F
T												T
F	31	32	33	34	35	36	37	38	39	40		F
T												T
F	41	42	43	44	45	46	47	48	49	50		F
T												T
F	51	52	53	54	55	56	57	58	59	60		F
T												T
F	61	62	63	64	65	66	67	68	69	70		F
T												T
F	71	72	73	74	75	76	77	78	79	80		F
T												T
F	81	82	83	84	85	86	87	88	89	90		F

-----DO NOT MARK BELOW THIS LINE-----

	I	PC	SS	A	TO	WP	C	CTL	INN	COM
R/S										
S/S										

## Appendix C

### Human Services Demographic Data

1. Male (1)\_\_\_\_\_ Female (2)\_\_\_\_\_
2. Married (1)\_\_\_\_\_ Single (2)\_\_\_\_\_ Divorced (3)\_\_\_\_\_  
Separated (4)\_\_\_\_\_ Living with someone (5)\_\_\_\_\_
3. How long have you worked at Patton State Hospital \_\_\_\_\_
4. How long have you worked in your current profession\_\_\_\_\_
5. Type of unit you work on Acute (1)\_\_\_\_\_ Chronic (2)\_\_\_\_\_  
Day treatment program(3)\_\_\_\_\_
6. Number of hours spent doing: individual therapy (1)\_\_\_\_\_  
Group therapy (2)\_\_\_\_\_
7. Do you belong to a Peer Support Group Yes (1)\_\_\_\_\_  
No (2)\_\_\_\_\_ none available(3)\_\_\_\_\_
8. Would you belong to a Peer Support group if one were available to you. Yes (1)\_\_\_\_\_ No (2)\_\_\_\_\_  
Don't Know (3)\_\_\_\_\_
9. On a scale of 0 to 7 (low to high), where would you say your current level of Job Stress is \_\_\_\_\_
10. On a scale of 0 to 7 (bad to good), how is your ability to cope with stress\_\_\_\_\_
11. How many times during the past year have you had to help place a patient in restraints for attacking someone\_\_\_\_\_
12. What is your Ethnic Identity African American (1)\_\_\_\_\_  
Asian (2)\_\_\_\_\_ Hispanic (3)\_\_\_\_\_ Native American (4)\_\_\_\_\_  
White (5)\_\_\_\_\_ Other (6)\_\_\_\_\_
13. What is your age \_\_\_\_\_

Appendix D

Open Ended Questionnaire

To the best of your ability, please answer these two questions.

1. What can the administration do to help reduce stress on the job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you believe that working in a locked inpatient psychiatric hospital helps create stress? YES \_\_\_\_\_

NO \_\_\_\_\_

WHY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Debriefing Statement

Thank you for your participation in this research project. Any questions you have in reference to this project, the methodology used, or the outcome of the data collection may be obtained by contacting the researchers named below, the advisor named below, or by an authorized representative.

### Researchers:

John Lane, Social Work Intern, Patton State Hospital,  
(909) 425 7000. ext. 7973.

James Curbow, Social Work Intern, Patton State  
Hospital, (909) 425 7000. ext. 7635.

Faculty Advisor: Dr. Morley Glick  
California State University, San Bernardino.  
(909) 880-5501

## Appendix F

### Consent Form

Research #: 254

Project Title: Job stress as it relates to social workers in a locked state mental health hospital.

#### Purpose, Participation and Procedures

The data collected from this survey will be used in a study conducted by two MSW students from CSU San Bernardino. The study has been evaluated and approved by CSUSB and Patton State Hospital. The study measures the level of stress experienced by social workers employed at Patton that may be brought on by working in the locked environment, by working on a particular type of unit, and/or by the number of direct therapeutic hours provided to the patients by the social worker.

Participation in this study is completely voluntary, and your participation or lack of participation will neither help your job nor hurt it. Your employer will not see your answers and there is no way that your completed survey can be linked with your name.

A survey will be given to you at the first social work meeting following approval of this project by the State of California. You will be asked to read this consent form, sign one copy and place it in the envelope provided at the meeting. The survey should take you about 30 minutes to complete and can be returned to the investigators in the hospital mail.

#### Description of risks

There are no foreseeable risks or discomforts to you as a result of your participation in this study. The results of this study will be presented at the hospital at a time and place to be announced. At the social work meeting following completion of the survey, participants will be debriefed as to the exact nature of the research and will be given names and phone numbers of people to contact in the event of any questions related to the study.

#### Description of benefits

Benefits from this study include: the possibility of helping to lower the social worker turnover rate by creating alternate methods of stress relief for you (the social worker), and improving the overall quality of the social worker by helping you reduce job related stress.

#### Alternative procedures

The only alternative procedure offered is for you the social worker to decline to participate in this survey. In so doing, there are no risks involved.

**Confidentiality of records**

The completed surveys will remain anonymous. To assure anonymity, please detach signed copy of consent form from the survey. Two copies of the consent form have been provided, please retain one copy for yourself and place the other copy, face down, in the collection envelope provided by the investigators. The envelope containing the collected copies of the signed consent form will be sealed and placed in a secure location by the department secretary.

**Compensation**

There is no compensation provided to participants of this survey.

**Injury**

This research involves very minimal risk if any and no medical treatments or services will be provided.

**Questions**

If you have any questions regarding this research, please contact John Lane, Social Work Intern, at ext.7807 or James Curbow Social Work Intern at ext. 7273

**Voluntary Participation**

Participation in this survey is voluntary, refusal to participate will involve no penalty or loss of benefits to which you would otherwise be entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

**Research participant's Bill of Rights**

Section 24172 of the California Health and Safety Code establishes that each research participant be provided with a copy of the Research Participant's Bill of Rights, please find your copy attached to this consent form and check here

**Consent**

By signing this consent form, I hereby consent to be a willing participant of the research project outlined in this consent form.

-----  
-----

Signature

Date

Signature of Witness



## Research Participant's Bill of Rights

Any person who is asked to consent to participate as a human subject in a research study, or who is asked to consent on behalf of another, has the following rights:

1. To be told what the study is trying to find out.
2. To be told what will happen in the study and whether any of the procedures are different from those which are carried out in standard social work practice.
3. To be told about the risks, adverse effects, or discomforts which may be expected.
4. To be told whether the subject can expect any benefit from participating and if so, what the benefit might be.
5. To be told of other choices available and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before consenting to participate and any time during the course of the study.
7. To be told of any medical treatment available if complications arise.
8. To refuse to participate at all, either before or after the study has begun. This decision will not affect any right to receive standard medical treatment.
9. To receive a signed and dated copy of the consent form and the Bill of Rights.
10. To be allowed time to decide to consent or not to consent to participate without any pressure being brought by the investigator or others.

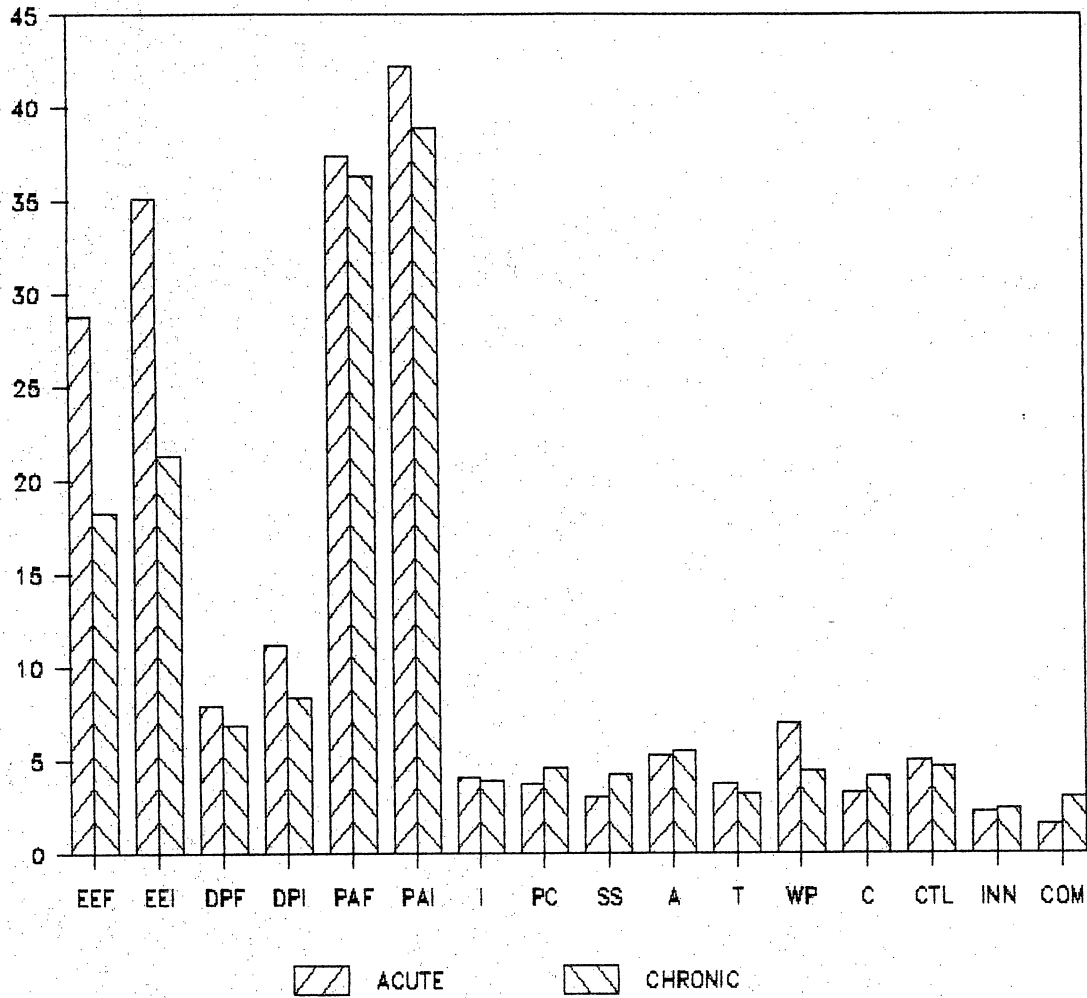
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Name

Date signed

## Appendix G

### Levels of Stress: acute vs. chronic



- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| EEF Emotional Exhaustion Frequency    | EEI Emotional Exhaustion Intensity    |
| DPF Depersonalization Frequency       | DPI Depersonalization Intensity       |
| PAF Personal Accomplishment Frequency | PAI Personal Accomplishment Intensity |
| I Involvement                         | PC Peer Cohesion                      |
| SS Supervisor Support                 | A Autonomy                            |
| T Task Orientation                    | WP Work Pressure                      |
| C Clarity                             | CTL Control                           |
| INN Innovation                        | COM Comfort                           |

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