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Can Skill-Development Training Alleviate Burnout in Hospital Social Workers?

Miri Cohen, PhD
Roni Gagin, MSW

ABSTRACT. Staff development programs, which focus on imparting and improving intervention skills, are acknowledged as an efficient way to reduce burnout, but few studies have examined this effect. The aim of the present study was to detect any difference in the level of social worker’s burnout before and after attending two different skill-development groups, namely group-intervention skills for more experienced social workers and general hospital social-work skills for less experienced. Twenty-five hospital social workers participated in the study. The three dimensions of burnout, namely emotional exhaustion, depersonalization, and personal accomplishment, changed between the pre-training and post-training measures: personal accomplishment rose by 12.39% and depersonalization fell by 29.75%. The difference was significant for the two dimensions in both groups. Emotional exhaustion significantly declined in the hospital social-work skills group only, and revealed a group-time effect. The level of peer support rose in the hospital-skills group and was positively related to a lowering of emotional exhaustion.

This was an exploratory study, with a rather small sample, and the results are preliminary, but they show a promising possibility of burnout
reduction among professional workers. Further research on the effect of skill development training on reducing burnout is needed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS: Burnout, hospital, skill-development, social workers, support

INTRODUCTION

Burnout in the human service professions is acknowledged as a widespread and almost inevitable phenomenon (Maslach, 1978; Maslach, Schaufle, & Leiter, 2001; Zastrow, 1984) and its sources and characteristics have been extensively studied (Maslach, 1978; Maslach et al., 2001; Soederfeldt, Soederfeldt, & Warg, 1995; Zastrow, 1984). However, studies on the effect of interventions aimed to decrease burnout are few (Corcoran & Bryce, 1983; Corrigan, McCraken, Edwards, Kommana, & Simpatico, 1997; Krell, Richardson, LaManna, & Kairys, 1983; Pines & Maslach, 1980).

Burnout is defined as a negative psychological experience in workers that originates from ongoing job-related stresses (Elloy, Terpening, & Kohls, 2001; Maslach, 1978; Maslach et al., 2001) and results in aggregation of somatic, behavioral, and psychological symptoms, such as fatigue, headaches, sleep disturbance, anger, apathy, or depression (Cherinss, 1982; Greenglass, Burke, & Moore, 2003; Maslach & Goldberg, 1998; Maslach et al., 2001; Pines, Aronson, & Kafry, 1981; Robinson, Clements, & Land, 2003). Based on empirical data, Pines and Maslach (1978) clustered the symptoms of burnout across a three-dimensional scale: emotional exhaustion, depersonalization, and reduced personal accomplishment.

Burnout is a dynamic process that exerts a gradually increasing negative effect on professional’s morale and well being, on their self-concept, on the quality of care provided for clients, and even on client’s emotional and functional well-being (Cherinss, 1982; Demerouti, Bakker, Nachreiner & Schaufeli, 2000; Maslach, 1978; Maslach et al., 2001; Pines & Maslach, 1978; Pines et al., 1981; Pruessner, Hellhammer, & Kirschbaum, 1998).

The severity and complexity of clients’ problems has already proved to be a major source of burnout in professionals (Acker, 1999; Ewers, Bradshaw,
McGovern, & Ewers, 2002; Moore & Cooper, 1996; Zapf, Seifert, Mertini, & Holz, 2001). Hospital social workers, who are continuously exposed to serious somatic illness, chronic and final states, and who are often required to cope with trauma and patients abused sexually and by violence, are at high risk of burnout (Cwikel & Kacen, 1993; Dane & Chachkes, 2001; Grassi & Magnani, 2000; Wade, Beckerman, & Stein, 1996).

Maslach (2003) recently stated that new insights into understanding burnout notwithstanding, effective interventions to reduce the phenomenon have yet to be developed and evaluated. Although some previous studies demonstrated that burnout could be changed and even reversed, especially when an action is initiated for changing the causes or outcomes of burnout (Cherinss, 1982; Corcoran & Bryce, 1983; Pines & Aronson, 1983; Pines & Maslach, 1980), only few empirical studies are reported. Several descriptions exist of specific interventions on the organizational level aimed at decreasing role ambiguity, role conflicts, or work overload (Pines & Maslach, 1980; Repucci, 1973; Zastrow, 1984). Teaching stress management skills, coping skills (Cherinss, 1982; Cwikel & Kacen, 1993; van Dierendonck, Schaufeli, & Buunk, 1998; Maslach, 1978; Mimura & Griffiths, 2003; Pines & Aronson, 1983; Schaufeli, 1995; West, Horan, & Games, 1984), or interpersonal skills (Corcoran & Bryce, 1983) was also shown to alleviate burnout. Enhancing peer support and feelings of collegiality is another approach that was found helpful in reducing burnout in several studies (Krell et al., 1983; Pines & Maslach, 1980; Wade, Cooley, & Savicki, 1986), but it did not seem to reduce burnout in other studies (Brown, 1984).

Skill-development programs, which focus on teaching and imparting new intervention skills or improving existing skills, were frequently mentioned as a burnout-buffering tool (Cherinss, 1982; Pines et al., 1981; Kalliath & Beck, 2001; Pines & Maslach, 1980; Wade et al., 1986; Zastrow, 1984), but studies on their effect on burnout are limited (Corcoran & Bryce, 1983; Krell et al., 1983; Wade et al., 1986). Enrichment of intervention skills can enhance one’s sense of self-efficacy. Maslach and colleagues (2001) and Cherinss (1993) already mentioned that enhancing self-efficacy should be the main aim of burnout-reducing interventions. This component of burnout cannot be changed by stress-management techniques, which are the most common tools described in fighting burnout (Maslach et al., 2001). Several studies confirmed that training reduces burnout. Corrigan et al. (1997) found that after an eight-month training program in behavioral approaches to client’s behavior changing, the staff reported significantly lower emotional burnout. Ewers et al. (2002) reported that training ten forensic
nurses in psychosocial interventions reduced their burnout rates, compared with ten controls. However, Corcoran and Bryce (1983) assessed the effect of interpersonal coping skills training versus counseling skills training with nine social workers in each group. They found that interpersonal coping skills training was related to lower burnout than before the training, while the counseling skills training did not affect burnout.

Previous studies mention two important domains of skill development programs: the supportive domain (Krell et al., 1983; Koeske & Koeske, 1989; Wade et al., 1986) and the educating domain (Cherinss, 1982; Krell et al., 1983; Pines et al., 1981). In their discussion of supervision, Kadushin and Harkness (2002) claim that the supportive domain strengthens the capacity to deal with job stresses by providing reassurance, approval, and the like, while the educating domain is concerned with enhancing efficiency of job performance. Their combined effect may enhance the sense of self-efficacy, create challenge and stimulation, and increase self-awareness and personal change (Cherinss, 1982; Pines et al., 1981). Also, the group-training setting facilitates interpersonal processes typical of groups, which enhance personal bonding and strengthen mutual peer support among its members. These are important means of combating burnout (Cherinss, 1982; Koeske & Koeske, 1989; Krell, 1983). Wade and Perlman (1993) found that supportive peer relationships, which they called “survival bonding,” reduced anxiety, stress, and burnout. However, the effects of peer support in relation to burnout have not been thoroughly studied, especially not in a pre/post design.

The present study was based on the burnout model (Pines & Maslach, 1978) and aimed to explore the effect of two different skill-development training groups on burnout dimensions of hospital social workers. The rationale of the study was the notion that enrichment of intervention skills enhances a sense of self-efficacy, as well as motivation and challenge in work, which are effective means in reducing burnout (Cherinss, 1993; Maslach et al., 2001). Two programs, adapted to the professional needs of the social workers, were examined: group-intervention skills (GIS) and general hospital social work (HSW) skills.

**METHOD**

**Participants**

Participants in the study were 25 social workers from the social work department of the Rambam Medical Center at the north of Israel.
Rambam Medical Center is the biggest hospital in the north, receiving patients with complicated diseases or in need of complex treatments, wounded soldiers, and terror victims, in addition to its function as a general hospital. Before the start of the two groups, all participants gave their consent to completing the questionnaires, whose aims were explained as identifying levels of burnout among the workers. Twenty-six workers, constituting 72.2% of the department personnel, were invited to participate in the training programs. Not included were five senior workers in supervisory positions (13.9%) and five workers who participated in a course outside the hospital (13.9%). One worker of the 26 invited could not participate in the training program and was excluded from the study.

Mean age of the GIS participants was higher (38.5 years, SD 8.7) than that of the HSW group (28.5 years, SD 4.5), which indicated significant difference (t(23) = 3.7; p < .01). Of the GIS group 64.4% (N = 9) were married, but only 36.4% (N = 4) of the HSW group. 14.3% (N = 2) of the GIS but none of the HSW group were divorced. These differences were statistically significant (p < .05).

**Measures**

*Demographic data:* age, place of birth, family status, seniority. *Burnout* was measured using Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1996). The MBI consists of three subscales: the emotional exhaustion subscale consists of nine items that describe feelings of being emotionally exhausted by one’s work. The depersonalization subscale consists of five items that describe impersonal responses and lack of feelings towards clients. The personal accomplishment subscale consists of eight items that describe feelings of competence and successful achievement in one’s work. The items were scored on a seven-point frequency scale from 0 = never to 6 = every day. Maslach and Jackson (1996) reported reliability coefficients as follows: emotional exhaustion .90; depersonalization .79; personal accomplishment .71. In the present study the reliability coefficients were: emotional exhaustion .89 at both time points; depersonalization .86 and .89; personal accomplishment .71 and .66.

*Peer support* was measured by a one-item question, eliciting the amount of support the social worker derived from his or her colleagues in the service. The item was scored on a three-point scale from 1 = not at all to 3 = very much.
Procedure

The social workers and their supervisors were asked to indicate what professional skills were most needed and/or preferred for learning. This survey revealed that the less senior social workers felt a strong need to enrich and improve skills of basic social work in health care. The senior social workers felt content with their level of expertise on basic skills, but expressed a need to learn additional methods of intervention, while group intervention being the most preferred intervention method. On the basis of this information, two skill-development groups were planned: a general hospital social-work skills (HSW) group, to which obviously less senior social workers were assigned, and a group-intervention skills (GIS) group, aimed at improving and expanding group-intervention abilities, for more senior social workers. The two groups incorporated educational and supportive aspects, based on Kadushin’s concept of supervision (Kadushin & Harkness, 2002). The GIS group focused on theory and practice of group work according to Yalom’s (1995) group psychotherapy model and Toseland’s model of social work with groups (1995). The main issues were recruiting and creating groups, planning group intervention, understanding group dynamics, understanding and identifying communication patterns and roles in the group setting, learning to identify stages of group development, and group evaluation. Techniques of intervention in groups were also practiced, and attention was given to working with special populations (Toseland, 1995; Yalom, 1995). The HSW meetings focused on interviewing and psycho-social evaluation skills, short-term and crisis interventions techniques, discharge planning skills, and skills of working with an inter-professional staff (Cowles, 2000). At the meetings theoretical material was presented, as well as the principles of practice concerning the above issues. Included were simulations, role play, experiential exercises, and analysis of worker’s interventions in the field. The aim was to reinforce participant’s ability to implement the skills learned during the sessions. In both groups development of self-awareness and insights was accorded a central place. Each group held 15 meetings, matching the length of an academic course. This was considered sufficient to cover the theoretical and practical topics and to leave enough time for supervising the field work in which the new skills were implemented and exercised.

The participants completed the questionnaires before starting the groups and a month after the conclusion of the programs. The second time point of a month was chosen to minimize the immediate effects of
participation in the group on participant’s answers. That way, responses would be related more to attitudes and feeling about the experience of daily work and less to the group experience itself. On the other hand, a month is not so long a period that other interfering factors may enter and influence the answers.

**Statistical Analysis**

Descriptive statistics were used to examine the characteristics of the sample. Means of burnout and peer support for the two groups and for the two time points were compared by t-test. A repeated-measure analysis of variance was applied to check for any interaction of group by time. Pearson correlations were used to assess the correlation between the burnout and support variables at each of the time points.

**RESULTS**

**Burnout Differences Between Groups**

Table 1 presents the participant’s scores on the burnout subscales, for both groups. The pre-training scores of both groups were in the average range of burnout for professionals in the social services, according to the norms defined by Maslach and Jackson (1996) (17-27 for emotional exhaustion, 6-10 for depersonalization, and 36-30 for personal accomplishment). These results indicate that before the intervention the participants in both groups experienced considerable burnout, although it did not reach the high range. There were no statistically significant differences between the HSW and GIS groups in the degree of emotional exhaustion and depersonalization pre- and post-training (Tables 1 and 2). Post intervention, the personal accomplishment dimension was significantly higher in the GIS group than in the HSW group (Table 2). The GIS rated the degree of peer support at the pre-training time significantly higher than the HSW group (Table 1). At time 2 the perception of peer support had risen in the HSW group, which resulted in similar scores for the two groups in the post-training measure (Table 2).

**Differences in Burnout Before and After Intervention**

Figure 1 presents mean scores for burnout subscales and perceived support obtained pre- and post-training. The degree of emotional ex-
Exhaustion decreased from pre- to post-training by 14.40%, but was not statistically significant, while the degree of depersonalization decreased significantly (29.75%) between pre- and post-training ($t(23) = 2.37; p = .04$). The degree of personal accomplishment increased significantly (12.39%) between time 1 and time 2 ($t(23) = 4.54; p = .03$). In addition, the levels of personal exhaustion in both groups dropped to the low range of burnout (≤ 6), as did the level of personal exhaustion for the GIS (whose cut-off point is ≥ 37) (Maslach & Jackson, 1996). The other burnout measures remained in the average range of burnout, but moved closed to its lower limit (Maslach & Jackson, 1996).

### Table 1. Differences between groups on burnout measures before the skill-development training (time I)

<table>
<thead>
<tr>
<th></th>
<th>HSW (N = 11)</th>
<th>GIS (N = 14)</th>
<th>t(23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>M 23.9</td>
<td>M 22.00</td>
<td>0.48</td>
</tr>
<tr>
<td></td>
<td>SD 11.78</td>
<td>SD 8.99</td>
<td></td>
</tr>
<tr>
<td>Depersonalization</td>
<td>7.36</td>
<td>5.29</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>4.98</td>
<td>4.91</td>
<td></td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>31.40</td>
<td>32.83</td>
<td>-0.47</td>
</tr>
<tr>
<td></td>
<td>6.31</td>
<td>8.37</td>
<td></td>
</tr>
<tr>
<td>Perceived peer support</td>
<td>1.55</td>
<td>2.14</td>
<td>-2.20</td>
</tr>
<tr>
<td></td>
<td>0.69</td>
<td>.77</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05
HSW = hospital social work skills
GIS = group intervention skills
M = mean
SD = standard deviations

### Table 2. Differences between groups on burnout measures after the skill-development training (time II)

<table>
<thead>
<tr>
<th></th>
<th>HSW (N = 11)</th>
<th>GIS (N = 14)</th>
<th>t(23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>M 17.40</td>
<td>M 21.33</td>
<td>-1.06</td>
</tr>
<tr>
<td></td>
<td>SD 8.15</td>
<td>SD 9.57</td>
<td></td>
</tr>
<tr>
<td>Depersonalization</td>
<td>4.45</td>
<td>4.43</td>
<td>0.16</td>
</tr>
<tr>
<td></td>
<td>3.39</td>
<td>4.56</td>
<td></td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>34.09</td>
<td>39.21</td>
<td>-2.45</td>
</tr>
<tr>
<td></td>
<td>5.00</td>
<td>5.32</td>
<td></td>
</tr>
<tr>
<td>Perceived peer support</td>
<td>2.00</td>
<td>2.36</td>
<td>-0.22</td>
</tr>
<tr>
<td></td>
<td>0.64</td>
<td>0.61</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05
HSW = hospital social work skills
GIS = group intervention skills
M = mean
SD = standard deviations
Repeated-measures ANOVA was conducted to assess the effect of interactions of group-time on the burnout subscales. A significant effect of group-time was evident for emotional exhaustion ($F(1,23) = 4.37; p = .04$). This means that the degree of decrease in emotional exhaustion was different between groups. More decrease over time was evident in the HSW group (27.20%) than in the GIS group (0.03%) (Tables 1 and 2). There was no effect of group-time for depersonalization or for personal accomplishment, namely the pattern of change from pre- to post-training did not differ between the groups.

The participants perceived support from their peers as significantly higher at time 2 ($t(23) = 2.82; p = .008$). Also, a group-time effect was apparent ($F(1,23) = 5.12; p = .02$), which indicated a much larger change in the perception of support in the HSW group (22.5%) than in the GIS group (0.09%).

**Associations Between Burnout Subscales and Perceived Peer Support**

According to Table 3, emotional exhaustion and depersonalization appeared to be highly and positively correlated at both time points, but were not in correlation with personal accomplishment. Perceived peer support was inversely correlated with emotional exhaustion at both time

![Figure 1. Burnout scores before and after skill-development training](image-url)

Results presented for all participants (N = 25) significant differences between pre- and post-intervention (\( p < .05 \)) were found for depersonalization ($t(23) = 2.37$), personal accomplishment ($t(23) = 4.54$,) and peer support ($t(23) = 2.82$).
points, and positively correlated with personal accomplishment at the post-training point.

**DISCUSSION**

The present study examined the effect of skill development groups on burnout among hospital social workers, in a pre-training and post-training format. Research on change in professional burnout over time is scarce (Maslach et al., 2001; Poulin & Walter, 1993; Wade et al., 1986), and even fewer are studies evaluating interventions aimed to decrease burnout (Corcoran & Bryce, 1983; Soederfeldt et al., 1995). Hence, although the present study has methodological limitations, such as the impossibility of comparing the two kinds of training implemented because of the participant’s different demographic characteristics, it sheds light on important outcomes of skill-development programs, which have not been studied before. Despite the dissimilarity in demographic characteristics of the two groups', participants in both reported similar patterns of burnout at the beginning stage. Previous studies also

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**TABLE 3. Pearson correlations between emotional exhaustion, depersonalization, personal accomplishment and perceived peer support pre- and post-intervention**

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
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<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Emotional exhaustion&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.00</td>
<td>.64**</td>
<td>-.29</td>
<td>-.49*</td>
<td>.67**</td>
<td>.29</td>
<td>-.30</td>
<td>-.41*</td>
</tr>
<tr>
<td>2 Depersonalization&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.00</td>
<td>-.20</td>
<td>-.39</td>
<td>.45*</td>
<td>.40*</td>
<td>-.10</td>
<td>-.52*</td>
<td></td>
</tr>
<tr>
<td>3 Personal accomplishment&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.00</td>
<td>.16</td>
<td>-.47*</td>
<td>-.17</td>
<td>.69**</td>
<td>.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Perceived peer support&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.00</td>
<td>-.29</td>
<td>-.18</td>
<td>.14</td>
<td>.36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Emotional exhaustion&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.00</td>
<td>.53**</td>
<td>-.38</td>
<td>-.42*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Depersonalization&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.00</td>
<td>-.18</td>
<td>-.42*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Personal accomplishment&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.00</td>
<td>.48*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Perceived peer support&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>

Results presented for all participants (N = 25)  *p < .05  **p < .01

<sup>a</sup> Pre-intervention measures

<sup>b</sup> Post-intervention measures
indicated that burnout is evident in younger as well as older or more senior workers (Cherinss, 1982; Pines et al., 1981; Schonfeld, 2001).

The main findings of the study are a decrease in degree of burnout observed after the skill development training and an increase in the perception of support from peers from pre- to post-training measurements. In addition, emotional exhaustion decreased and peer support increased more profoundly in the HSW group.

The decrease in burnout found in the present study is in accordance with the few previous studies that examined the effect of skill-development on level of burnout (Corcoran & Bryce, 1983; Corrigan et al., 1997; Ewers et al., 2002). Although an inference could not be made from the present study as to a direct effect of the training on the fall in burnout scores, usually burnout is a relatively stable phenomenon, if no intervention is initiated (Corcoran & Bryce, 1983; Poulin & Walter, 1993; Wade et al., 1986). Also, no other major changes occurred in the service setting or in other known sources of burnout (e.g., work overload or role conflicts) (Cherinss, 1982; Maslach et al., 2001) in the interval between the two time points to which the decrease in burnout could be attributed. Hence, it may be cautiously assumed that the decrease in degree of burnout between the two measurement time points was related to the effect of training. Note that ordinarily too the participants were continuously individually supervised, and regularly attended conferences and courses. Nevertheless, the present skill-development groups described here did make a difference. This can be explained by the nature of the training programs, which combined two main aspects of efficient supervision or skill-development programs: the educational and the supportive aspects (Cherinss, 1982; Kadushin and Harkness, 2002; Pines et al., 1981). Regarding the educational aspect, to be effective the skills to be learned should be relevant and applicable to the specific client population (Kadushin & Harkness, 2002) and to professional needs and stages of professional development (Cherinss, 1982; Pines et al., 1981). Accordingly, the two training programs in this study were based on a thorough identification of needs and on the setting of clear-cut goals, and they took into account participant’s existing knowledge and experience. Acquiring new skills and improving and implementing them foster a sense of self-efficacy in helping clients and reduce helplessness regarding the client’s problems. When the professionals feel competent in helping the clients there is less need to depersonalize them. Cherniss (1993) and Maslach and colleagues (2001) emphasize the central role of feelings of self-efficacy and competence in helping clients as main safeguards against burnout.
As for the supportive aspect (Kadushin & Harkness, 2002), the instructors of the groups, social workers themselves, afforded throughout the meetings support, empathy, and legitimization to feelings, and assisted growth in self-awareness. All these have proved to be buffers of burnout (Cherinss, 1982; Koeske & Koeske, 1989; Krell, 1983).

The perception of peer support increased dramatically in the HSW group from the pre- to the post-training time point. Also, Pines and Aronson (1983) and Pines and Maslach (1980) similarly reported that regular staff meetings increased the perceived peer support. Peer support is a process that develops through time. The shorter period of work of the HSW group members in the hospital may explain the lower pre-training peer support. The group experience enabled its participants to develop close and supporting relationships, in contrast to the GIS group where the mutual support was already high and hence did not change significantly during the training. At the end of the training programs the HSW group reached similar level of peer support to that of the more senior group.

The three dimensions of burnout showed distinct patterns of change. In both groups, the degree of depersonalization fell and personal accomplishment rose. However, emotional exhaustion decreased significantly only in the HSW group, concurrently with the increase in the experience of support. Acker (1999) also found support to be associated with emotional exhaustion, but not with depersonalization or personal accomplishment. It appears that when peer support is low, its enhancement may be an efficient strategy to reduce emotional exhaustion.

Maslach and colleagues (2001) argued that teaching stress management skills helped mainly in reducing the exhaustion component of burnout, but could not affect the depersonalization or the personal accomplishment components. However, skill-development programs aim at enriching professional’s resources and abilities, which can foster sense of control and self-efficacy in their work. This kind of intervention is capable of building engagement in work, which is the opposite of burnout (Maslach et al., 2001). The present study indicated that skill development programs may be especially efficient for reducing depersonalization and increasing personal accomplishment, while strengthening of peer support (when it is low) may be an effective strategy for reducing emotional exhaustion. However, it is less effective when the peer support is already sufficient, and other ways should be implemented. It is possible that a multi-dimensional plan should be initiated to combat burnout, in which different strategies are tested for combating the different aspects of burnout.
The present results have several implications for social work in health care. For managers and administrators, the findings may signal an efficient strategy to fight burnout among professional workers. The latter profit from this kind of training, but the organization also gains more skilled and efficient workers, less affected by the damaging effect of burnout (Cherinss, 1982), and this may prove cost-effective in the long run. Second, for supervisors and trainers, the two models of skill development could be adopted differentially according to worker’s seniority and experience. The conclusions from the study regarding practitioners are the need to be aware of signs of burnout, and to take active steps to arrest or change state burnout. A possible means of achieving this goal may be through learning and enrichment of intervention skills and knowledge (Pines et al., 1981).

However, the study has two major limitations: the small number of participants and the dissimilarity of the groups in demographic characteristics. This dissimilarity was due to the different professional needs that existed in the hospital social service at the time. More longitudinal and cross-sectional research should be done to evaluate the effect of different skill-development groups for social workers similar in age and professional experience. In addition, the effect of such programs should be explored over longer periods. The collected information will add to our understanding of the tools and means to reduce and even prevent burnout.

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