Literature Review: Mental Health Professions.

Acker, G. M. (2010). The challenges in providing services to clients with mental illness: Managed care, burnout and somatic symptoms among social workers. *Community Mental Health Journal*, *46*(6), 591-600.

This study examined the relationship between social workers' experiences when interfacing with managed care organizations and burnout. A total of 591 social workers completed questionnaires that included several measures: Self-perceived competence in the context of managed care, professional involvement with clients with severe mental illness, and burnout. Results showed that self-perceived competence in the context of managed care had statistically significant correlations with burnout dimensions. The author discusses the role of social work schools in preparing students for the realistic aspects of mental health work, and recommends a partnership between managed care organizations and professionals for best care giving. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Ashtari, Z. Z., Farhady, Y. Y., & Khodaee, M. R. (2009). Relationship between job burnout and work performance in a sample of Iranian mental health staff. *African Journal of Psychiatry*, *12*(1), 71-74.

Objective: Job and workplace characteristics, particularly among mental health workers, have been identified as "stressors". In this study, the objective was to assess the relationship between work performance and job burnout amongst staff at a psychiatric hospital. Method: The respondents comprised 100 mental health professionals from Raazy Psychiatric Center, Tehran, Iran; including nurses, co-nurses, psychologists, social workers, and occupational therapists. Instruments used were the Job Burnout Inventory, standardized for an Iranian population; and a 10-item questionnaire about job performance. Results: The study showed that 45.6% of the sample had job burnout at a high level; 42.5% of subjects had emotional exhaustion at a high level and 65.5% had experienced depersonalization at a high level; however, only 21% experienced feelings of failure in individual achievement at a high level. There was a significant correlation between job burnout and inability for job performance. Conclusion: The findings are of concern and show the need to take cognizance of the existence of job burnout amongst mental health professionals and to consider strategies for dealing with the problem. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Barford, S. W., & Whelton, W. J. (2010). Understanding Burnout in Child and Youth Care Workers. *Child & Youth Care Forum*, *39*(4), 271-287.

Burnout is a major concern in human service occupations as it has been linked to turnover, absenteeism, a reduction in the quality of services, numerous physical and psychological disorders, and a disruption in interpersonal relations (Maslach et al.). Child and youth care workers are especially susceptible to burnout as the inherent challenges of working within the life-space of high-risk children and youth causes difficulties in attracting and retaining qualified employees. In the present study, burnout was measured in a group of 94 child and youth care workers from 8 agencies in a Western Canadian city using the three dimensional model of the Maslach Burnout Inventory (MBI). The MBI conceptualizes burnout as emotional exhaustion, depersonalization, and a lack of a sense of personal accomplishment. Among these child and youth care workers each of the three dimensions of burnout was predicted by a combination of work environment, personality, and social support. [ABSTRACT FROM AUTHOR].

Ben-Zur, H., & Michael, K. (2007). Burnout, social support, and coping at work among social workers, psychologists, and nurses: The role of challenge/control appraisals. *Social Work in Health Care, 45*(4), 63-82.

The purpose of this study is twofold: (1) to compare stress appraisals, coping strategies, social resources, and burnout at work between social workers, psychologists and nurses; and (2) to assess the effectiveness of appraisals and support in reducing burnout and enhancing effective coping strategies. Questionnaires containing assessments of work stress appraisals, coping strategies used to deal with problems at work, and social support at work, as well as burnout measures of exhaustion, depersonalization, and accomplishment were completed by 249 female professionals (age range 25-61). No differences were observed between the three professions on most psychological measures, except for the depersonalization outcome of burnout, which was significantly lower among psychologists than among nurses or social workers. High challenge/control appraisal of the job was directly related to all burnout outcomes, contributing to less exhaustion and depersonalization and to more personal accomplishment. The challenge/control appraisal was also negatively associated with emotion-focused coping. By comparison, the stress/load appraisal contributed to more exhaustion at work, while emotion-focused coping contributed to higher depersonalization. Social support was associated with higher challenge/control appraisal, with the latter mediating support effects on burnout. These data suggest that the perception of challenge/control in one's work may be an important factor in preventing work burnout in the three professions tested in the study. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*, *6*(2), 57-66.

Experience suggests that individuals working in the caring and psychotherapeutic professions are among those to provide mental health services to disaster victims suffering from psychological trauma following catastrophic events. Yet, few studies have focused on the emotional exhaustion from working with such clients, referred to as compassion fatigue (CF) in this study, and how CF differs from other occupational hazards, such as secondary trauma (ST) and job burnout. In the present study, we used recently validated scales to predict ST and job burnout related to providing services to those affected by the World Trade Center (WTC) attacks. Our study data were based on a random survey of 236 social workers living in New York City (NYC), over 80% of which reported being involved in post-WTC disaster counseling efforts. Our analyses indicated that controlling for demographic factors, years of counseling, and personal trauma history, ST was positively associated with WTC recovery involvement ($p < .001$) and negatively associated with having a supportive work environment ($p < .01$). In contrast, job burnout was negatively associated with having a supportive work environment ($p < .01$), but not associated with WTC involvement or WTC counseling efforts. We discuss these results in light of future conceptual and empirical research needs. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Boyas, J., Wind, L. H., & Kang, S. (2012). Exploring the relationship between employment-based social capital, job stress, burnout, and intent to leave among child protection workers: An age-based path analysis model. *Children and Youth Services Review*, *34*(1), 50-62.

Research suggests that age and organizational factors are consistently linked with job stress, burnout, and intent to leave among child protection workers. However, no study has contextualized how age matters with regards to these adverse employee outcomes. We conducted a theory driven path analysis that identifies sources of employment-based social capital, job stress, burnout, and intent to leave among two age groups. We used a statewide purposive sample of 209 respondents from a public child welfare organization in a New England state in the United States. Results suggest that the paths to job stress, burnout and intent to leave differed by age group. Social capital dimensions were more influential in safeguarding against job stress for older workers compared to younger workers. Our results justify creating workplace interventions for younger workers that target areas of the organization where relational support could enhance the quality of social interactions within the organization. Organizations may need to establish intervention efforts aimed at younger workers by creating different structures of support that can assist them to better deal with the pressures and

demands of child protection work. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Cohen, M., & Gagin, R. (2005). Can skill-development training alleviate burnout in hospital social workers? *Social Work in Health Care*, *40*(4), 83-97.

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. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

DePanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse & Neglect*, *30*(10), 1067-1069.

Comments on an article by Conrad and Kellar Guenther (see record 2006-20794-004). The purpose of the study in this issue was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment from helping others and positive collegial relationships) among child protection staff in Colorado. Based on the findings from this study, the authors believe that compassion satisfaction may help mitigate the effects of burnout. In their implications, the authors suggest that access to social support and having opportunities to process the traumatic aspects of the day to day work may be important factors in helping workers overcome the stressful aspects of child protection work. Furthermore, it is important to explore the specific connections and pathways between emotional exhaustion, compassion fatigue, compassion satisfaction, burnout, and retention in child protection work. Researchers should use standardized measures and advanced statistical procedures to explore the complex relationships among relevant factors. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian and New Zealand Journal of Psychiatry*, *43*(4), 373-385.

Objectives: The aim of the present study was to perform an assessment for secondary traumatic stress (STS), vicarious trauma (VT) and workplace burnout for Australian mental health professionals involved in clinical practice. Methods: Recruited directly by mail, randomly selected participants were invited to submit a questionnaire by post or online. Of the 480 participants contacted, 152 mental health professionals completed the questionnaire, which contained measures of STS, VT and burnout. Results: Exposure to patients' traumatic material did not affect STS, VT or burnout, contradicting the theory of the originators of STS and VT. Rather, it was found that work-related stressors best predicted therapist distress. Conclusions: These findings have significant implications for the direction of research and theory development in traumatic stress studies, calling into question the existence of secondary trauma-related phenomena and enterprises aimed at treating the consultants. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Flynn, S. V. (2010). A grounded theory of the altruism and self-interest phenomenon within the counseling profession. *Dissertation Abstracts International*, *70*.

With counseling related ailments such as vicarious trauma, burnout, low-income, and impairment affecting counselors wellness at an alarming rate, it is imperative for counselors of all backgrounds to recognize that to do well (self-interest) allows us all to do good (altruism). This research represents a first attempt to develop an emergent theory that explains the promotion, initiation, and maintenance of the phenomenon of altruism and self-interest within the counseling profession. In an attempt to create a qualitative grounded theory of the altruism self-interest phenomenon within the counseling profession, 19 semi-structured individual interviews were conducted with 7 counselor educators, 6 counseling entrepreneurs, and 6 counselor education doctoral students from various states and mental health professions. In addition, 1 focus group was conducted of 6 counseling doctoral students and 1 counselor educator from various states, a journal analysis of 3 counseling journals over the past 10 years was completed, artifact analysis of 18 individual interview participants was conducted, and all individual interview participants took part in member checks of their transcripts and accompanying codes. The analysis of altruism and self-interest phenomenon included: causal conditions, intervening conditions, contextual conditions, actions/interactions/routines, consequences, relationships between themes, and metaphoric comparison. Twelve themes where drawn from the analysis and synthesis of the data. These themes included: competing definitions of altruism and self-interest, the process of altruism and self-interest, a richer view of self-interest, conflicting beliefs and perceptions, varying descriptions of counseling, benefits of caring, negative consequences of caring, counseling's unspoken values and attitudes, mixed messages, status and competition, professional mistrust, and career choice. Following several data analysis methods, a holistic, interactive, non-static, dynamic, phenomenon of altruism and self-interest emerged. The altruism and self-interest phenomenon demonstrated

interconnectedness with others and was found to be capable of organismic self-regulation. Implications and areas for future research are provided for counselor educators, clinicians, and entrepreneurs.

Gabel, S. (2011). Addressing demoralization in clinical staff: A true test of leadership. *Journal of Nervous and Mental Disease*, *199*(11), 892-895.

Demoralization is a state that occurs when an individual's personal or professional goals, principles, or values are threatened. Psychiatrists working in mental healthcare organizations may experience demoralization for numerous reasons, including diminished funding for valued programs, personnel reductions, and administrative burdens hindering patient care. Demoralization places psychiatrists and other mental health professionals at increased risk for burnout, and its associated problems related to physical and mental difficulties, poor patient care, and staff losses and turnover. Demoralization, therefore, presents an important challenge to medical and clinical leaders who must address this issue to maintain the organizational commitment to optimal patient-centered care. This can be done using sound and accepted leadership principles coupled with a values orientation. The paper provides an illustration.

Gibson, E. (2009). Burnout among child/adolescent therapists in community mental health outpatient settings: A pathway to understanding. *Dissertation Abstracts International*, *69*.

Burnout, a period in which fatigue and frustration occur when a person is devoted to a way of life but is not meeting expectations in that area (Vredenburgh, Carlozzi, & Stein, 1999) has been reported and observed in individuals in the helping professions. Community mental health outpatient settings employ many helping professionals, including therapists. Such settings provide services to a varied clientele ranging in demographics and age. Specifically, children and adolescents present with their own unique demand characteristics that impact and contribute to burnout among those who provide them treatment. This study measured the level of burnout (using Maslach Burnout Inventory) of 42 individuals, with at least a master's degree, working in community mental health outpatient settings who provided therapeutic services to children and adolescents. Demographic characteristics did not demonstrate a relationship to the dimension of Emotional Exhaustion in burnout, but select variables did demonstrate a relationship with the dimensions of Depersonalization and Personal accomplishment. Further research in needed to better understand the broad scope of contributing factors (particularly factors outside of the workplace) and preventive factors to burnout.

Gray-Stanley, J. A., & Muramatsu, N. (2011). Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, *32*(3), 1065-1074.

Work stress is endemic among direct care workers (DCWs) who serve people with intellectual and developmental disabilities. Social resources, such as work social support, and personal resources, such as an internal locus of control, may help DCWs perceive work overload and other work-related stressors as less threatening and galvanize them to cope more effectively to prevent burnout. However, little is known about what resources are effective for coping with what types of work stress. Thus, we examined how work stress and social and personal resources are associated with burnout for DCWs. We conducted a survey of DCWs (n = 323) from five community-based organizations that provide residential, vocational, and personal care services for adults with intellectual and developmental disabilities. Participants completed a self-administered survey about their perceptions of work stress, work social support, locus of control, and burnout relative to their daily work routine. We conducted multiple regression analysis to test both the main and interaction effects of work stress and resources with respect to burnout. Work stress, specifically work overload, limited participation decision-making, and client disability care, was positively associated with burnout (p < .001). The association between work social support and burnout depended on the levels of work overload (p < .05), and the association between locus of control and burnout depended on the levels of work overload (p < .05) and participation in decision-making (p < .05). Whether work social support and locus of control make a difference depends on the kinds and the levels of work stressors. The findings underscore the importance of strong work-based social support networks and stress management resources for DCWs. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

Huey, S. (2007). Occupational stress, social problem solving, and burnout among mental health professionals in HIV/AIDS care. *Dissertation Abstracts International*, *68*.

The burnout syndrome is a multidimensional process consisting of emotional exhaustion, depersonalization, and reduced personal achievement affecting health and service workers. Mental health professionals have particular vulnerabilities to occupational stress and burnout due to the nature of their work, and those who work with HIV/AIDS individuals are believed to face additional demands. The current study had three objectives: (1) To examine the relationships between occupational stress, social problem solving ability, and burnout among mental health professionals who work with HIV/AIDS individuals; (2) To predict the dimensions of burnout from occupational stress and social problem solving ability, and; (3) To examine whether social problem solving ability moderates the effects of occupational stress on burnout. Following Dillman's Tailored Design Method, a mail survey measuring demographic and professional information, negative life stress, occupational stress, social problem solving ability, and burnout was sent to a heterogeneous group of 200 mental health professionals working with HIV/AIDS individuals. The total return rate was 63% (n =

126), with 39% (n = 78) meeting study inclusion criteria. Results indicated that occupational stress significantly correlated with emotional exhaustion and depersonalization, while social problem solving ability significantly correlated with all three dimensions of burnout. Occupational stress predicted emotional exhaustion and depersonalization even after controlling for demographic, professional, and negative life stress factors. Social problem solving ability predicted only personal accomplishment above and beyond demographic, professional, negative life stress, and occupational stress factors. Lastly, social problem solving ability did not moderate the relationship between occupational stress and burnout, suggesting that more effective problem solving may not buffer against burnout under higher levels of occupational stress. However, there may be some benefits to using an impulsive response style in decreasing emotional exhaustion. Results suggest that evaluating mental health professionals' social problem solving ability in addition to occupational stress may allow for better identification of those who may be at risk of burnout. Implications of findings, study limitations, and suggestions for future research are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. *Administration in Social Work*, *32*(3), 5-25.

This study examines the main and interactive effects of role stress, job autonomy, and social support in predicting burnout and turnover intention among social workers. This study included a subsample of 346 social workers identified from a cross-sectional random survey of 1,500 California state-registered social workers. Adjusted for age, gender, organizational tenure, and annual salary, structural equation analyses revealed that role stress had a positive direct effect on burnout. The variables of social support and job autonomy had a negative direct effect on turnover intention, but not on burnout. Results showed that job autonomy interacted with role stress in predicting burnout, while social support interacted with role stress in predicting turnover intention. Study results suggest that creating decentralized job conditions is essential for preventing burnout, and that building supportive job conditions is needed to retain social workers who are experiencing high role stress. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Kim, H., & Lee, S. (2009). Supervisory communication, burnout, and turnover intention among social workers in health care settings. *Social Work in Health Care*, *48*(4), 364-385.

The current study tests the effects of different types of supervisory communication on burnout and turnover intention among health social workers. The study proposed a conceptual model of supervisory communication and tested it empirically using structural equation modeling (SEM) techniques with a random sample of 211 California state-registered social workers working in health or mental health care settings. The results of the present study provide empirical evidence of the unique roles that different types of supervisory communication play as antecedents of burnout and turnover

intention. Specifically, supportive relationship communication had an indirect effect on burnout and turnover intention through its effect on perceived stress, whereas job-relevant communication had not only an indirect effect on burnout and turnover intention through its effect on stress, but also a direct effect on turnover intention. In addition, the results showed that upward communication moderated the relationship between stress and burnout. Implications for social work administration and possible elaboration of the theoretical framework are discussed.

Langdon, P. E., Yágüez, L., & Kuipers, E. (2007). Staff working with people who have intellectual disabilities within secure hospitals: Expressed emotion and its relationship to burnout, stress and coping. *Journal of Intellectual Disabilities*, *11*(4), 343-357.

Studies involving professional carers of people with mental health problems have investigated the relationship between burnout, job satisfaction; the coping strategies employed by carers, and expressed emotion (EE). We undertook a similar study involving carers of adults with intellectual disabilities detained within a secure hospital. Twenty-seven nursing staff completed a Five Minute Speech Sample regarding a keyworked client. EE was coded, and measures of coping strategies, burnout, attitudes to psychiatric treatment and job satisfaction were administered. Sixty-three percent of the sample were coded as having high EE. These subjects reported significantly higher levels of depersonalization and lower levels of personal accomplishment. They used coping strategies more frequently: specifically they reported trying to reorganize their work and to seek support from others. The results are discussed in light of the findings of previous studies. It is noted that the study was not causal and the sample size was small.

Larsen, D., & Stamm, B. (2008). Professional quality of life and trauma therapists. In S. Joseph, P. Linley, S. Joseph, P. Linley (Eds.). *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 275-293). Hoboken, NJ US: John Wiley & Sons Inc.

(From the chapter) There is not a single outcome or characteristic that summarizes trauma work for therapists; the issues influencing trauma therapists' effectiveness and well-being are multidimensional. It includes the context of the work (e.g., geographical location, culture, work environment), characteristics of the trauma survivor (e.g., symptom presentation, trauma typology, engagement), and therapist variables (e.g., personal resources, training, personal trauma history). Because of the multidimensional complexity of the issues, it is important to examine the broad scope of professional quality of life when discussing trauma work and mental health workers. Professional quality of life, by definition, includes both positive and negative variables at the individual, organizational, and societal levels that influence the well-being and effectiveness of the professional. The dynamic interaction of positive and negative factors creates this overarching construct of professional quality of life. Consequently, both the rewarding and the deleterious aspects alike are critical to understanding the

impact of trauma work for mental health professionals. This chapter discusses the positive and negative aspects of professional quality of life identified in trauma work. We also review specific factors identified in the literature as risk or protective factors for trauma therapists. The implications for training and practice are also explored and specific prevention and intervention strategies are identified for these settings. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Mateen, F. J., & Dorji, C. (2009). Health-care worker burnout and the mental health imperative. *The Lancet, 374*(9690), 595-597.

Burnout is "an experience of physical, emotional, and mental exhaustion, caused by long term involvement in situations that are emotionally demanding". Burnout was first defined in workers in high-income nations, and since then has been studied almost exclusively in the developed world. In psychiatry, the high demands of dealing with chronic relapsing illness, patients' suicide, fear of violence, heavy workloads, and legalistic frameworks are all external stressors. Psychiatrists have a substantially higher mortality rate than do all other physicians, and account for a high number of suicides in physicians. There are even more challenges to mental health care in the developing world, where most countries lack a viable budget for such care. There is a crucial shortage of mental health-care professionals in low-income and middle-income nations, a situation which contributes to burnout in other fields. There must be a coordinated effort to research health-care workers in low-income and middle-income countries. As mental health awareness grows, the need for mental health-care practitioners will become more palpable. The need to avoid burnout in mental health-care workers is real and deserves international attention. Burnout is not simply a developed-world concept, but may be especially felt in the developing world where mental health care must thrive. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Newell, J. M., & MacNeil, G. A. (2011). A comparative analysis of burnout and professional quality of life in clinical mental health providers and health care administrators. *Journal of Workplace Behavioral Health, 26*(1), 25-43.

This article examines professional burnout, compassion fatigue, and compassion satisfaction in a sample of mental health professional staff in one southern Veteran's Affairs hospital compared to a sample of administrative staff in the same setting. It was hypothesized that there would be significant differences in the experience of these conditions between these two groups, with clinical providers experiencing higher levels of stress due to their direct exposure to patients and their mental health needs. Overall, participants in this sample scored high on the measure of compassion satisfaction; however, significant symptoms of burnout and compassion fatigue were also noted. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

Richards, K. C., Campenni, C., & Muse-Burke, J. L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, *32*(3), 247-264.

Because mental health professionals are susceptible to impairment and burnout that may negatively affect clinical work, it is ethically imperative that they engage in self-care. Previous research has found direct effects of self-care on self-awareness and well-being (e.g., Coster & Schwebel, 1997). Likewise, mindfulness has been found to positively affect well-being (Brown & Ryan, 2003). However, no studies currently available demonstrate a link between self-awareness and well-being. Mindfulness may be the link needed to support this association. A survey of mental health professionals (N = 148) revealed that mindfulness is a significant mediator between self-care and well-being. Consequently, mental health professionals are encouraged to explore their involvement in and beliefs about self-care practices. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special considerations for the marriage and family therapist. *Journal of Marital and Family Therapy*, *32*(1), 87-99.

Burnout is a syndrome consisting of physical and emotional exhaustion resulting from negative self-concept, negative job attitudes, and loss of concern for clients. This research study explores potential predictors and prevalence of burnout among marriage and family therapists (MFTs). It evaluates the Maslach Burnout Inventory (MBI) to establish its applicability to MFTs. Our sample of 116 Clinical Members of the American Association for Marriage and Family Therapy responded to a mailed questionnaire including demographic information and the MBI. Overall, our sample reported low-to-moderate ranges of burnout. Differences were noted in degrees of burnout across job settings. Predictors of clinician burnout include hours worked per week and job setting. Factor analysis indicates that the MBI is an appropriate assessment tool for measuring burnout among MFTs. Implications for clinical practice are discussed. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

Salyers, M. P., Hudson, C., Morse, G., Rollins, A. L., Monroe-DeVita, M., Wilson, C., & Freeland, L. (2011). BREATHE: A pilot study of a one-day retreat to reduce burnout among mental health professionals. *Psychiatric Services*, *62*(2), 214-217.

Objective: Staff burnout is a frequent problem for mental health providers and may be associated with negative outcomes for providers, consumers, and organizations. This study tested an intervention to reduce staff burnout. Methods: Community mental health providers were invited to participate in a day-long training session to learn methods to reduce burnout. A Web-based survey was given at time of registration, before the intervention, and again six weeks later. Results: Eighty-four providers participated in the training, and follow-up data were available for 74. Six weeks after the day-long training, staff reported significant decreases in emotional exhaustion and depersonalization and

significant increases in positive views toward consumers. There were no significant changes in providers' sense of personal accomplishment, job satisfaction, or intention to leave their position. Ninety-one percent of the staff reported the training to be helpful. Conclusions: This brief intervention is feasible, is acceptable to staff, and may improve burnout and staff attitudes. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

Schwartz, R. H., Tiamiyu, M. F., & Dwyer, D. J. (2007). Social worker hope and perceived burnout: The effects of age, years in practice, and setting. *Administration in Social Work*, *31*(4), 103-119.

A national sample of 1,200 social workers, categorized by the National Association of Social Workers as being in clinical practice, participated in a study to find out whether social work clinicians decline in hope or have increasing burnout over the course of their careers. In the final sample of 676 respondents, social workers' self-reported burnout was negatively associated with social worker age. Practice setting (i.e., either public or private practice) moderated the relation between perceived burnout and years in social work. Burnout seemed to decline with increasing years in private practice, but not in public practice. The results also suggest that social worker hope is higher in public practice than in private practice. However, for older social workers, hope in these two settings is about equal. Implications for social work managers and administrators are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Siebert, D. (2001, September). Work and well-being: A survey of distress and - impairment among North Carolina social workers. *Dissertation Abstracts International Section A*, *62*.

Because social workers see vulnerable clients and often work under difficult conditions, and because they provide more mental health treatment than any other profession, it is important to know the degree to which these providers' professional practice might be impaired by their own alcohol and other drug (AOD) use and mental health problems. Other disciplines, prompted by concern for their colleagues and protection of their clients, have conducted considerable research on professional impairment, including the prevalence of AOD use and mental health concerns among their practitioners and the correlates of these kinds of distress. They have explored how distress can lead to impaired work performance, and have formulated policy and practice standards in response to the empirical evidence. Social work, however, has addressed the issue of impairment in a cursory fashion that is not evidence-based. This study collected information about the extent of AOD use, depression, and burnout among social workers, determined demographic and other correlates of this distress (e.g. personal and work-related variables, caregiver role identity), and explored the degree to which AOD use, depression and burnout negatively affect professional practice (i.e. impairment). One thousand members of the North Carolina Chapter of the National Association of Social Workers were anonymously surveyed by mail, and 751 provided usable responses. Conservatively, 12% were at risk for alcohol and other drug abuse, 22% reported current depression, and 27% reported current burnout. Lifetime rates

were 60% for depression and 75% for burnout, and 52% reported some kind of professional impairment as a result of their distress. Bivariate and regression analyses identified a variety of variables associated with distress and impairment, including income, trauma history, personal characteristics, caregiver role identity, and work-related stress, resources, and experience. The findings confirmed that social workers are distressed, and that this distress negatively affects their work. The data can be utilized to inform individual interventions, program-level interventions such as Colleague Assistance Programs, workplace policy, and curricula for schools of Social Work. The data collected will be used as the foundation for an NIH proposal for a national survey of impairment in social workers. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Siebert, D. (2005). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research*, *32*(2), 25-44.

Burnout is a frequent topic of discussion and study in the helping disciplines, popular because the feelings of fatigue and disengagement that are descriptive of burnout resonate with many caregiving professionals. Social work researchers typically utilize small convenience samples or qualitative methods to study workplace features that contribute to burnout, so this paper fills a significant gap in the literature by utilizing a large representative sample of practicing social workers (N = 751). The findings include a current burnout rate of 39% and a lifetime rate of 75%. Regression analyses support the author's contention that personal variables should be included in analyses of burnout (R^2 = .45). Researchers, practitioners, managers, and educators should take an active role in understanding and addressing the multiple influences on burnout among social workers. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Smith, B. J. (2009). Compassion fatigue, burnout, objectivism and religious activities/beliefs in practitioners. *Dissertation Abstracts International Section A*, *70*.

As major stakeholders in the helping profession, counselors and other mental health professionals are prepared to assist clients in coping with intensely painful and traumatic experiences. While assisting their clients in processing traumatic events (e.g., natural disasters, violent crimes, grief, accidents, terrorist attacks), however, some professional helpers may become overwhelmed themselves and thereby experience compassion fatigue and/or burnout. This study will evaluate whether certain personal and professional factors in counselors—including objectivism in decision-making and religious beliefs and activities—are related to their ability to avoid compassion fatigue and/or burnout. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Smith, R. J., & Clark, S. J. (2011). Does job resource loss reduce burnout and job exit for professionally trained social workers in child welfare? *Children and Youth Services Review, 33*(10), 1950-1959.

This study contributes to the literature on burnout and turnover in child welfare by examining the applicability of conservation of resources theory (COR). This theory argues that a loss of resources leads to the stress underlying burnout. This article examines the loss of two resources in particular: (a) the loss of a member of the entering cohort of workers and (b) change in the coethnic population of the community in which the social worker practices. In this sample of 1001 specially trained social workers, 44.3% reported high levels of emotional exhaustion or burnout. Stress was positively associated with burnout. Likewise, job satisfaction was protective against burnout. Furthermore, coethnic resources were associated with higher personal accomplishment scores for Asian–American, Hispanic, and Caucasian workers. Cohort member loss was not associated with burnout when controlling for personal resources and organizational factors, but cohort member loss did triple the odds of others in the cohort leaving. However, burnout was not associated with job exit in this sample. Although this study did not find evidence that cohort loss or coethnic loss was associated with burnout, it raises questions for further research about the social network implications of turnover. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

Spear, J., Wood, L., Chawla, S., Devis, A., & Nelson, J. (2004). Job satisfaction and burnout in mental health services for older people. *Australasian Psychiatry*, *12*(1), 58-61.

Objective: The objective of the present paper was to identify factors associated with job satisfaction and burnout among staff working in mental health services for older people. Methods: A postal survey was distributed to staff members from eight mental health services for older people in Western Australia. Staff focus groups identified causes of work stress. Results: The response rate was 33% (116/349). Teamwork, social support and clear roles had a positive effect on job satisfaction. Community staff members had higher job satisfaction than ward staff. Nurses reported higher burnout and lower job satisfaction than other mental health professionals. Staff members working in newer models of service delivery had higher job satisfaction than those working in more traditional models. Conclusion: Surveys and focus groups were an effective means of identifying factors associated with job satisfaction in mental health staff members. Newer models of service delivery with team building and supportive management may improve the workplace for staff. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, *12*(3), 259-280.

This study examined the relationship between three variables, compassion fatigue (CF), compassion satisfaction (CS), and burnout, and provider and setting characteristics in a sample of 1,121 mental health providers in a rural southern state. Respondents completed the Professional Quality of Life Scale as part of a larger survey of provider practice patterns. Female gender was associated with higher levels of CF, and therapists with specialized training in trauma work reported higher levels of CS than nonspecialists. Provider discipline proved to be an important factor, with psychiatrists reporting higher levels of CF than their non-medical counterparts. When providers were compared using rural, urban, and rural with urban influence classifications, the most rural providers reported increased levels of burnout but could not be distinguished from their colleagues on the CF and CS subscales. Important practice, education, and policy implications are noted for a multidisciplinary audience. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Stalker, C. A., Mandell, D., Frensch, K. M., Harvey, C., & Wright, M. (2007). Child welfare workers who are exhausted yet satisfied with their jobs: how do they do it? *Child & Family Social Work*, *12*(2), 182-191.

In response to a study of Canadian child welfare workers that unexpectedly found participants scoring high on a measure of emotional exhaustion (burnout) and, at the same time, high on overall job satisfaction, this paper reviews research that has investigated these constructs in the social work literature as well as in selected studies from sociology, social psychology, management and women's studies. The review reveals that some previous studies also report the coexistence of high levels of emotional exhaustion and strong job satisfaction in child welfare and social worker samples. Several studies have suggested that individual characteristics, including finding reward in helping others, having a commitment to the mandate of child welfare and believing that one's labour is 'making a difference', contribute to satisfaction with child welfare work in spite of work overload and emotional exhaustion. Attributions regarding causes of exhaustion, coping strategies and goal orientation may also attenuate the expected negative effects of emotional exhaustion. Considerable evidence supports the positive influence of variables organizational managers can control, including job autonomy, supportive supervisors, workload, promotional opportunities and perception of personal safety. The degree to which this phenomenon is associated with female socialization and the 'ethic of care' underlying social work is discussed. Implications for child welfare research, practice and policy are offered. [ABSTRACT FROM AUTHOR].

Trowell, J. Davids, Z. Miles, G. Shmueli, A., & Paton, A. (2008). Developing healthy
        mental health professionals: What can we learn from trainees? *Infant
        Observation*, *11*(3), 333-343.

There is considerable interest in the recruitment, training and retention of workers in the
field of mental health, as evidence shows significant problems in the retention of highly
qualified professionals in this field. Large numbers leave, some leaving the professions
for other careers as a result of burnout, caused in part by the emotional burden of work
in stressful and emotionally charged environments. We propose a training approach in
which students are encouraged to reflect on their own emotional responses to such
stressful and upsetting situations. We argue that this approach, in allowing them to be
more at ease with themselves, would make them both more available to the emotional
experiences of their patients, and in turn enhance their own resilience and capacity to
survive stressful situations. We took for our study a cohort of trainees from The
Tavistock Clinic in London, a major training institution providing post-graduate mental
health courses based in psychoanalytic and systemic theory. We aimed to investigate
what the students reported to be the key components in these trainings to enhance their
capacity to manage in their demanding and highly stressful work environments,
alongside ordinary human experience. The trainees were from a range of backgrounds
and included doctors, psychologists, social workers and teachers. The courses had in
common the following elements: small work discussion groups providing an opportunity
to reflect on their work in practice, lectures on background theory, tutorials, and small
seminar groups to which they brought ongoing observations of young children in
ordinary settings. Some also had the opportunity to undertake supervised clinical work
in the Clinic. We used a detailed qualitative questionnaire to elicit the trainees'
expectations and experience of the trainings. In addition, all participants completed the
30-item General Health Questionnaire (GHQ), and some took part in the Adult
Attachment Interview, later rated for Reflective Function. (PsycINFO Database Record
(c) 2010 APA, all rights reserved).

Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion
        satisfaction/fatigue and burnout in child welfare workers: A study of the child
        welfare workers in community based care organizations in Central Florida. *Social
        Work & Christianity*, *36*(1), 36-54.

Given major problems of retention in child welfare programs, this study examined levels
of compassion satisfaction, burnout, and compassion fatigue/vicarious trauma among
child welfare staff members. These levels were measured in an anonymous survey
using The Professional Quality of Life Survey and questions regarding ways
respondents dealt with stress and their recommendations for organizations.
Compassion satisfaction was positively associated with lower levels of burnout and
fatigue. Levels of burnout and compassion fatigue were similar to other helping
professions but higher for younger workers and both direct line staff and supervisors

working with the most vulnerable and troubled situations. Respondents indicated the need for realistic caseloads and administrative support. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Van Humbeeck, G. G., Van Audenhove, C. C., & Declercq, A. A. (2004). Mental health, burnout and job satisfaction among professionals in sheltered living in Flanders: A pilot study. *Social Psychiatry and Psychiatric Epidemiology*, *39*(7), 569-575.

Background: Interest has been growing over the last few years in the working conditions of professionals who deal with clients with severe and chronic mental illnesses. In this study, the relationship between the affective climate, as measured by the construct of expressed emotion and professionals' feelings of well-being and burnout was investigated. It was hypothesized that high expressed emotion (EE) (=a high amount of criticism, hostility or emotional over-involvement) would be related to high burnout scores. Methods: Fifty-six professionals were interviewed about their schizophrenic clients who resided in sheltered-living houses in Flanders. EE was measured with two instruments, the Camberwell Family Interview (CFI) and the Perceived Criticism Scale (PCS). The professionals' characteristics were mental health (Symptom Checklist, SCL-90), job satisfaction (VEVAK), and burnout (a Dutch version of the Maslach Burnout Inventory, UBOS-C). Results: Little indication was found for an association between EE and working conditions as measured with the CFI. For the PCS, a significant relationship was found between the resident version of the PCS and burnout. The professionals who were perceived by the residents as being very critical were less depersonalized and less emotionally exhausted than those who were not so perceived. Conclusions: High EE relationships can exist without feelings of stress and burnout. (PsycINFO Database Record (c) 2012 APA, all rights reserved).