DIRECT-CARE STAFF BURNOUT IN RESIDENTIAL SERVICE SETTINGS: A THEORY OF CONSULTATION FOR PREVENTION & INTERVENTION

Adam M. Volungis, MA, LMHC
Presented at the 115th Annual Convention of the American Psychological Association, San Francisco, CA, August 18, 2007
The Environment: Residential Service Settings

- Client Population
- Provided Services
- Organizational Structure & Departments
- Direct-Care Staff
A Cause for Concern: Burnout

- Burnout Defined (Maslach & Jackson, 1981)
  - Emotional exhaustion
  - Depersonalization
  - Diminished personal accomplishment

- Burnout Symptoms (e.g., Kahill, 1988)
  - Physical
  - Emotional
  - Behavioral
COR – A Means to Describe the Mechanisms of Burnout

- Conservation of Resources (COR) (Hobfoll, 1989)
  - Resource oriented “stress model”
  - Three ways individuals experience stress
    - Loss of resources
    - Threat to current resources
    - Inadequate return on investments made to maximize resources
- Recall: Emotional Exhaustion (depletion of emotional resources) has the most consistent and strongest relationship with outcome variables
Burnout is conceptualized from an open systems perspective as an entity (individual or organization as a whole) in which the outputs of the system persistently exceed inputs, resulting in a depletion of energetic reserves (individual or organization) necessary for sustaining healthy functioning.

- Individual
- Organization
Burnout—Why Care? Client Well-Being!

- Decrease in such outcomes as (OCBs – discussed soon), job involvement, job performance, organizational commitment, etc. means poor organizational effectiveness → poor quality of care to clients

- What can a consultant do with direct-care staff burnout?
Correlates of Burnout – Where to Assess & Intervene

- Emotional vs. Cognitive Empathy
- Emotion vs. Problem-Focused Coping
- Challenging Behavior of Clients
- & Overall Workload
- Supervisor & Coworker Support
- Role Conflict & Role Ambiguity
- Powerlessness in Decision Making
- & Organizational Estrangement
A New Paradigm to View Burnout in Residential Service Settings: OCB

- **OCB Defined:** “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization” (Organ, Podsakoff, & MacKenzie, 2006, p. 3)
A New Paradigm to View Burnout in Residential Service Settings: OCB

- Five Common Dimensions
  - Altruism
  - Conscientiousness
  - Sportsmanship
  - Civic Virtue
  - Courtesy

- OCB-O & OCB-I
A New Paradigm to View Burnout in Residential Service Settings: OCB

- Social Exchange & OCB (Halbesleben & Buckley, 2004)
- OCB – (Fairness) Cognitions (Organ & Konovsky, 1989)

- OCBs are a must in a residential service setting

- Organizational Functioning → Burnout → Burnout Outcomes <→ OCBs <→ Organizational Effectiveness → Client Well-being (Figure 1)
Org. Functioning

Burnout

Social Exchange of Leadership / Administration

Burnout Outcomes

OCB

Client Well-being

Organizational Effectiveness
Correlates of Burnout

- Emotional vs. Cognitive Empathy
- & Emotion vs. Problem-Focused Coping
- Challenging Behavior of Clients
- & Overall Workload
- Supervisor & Coworker Support
- Role Conflict & Role Ambiguity
- Powerlessness in Decision Making
- & Organizational Estrangement
Emotional Exhaustion $\rightarrow$ OCB $\rightarrow$ turnover intentions & job performance (Cropanzano et al., 2003)

Emotional Exhaustion & Diminished Personal Accomplishment $\rightarrow$ OCB (job involvement as mediator) (Chiu & Tsai, 2006)

Emotional Exhaustion $\rightarrow$ OCB $\rightarrow$ job performance (Taris, 2006)
Burnout & OCB Correlates

- Emotional Exhaustion $\rightarrow$ OCB (Halbesleben & Bowler, 2005)
  - But from an OCB-O & OCB-I Perspective
    - Emotional Exhaustion $\rightarrow$ OCB-O (same) (mediated by disengagement)
    - Emotional Exhaustion $\rightarrow$ OCB-I (positive relationship)

- Emotional Exhaustion $\rightarrow$ OCB (Halbesleben & Bowler, 2007)
  - Emotional Exhaustion $\rightarrow$ OCB-O (negative)
  - Emotional Exhaustion $\rightarrow$ OCB-I (positive)
Consultative Prevention & Intervention Through:

Administrative Open Systems Lens
- Organizational Structure
- Work Conditions
- Supervision
- Role Definitions
- Organizational Awareness

OCB Lens
- Organizational Goals
- OCB Lens
- Interventions
- OCB Constructs
- Desired Outcomes

Figure 2

Ultimate Goal is second-order change where there is a “change in assumptions, values, structural relations, and Rules governing the system” (Bennet, 1987, p. 13).
Goal 1: Improved Organizational Structure
- Source of Intervention:
  - Philosophies, values, norms, goals – e.g., socialization, institutionalization, explicit
  - Decision making process – e.g., democratic
  - Communication patterns – e.g., formal

Goal 2: Improved Work Conditions
- Source of Intervention:
  - Training – e.g., basic job skills – direct-staff leadership skills, social exchange – management
  - Stress management – e.g., coping/empathy
  - Work schedule – e.g., flexible shift system

Goal 3: Improved Supervision
- Source of Intervention:
  - Style – e.g., increase social support, growth, clinical understanding
  - Shorten height of tall management
  - Awareness/recognition of performance; valued

Goal 4: Improved Role Definitions
- Source of Intervention:
  - Job description – e.g., salient, specific, explicit (decrease role conflict/ambiguity)
  - Decrease in micromanagement

Goal 5: Improved Organizational Awareness
- Source of Intervention:
  - Enhance collectivism – collegial relationships, sense of common purpose
  - Leader responsiveness to requests
  - Monitoring appraisal of fairness and equity

Evaluation: Individualized Goal Attainment Measures to Ameliorate Burnout by Improving Organizational Functioning

Five OCB Constructs:
- Altruism
- Conscientiousness
- Sportsmanship
- Civic Virtue
- Courtesy

Desired Outcomes:
- Org. Effectiveness
- Improved Client Well-being

Administrative Open Systems OCB Lens