



Evidence-based practice implementation and staff emotional exhaustion in children's services

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Understanding the implementation of evidence-based practice (EBP) in community service settings is critical for the successful translation of research to practice. However, we have limited research evidence about the impact of EBP implementation on the mental health and social service workforce. In a previous study we demonstrated reduced staff turnover where an EBP was implemented with fidelity monitoring in the form of supportive ongoing supervision and consultation. Other research has shown that staff burnout and emotional exhaustion in particular is associated with poor quality of care and increased staff turnover intentions and turnover. Current research, however, has focused less on the effects that EBP implementation may have on staff emotional exhaustion. The present study investigates the association of EBP implementation and fidelity monitoring with staff emotional exhaustion in a statewide EBP implementation study. The 21 case-management teams in this study were randomized in a 2 (EBP vs. services as usual [SAU]) by 2 (monitoring vs. no monitoring) design. The EBP in this study was SafeCare[®], a home-based intervention that aims to reduce child neglect in at-risk families. SafeCare was developed from a behavior analysis approach and is based in cognitive behavioral principles. In keeping with our previous research, we hypothesized that providers implementing SafeCare with monitoring would have the lowest levels of emotional exhaustion and those receiving additional monitoring not in the context of EBP implementation would have higher emotional exhaustion relative to the other groups. Results supported our hypotheses in that we found lower emotional exhaustion for staff implementing the EBP but higher emotional exhaustion for staff receiving only fidelity monitoring and providing SAU. Together, these results suggest a potential staff and organizational benefit to EBP implementation and we discuss implications of the findings relative to EBPs and to fidelity monitoring.

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Introduction

Evidence-based practice (EBP) dissemination and implementation processes and outcomes have received increased attention in recent years. For children and youth mental health and social services in particular, addressing the challenges of dissemination and implementation of EBPs has been emphasized as critical for improving the quality of treatment services received as well as for EBP sustainability (Barlow, Levitt, & Bufka, 1999; Burns, 2003; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). With the recognition that implementation of EBPs in real-world settings often represents a complex and challenging process, a growing body of literature has developed that examines factors influencing EBP implementation. While we are witnessing an increased awareness of the value of implementation science as a discipline, there remains

a critical gap in our understanding of EBP implementation (Aarons, 2005; Burns, Hoagwood, & Mrazek, 1999; Hoagwood et al., 2001).

In addition, little is known about how the implementation process may affect service providers, and the organizations within which they work, as implementation often encompasses changes in organizational structure, process, and technology (Glisson, 1992). Changes in training, supervision, and practice requirements are examples of how the service providers may be affected and the impact of these changes to service delivery has received little attention (Aarons & Palinkas, 2007). This is of concern because of the growing interest in, and implementation of, EBPs in child and family service settings (Aarons, 2005). For the purposes of this study EBPs are defined as those behavioral and social service interventions that have sufficient support from well-conducted, rigorous research studies and allow for both clinical judgment and consumer choice, preference, and culture (American Psychological Association, 2005; Institute of Medicine, 2001).

In a previous study we found that EBP implementation with fidelity monitoring, provided as ongoing supportive consultation,

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predicted lower staff turnover rates in a statewide children's services system (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). In the current study, we further explore one potential mechanism that might be implicated in this finding. Specifically, we examine emotional exhaustion among home-based service providers participating in a statewide EBP implementation of a parent-mediated intervention for children at risk of child maltreatment in the form of parental neglect. Emotional exhaustion, one of the three components of burnout (the other components include depersonalization and personal accomplishment) is the extent to which an employee feels that their emotional resources have been depleted (Maslach & Jackson, 1981). We focus on emotional exhaustion because it best captures the "core meaning" of burnout (Cropanzano, Rupp, & Byrne, 2003; Knudsen, Ducharme, & Roman, 2006; Shirom, 1989) and high levels of emotional exhaustion predict important organizational outcomes such as job performance, turnover intentions, and voluntary staff turnover (Wright & Cropanzano, 1998). We next describe relevant research on emotional exhaustion.

Emotional exhaustion

Emotional exhaustion has been a central research focus for decades and in particular within social and human service organizations. Scholars have consistently demonstrated the physical and emotional hazards of burnout for individuals (e.g., Lee & Ashforth, 1996; Maslach & Leiter, 1997) and a growing body of research focuses on the organizational implications of emotional exhaustion. For example, emotional exhaustion has been linked to job performance (Cropanzano et al., 2003), turnover intentions (Blankertz & Robinson, 1997; Geurts, Schaufeli, & De Jonge, 1998; Knudsen, Ducharme, & Roman, 2009), and employee turnover (Wright & Cropanzano, 1998). To our knowledge no studies have examined emotional exhaustion within the context of EBP implementation.

Although there have been studies of turnover in the context of EBP delivery (Aarons et al., 2009; Glisson et al., 2008; Sheidow, Schoenwald, Wagner, Allred, & Burns, 2007; Woltmann et al., 2008) an important step in understanding the impact of EBP implementation and fidelity monitoring is examining more proximal staff outcomes from EBP implementation such as emotional exhaustion that may be implicated in work-related behaviors. EBP may reduce emotional exhaustion to the degree that the practice aids in service delivery and if it is perceived to fit well with the needs of clients and improve client outcomes. In the implementation literature this is known as innovation-values fit, or the degree to which an innovation, in this case an EBP, fits the values and needs of service providers (Klein & Sorra, 1996). It is also likely that an EBP will be positively perceived to the degree that it is believed to increase service effectiveness compared to services as usual. In addition, the fit of the EBP with services being delivered, and fit with client needs and presenting problems may also mitigate stress and decrease job stress. Additionally, most EBPs require or recommend some type of fidelity monitoring, which may be associated with emotional exhaustion (Edwards et al., 2005), although the degree to which fidelity monitoring is actually conducted in most usual care settings is unknown. We next discuss EBP as a special case of organizational change.

Organizational change

The implementation of an EBP and fidelity monitoring typically represent significant changes to organizational structure and process. Service providers who experience organizational change report that role changes may be inconsistent with their

professional identity leading to negative effects on job satisfaction (Neuman, 2003). Implementation of EBP generally requires organizational changes that impact how work is carried out as well as impacting subsequent staff attitudes and behaviors (Aarons & Sawitzky, 2006; Harris & Mossholder, 1996; Howard & Frink, 1996). While attention has been given to job burnout in public sectors services (e.g., Wright & Cropanzano, 1998), to our knowledge, the effects of organizational change represented by EBP implementation and fidelity monitoring on provider emotional exhaustion have never been explicitly examined – an important first step in examining the potential association of EBP implementation, workforce functioning, and large scale EBP sustainability.

Fidelity monitoring

Transitioning mental health and social service agencies into the implementation of EBP typically involves changes in organizational processes due, in part, to the need for adherence to a more structured service model. For example, successful translation of laboratory models of child therapy and social services into the field depends upon maintaining protocol adherence (Elliott & Mihalic, 2004). One example of this comes from ongoing dissemination of the Multi-Systemic Therapy (MST) model for youth behavior problems. Henggeler, Melton, Brondino, Scherer, and Hanley (1997) have noted significant decrements in effectiveness associated with drift from the MST protocol, prompting dissemination efforts that emphasize model adherence. Further, Waller (2009) noted a number of reasons why service providers may drift from evidence-based cognitive behavior protocols. He also proposed some practical solutions to drift but emphasized that evidence-based behavioral interventions require attention to model adherence. Fidelity monitoring and feedback facilitates the assessment of and compliance with adherence to an EBP. As such, emotional exhaustion may be even more important in EBP implementation because of increased demands for following procedural specifications related to particular interventions.

The evidence-based practice: SafeCare[®] intervention for child neglect

Most EBPs require a higher degree of structure relative to usual care. The EBP that is the focus of the present study – SafeCare – has a great deal of structure and is a home-based intervention designed to reduce child neglect and improve parent-child interactions (Gershater-Molko, Lutzker, & Wesch, 2003; Lutzker & Bigelow, 2002). SafeCare targets proximal parental neglect behaviors and was developed for and evaluated with multi-problem families with young children involved in the child welfare system. SafeCare (with origins in "Project 12-Ways") grew out of the behavior analysis field, and is manualized, structured, and uses classic behavioral intervention techniques (e.g., ongoing measurement of observable behaviors, skill modeling, direct skill practice with feedback, training skills to criterion). SafeCare is comprised of three components derived from the original 12 units of Project 12-Ways: (a) infant and child health, (b) home safety and cleanliness, and (c) parent-child bonding.

The present study

The present study examined the impact of EBP implementation and fidelity monitoring on staff emotional exhaustion in the context of a statewide effectiveness trial. State authorities, in collaboration with academic researchers and service agencies, selected SafeCare as an EBP to implement in the state child welfare family preservation/family reunification service system. The

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