



Associations between emotional exhaustion, social capital, workload, and latitude in decision-making among professionals working with people with disabilities

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ABSTRACT

Background: Many people working in human services in Western countries suffer from burnout, characterized by emotional exhaustion, depersonalization, and decreased personal performance. Prevention of emotional exhaustion (the first phase of burnout) constitutes a great challenge because emotional exhaustion may cause increasing turnover rates in staff and lead to a lesser quality of care. Prevention of emotional exhaustion requires knowledge of its predictors. The aim of this study was to investigate the associations between emotional exhaustion, social capital, workload, and latitude in decision-making among German professionals working in the care of persons with intellectual and physical disabilities.

Materials and Methods: The study was based on a survey in a sheltered workshop and 5 homes for disabled persons with 175 professionals. Burnout was measured with the German version of the Maslach Burnout Inventory-General Survey (MBI-GS). A multivariate logistic regression analysis was computed.

Results: Logistic regression identified the following three significant predictors of emotional exhaustion in the sample: workload (OR, 4.192; CI, 2.136–8.227), latitude in decision-making (OR, 0.306; CI, 0.115–0.811), and male gender (OR, 4.123; CI, 1.796–9.462). Nagelkerke's Pseudo- R^2 was 0.344.

Conclusions: The results of this study demonstrate that specific factors in work organization are associated with emotional exhaustion. Taking into account socio-demographic changes and the upcoming challenges for human services professionals, the results underline the importance of considering aspects of organization at the workplace to prevent burnout. Specific circumstances of male employees must be considered.

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1. Introduction

As for all helping professions, burnout affects professionals working with people with intellectual and/or physical disabilities. Burnout is characterized by emotional exhaustion, depersonalization, and lower personal performance (Maslach & Jackson, 1984), and has been originally described as a syndrome that occurs in human services workers (Freudenberger, 1974), but is now widely used for all professionals. According to Freudenberger, burnout is ‘... a wearing down and wearing out of energy. It is an exhaustion born of excessive demands which may be self-imposed or externally imposed (...). It is a feeling state which is accompanied by an overload of stress, and which eventually impacts on one’s motivation, attitudes, and behaviour’ (Freudenberger & North, 1986: p. 9–10). This definition of burnout has been advanced by Maslach and Jackson (1984), who divided the process of burnout into the following three dimensions: ‘emotional exhaustion,’ ‘depersonalisation,’ and ‘diminished personal performance capacity.’ Emotional exhaustion refers to a feeling of excessive emotional stress and being drained by contact with other people. Depersonalisation is expressed as an insensitive and indifferent response to people who are usually the recipients of social services and care. Reduction in personal capacity to perform is expressed through a diminished feeling of competence in the execution of one’s work (Maslach & Jackson, 1984). Burnout causes a number of problems for professionals, patients/clients, and the organization in which they work, such as decreased overall health and higher turnover rates. Burnout results in higher absenteeism in the general population (Ahola et al., 2008), as well as in helping professions (Firth & Britton, 1989). Burnout has furthermore been found to be a risk factor for employees’ intention to quit the job (Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salanterä, 2008). The problem of turnover and employee shortage in the human services has increased and been widely discussed recently, especially in the health care sector (Beecroft, Dorey, & Wenten, 2008; Coomber & Barriball, 2007; Takase & Manias, 2005). Burnout in human services workers is associated with lower client safety (Halbesleben, Wakefield, Wakefield, & Cooper, 2008; West et al., 2006) and causes economic costs because, besides reducing the quality of client care (Cherniss, 1980; Shanafelt, Bradley, Wipf, & Back, 2002), fluctuation requires continuing instruction of new employees and causes transaction costs.

Compared to normative samples and samples of other helping professional groups, e.g., nurses and physicians, the number of workers affected by burnout is lowered among workers in the intellectual disability field (Skirrow & Hatton, 2007), but some studies have found that emotional exhaustion mean scores were not significantly different from other human services workers (Blumenthal, Lavender, & Hewson, 1998). Burnout and distress are still challenges in this human services group that should be opposed for two central reasons: (1) it is the general duty of employers to keep their employees healthy; and (2) stress in employees apparently negatively affects the interaction with service users (Alexander & Hegarty, 2000; Lawson & O’Brien, 1994). Consequently, prevention of burnout should be an important part of risk management in the services for people with intellectual and physical disabilities. This requires knowledge of the determinants of burnout. Following Schutte, Toppinen, Kalimo, and Schaufeli (2000), ‘emotional exhaustion is the key aspect of the syndrome and refers to feelings of being over-extended and drained from one’s emotional resources’ (Schutte et al., 2000: p.53). The current study examined the first dimension of burnout (emotional exhaustion) in people working with people with intellectual and/or physical disabilities and its association with social capital, workload, and latitude in decision-making. To date there are no German data available for emotional exhaustion in professionals working with disabled people.

1.1. Burnout—selected findings

Some factors, such as self-efficacy and sense of meaningfulness, have been identified as being associated with an individual’s risk to develop burnout in the general population and in specific occupational groups (Glass & McKnight, 1996; Pierce & Molloy, 1990). A review of the literature on burnout amongst direct-care workers in services for adults with intellectual disabilities has been undertaken by Skirrow and Hatton (2007), comprising studies published between 1988 and 2001. White, Edwards, and Townsend-White (2006) reviewed the literature on burnout and stress in professional caregivers with intellectual disabilities, focusing on investigations published between 2004 and 2006.

Demographic variables, such as age and gender, or the time the person has already worked in the profession or in a particular organization, may affect burnout; however, studies have produced conflicting results about which factors increase risk and which are protective and the magnitude of any effects. Age and gender have been found to have an effect in some studies, but Mascha (2007) found no effects of gender and age on emotional exhaustion in a small British sample of members of direct-care staff of adult day services. There are a number of other personal and demographic variables that have been investigated so far. However, it is not clear why predominantly higher burnout risks for younger employees are found; Maslach, Schaufeli, and Leiter (2001) point out the possibility that this is due to a survival bias.

Besides individual characteristics, organizational characteristics and staff members’ views of the organization are of growing importance in the literature on staff outcomes (Hatton et al., 1999b) and have been shown to be associated with

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