PREDICTORS OF BURNOUT AMONG THREE MAJOR HOME VISITING PROGRAMS

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Effects of home visiting programs are not uniform.

Potential reason is home visitor effectiveness (Harden, Chazan-Cohen, Raikes, & Vogel, 2012; Harden, Denmark, & Saul, 2010).

Home visitor burnout occurs over time as home visitors experience greater work stress (Gill, Greenberg, Moon, & Margraf, 2007).
PURPOSE OF STUDY

Two major goals:

- Determine significant predictors of burnout as suggested by previous literature

- Explore differences across three major home visiting programs in ability to predict major dimensions of burnout
THREE COMPONENTS OF BURNOUT

Emotional exhaustion: workers no longer can give emotionally and psychologically to their clients (Maslach & Jackson, 1981)

Depersonalization: detachment and negative, cynical attitudes towards clients; can dehumanize clients to some degree (Maslach & Jackson, 1981)

Personal accomplishment: reduced form is negative evaluation of work with clients; workers unhappy with themselves and feel less accomplished at work (Maslach & Jackson, 1981)
Social service worker burnout is related to how committed an employee is to their organization:

Higher levels of organizational commitment are related to lower levels of emotional exhaustion and depersonalization (Boyas & Wind, 2010; Lee & Ashforth, 1996; Schmidt, 2007)

Effects of high stress on emotional exhaustion and depersonalization decrease with greater affective organizational commitment (Schmidt, 2007)
Burnout is related to the quality of supervision an employee receives across social service fields:

Supervisees’ ratings of a measure of quality and effectiveness of supervision is negatively correlated with emotional exhaustion and depersonalization (Edwards et al., 2006)

General negative relationship between burnout and supervisory support (Hamama, 2012)
DEPRESSION

Burnout is positively correlated with depression for social service fields.

Depression is strongest predictor of all three dimensions of burnout over and above background and demographic variables (Nyclicek & Pop, 2005).

Negative affect positively correlated with emotional exhaustion and depersonalization, while positive affect negatively correlated with those two variables and positively correlated with personal accomplishment (Thoresen, Kaplan, Barksy, Warren, & de Chermont, 2003).
ROLES AND RESPONSIBILITIES

Burnout is associated with job roles and responsibilities across social service fields.

Role stress (lack of clarity regarding job expectations and level of autonomy in role as worker) is a significant predictor of emotional exhaustion.

Positive relationship between job demands and emotional exhaustion (Evans et al., 2006; Lizano & Mor Barak, 2015; Schaufeli & Bakker, 2004).

Role conflict is positively correlated with emotional exhaustion and depersonalization (Green et al., 2014).
INTERPERSONAL SUPPORT FROM COLLEAGUES

Relationship between social support in the workplace and burnout in social service fields

Greater workplace support is negatively correlated with emotional exhaustion in providers who work with clients with severe mental illness (Acker, 2011) and mental health social workers (Evans et al., 2006)

Cooperation at work is associated with greater personal accomplishment (Green et al., 2014); so is having work friends (Lee & Ashforth, 1996)
Data collected from home visitors (N = 82) from Healthy Families America, (N = 16) Nurse-Family Partnership (N = 12), and Early Head Start (N = 63)

Measures:

1) Maslach Burnout Inventory (Maslach, Jackson, & Leiter) – measures three dimensions of burnout on a seven-point Likert scale

2) Commitment to intervention – item assessing home visitors’ commitment to their intervention model
MORE MEASURES

3) Frequency of supervision: “What is the frequency of supervision you receive?” on five-point Likert scale

4) Quality of supervision: “What is the quality of supervision you receive?” on five-point Likert scale

5) Center for Epidemiological Studies – Depression scale (CES-D; Radloff, 1977) – higher scores reflect more depressive symptoms
MORE MEASURES

6) Overall job satisfaction – three subscales:
   ▪ Roles and Responsibilities
   ▪ Salary and Benefits
   ▪ Interpersonal Communication
   ▪ Mean scores used with higher scores reflecting higher job satisfaction in each area

7) Beliefs Regarding Talking and Reading Scale (Luster, Rhoades, & Haas, 1989)—reflects understanding of children’s developmental milestones
RESULTS: BIVARIATE ASSOCIATIONS

- Depersonalization related to less commitment to the intervention model, less frequent supervision, and more depression.

- Emotional exhaustion related to less commitment to the intervention model, less frequent supervision, poorer quality of supervision, more depression, lower salary and benefits, less satisfaction with job roles and responsibilities, less satisfaction with the job interpersonal climate, and higher BARTS score.

- Personal accomplishment associated with greater commitment to the intervention model and higher satisfaction with the interpersonal climate at the job.
RESULTS: MULTIPLE REGRESSION

No statistically significant predictors of depersonalization

Several statistically significant predictors of emotional exhaustion ($R^2 = .611, p < .001$)

- Quality of supervision ($\beta = -.35, p = .087$)
- CES-D ($\beta = .51, p = .004$)
- HFA compared with EHS — EHS with higher score ($\beta = -.44, p = .015$)
Several statistically significant predictors of personal accomplishment ($R^2 = .56$, $p = .002$)

- Commitment to intervention model ($\beta = .44$, $p = .006$)
- OSS Salary and Benefits subscale ($\beta = -.58$, $p = .005$)
- OSS Interpersonal subscale ($\beta = .93$, $p = .001$)
- NFP compared to EHS – EHS with higher score ($\beta = -.49$, $p = .004$)
- HFA compared to EHS – EHS with higher score ($\beta = -.44$, $p = .004$)
<table>
<thead>
<tr>
<th>Predictor</th>
<th>Depersonalization</th>
<th>Emotional Exhaustion</th>
<th>Personal Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to Intervention</td>
<td>-0.09</td>
<td>-0.16</td>
<td>0.44**</td>
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<tr>
<td>Frequency of Supervision</td>
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<td>-0.21</td>
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<tr>
<td>Quality of Supervision</td>
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<td>-0.35†</td>
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<tr>
<td>CES-D</td>
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<td>0.51**</td>
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<tr>
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<td>-0.01</td>
<td>-0.58**</td>
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<tr>
<td>OSS Roles &amp; Responsibilities</td>
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<tr>
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<td>0.93***</td>
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<td>BARTS</td>
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<tr>
<td>NFP</td>
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<tr>
<td>HFA</td>
<td>-0.15</td>
<td>-0.44*</td>
<td>-0.44*</td>
</tr>
</tbody>
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DISCUSSION: RESEARCH QUESTION 1

Commitment to intervention model:

Conceptually related to organizational commitment — if employees do not buy into the organization’s philosophy regarding their purpose and methods for working with clients, they will not be committed to the organization (home visiting or other provider)

Bivariate analyses supported relationships between commitment to the intervention model and all three aspects of burnout in expected directions — supports previous literature

Home visitors who support their agency’s philosophy of change are less likely to feel burned out and are more likely to experience a sense of accomplishment in their jobs; parallels findings for organizational commitment for other types of human service work
**MORE DISCUSSION: RESEARCH QUESTION 1**

Supervision:

Frequency of supervision:

Bivariate analyses showed frequency of supervision related to depersonalization and emotional exhaustion; not a significant predictor in multivariate analyses when controlling for depression and other job satisfaction variables.

Frequency of supervision findings novel in literature — literature on human service agencies addresses quality but not quantity of supervision.
Quality of supervision:

Quality of supervision findings – poorer quality of supervision related to emotional exhaustion in bivariate and multivariate analyses

Supports work of Edwards et al. (2006), Hamama (2012), and Lizano and Mor Barak (2015)

- If home visitors find supervision effective in aiding them with stressors inherent in job, they will feel less emotionally drained because of more effective provision of emotional support and guidance from supervisors
Depression:

Depression significantly related to emotional exhaustion and depersonalization in bivariate analyses; to emotional exhaustion in multivariate analyses when controlling for job satisfaction variables.

Supports work of Nyklicek and Pop (2005)

Suggests that home visitors should receive clinical treatment for depression if needed and perhaps be screened periodically for depression to make sure it is not hindering their ability to work effectively with clients.
MORE DISCUSSION: RESEARCH QUESTION 1

Roles and responsibilities:

Fact that OSS Roles and Responsibilities subscale not as important in multivariate analyses when taking other variables into account goes against large body of literature showing it as playing a role in emotional exhaustion and depersonalization.

Interpersonal support from colleagues:

Interpersonal support related to emotional exhaustion and personal accomplishment in bivariate analyses; only to personal accomplishment in multivariate analyses when controlling for depression and other job satisfaction variables.

Supports findings of several authors linking colleague support to emotional exhaustion and personal accomplishment.
MORE DISCUSSION: RESEARCH QUESTION 1

OSS Salary and Benefits findings are novel in literature

Significant that being paid less relates to a greater sense of personal accomplishment in home visitors – feel are working “for a cause” rather than for money

Higher salary does relate to less emotional exhaustion in bivariate analyses – relieves emotional stress on job to feel more financially secure
DISCUSSION: RESEARCH QUESTION 2

Supports than when home visitors invest more emotionally in their clients they feel more accomplished in the work they have done to help them.

EHS may be more emotionally exhausted than HFA because HFA provides well-articulated model of service delivery that is focused on child abuse and neglect prevention that is adapted for implementation at local sites.

EHS has flexibility in selection of curriculum and models of service delivery — thus EHS has less clear-cut guidelines as to how home visitors are required to provide intervention and home visitors have greater responsibility in determining appropriate in-home interventions for clients — may make them more emotionally drained.
MORE DISCUSSION: RESEARCH QUESTION 2

EHS home visitors may have greater sense of personal accomplishment because they successfully met clients’ needs on a more individualized basis rather than following a prescriptive curriculum