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Introduction

Burnout is a common problem in the community mental health (CMH) field, and can have significant negative effects on the success of CMH agencies. An organizational approach for burnout prevention highlights the significant structural changes that managers, supervisors, and HR can implement to reduce burnout for their employees.

Literature Review

To further understand how organizational tactics can improve workplace conditions, the literature review explored how the CMH industry addresses, prevents, and combats clinician burnout. The literature review elaborated on how the CMH industry plays a valuable role in improving the lives of individuals in a community. To prevent clinician burnout in this industry, intrapersonal coping is often encouraged and may provide some stress relief. Unfortunately, high CMH clinician turnover may be contributing to negative economic circumstances and inefficiency in the workplace. Current research suggests that the most effective approach to burnout prevention is a combination of both intrapersonal and organizational tactics. Organizational level interventions may offer a systemic approach for achieving more consistent reductions in burnout.

Conceptual Model

❖ **The Areas of Worklife (AW) model :** Maslach and Leiter's (1997) AW model outline that an imbalance in workload, control, reward, community, fairness and values leads to burnout (Maslach & Leiter, 2016).

Purpose of the Research

The purpose of this qualitative exploratory study is to describe the organizational burnout prevention interventions that are being implemented for CMH clinicians. The study sought to discover the organizational tactics that are used to prevent burnout in CMH agencies, the effects of these tactics, and possible barriers to successfully implementing these tactics.

Methodology

This exploratory study used a qualitative descriptive research design, allowing the researcher to formulate a comprehensive and straight-forward description for organizational burnout prevention tactics as described by the participants.

Participants & Data Collection

- ❖ 15 participants: eight clinical supervisors, three managers, three HR, and one who held the roles of manager, supervisor, and HR at the agency.
- ❖ 12 identified as female and 3 as male.
- ❖ They ranged in ages from 24 to 62 (M= 43).
- ❖ The length of time in their current position ranged from 5 months to 240 months (20 years). (M= 64)
- ❖ Semi-structured, face-to-face personal interviews that were approximately 60-minutes were audio-recorded and transcribed at a later time.

Data Analysis

- ❖ A qualitative content analysis was used to analyze the data.
- ❖ To validate the research the researcher utilized: Epoche, reflexivity, a peer debriefer, and auditor.

Results

Finding 1: Participant perceptions of burnout.

Participant statements revealed the varying negative symptoms associated with burnout.
➤ "When we're not taking care of ourselves and we're just fried."

Finding 2: Factors influencing burnout.

Participants emphasized specific intrapersonal characteristics and organizational factors that influence burnout.
❖ *Sub-category 1: Clinician traits.* 12 Participants made references to how the altruistic nature of clinicians can easily backfire.
➤ "You care about your clients and you always put everyone before yourself and that's a problem."
❖ *Sub-category 2: Obstacles in the CMH industry.* These included monetary restrictions, difficult clientele, high caseloads, and inflexible requirements.

Results

Finding 3: Consequences of burnout.

Participants explained how burnout contributed to high staff turnover and fiscal losses.
❖ *Sub-category 1: The burnout cycle.* Participants reflected that high staff turnover continued to add work for the remaining employees, diminished staff morale, and increased stress for the supervisors, managers, and HR.
➤ "It takes a good year to get someone good and trained and really up and running and then to lose them 12 months later and have to do it all over again. My first year here I felt like all I was doing was training clinicians."

Finding 4: Interventions that reduce burnout.

All 15 participants verbalized intrapersonal self-care tactics to manage burnout. They were prompted to specifically discuss the six areas of work life.
❖ *Sub-category 1: Clinician intrapersonal traits.* Clinicians that triumph over burnout demonstrate an ability to practice positive intrapersonal coping, such as: being optimistic, setting realistic expectations of themselves, valuing their relationships, taking care of themselves, and demonstrating a passion for the work.
❖ *Sub-category 2: Participants encouraging intrapersonal coping.* One participant stated, "I spend a lot of time telling them, 'Take a deep breath, you know you can do this.' I spend a long time with them."
❖ *Sub-category 3: Organizational approaches.*
➤ All 15 participants discussed the importance of a positive work environment and the benefits of *fostering community* among the employees.
➤ Small tokens of appreciation, trainings, and promotions were examples of *rewards* they used.
➤ 10 participants explained that they encouraged *clinician independence* through trainings.
➤ 11 participants identified their role to help clinicians *manage the workload*.
➤ The participants relied on agency policies and procedures to uphold *fairness in the workplace*.

Discussion

- Most participants focused on intrapersonal coping skills for reducing clinician burnout. This suggests a need within the CMH industry to incorporate both intrapersonal and organization burnout prevention methods.
- Participants associated organizational strategies with: building a positive workplace community, reinforcing self-care, small rewards, supervisory support, and fair policies and procedures.
- Clinician burnout is often associated with "not being a good fit" for the position. This presents the need to instead consider how the organization might better serve the needs of their clinicians by training them and fostering the skills suitable for success.
- There is a need for a shift towards advocacy, especially for structural changes in the organization.
- This research provides evidence for the lack of organizational attention to burnout prevention and provides a starting point for companies to implement structural changes to reduce burnout, turnover, and fiscal loss.

Clinical Implications

- ❖ There is a need for organizational tactics that address burnout for CMH clinicians.
- ❖ There is a need for cost-effectiveness research

Limitations & Future Research

- When participants spoke about the experiences of CMH clinicians, they often discussed interns and trainees collectively. Future research might consider the differences between interns and trainees to determine why interns are better at managing burnout
- The study also neglected to explore the effectiveness of current burnout interventions used by the participants and their agencies. Future research might consider how effective specific burnout prevention methods are at addressing the sources of burnout in the workplace.