BURNOUT AND TYPE A BEHAVIOR PATTERN AMONG COMMUNITY MENTAL HEALTH WORKERS

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Eighty-one workers in community mental health settings were surveyed to determine whether there is a relationship between Type A behavior pattern characteristics (time urgency, trait anger, and competitiveness), workload, social support, and burnout. Participants completed surveys measuring various aspects of workload, social support, and personality (predictor variables). The Maslach Burnout Inventory (MBI) was used to measure burnout. The MBI has three subscales (Emotional Exhaustion, Depersonalization, and Personal Accomplishment). A forward multiple regression was performed on each of the subscales. Two personality variables, trait anger and time urgency, were significant predictors of burnout. In addition, two social support variables, coworker support and support from agency administration, were significant predictors of burnout.
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INTRODUCTION

Burnout is a term that was coined by Herbert Freudenberger (1974) to describe the emotional and physical exhaustion experienced by the staff of social service and medical facilities. He asserted that burnout was a state of fatigue or frustration that occurred due to an unrealistic devotion to a cause, way of life, or relationship that failed to produce the expected reward (Freudenberger, 1980). Harrison (1980) defined burnout as "an arrest or regression in the social worker's growth process. Rather than becoming better able to do an effective job, the worker finds him/herself increasingly apathetic, and beset by futility" (pg. 32).

Definitions of Burnout

Although many definitions and theories of burnout have been developed since those of Freudenberger and Harrison, Maslach (1982) suggests that there are common threads to these definitions, with general agreement that burnout is a negative internal psychological experience involving feelings, attitudes, motives, and expectations. Most authors also agree that burnout includes psychological and/or physiological exhaustion, a negative shift in
response to others, and a negative response toward oneself and toward personal accomplishments, and that burnout is a response to the emotional strain of working with others who are troubled. Freudenberger (1975) reported that the process of burnout usually begins one year after a person has begun working within the social service sector.

Maslach (1982) proposed three key dimensions of burnout. The first of these dimensions is exhaustion. Exhaustion is usually psychological or emotional, although it may also be physical. The second dimension is a negative shift in response to others, which includes depersonalization, negative or inappropriate attitudes towards clients, loss of idealism, and irritability. The third and final dimension is a negative shift in response toward oneself and one's personal accomplishments. This has been described as depression, low morale, withdrawal, reduced productivity or capability, and an inability to cope.

Brodsky and Edelwich (1980) suggested that workers progress through a set of four stages in the burnout process: enthusiasm, stagnation, frustration and apathy. In addition, they proposed interventions that may halt the burnout process. The first stage suggested by Brodsky and Edelwich, enthusiasm, is a period of high energy, unrealistic expectations, and excessive identification with the job. This is often characteristic of new, inexperienced
workers. Supervisors who are able to moderate these high expectations through realistic orientation and supervision will be helping to preserve the workers' effectiveness in the long run.

The second stage, the stagnation stage, refers to the process of becoming stalled after an initial burst of enthusiasm. In the stagnation stage, workers are still doing the job, but the job can no longer make up for the fact that one's personal needs are not being met. Stagnation often begins with the discovery that it is not easy to see, let alone assess, the results of one's labors.

The third stage, frustration, is a critical stage. In this stage, workers begin to question the effectiveness and value of their efforts. Frustration is a crossroads that can lead either back to enthusiasm (by means of a constructive rechanneling of energy), or into the fourth stage. Workers may go through the cycle from enthusiasm to frustration several times in the course of their careers. Constructive management in this stage involves helping workers to understand that they may have unrealistically high expectations given the real, concrete limitations of working within a social service setting.

If no intervention occurs during the frustration stage, workers will, more than likely, move to the fourth stage, apathy. In short, burnout is apathy. Workers are caught in
a trap of chronic indifference that defies most efforts at intervention. With apathy, a more comprehensive and intensive intervention is likely to be required than in other stages.

Signs of Burnout

Both physical and behavioral warning signs signal burnout in individuals. The physical signs include feelings of exhaustion and fatigue, being unable to shake a lingering cold, feeling physically run down, and suffering from frequent headaches and gastrointestinal disturbances. These symptoms may also be accompanied by a loss of weight, sleeplessness, depression, and shortness of breath (Freudenberger, 1974).

Some of the behavioral signs of burnout include dramatic changes in the way people conduct themselves. For example, workers who are usually talkative remain quiet and withdrawn. This change may be due to becoming resigned to a hopeless situation. The workers become fatigued, bored, resentful, and discouraged. Quickness to anger, instantaneous irritation, and frustration responses are also signs of burnout. Thus, the workers find it increasingly difficult to hold in feelings. Burdensome feelings are so strong that even the slightest occurrence can set the workers off (Freudenberger, 1975).

Freudenberger also observed two personality changes that are symptomatic of burnout. One of the more serious
personality changes is rigidity. Thinking becomes inflexible, and any input from others is unaccepted. Workers become stubborn and resistant to any change.

The other personality change Freudenberger identified is a negative attitude. Individuals become cynical of coworkers and their suggestions. Workers may begin to spend more time at the facility, but it is not productive time. They are working harder and putting in more hours, but they are accomplishing less (Freudenberger, 1975).

Daley (1975), in a discussion of burnout among social workers in child protective services, identified additional behaviors that are typical of workers suffering from burnout. They begin to make a sharp distinction between personal and professional selves. This is accomplished by setting a strict rule that work is not discussed at home. Involvement with clients is also minimized. This involves keeping physical distance, sharply curtailing interviews, canceling appointments, or using the phone instead of seeing clients in person. Finally, the job responsibilities are performed strictly "by the book", which is not unlike the rigidity discussed by Freudenberger. Clients are viewed strictly as cases, not as people. One of the strongest warning signals of burnout is when workers are exerting increased amounts of energy, but seem to accomplish less. Daley advised that supervisors be alert to workers in this situation.
Personality and Burnout

Personality type has been proposed as a factor that might affect vulnerability to burnout. Freudenberger (1975) identified three personality types that are at high risk for burnout: (a) dedicated and committed workers, (b) workers who are overcommitted and have unsatisfactory personal lives, and (c) authoritarian personalities. The dedicated and committed workers tend to take on too much, for too long, and become too intensely involved. Workers feel pressure from within themselves to accomplish and succeed. They also feel the pressure of the needs of the population being served. The emotional demands upon the workers are tremendous. They begin to believe that the only way to lessen the flow of demands is to put in more hours and more effort.

This tendency to try to accomplish more and more in less time has been referred to by Friedman and Rosenman (1974) as time urgency. Burnam, Glass, and Pennebaker (1975) defined time urgency as an accelerated pace, or the tendency on the part of an individual to consider time as a scarce resource and to plan its use carefully.

Staff members who are overcommitted and have unsatisfactory personal lives use the job as a substitute for a social life. They give up trying to find meaningful outside activities and relationships. Most gratifications come from the agency where they are employed. As a result,
they will give more time to the agency. These workers become so enmeshed in the organization that little time is left for themselves.

The final type of individual prone to burnout is the authoritarian personality, the individual who needs to be in control and believes that no one else can do any job as well as he/she (Freudenberger, 1975). Having to do everything him/herself and be in control causes this person to become overextended, which leads to burnout.

Another characteristic that makes individuals more susceptible to stress, especially in a work situation, is the "Type A" behavior pattern (TABP) (Cherniss, 1980). According to Friedman and Rosenman (1974), certain individuals seem prone to a striving, competitive, time-pressured lifestyle. These authors identified this driven, time-pressured style as Type A personality. Type A persons are unable to tolerate frustration, and are likely to become angry and stressed when they perceive their efforts to be unsuccessful or unfairly compromised by others' interference (Farber, 1983). According to Cherniss (1980), the link between stress and burnout also suggests that Type A individuals may be more likely to burnout than others.

Other Variables Related to Burnout

Koeske and Koeske (1989) found coworker support to be one of the critical conditions affecting burnout among social workers. When coworker support was low, burnout was
more likely. Golembiewski and Munzenrider (1988) found burnout to be diminished in work settings where employees were viewed as friendly and management as supportive. In a study of extended care staff (nursing, clinical, and administrative personnel), Basit, Buican, Corrigan, Holmes, Luchins, and Parks (1994) found self-reported depersonalization to be lower among those participants who perceived their peers as supportive. In a study of licensed psychologists however, being in a relationship with a significant other was unrelated to burnout (Ackerly, Burnell, Holder, & Kurdek, 1988). This finding would suggest that emotional support from a significant other is less important than support from agency staff in reducing burnout. Leiter and Meechan (1986) however, in a study of human service workers, found that both emotional exhaustion and depersonalization increased when workers concentrated large portions of their social contacts within their work environments.

Cooley and Savicki (1987) identified workload factors that contribute to burnout. In a study of mental health workers, high work pressure, low involvement, and low autonomy were related to high levels of emotional exhaustion. High contact workers (50% of time or more spent in direct client contact) showed higher depersonalization than low contact workers.
Burnout Among Social Service Workers

Researchers have suggested that burnout may be the cause of high turnover among social service workers (Freudenberger, 1975; Maslach, 1976, 1978b; Aronson, Kafry, & Pines, 1981). Employee turnover is a greater problem in social services than in other professions. Professionals in social services leave their jobs at about twice the rate per year (25-30 percent) as professionals in nonservice fields (8-15 percent) (Katzwell, Korman, & Levine, 1971). In a study of social workers in family services, child welfare, and community mental health, Chess and Jayaratne (1984) found nearly 40% of participants indicated they were at least somewhat likely to make a genuine effort to find a new job with a new employer within the next year.

In a study of workers in various occupations, Matthews (1990), using the Maslach Burnout Inventory, found that employees (social workers and supervisors) in social services experienced more burnout than persons in other occupations (health services, banking, industry, education, and postal service). Using the same inventory, Ackerly, Burnell, Holder, and Kurdek (1988) found nearly 40% of a sample of licensed psychologists to be in the high burnout range in regard to emotional exhaustion, and 34% to be in the high burnout range in regard to personal accomplishment.

A variety of correlates of burnout that are aspects of the psychotherapeutic role have been identified (Farber &
Heifetz, 1981, 1982; Hellman et al., 1986). A partial listing includes personal depletion, pressures inherent in the therapeutic relationship, a lack of adequate supervision, difficult client behaviors, passivity of therapeutic work, isolation, professional doubts, scheduling problems, and work overinvolvement. In addition, new human service professionals may be misled in training and education. They may graduate with the idealistic belief that credentials will guarantee competence and success with clients, that work will be intrinsically meaningful and stimulating, and that coworkers will be supportive and collegial (Brodsky & Edelwich, 1980; Chestnut, Morch, Rosario, & Shinn, 1984).

Ratliff (1988) listed other common social service worker expectations that contribute to burnout. Some of these include the belief that one's services will decisively alter the course of a client's life, that superficial remedies will eradicate long-standing patterns of self-destructive behavior in clients, and that success is possible with all clients and all kinds of problems.

Daley (1979), Walsh (1987), and Farber (1983) suggested that there are characteristic needs of social service workers and counselors that contribute to burnout. First, the majority of individuals seeking social service careers place worth on working with people. However, workers on the job will spend only 25% of work time in direct contact with
clients. The remainder of the time is spent transporting clients, filling out forms, keeping case records, attending staff meetings, and participating in other related activities.

Secondly, most workers take pride in a job well done. Because of pressures stemming from large caseloads and deadlines, workers are frequently unable to do what they consider to be their best work, and will seldom see a case through to completion. Workers who treat clients with acute problems and then refer them to other facilities can never see or evaluate the results of their interventions. In addition, it is difficult for workers who treat clients on an on-going basis to quantify client improvement, and it is hard to specify a reasonable length of time before expecting a client to show progress. Furthermore, because the work in community mental health centers involves primarily clients who are severely mentally disabled, workers are unlikely to see clients reach their goals (or even make positive changes, in some instances).

Finally, low pay has also been identified as a factor contributing to the high rate of burnout in the helping professions (Brodsky & Edelwich, 1980). According to the authors, although pay within human services varies widely, when people in the field talk about burnout, there is no one issue that is more frequently raised than low pay. Increases in pay are possible through upward mobility;
however, this usually requires that workers move into positions that are more administrative and further away from the people they wish to serve.

**Burnout in Community Mental Health Centers**

Community mental health centers employ a large number of mental health professionals and experience a high rate of turnover in staff. Research has suggested that burnout may be the cause of this high turnover in staff. Cherniss and Egnatios (1978) found that community mental health staff are considerably less satisfied with their work than comparable groups of other workers. The researchers also found that the average community mental health staff members score relatively low in satisfaction with work, but close to the median in satisfaction with supervision and coworkers.

Aronson, Kafry, and Pines (1981) viewed burnout to be the result of constant or repeated emotional pressure associated with an intense involvement with other people over long periods of time. Community mental health work involves just that kind of intense, emotional involvement with people. Cherniss and Egnatios (1978) discussed how the expectations of community mental health workers affect the rate of burnout. Community mental health staff have the usual expectations for professional work in a helping field: high autonomy, challenging and interesting work, and the sense that one will help others in a significant way. Instead, they find themselves locked into a rigid,
increasingly oppressive bureaucracy, constantly confronted with red tape and confining regulations, and asked to perform conflicting tasks for which they are not adequately trained.

Daley (1979) discussed how the community mental health workers' working conditions may affect the rate of burnout. Workers are frequently surrounded on the job by decaying slums that are insect- and rodent-infested. Workers may also be forced to enter neighborhoods in which they are a racial/ethnic minority, and their status as intruders is apparent. These conditions can be very stressful, especially for beginning workers.

Maslach (1978) proposed that the client who is being serviced by the mental health worker plays a large role in the process of burnout. In a community mental health setting, workers are usually required to work intensely, intimately, and continually with people on a large scale basis. The workers learn about a person's psychological, social, and physical problems, and are expected to provide some kind of assistance or relief. The staff-client relationship can be stressful for both staff members and clients. Clients may be required to disclose personal and possibly embarrassing information and, due to regulations, the staff member may not be able to disclose information requested by the client.
Maslach also reported that the clients' reactions to the workers' interventions play a role in the amount of stress workers experience. Thus, negative feedback from clients has the potential to be a major source of dissatisfaction, disillusionment, and psychological pain. Clients will rarely give positive feedback for things the staff members do well because the work is often taken for granted by the clients. Consequently, only when results fall short of the clients' expectations do they express opinions about the services they are receiving.

Deinstitutionalization

Deinstitutionalization was a movement that aimed to minimize the amount of care provided in institutional settings, particularly in state mental hospitals, and to increase the care provided by outpatient agencies in the community (Lewis, Lurigio, & Shadis, 1989). One result of this process was increased responsibility and stress placed on community mental health workers.

Since the movement began, the resident population of state and county mental hospitals in the United States has declined from about 560,000 in 1955 to 125,000 in 1981 (Kiesler & Sibulkin, 1987). Between 1970 and 1973, 13 mental hospitals closed in eight states, and others were partially closed or converted to community mental health centers (Reider, 1974). By 1980, over 700 community mental
health centers had been established in the United States (Keisler & Sibulkin, 1987).

Although the old system had many faults, the institutions had some advantages. Institutional care provided the patient with comprehensive medical care and regular monitoring, and support through an ongoing social network. It also provided relief to overburdened families. The institution served as an advocate for the patient who was unable to gain independent access to goods and services (Bachrach, 1984). Social workers and counselors in community mental health centers now take on the responsibility for providing substitutes for most of these, and other, needed services.

Summary

The literature presented clearly shows that burnout is a problem affecting all types of human service workers, especially workers in community mental health. The social workers and counselors in community mental health are a vital component of the system working to maintain severely mentally disabled adults in the community. As more patients are released from state mental hospitals, the reliance on community mental health centers grows. If job satisfaction levels such as those found by Cherniss and Egnatios (1978) and Chess and Jayaratne (1984) continue, community mental health administrators will experience increased difficulty in recruiting and retaining qualified staff members.
Therefore, it is important to understand the extent of burnout among community mental health workers, and to identify which factors most significantly contribute to burnout.

The Present Study

The purpose of the present study was to identify in the community mental health work environment which factor, or combination of factors, is the strongest predictor of burnout. Central to this study was an examination of the relationship between Type A personality variables and burnout among counselors and social workers employed in community mental health. As indicated earlier, previous research has suggested that a link exists between Type A Behavior Pattern (TABP) and burnout (Cherniss, 1980). However, research has not shown which single component, or combination of components, is the strongest predictor of burnout. Ultimately, a better understanding of the factors related to burnout may help reduce staff turnover at social service agencies. The specific personality variables examined in the present study were (a) competitiveness, (b) time urgency, and (c) trait anger.

It is important to understand the extent to which time urgency may contribute to burnout among workers in community mental health centers. Workers in community mental health centers are constantly exposed to the pressures of increased caseloads and paperwork. These pressures make the workers
more aware of work related time constraints, thereby increasing the risk of burnout in a time-urgent individual.

Trait anger is a component of the Type A behavior pattern. The work environment of a community mental health center does not always allow for the expression of anger or frustration. Therefore, a worker high in trait anger may be more prone to burnout than a worker low in trait anger.

The third component of the TABP used in the present study was competitiveness. Competitive individuals challenge and compete with others, even in noncompetitive situations. These individuals use their own success as a gauge to compare themselves to others. In community mental health however, success is difficult to measure. Workers who treat clients with acute problems and then refer them to other facilities can rarely evaluate the results of their interventions. It is also difficult for workers who treat clients on an ongoing basis to quantify client improvement, and it is hard to specify a reasonable length of time before expecting a client to show progress. In addition, because the work at community mental health centers involves primarily clients who are severely mentally disabled, workers are unlikely to see clients reach their goals.

Lastly, research has also suggested that social support may be a factor affecting burnout. Social support includes support from coworkers and administration, and support from family and friends. However, previous research (Ackerly, et
al., 1988, Maslach, 1982, and Aronson, et al., 1981) has produced conflicting results regarding the role of emotional support in burnout, specifically in regards to support from relationships outside the work environment. Maslach (1982) found that being in a relationship with a significant other was related to burnout. In addition, Aronson, et al. (1982) found that support outside the work environment was significantly negatively related to burnout. In their research, however, Ackerly, et al. (1988) found that being in a relationship with a significant other was unrelated to burnout. Therefore, the present study will examine the variable of emotional support by investigating the importance of different sources of support.

Based on the research of Koeske and Koeske (1989) it was hypothesized that emotional support, especially support from coworkers and agency administrators, would be a significant predictor of burnout among the participants. Workers who felt they received emotional support would experience less burnout than their peers who lacked emotional support.

In addition, to support the research of Cooley and Savicki (1987), the variable of workload also was examined. Many social service agencies have faced decreasing budgets that have resulted in fewer staff. As staff numbers decrease, and client caseloads increase, it is important to understand what effect workload has on the burnout process.
METHOD

Participants

The participants were 81 social workers and counselors employed at community mental health centers in and around Dayton, Ohio. Workers were asked to participate only if their work at the center, plus any additional mental health work, averaged at least 30 hours per week. The number of years participants had been employed in the field of mental health ranged from 2 through 28, with a mean of 5.8 years. All participants were employed in programs serving severely mentally disabled adults.

Instruments

All participants completed a series of six questionnaires: a demographic survey, the Maslach Burnout Inventory, a workload questionnaire, two personality questionnaires, and a social support inventory.

Demographic Survey. The demographic survey was a modified version of the Human Service Demographic Data Sheet contained in the Maslach Burnout Inventory. The demographic survey contained eight questions that collected information regarding the participants' age, gender, education, present position, and length of employment (See Appendix A).
**Maslach Burnout Inventory.** Burnout was measured by the Maslach Burnout Inventory (Jackson & Maslach, 1986) (See Appendix B). The MBI is a 22-item inventory that measures three aspects of burnout: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Participants indicate on a seven-point Likert-type scale how frequently they experience certain job-related feelings (0 = never, 6 = every day). A total score is obtained for each of the three subscales. The range for Emotional Exhaustion is 0-54, for Depersonalization is 0-30, for Personal Accomplishment is 0-48. Due to the limited knowledge about the relationship among the three aspects of burnout, the authors advise that scores should be considered separately and not combined into one overall score. With the first two subscales, higher scores represent a greater degree of burnout, and on the third subscale a higher score reflects less burnout.

The nine items in the Emotional Exhaustion subscale describe feelings of being overextended and exhausted by one's work. The five items in the Depersonalization subscale describe an unfeeling and impersonal response towards recipients of one's care or services. The Personal Accomplishment subscale contains eight items that describe feelings of competence and achievement in one's work with people.
Internal consistency coefficients, measured by Cronbach's alpha were, .90 for Emotional Exhaustion, .79 for Depersonalization, and .80 for Personal Accomplishment.

**Personality Questionnaire.** Three different personality variables were assessed: competitiveness, time urgency, and trait anger. These variables are characteristics of the TABP. Participants rated on a five-point Likert-type scale (0-4) the extent to which the statements described their typical behavior on the job. The competitiveness and time urgency questions were combined in a single questionnaire (Appendix C).

Competitiveness refers to the extent to which the participant feels he or she tries to lead or excel in comparison to coworkers. Colvin, Landy, Rastegary, and Thayer (1991) developed a scale to measure various factors of time orientation, one of which is competitiveness. Within the scale, seven questions tapped the competitiveness factor. These seven questions were used in the present study to measure competitiveness (Questions 1-7, Appendix C). A total score was obtained for competitiveness. The possible range was 0-28. Internal consistency for the competitiveness score was .76.

Time urgency is the tendency on the part of an individual to consider time as a scarce resource and to plan its use carefully. Colvin and his colleagues identified a factor related to a general style of time urgency, or a
concern for time, and developed a scale to measure it (Colvin et al., 1991). Internal consistency for the time urgency scale was .78. Six questions from this scale were used in the present study to measure time urgency (Questions 8-13, Appendix C). A total score for time urgency was obtained. Scores could range from 0-24.

Trait anger is defined as the disposition to perceive a wide range of situations as annoying or frustrating, and the tendency to respond to such situations with frequent elevations in state anger (state anger is an emotional state or condition that consists of subjective feelings of tension, annoyance, irritation, fury and rage, with concomitant activation or arousal of the autonomic nervous system) (Spielberger, 1988). Individuals high in trait anger are likely to perceive a wide range of situations as anger provoking. In the present study, the Trait Anger (T-Anger) subscale of the State-Trait Anger Expression Inventory (STAXI) (Spielberger, 1988) was used to measure trait anger (Appendix D). The T-Anger subscale contains ten questions with response options ranging from 0 (never) to 4 (almost always). A total score was obtained for trait anger. Scores could range from 0-40. Internal consistency for the STAXI ranges from .70 to .75.

Workload Questionnaire. Four questions were used to assess workload: (a) the number of hours spent in the primary mental health position each week; (b) the number of
hours spent in other mental health employment each week; (c) the number of hours spent in direct client contact each week; (d) the number of clients seen in a typical week (Appendix E). These questions are similar to those used by Koeske and Koeske (1989) in their assessment of workload and burnout among social workers.

Social Support. Participants were asked to indicate on a five-point Likert-type scale the amount of support they feel they receive from spouse and family, friends, coworkers, and agency administrators (Appendix F). Each area of support was considered separately, and a total score was not obtained.

Procedure

Following a regularly scheduled staff meeting, participants were asked to complete a set of brief questionnaires. All employees attending the meeting were asked to participate. Subjects were advised that participation was voluntary, and that completing the questionnaires meant agreeing to participate in the study (See Participant Consent Form, Appendix G).

Participants were told that the purpose of the study was to examine which factor social workers felt contributed most to job satisfaction. A debriefing letter was sent two weeks following the administration of the questionnaires (See Appendix H). The letter was sent to the participants' supervisors with instructions to distribute to all employees
who had attended the staff meeting.

The questionnaire packets contained all six surveys, although the order of the surveys was varied to control for order effects. The demographic survey was always presented first, and the Maslach Burnout Inventory second. The remaining surveys followed in one of six possible sequences. The Time Urgency/Competitiveness Questionnaire was always followed by the Trait Anger questionnaire.
RESULTS

Means, Standard Deviations, and Intercorrelations of the Measures

The means and standard deviations on the measures used in the present study are presented in Table 1. The intercorrelations of the measures used are presented in Table 2. The intercorrelations of the Maslach subscales in the present study are similar to those obtained in the normative study (presented in Table 3) (Jackson & Maslach, 1986).

Emotional Exhaustion was significantly correlated with coworker support and support from agency administrators. Emotional Exhaustion was also significantly correlated with time urgency. Two personality variables, time urgency and trait anger, were significantly positively correlated with depersonalization.

The mean Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA) scores for the participants in the present study and the participants in the normative sample are presented in Table 4. The scores from the sample of community mental health workers in the present study were significantly higher than those of the normative sample $t_{(80)} = 19.61, 2.47, \text{ and } 32.25, p < .05$, 25
Table 1
Means and Standard Deviations of Measures Used in the Present Study (N = 81)

<table>
<thead>
<tr>
<th>Measure</th>
<th>M</th>
<th>SD</th>
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<tr>
<td>Emotional Exhaustion</td>
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<td>10.39</td>
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<tr>
<td>Depersonalization</td>
<td>6.14</td>
<td>4.49</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>38.61</td>
<td>5.09</td>
</tr>
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<td>Hours in Primary Employment</td>
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<td>Hours in Other Employment</td>
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<td>Hours in Direct Client Contact</td>
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<td>13.02</td>
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<td>Number of Clients Seen/Week</td>
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<td>14.48</td>
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<td>Support/Spouse &amp; Family</td>
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<td>1.00</td>
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<td>Support/Friends</td>
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<td>.98</td>
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<td>Support/Coworkers</td>
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<td>.67</td>
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<td>Support/Agency Administrators</td>
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<td>1.28</td>
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Table 2
Intercorrelations of Variables in the Present Study

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<th>HC</th>
<th>NC</th>
<th>SF</th>
<th>FR</th>
<th>CW</th>
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<td>.41***</td>
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<td>.02</td>
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<td>.04</td>
<td>-.04</td>
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<td>.33**</td>
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<td>.19</td>
<td>-.16</td>
<td>.02</td>
<td>.29**</td>
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</table>

EE = Emotional Exhaustion
DP = Depersonalization
PA = Personal Accomplishment
PE = Hours in Primary Employment
OE = Hours in Other Employment
HC = Hours in Direct Client Contact
NC = Number of Clients per Week
SF = Support from Spouse/Family
FR = Support from Friends
CW = Support from Coworkers
AA = Support from Agency Administrators
COM = Competitiveness
TU = Time Urgency
TA = Trait Anger

* p < .01
** p < .05
*** p < .001
Table 3

Intercorrelations Between MBI Subscales in the Normative Sample

<table>
<thead>
<tr>
<th></th>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
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<tr>
<td>Depersonalization</td>
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<tr>
<td>Personal Accomplishment</td>
<td>-.22</td>
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</table>

N = 11,067
### Table 4

**Mean Burnout Scores for Present Sample and Maslach Burnout Inventory (MBI) Normative Sample**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Present Study</th>
<th>Normative Study</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>23.36</td>
<td>16.89</td>
<td>19.61</td>
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<tr>
<td>Depersonalization</td>
<td>6.14</td>
<td>5.72</td>
<td>2.47</td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>38.61</td>
<td>30.87</td>
<td>32.25</td>
</tr>
</tbody>
</table>
for the EE, DP, and PA scores, respectively. Even though these workers had higher levels of emotional exhaustion and depersonalization, they also had a high sense of personal accomplishment.

Degree of Burnout Among Participants

Maslach suggests that participants may be classified in terms of degree of burnout using the norms for mental health workers listed within the MBI manual (Jackson & Maslach, 1986). Burnout is considered high if a score is in the upper third of Maslach's normative distribution, average if it is in the middle third, and low if it is in the lower third. In the present study, on the Emotional Exhaustion subscale, 58.0% of the participants were in the high burnout range and 25.0% were in the average burnout range. On the Depersonalization subscale, 36.4% were in the high burnout range and 19.3% were in the average burnout range. On the Personal Accomplishment subscale, 2.3% were in the high burnout range and 10.2% were in the average burnout range. Eighty-seven percent of the participants scored in the low burnout range on this subscale.

Regression Analyses

In order to determine which variables significantly predicted burnout among community mental health workers, three forward multiple regressions were performed—one for each of the subscales of the MBI (Emotional Exhaustion, Depersonalization, and Personal Accomplishment). Variables
were added to the equation one at a time. At each step, the variable that accounted for the greatest increment in variance explained was entered. The first predictor variable of interest was personality. The three personality traits assessed in the study were competitiveness, time urgency, and trait anger. The second predictor variable of interest was social support. Social support included the worker's perceived support received from spouse or family, friends, coworkers, and agency administrators. The final category of predictor variables was workload. There were four indicators of workload: the number of hours spent in one's position of primary employment, the number of hours spent in a second employment, the number of hours spent in direct client contact each week, and the number of clients seen each week. The results of the multiple regressions are presented in Tables 5, 6, and 7.

As shown in Table 5, three variables significantly contribute to the variance in Emotional Exhaustion. Perceived support from agency administrators was the strongest predictor of emotional exhaustion, as lower levels of perceived support from agency administrators were related to higher levels of burnout. The second significant predictor of emotional exhaustion was the personality variable of time urgency. Higher levels of time urgency were related to higher levels of burnout. The third variable that significantly contributed to the ability to
predict emotional exhaustion was perceived support from coworkers. The relationship between coworker support and burnout was also an inverse relationship. The three variables combined accounted for 35.2% of the variance in emotional exhaustion scores.

As summarized in Table 6, two variables were significant predictors of Depersonalization burnout. Time urgency and trait anger had positive relationships with depersonalization, in that higher scores on both the trait anger and time urgency inventories were associated with higher levels of depersonalization. The two variables combined accounted for 21.6% of the variance in depersonalization scores.

As indicated in Table 7, none of the variables selected for this study significantly predicted the Personal Accomplishment aspect of burnout. This may be due to the fact that 87% of the participants scored in the low burnout range on this subscale.
Table 5
Summary of Forward Multiple Regression for Emotional Exhaustion

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$R^2$</th>
<th>$R^2$ Change</th>
<th>$F$ for Change</th>
<th>Beta(Step)</th>
<th>$p$(Change)</th>
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</thead>
<tbody>
<tr>
<td>SSA</td>
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<td>.174</td>
<td>17.266</td>
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<td>PTU</td>
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<tr>
<td>SSCW</td>
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<td>.018</td>
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<tr>
<td>PCOM</td>
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<td>.158</td>
</tr>
<tr>
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<td>.008</td>
<td>1.048</td>
<td>.092</td>
<td>.309</td>
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<tr>
<td>SSSF</td>
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<td>.011</td>
<td>1.320</td>
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<td>WLPE</td>
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<tr>
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<td>PTA</td>
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<td>.005</td>
<td>.614</td>
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<tr>
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<td>.006</td>
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²Support/Agency Administration
³Time Urgency
⁴Support/Coworkers
⁵Competitiveness
⁶Support/Friends
⁷Support/Spouse and Family
⁸Hours Per Week in Primary Employment
⁹Hours Per Week in Direct Client Contact
¹⁰Trait Anger
¹¹Hours Per Week in Other Employment
¹²Number of Clients Seen Per Week
### Table 6

**Summary of Multiple Forward Regression for Depersonalization**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$R^2$ Change</th>
<th>F for Change</th>
<th>Beta (Step)</th>
<th>p (Change)</th>
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<tr>
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$^a$ Time Urgency  
$^b$ Trait Anger  
$^c$ Support/Friends  
$^d$ Support/Agency Administration  
$^e$ Support/Coworkers  
$^f$ Competitiveness  
$^g$ Number of Clients Seen Per Week  
$^h$ Hours Per Week in Primary Employment  
$^i$ Hours Per Week in Direct Client Contact  
$^j$ Support/Spouse and Family  
$^k$ Hours Per Week in Other Employment
### Table 7

**Summary of Multiple Forward Regression for Personal Accomplishment**

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<td>.615</td>
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$^a$Competitiveness  
$^b$Support/Coworkers  
$^c$Time Urgency  
$^d$Support/Agency Administration  
$^e$Support/Spouse and Family  
$^f$Support/Friends  
$^g$Trait Anger  
$^h$Hours Per Week in Primary Employment  
$^i$Hours Per Week in Direct Client Contact  
$^j$Number of Clients Seen Per Week  
$^k$Hours Per Week in Other Employment
DISCUSSION

Summary of Findings

In the present study, on the Emotional Exhaustion subscale, 58.0% of the participants were in the high burnout range and 25.0% were in the average burnout range. On the Depersonalization subscale, 36.4% were in the high burnout range and 19.3% were in the average burnout range. On the Personal Accomplishment subscale, 2.3% were in the high burnout range and 10.2% were in the average burnout range. Thus, more than one third of the participants in the study scored high in burnout, but only on the Emotional Exhaustion and Depersonalization subscales. On the Personal Accomplishment subscale, eighty-seven percent of the participants scored in the low burnout range. This would suggest that despite burnout in the other areas, the participants continue to view their work as personally fulfilling.

The results of this study were in many ways consistent with the hypotheses. The personality variables of time urgency and trait anger were both significantly related to burnout. Time urgency, the tendency to try to accomplish more and more in less time (Friedman & Rosenman, 1974), and a strong component of the Type A Behavior Pattern (TABP),
was a significant predictor of both emotional exhaustion and depersonalization.

Trait anger was also a strong predictor of depersonalization. Anger has been included in several discussions of burnout and TABP. Farber (1983) states that Type A persons are less able to tolerate frustration and are more likely to become angry or stressed when their efforts are unsuccessful. Freudenberger (1975) identifies anger, irritation, and frustration as signs of burnout. The significant relationship between trait anger and depersonalization in the present study provides support for the suggestion of Cherniss (1980) that Type A individuals may be more likely to burnout than others. However, the direction of the relationship between trait anger and burnout remains unclear. Those who are more easily irritated or angered may be more susceptible to burnout, or those who begin to burnout may become more easily angered.

Emotional support, specifically that from coworkers and agency administrators, was a strong predictors of emotional exhaustion. This is consistent with the findings of Koeske and Koeske (1989), who found coworker support to be a critical condition affecting burnout. Interestingly, in the present study of mental health workers, the means and standard deviations of the support measures suggest that these workers feel more support from coworkers than from administrators (with the variability of support from
administration being much greater than support from coworkers). The present study suggests that support from agency administrators may have a stronger effect on emotional exhaustion than support from coworkers.

Freudenberger (1975) suggested that an unsatisfactory personal life may be related to burnout. The present research, however, suggests that relationships outside the work environment (e.g., with family, friends, etc.) are not significantly related to burnout. This supports Ackerly et al.'s (1988) finding that being in a relationship with a significant other was not significantly related to burnout. Thus, it appears that those relationships that are a part of the day-to-day work environment are more central to burnout than those relationships that occur outside of the work setting.

Workload alone was not a significant predictor of burnout. However, workload was correlated with another personality variable, time urgency. This is not surprising, as an individual high in time urgency would be expected to spend extra time on the job. In addition, the number of clients seen in an average week was significantly correlated with coworker support and trait anger.

Limitations of the Present Study

One of the limitations of this study was the use of three separate assessment tools to measure the individual components of the TABP. Assessment of the TABP with a
single instrument may produce different results. The Jenkins Activity Survey is a tool used to measure TABP. However, this is a 52 item questionnaire. Time constraints did not allow for the use of this instrument in the present study.

In addition, the participants in the present study were employed in and around the Dayton, Ohio area. The Dayton Mental Health Center, a state-run inpatient mental health center is located within the city of Dayton. Having this hospital in the area may provide the community mental health centers' employees with a higher percentage of chronic patients than workers in rural areas or areas without a local state hospital. By working with a lower number of chronic patients, workers in the latter areas may experience less burnout than the participants in the present study.

Implications of the Present Study

The results of the present study suggest that improving support from agency administrators and creating and maintaining an environment where workers have the opportunity to provide supportive feedback to each other are important in decreasing and/or eliminating burnout among workers in community mental health centers. In addition, it is important that supervisors be aware of time urgent individuals, and try to help these workers to better use their time and/or feel less time pressured. The work environment of a community mental health center must also
allow workers the opportunity to safely express their anger and frustrations.

As mentioned previously, a better understanding of the sources of burnout among the workers, and creating a work environment where these factors are reduced, may help to decrease the turnover rate of workers in community mental health centers.
APPENDIX A
SECTION I

1. Your Age: ____ Years

2. Your Gender: ____ (1) Male ____ (2) Female

3. Please check the highest academic degree you have received:
   ____ (1) A.A./M.H.T.
   ____ (2) B.A./B.S./B.S.W.
   ____ (3) M.A./M.S./M.S.W.
   ____ (4) M.D./Ph.D./Psy.D.

4. Which of the following describes your primary mental health position?
   ____ (1) Case Manager
   ____ (2) Therapist
   ____ (3) Supervisor/Manager
   ____ (4) Administrator

5. How long have you been employed in your present, primary position? ____ Years

6. How long have you been employed in the mental health field? ____ Years

7. Do you currently hold more than one job?
   ____ Yes ____ No

8. Is your second job in a human service position?
   ____ Yes ____ No
# Human Services Survey

## HOW OFTEN:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>A few times a year or less</td>
<td>Once a month or less</td>
<td>A few times a month</td>
<td>Once a week</td>
<td>A few times a week</td>
<td>Every day</td>
</tr>
</tbody>
</table>

## Statements:

1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. I can easily understand how my recipients feel about things.
5. I feel I treat some recipients as if they were impersonal objects.
6. Working with people all day is really a strain for me.
7. I deal very effectively with the problems of my recipients.
8. I feel burned out from my work.
9. I feel I'm positively influencing other people's lives through my work.
10. I've become more callous toward people since I took this job.
11. I worry that this job is hardening me emotionally.
12. I feel very energetic.
13. I feel frustrated by my job.
14. I feel I'm working too hard on my job.
15. I don't really care what happens to some recipients.
16. Working with people directly puts too much stress on me.
17. I can easily create a relaxed atmosphere with my recipients.
18. I feel exhilarated after working closely with my recipients.
19. I have accomplished many worthwhile things in this job.
20. I feel like I'm at the end of my rope.
21. In my work, I deal with emotional problems very calmly.
22. I feel recipients blame me for some of their problems.

*(Administrative use only)*

<table>
<thead>
<tr>
<th></th>
<th>cat.</th>
<th>cat.</th>
<th>cat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DP:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

SECTION III

Please indicate, using the scale below, how well each of the following statements describes your typical on the job behavior. For example, if you strongly agree that statement 1 describes your behavior, place the number "4" in the space to the left of the statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

1. ___ I go all out.
2. ___ I consider myself to be relaxed and easy going.
3. ___ I have a strong need to excel in most things.
4. ___ I am often in a hurry.
5. ___ I am bossy or dominating.
6. ___ My spouse or close friend would rate me as definitely relaxed and easy going.
7. ___ I am hard driving.
8. ___ I never feel in a rush, even under pressure.
9. ___ I set deadlines and quotas for myself at work and other things.
10. ___ I am usually pressed for time.
11. ___ I am hard driving and competitive.
12. ___ I am ambitious.
13. ___ I often feel very pressed for time.
APPENDIX D

SECTION IV

Using the scale below, please rate yourself according to how you "generally feel".

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>____</td>
<td>I feel infuriated when I do a good job and get a poor evaluation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>____</td>
<td>When I get frustrated, I feel like hitting someone.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>____</td>
<td>I have a fiery temper.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>____</td>
<td>It makes me furious when I am criticized in front of others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>____</td>
<td>When I get mad, I say nasty things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>____</td>
<td>I am quick tempered.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>____</td>
<td>I feel annoyed when I am not given credit for good work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>____</td>
<td>I fly off the handle.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>____</td>
<td>I get angry when I am slowed down by other's mistakes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>____</td>
<td>I am a hot-headed person.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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APPENDIX E

SECTION V

1. What is the average number of hours per week you spend in your primary employment position? _____ Hours

2. What is the average number of hours per week you spend in other mental health employment? _____ Hours

3. Combining all positions included in the previous questions, how many hours per week do you spend in direct client contact? _____ Hours

4. Combining all positions, how many clients do you see in an average week? _____ Hours
APPENDIX F

SECTION VI

Please indicate, using the scale below, the amount of emotional support you feel you receive from the groups of people indicated.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

none at all  a great deal

1. ___ Spouse & Family
2. ___ Friends
3. ___ Coworkers
4. ___ Agency Administrators
APPENDIX G

Participant Consent Form

The attached questionnaire is part of a research project studying the attitudes of social workers and counselors, and how these attitudes affect job satisfaction. The project is part of a graduate thesis at the University of Dayton. By completing the attached survey you are agreeing to participate in the study. All information provided is to be anonymous. Please do not include your name or any other identifying information.

Results of the study will be provided to you through the community mental health center where you are employed. Results will be generalized across several agencies, and no single agency will be identified. The information you provide in the enclosed questionnaire is for research only, and can in no way affect your employment at the community mental health center.

Participation is voluntary. You are under no obligation to complete the questionnaire.
Dear Participant,

On [survey date], I conducted a survey of the workers and counselors employed within [agency name]. At that time I explained that as part of my graduate thesis, I was examining factors which social workers felt contributed most to job satisfaction. The true nature of the study was to examine which personality factors and job-related factors contributed most to burnout. The deception was necessary to avoid biased answers. If the true nature of the study was known, subjects may have been tempted to try to answer questions in a way which would have made them appear to be experiencing a different level of burnout than they actually are.

Most social service agencies experience a large amount of staff turnover, including community mental health centers. The average length of employment for an entry-level case worker is two years. This is stressful for both the remaining staff, and the clients. The remaining staff are forced to take on additional responsibilities, thus limiting the amount of time they can give the clients they serve.

As a social worker in a program serving severely mentally disabled adults, you are probably aware that current trends are to keep these individuals in the community, and out of institutions. Because of these trends, it is necessary to have qualified staff in the community to provide services. If the mentally disabled adults are to survive in the community, continuity of care is a must. Therefore, it is important to understand the reasons behind the high rate of turnover.

I extend to you my thanks and appreciation for taking the time to participate in this study.

Sincerely,

Deborah Dornbusch