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Burnout Among Master's Level Mental Health Practitioners

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Burnout Among Master's

Level Mental Health Practitioners

(TITLE)

BY

Brenda K. Greeson

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

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Abstract

Seventy-eight master's level mental health practitioners completed survey materials including the Maslach Burnout Inventory (MBI), the Psychologist's Burnout Inventory (PBI), and a demographic and job satisfaction questionnaire modified for this study from a 1994 study of school psychologists (Niebrugge, 1994). The random sample of community mental health centers selected to receive survey materials came from a list obtained from the Illinois Department of Mental Health (DMH). Results suggested that symptoms of burnout frequently occur among this group of clinicians, regardless of their disciplinary training. A relationship between burnout and job-related stressors (e.g., feeling a lack of control in the work place, overinvolvement with clients) was found, however the best predictors of burnout were personal and satisfaction variables (e.g., overall job satisfaction, satisfaction with supervision, case discrepancy index). Results support Niebrugge's (1994) findings suggesting that supervising psychologists may play a key role in resistance to burnout.

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CHAPTER 1

Introduction

Statement of the problem

Burnout is a syndrome widely experienced by individuals within human service settings. The term was introduced by Freudenberger (1975) and defined as "failing, wearing out, or becoming exhausted by making excessive demands on energy, strength, or resources" (p. 73). Cherniss (1980) stated that this dictionary definition was considered an inadequate description by many researchers who thought it necessary to include changes in behavior and attitude due to excessive job demands. He further stated that other researchers, himself included, focused on changes in motivation. Maslach (1978) referred to staff burnout as a result of intense involvement with clients and the failure to successfully cope with the emotional stress. Burnout has more recently been defined as a syndrome involving emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Maslach & Jackson, 1986).

The problem of burnout among mental health professionals is a significant one as described by Cherniss (1980) who cited a study by Schwartz and Will (1961) observing changes in behavior of staff and patients in a mental hospital. The recorded changes indicated that increasing burnout among staff resulted in neglect of patients who became more anxious, violent, depressed, and suicidal. Patient care improved and problematic behaviors declined when staff burnout decreased following counseling. Cherniss also cited a study by Stotland and Kobler (1965) which took place in a mental hospital. These researchers studied hospital records covering several years and discovered that the patient suicide attempt rate increased following every major change in administration and increase in burnout among staff.

In addition to the fact that the counselor or therapist is in a weakened condition and the services provided to clients are impaired, burnout can affect the delivery of mental health services indirectly through higher cost. Frequent hiring and training of

new staff because of high turnover due to burnout is very expensive according to Cherniss.

Although research into the phenomenon of burnout has grown rapidly, primarily focusing on heterogeneous samples of human service providers and doctoral-level psychologists, literature focusing on burnout among master's level mental health practitioners is lacking. Much of the research on burnout also suggests that this problem particularly affects practitioners in community mental health centers (Cherniss, 1980).

The benefits of studying demographic data in order to understand the development of burnout has been pointed out by Lambert, Bass, Brown, Criss, and Padrino (1986). Factors such as age, sex, educational level, job level, job characteristics, and the agency's organizational structure may all be factors related to the burnout of mental health workers. However, not all people are affected by these factors which indicates a need for more research into how best to predict the groups most likely to burn out in mental health agencies.

Purpose of the study

Since a large number of mental health professionals employed by agencies providing outpatient services are functioning at a master's degree level (Albee, cited in Randolph, 1979; Diamond, Havens, Rathnow, & Colliver, 1977), this study investigated the extent of burnout among master's level practitioners in mental health centers in Illinois and assessed the relationship among job-related stressors. The correlation between certain demographic and background variables and burnout were examined and a determination was made as to the best predictors of burnout among this group.

Theoretical background and conceptual definitions

The dependent (predicted) variable of this study was the extent of burnout among subjects. This concept was operationalized as the three subscales of the Maslach Burnout Inventory (MBI): emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA).

Emotional exhaustion refers to a loss of positive feelings, sympathy, concern, or respect for clients.

Depersonalization refers to an unfeeling response to clients in which they are often dehumanized and blamed for their problems (Maslach, 1978). Reduced personal accomplishment is a decreased sense of competency and achievement with clients. These three components have frequently been the focus of research in the investigation of the phenomenon of burnout (Leiter, 1988).

Due to conflicting findings in the literature, several factors were considered as independent variables (predictors). Job-related stressors operationalized as four factors of the Psychologist's Burnout Inventory (PBI) were included since these are factors speculated in the literature to be related to burnout among psychologists. Therefore, it is assumed that they are applicable to master's level counselors as stressors also encountered by this population since they also engage in clinical work. The four factors are (1) aspects of control, (2) support in the work setting, (3) types of negative clientele, and (4) overinvolvement with clients.

Demographic and background variables included were age, number of years of experience as a master's level practitioner, perceived caseload, satisfaction with supervision, overall job satisfaction, desire to leave current job, and desire to leave profession.

Educational background was considered as a separate predictor. A comparison was made between subjects holding the following degrees: master of arts (M.A.) in psychology or school psychology, master of science (M.S.) in education or counseling, master of social work (M.S.W.), and a group identified as "other" which included those with degrees in marriage and family counseling, rehabilitation, and religious/pastoral care.

The majority of researchers agree that an interactional theory is necessary to fully understand the phenomenon of burnout. The interactional model proposed by Maslach (1982, cited by Huebner, 1993) incorporates three antecedents which may contribute to burnout: (a) organizational factors (e.g., role issues, organizational structure and climate), (b) interpersonal factors (e.g., quality of supportive relationships with

supervisors and peers), and (c) intrapersonal factors (e.g., personality traits and competencies).

Research question

The interactional theory of burnout discussed above provides the model for this study. Based on the previous literature review the following research questions have been generated: a) What is the extent of burnout among a statewide sample of master's level practitioners? b) What job-related stressors are primarily associated with burnout? c) What is the relationship between certain demographic variables (and background variables such as caseload and satisfaction with supervision) and burnout? and d) Do levels of burnout differ between disciplines (e.g., social work vs. psychology)? The methodology of this study replicates that of Niebrugge's (1994) study of burnout in school psychologists with slight modifications due to the different professions and work sites involved.

CHAPTER 2

Review of the related research

The conceptualization that burnout is a reaction to working under high levels of stress for extended periods of time has been supported repeatedly by researchers (Boy & Pine, 1980; Pines & Maslach, 1978; Raquepaw & Miller, 1989; Shinn, Rosario, Morch, & Chestnut, 1984; Thornton, 1991; Zastrow, 1984). Zastrow stated that this understanding of the overwhelming effects of stress indicates that stress management techniques can be applied for the prevention and treatment of burnout.

Cherniss (1980) defined burnout as "psychological withdrawal from work in response to excessive stress or dissatisfaction" and went on to describe burnout as a three-stage transactional process. This transactional definition of burnout described an imbalance between resources and demand (job stress) leading to a short-term emotional response characterized by tension, anxiety, fatigue, and irritability (strain). The resulting third stage of attitude and behavior changes include emotional detachment, withdrawal, cynicism, and

rigidity (defensive coping). Thus, when active problem-solving does not reduce stress and strain, the attitudinal and behavioral changes associated with burnout prevent more stress from being added to the strain by providing a psychological escape.

Burnout, as reported by Freudenberger (1975) includes physical, behavioral, and psychological signs. Physical disturbances, weight loss, lingering colds, sleeplessness, and shortness of breath may all be the somatic symptoms present in a burnout victim. Behavioral symptoms such as irritability and frustration may become apparent in responses, or silence from a person who used to contribute to meetings.

Psychologically, a burnout victim may develop a suspicious attitude or paranoia as well as harbor grudges, become bored or depressed. A completely negative attitude may be another sign or a feeling of omnipotence may emerge. Burnout victims often become stubborn and resistant to change. Change is threatening to an exhausted person.

Burnout has been associated with family and marital problems, insomnia, excessive use of alcohol and drugs. Additionally, chronic fatigue, poor resistance to illness, absenteeism, complaining, and high turnover rates have also been linked with burnout according to Stout and Williams (1983).

Kahill (1988) lists five major categories of symptoms for burnout, the first of which is physical. This category includes the somatic symptoms described above by Freudenberg. Another category briefly mentioned above, behavioral symptoms, is comprised of rigidity, absenteeism, poor job performance, job turnover, tardiness, theft at work, and use of substances including alcohol, legal drugs such as tranquilizers, and caffeine.

A third category lists emotional symptoms such as irritability, emotional depletion, guilt, anxiety, and feelings of helplessness. Data has consistently supported a close association between depression and burnout (Kahill, 1988).

Interpersonal symptoms make up the fourth category which often involves friends and family members as well

as clients. Communication with clients becomes impersonal and stereotypical since the burnout victim has difficulty concentrating on clients and attempts to withdraw from them. Defensive escape or avoidance behaviors including verbal and physical violence may be exhibited. Negative emotions as well as withdrawal from family and friends may also occur (Kahill, 1988).

Attitudinal symptoms, the final category, refers to the negative attitudes often developed by burnout victims toward clients, work, the victims themselves and life in general. Such attitudes may be displayed as cynicism, pessimism, callousness, defensiveness, intolerance of clients, and dehumanization of clients by stereotypically labeling them and using intellectualization and jargon to communicate. Burnout victims no longer enjoy their work and are often absent. Job satisfaction can also be considered an attitudinal symptom. However, some researchers argue the viewpoint that dissatisfaction with work is a cause rather than a symptom of burnout (Kahill, 1988).

Although studies have consistently shown job satisfaction to be inversely related to burnout

(Leiter, 1988) it has been noted that burnout and job satisfaction overlap. High levels of job satisfaction may even be found to coexist with high levels of burnout and stress. Burnout, therefore, represents a broader construct than that of job dissatisfaction. (Huberty & Huebner, 1988).

Job satisfaction is a measure of involvement and fulfillment found by workers who subjectively evaluate their work settings. This positive aspect of such evaluations represents an attitude generally taken toward work that relates to the workers' methods of coping with the strains they face in their jobs. Diminished job satisfaction contributes not only to physical health problems, but may also be a precursor of the development of burnout (Leiter, 1988).

The concept proposed by Maslow of a need hierarchy is one theory linked with worker satisfaction. This theory involves five levels of needs as follows: 1. physiological, 2. safety, 3. belonging, 4. status, and 5. growth (self-actualization). According to this motivational theory, when one need level is satisfied, the next need level is activated. The lower level

needs of the first four stages must be met before the worker will be motivated to focus on the growth need of the fifth stage. This implies that in order to know what will boost morale a determination must be made as to where on the hierarchy the need satisfaction of an employee has stopped (Dehlinger & Perlman, 1978).

The correlation between personality needs and job satisfaction appears to be one area of investigation requiring more data. Phillips (1982) reported reasonable levels of job satisfaction among doctoral students in counseling psychology who were studied using the Personality Research Form and then followed up three years later in job performance. The satisfaction of personality needs met in their jobs appeared to be related to their overall job satisfactions.

The suggestion that degree subfields (professional discipline) may be helpful in predicting job satisfaction within the mental health profession appears to be linked primarily with work setting. Phillips (1982) referred to clinical psychologists who may experience reduced job satisfaction in comparison

to counseling psychologists due to the following reasons. Counseling psychologists are less likely to work in medical settings or out-patient clinics and therefore do not usually come in contact with medical personnel as clinical psychologists often do. Counseling psychologists often work in personnel settings, university or college education or psychology departments and sometimes in businesses.

Therefore, working more often with tougher loads such as psychotic cases, observing more personal weaknesses than strengths as opposed to what counseling psychologists may observe, and encountering more direct medical competition with psychiatrists and other medical personnel have all been suggested as possible contributors to dissatisfaction among clinical psychologists (Phillips, 1982). Although many factors require further study, the following appear to be important determinants of job satisfaction in most mental health settings: job security, income, communication, identification with a work group, and agency policy (Dehlinger & Perlman, 1978).

One predisposing factor requiring further evaluation is the degree of congruence between work expectations of mental health clinicians in training and actual work demands of the jobs they eventually hold. Lambert et al. (1986) refers to several studies which focus on this and other related factors. Many compromises in attitude become necessary in order to maintain a positive work relationship within an agency when work expectations developed while in training are incongruent with actual tasks performed (Weitzel, 1976).

The relationship between the kinds of work settings desired by master's level counselors and the job opportunities in those settings may also be a factor linked to job satisfaction. Since job opportunities differ from one agency to another, the work expectations and desires of trainees in mental health should be further investigated (Randolph, Lassiter, & Newell, 1986).

Work tasks most often performed by master's level counselors have been explained in several articles. Randolph (1979) lists the skills considered by

directors of community mental health centers (CMHC) to be necessary for proper functioning at the master's degree level. These include counseling, psychotherapy, intake interviewing, consultation services, and psychological testing. Slightly lower rankings were given to administration or organizational skills as well as to public relations skills (Dimond et al., 1977; Erdwins & Buffardi, 1983; Randolph, 1979).

Raquepaw and Miller (1989) found educational level not to be an accurate predictor of burnout in their study of practicing psychotherapists in Texas. All subjects held a doctoral or master's degree and were chosen from either a list of the Texas State Board of Examiners of Psychologists or the Directory of Social Workers certified by the Texas Departments of Human Resources. Their correlational analyses involved a mail survey method using the Maslach Burnout Inventory (MBI), a demographic questionnaire, and other questionnaires designed to assess the subjects' intent to leave the profession, their treatment orientation, and their ideal caseload as perceived by the subjects.

The authors found that burnout was associated with

subjects' perception of caseload which contrasts Maslach's previous findings with colleagues (Maslach & Jackson, 1986; Pines & Maslach, cited in Raquepaw & Miller, 1989) that size of caseload was associated with burnout.

One demographic variable that they did find to be significant was that agency workers were more likely to burn out than private practitioners. Possible explanations suggested by the authors include specific variables such as: additional paperwork required by agencies, a higher frequency of staff meetings, nature of the clientele, lower salaries, or lack of personal control or role clarity in agencies. Burnout was found to be predictive of the desire or likelihood of leaving jobs which supports findings of other studies.

Nature of clientele is one variable which has resulted in conflicting findings for researchers. Farber (1983) studied psychotherapists' perceptions of stressful patient behavior using a therapist background sheet and a 25-item Likert-type rating scale constructed from patient behaviors as items most often cited in clinical literature as stressful. The scale

included three choice points on a 7-point continuum (1 = not at all stressful; 4 = moderately stressful; 7 = extremely stressful) and an additional point (8 = not applicable) for those who had not encountered a certain patient behavior. Factor analysis revealed results that therapists consider suicidal statements most stressful behavior. Two general dimensions of stressful patient behavior found were psychopathological symptoms and resistances.

No significant relationship was found between nature of clientele or characteristics associated with job security to job satisfaction or burnout in a study by Penn, Romano, and Foat (1988). Subjects represented a wide variety of human services with a majority practicing at a bachelor's degree level, the rest with a lower educational level. The Job Descriptive Index (JDI) and the MBI were mailed to subjects, most of whom scored low to moderate levels on the MBI scales. An inverse relationship between burnout and job satisfaction was found and the only variable consistently differentiating satisfaction from

dissatisfaction was Opportunity for Professional Development.

The stress of working with negative client behavior was included in the Psychologist's Burnout Inventory (PBI) which was utilized in the present study. The PBI was originally developed by Ackerley, Burnell, Holder, and Kurdek (1988) who studied a national sample of doctoral-level practicing psychologists. Subjects received the MBI, the PBI, and a background/demographic questionnaire.

The authors found significantly higher average levels of EE, DP, and PA for these psychotherapists than for mental health workers represented in the MBI manual (Maslach & Jackson, 1986) which is based on a heterogeneous group of mental health professionals. Contrary to the findings of some researchers (Pines & Kafry, 1981) this study showed no support that gender makes a difference nor that being in a relationship with a significant other is related to burnout as Maslach indicated (cited in Ackerley et al., 1988).

Orientation was not supported as a factor in this study. However, work setting was found to be

significantly related with more burnout among those in the public sector than in private practice, which is a finding comparable to that of Raquepaw and Miller (1989). Higher income was predictably associated with job satisfaction. The strongest correlations were found to be that of Personal Control and Overinvolvement which were highly correlated to EE and DP. These therapists felt they were working harder than their clients or felt personally responsible for their clients' progress.

Conflicting findings exist in the burnout literature regarding age and experience. Ackerley et al. (1988) found that age and number of years of experience had a negative correlation with the burnout subscales EE and DP. The profile of a burned out clinician which emerged seemed to be young, with a low income, engaged in little psychotherapy, experienced feelings of lack of control in therapy settings, and felt overcommitted to clients. By contrast, Pines and Maslach (1978) found more burnout among staff who had worked longer in the field. However, Raquepaw and

Miller (1989) found no support for these demographic variables to be accurate predictors of burnout.

Age was selected as a primary measure of cumulative experience in a study of the relation between level of experience and levels of job stress (Hellman, Morrison, & Abramowitz, 1987). Weekly psychotherapy hours measured caseload as the variable of situational experience. Subjects included 110 female and 117 male licensed psychologists who were mailed a background questionnaire and two Likert-type questionnaires for determining stresses in psychotherapists' work.

The Therapeutic Stresses Rating Scale was used for therapists to indicate on a 1 to 7 continuum the extent to which each of 37 situations is a source of stress in their work. The Stressful Patient Behavior Rating Scale required the subjects to rate on a 7-point dimension the extent of each of 38 patient behaviors as a source of stress. The Therapist Background Questionnaire requested information such as age, postdegree psychotherapy experience, and total number of weekly hours spent in psychotherapy. The Social

Desirability Scale was used to control for answering in socially desirable ways and a therapist-style questionnaire controlled for approach in therapy. Gender was also included in the analysis.

This study found older therapists to report less stress from all five work-related factors: maintaining a therapeutic relationship, scheduling, professional doubt, work overinvolvement, and professional depletion. Also, therapists with moderate caseloads reported less stress from maintaining the therapeutic relationship, scheduling, and professional doubt than those with light or heavy caseloads. Five stress factors associated with patient behaviors were also identified which follow: negative affect, resistance, psychopathological symptoms, suicidal threats, and passive-aggressive behaviors.

Kahill (1986) found that burnout was not related to experience in the profession or other demographic variables, results which are similar to that of Raquepaw and Miller (1989). In her investigation of Ontario psychologists, Kahill used the Tedium Measure to survey three groups: advanced graduate students who

were all doctoral candidates in applied psychology programs (clinical, counseling, and school psychology), new practitioners, and experienced practitioners. Of the final sample of 255 used, most subjects reported low moderate levels of burnout.

Although Kahill found that burnout was not related to experience and other demographic variables, she found it to be significantly related to social support from family and friends (in contrast to studies mentioned above), to expectations or attitudes about the profession, and slightly to changes in expectations over time (disillusionment).

Pines and Maslach (1978) found that the longer subjects had worked in the field, the less they liked working with the patients, the less successful they felt, and the less humanistic were their attitudes. They studied seventy-six staff members including psychiatrists, psychologists, nurses, social workers, attendants, and volunteers in various mental health institutions. These authors made field studies, used questionnaires, and in-depth interviews.

Niebrugge (1994) studied burnout and job dissatisfaction among a sample of Illinois school psychologists and found background variables to best predict burnout. The MBI, a specially designed demographic/job satisfaction questionnaire, and a stress inventory for school psychologists were mailed to a random sample of Illinois School Psychology Association members. These professionals were found to burn out frequently.

Job-related stressors such as lack of resources and time management were found to be related to burnout. The best predictors, however, were background variables such as satisfaction with supervision, and a calculated discrepancy between caseload and preferred caseload. This study suggests that supervisors may have an important role in the prevention of burnout among these professionals. Given the exploratory nature of the present study, no explicit hypotheses were stated.

CHAPTER 3

Method

Subjects

The participants were master's level practitioners (psychology, social work, counseling, or other) in Illinois who reported that they were active in direct human service outpatient settings. They ranged in age from 22 to 61 and reported working in rural, urban, or suburban locations. Survey materials were mailed to a random sample of agencies, two to each of 106 agencies. Of the 212 surveys mailed, a total of 80 surveys were returned, 78 of which were usable for this study.

Materials

Participants received a cover letter, a self-addressed, postage paid return envelope, the Maslach Burnout Inventory (MBI: Maslach & Jackson, 1986), the Psychologist's Burnout Inventory (PBI: Ackerley et al., 1988), and a demographic and job satisfaction questionnaire modified for this study from its original design for a study of burnout among Illinois school psychologists (Niebrugge, 1994).

The MBI is a self-report survey consisting of 22 statements of feelings related to one's job. Three subscales of this device specifically measure emotional exhaustion (EE), depersonalization (DP), and a sense of personal accomplishment (PA). Each statement is rated on a 7-point Likert scale measuring frequency of occurrence ranging from never (0) to everyday (6). The emotional exhaustion subscale, made up of nine items, is used to measure feelings of being overextended emotionally, overwhelmed by interpersonal demands of work and unable to meet such demands. The depersonalization subscale, consisting of five items, aids in assessment of unfeeling, impersonal attitudes or negative responses toward service recipients. The personal accomplishment subscale consists of eight items and measures feelings of incompetence and a reduced sense of achievement (Ackerley et al., 1988).

According to Maslach and Jackson (1986), different levels of feelings of burnout may be experienced ranging from low to high degrees. High scores on the EE and DP subscales and low scores on the PA subscale (suggesting a lack of personal accomplishment)

indicates a high degree of burnout whereas low scores on the EE and DP subscales and high scores on the PA subscale reflects a low degree of burnout. Average scores on the three subscales is indicative of an average degree of burnout.

Reliability of the subscales has been reported by Maslach and Jackson (1986) as .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Several studies have shown the convergent and discriminant validity of the MBI's first edition (Maslach & Jackson, 1986; Rafferty, Lemkau, Purdy, & Rudisill, cited in Ackerley et al., 1988). Although the first edition of the MBI included a rating of the dimension of intensity for each statement, due to high correlation between intensity and frequency ratings, the second edition of the MBI no longer includes ratings of intensity. Ackerley et al. reports this deletion as the only difference between the first and second editions of the MBI.

The PBI was used to assess factors which appear to be related to burnout in psychologists. This survey, identical in format to the MBI, is a self-report device

rated on a 7-point Likert scale. However, this measure consists of fifteen items grouped into four subscales: aspects of control (3 items), support in the work setting (3 items), types of negative clientele (6 items), and overinvolvement with the client (3 items). Validity of the subscales was demonstrated by application of a principle-components factor analysis with varimax rotation to correlations among the fifteen items. The resulting four eigenvalues (2.69, 1.93, 1.70, and 1.28) accounted for 18%, 13%, 11%, and 9% of the variance, respectively. All four factors were indicated as necessary by a Scree test (Ackerley et al., 1988).

The demographic and job satisfaction questionnaire included several demographic items: age, salary, and years of experience as a master's level practitioner (see Appendix C). Subjects were also required to respond to four measures of work satisfaction on 6-point Likert scales: degree of job satisfaction, desire to leave current job, desire to leave current profession, and satisfaction with supervision. The approximate number of client cases assigned in the past

twelve months and the number of client cases preferred to have been assigned in the past twelve months were included. A case discrepancy index was calculated by subtracting the preferred caseload from the actual caseload.

Procedure

Survey materials were mailed to a random sample of agencies selected from the 1995 roster of the Illinois Department of Mental Health. The directors of agencies employing several master's level practitioners were sent a packet containing several sets of survey materials. A letter requesting the directors to distribute a set to each of these employees was included. All surveys were completed anonymously. The cover letter included in survey materials mailed provided only limited information about the purpose and hypothesis of the study to ensure a more accurate measure of burnout for each subject. The study was described simply as one investigating factors related to working conditions of master's level practitioners in Illinois.

Analysis

Means and standard deviations for the variables are presented in tabular form. Pearson product-moment correlations were used in order to assess the relationships between each of the burnout subscale scores (from the MBI and PBI) and the demographic and background variables. Categorical variables related to burnout were assessed using one-way analyses of variance (ANOVAS). Multiple regression analyses were performed for the MBI and PBI subscales to determine the best predictors of burnout. Multiple regressions based on information from the demographic and satisfaction scales were utilized to predict the extent of overall job satisfaction, desire to leave current job, and desire to leave the profession. Responses to the likert scales for job satisfaction, desire to leave current job, desire to leave profession, and satisfaction with supervision were scored 1 = very low to 6 = very high.

CHAPTER 4

Results

The subjects reported a mean age of 39.71 (SD = 10.00) with 7.93 (SD = 6.50) years as master's level practitioners (10.3% failed to report years of practice). Seventy-four percent were female and 26% were male. Thirty-four percent reported their job setting to be urban, 19% suburban, and 44% rural with 3% failing to report job location.

Comparisons were made by discipline among four groups which included psychology (n = 17, 22%), counseling (n = 25, 32%), social work (n = 26, 33%), and a group identified as "other" consisting primarily of marriage and family counseling, rehabilitation, and religious/pastoral counseling (n = 10, 13%).

The mean MBI scores for the total sample were 21.82 (SD = 10.43) for EE, 5.50 (SD = 4.25) for DP, and 40.62 (SD = 5.35) for PA. The means and standard deviations of the MBI scores for each discipline are presented in table 1. The scores of the four disciplines on the three MBI scales were compared using

separate one-way analyses of variance; there were no significant differences ($p > .05$).

Insert Table 1 About Here

The MBI manual (Maslach & Jackson, 1986) listed mean EE, DP, and PA scores for mental health workers as 16.89 ($SD = 8.90$), 5.72 ($SD = 4.62$), and 30.87 ($SD = 6.37$), respectively. Based on Maslach and Jackson's criterion for "high" levels of burnout (i.e., scores in the upper third of the normative distribution with high scores on both the EE and DP scales but with low scores on the PA scale) the percentage of subjects showing high EE was 48% with 27% showing high DP and 89% showing low PA. Table 2 displays levels of burnout reported as EE, DP, and PA by discipline.

Insert Table 2 About Here

As shown in Table 2, emotional exhaustion was reportedly experienced more often by those in the disciplines of counseling and social work than those in

psychology. In addition, respondents classified as "other" appear to have experienced high levels of EE almost twice as frequently as those among the counseling and social work disciplines. High DP was reported by only a small percentage of each group while burnout in the form of low PA was reported by a high percentage of all four groups. Usually, such categorical data would be subjected to chi-square tests; however, as seen in the table, several cells were empty and hence chi-square was precluded.

The means for the measures of satisfaction were 4.73 (SD = .88) for job satisfaction, 4.39 (SD = 1.30) for satisfaction with supervision, 2.36 (SD = 1.21) for desire to leave current job, and 1.78 (SD = 1.05) for desire to leave profession.

Pearson correlations between measures of satisfaction are presented in Table 3. As expected, overall job satisfaction was negatively related to desire to leave current job and desire to leave the profession and was positively related to satisfaction with supervision. Desire to leave current job was positively related to desire to leave the profession

and negatively related to satisfaction with supervision. Desire to leave the profession was not significantly related to satisfaction with supervision.

Insert Table 3 About Here

Intercorrelations of the burnout measures (see Table 4) revealed that the MBI subscale of EE was significantly correlated ($p=.004$) with the PBI subscales of Aspects of Control (i.e., lack of control) and Overinvolvement with Clients, both of which were positively related. The Aspects of Control factor of the PBI was also significantly correlated with the PA subscale of the MBI, however, a negative relationship was found.

Insert Table 4 About Here

Significant relationships were also found between MBI subscales and several personal and satisfaction variables. These correlations are displayed in Table 5. Only correlations which explained at least 5% of

the variance were interpreted. Not surprisingly, age correlated positively with years of practice at a master's level. Subjects were required to indicate their actual caseloads as well as their preferred caseloads; a case discrepancy index was calculated by subtracting preferred from actual caseloads.

Additionally, emotional exhaustion was negatively correlated with job satisfaction but was positively correlated with desire to leave current job and desire to leave profession. Depersonalization was not found to be significantly correlated with any of the variables, although personal accomplishment was positively correlated with overall job satisfaction. DP was found to be positively related to EE and PA while EE negatively correlated with PA.

Insert Table 5 About Here

In addition, the PBI subscales correlated significantly with several variables (see Table 6). The negative clientele factor correlated negatively with the factor of support in the work setting and

correlated positively with the factor of overinvolvement with clients. The Aspects of Control scale negatively correlated with overall job satisfaction although it positively correlated with desire to leave current job, desire to leave current profession, and support in the work setting.

Insert Table 6 About Here

A series of stepwise multiple regressions were performed to determine the best predictors of burnout and satisfaction. In these analyses, the separate dependent variables were job satisfaction, desire to leave current job, desire to leave profession, and the three MBI scales. The independent variables were those used as dependent variables as well as years of practice with a master's degree, case discrepancy, and professional discipline. Table 7 displays a summary of these results.

Insert Table 7 About Here

For the MBI's DP and PA scales, the multiple regressions added no information not provided by the bivariate correlations.

The best predictor of overall job satisfaction was desire to leave current job which accounted for 53% of the variance. Inversely, the best predictor of desire to leave current job was overall job satisfaction, again accounting for 53% of the variance. Emotional exhaustion was the second best predictor of job satisfaction accounting for 9% of additional variance. Satisfaction with supervision added to the prediction of job satisfaction (6%) followed by desire to leave profession (3%) and case discrepancy index (2%).

In addition to predicting desire to leave current job, overall job satisfaction was also the best predictor of desire to leave the profession (35% of variance) and emotional exhaustion (45%). The case discrepancy index was the second best predictor of desire to leave current job accounting for 4% of additional variance while years of practice at a master's degree level was the second best predictor of desire to leave the profession accounting for an

additional 6% of the variance. Emotional exhaustion was the best predictor of depersonalization (23% of the variance) and also added to the prediction of desire to leave profession, accounting for 4% of additional variance. Depersonalization was also accountable for an additional 7% of the variance in the prediction of emotional exhaustion.

An examination of the betas of the final equation for job satisfaction reveals the following profile of the dissatisfied master's level practitioner. Such practitioners have a desire to leave their current job, they are dissatisfied with supervision, they are emotionally exhausted, wish to leave the profession, and are dissatisfied with their current caseload. The greater the discrepancy between desired caseload and actual caseload, the less overall job satisfaction the clinician feels. Professional training was not found to be a significant factor in these findings which suggests that professional discipline or training was not related to burnout among these practitioners.

CHAPTER 5

Discussion

The first goal of this study was to compare the extent of burnout among master's level mental health practitioners in Illinois. Based on Maslach and Jackson's (1986) definition, the results suggested a high frequency of burnout manifested as emotional exhaustion (EE) and lack of personal accomplishment (PA). Almost one-half of the total sample reported a high burnout level in the form of emotional exhaustion. Over one-quarter of the respondents reported high depersonalization (DP) levels and nearly 90% of the sample met the criterion for burnout related to low personal accomplishment levels.

A comparison of the four disciplines revealed that slightly less than one-half of both the counselor group and the social worker group met the criterion for EE while this was met by only slightly more than one-third of the respondents from the psychology group. More than three-quarters of the respondents categorized as "other" met the criterion for EE. Burnout in the form of low PA appeared very frequently with more than 80%

of all four groups meeting the criterion.

Approximately one-quarter of respondents from the categories of Psychology and Counseling met the criterion for burnout in the form of high DP while one-third of the social work group met the criterion. However, only one-tenth of the respondents from the classification of "other" met the criterion. An interesting, and perhaps important, finding was that mental health practitioners' disciplinary training did not affect their experience of burnout.

A second goal of this study was to investigate the job-related stressors primarily associated with burnout as measured by the PBI. The strongest correlations included feelings of little control and of being overinvolved with clients which were both positively related to burnout as measured by EE on the MBI. Aspects of control also strongly correlated to PA in a negative direction. These results are in keeping with the findings of Ackerley et al. (1988) who studied doctoral-level psychologists. Master's degree level practitioners in the present study apparently became personally depleted sensing a lack of mastery or

personal control and feeling they were working harder than their clients for change.

Thirdly, this study focused on the relationship between work satisfaction and burnout. A low level of overall job satisfaction, desire to leave current job, and desire to leave profession were all significant contributors to burnout according to Maslach and Jackson's (1986) definition. These three variables also appeared to be contributors to burnout based on the definition by Ackerley et al. (1988) which indicated a strong relationship between these variables and the feeling of being in control in the work place.

An additional goal of this study was to determine predictors of burnout. Overall job dissatisfaction appeared to be the strongest predictor of burnout. Predictors of job dissatisfaction were desire to leave current job followed by emotional exhaustion. Low satisfaction with supervision, a desire to leave the profession, and a discrepancy between desired caseload and actual caseload were also predictors of job satisfaction. The results support the link between job satisfaction and burnout. Thus, a more satisfied M.A.

practitioner can be described as satisfied with profession, current job, supervision, caseload, and is not emotionally depleted. This study also supports the findings of Niebrugge's (1994) study regarding the inclusion of the variables of satisfaction with supervision and case discrepancy index among the best predictors of job satisfaction.

Implications

The frequent occurrence of burnout among master's level mental health practitioners in Illinois community mental health centers, regardless of disciplinary training, suggests that the work setting itself should be more closely examined. Although the type of training appears to have little or no effect on these clinicians, the results of this study indicate a need for further consideration of the important role played by supervisors in the prevention of burnout and in increasing overall job satisfaction.

Interpersonal factors, incorporated in Maslach's (1982, cited by Huebner, 1993) proposed interactional model, are supported by this study as being important contributors to burnout. Supervisors appear to be in a

position to provide much needed support and assistance to clinicians to help them feel more in control and satisfied with different aspects of their work. This in turn may increase feelings of personal effectiveness at work thereby aiding in the prevention of this debilitating condition.

Limitations

Generalizability of the results of this study should be viewed guardedly due to small sample size ($N = 78$) and are only applicable to mental health practitioners working at a master's degree level in Illinois. This study is also limited by its reliance on self-report measures with no independent method for verification of burnout or job satisfaction.

Suggestions for future research

Much remains unexplained in viewing burnout in terms of general job satisfaction. Future study should include the gap between job expectations and the realities of a job. This may help to provide better understanding of the discrepancy between ideal and actual caseload which may become a problem for many clinicians.

The amount and quality of supervision appears to be an important area to be considered in the study of burnout based on the findings of this study and also based on Niebrugge's (1994) study which focused on school psychologists. Neither of these studies provides a clear answer as to whether it is the amount or the quality of supervision that leaves mental health professionals less satisfied. Therefore, it is hoped that future studies will help to answer this question and lead to a level or quality of supervision that might help master's level practitioners to feel more competent with clients and more control with their work.

Table 1

Means and Standard Deviations for Burnout Subscales by
Discipline

<u>Subscale</u>	<u>Discipline</u>			
	<u>Psych.</u>	<u>Coun.</u>	<u>SW.</u>	<u>Other</u>
Maslach Burnout Inventory				
EE	17.76	22.48	21.69	27.40
	(08.62)	(11.05)	(11.57)	(05.85)
DP	05.41	05.64	05.96	04.10
	(05.21)	(03.99)	(04.40)	(02.77)
PA	37.94	42.52	40.54	40.60
	(06.60)	(04.07)	(05.04)	(05.42)
Psychologist's Burnout Inventory				
N	25.76	25.17	25.15	23.11
	(04.52)	(07.68)	(04.22)	(05.13)
C	02.76	03.25	02.62	03.44
	(02.80)	(03.80)	(01.98)	(03.50)
S	04.18	05.33	05.23	04.00
	(02.88)	(03.51)	(02.55)	(02.50)

(table continues)

Table 1 (continued)

Subscale	Discipline			
	Psych.	Couns.	S. W.	Other
O	07.35	07.79	08.23	07.67
	(03.69)	(03.16)	(02.60)	(02.65)

Note. Standard deviations are shown in parentheses.

Psych. = psychologists; Couns. = counselors; SW = social workers; EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; N = negative clientele; C = aspects of control; S = support in the work setting; O = overinvolvement with clients.

Table 2

Levels of Burnout for MBI Subscales by Discipline

Group	Low	Average	High
Emotional Exhaustion			
Psychology	5 (30%)	6 (35%)	6 (35%)
Counseling	6 (24%)	7 (28%)	12 (48%)
Social Work	7 (27%)	8 (31%)	11 (42%)
Others	0	2 (20%)	8 (80%)
Depersonalization			
Psychology	9 (53%)	4 (24%)	4 (24%)
Counseling	11 (44%)	7 (28%)	7 (28%)
Social Work	13 (50%)	4 (15%)	9 (35%)
Others	6 (60%)	3 (30%)	1 (10%)
Personal Accomplishment			
Psychology	14 (82%)	1 (6%)	2 (12%)
Counseling	23 (92%)	2 (8%)	0
Social Work	23 (88%)	2 (8%)	1 (04%)
Others	9 (90%)	0	1 (10%)

Table 3

Correlations Between Satisfaction Variables

	LVJOB	LVPROF	SPVSAT
JOBSAT	-.55***	-.55***	.34**
LVJOB	--	.36**	-.46***
LVPROF		--	-.11
SPVSAT			--

Note. JOBSAT = satisfaction with supervision; LVJOB = desire to leave current job; LVPROF = desire to leave current profession; SPVSAT = satisfaction with supervision.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

Intercorrelations Between Burnout Measures

	DP	PA	NEG	CON	SUP	OVER
EE	.43***	-.27*	-.06	.37**	.11	.29*
DP	--	-.29*	.13	.22	.15	.09
PA		--	.07	-.27*	-.19	.01
NEG			--	-.19	-.33**	.38**
CON				--	.44***	-.09
SUP					--	-.13
OVER						--

Note. EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; NEG = negative clientele; C = aspects of control; S = support in the work setting; O = overinvolvement with clients.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5

Correlations Between Satisfaction Variables and MBI
Scores

	CASEDIS	YRSPRAC	EE	DP	PA
Group	.12	-.09	.24*	-.03	.16
JOBSAT	-.16	-.22	-.42***	-.21	.24*
LVJOB	-.05	.20	.52***	.19	-.14
LVPROF	.09	.22	.44***	.20	-.18
CASEDIS	--	-.17	.04	-.04	-.09
YRSPRAC		--	.11	.18	.11
EE			--	.43***	-.27*
DP				--	.29**
PA					--

Note. Group = discipline; CASEDIS = case discrepancy index; YRSPRAC = years practicing with a master's degree; EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; JOBSAT = satisfaction with current job; LVJOB = desire to leave current job; LVPROF = desire to leave profession.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 6

Correlations Between Satisfaction Variables and PBI
Scores

	CASEDIS	YRSPRAC	N	C	S	O
JOBSAT	-.16	-.22	.01	-.29*	-.15	.01
LVJOB	-.05	.20	.04	.33**	.17	.22
LVPROF	.09	.22	.02	.25*	.12	.08
CASEDIS	--	-.17	.12	.12	.06	.00
YRSPRAC		--	.06	-.03	-.03	-.01
N			--	-.19	-.33**	.38**
C				--	.44***	-.09
S					--	-.13
O						--

Note. CASEDIS = case discrepancy index; YRSPRAC = years practicing with a master's degree; N = negative clientele; C = aspects of control; S = support in the work setting; O = overinvolvement with clients.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 7

Multiple Hierarchical Regressions Predicting Job
Satisfaction, Desire to Leave Job and Profession, and
MBI Factors

	<u>R</u>	<u>R</u> ²	<u>R</u> ² change	Beta
Job Satisfaction				
LVJOB	.73	.53	--	-.37
EE	.79	.62	.09	-.23
SPVSAT	.82	.68	.06	.27
LVPROF	.85	.71	.03	-.21
CASEDIS	.86	.74	.02	-.15
Desire to Leave Job				
JOBSAT	.73	.53	--	-.77
CASEDIS	.75	.57	.04	-.19
Desire to Leave Profession				
JOBSAT	.59	.35	--	-.32
YRSPRAC	.64	.41	.06	.25
EE	.67	.45	.04	.28

(table continues)

Table 7 (continued)

	<u>R</u>	<u>R</u> ²	<u>R</u> ² change	Beta
Emotional Exhaustion				
JOBSAT	.67	.45	--	-.57
DP	.72	.52	.07	.27

Note. SPVSAT = satisfaction with supervision; CASEDIS = case discrepancy index; JOBSAT = satisfaction with current job; YRSPRAC = years of practice with a master's degree; LVJOB = desire to leave current job; LVPROF = desire to leave current profession.

*p < .05.

Footnote

Permission to reproduce the Psychologist's Burnout Inventory for this study was obtained from Gary D. Ackerley, Associate Professor at Wright State University in Dayton, Ohio.

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Appendix A

Psychology Department
Eastern Illinois University
Charleston, IL 61920

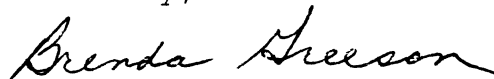
Dear Executive Director:

I am a graduate student at Eastern Illinois University in Charleston, Illinois conducting a study regarding master's level mental health practitioners. By participating in this study, your staff will be contributing to research which, in the past, has been limited both in scope and number.

I would very much appreciate your distributing the enclosed survey materials to two master's level practitioners employed in **therapeutic** positions at your agency as soon as possible.

If you would like a summary of the results, please write to Dr. Bill Kirk, Psychology Department, Eastern Illinois University, Charleston, Illinois 61920 and refer to the Greeson study. Thank you very much for helping us with this study and for your contribution to an important area of research.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Greeson".

Brenda Greeson
Department of Psychology
Eastern Illinois University

Appendix B

Psychology Department
Eastern Illinois University
Charleston, IL 61920

Dear Therapeutic Practitioner:

I am a graduate student at Eastern Illinois University in Charleston, Illinois conducting a study investigating factors related to working conditions of master's level practitioners in Illinois. In the past, studies on this have been limited both in scope and number. Your participation will make a valuable contribution to increased knowledge about this important topic.

Please take a few minutes to complete the enclosed questionnaires. Note: most pages have questions on front **and** back. Only group results will be analyzed and reported **THUS ASSURING YOUR CONFIDENTIALITY**. An addressed, postage paid envelope has been enclosed for prompt return. Please return as soon as possible, preferably by June 10, 1995.

If you would like a summary of the results, please write to Dr. Bill Kirk, Psychology Department, Eastern Illinois University, Charleston, Illinois 61920 and refer to the Greeson study. Thank you for helping us with this project and contributing to an important area of literature.

If you are not a therapeutic practitioner, I would very much appreciate your passing this to one of your coworkers who is in such a position.

Sincerely,



Brenda Greeson
Department of Psychology
Eastern Illinois University

Appendix C
DEMOGRAPHIC AND SATISFACTION SCALE

01. Highest Degree Acquired:
M.A. ____ M.S. ____ M.S.W. ____ Other (specify) ____
02. Age: ____
03. Gender: ____
04. Marital Status: ____
05. Job Location: Urban ____ Suburban ____ Rural ____
06. Number of Years as a Masters Degree Practitioner ____
07. Salary Per Year:
15,000 to 17,999__ 26,000 to 30,999__ 41,000 to 45,999__
18,000 to 20,999__ 31,000 to 35,999__ 46,000 + ____
21,000 to 25,999__ 36,000 to 40,999__
08. Work Setting: Community Mental Health Center____
Substance Abuse Center____ Child Welfare Agency____
Family Service and Mental Health Center____
Hospital Outpatient____ Other(specify)____
09. Number of Hours Spent Per Week in Work Setting:
Less than 30__ 30-36__ 37-45__ 45+__
10. Number of Masters Degree Practitioners Employed at
Setting:____
11. Approximate Number of Therapeutic Client Cases Assigned
in Past 12 Months (include interventions & assessments):__
12. Number of Therapeutic Client Cases You Would Have
Preferred in Past Twelve Months:__
13. Overall Job Satisfaction:
Very High ____
Moderately High ____
Mildly High ____
Mildly Low ____
Moderately Low ____
Very Low ____

Appendix C - cont.

14. Desire to Leave Current Job:
- | | |
|-----------------|-------|
| Very High | _____ |
| Moderately High | _____ |
| Mildly High | _____ |
| Mildly Low | _____ |
| Moderately Low | _____ |
| Very Low | _____ |
15. Desire to Leave Current Profession:
- | | |
|-----------------|-------|
| Very High | _____ |
| Moderately High | _____ |
| Mildly High | _____ |
| Mildly Low | _____ |
| Moderately Low | _____ |
| Very Low | _____ |
16. Satisfaction With Supervision:
- | | |
|-----------------|-------|
| Very High | _____ |
| Moderately High | _____ |
| Mildly High | _____ |
| Mildly Low | _____ |
| Moderately Low | _____ |
| Very Low | _____ |
17. Please List Four Methods You Use to Cope With Job-Related Stress/Burnout:
- _____
- _____
- _____
- _____
18. Please Estimate the Number of Hours Per Week Spent in:
- | | |
|---------------------------|-------|
| Assessment-Report Writing | _____ |
| Individual Treatment | _____ |
| Group Treatment | _____ |
| Research | _____ |
| Other _____ | _____ |
19. How many continuing education workshops or training experiences have you had in the past year? _____
20. Please Write Additional Comments You Would Like to Make: