Teaching to Prevent Burnout in the Helping Professions

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Burnout, a concept coined during the 1970's, is a concern across many disciplines and of international interest. The term originally used colloquially to refer to the negative effects of chronic drug abuse, was applied by Fredenberger to describe the psychological state of human service workers under severe and prolonged stress (Soderfelt & Soderfelt, 1995). Maslach, a noted researcher on burnout and the author of the Maslach Burnout Inventory, defines burnout as «a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion» (Maslach & Jackson, 1981b, p.99 as cited by Soderfelt & Soderfelt, 1995). Also associated with burnout are depression, feelings of alienation, helplessness and hopelessness, loss of idealism and spirit, and physical and emotional drain. According to Maslach, burnout has three dimensions including *emotional exhaustion* or feeling unable to give of oneself psychologically, *depersonalization* or feeling cynical and uncaring toward clients, and *reduced personal accomplishment* resulting in dissatisfaction with ones' work (Lloyd, Kind & Chenoweth, 2002).

Occupational stress and burnout are of great concern in many helping professions. Likewise, those involved with the education of helping professionals- social workers, nurses, substance abuse counselors, medical and mental health providers, etc. - are interested in training students «for the long haul». Examining the phenomenon of burnout and various contributing factors can lead to the discernment of educational strategies to minimize the potential for worker burnout. For this paper, selected articles on burnout related to physicians, medical specialists, nurses, medical social workers, psychologists, psychotherapists and clinical social workers, substance abuse counselors, child welfare workers and human service workers were reviewed. In all of these occupations there is risk of compromised care to clients and patients served by professionals suffering from extreme occupational stress. Decreased worker effectiveness and turnover is a frequent response to burnout resulting in a drain on already limited resources to recharge emotionally fatigued workers or recruit and train new workers. Watching talented and even gifted colleagues struggle with emotional exhaustion and coping through cynicism becomes taxing to the morale of all helping professionals. In a time when there is concern that demand for health and human services workers is exceeding supply, understanding and preventing burnout is of great importance. This article will consider the relationship of client, worker

and organizational factors to the phenomenon of burnout and concludes with implications for the education of helping professionals.

There is no denying that the nature of service to others is stressful. Inherent to the field are clients who are dealing with multiple and intractable social problems, chronic, severe and perhaps untreatable mental and medical illness and unimaginable trauma and suffering. The professional work of caring and relieving emotional suffering brings with it the risk of absorbing that suffering and experiencing emotional pain as a direct result of exposure to other's traumatic material. Vicarious traumatization is often referred to in the literature as Secondary Post Traumatic Stress Syndrome or Compassion Fatigue (Figley, 1995; Figley, 2002; Gentry, Baranowsky, & Dunning 1997). «The symptoms often mimic, to a lesser degree, those of our clients» (Gentry et al., p. I of 11, 1997) including the preoccupation with the traumatized client and re-experiencing their traumatic event. Symptoms also include avoiding or numbing of reminders of the trauma or traumatized client (Figley, 2002).

Figley (2002), who coined the term «Compassion Fatigue», argues that this syndrome differs from burnout in that it has a faster onset as well as recovery. Compassion Fatigue results in an acute sense of helplessness and confusion that are disconnected from immediate trauma but rather triggered by the experiences of others. In contrast, burnout is a process that emerges gradually, becomes progressively worse and is the result of emotional exhaustion rather than emotional trauma (Figley, 1995). Compassion Fatigue is highly treatable once recognized and acted upon. However, «(b)urnout may require changing jobs or career» (Figley, 2002, p. 1436). While exposure to the trauma and tragedy of client circumstances certainly impacts service providers psychologically, secondary traumatization in and of itself generally does not lead to the more chronic problem of burnout, especially if such worker traumatization is recognized and addressed.

Public press and professional literature suggest many means of coping with occupational stress and burnout. «Popular antidotes range from meditation, yoga, and physical exercise to development of worker support networks, worker «time outs,» in-service training, staff retreats, job rotation, and job-sharing» (Aderman, p. 87, 1980). Psychotherapy is often suggested for emotionally exhausted workers (Figley, 1995; Figley, 2002; Gentry et al., 1997). These solutions targeting the worker suggest that perhaps there are worker characteristics that put an individual «at risk» for burnout. Most studies find no correlation with demographic characteristics such as gender, ethnicity or race, marital status, or education (Barak, Nissly & Levin, 2001; Soderfelt & Soderfelt, 1995; Smets, Oort, & deHaes, 2003). There is some evidence that worker burnout may be related to youth and inexperience (Barak et al., 2001; Daley, 1979), however more than one author suggests that a certain amount of turnover in the early years of ones career may be simply a realization of mismatch in occupational choice rather than burnout (Daley, 1979; Lacoursiere, 2001). Having children is also a demographic that has some association with burnout and turnover (Barak et al., 2001) yet this may not be so much a factor of burnout related to occupational stress but rather a general incompatibility of work policies with parenthood.

Some studies have identified certain personality characteristics that may be associated with increased risk of burnout. «Feeling» personality types as classified by the Myers-Briggs Type indicator or individuals who more easily become emotionally involved with their clients also may be predisposed to

burnout (Gomez & Michaelis, 1995; Greenglass, Burke, and Konarski, 1999 as cited by Gibelman, 2003). The capacity for empathy however could arguably be considered prerequisite to being an effective helper. Workers who tend toward perfectionism and have high standards and ethics for client and patient care also experience higher levels of stress on the job (Barak et al., 2001; Edwards, Burnard, Coyle, Fothergill & Hannigan, 2001). The notion that service professionals should «care less» for those they serve or «lower their standards for client service» as an antidote for burnout many would consider abhorrent and unethical.

While much of the literature related to burnout has focused on worker or client characteristics, contributing organizational factors should also be considered.

Esposito and Fine (p. 737-738, 1985) suggest that «... the burnout ideology fosters the notion that workers are burned out from clients, too much work, or the stresses of human service ... camouflaging systems problems. Cast as a personal and personnel issue, rather than a collective and structural issue, this ideology preserves the illusion that all is well in the agency and the world around it» (as cited by Hartman, 1991).

Role ambiguity and role conflict, bureaucratic constraints on individualization of consumer services, lack of service provider autonomy, inadequate funding, large caseloads, excessive paperwork and concern for the bottom line all create substantial and concrete job stress that leads to burnout (Aderman, 2001; Daley, 1979; Gibelman, 2003; Gomez & Michaelis, 1995; Hartman, 1991; Lloyd et al., 2002; Soderfelt & Soderfelt, 2002; Um & Harrison, 1998). Service providers often experience tension between professional values or philosophies and organizational demands (Altun, 2002; Hartman, 1991; Lloyd et al., 2002).

Burnout obviously becomes a complex interaction of multiple factors and yet solutions offered are often targeted only to the worker. «Exclusive reliance on interventions oriented only to the worker may result in a blaming-the-victim attitude - the worker as victim (Aderman, 2001, p. 87).» Um and Harrison (1998) conclude that the job stressors contributing to burnout may not be amenable to individual solutions but rather require highly organized and cooperative group efforts. Supervisors should initiate these activities at the agency level to begin addressing the conflicts between roles and regulations, and facilitate the airing of differences. The result of these efforts will be the building of networks and coalitions at the organizational level that can offer workers support in dealing with these inherent tensions, devise strategies to implement change and help service providers gain more control over their own workplace.

Implications for education to prevent burnout in those who are preparing to engage in service to others are many. Awareness of ones strengths and limitations and learning appropriate use of supervision becomes essential to competent professional practice. It is important for educators to encourage students to develop a strong sense of self awareness (Gibelman, 2003), especially for those who have personally experienced trauma and may be motivated by this personal experience to enter a helping profession. Such individuals should also learn of the phenomenon, symptoms and treatment of Compassion Fatigue and their potential vulnerability related to their personal traumatic experience. Awareness of our limitations and recognition of symptoms of Compassion Fatigue can lead to early intervention to ward off burnout and setting more realistic expectations of what are reasonable outcomes of interventions. Content on Compassion Fatigue

should be included in the curriculum as should assignments that foster student exploration of motivations for entering a helping profession and personal vulnerabilities to burnout.

Allocation of limit resources, restrictive laws, policies, regulations, administrative practices and even unethical behavior of colleagues often create value conflicts and ethical dilemmas for helping professionals. Teaching around values and ethics in various helping disciplines tends to be uneven (Hastings Center, 1980 as cited by Reamer, 2001) and is in need of strengthening. Educators need to not only create awareness of personal and professional values, ethics and obligations but also teach processes for recognizing ethical dilemmas and ways of resolving such dilemmas. Social work education purposes a model that includes teaching around core professional values, an overview of ethical dilemmas and common dilemmas in the profession, thorough orientation to the profession's Code of Ethics, processes of ethical decision making and ethics risk management (Loewenberg, Dolgoff & Harrington, 2000; Reamer, 2001). Recommended instructional techniques include lecture, small-group discussion, role plays, videos, «ethics grand rounds,» student logs of ethical issues found in field practicum, practitioner presentations and heavy emphasis on discussion of case studies. Key to the teaching of ethics is dialogue. «Only through sustained and open dialogue can we develop informed ethical positions» (Rhodes, 1991, p. 19). Teaching ethics can lead students to «a greater appreciation of the fact that professional decisions are not always of technical nature and frequently require careful consideration of ethical issues» (Reamer, 2001, p. 171). Such awareness should lead students to ask not only «What works?» but also «Is it right?» and students should acquire critical thinking skills to answer these questions (Reamer, 2001).

Finally, we need to teach processes and skills in broader systems change empowering service workers to address organizational and legislative service delivery faults that contribute to burnout. Actively shaping the work environment can lead to worker empowerment. Skills of problem identification, assessment, planning, intervention and advocacy taught to evaluate individual client situations can be transferred to assess and intervene with problems at agency, community and legislative levels (Kirst-Ashman & Hull, 2001; Haynes & Mickelson, 2000). Students need to learn how to join with others to evaluate the potential for organizational change, prioritize problems, identify people of influence who can support the desired change, consider the potential professional risks and plan a change strategy that will be effective. Creating worker alliances and involving line workers in resolving organizational and policy problems can lead to worker creativity through innovative short term projects, development of new programs to enhance service delivery and more responsive agency and social policies. The teaching of these advocacy and change skills, while outside the curriculum of many programs and majors that educate those who seek to serve, may in the long run be the most effective tools in preventing burnout.

Educators can play a significant role in preventing burnout. Indeed if higher education hopes to stay ahead of the demographic curve that suggests that the current supply of service workers in medicine, education, social services and nursing will hardly match the retirement rates of baby boomers in these professions, educators must do all they can to intervene with this phenomenon. A multidimensional teaching approach that includes curriculum fostering increased personal awareness, understanding of the Compassion Fatigue Syndrome, a heavy dose of ethics education, and skills to implement broader systems change can go a long way toward warding off burnout among students who are training to give of themselves to serve others.

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