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## Interventions for Burnout in the Helping Professions: A Review of the Empirical Evidence

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### Abstract

The literature in the field of professional burnout has grown enormously over the past decade. Burnout interventions have been discussed frequently, but with very little empirical justification. Even in the scholarly press, however, most publications have been non-empirical in nature. The current paper examines the existing empirical evidence on interventions for burnout in the helping professions, published from the introduction of the concept in 1974 to mid-1986.

### Résumé

Au cours de la dernière décennie, nous pouvons noter un intérêt croissant dans la littérature concernant l'épuisement professionnel. Toutefois, la littérature touchant les interventions auprès des "burnout" est rarement supportée par des recherches empiriques. Il en va de même des publications, sur le sujet, dans les journaux professionnels. L'article qui suit couvre les recherches empiriques sur les interventions auprès des "burnout" travaillant dans une profession reliée à la relation d'aide, depuis l'introduction du concept en 1974 jusqu'en 1986.

Herbert Freudenberger is generally credited with introducing the term "burnout" to the professional literature in 1974. It referred to a phenomenon which he noted in himself and his co-workers in the free-clinic movement. He defined burnout as "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources," and attributed it to the unceasing pressures of working with emotionally needy and demanding individuals (Freudenberger, 1974). The two most widely used definitions in the field today, and the ones on which the largest body of empirical work has been based, are those of Maslach, and Pines and Aronson. The former called burnout "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment" (Maslach, 1982, p. 3), while the latter referred to burnout simply as "physical, emotional and mental (i.e., attitudinal) exhaustion" (Pines & Aronson, 1981, p. 202).

The burnout field has seen tremendous growth. Nevertheless, most of the hundreds of publications in the scholarly literature consist of descriptive or prescriptive articles of an anecdotal or impressionistic nature, or of theoretical expositions. Research in the area of burnout interventions has been particularly sparse. Despite the lack of empirical data, recommendations for interventions are advanced frequently, and burnout workshops are proliferating. A review of the research evidence

appears overdue. The current paper reviews all existing empirical references concerned with burnout interventions in the helping professions, published from the introduction of the term in 1974 through June 1986. No discussion of opinion or theory is attempted, as general overviews and lists of recommended interventions are widely available (e.g., Cunningham, 1983; Freudenberger, 1974; Kahn, 1978).

The literature is reviewed under two main headings. The first section deals with research on coping strategies. Strategies identified spontaneously by human service professionals are outlined briefly, followed by a presentation of research that investigates coping techniques in a more structured format. The second deals with research on active interventions. Studies examining organizational changes are followed by research that looks at the impact of burnout groups of various kinds.

#### RESEARCH ON COPING STRATEGIES

Subjects in a number of investigations (Barad, 1979; Earls, 1981; Farber & Heifetz, 1982; Forney, Wallace-Schutzman, & Wiggers, 1982; Koocher, 1979; Miller & Potter, 1982; Rubington, 1984; Ryerson & Marks, 1981) have been asked, in interviews or in open-ended questions on surveys, what they do to cope with stress and burnout or what they would recommend to others as a means of coping. Commonly mentioned was social support and social relations with colleagues, supervisors, and administrators, both informally and structured, as well as relations with friends and family outside work. The importance of variety and flexibility in one's job was also emphasized; the need to vary type of work activity or type of client and to take time out from front line work and "escape" (through leaves, vacations, days off, or even a change of job or field) if necessary. Also considered important was having outside involvements, with spouse, family, friends, and community, to balance one's work life, and leisure pursuits such as hobbies, recreation, and in particular physical activity.

None of the above studies reported attempts to assess the actual effectiveness of the coping strategies mentioned, or to relate them directly to burnout itself. The following studies do so. Pines and Kafry (1981) investigated human service professionals' use of twelve specific coping strategies which varied on two dimensions: direct (applied outwardly to source of stress), versus indirect (applied inwardly to one's self); and active (attempts to change the stress or oneself), versus inactive (avoidance or denial of the stress). The Tedium measure was used to assess burnout. The authors found that the most frequently used strategies were talking about the source of the stress, getting involved in other activities, and finding positive aspects in the situation. All are active strategies. The same three strategies, along with confronting the source, were also rated by subjects as the most successful. For women,

talking about stress was more common and rated as more successful, whereas for men, ignoring the stress was more common and rated as more successful.

The frequency of use of two active strategies (finding positive aspects in the situation, and confronting the source) was related to reduced burnout, with  $r = -.19$  and  $-.32$ . The use of five inactive strategies (such as avoiding the source of stress, and substance use) was related to increased burnout, with  $r$ 's from  $.15$  to  $.35$ . The perceived success of strategies also was related to reduced burnout, with correlations ranging from  $-.17$  to  $-.40$ . The direct-active strategies were found to be the most consistently and strongly related to burnout. The authors appropriately cautioned, however, that the best coping strategy depends on the situation and the type of stress encountered.

Shinn and her colleagues (Shinn & Morch, 1983, and Shinn, Rosario, Morch, & Chestnut, 1984: the same study) used a mail survey with group workers to examine coping strategies. The Berkeley Planning Associates burnout measure was employed. The most common coping response of individuals (used by 64% of subjects) was focusing on activities or family or friends outside the job. Also used (by 22% to 32% of subjects) were strategies such as taking breaks or building one's competence. As a group, 64% of the subjects used social support to combat burnout, with females doing so significantly more often than males. Agency level (organizational) strategies, such as improving communication or rewards, were used far less frequently. They were mentioned as available by only 4% to 18% of the subjects; the majority of respondents listed no agency level interventions at all. By contrast, from 8% to 38% of the subjects suggested agency strategies as an area of *potential* assistance to workers.

A multiple regression analysis demonstrated that use of individual coping strategies was not related to burnout. Social support strategies was the group coping method related significantly to burnout. Agency level coping was so infrequent as to preclude a strong test of its effect. Among the individual strategies, problem-focused (instrumental) ones were consistently associated with reduced burnout, whereas emotion-focused (palliative) ones were associated with increased burnout; however the findings did not achieve statistical significance.

Shinn and Morch (1983) also analyzed interview protocols of residential child care workers. Again, individual approaches were the most common (a mean of 5.4 per subject) and agency strategies the least (2.7 per subject). Focusing outside the job was once more the most popular strategy, with various types of external focus used by up to three-quarters of the sample. Group/peer approaches such as shared emotional support and practical advice were mentioned by 76% to 87% of the subjects. Agency strategies were again mentioned as potential strategies far more often than as available ones.

Burnout was related significantly to four out of six types of coping:

problem-focused coping as individuals ( $r = -.21$ ), problem-focused coping as a group ( $r = -.44$ ), and both problem- and emotion-focused coping at the agency level ( $r = -.36$  and  $-.35$ ). Thus problem-focused coping appeared effective at all levels of approach, and agency strategies were effective whether problem- or emotion-focused.

Jackson and Maslach (1982) asked police officers and their spouses how frequently they used each of 16 coping behaviours (all individual palliative ones). Talking the problem over with the spouse was used most frequently whereas medications of various kinds and professional help were used least frequently. The officers differed from their spouses in the use of 13 of the 16 strategies; for instance, they participated in organized groups less, and used drinking and smoking more often. There was little relationship between burnout, as assessed by the Maslach Burnout Inventory (MBI), and the coping strategies; the number of significant correlations was only slightly above chance level. The authors had expected this because their questions referred to coping in general, rather than to specific work stressors.

Other investigations by the same authors with the MBI (reported in Maslach & Jackson, 1982) involved physicians and nurses. The researchers found that increased burnout was related significantly to the rated effectiveness of strategies such as physical exercise or those involving social withdrawal (such as engaging in solitary activities). Correlations were between .21 and .50. Reduced burnout, however, was associated with the rated effectiveness of social approach techniques such as seeking advice. Correlations were between .23 to .44. The perception that social support and recognition from co-workers, supervisors, and friends existed was also related to reduced burnout ( $r$ 's from  $-.25$  to  $-.38$ ). Reduced burnout was linked to the rated effectiveness of patient-centred techniques such as using humour with patients ( $r = -.20$  to  $-.28$ ). It appeared that social withdrawal strategies were related to higher burnout, and social approach ones to lower burnout.

Surprisingly, the authors did not report the relationship between burnout and the use of, rather than the perceived effectiveness of, the coping strategies. It is puzzling why social withdrawal techniques that are rated *as effective* by subjects are still associated with increased burnout. Is burnout distorting subject's perceptions of effectiveness? Is withdrawal effective in reducing the immediate tension level but ultimately counterproductive and a contributor to burnout? Further exploration of these questions would be informative.

#### RESEARCH ON ACTIVE INTERVENTIONS

The following group of studies investigated burnout interventions with an experimental design. The degree of control and of measurement objectivity and precision varies greatly.

The earliest report is a case study by Pines and Maslach (1980). The authors examined the reorganization of a daycare centre at a state university. Originally the centre was run with a permissive, nondirective philosophy and an almost complete lack of structure, resulting in a confused and chaotic atmosphere and a growing sense of burnout among the staff. The reorganization involved major structural changes (physical division of space, assignment of children to specific teachers, scheduling, and so on), which also reduced staff-child ratios.

The results after six months were extremely positive. The staff experienced less stress, confusion, and burnout symptoms. They reported better relations with children, parents, and co-workers, enjoyed their work more, and felt more able to fulfil their potential as teachers. They voted unanimously to continue the new system. It appeared that appropriate structures in a chaotic work setting, and perhaps a reduction in caseload, had a positive impact on burnout. However, the findings of the study, although convincing, are presented in an impressionistic fashion, and no specific burnout instrument was used (no objective measures were available at the time).

Carrilio and Eisenberg (1984), also investigated the impact major restructuring of work had on burnout. The experimental subjects were social workers who dealt with the elderly. They were organized into work teams with a joint caseload and specific ancillary staff. Control subjects continued with individual caseloads and contact with ancillary staff on an ad hoc basis. The results were positive. Experimental subjects reported enhanced morale, reduced emotional conflict, increased feelings of control and autonomy, increased peer support, and less isolation and alienation. The approach was particularly effective with caseloads containing very difficult, and thus more stressful, cases.

Unfortunately, the presentation of the results makes it difficult to evaluate the study. No sample characteristics such as the number of members is reported, no time frame is given, and no statistical analysis is presented. In addition, burnout does not appear to have been assessed directly, although several published instruments were available at the time. Thus the findings, while encouraging, must be regarded with caution.

Stevens and Pfof (1983) reported on the utility of a burnout prevention group. Two psychologists led three sessions of a structured problem-solving burnout prevention group for staff who worked with terminal patients. The authors concluded that the sessions were an effective intervention. Subjects frequently commented on their increased awareness of burnout and their efforts to apply problem-solving and they approached the leaders for further exploration of concerns and solutions. The weekly team meetings improved and expanded to be a forum to address members' needs and improve their functioning. Team members were observed conferring more frequently and openly and attempting to

provide support and reduce interpersonal conflict. Beyond these impressionistic observations, no evaluation of results was done, nor was any direct measurement of burnout used.

The last two studies were designed more rigorously. In the first of these, Pines and Aronson (1983) held a one-day burnout workshop for social service workers. Burnout was assessed with the Tedium measure. The investigators report that there was a non-significant trend ( $p < .10$ ) for experimental subjects to decrease in burnout from pretest to posttest, whereas control subjects, who received no experimental manipulation, showed no change. Experimental subjects also showed statistically significant increases in satisfaction with several social features of the job (relations with clients, co-workers, supervisors, and the public). At the longterm posttest six months later, most of the increases in job satisfaction were maintained, although weakened.

The researchers suggested that a single burnout workshop would need bolstering by regular meetings perhaps once or twice a month. They pointed out two flaws in their study: the experimental and control groups were assumed to be equivalent initially, but in fact were not, and the attrition rate was high.

The final study is that of Corcoran and Bryce (1983), who investigated the effect of interpersonal-skills training on burnout in social service workers. The Maslach Burnout Inventory was used to measure burnout. Experimental subjects were given training in groups with either an affective (Carkhuff) or a cognitive (Ivey) orientation, in four sessions over one month. Subjects in both training groups improved significantly in empathy, demonstrating that the training did enhance interpersonal functioning. There was a significant decrease in burnout pre to posttest for the affective training experimental group, and no change in the cognitive training group, whereas both control groups' (who received no manipulation) burnout increased significantly. Training in appropriate skills, especially when they are presented in a mode relevant to the actual nature of the work, may have a positive impact on burnout. A longterm posttest, to see whether the effects are maintained, would have been a valuable addition to the study.

## DISCUSSION AND CONCLUSIONS

There are a number of obstacles in drawing conclusions on the basis of the preceding evidence. For one, the data is clearly insufficient to permit firm conclusions. As well, the ability to evaluate, compare and generalize the results is rendered difficult by the variations in methods and instruments, by the global or imprecise manner in which several of the studies presented their findings, and by the poorly specified heterogeneous samples often used. The quality of research in the area would be improved by the consistent inclusion of psychometrically established

measures of burnout. The parameters of the research needs to be presented clearly, the data from which conclusions are drawn specified, and descriptive and inferential statistics used. Samples chosen on the basis of theoretical interest are more meaningful than ones selected through convenience.

In which directions should research on burnout interventions now move? Looking at interventions in a general framework, evaluations can be made of recommendations offered for any level of intervention — individual, group/interpersonal, and organizational — and at any stage of a career — preventive strategies at the entry point for professional training or a new position, ongoing improvement strategies, and remedial strategies for burnout victims. For example, research could examine the utility of a burnout prevention seminar for students in professional training, aimed at alerting them to the realities of professional life and teaching them stress management skills. Any of the standard suggestions for individual coping techniques, such as self-monitoring or physical exercise, could be implemented with experimental subjects. The impact of different supervision models could be explored, as could the efficacy of different types of personal counselling for burnout victims. Experimental manipulation of organizational variables is often less feasible, but modifications might be possible in regard to task rotation or flexible scheduling. In all cases, tests both before and after experimental intervention are necessary to demonstrate change, and the use of control groups is important to rule out alternative explanations for findings.

A great deal more evidence is required before the current spate of recommendations and the activities of the growing burnout industry can be empirically justified. In view of the critical importance of effective interventions for the helping professions and their clients alike, increased research attention is strongly urged.

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