Human Service Burnout in an International Setting

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Master in Human Services 500

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October 23, 2014
Introduction

Though burnout is common among many professions it’s especially high among human service professionals. Due to this fact, an analysis of human service burnout was conducted so that the human service field could better evolve to alleviate burnout and thus survive long-term in many area(s) were people are in need of resources due to conflict, poverty, trauma, and tragedy. This analysis of human service burnout will be conducted through analyzing the history of human service burnout research, defining the negative features surrounding burnout in the workplace, discussing strategies for human service organizations to administer thus alleviating burnout, and finally adding a critique about the future of research that should be conducted by human service professionals in an international setting.

History

Since the early 1970’s, the concept of “burnout” has been the central focus for numerous human service research studies (Dierendock, Schaufeli, and Buunk, 1996, p. 429). In the early 1970’s burnout research was primarily focused toward clinical descriptions and it wasn’t until the mid-1980’s that this clinical focus was reexamined and an empirical focus was thus accepted as the standard form for future research within the human service field. Specifically speaking, this reexamination focus toward empirical research was facilitated by the creation of the Maslach Burnout Inventory or MBI in 1986. The MBI Scale was initially created to study three of the major dimensions that was hypothesized as having a direct correlation to burnout. The three dimensions examined by the Maslach Burnout Inventory are “emotional exhaustion, depersonalization, and reduced personal accomplishment” as they are experienced by human service professionals in their respective workplace settings (Dierendock, Schaufeli, and Buunk, 1996, p. 430). Currently, in 2014, most of the research surrounding burnout within the human
service field is still impacted by the MBI measurement tool. With such a standardized tool in place this allows for further research within the field to be conducted in an international setting.

**Negative Determinants**

Unfortunately within the human service profession many factors can be contributed to burnout. According to research conducted by Dierendock, Schaufeli, and Buunk, (1996) using MBI human service professionals in the Netherlands sited that “pay equity, a lack of control over one’s work, a lack of role clarity, and a lack of support by management” were all major factors that contributed to human service burnout in the workplace (p. 431). Additionally “high levels of responsibility, job demands (time, pressure, workload, etc.), a lack of task variety” and age were also found to be major contributors to human service burnout in the Netherlands (Bakker, Demerouti, & Schaufeli, 2002, p. 257-258).

**Pay Equity** – One of the major factors that contributes to human service burnout is pay equity. When it comes to pay equity Dierendock, Schaufeli, and Buunk, (1996) state that often human service professionals will think of the helping process in terms of “rewards, investments, and profits” transferred by the professional, the client, or the organizations they serve (p. 430). If the professional for instance invests care, support, or advice toward a client then the professional expects to be rewarded by receiving gratitude from the client and in time receiving promotions as well as raises by the organizations with which the human service professional is employed. However, as it too common within the human service field professional expectations are seldom fulfilled because clients or organizations need help and take the professionals help “for granted” (Dierendock, Schaufeli, & Buunk, 1996, p. 430).

**Emotional Detachment** - Additionally through the helping process as well it has long been practiced within the human service field to engage emotional detachment when dealing with
clients. According to Prosser, Tuckey, and Wendt (2013) this emotional detachment can be seen by helping professionals when they are actively discouraged by human service agencies from “forming relationships” or expressing emotion toward the clients they help and see on a regular basis. By encouraging emotional detachment human service agencies hope to foster greater professionalism which is then rendered by not only the helping professional but the service organization as well. This emotional detachment provides for objective and efficient service delivery to be rendered by the human service professional and their respective organizations.

However, it also leaves human service professionals open and vulnerable to emotional burdens which if left untreated push the helping professional toward further emotional isolation and thus provide for the potential of burnout. To reduce emotional arousal, professionals will often use psychological withdrawal “by diminishing their performance, avoiding tasks, and hiding behind rules” (Dierendock, Schaufeli, & Buunk, 1996, p. 448).

**Quality of Care**- When performance diminishes so does the quality of care. As the quality of care deteriorates “professionals begin to blame themselves” (Dierendock, Schaufeli, & Buunk, 1996, p. 448). This leads to the negative perception that one is receiving more then they deserve. Which in turn leads to low level personal accomplishment and high level depersonalization because the professional is unable to provide the client with the correct emotional investments, empathy, and sincere relationships needed to sustain self-sufficient service delivery.

**Social Support** - Another important workplace factor that affects burnout is the human service professional’s perception of social support at work or the lack thereof. When human service professionals experience a lack of adequate social support at work this directly contributes to burnout in “4-10%” of all human service professionals due to extreme cases of “emotional exhaustion and depersonalization” (Brown, Baddam, Prashantham, & Abbott, 2003, p. 322). It’s
also important to note that within the human service profession perceived social support is more closely associated with male burnout. With a lack of adequate social support the professional may in turn feel frustrated and stressed by their lack of supportive outlets.

**Stress** – With a lack of supportive outlets stressful situations become a rather regular occurrence for professionals within the human service field. It’s important to note that professionally speaking human service professionals tend to focus more on stressful burdens and how individuals avoid burnout rather than on a positive focus on what has sustained them in the profession. While it’s acceptable to talk about these stressful situations in the workplace it “doesn’t allow professionals to say they are in need of help” nor does it allow those same professionals to be adequately supported thus allowing for healthy stress reducing strategies to be implemented by agencies (Prosser, Tuckey, and Wendt, 2013, p. 320).

Even if human service professionals emphasize that there is a demand for stress reducing strategies to be implemented in the workplace in most cases there is no response by their organizations and thus this deters the professionals ability to think, talk, or feel more empowered about what they do. This lack of strategy implementation is due to the human service fields view that individuals are expected to cope with stressful situations on their own time. However, in reality most individuals are unable to do this and thus the social service system will usually blame workers for a lack of production rather than positively supporting them through programs aimed at decreasing stress.

**Age** – According to Bakker, Demerouti, and Schaufeli (2002) a human service professionals age is the most consistent factor related to burnout among human service professionals especially “among those aged over 30 to 40 years” of age within the profession (p. 249). This is partially
due to reality shock and even more importantly identity crisis’s that often do happen with individuals in their early 30’s.

**Strategies**

**Emotional** - According to Prosser, Tuckey, and Wendt (2013) human service professionals who are” personally and emotional invested” in a client and their situation often find that their energy passion, and satisfaction levels allow them to sustain long-term care without the thought of burnout (p. 319). Additionally, when human service professionals hold the “belief that people have the ability to change or believe in their own ability to make a difference in people’s lives” this is seen as a deterring factor for burnout alleviation as well (Prosser, Tuckey, & Wendt, 2013, p. 320). What this highlights for human service organizations is the fact that when professionals are able to connect emotionally to a client this in turn allows for not only better care to be rendered by the professional but additionally helps the professional cope in the workplace thus reducing burnout. Human service organizations should look in the future toward encouraging more emotional connection toward clients instead of the professionally accepted and highly practiced notion of emotional detachment.

**Social Support** – Alongside greater emotional connection’s being made with clients through the support of human service organizations an even stronger stance needs to be taken by those same organizations in the support of their employee’s. According to Brown, Baddam, Prashantham, and Abbott (2003) and their research on Indian human service professionals one of the first things human service organizations need to keep in mind is that “social support mitigates the impact of stress on individuals” ( p. 320). It’s a simple concept to understand, in that when professionals feel more supported at work this leads to better quality care being rendered by the professional and a dramatic decrease in emotional exhaustion being experienced by
professionals. The human service field also needs to shift their focus away from the concept of less effective workers to a focus more directed at improving workers and empowering them positively to make a difference in people’s lives.

**Critique**

In reviewing the research that is currently available for human service professional burnout in international settings it’s important to keep in mind that at the basis of most human service research studies the Malslach Burnout Inventory (MBI) is the standard tool for measuring burnout. However, according to Tang (1998) “individual items of the MBI may need to be carefully examined when they are used in different countries” around the world in response to studying human service professional burnout (p. 58). Additionally, since some cultures define personal achievement (PA) differently than other’s gathering statistics on burnout through the MBI may be inconclusive and thus further research into more appropriate and culturally sensitive PA measures used in MBI need to be discussed at greater length by researchers.

Finally, it’s important for researchers to keep in mind that the MBI scale as a whole needs to be examined at a greater length. While it’s a great tool for initially addressing burnout in response to emotional exhaustion, personal achievement, and depersonalization these dimensions while majorly important are not the only factors that contribute to burnout thus further research is needed within the field of burnout especially in response to human services on an international scale.

**Conclusion**

Through understanding human service burnout the hope is that human service providers will be better able to retain staff and increase service quality in an international setting of self-sufficient service delivery.
Reference


