MEASURING STAFF BURNOUT IN A COMMUNITY HOME

Michelle Alexander and John R. Hegarty

Introduction

Stress at work, and how to reduce it, is of concern to everyone. Indeed, the quality of the care provided and the psychological health of staff may be directly affected by the stress staff experience (Rose, 1997). Stress may be particularly pronounced amongst the caring professions, including those who care for and support people with learning disabilities, and there is a growing literature on this topic (for example: Rose 1991 a,b; 1993; 1995; 1997; Rose et al., 1994; Gardner and Rose, 1994; Hatton and Emerson, 1993; Sherrard, 1992; Potts et al., 1995 a,b; Stenfert-Kroese and Fleming, 1992). Unfortunately, Rose, a leading researcher in this area, concludes (1997) that it is difficult to draw firm conclusions from this research, owing to the variability among these studies and to the difficulty in defining stress. Indeed, job challenges and pressures that some individuals perceive as unpleasantly stressful may be seen by others as a welcome challenge, which may enhance job performance. An agreed definition of staff stress would be an advantage, not only for developing a consistent body of knowledge, but also for developing ways of identifying and supporting those staff who are suffering severe stress. The concept of “burnout”, as measured by the Maslach Burnout Inventory, may provide a common definition and measuring tool for negative outcomes of stress at work.

Maslach and Jackson (1986) describe burnout as “a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do people work of some kind” (p.1). In their view, as feelings of emotional exhaustion increase, individuals find their emotional resources reduced. They may, as a way of coping, detach themselves from emotional involvement with service users. As a result of this individuals develop feelings of negativity and cynicism. This

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outcome is depersonalisation, which, Maslach and Jackson suggest, represents an important aspect of burnout which at worse may result in individuals acting in a heartless and unenlightened way towards their service users. The third aspect of the syndrome, reduced personal accomplishment, refers to "the tendency to evaluate oneself negatively, particularly with regard to one's work with clients". Workers begin to feel unhappy about themselves and dissatisfied with their accomplishments in work.

Maslach and Jackson (1986) discuss their extensive research (carried out in the U.S.A.) which suggests that the consequences of burnout are dangerous for both staff and service users. Burnout, they believe, can lead to reduced quality of care for service users. It is also a factor which influences low staff morale, absenteeism and high job turnover. The single case study conducted by Hegarty (1987) provides a vivid illustration of the danger of burnout in a British service for people with learning disability which led the individual concerned to leave her occupation supporting people with learning disabilities and enter psychotherapy to help her cope with her feelings.

Maslach and Jackson (1986) report details of the Maslach Burnout Inventory (MBI) which they designed to measure the three components of burnout among the helping professions. This self-report questionnaire has been used in studies of staff supporting people with learning disabilities in a variety of settings. Caton et al., (1988) used the MBI to measure burnout among 4 groups of staff (professional staff, direct care staff, educational development assistants and support staff) working at a USA state hospital for people with learning disabilities. The authors found burnout amongst all the staff involved in the study. These results showed specifically moderate levels of burnout on the emotional exhaustion and depersonalisation subscales and high levels of burnout on the personal accomplishment subscale. The study did not establish any differences in the levels of burnout between the different groups of staff.

Edwards and Miltenberger (1991) extended the work of Caton et al., by using the MBI to measure burnout amongst 122 members of staff working in rural residential community settings in the USA for people with learning disabilities. They compared the levels of burnout experienced by direct care staff and supervisory staff. They found that all staff experienced a moderate level of burnout on all three subscales. However, supervisory staff experienced a higher level of burnout on the emotional exhaustion subscale than direct care staff, but they also experienced more feelings of personal accomplishment in their job than did direct staff. This contradicts Maslach and Jackson's view that direct involvement with service users can cause emotional exhaustion, leading to burnout. Chung and colleagues (Chung et al., 1996; Chung and Corbett, 1998) in the UK showed that the emotional exhaustion and depersonalisation aspects of burnout were higher for staff working in hospital-based bungalows than for staff in a community unit and that burnout was more likely to be associated with management issues rather than with client behaviour.

Shaddock et al., (1998), in an Australian study, tried to clarify what personal characteristics of staff were associated with higher burnout scores on the MBI. In a study of 173 people working in direct-care roles in residential facilities for people with an intellectual disability, they found an association of burnout
with some demographic variables (for example the practice of religion was associated with lower burnout scores) and with some features of the work situation (for example, lower burnout scores were experienced by people with higher job satisfaction).

In general, it appears that the concept of burnout is a useful way of conceptualising stress experienced by staff in the caring professions; and that the Maslach Burnout Inventory is a convenient tool for use with care staff. However, it is not yet clear what factors contribute to higher burnout levels. The studies reviewed above appear to show that management issues and support, rather than working with clients, are important factors, but further research is needed. If a clearer picture can be developed of what are the risk factors for higher MBI scores in staff working in support settings, then it is possible that staff stress can be reduced by appropriate management decisions. The MBI may also be useful for identifying when staff are in need of additional support. This may help to reduce staff turnover and increase job satisfaction with appropriate benefits to colleagues and clients.

The present study has been conducted to extend the literature on the use of the MBI to measure burnout experienced by staff supporting people with learning disabilities. The general aim was to measure aspects of burnout amongst staff supporting people with learning disabilities in a community setting.

Two hypotheses are examined:

1. Staff will experience moderate or high levels of burnout (as measured by the MBI) due to the nature of their caring role in supporting adults with learning disabilities. This hypothesis is drawn from research by Maslach and Jackson (1986), Caton et al., (1988), Edwards and Miltenberger (1991) and Chung and Corbett (1998), which utilised the MBI as a measure of burnout and found burnout to be present amongst care staff in learning disability.

2. Direct care staff and senior management staff will have different scores on the MBI subtests since they differ in the degree of direct contact with service users and in the responsibilities of their work. Previous research has found differences between these grades of staff but has generally not supported the underlying belief of Maslach and Jackson that more ‘direct contact’ with service users would lead to greater emotional exhaustion; rather, it may be more senior staff who suffer higher levels of burnout.

An additional aim of this present research was to identify aspects of the work situation which might contribute to experiencing stress and burnout, thus building on research on stress in learning disability by Rose and colleagues (Rose, 1991 a,b; 1993; 1995; Rose et al., 1994). A simple Demands and Support Questionnaire was devised in order to discover (a) what staff found demanding about their job and (b) what supports they used to cope with these demands. It was expected that these would differ between direct care and more senior staff. The identified demands could help to identify sources of stress and suggest ways of supporting staff more fully.

The present study was carried out in a small (seven-bed) community residential and respite care unit in the UK where the manager was concerned about levels of stress and how staff may be better supported. It is, therefore, a pilot study of how small facilities for people with learning disability may use the MBI and supplementary, custom-designed questionnaires (like the present Demands and
Support Questionnaire) to identify aspects of staff stress, with a view to reducing it.

**Method**

**Measures**

The Maslach Burnout Inventory (MBI) 2nd Edition (Maslach and Jackson, 1986). The MBI is a self-report questionnaire which is easy to administer and straightforward for staff to complete. The 22 items take around 15 minutes to answer. This means that it can be administered at the workplace during working hours. The MBI was developed through research by Maslach and her colleagues over a period of approximately eight years during the 1970s. The MBI was further researched and modified by Maslach in order to produce the 2nd edition used in the present study (Maslach and Jackson, 1986). The inventory was validated through research with individuals from a range of occupational groups such as nurses, police, teachers and counsellors and it is considered to be a reliable and valid measure of stress in the human services. On the other hand, there are no normative data for staff working in learning disability settings in the UK.

The MBI consists of 22 items divided into three subscales to measure each aspect of the burnout syndrome.

1. The nine items in the emotional exhaustion subscale assess feelings of being emotionally overextended and exhausted by one's work.
2. The five items in the depersonalisation subscale measure an unfeeling and impersonal response towards service users.
3. The eight items in the personal accomplishment subscale assess feelings of competence and successful achievements in one's work.

Maslach and Jackson (1986) provide tables of norms, from which the degree of burnout being experienced by a person may be judged as "low", "moderate" or "high". High scores on the emotional exhaustion and depersonalisation subscale indicate higher degrees of burnout. Low scores on the personal accomplishment subscale indicate higher degrees of burnout. Use was made of the table of subscale means and standard deviations given in the MBI Handbook (Maslach and Jackson, 1986, p.9) to compare MBI scores in the present study with the body of work conducted by Maslach and Jackson.

Other tools might have been used to measure stress or strain in the workplace. One such tool is the Thoughts and Feelings Index (Fletcher et al., 1993). This is a short standardised questionnaire measuring levels of general anxiety, somatic anxiety and depression. Previous studies have used this questionnaire to measure levels of stress amongst staff in residential settings supporting people with learning disabilities (Rose, 1991, 1993; Rose et al., 1994; Gardner and Rose, 1994). Data therefore do exist for staff supporting people with learning disabilities within these studies. However, the present study aimed to measure burnout specifically and so, the MBI was the most appropriate tool.

**Demands and Support Questionnaire**

Most studies of staff stress use some form of self-report questionnaire (for example, Stenfert-Kroese and Fleming, 1992; Sherard, 1992; Hatton and Emerson, 1993; Rose, 1991a, 1991b and 1993; Rose et al., 1994; Gardner and Rose, 1994). Some questionnaires are administered by interview (for example, Potts et al., 1995 a,b). The present study did not use the interview as a way of collecting data as inter-
views do not guarantee anonymity and might restrict answers because of the respondent's fear of job security.

The Demands and Supports Questionnaire used in this study drew upon the research conducted by Rose (op. cit). Rose's questionnaire measured general stress based upon 33 demand items and 23 support/constraint items, on which respondents were asked to rate levels of demands and support/constraints on a scale of 1 to 5. The current study questionnaire had, in contrast, only two, open-ended questions, designed to yield similar information simply and quickly: one based upon demands and one based upon supports. Staff were asked to write down, in their own words, exactly what they found demanding about their employment and what supports they used to cope with these demands. They were then asked to indicate which demands or supports they considered the greatest.

The purpose of the Demands and Supports Questionnaire was to widen the scope of the study by establishing the types of demands placed upon staff in the workplace and assessing what sources of support were available and used by staff to cope with these demands. It was assumed that stress may be increased by the demands placed upon people and reduced by the support available. Knowledge of the demands and supports in a workplace may be crucial in helping staff to reduce their emotional exhaustion and depersonalisation and increase their feelings of personal accomplishment, thus reducing the overall level of burnout experienced by staff.

Study Participants

Participants in the study consisted of thirteen staff working in a community residential and respite home, who comprised two groups. Group one (the day-carer group) included six day-time, direct carers, five of whom worked full-time and one who worked part-time. Group two (the senior managers group) comprised seven senior staff, six of whom were full-time and one who was part-time. These senior staff included the Manager, Deputy Manager, Day-Opportunities Co-ordinator and 4 Team Leaders. The permanent night staff, part-time cleaner and full time Handyman/Gardener did not take part in the study as it was felt that their jobs were significantly different to those of day care staff (in terms of the amount and nature of contact with clients). There were two vacancies, one day carer and one night carer, available at the time of this study. All staff were female.

The participants were supporting people with varying degrees of learning disabilities and physical disabilities in a seven-bedded, community residential and respite home which was purpose-built and located in an ordinary cul-de-sac in a residential suburban estate. The home is situated close to local amenities, bus routes into the town centre and parkland. The philosophy of the home is that of "an ordinary life" and is guided by O'Brien's "five accomplishments" (O'Brien, 1992) and the staff are encouraged to support the service users to lead an ordinary life within the local community.

The respondents were of varied age and experience. Their ages ranged from 21 years to 55 years and they had worked at this particular home from at least six months to five and a half years.
Staff roles and responsibilities

- Day carers were mainly responsible for providing direct care and support to service users and could also have keyworker responsibilities.
- Senior staff included:
  - Team leaders who were responsible for running shifts, the administration of medication, the safety of staff and service users on shift, keeping reports up-to-date and also providing direct care to service users.
  - The Day Opportunities Co-ordinator, whose responsibilities was to provide day opportunities for short term care service users. This work was carried out on a 1:1 or 1:2 ratio of staff to service user.
  - The Manager and Deputy Manager provided some direct care to service users and were on call for the home for the majority of the time. They were responsible for the smooth running of the home and the direct supervision of all staff.

There were, therefore, many differences between the various staff roles which included varying degrees of responsibility and service user contact.

Some staff were key-workers which entailed extra responsibilities towards service users. The key-workers were responsible for co-ordinating IPPs (Individual Programme Planning) and other paperwork related to goals, care plans and keeping files up-to-date. Key-workers were chosen by the service user and could be a day carer, team leader or deputy manager.

A system of staff support was in place, involving regular supervision meetings.

Procedure

The first author attended a team meeting at the setting with all staff present and announced that volunteers were required for a ‘Human Services Survey’ of job related attitudes. It was discussed in general terms in order not to sensitise staff to issues of stress and burnout. A number of the staff present volunteered to take part.

The first author of the present study was known to the respondents. The MBI was administered in accordance with the guidance notes provided in the MBI handbook (Maslach and Jackson, 1986). This was discussed with each respondent prior to the administration of the MBI so that they felt able to trust the procedure and felt comfortable to take part in the study. The MBI was administered individually over a number of days and respondents were able to complete the inventory in a private room away from disturbances. Fifteen minutes were set aside on the shift so that respondents were able to fill in the MBI. This system ensured that respondents were not aware of other individuals’ answers.

The first author was available during each period to answer questions and explain the need to give honest answers and to keep confidentiality. It was also stressed that respondents should answer all questions. The guidelines were read out to the respondents to ensure that they understood how to complete the MBI. In order to compare results from the two groups of staff the forms were marked with different symbols to maintain confidentiality and anonymity. Following the assessment the form was placed in an unmarked envelope to maintain the anonymity.

The Demands and Supports Questionnaire was administered one week
following the collection of the MBI scores, using a similar procedure. All the respondents who had filled in the MBI completed the questionnaire with the exception of one individual who was on annual leave. Only the answers indicating the greatest Supports or Demands were included in this present study.

Results

The MBI

TABLE I shows the group scores collected in the present study compared with the “social services” group scores reported in the MBI Manual by Maslach and Jackson (1986, p. 9). There were no statistically significant differences between the mean scores of the two samples on each of the three subscales of the MBI, using the t-test for independent samples. This suggests that the present sample is comparable in their degree of self-reported burnout to other staff working in social services settings. Reference to the norms in TABLE I in Maslach and Jackson (1986, p. 3) shows that the MBI scores of the sample can be described, as showing “moderate” levels of burnout on each of the three subscales (as distinct from either “low” or “high”). Edwards and Miltenberger (1991) also reported “moderate” levels of burnout on each sub scale for their sample (however, it was not possible to compare the scores from the present sample statistically with those in that study since an earlier version of the MBI, which scored for frequency and intensity, was used). Nor is it possible to compare the degree of burnout in the present sample with those in the studies of Gardner and Rose (1994) and Potts et al., (1991) since they did not use the MBI.

TABLE II shows the scores of the two staff groups in the present study. Inspection of the Table shows that senior staff experienced, on average, a much higher level of emotional exhaustion, somewhat higher depersonalisation than the day care staff, but a similar level of personal accomplishment. T-test values and the associated probabilities (one-tailed, since previous research, discussed earlier, had tended to show that senior staff experienced more burnout than direct care staff) are shown in the Table. The mean differences for the emotional exhaustion and depersonalisation subscales are approaching statistical significance, (at the conventional alpha of 0.05), whereas the means for personal accomplishment are not significantly different.

The Demands and Supports Questionnaire

The results of the Demands and Supports Questionnaire identified those aspects of the job that day carers and senior staff found most demanding and also the most important sources of support to cope with these demands.

Day care staff and management staff responses are shown in TABLE III. It is striking that, whereas the demands reported by the two groups differ, sources of support are similar. The Managers list more demands than the direct care staff. Demands for both staff groups reflect issues over which individuals have little control (for example, the shift system, demands of others, Individual Programme Planning (IPP) goals), and they mostly concern staff and management procedures. Only one demand concerns specific clients characteristics (clients with multiple disabilities). Support comes
most frequently from other people, formally in supervision sessions, and informally from colleagues, partners and family. Stress-reducing activities, such as practising relaxation or exercise, are mentioned only twice.

**Discussion**

The results from the MBI show that staff, on average, are experiencing some level of burnout. Both groups of respondents experience moderate levels of burnout on each of the three subscales of the MBI, indicating that they experience moderate levels of emotional exhaustion, depersonalisation and personal accomplishment.

The results do not show, as Maslach and Jackson originally suggested, that day care staff experience higher levels of burnout than senior staff. Rather, it is the senior staff who are expressing higher emotional exhaustion and depersonalisation than the junior staff. There is no significant difference between the groups on personal accomplishment.

Day carers and senior staff have different views as to what are the greatest demands at work. These differences would be expected, owing to the nature of the different occupational positions and responsibilities. Both day carers and senior

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**TABLE I**

Comparison of Maslach Burnout Inventory (MBI) Scores in the Present Study with MBI Norms

<table>
<thead>
<tr>
<th>MBI Subscale</th>
<th>Present Study n=13</th>
<th>Maslach and Jackson 1986 n=1538</th>
<th>t-test</th>
<th>p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion 1</td>
<td>19.62 14.52</td>
<td>21.35 10.51</td>
<td>.08</td>
<td>&gt;.90</td>
</tr>
<tr>
<td>Depersonalisation 2</td>
<td>3.92 5.45</td>
<td>7.46 5.11</td>
<td>.94</td>
<td>&gt;.30</td>
</tr>
<tr>
<td>Personal accomplishment 2</td>
<td>35.92 8.78</td>
<td>32.75 7.71</td>
<td>.34</td>
<td>&gt;.70</td>
</tr>
</tbody>
</table>

**NOTES**
1 Two-tailed probabilities
2 Scores on the three subscales of the MBI respectively can range from 0-54, 0-30, 0-48. For further explanation see text.

**TABLE II**

Comparison of Maslach Burnout Inventory (MBI) Scores for Care Staff and Senior Manager Staff

<table>
<thead>
<tr>
<th>MBI Subscale</th>
<th>Care staff n=6</th>
<th>Senior staff n=7</th>
<th>t-test</th>
<th>p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion 1</td>
<td>13.71 11.13</td>
<td>26.50 15.86</td>
<td>1.62</td>
<td>.065</td>
</tr>
<tr>
<td>Depersonalisation 2</td>
<td>2.14 2.73</td>
<td>6.00 7.27</td>
<td>1.18</td>
<td>.13</td>
</tr>
<tr>
<td>Personal accomplishment 2</td>
<td>36.00 9.92</td>
<td>35.83 8.18</td>
<td>.18</td>
<td>.43</td>
</tr>
</tbody>
</table>

**NOTES**
1 One-tailed probabilities
2 Scores on the three subscales of the MBI respectively can range from 0-54, 0-30, 0-48. For further explanation see text.
staff state that the same supports are utilised to cope with the demands of their jobs. These supports are social, both from people at work and at home.

It is necessary to assess the possible limitations of the study when discussing these results. One weakness was the size of the sample used. The MBI was administered to only 13 members of staff, who were all female. In contrast, Edwards and Miltenberger (1991) surveyed 122 staff. However, other studies have used similar numbers of staff in their research as Gardner and Rose (1994) who surveyed 24 staff and Potts et al., (1991) who used 21 staff.

Honesty in answering the questionnaires is a problem in all studies using self-report questionnaires, but it was hoped that the procedures used to ensure confidentiality and privacy helped to ensure truthful responses.

The results from the Demands and Supports Questionnaire are instructive but limited. This questionnaire is a simple, quick way for staff to outline possible

| TABLE III |
| Day Care Staff and Senior Manager Staff Responses to the Demands and Supports Questionnaire |

<table>
<thead>
<tr>
<th><strong>DAY CARE STAFF (n=6)</strong></th>
<th><strong>SUPPORTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMANDS</strong></td>
<td><strong>SUPPORTS</strong></td>
</tr>
<tr>
<td>1. Shortage of staff; not enough support from others</td>
<td>1. Supervision; friends and family</td>
</tr>
<tr>
<td>2. Medical problem (back pain); lack of training</td>
<td>2. Other members of staff</td>
</tr>
<tr>
<td>3. Being there for everyone</td>
<td>3. Team leaders</td>
</tr>
<tr>
<td>4. Shift system; morale</td>
<td>4. Husband, team leaders</td>
</tr>
<tr>
<td>5. Shift system</td>
<td>5. Colleagues</td>
</tr>
<tr>
<td>6. Others not doing what they should</td>
<td>6. Supervision; colleagues; team meetings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em><em>SENIOR STAFF (n=6</em>)</em>*</th>
<th><strong>SUPPORTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMANDS</strong></td>
<td><strong>SUPPORTS</strong></td>
</tr>
<tr>
<td>1. Being constantly on demand; “bad” attitudes; changing legislation; changing contractual agreements; nursing decisions; recruitment and retention of staff</td>
<td>1. Colleague; relaxation techniques; partner, ex-colleagues</td>
</tr>
<tr>
<td>2. Medication administration; paper work</td>
<td>2. Colleagues</td>
</tr>
<tr>
<td>3. Uncooperative staff; staff shortages</td>
<td>3. Supervision; partner</td>
</tr>
<tr>
<td>4. Autonomy; staff going above my head; gossip</td>
<td>4. Supervision, husband; family</td>
</tr>
<tr>
<td>5. Achieving client individual programme plan (IPP), goals and aims; stimulating staff; staff shortages; staff sensitivities</td>
<td>5. Colleagues; walking; supervision; team meetings</td>
</tr>
<tr>
<td>6. Demands from others; enthusiasm of peers; time; lack of pay; client characteristics (severe physical and learning disabilities); low staff morale; staff personal problems.</td>
<td>6. Supervision; partner; colleagues; friends/family.</td>
</tr>
</tbody>
</table>

**NOTE:**

*One senior staff member was absent for this Questionnaire. The Demand or Support listed first, for each staff member, is the Demand or Support they reported as their “greatest”.*
mediators of stress. In practice, individual interviews with staff in a supportive, counselling role would provide more detail.

A number of similarities and differences exist between the current research and the previous literature. The current results indicate that both day carers and senior staff supporting adults with learning disabilities in a community residential home experience some degree of burnout. This finding is consistent with previous research, as noted earlier. In contrast to Maslach and Jackson's basic assertion that it is contact with clients that causes burnout, these results strengthen the earlier findings that, when 'service users' are people with learning disabilities, the amount of contact may not be as important a source of stress as interpersonal issues with colleagues. This finding is consistent with Rose (1991a, b; 1993, p. 44) who found that, for example, 'having too few staff on each shift' was rated as the top demand (out of 5) by staff supporting people with learning disabilities in a hospital, group home and community unit. Gardner and Rose (1994) found that, among staff supporting people with learning disabilities in a day centre, their most important demands were related to 'organisational structure'. Stenfert-Kroese and Fleming (1992, p. 91) also conclude that staff felt stress was due to 'inadequate staffing levels'.

Other related research has shown that burnout contributes to reduced quality of care and staff absenteeism (Edwards and Miltenberger, 1991; Harvey and Burns, 1994; Rose, 1997). If normalisation and ordinary life philosophies are going to be successful in services for people with learning disabilities, they need to employ and retain committed and enthusiastic staff who will provide good quality of care. Understanding and reducing burnout has implications for the successful running of learning disability services. Rose (1997) suggests that organisations need to be considerate of the well being of staff because they are a valuable resource. Support systems for staff should therefore be a priority for service planners and managers. The use of the MBI, together with simple measures of job demands and supports (such as that used in the present study) may be a way to do this that is open to most managers and others in staff support roles. Further research may usefully look for more precise information about staff roles, working environment and service user characteristics. Such research may help to understand staff responses to the MBI. It should also consider the existing support networks and management styles available within the organisation. In the present study, although there were formal and informal networks for staff support, these were not looked at as a mediator of stress. It is possible that, had these networks not been in place, reported burnout levels would have been much higher.

Summary

Background

Burnout is a syndrome associated with staff stress in the 'helping professions' which has been identified and extensively researched. Everyone involved in delivering high-quality services should be concerned about the possibility of burnout and how to prevent it.

Aim

This study was designed to extend knowledge about stress in staff supporting people with learning disabilities and
towards community residential homes. A number of staff members were included in the study. The Maslach Burnout Inventory (MBI) was used to measure burnout among the staff. The results showed that all staff experienced moderate burnout. Direct care staff showed lower levels of burnout than managers. Both groups of staff reported demands about issues over which they had little control. Colleagues and professional supervision were the main supports for both groups of staff.

Implications

This study shows the differential presence of burnout in staff, illustrates the value of using the MBI as a simple indicator of it, and confirms the value of support networks for minimising burnout. Managers in other services may be able to use the study as a model for screening staff for burnout and relating it to the demands and supports in the workplace.

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