Health Behaviors, Hardiness, and Burnout in Mental Health Workers

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Abstract

This study addressed the connection between health behaviors, hardiness, and burnout in 223 mental health workers who completed online surveys of burnout, demographics, hardiness, and health behaviors. The results suggest mental health workers are better able to maintain their emotional energy through the cultivation of hardiness and management of stress.

Problem

Previous research has consistently found that mental health workers are at risk for work-related burnout. However, most of the research has examined organizational predictors. What has not been examined is how individual factors like hardiness and health behaviors influence the experience of burnout. The need for understanding this relationship is so that persons in this occupation can perform this valuable work and minimize personal negative consequences.

The gap addressed in this study is the lack of research connecting individual differences in health behaviors (what people do to take care of themselves) and hardiness (the meaning of environmental challenges) to the experience of burnout in mental health occupations.
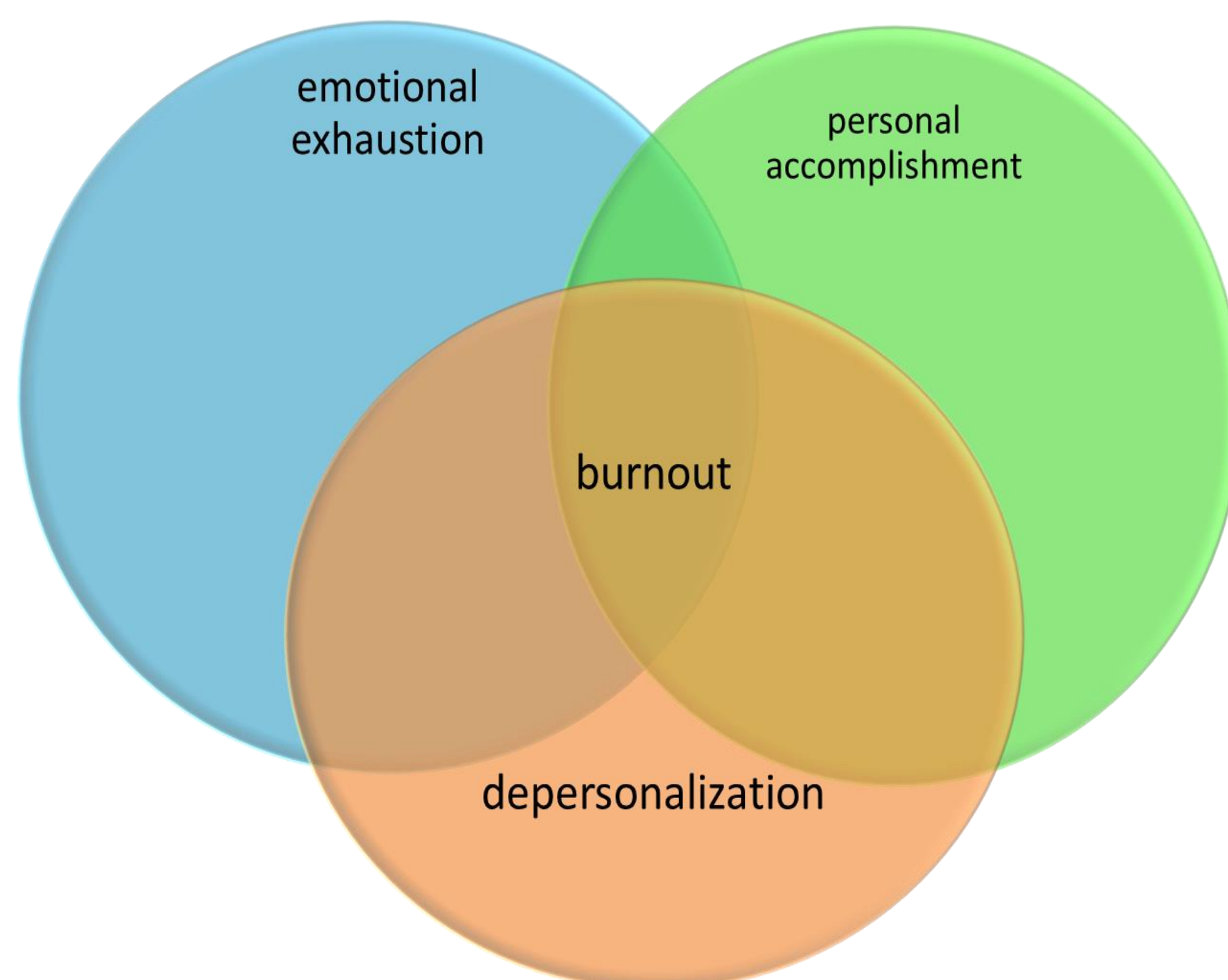

Figure 1. Three dimensions of burnout.

Purpose

The purpose of this study was to examine the influence of health behaviors and hardiness among mental health workers.

Relevant Literature

This study was rooted in two distinct approaches to understanding how humans respond to stress.

•The **Conservation of Resources (COR) model** (Gorgievski & Hobfoll, 2008; Hobfoll &Freedy, 1993; Lee & Ashforth, 1996) proposes that people naturally seek to obtain and keep resources, and that stress can result from the loss of employment related resources, including the physical and emotional energy needed to adequately fulfill one's job duties (Hobfoll & Freedy, 1993; Lee & Ashforth, 1996).

•The **hardiness theory** was developed by Kobasa (1979) to identify the psychological factors that create a resistance to stress. The theory of hardiness proposes that there are individual differences that explain why some people are negatively impacted by stress and others are not (Hobfoll & Freedy, 1993).

Some researchers have found rates of burnout in mental health workers to approach 50% (Bressi et al., 2009). Burnout leads to less personal satisfaction, poor job performance, mental health issues, physical health problems, and poor recipient care (Lasalvia et al., 2009; Pines & Aronson, 1988). Maslach proposed that burnout involves emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981)

Research Questions

RQ1. Are any of the following self-reported demographic variables (age, gender, educational level, years in the field, and hours of client contact per week) significant predictors of the three dimensions of burnout, as measured by the MBI-HSS?

RQ2. To what extent does hardiness, as measured by the DRS-15, predict any of the three dimensions of burnout, as measured by the MBI-HSS?

RQ3. To what extent do the three health-promoting behaviors (preventative care, diet, medical compliance) predict any of the three dimensions of burnout?

RQ4. To what extent do the two health-compromising behaviors (substance use, anger/stress) predict any of the three dimensions of burnout?

RQ5. What is the best model that predicts the three dimensions of burnout?

Procedures

This study used an online survey methodology. Participants were sent study invitations at two nonprofit mental health agencies through employer e-mail addresses.

The measurement instruments were delivered through Survey Monkey. The instruments included Maslach Burnout Inventory-Human Services Survey (MBI-HSS), Dispositional Resilience Scale-15 (DRS-15), and Health Behavior Inventory-20 (HBI-20)

Regression analysis was to test the statistical significance of the relationship between the independent variables and the three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment.

Data Analysis

Stepwise regression analyses were used for each research question. I used psychometrically sound measures which demonstrated good internal consistency. As this was survey research, the good psychometric properties of the measures helped to minimize measurement problems as best as one can in survey research.

Findings

The sample consisted of 223 mental health workers who voluntarily opted in to complete the questionnaires.

The results of this study indicate that, in the final model, hardiness consistently predicted all three dimensions of burnout. Demographics, health-promoting and health-compromising behaviors did not contribute consistently.

- For Emotional Exhaustion, hardiness and anger/stress were most predictive, R^2=.226, p<.001:
- For Depersonalization, age and hardiness were most predictive R^2=.199, p<.039; and
- For Personal Accomplishment, only hardiness was a significant predictor, R^2=.205 p<.01.

Limitations

All participants were recruited from one North Central US metropolitan area, so generalizability to the population of mental health workers is not known.

Self-selection bias threatens internal validity as only 22% (n = 269) of the accessible population responded voluntarily. 223 surveys were usable as the final working sample.

Potential risk of alpha inflation because the same predictor variables were used for the three different outcome measures. This was minimized by using a "model-building" strategy to achieve a final model.

Conclusions

The personal attribute of **hardiness** may be a preventative factor for burnout in mental health workers.

Characteristics of a hardy individual, such as facing challenges and maintaining a positive outlook, appear to help mental health workers maintain their emotional energy and compassion for clients.

Social Change Implications

This study informs the development of training materials focused on stress management, adapting to change, and handing stressful situations in the mental health workplace. Managers currently working with mental health staff are encouraged to help staff build resiliency and skills around managing stressful situations, coping with change, and creating work/life balance. I will use the information gained from this study, in part, to develop trainings and training materials that focus on stress management, adapting to change, time management, increasing personal feelings of control, and handling stressful situations in the mental health field.

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