



# Occupational burnout among child welfare workers: A work-setting comparison

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## Abstract

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Burnout in three groups of child welfare workers was studied: child and youth care workers in community settings ( $n = 139$ ), residential workers ( $n = 190$ ), and teachers ( $n = 51$ ). The research hypotheses are: (1) the groups differ in their personal characteristics, perception of work environment, attitudes toward coping, and burnout. (2) different patterns of relationships exist between the main variables of the study for each group. (3) Different patterns of contributors to burnout will appear in the community, residential, and teacher settings. Results supported the hypotheses showing significant differences between the three groups in the characteristics of the workers, work environment, levels of burnout and in the patterns of contributors to burnout, with community workers showing that an environmental climate related to empowerment was linked to a greater sense of accomplishment at work. Implications for educators, researchers, policy makers, and practitioners are discussed.

**Key Words:** burnout, occupational stress, child welfare, child and youth care, community, residential, social education

## Introduction

Child welfare, as a field, has a broad scope ranging from child protective service, to foster care and adoptions, to residential care (Hepworth, Rooney & Larsen, 2002). In the current study, focus is aimed at workers, both direct treatment providers and educators, dealing with adolescents away from home, in both residential and community settings. Burnout has been investigated in various aspects of child welfare (Savicki, 2002), but the effect of such work on care providers is not well known (Onyett, Pillinger & Muijen, 1997), and few of the studies have addressed the specific concerns of child and youth care providers. In order to explore such effects in the child and youth care area of the child welfare field, the present study compares three settings of care for children and youth: community-based, residential, and educational. The comparison presented in this study is aimed at locating and identifying both practice and training needs that are an outcome of the growing diversification of treatment settings and responsibilities in the child and youth care field (Savicki, 1990). Child and youth care (CYC) work interfaces with other human-service disciplines (Barnes & Bourdon, 1990) – among them social work, psychology, and education – in which practitioners are vulnerable to burnout, brought about by the emotional contact with clients-patients-students. In addition, recent re-

search has indicated that within the same profession, and even within the same employment organization, workers experiencing different work demands and role expectations may suffer different patterns of burnout (Savicki, 2002). The current study explores various facets of burnout within CYC settings in Israel.

## ***Child and youth care practice***

Child and youth care, also called social education, emphasizes treatment within the child's natural milieu. Daily events often bring to the surface a child's psychological concerns, producing organic "teaching moments." In everyday life, issues are pressing and malleable, not repressed or covered; they arise in the present, and are treated on-the-spot. CYC workers become physically and emotionally involved with the child during these moments, providing a protected environment for facing the problem. CYC workers spend their workday with a single group of children or young people, and their typical contact with clients is continuous, which typically calls for teamwork, as several CYC workers are responsible for their charges throughout the day and across a wide array of activities. Studies have conceptualized this milieu-oriented care model as generalizing from small groups, to daily-living contexts such as day and residential settings or families, to schools, and to the broader community (Vander Ven, 1990). A comparison of these contexts forms the basis of the current study.

## ***Education and social education***

Tuggener (1985) describes social pedagogy or social education as an approach that "extend[s] the boundaries of pedagogy," (p. 19) one that carries pedagogy beyond its usual purpose to provide knowledge and instruction in non-academic, social interactional areas. Informal educational settings have found ways to combine both components of pedagogy education and care and, when carried out professionally, succeed in realizing the great potential inherent in this combination. The many special-education facilities in Israel include (a) schools which offer programs to reincorporate dropouts (b) school programs for dropouts in all high schools (c) learning settings for school dropouts, special programs within the military for completing high school education, and a large variety of residential programs which include schooling facilities. All these settings have employees in the formal role of "teacher," whose work combines the essential interaction between the formal and informal approaches. Thus, it may be useful to include teaching positions that span this range in a study of child and youth care practice.

## ***Child and youth care work settings***

Child and youth work is carried out in residential settings, day-treatment facilities, and outpatient facilities (Arieli, Beker, & Kashti, 1990). Residential programs, whether isolated structures or within the community, provide live-in facilities. Day-treatment facilities provide full-day programs, and the children return to their homes in the evening. Outpatient facilities offer pre-scheduled individual or group meetings (Savicki, 1990). All three types of settings employ teachers.

## ***Comparison of different roles in child and youth care in Israel***

### **The context of the study**

Child and youth care services in Israel are delivered by personnel with differing qualifications and experience (Romi & Tal-Bar-Lev, 2001). The professional context of the present research

was the Child and Youth Care units served by CYC workers (community and residential) who deal mostly with adolescents who drop out of school prior to completing their 10 years of compulsory education. Most of these teenagers, ranging in age from 15 to 18 years, do not work or study. Those who do work hold unskilled or casual jobs, and usually come from large families of low socioeconomic status. They seek treatment after a long history of failure and transfers from one educational framework to another; some are not involved in any framework whatsoever (Lahav, 1993, 1994, 1999).

Over the years, different terms have been used to describe this population. Lahav (1993) records the terms street youth, marginal youth, street gangs, youth in distress, and detached youth as having been used in Israel. In other parts of the world, terms for these adolescents included school-disadvantaged dropouts, delinquent youth at risk, gangs, street-corner groups, juvenile delinquent youth, and unattached youth. Lahav (1994) described stages in the process of detachment of these young people from their studies in school and their relationships with formal frameworks through rejection and vagrancy, resulting eventually in delinquency. In a recent survey of dropout, delinquent adolescents in Israel, Kahan-Strawczynski, Dolev and Shemesh (1999) found that most of them were from single-parent families with socioeconomic difficulties, parental unemployment and elementary education or less, violent families with alcohol or drug abuse, prostitution, or criminal activities. Romi and Marom (in press) found recently that these dropout adolescents' are immature in the expressive area and they may not have sufficient intellectual skills to learn alternate means of problem solving. This lack, in turn, influences their ability to integrate into a formal educational framework and that may stimulate them towards dropping out and delinquency.

They lack family or school support, and they cannot develop effective compensatory skills. This is a difficult population to work with.

### **Community workers**

A recent comparative study of community youth workers (Lahav & Shemesh, 2003) reveals that these workers tend to be older, have more years on the job, and most have an undergraduate degree, with some also holding a graduate degree. They tend to be professionalized and feel well equipped with intervention techniques, they foresee a long-range professional career in youth work, and they have developed specific areas of expertise (e.g., drug and alcohol abuse, sexual abuse, family intervention).

### **Residential workers**

Systematic studies show that residential workers tend to be "in need of a moratorium" (Grupper & Eisikovits, 1993), and their choice of occupation is related to their need to "stop out" of a specific career track. They are in a relatively difficult stage of life, and the demands of working with children and adolescents gives them opportunities to strengthen their self-esteem.

### **Teachers**

Teachers in specialized settings must adapt some of the knowledge gained in their academic training. Unlike methods in regular schools, teachers who work with youth at risk, must provide a great deal of individual attention. Therefore, they tend to perceive themselves as more similar to the youth workers than to their colleagues in normative schools.

It can be argued that while teachers and community workers tend to develop "problem-solving" know-how, and becoming "reflective practitioners" (Schon, 1983), residential workers are focused on new, daily "immediacy" problems rising from their intensive interaction with youth in unstructured activities (Guttman, 1991), and often are compelled to meet these challenges by trial and error.

Community workers, teachers in specialized settings, and residential workers are perceived as "general practitioners" in Schon's terminology (1983), being workers who deal with the clients in their holistic life-space, looking at them as a whole entity, and not taking responsibility for just one part of their problems. Their work environment is a multi-disciplinary one. However,

while teachers and community workers are accepted by their colleagues in the multidisciplinary team as professionals, residential workers are more often perceived as low-level workers.

### **Burnout in child and youth care workers**

In the current study, we will adhere to the definition of burnout advanced by Maslach and her colleagues (Maslach, Jackson & Leiter, 1996): "Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (p. 4).

Although CYC workers are exposed to many burnout-producing conditions, only a few studies have focused on burnout in CYC work; since CYC workers are often grouped in with other human-service professionals (Savicki, 2002). These studies and theoretical articles addressed the unique nature of CYC work, the impact of burnout on workers and agencies, linkages of individual history and personality to susceptibility to burnout, theoretical explanations for burnout, and recommendation for prevention and further research (Curbow, 1990).

Several empirical studies focused on the relation of aspects of burnout to personal characteristics of CYC workers. Fuqua and Couture (1986) found internal locus of control positively related to personal accomplishment. McMullen and Krantz (1988) found that higher learned helplessness and lower self-esteem were related to higher levels of emotional exhaustion and depersonalization. Environmentally oriented research found that burnout in CYC workers was related to staff relations, job ambiguity, role conflict, and overload (Boyd & Pasley, 1989; Kingsley & Cook-Hatala, 1988). In a more qualitative study, CYC worker turnover was linked to high workload, lack of clear performance feedback, and lack of supervisor support (Fleischer, 1985). Decker, Bailey & Westergaard. (2002) found significant correlation between lower burnout scores and such protective factors as institutional support, supervision, education, and age. Romi (1999) documented that greater burnout occurred in CYC workers whose clients were dropouts or detached than in those who worked with normative youth.

Various aspects of burnout have been related to different work conditions. CYC workers indicated that emotional exhaustion was related to work pressure and chaotic work structures. Personal accomplishment was related to higher levels of coworker support. Burnout in CYC workers seemed to be influenced by the constantly changing events of the treatment milieu and the demands for coordination with team members (Savicki, 1990).

However, workers engaged in the "50-minute hour" work structure, who see a string of clients in series of individual meetings, indicated that lack of supervisor support was related to emotional exhaustion and that higher levels of innovation were related to personal accomplishment (Savicki, 2002). For both milieu workers and "50-minute hour" workers, the structure of work seemed to influence burnout. Thus, differential job requirements and demands yield different sources of burnout (Savicki, 2003).

In summary, these findings highlight the interaction between demands (stressors) and resources, both personal and environmental. The significant relationships between environment and personal variables suggest a pattern of response that may be linked to the various dimensions of burnout. Such patterns of response may also suggest remedies and preventions for burnout.

### ***Community-based and residential institutions***

Only a few studies were found regarding the difference between working within the community and working in a residential setting, and none of these addressed CYC work. For example, Blumenthal, *et al.* (1998) examined employees of a National Health Service (NHS) trust in Britain (residential) and employees of a charitable organization (community) for role clarity, perception of the organization, and burnout. Their results indicated that most residential support workers regarded their role as being clear and their levels of burnout to be comparable with the norm in UK nursing work. Community-based charity staff members were more likely

to view their organization positively, and rated their emotional exhaustion as significantly lower than did NHS trust staff.

Chung and Corbett (1998) compared the burnout of nursing staff in hospital-based bungalows to nurses in a community unit. The results showed that clients in the residential bungalows exhibited more challenging behavior than those in the community unit. The staff in the hospital-based bungalows were less satisfied with their salaries and derived less enjoyment from their contact with clients. They complained more than the community unit staff and felt that their training was inadequate. They were also more emotionally exhausted, and experienced more depersonalization toward clients than the community unit staff. The level of personal accomplishment was, however, similar in the two groups. Correlations showed that there were significant associations between staff burnout and management issues rather than clients' behavior, particularly in the residential bungalow group.

Rose (1993) surveyed direct care staff in three types of residential settings for people with learning disabilities: A hospital, community units (CUs), and group homes (GHs). Data were collected on each individual's background characteristics – types of demands, support, and constraints they perceived themselves to be under, and the amount of strain (stress) felt by each person. The hospital and GH staff reported similar, relatively high levels of strain, while the CU staff reported significantly lower levels.

Finally, Altken and Schloss (1994) compared community settings and hospital-based, residential settings and found that the overall levels of burnout and occupational stress were not high, but that the scores of the staff in residential settings were higher. Community nursing staff, however, felt less satisfied with their hours of work than did hospital staff, with community staff exhibiting greater satisfaction with work status than hospital staff.

In summary, CYC workers, like other groups of service providers, suffer from burnout. Over the past 35 years CYC has diversified the roles and settings in which it exerts its influence. Contexts for CYC practice now can be seen as encompassing not only traditional residential services, but also community settings and unique educational settings. Comparisons of community and residential practitioners of other professions have indicated differences in training, job environment, and burnout. Therefore, we expect that somewhat similar patterns will emerge within the field of CYC.

## *Hypotheses*

The review of the literature points out the degree to which the characteristics and the level of burnout of CYC workers were addressed. However, these studies did not examine the difference in burnout between contexts of CYC work. Our research will try to examine the difference between with various groups, and based on the literature review, we forward the following hypotheses:

1. Community, residential, and teacher work environments will be significantly different.
2. Different levels of burnout will occur in the community, residential, and teacher settings.
3. Different patterns of contributors to burnout will appear in the community, residential, and teacher settings.

## **Method**

### *Participants*

The 380 participants in this study (139 community workers, 190 residential workers, and 51 teachers) were all employed in facilities/agencies for children or youth who were classified as

socially detached – not enrolled in school, and possibly suffering emotional disorders, abuse or neglect problems. Although random sampling was not attempted, care was taken when selecting participating major agencies that treat detached adolescents. By such care the researchers ensured that the sample included both larger and smaller services, situated in a range of socio-economic and geographic areas. In addition, agencies which appeared 'atypical' were not included, for example extremely large, small, isolated agencies or those that help only immigrants. The response of the workers that were approached was high, ranged from 65% to 95% and reflects the importance attributed by the workers and the managements to the status of the workers in the workplaces. Participation from workers and teachers was voluntary and anonymous. The participants were informed by the assistant researcher that the aim of the research was to explore the feelings and the attitudes of the worker in order to better understand their situation and to be an asset to the policymakers in their approach to preventing burnout. IRB approval was not obtained because the institutions (universities) didn't required in that time such approval.

The average age of the community worker (CW) participants was 31.25 years (42% male, 58% female); the average age of the residential worker (RW) participants was 28.94 years (40% male, 60% female), and the average age of the teacher (T) group was 36.18 years (27% male, 73% female). The teachers worked in child and youth care facilities rather than in the regular school setting.

## ***Instruments***

The 166-item research questionnaire asked for demographic and work-related information such as age, gender, education level, age of clients, gender of clients, years at the current job, hours per week worked, and salary. Three research scales were included in the questionnaire: Burnout, Work Environment, and Coping. The scales were selected because of their past effectiveness in understanding burnout.

### **Maslach Burnout Inventory (MBI)**

The factor-analyzed sub-scales for this measure include: Emotional Exhaustion, Depersonalization, and Personal Accomplishment (Maslach, *et al.*, 1996). *Emotional Exhaustion* is the degree to which a worker feels worn out and drained by the job. *Depersonalization* is the degree to which workers think about and treat children and youth and their families in an unfeeling and impersonal manner, and *Personal Accomplishment* describes the degree to which workers feel successful at work. This last scale becomes lower as workers become more burned out.

The MBI is a widely used instrument in human service professions, and has been established as reliable and valid (Maslach, *et al.*, 1996). Following Drake and Yadama (1995), the three factor structure of the MBI was maintained, with Cronbach's alphas in current study of: Emotional Exhaustion, .83, Depersonalization, .78, and Personal Accomplishment, .90.

### **Work Environment Scale (WES)**

Selected sub-scales from the Work Environment Scale (Moos, 1981) were used to measure dimensions of an environmental characteristic called social climate. Seven scales comprised of 63 true-false items were used: *Peer Cohesion (PC)* – The amount of friendliness and support that is perceived in co-workers; *Supervisor Support (SS)* – The support of management and the degree to which management encourages workers to be supportive of each other; *Autonomy (A)* – The degree to which workers are encouraged to be self-sufficient and to make their own decisions; *Task Orientation (TO)* – The degree to which the work environment emphasizes efficiency and good planning; *Work Pressure (WP)* – The degree to which work pressure dominates the job milieu; *Control (Ctl)* – The degree to which management uses rules and pressures to keep workers under control; *Innovation (Inn)* – The degree to which variety, change, and new approaches are emphasized in the work environment.

Internal consistency for the 7 WES scales in the current sample is as follows: PC = .63, SS = .71, A = .73, TO = .72, WP = .70, Ctl = .62, Inn = .70. Based on item-total score correlations and resultant Cronbach's alphas, items were dropped from the PC, SS, WP and Ctl scales to achieve the above levels of reliability.

### **Coping Scale**

This 28-item scale, developed to measure individual coping strategies in the work place (Latack, 1986), is based on research that found that more particular coping strategies could be categorized into two major coping styles. *Control Coping* consists of both actions and cognitive reappraisals that are proactive and take-charge in tone. They address the actual source of stress. *Escape Coping* consists of both actions and cognitive reappraisals that suggest an escapist, avoidance mode. They are oriented to decrease the negative feelings of stress. Internal consistency for the coping scales for the current sample is .84 for Control Coping and .77 for Escape Coping.

## ***Procedures***

Following approval from the various authorities of the agencies that were chosen, key contacts in the institutions solicited volunteers from among the treatment staff. All questionnaires were completed anonymously. The questionnaire, originally in United States English, was translated into Hebrew, and subjected to a traditional back-translation methodology to assure the equivalency of questionnaire items. Adjustments were made to increase agreement if necessary.

## **Results**

The results indicated significant differences between the community, residential, and teacher groups. Table 1 shows that workers in the three settings differed significantly in age, with the Teacher group being the oldest, followed by CW and RW. Community workers and teachers had held their current jobs longer, and in general had more years work experience in CYC, and, on the average, also worked in significantly smaller agencies than did RW. The groups differed in salary and number of hours of work, with RW working longer hours for less pay, followed by CW and teachers. Differences also occurred with regard to years of formal education: Teachers had the most education, followed by CW and RW.

Furthermore, the three different settings were likely to deal with somewhat different clients using different methodologies. Table 1 indicates that CW and Teacher settings were more likely to care for adolescents than for children. Community workers were more likely to see clients in single-sex groupings than were RW or teachers.

In summary, the three groups differed significantly in their work settings, their clients, and aspects of their work demands, thus supporting Hypothesis 1.

### ***Differences in Work Environment and Social Climate***

The differences in work-related variables reported above were reflected in differences in the social climate of the work environment. In order to control the group's differences in demographic variables, a multiple analysis of covariance was used to control age, gender, length in the field, and education. This analysis showed that the groups significantly differed from each other in the social climate of the work environment ( $F = 6.353, p < .001$ ).

**Table 1**  
Comparison of demographic factors for community, residential, and teacher groups

Variable	Community	Residential	Teacher	<i>F</i> or $\chi^2$
Age	31.25	28.94	36.18	17.16***
<i>n</i>	139	190	51	
Gender	M = 42% F = 58%	M = 40% F = 60%	M = 27% F = 73%	3.73
Education (years)	13.1	11.6	14.2	15.76***
Year in current position	4.71	3.13	6.72	18.08***
Years in field	6.30	4.75	7.77	10.56***
Agency size	65.96	65.10	58.70	6.67***
Age of clients	8% children 92% adolescents	21% children 79% adolescents	8% children 92% adolescents	4.40
Gender of clients	26% M only 21% F only 53% Both	12% M only 16% F only 72% Both	8% M only 8% F only 84% Both	40.08***
Hours per week worked	35.91	44.11	28.45	21.96***
Salary per month (NIS)	3412.69	3512.00	4231.37	8.02***

\*\*\*  $p < .001$

**Table 2**  
Comparison of work environment variables between the three groups (Univariate *F*'s)

Variable		Community	Residential	Teacher	<i>F</i> (14, 726)
Peer Cohesion	<i>M</i>	4.7114	4.5426	3.6667	7.01***
	<i>SD</i>	2.174	1.6864	1.7166	
Supervisor Support	<i>M</i>	3.8657	3.3154	4.2745	4.59**
	<i>SD</i>	1.499	2.0837	1.6134	
Autonomy	<i>M</i>	5.0299	4.7597	4.0392	6.27**
	<i>SD</i>	2.5217	1.8105	2.28	
Task Orientation	<i>M</i>	4.3035	3.2692	3.2157	10.80***
	<i>SD</i>	1.6163	2.2918	1.7007	
Work Pressure	<i>M</i>	3.9552	2.8846	3.8235	17.42***
	<i>SD</i>	1.457	2.0747	2.0948	
Control	<i>M</i>	3.3383	3.4154	2.8235	1.50
	<i>SD</i>	2.0457	2.1086	2.0563	
Innovation	<i>M</i>	5.3682	4.7132	5.1569	2.88*
	<i>SD</i>	2.3672	1.7553	2.0137	

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$



Table 2 shows that CW were highest in Peer Cohesion, Autonomy, Task Orientation, Work Pressure, and Innovation. Teachers were lowest in Peer Cohesion, Autonomy, and Task Orientation, and RW were lowest in Supervisor Support, Work Pressure, and Innovation. The differences found in demographic and work setting variables in the previous analysis were further reflected in workers' perceptions of the social climate of their work environment; thus providing further support for Hypothesis 1.

### *Differences in levels of burnout*

In order to control for demographic variables that might influence burnout levels beyond the influence of the work environment, a multiple analysis of covariance was used with age, gender, duration of work in the field, and education as covariates. Overall, the groups were significantly different ( $F = 7.67, p < .001$ ). However, Table 3 indicates a significant difference only for PA  $F = 17.65, p < .001$ .

**Table 3**  
Comparison of burnout levels between the three groups (Univariate F's)

Variable		Community		Residential		Teacher	F (2,377)
Emotional Exhaustion	M	19.39	M	22.53	M	20.27	1.16
	SD	9.77	SD	10.39	SD	11.49	
Depersonalization	M	5.30	M	5.78	M	5.96	1.25
	SD	4.47	SD	5.20	SD	6.95	
Personal Accomplishment	M	31.09	M	33.92	M	23.50	22.47***
	SD	11.63	SD	9.01	SD	13.13	

\*\*\*  $p < .001$

There were no differences between the groups on EE or DP. A Bonferroini post hoc analysis indicated that teachers were significantly lower on PA than both CW and RW. Despite large differences in work demands and work social climate, only one group was different from the others on only one burnout scale. Hypothesis 2 is supported for only one of the three burnout scales.

### *Differences in patterns of contributors to burnout*

Within each of the work settings, workers showed differences in the patterns of contributors to burnout. That is, important aspects of the work environment and coping strategies differed in their relation to burnout between community workers, residential workers, and teachers, thus supporting Hypothesis 3.

Hierarchical multiple regressions of the independent variables of work environment and coping styles were conducted with each of the burnout scales as shown in Table 4. Work environment variables were considered together in Step 1 of the analysis because previous research had found that such variables accounted for a large proportion of contributions to burnout. In Step 2 coping styles were considered as they may add to an explanation of burnout above and beyond that of work environment.

**Table 4**

Hierarchical multiple regressions of work environment and coping with burnout scales for the three groups

Emotional Exhaustion		B	S.E.	$\beta$
Community workers	<i>Step 1 R<sup>2</sup> = .101**</i>			
	Peer Cohesion	-.216	.420	-.048
	Supervisor Support	.235	.487	.036
	Autonomy	-.246	.372	-.064
	Task Orientation	-.495	.485	-.083
	Work Pressure	-.644	.497	-.096
	Control	-.757	.352	-.159*
	Innovation	-.568	.372	-.138
	<i>Step 2 R<sup>2</sup> = .114**</i>			
	Control Cope	-.054	.067	-.059
	Escape Cope	.134	.085	.119
Residential workers	<i>Step 1 R<sup>2</sup> = .073</i>			
	Peer Cohesion	.628	.638	.098
	Supervisor Support	.679	.561	.132
	Autonomy	-.782	.648	-.130
	Task Orientation	-.232	.647	-.049
	Work Pressure	.958	.623	.184
	Control	.493	.617	.097
	Innovation	.428	.605	.070
	<i>Step 2 R<sup>2</sup> = .194**</i>			
	Control Cope	-.065	.069	-.088
	Escape Cope	.433	.104	.393***
Teachers	<i>Step 1 R<sup>2</sup> = .137</i>			
	Peer Cohesion	.988	1.161	.148
	Supervisor Support	-1.260	1.246	-.177
	Autonomy	1.860	.883	.369*
	Task Orientation	-1.073	1.419	-.159
	Work Pressure	1.681	1.147	.306
	Control	-.545	.974	-.098
	Innovation	-1.538	1.230	-.270
	<i>Step 2 R<sup>2</sup> = .178</i>			
	Control Coping	-.100	.129	-.126
	Escape Coping	.266	.191	.222
Depersonalization		B	S.E.	$\beta$
Community workers	<i>Step 1 R<sup>2</sup> = .146***</i>			
	Peer Cohesion	-.193	.226	-.078
	Supervisor Support	.422	.263	.118
	Autonomy	.055	.201	.026
	Task Orientation	-.368	.262	-.111
	Work Pressure	-.521	.267	-.141

Emotional Exhaustion		B	S.E	$\beta$
	Control	-.624	.189	-.238***
	Innovation	-.388	.200	-.171
	<i>Step 2 R<sup>2</sup> = .208***</i>			
	Control Coping	-.103	.035	-.204**
	Escape Coping	.133	.044	.213**
Residential workers	<i>Step 1 R<sup>2</sup> = .053</i>			
	Peer Cohesion	.302	.313	.097
	Supervisor Support	.153	.275	.062
	Autonomy	-.542	.318	-.186
	Task Orientation	.085	.318	.037
	Work Pressure	.264	.306	.105
	Control	-.226	.303	-.092
	Innovation	.227	.297	.076
	<i>Step 2 R<sup>2</sup> = .088</i>			
	Control Coping	-.051	.036	-.143
	Escape Coping	.107	.054	.199*
Teachers	<i>Step 1 R<sup>2</sup> = .195</i>			
	Peer Cohesion	.638	.679	.157
	Supervisor Support	-1.250	.728	-.290
	Autonomy	.778	.516	.255
	Task Orientation	1.259	.830	.308
	Work Pressure	-.038	.671	-.011
	Control	-.534	.569	-.158
	Innovation	-1.570	.719	-.455*
	<i>Step 2 R<sup>2</sup> = .346*</i>			
	Control Coping	-.208	.070	-.434**
	Escape Coping	.168	.103	.232
Personal Accomplishment		B	SE	$\beta$
Community workers	<i>Step 1 R<sup>2</sup> = .161***</i>			
	Peer Cohesion	.146	.432	.031
	Supervisor Support	-1.530	.502	-.221**
	Autonomy	-.009	.384	-.002
	Task Orientation	.883	.500	.138
	Work Pressure	.512	.510	.072
	Control	.830	.362	.164*
	Innovation	1.357	.383	.310***
	<i>Step 2 R<sup>2</sup> = .294***</i>			
	Control Coping	.245	.064	.251***
	Escape Coping	-.419	.080	-.348***
Residential workers	<i>Step 1 R<sup>2</sup> = .151**</i>			
	Peer Cohesion	1.572	.572	.263**
	Supervisor Support	.796	.502	.166

Emotional Exhaustion	B	S.E	$\beta$
Autonomy	.609	.580	.108
Task Orientation	-.266	.580	-.061
Work Pressure	.539	.558	.111
Control	.515	.552	.108
Innovation	-.121	.542	-.021
<i>Step 2 R<sup>2</sup> = .507***</i>			
Control Coping	.452	.051	.655***
Escape Coping	-.068	.076	-.066
Teachers	<i>Step 1 R<sup>2</sup> = .294*</i>		
Peer Cohesion	-1.180	1.200	-.154
Supervisor Support	1.365	1.288	.168
Autonomy	.663	.912	.115
Task Orientation	.618	1.467	.080
Work Pressure	-3.354	1.186	-.535**
Control	2.669	1.007	.418**
Innovation	1.806	1.271	.277
<i>Step 2 R<sup>2</sup> = .332**</i>			
Control Coping	.186	.133	.206
Escape Coping	-.191	.197	-.140

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

For Emotional Exhaustion, the CW group ( $R^2 = .11$ ,  $p < .01$ ) showed influences of the work environment (lower Control ( $\beta = -.159$ ,  $p < .05$ ), while the RW group ( $R^2 = .194$ ,  $p < .01$ ) showed influences of coping strategies (higher Escape Coping ( $\beta = .393$ ,  $p < .001$ )); and the Teacher group showed no significant pattern of contributors. The patterns of contributors were completely different for the groups with Emotional Exhaustion in Community workers only related to environmental factors, in RW only related to coping styles, and no significant relation for Teachers.

For Depersonalization, the CW group ( $R^2 = .208$ ,  $p < .001$ ) showed influences of both work environment (lower Control ( $\beta = -.238$ ,  $p < .01$ ) and coping strategies (higher Escape Coping ( $\beta = .213$ ,  $p < .01$ )). The RW group showed no significant pattern of contributors. The Teacher group ( $R^2 = .346$ ,  $p < .05$ ) showed lower Control Coping ( $\beta = -.434$ ,  $p < .01$ ). Again, the patterns of contributors were different.

For Personal Accomplishment, the CW group ( $R^2 = .294$ ,  $p < .001$ ) showed the combination of lower Supervisor Support ( $\beta = -.221$ ,  $p < .01$ ), higher Innovation ( $\beta = .310$ ,  $p < .001$ ) in the environment, and higher Control Coping ( $\beta = .251$ ,  $p < .001$ ) and lower Escape Coping ( $\beta = -.348$ ,  $p < .001$ ) in coping strategies. For the RW group ( $R^2 = .507$ ,  $p < .001$ ), higher Peer Cohesion ( $\beta = .263$ ,  $p < .01$ ) and higher Control Coping ( $\beta = .655$ ,  $p < .001$ ) were related to Personal Accomplishment. For the Teacher group ( $R^2 = .332$ ,  $p < .05$ ), lower Work Pressure ( $\beta = -.535$ ,  $p < .01$ ) and higher Control ( $\beta = .418$ ,  $p < .05$ ), but no coping strategies were related to Personal Accomplishment. Personal Accomplishment showed the most complicated set of relationships with work environment and coping styles. Again, each group showed a different pattern of contributors. Thus for all three burnout scales hypothesis 3 was supported. Workers in different work settings reported different patterns of contributors to burnout.

## Discussion

Despite the range of significant differences in demographic factors, work conditions, and work climate, the three child welfare-service groups examined, showed remarkably little difference in levels of burnout. The levels of EE and DP of the participants was quite the same as the norm group mentioned in the MBI inventory manual (1996 p. 47) and in the comparative research among CYC workers across 13 cultures (Savicki, 2002). However the sample was consistently lower in Personal Accomplishment. The Teacher group accounts for much of this difference. This finding points to a need for clarification to discern if this result is a characteristic of this specific sample in Israel a state under an ongoing security and welfare stress or is a phenomena that emerges in the CYC arena.

It may be that the level of burnout is relatively consistent across groups because the different groups experience different sources of burnout, yet, those sources accumulate in a similar manner (Savicki, 2003). An examination of social climate variables and coping styles gives some indication of how distinct contributors to burnout might function in the different child welfare contexts. This notion of diversity effects in different contexts expands Armstrong's (1979) call for more focused research about the characteristics of the contributive areas to burnout.

Community workers perceived themselves (as compared to the other two groups shown in Table 2) as highest in Peer Cohesion, an indication of the amount of friendliness and support that they perceived in coworkers. The same pattern emerged in Autonomy – the degree to which workers are encouraged to be self-sufficient and to make their own decisions – and in Task Orientation, the degree to which the work environment emphasized efficiency and good planning. A high score was also found in Innovation, the degree to which variety, change, and new approaches are emphasized in the work environment. Community workers perceived themselves as lowest (compared to the others) in Supervisor Support – support by management and the degree to which management encourages workers to be supportive of each other. Their reported Work Pressure was highest, this being the degree to which the pressures of work dominate the job milieu. The CW work context has much to recommend it with regard to preventing burnout. In spite of high work loads, as reported in Table 2 CW can exert their personal impact in a reasonably predictable situation in which their organization's hierarchy allows them a good deal of individual initiative. The CW work environment context by itself resulted in CW being lowest on Emotional Exhaustion and moderate on Personal Accomplishment.

Teachers perceived themselves (compared to the other two groups) as highest in Supervisor Support and lower in Peer Cohesion. The same pattern appeared in Autonomy and in Task Orientation, and teachers were also lowest in Control. Although teachers worked in CYC settings, their demographics and work environment led them to perform more independently. However, they felt constrained by the lack of structure, the more chaotic nature of CYC, and by their perceived lack of freedom of action in that setting. Teachers, while not suffering extreme emotional fatigue or cynicism, showed the lowest evaluation of their attainments at work.

In most areas of the work environment the residential workers fell midway between the other two groups, and the only area in which their report was the lowest was Work Pressure. Paradoxically, RW workers showed both the highest levels of emotional fatigue and the highest levels of a sense of achievement at work. The combination of longer work hours and lower pay may have combined with their young age and continued on-the-job training may have contributed to both a high level of energy expenditure and high perceived rate of growth in job skills. Exploring the differences in patterns of contributors to burnout emphasized the differences of contexts of service between the groups, with environmental and personal coping styles combining in various ways for workers in the different contexts. This result has implications for education and supervision of workers in these contexts. One possible intervention could focus on training individuals on coping styles. As a generalization, more problem-focused, Control

coping led to better outcomes than did emotion-focused, Escape coping. This finding is consistent with Anderson's (1995) results of research about how veteran child protective service workers cope with job stress. Those who used Engaged (active) coping were less likely to feel depersonalized and more likely to feel a sense of personal accomplishment. At the same time, organizational interventions might focus on providing more freedom of action within a defined structure. However, there is no "one size fits all" burnout prevention intervention or training that is likely to meet the needs of all workers. The risks of burnout comes from different environmental and personal sources, and a more selective approach to burnout prevention should be adopted.

The practical application of these findings in view of the vast differences between the three groups of CYC workers must be considered by policy makers when addressing issues of work with socially detached youth. The three groups should not be treated as homogeneous. In this study the teachers stood out as distinct from both community and residential workers. Today's tendency is to integrate the personnel working with detached adolescents, somewhat disregarding their different employment settings which, as the research indicates, create different work realities and burnout realities. The findings support the notion that, on the one hand, an overall professional identity should be developed for all personnel working with detached adolescents, and on the other hand, each group should receive instruction directed at its specific needs (Savicki, 1990). This might begin with the training of the various workers and continue into the professional on-the-job guidance they receive. The training of these workers should take into the account not only the therapeutic contents (Avisar, *et al.*, 1994), but also community values and awareness of the various groups working in the field. With the identification of sources of burnout for the different worker groups comes the responsibility to use that knowledge not only for the workers themselves through burnout prevention, but also for their clientele, who can suffer from decreased quality of service delivered by burned out workers.

Policy makers need to reject the notion of "acceptable casualties" (Felner, *et al.*, 2000) among CYC workers and look to organize delivery systems and work contexts that prevent burnout. The confluence of environmental and personal factors embodied in the community worker context explored in this research gives some direction to the effort to create empowering situations that, by their very structure, minimize burnout. Thus enhancing the structure and the guidance of their organization in terms of policies and procedures and encouraging the problem-focused coping approach offer efficient guidelines to prevent or at least decrease burnout. In summary, the findings provided an opportunity to examine a group of workers that is not frequently studied, and revealed, empirically, the differences between the groups as expressed by different work environments, configurations of burnout, and different means of coping. All professionals who work with detached adolescents would benefit from overall, common guidelines for dealing with this distressed population. At the same time, policy makers must devote their attention to the differences between the groups, and provide each group with tools to enhance its work and imprint its unique professional mark on the adolescents with whose care they have been entrusted.

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