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Damian A. Pisapia
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EXPLORING THE RELATIONSHIP BETWEEN OCCUPATIONAL BURNOUT AND THE BEHAVIORAL WELL-BEING OF SOCIAL WORKERS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

---

by

Damian A. Pisapia

June 2017

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Approved by:

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Dr. Janet Chang, MSW Research Coordinator

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ABSTRACT

The purpose of this study was to determine if there was a relationship between occupational burnout and the behavioral well-being of social workers. Burnout is a multidimensional syndrome where workers experience feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment as a consequence of work related stress and overwhelming job demands. Burnout can negatively affect organizational functioning, work performance, and pose significant health risks to workers. There are a limited number of studies focusing on the impact of occupational burnout on the behavioral well-being of workers. The findings of this study indicated that there was a significant relationship between burnout and behavioral well-being. Emotional exhaustion was found to negatively impact exercise frequency, which was consistent with previous study findings. Depersonalization was positively correlated to the number of hours of sleep and the frequency of self-care activities participants engaged in. The effects of depersonalization on sleep and self-care activities suggest that workers may engage in these activities as a way to cope with feelings of depersonalization on the job.

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CHAPTER ONE

SOCIAL WORK AND BURNOUT

Introduction

The purpose of this chapter is to provide an overview of the diverse roles social workers take on within the helping profession. The second objective is to highlight the challenges and risks that clinicians, clients, and organizations may face from experienced burnout by workers as a consequence of the highly demanding and stressful nature of social work practice. The chapter will conclude with the purpose of this study and its implications and significance for micro and macro social work practice.

Problem Statement

Today, social workers are employed in a wide array of organizations fulfilling a diverse set of roles from client practitioners to community and organizational leaders. Social workers work in the public and private health sector. Many can be found in substance abuse facilities, mental health clinics, social services departments, nonprofit organizations, child welfare agencies, schools, hospices, and hospitals. Social workers are also organizational leaders and serve the public interest by running non-profit organizations, organizing communities, advocating for vulnerable populations, and enacting policy change at the legislative level. Social workers are trained to work with a diverse client base; from children and adolescents to the elderly, people from varying cultural

backgrounds and socioeconomic status, to people with severe disabilities and impairments.

The retention of social workers within the field has been a difficult task given the challenges faced by social workers working with such vulnerable populations (Barak, Nissly, & Levin, 2001). Social workers are often exposed to cases dealing with child and elder abuse, severe mental illness, substance abuse, bereavement, and end of life care. The profession of social work is highly emotionally demanding and requires high levels of physical and emotional resources from workers.

In addition, many social work agencies are underfunded and understaffed, creating high caseloads and limiting the available resources workers can allocate to their clients. Social workers experience severe stress and strain and are at an increased risk of occupational burnout which can have negative effects on worker well-being (Burke, Koyuncu, & Fiksenbaum, 2010; Leiter & Maslach, 2001; Lloyd, King & Chenoweth, 2002; Puig, Baggs, Mixon, Park, Kim, & Lee, 2012). Numerous studies have associated burnout with negative health consequences and reduced employee performance (Maslach & Leiter, 1997; Schaufeli, Maslach, & Marek, 1993).

Burnout is a multidimensional construct that is often defined as a psychological syndrome in response to chronic stressors on the job. The three dimensions of burnout are feelings of overwhelming exhaustion, feelings of cynicisms and detachment from one's work, and a lack of a sense of personal

accomplishment in one's work (Maslach, Schaufeli, & Leiter, 2001). Workers experiencing burnout feel emotionally exhausted; like their emotional resources are depleted and feel an inability give back both emotionally and psychologically. Workers who experience burnout will often experience feelings of cynicism where they take a cold and distant attitude toward work while harvesting feelings of depersonalization to counter the effects of burnout (Maslach et al., 2001). Lastly, burnout involves a tendency for negative self-evaluation where workers will feel unaccomplished with their work and any efforts they put forth. Workers feeling ineffective will often believe that what they do doesn't have an impact on clients, causing them to lose confidence in themselves.

A decline in employee physical and behavioral health can create high health care costs for organizations and lead to the disruption of services due to worker absenteeism. Burnout can also become an occupational hazard in a field where workers need to be emotionally invested and available to clients when providing critical services. In such highly emotionally demanding professions, relationships between clients and workers can be strained due to the detrimental effects of burnout on workers (Leiter et al., 2001). It is the ethical responsibility of an organization to ensure the well-being of their workers as it can impact their work performance and directly affect the quality of care and delivery of services to clients (Lizano, 2015). In turn, burnout should be addressed at the highest organizational level in an effort to minimize the negative consequences that it has on worker's well-being and their work performance.

Purpose of the Study

This study aimed to study the impact of burnout on the behavioral well-being of social workers. The impact of burnout on the behavioral well-being of workers has not been extensively studied in the literature. A systematic review conducted by Lizano (2015) revealed that only two studies focused on the impact of burnout on the behavioral well-being of workers. By examining the impact of burnout on behavioral well-being, we can guide future efforts in mitigating the impact of burnout on the well-being of social workers. It was theorized that the experience of burnout would impact a worker's behavioral well-being by influencing behaviors or activities associated with physical health outcomes.

The design of this study was a cross-sectional quantitative study that drew data from a non-probability availability convenience sample. Data collection was conducted by administering a self-report survey about occupational burnout in the workplace alongside questions about participation in certain behaviors or activities thought to reflect behavioral well-being. The participants sampled for this study were current MSW field instructors supervising BASW and MSW student interns at their respective agencies. The major study variables examined for the purpose of this study were burnout and behavioral well-being.

Significance of the Study for Social Work Practice

The following study was undertaken due to the lack of existing research examining the relationship between job burnout and the behavioral well-being of social workers. This study hoped to gain a better understanding of the complex

relationship between each dimension of burnout and behavioral outcomes related to the behavioral well-being of social workers. The significance of this study for social work practice would be to guide future social work practice in developing policies, programs, and interventions aimed at combating burnout and reducing the negative effects it has on workers, clients, and organizations.

By understanding how burnout affects certain behavioral outcomes, one can begin to explore how to preserve and protect the behavioral well-being of workers. Many organizations incorporate employee wellness programs to promote health and well-being amongst workers. Some offer monetary incentives for exercising, losing weight, or for overall health improvements. It is the hope of this study that by exploring the relationship between burnout and behavioral outcomes, organizations will be able to refine their employee wellness programs and target or utilize the specific behavioral outcomes examined in this study to reduce burnout amongst workers.

When organizations take preventive measures towards burnout, they can benefit from increased worker satisfaction and reduced turnout rates, increased productivity and engagement, reduced organizational costs from medical illness and absenteeism, and improved quality of care for clients. Furthermore, reducing burnout among employees can increase employee morale and improve the quality of services provided to clients.

This study will address the following question: what is the relationship between burnout and behavioral well-being? In other words, how does the

experience of burnout affect the behavioral outcomes associated with worker's behavioral well-being?

Summary

This chapter presented a broad overview of social work roles across the helping profession and the challenges faced by social workers in their fields of practice. As a consequence of the high demands required from the social work profession, the topic of occupational burnout is discussed, along with the micro and macro implications, such as the effect on individual worker well-being, organizational health and functioning, and the impact on client populations as a consequence of a decrease in the quality of services provided by organizations.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a review of the current literature on burnout syndrome which includes an operational definition of burnout, its three dimensions, and a summary of studies discussing the effects of burnout on well-being. Gaps in the literature will touch on the lack of research being conducted on the behavioral health outcomes of burnout. The final section of this chapter will cover the theories guiding the conceptualization of burnout.

Definition of Burnout

Burnout can be described as a multidimensional syndrome consisting of increased feelings of emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Lloyd et al., 2002; Schaufeli, Leiter & Maslach, 2008). Burnout is a response to chronic workplace and interpersonal stressors on the job (Burke et al., 2010; Lizano, 2015). Burnout syndrome is a common phenomenon in all professions, but it is particularly prevalent in human services related professions where workers are challenged by emotionally intense and psychologically demanding tasks like working with client populations (Leiter et al., 2001; Lizano, 2015; Lloyd et al., 2002). Some workers experiencing burnout may choose to leave their stressful professions, while others may remain on the job. The attitude and performance of these individuals can have serious

consequences on the delivery of services and quality of care received by clients and can pose challenges to organizational staff.

Dimensions of Burnout

As previously stated, burnout is conceptualized as a multidimensional syndrome. Each dimension is distinct from one another, but all are interrelated. Burnout consists of feelings of emotional exhaustion, depersonalization, and decreased feelings of personal accomplishment.

Emotional Exhaustion

The first dimension of burnout is emotional exhaustion. Emotional exhaustion is the experience of feeling emotionally depleted and overextended and an inability to give back on a psychological level (Leiter et al., 2001; Maslach & Jackson, 1981; Schaufeli et al., 2008). Emotionally exhausted workers may feel drained and unable to replenish their psychological resources. According to Maslach et al. (2001), exhaustion is the central feature of burnout syndrome and the most evident to identify.

Depersonalization

Depersonalization is the second dimension of burnout and can be described as a negative, cynical and detached response and attitude towards others (Leiter et al., 2001; Lloyd et al., 2002). Workers experiencing burnout utilize depersonalization as a coping mechanism to deal with stress in their work environment, where they distance themselves from clients (Leiter et al., 2001). While depersonalization can serve as a way to deal with work stress, it can also

manifest into dehumanization where workers blame clients for their difficulties and circumstances.

Personal Accomplishment

The third dimension of burnout is personal accomplishment. Workers who are burned out experience reduced levels of personal accomplishment, a diminished sense of self-efficacy and tend to evaluate their own work more negatively (Lloyd et al., 2002). Maslach et al. (2001) proposes that a diminished sense of personal accomplishment may be a function of emotional exhaustion and/or depersonalization. She argues that emotional exhaustion and depersonalization negatively affects one's ability to gauge their own sense of effectiveness if one feels indifferent, cynical, and detached from a client.

Definition of Behavioral Well-Being

In this study, behavioral well-being was defined as behaviors or activities that positively or negatively impacted physical health and feelings of well-being. Positive behavioral outcomes were defined a behaviors or activities that have been demonstrated to potentially improve physical health and well-being like exercise, diet, sleep, and participation in recreational or leisure activities as a way to relieve stress. Negative behavioral outcomes were behaviors or activities considered to potentially impact physical health and well-being negatively, such as smoking, consuming alcohol, or the administration of pain medication. Negative behavioral outcomes could also be defined as a deficit in or the

absence of behaviors that promote positive physical health and well-being (e.g. lack of exercise, a poor diet, not enough sleep).

Studies Focusing on Burnout and Worker Well-Being

The effects of burnout on job performance and organizational health have been extensively documented in the literature. However, the role of burnout in the physical, psychological, and behavioral well-being of workers has only produced a limited number of studies (Lizano, 2015). Numerous studies have discovered relationships between burnout and psychological well-being where individuals experiencing burnout were more likely to report feelings of depression and anxiety (Bakir, Ozer, Ozcan, Cetin & Fedai, 2010; Glass, McKnight, & Valdimarsdottir, 1993; Jayaratne, Chess, & Kunkel, 1986; Maslach et al., 2001). People who experience burnout often experience negative work attitudes, job dissatisfaction, and lower levels of job performance (Burke et al., 2010).

Studies have also found that certain dimensions of burnout were correlated with participant's physical health. For example, a positive relationship was found between emotional exhaustion and the number of health problems and psychosomatic symptoms reported by participants (Grau-Alberola, Gil-Monte, García-Juesas, & Figueiredo-Ferraz, 2010; Rísquez, Fernández, & Meca, 2011). People with higher scores on the emotional exhaustion scale reported more health problems and psychosomatic symptoms in the study. Conversely, those scoring lower on the emotional exhaustion scale reported experiencing less health problems and psychosomatic complaints. A study by Kim, Ji, & Kao

(2011) examined the relationship between burnout and physical health and found burnout was positively correlated with physical health complaints. Participants experiencing high levels of burnout reported more physical health complaints than participants experiencing lower levels of burnout.

Gaps in the Literature

The effects of burnout have been well studied in the literature. Schaufeli et al. (2008) estimates that there are currently over 6,000 books, chapters, dissertations and journal articles published on burnout. However, some gaps within the literature remain. Much of the literature focuses on how burnout affects job performance and organizational health, but many studies fail to explore the effects of burnout on general well-being (Lizano, 2015; Schaufeli et al., 2008; Maslach et al., 2001).

In a systematic review and synthesis, Lizano (2015) only found 19 empirical studies published between 1970 and 2014 that examined the relationship between burnout and general well-being (psychological, physical, and behavioral). Of those 19 studies, only two examined the effects of burnout on behavioral well-being. One such study found a significant positive relationship between depersonalization and medication use (Burke et al., 2010). Participants scoring higher on the depersonalization scale reported using medications like sleeping pills and pain medication more frequently than those with lower depersonalization scores. In a study by Puig et al. (2012), emotional exhaustion was negatively correlated with participant's reported engagement in diet and

exercise. That is, participants experiencing high levels of emotional exhaustion reported lower adherence to following a healthy diet and engaging in regular exercise.

This study will build upon the limited research on burnout and behavioral well-being by examining the impact of burnout on behavioral outcomes such as pain medication use, consumption of alcohol, daily exercise, diet and other behavioral outcomes contributing to the behavioral well-being of workers. By focusing on the effects of burnout on behavioral outcomes, one can gain a better understanding about the effects burnout has on behavioral health and well-being, which was what this study aimed to accomplish. The positive and negative behavioral outcomes studied can have great implications on an individual's general health. The potential findings could describe how people cope with feelings of burnout and examine if there are any effective coping strategies to combat the syndrome.

Theories Guiding Conceptualization

As burnout research accumulated over the years, numerous theories on the causes of burnout have been presented. The first theory proposed that the most dedicated and idealistic workers were more likely to experience burnout due to doing too much to support their ideals (Maslach et al., 2001). When their efforts did not meet their expectations, they would experience emotional exhaustion and depersonalization. A second theory proposed that burnout was caused by prolonged exposure to chronic work stressors and implied that

burnout would occur later in a seasoned worker's career (Maslach et al., 2001; Maslach et al., 1981). Another theory postulates that high job demands and a lack of resources in the workplace may lead to experienced burnout by workers (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). This theory has been used to explain the impact of work demands and the availability of resources in the development of burnout in the workplace and will be used in this study as a guiding theory in conceptualizing burnout.

As previously stated, burnout has been theorized to be a response to chronic workplace stress on the job (Burke et al., 2010; Lizano, 2015). The Job Demands-Resources (JD-R) model proposes that an imbalance between job demands and resources can produce negative outcomes in the workplace (Demerouti et al., 2001; Lizano, 2014). Employees experiencing too many job demands and having few to no resources to meet those demands may experience job stress, leading to the development of burnout. On the other hand, employees with high job demands and adequate resources may be able to manage their job demands efficiently, contributing to positive outcomes like increased engagement on the job.

The standard research tool to measure burnout is the Maslach Burnout Inventory (MBI) developed by Christina Maslach and Susan Jackson (Maslach & Jackson, 1981). Through the development of the MBI, researches noticed that workers suffering from burnout experienced conflicts of energy, deficits in client engagement, and perceived negative feelings of self-efficacy (Leiter et al., 2001).

These shared phenomena led to burnout being conceptualized as a multidimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment.

Emotional exhaustion is the central dimension of burnout which workers experience (Leiter et al., 2001; Maslach et al., 1981; Maslach et al., 2001). However, emotional exhaustion cannot be the only component of burnout as it occurs within an interpersonal context. The dimension of depersonalization captures the relationship between burnout and individuals (Maslach et al., 2001). When workers experience emotional exhaustion from their work, they develop ways to cope with work stress by adopting cynical attitudes about clients and emotionally distance themselves. Therefore, a sequential link from emotional exhaustion to depersonalization exists where depersonalization is a reaction to emotional exhaustion and a way for burned out workers to cope (Leiter et al., 2001). Maslach et al. (2001) state that the link between the first two dimensions of burnout and personal accomplishment is simultaneous in nature, and perhaps, not sequential. Thus, perceived personal accomplishment develops at the same time as do the first two dimensions of burnout and that feelings of reduced personal accomplishment may be a function of either emotional exhaustion, depersonalization, or possibly both (Lee & Ashforth, 1996). The researchers argue that a stressful work situation contributes to emotional exhaustion and depersonalization and each of these dimensions affect a worker's sense of accomplishment and effectiveness; people who experience emotional exhaustion

and depersonalization have a difficult time experiencing high levels of personal satisfaction in their work.

Summary

This study explored the relationship between burnout and its effects on behavioral well-being. Social work is a highly demanding profession that requires workers to be emotionally invested in their job. Due to the helping nature of the profession, social workers are more prone to experiencing job burnout than other professions. Burnout poses serious challenges to organizations and client populations. Burnout can negatively affect worker's health and performance which may impact the quality of services provided to clients (Leiter et al., 2001). Burnout may also create unnecessary organizational costs as a direct consequence of poor worker health contributing to increased absenteeism and high turnover rates. By adopting a multidimensional approach to burnout, one can study the relationship between each dimension of burnout and its impact on specific behavioral outcomes. This study sought to gain a better understanding of the relationship between burnout and the behavioral outcomes believed to influence the behavioral well-being of social workers.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the research methods utilized in this study. The topics discussed here will include the study design, sampling method, data collection, instruments used, procedures followed, and the protection of human subjects. The chapter will conclude with a summary of the data analysis methods utilized for the study.

Study Design

The purpose of this study was to explore the relationship between burnout and the behavioral well-being of social workers. Specifically, whether there were any statistically significant relationships between the dimensions of burnout and specific behavioral outcomes believed to influence behavioral well-being. A second outcome sought by this study was to replicate the results of previous research studies that examined the relationship between burnout and behavioral well-being (Burke et al., 2010; Puig et al., 2012).

This study was a cross-sectional quantitative study that utilized quantitative methods for the collection and analysis of data in order to determine if there was a relationship between burnout and behavioral well-being. It was theorized that burnout would impact a worker's behavioral well-being by influencing behaviors or activities associated with physical health outcomes.

Specifically, that emotional exhaustion and depersonalization would negatively impact behavioral outcomes associated with positive behavioral well-being such as exercise, diet, sleep, and self-care. In addition, it was also speculated that high levels of emotional exhaustion and feelings of depersonalization would be associated with an increase of negative behavioral outcomes such as smoking, alcohol consumption, and the use of pain medication.

A quantitative approach to collecting and analyzing data was determined to be the best way to capture participant responses and interpret the study's findings. While a quantitative approach to data collection may limit the level of insight gathered in contrast to more qualitative methods like individual interviews and focus groups, the survey instrument used in this study was able to measure the frequency of specific target behaviors of interest to this study and its relationship to burnout. In addition, a qualitative approach would have required more time and resources to conduct and may not have captured the required data for analysis.

Sampling

This study draws data from a non-probability availability convenience sample consisting of social work field instructors who attended the 4th Annual CSUSB Field Instructor Training led by the CSUSB School of Social Work on September 8, 2016 who elected to participate in the study. The sample size of this study was 133 participants. The selection criteria for this sample were supervisors or direct service providers with a graduate degree in social work or a

related field currently acting as field Instructors or preceptors supervising student interns at their placement. The sample is representative of social workers and mental health professionals, who according to the research, are at higher risk of experiencing burnout due to the high stress and emotional demands of these helping professions (Puig, et al., 2012; Lizano, 2015, Söderfeldt, Söderfeldt, & Warg, 1995).

Data Collection and Instruments

This study utilized quantitative methods for data collection and analysis. A survey questionnaire was used to record participant responses. The survey consisted of a series of questions about participant's demographic information, length of practice in the field, perceived workload, and reported burnout measured by the Maslach Burnout Inventory (Maslach & Jackson, 1981). In addition, a health and well-being questionnaire adapted from various sources was used to measure the frequency of seven behavioral outcomes relevant to this study (Diener, Emmons, Larsen, & Griffin, 1992; Ware Jr. & Sherbourne, 1992).

The instrument utilized to measure burnout was the Maslach Burnout Inventory (MBI) developed by Christina Maslach and Susan E. Jackson (Maslach & Jackson, 1981). The MBI consists of 22 questions that measure and conceptualize three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. The MBI has been recognized as the leading way of measuring burnout and the instrument's validity and

reliability have been established over the last 34 years of use and across various demographics, cultures, and countries including Turkey, Hong Kong, Italy, South Africa, and the United Kingdom (Loera, Converso, & Viotti, 2014; Maslach, Jackson, & Leiter, 1997; Morgan, de Bruin, & de Bruin, 2014).

For this study, burnout was studied as a multidimensional construct and each dimension of burnout was used as an independent variable. The independent variables used are as follow: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). The level of measure for each independent variable is interval level data, measured by the MBI.

The MBI demonstrates accuracy and consistency over time in several ways. First, a Cronbach's coefficient alpha (n=1,316) was used to estimate the internal consistency of each subscale of burnout. The reliability coefficients for each subscale of the MBI are as follow: .90 for emotional exhaustion, .79 for depersonalization, and .71 for Personal Accomplishment, indicating moderate to high internal consistency within each scale. Test-retest reliability over time has demonstrated low to moderately high reliability coefficients, all significant beyond the .001 level. In addition, more recent studies have found reliability coefficients ranging from .50 to .82 over the span of three months to one year (Maslach, Jackson, & Leiter, 1997).

Discriminant validity in the MBI was established as a way to distinguish burnout from other psychological constructs that may be confounded; it is used to

determine that such constructs are indeed separate and distinct and unrelated to each other. While burnout has been found to be related to depression, studies have established that they are two distinct and unrelated constructs by pointing out that burnout is specific to the work environment, while depression is more pervasive across all aspect of an individual's life (Maslach et al, 2001).

Convergent validity measures different constructs to determine whether these constructs are in fact related to each other. Convergent validity in the MBI was established in numerous ways. Participant scores in the MBI were correlated with behavioral ratings independently conducted by a person who was familiar with the participant, like a spouse or close friend. MBI scores were also correlated with job characteristics and various outcomes that were theorized to be associated with burnout (Maslach et al, 2001).

The dependent variables measured in this study consisted of behavioral outcomes thought to have an impact on the behavioral well-being of workers. The dependent variables examined are as follow: Smoking (BH1), Exercise (BH2), Diet (BH3), Alcohol Use (BH4), Pain Medication Use (BH5), Sleep (BH6), and Self-Care (BH7). The level of measure for each dependent variable was interval level data; a 5-point Likert Scale was utilized to record the frequency of behaviors or activities participants engaged in, where 0 = "Never" and 5 = "Daily."

A potential limitation of this study may be the generalizability of the sample population. The participants surveyed consisted of social work field instructors and preceptors supervising student interns. It is possible that the sample

surveyed may not have direct interactions with clients due to the supervisory nature of their role. Therefore, the experienced burnout of this sample may not be truly representative of the experienced burnout by social workers who are direct service providers and who work closely with their client population.

Procedures

Survey data was collected on September 8, 2016 at the 4th Annual CSUSB Field Instructor Training hosted by the CSUSB School of Social Work. Surveys were distributed during the training to interested participants. Participants were instructed to return the completed surveys to research assistants outside the conference room for secure storage.

During the introductory segment of the training, the lead researcher made an announcement to participants at the training about the nature of the study being conducted. The surveys were distributed by the research assistants to interested participants at each table. Participants were then given the entire day to complete the surveys and return them to the research assistants.

Each participant received a folder containing the survey, the informed consent form to be completed, and a copy of the informed consent form for participants to keep. Participants were given the leisure to review and complete the survey and materials throughout the day. Research assistants set up a table outside the conference room to answer any questions participants had about the study and to collect the surveys.

Participants were offered two options to return their completed surveys. They could hand them to the research assistants sitting at the outside the conference room at any time during the training, or they could return their surveys by mail with a self-addressed envelope provided by the research assistants to participants requesting to this method of submission. Surveys returned to research assistants were inspected to ensure the informed consent form was signed by participants with an “X” or checkmark and were then stored in a secure lock box accessible by key only to the research assistants and lead researcher.

Participants who elected to return their completed surveys during the training were provided a ticket for a chance to enter a gift card raffle for their participation in the study. Ten different gift cards with a value of $25 each were raffled off at the end of the training. Those who chose to return their surveys via mail were not eligible to participate in the raffle.

Protection of Human Subjects

A series of measures to assure the anonymity and confidentiality of participants in this study was taken by researchers. The informed consent form described the benefits and perceived risks of participating in the study. Participants were informed verbally and in writing that the study was voluntary and that they had the right to withdraw from participating at any time and without consequences. Contact information of the lead researcher and the IRB Sub-Committee Chair were included in the informed consent form to allow participants

to contact the researcher with any questions or concerns. In addition, the informed consent form included a confidentiality clause explaining that all personal data collected in the study was strictly confidential, that the location of the study would not be disclosed to protect privacy and that findings would be reported in aggregate form to protect the privacy of participants. The informed consent form also stated that all survey data would be stored in a lock box and reside in the lead's investigator's office under lock and key and that all data would be stored in a password protected computer and destroyed three years after the study has been completed.

The survey instrument did not ask for any personal identifiable information such as names or any other personal details aside from demographic information. Participants were instructed to check a box and write the date to give their consent to participate in the study and did not require writing initials or any other personal identifiable information. Each participant's survey was assigned a unique number devoid of any personal identifiable information, for data analysis purposes.

Data Analysis

The data collected from this study was quantitative in nature and was entered and analyzed in IBM's SPSS Version 24. Descriptive statistics analyses were conducted to determine the demographic profile of the sample and to measure the central tendency of the major study variables. Measures of skewness and kurtosis were examined to assure normality of the data. A number

of statistical analyses were conducted to ensure the integrity of the data and interpret results including a reliability analysis on the established scales used in the study, and a correlational analysis among the major study variables to determine the strength and direction of each relationship. In addition, a series of hierarchical regression models were created to account for any statistically significant amount of variance attributed to the independent variable, after accounting for all other variables.

Summary

This study was designed to explore the relationship between burnout and the behavioral well-being of social workers. It was theorized that emotional exhaustion and depersonalization would be negatively correlated to positive behavioral outcomes and negatively correlated to negative behavioral outcomes, impacting the behavioral well-being of workers. The quantitative methods used for data collection and analysis were the best way to capture the various dimensions of burnout and its relationship to behavioral well-being.

CHAPTER FOUR

RESULTS

Introduction

This chapter will report the findings of the statistical analyses conducted in this study. A description of the study sample will be presented, highlighting relevant demographic variables. Descriptive statistics will be discussed by presenting the Mean and Standard Deviations of the study scales and variables. A bi-variate correlational analysis will be presented to highlight the interrelationships between the central study variables and to ensure the data meets the key assumptions for a regression analysis. Lastly, findings from the hierarchical regression analysis conducted will be presented to identify any statistically significant amount of variance in the dependent variables studied.

Presentation of Findings

Description of the Study Sample

The sample collected consisted of 133 participants of which 20 were male (15%) and 113 were female (85%) with a participant mean age of 44 years, as presented in Table 1 (see below). Participants reported their race/ethnicity as follow: 45.1% Non-Hispanic White, 35.3% Hispanic/Latino, 18.8% African American/Black, 4.5% Asian American/Pacific Islander, 2.3% American Indian/Alaska Native, and 0.8% as Other. The average length of practice of participants working in their field was 162 months, or 13 years and 6 months.

Table 1. Demographic Characteristics of Study Sample

	N	*%*	*M*	*SD*
Age	133	N/A	44	10
Sex				
Male	20	15.0%		
Female	113	85.0%		
Race/Ethnicity				
African-American	25	18.8%		
Non-Hispanic White	60	45.1%		
Hispanic/Latino	47	35.3%		
Asian-American/Pacific Islander	6	4.5%		
American Indian/Alaskan Native	3	2.3%		
Other	1	0.8%		
Tenure				
Length of Practice (months)	129	N/A	162	113

Descriptive Statistics

The Mean and Standard Deviation scores of each study scale are presented in Table 2 (see Appendix D). The Mean participant scores on the burnout scales were: 18.93 for Emotional Exhaustion (SD=10.96), 3.14 for Depersonalization (SD=3.64), and 40.26 for Personal Accomplishment

(SD=5.87). The Mean participant score on the Workload scale was 18.71 with a Standard Deviation of 4.84. Within the behavioral health outcome variables, the Mean scores of each variable were reported as follow: 0.22 for Smoking (SD=0.93), 3.14 for Exercise (SD=1.45), 3.78 for Diet (SD=1.16), 1.57 for Alcohol Use (SD=1.5), 1.13 for Pain Medication Use (SD=1.38), 3.36 for Sleep (SD=1.39), and 3.17 for Self-Care (SD=1.22).

Bi-Variate Correlation Analysis of Study Variables

A Pearson product-moment correlation coefficient analysis was conducted to determine the strength and direction of the relationship between demographic variables, burnout and workload scales, and the behavioral health variables. Table 2 (see Appendix D) presents the results of the correlation analysis among the major study variables of interest in this study. Statistically significant findings are summarized below.

As expected, a series of statistically significant relationships between burnout scales were examined. Emotional Exhaustion was positively correlated with Depersonalization ($r=.45$, $p \leq .01$). Emotional Exhaustion was also negatively correlated with Personal Accomplishment ($r= -.44$, $p \leq .01$). Depersonalization was negatively correlated with Personal Accomplishment ($r= -.33$, $p \leq .01$).

A number of statistically significant relationships were also found among demographic variables and burnout scales. Age was negatively correlated with Depersonalization ($r= -.26$, $p \leq .01$) and positively correlated with Personal

Accomplishment (r= .20, p ≤ .05) and tenure (r= .57, p ≤ .01). Tenure was found to be negatively correlated with Personal Accomplishment (r= -.29, p ≤ .01). Lastly, workload was positively correlated with Emotional Exhaustion (r= .44, p ≤ .01) and Depersonalization (r= .22, p ≤ .05).

Several statistically significant relationships between burnout and behavioral well-being outcomes were found. Emotional Exhaustion was negatively correlated with Smoking (r= -.18, p ≤ .05), Exercise (r= -.17, p ≤ .05), and Sleep (r= -.18, p ≤ .05). Emotional Exhaustion was also positively correlated with Pain Medication Use (r= .18, p ≤ .05). Personal Accomplishment was found to be positively correlated with Exercise (r= .19, p ≤ .05) and Diet (r= .18, p ≤ .05). In addition, Pain Medication Use was found to be negatively correlated with Personal Accomplishment (r= -.28, p ≤ .01).

Statistically significant correlations between behavioral well-being outcome variables were also found. Diet was positively correlated with Exercise (r= .52, p ≤ .01) and Sleep (r= .23, p ≤ .01). Self-Care was found to be positively correlated with Exercise (r=. 38, p ≤ .01), Diet (r= .28, p ≤ .01), and Sleep (r= .40, p ≤ .01).

Hierarchical Regression Analysis

A series of hierarchical regression models were conducted to assess the relationship between burnout and behavioral well-being. Demographic variables were entered in the first step of the model to control for age, gender, and tenure. Step 2 built on the previous model by incorporating the addition of the

independent variable of Emotional Exhaustion. For Step 3, the independent variable of Depersonalization was added to variables in the previous step. Step 4 incorporated the independent variables of the previous step, with the addition of Personal Accomplishment as an independent variable. Lastly, Step 5 incorporated the Workload scale in conjunction to previous variables used in the prior steps. The findings of the hierarchical regression analysis are presented by dependent variable.

Behavioral Outcome 1 (Smoking)

The hierarchical regression model incorporating demographic variables and the central study scales were regressed on the dependent variable Smoking is presented in Table 3 (see Appendix E). Model 1 with variables Age, Gender, and Tenure explained 2% of variance in Smoking. No coefficients were significant in this model. Model 2, introducing Emotional Exhaustion explained 5% of variance in Smoking. No coefficients were significant in this model. Model 3, with the addition of Depersonalization explained 6% of variance in Smoking. In Model 3, the variable Emotional Exhaustion ($\beta = -0.23$, $p \leq 0.05$) was found significantly related to Smoking. Model 4, the addition of Personal Accomplishment explained 6% of variance in Smoking. No coefficients were significant in this model. Model 5, with the addition of Workload explained 8% of variance in Smoking. No coefficients were significant in this model.

Behavioral Outcome 2 (Exercise)

The hierarchical regression model where demographic variables, in addition to the central study scales of burnout and workload were regressed on the dependent variable Exercise is presented in Table 4 (see Appendix F). Model 1 with variables Age, Gender, and Tenure explained 1% of variance in Exercise. No coefficients were significant in this model. In Model 2, the introduction of Emotional Exhaustion explained 7% of variance in Exercise. In this model, the variable Emotional Exhaustion ($\beta = -0.25$, $p \leq 0.02$) was found significantly related to Exercise. Model 3, with the addition of Depersonalization explained 10% of variance in Exercise. Emotional Exhaustion ($\beta = -0.33$, $p \leq 0.01$) was found significantly related to Exercise in Model 3. In Model 4, with the addition of Personal Accomplishment explained 11% of variance in Exercise. In this model, Emotional Exhaustion ($\beta = -0.29$, $p \leq 0.02$) was found significantly related to Exercise. Model 5, with the addition of Workload explained 11% of variance in Exercise. Emotional Exhaustion ($\beta = -0.27$, $p \leq 0.04$) was found significantly related to Exercise in this model. Model 5 accounted for 11% of variance explained by Emotional Exhaustion in the variable Exercise, after controlling for demographic variables and burnout and workload scales in the final step.

Behavioral Outcome 3 (Diet)

The hierarchical regression model incorporating demographic variables and the study scales of burnout and workload were regressed on the dependent variable, Diet, and the results are presented in Table 5 (see Appendix G). Model

1 with variables Age, Gender, and Tenure explained 5% of variance in Diet. In Model 2, introducing Emotional Exhaustion explained 8% of variance in Diet. Model 3, with the addition of Depersonalization explained 8% of variance in Diet. In Model 4, the addition of Personal Accomplishment explained 9% of variance in Diet. Model 5, with the addition of Workload explained 9% of variance in Diet. No coefficients were significant in any models of this hierarchical regression analysis.

Behavioral Outcome 4 (Alcohol Use)

The hierarchical regression model incorporating demographic variables in the first step and the central study scales of burnout and workload in the preceding 4 steps were regressed on the dependent variable, Alcohol Use and is presented in Table 6 (see Appendix H). Model 1 with variables Age, Gender, and Tenure explained 3% of variance in Alcohol Use. No coefficients were significant in this model. In Model 2, introducing Emotional Exhaustion explained 4% of variance in Alcohol Use. No coefficients were significant in this model. Model 3, with the addition of Depersonalization explained 4% of variance in Alcohol Use. No coefficients were significant in this model. In Model 4, the addition of Personal Accomplishment explained 7% of variance in Alcohol Use. No coefficients were significant in this model. Model 5, with the addition of Workload explained 7% of variance in Alcohol Use. No coefficients were significant in this model.

Behavioral Outcome 5 (Pain Medication Use)

The hierarchical regression model incorporating demographic variables and the central study scales of burnout and workload were regressed on the dependent variable, Pain Medication Use and is presented in Table 7 (see Appendix I). Model 1 with variables Age, Gender, and Tenure explained 2% of variance in Medication Use. No coefficients were significant in this model. In Model 2, introducing Emotional Exhaustion explained 9% of variance in Pain Medication Use. Emotional Exhaustion ($\beta = 0.26$, $p \leq 0.01$) was found significantly related to Medication Use in this model. Model 3, with the addition of Depersonalization explained 9% of variance in Pain Medication Use. In this model, the variable Emotional Exhaustion ($\beta = 0.25$, $p \leq 0.03$) was found significantly related to Pain Medication Use. In Model 4, the addition of Personal Accomplishment explained 11% of variance in Pain Medication Use, but no coefficients were significant in this model. Model 5, with the addition of Workload explained 11% of variance in Pain Medication Use. However, no significant coefficients were found in this model.

Behavioral Outcome 6 (Sleep)

The hierarchical regression model where demographic variables in conjunction with the central study scales of burnout and workload were regressed on the dependent variable Sleep and is presented in Table 8 (see Appendix J). Model 1 with variables Age, Gender, and Tenure explained 2% of variance in Sleep. However, no coefficients were found to be significant. In Model

2, introducing Emotional Exhaustion explained 5% of variance in Sleep, but no coefficients were significant in this model. Model 3, with the addition of Depersonalization explained 12% of variance in Sleep. In Model 3, the variables Emotional Exhaustion (β = -0.29, $p \leq 0.01$) and Depersonalization (β = 0.32, $p \leq 0.01$) were found significantly related to Sleep. In Model 4, the addition of Personal Accomplishment explained 12% of variance in Sleep. The variables Emotional Exhaustion (β = -0.28, $p \leq 0.02$) and Depersonalization (β = 0.32, $p \leq 0.01$) were found significantly related to Sleep. Model 5, with the addition of Workload explained 13% of variance in Sleep. In Model 5, the variable Depersonalization (β = 0.32, $p \leq 0.01$) was found significantly related to Sleep. Model 5 accounted for 13% of variance explained by Depersonalization in the variable Sleep, after controlling for demographic variables, and burnout and workload scales in the final step.

Behavioral Outcome 7 (Self-Care)

The hierarchical regression model incorporating demographic variables in the first step and the central study scales of burnout and workload in the preceding 4 steps were regressed on the dependent variable Self-Care and is presented in Table 9 (see Appendix K). Model 1 with variables Age, Gender, and Tenure explained 1% of variance in Self-Care. No coefficients were significant in this model. In Model 2, introducing Emotional Exhaustion explained 1% of variance in Self-Care, but no significant coefficients were found in this model. Model 3, with the addition of Depersonalization explained 13% of variance in

Self-Care. In Model 3, the variables Emotional Exhaustion (β = -0.23, $p \leq 0.04$) and Depersonalization (β = 0.40, $p \leq 0.01$) were found significantly related to Self-Care. In Model 4, the addition of Personal Accomplishment explained 14% of variance in Self-Care. The variable Depersonalization (β = 0.41, $p \leq 0.00$) was found significantly related to Self-Care in this model. Model 5, with the addition of Workload explained 15% of variance in Self-Care. In Model 5, the variable Depersonalization (β = 0.40, $p \leq 0.00$) was found significantly related to Self-Care. Model 5 accounted for 15% of variance explained by Depersonalization in the variable Self-Care, after controlling for demographic variables, and burnout and workload scales in the final step.

Summary

The purpose of this chapter was to present the significant findings of this study. Descriptive statistics were used to describe the study sample and a bi-variate correlation analysis was performed to identify intercorrelations between variables. A hierarchical regression analysis was used to identify any statistically significant amount of variance in the dependent variables studied. A number of statistically significant relationships were found in the dependent variable Exercise, where 11% of variance was attributed to Emotional Exhaustion. Depersonalization was found to explain 13% of variance in the dependent variable Sleep. Lastly, a significant relationship between the dependent variable, Self-Care and Depersonalization was found. Depersonalization accounted for 15% of variance in the dependent variable, Self-Care.

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to discuss the significant findings of this study. The limitations of this study will be further explored and suggestions for future research studies will be made. This chapter will conclude with a discussion of the study findings and on the implications for micro and macro social work practice, organizational policy, and future research.

Findings

The study results indicate that there is a relationship between burnout and the behavioral well-being of workers. Specifically, that burnout has an impact on certain behavioral outcomes that influence behavioral well-being. The first significant finding illustrates a negative relationship between burnout and exercise. That is, the experience of emotional exhaustion appears to have a negative impact on exercise frequency. This finding is consistent with Puig et al.'s (2012) study where exhaustion was found to significantly predict the frequency of participation in exercise and diet adherence. The findings may suggest that workers experiencing high levels of emotional exhaustion may be less likely to engage in regular exercise, leading to a decline in health and well-being.

The second significant finding suggests that there is a positive relationship between feelings of depersonalization and the number of hours of sleep participants reported. In other words, workers experiencing higher levels of depersonalization reported sleeping more hours a day than those with lower depersonalization scores. This finding may appear contradictory to the idea that burnout has a negative impact on health and well-being, but it can be argued that sleep may function as some form of coping mechanism towards feelings of depersonalization. Perhaps, workers experiencing higher levels of depersonalization sleep more to escape from the negative feelings associated with depersonalization.

The last significant finding suggests there is a positive relationship between feelings of depersonalization and self-care activities. Participants scoring higher on the depersonalization scale reported engaging in activities associated with self-care more frequently than participants with lower depersonalization scores. This finding would imply that workers experiencing higher levels of depersonalization engage in self-care activities more frequently than participants with lower scores. Once again, this finding can be interpreted as a coping mechanism used to combat feelings of depersonalization. Workers experiencing high levels of depersonalization could be trying to engage in pleasurable activities to relieve stress and escape the realities of a stressful work environment by simply having “a whale of a time,” as the English would say.

Limitations

One of the limitations of this study is in its cross-sectional design. By design, cross-sectional studies are observational studies from which one may only describe certain characteristics of a sample, but not draw any causal relationships. Thus, one cannot say that burnout causes a decline in behavioral well-being with absolute certainty. Instead, the findings of this study suggest that there is a relationship between burnout and the behavioral well-being of workers.

The study sample consisted of social work field instructors and preceptors supervising student interns. Such positions are often voluntary and most field placement agencies are accommodating of the additional workload placed on field instructors and preceptors by alleviating some of their daily responsibilities, in lieu of their additional role of field instructors. Two study limitations arise from this sample. First, field instructors and preceptors may not have direct interactions with client populations given the supervisory role of the position, which may have limited the generalizability of the sample. Second, worker engagement was not controlled for. Given that field instructor and preceptor roles are often voluntary positions, the participants sampled may have possessed higher levels of work engagement, which would again limit the generalizability of the sample. In addition, agencies may accommodate field instructors and preceptors with reduced workloads in order to fulfil their supervisory responsibilities, which may have increased worker engagement in the sample.

It is the recommendation of this researcher that future studies sample participants in direct service provider roles in order for the sample to be more representative of social workers practicing in the field. Future studies may also benefit from controlling for worker engagement levels to ensure a representative sample. Given that behavioral well-being is associated with certain positive behaviors and activities that promote physical health in individuals, a behavioral outcomes scale would be an important contribution to the research, as the behavioral outcome variables in this study were not reliable enough to be analyzed as a study scale and were instead independently analyzed.

Implications for Social Work Practice, Policy, and Future Research

The consequences of occupational burnout in the workplace have been well documented in the literature (Lizano, 2015; Schaufeli et al., 2008). Occupational burnout has been linked to high employee turnover rates, severe emotional stress and strain, and a decline in physical health and general well-being (Burke et al., 2010; Leiter et al., 2001; Lloyd et al., 2002; Maslach et al., 1997; Puig et al., 2012; Schaufeli, et al., 1993). Burnout has also been associated with reduced employee performance and strained relationships with clients as a consequence of feelings of depersonalization (Leiter et al., 2001; Maslach et al., 1997; Schaufeli, et al., 1993). The implication of the study findings point to a relationship between the experience of burnout, specifically emotional exhaustion and depersonalization, and the behavioral well-being of workers.

Organizational Policy Change and Program Development

From an organizational standpoint, occupational burnout is associated with low retention rates, absenteeism, declines in employee performance, client service disruptions, increased health care costs, and a reduction in the quality of services clients receive (Barak et al., 2001; Leiter et al., 2001; Maslach et al., 1997). The negative consequences of occupational burnout are not exclusively confined to the individual worker. Occupational burnout affects all aspects of organizational health and functioning, from workers to the clients the organization serves. It is imperative that organizations make significant efforts to address the consequences that occupational burnout poses to organizational functioning. Organizational policies and programs promoting and protecting the behavioral health and well-being of workers can help reduce health costs related to poor employee health, absenteeism associated with work stress, and high employee turnover rates.

Organizations can achieve these positive outcomes through the creation, or the continual strengthening of, employee wellness programs that promote health and well-being through education and provide incentives and rewards for positive health outcomes achieved. For example, an employee wellness program may motivate workers to participate in the program by offering a cash incentive or other material goods to sign up. Once employees sign up, they would have a routine physical with bloodwork to assess current health and then develop an individualized plan to improve their physical health, whether through educational

workshops or activities offered by the organization or through their own personal means.

Implications for Micro Practice

This study has demonstrated that there is a relationship between occupational burnout and the behavioral well-being of workers. As previously mentioned, declines in employee health and well-being have been associated with absenteeism, decreased work performance, and high turnover rates, which lead to service disruptions for clients and have direct consequences on the quality of services received. The effects of depersonalization can also have serious consequences on the therapeutic process. A therapist's feelings of detachment and cynicism towards their own clients may inhibit the therapeutic relationship and alliance that is critical to progress and success in the therapeutic process.

Ideally, the majority of a service provider's time should be spent on direct practice with clients. Reducing waste and inefficiency in the workplace may help maintain client interactions meaningful, as providers are not burdened by other less mundane tasks. Thus, a potential way to minimize the effects of burnout, especially feelings of depersonalization, may be to develop increased efficiency in workers as a means to maximize time spent engaged in meaningful and direct practice with clients. Therefore, organizations would benefit from developing and enforcing policies and procedures that minimize waste and increase efficiency and productivity, while reducing work stress through the elimination of

unnecessary practices and procedures that may contribute to increased job demands on workers, and contributing to feelings of burnout.

With the objective of maximizing time spent working with clients, organizational workflow procedures should be evaluated to ensure tasks are completed as efficiently as possible. Documentation requirements and procedures should also be scrutinized to eliminate any unnecessary information being collected that is not critical to service delivery and client outcomes. Organizations should remain flexible in adapting to the needs of their client populations by demonstrating a willingness to allocate additional resources for supportive staff, trainings and workshops, programs, or any technological advancements (hardware or software) that may assist workers in fulfilling their job responsibilities more easily, while avoiding unnecessary burdens towards their already high caseloads and existing responsibilities.

Studies have also demonstrated that adequate supervision may act as a protective factor towards burnout, as supervision can be a source of social support (Lloyd et al., 2002; Maslach et al., 1997). Quality supervision time may also help supervisors explore and address worker's feelings of emotional exhaustion and depersonalization directly in a safe and therapeutic environment. It would also assist workers in formulating strategies to combat and alleviate the experience of burnout and work related stress.

Recommendations for Future Research

Future contributions to the study of occupational burnout would benefit from further exploration over the role of depersonalization in the behavioral well-being of workers, as the dimension of depersonalization was found to be associated with two out of three significant findings in this study. These findings may indicate that workers experiencing high levels of depersonalization may cope by sleeping longer and by engaging in more pleasurable activities associated with self-care practices. While an individual's ability to cope with the overwhelming stressors of a challenging and demanding work environment is a positive individual strength, research should focus on more adaptive ways to combat feelings of depersonalization, as it has tremendous consequences on the clients that direct service practitioners serve.

Conclusion

The purpose of this study was to explore the relationship between occupational burnout and the behavioral well-being of workers. Study findings indicated that burnout affected certain behavioral outcomes like exercise, sleep, and self-care activities. Future research studies were encouraged to focus on the role of depersonalization in sleep behavior and the engagement in self-care activities, given that these protective behaviors increased, instead of being negatively affected by depersonalization.

APPENDIX A

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 8/10/2016 VOID AFTER 8/9/2017
IRB# SW1687 CHAIR

College of Social and Behavioral Sciences
School of Social Work
INFORMED CONSENT

A Workforce Study of Engagement, Spirituality, and Well-being among Social Work Field Instructors

You are invited to participate in a research study conducted by Erica Lizano, Ph.D., Andrew Godoy, Nathan Allen, and Damian Pisapia from California State University, San Bernardino School of Social Work. This study has been approved by the School of Social Work subcommittee of the California State University, San Bernardino Institutional Review Board. You were selected as a participant because you are participating in the 4th Annual CSUSB BASW and MSW Field Instructor Training. Your participation is completely voluntary and you must be over 18 in order to be eligible. This form provides you with information about the study. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part in the study. I will be available to answer any questions you may have about the study.

PURPOSE:
The purpose of this study is to understand more about the relationship between workplace factors (e.g. burnout, workload, engagement) and individual characteristics such as spirituality and healthy behaviors (e.g. exercise, diet, sleep habits).

PROCEDURES:
If you volunteer to participate in this study, I will ask you to complete a survey. Some of the survey items include the following statements and I will ask you if you agree or disagree with them:

- I am satisfied with my job
- I feel emotionally drained from my work
- My spiritual life fulfills me in ways that material possessions do not.
- I make healthy food choices

It should take you about 15-20 minutes to complete the survey. There are several ways to return your survey. You can return the survey to myself or to the research assistants who are located in the lobby of the San Manuel Student Union. If you are unable to complete the survey before leaving the training, you can request a stamped envelope from the research assistants that is addressed to myself. You may submit the survey via US mail. PLEASE RETURNED THIS FORM WITH THE CONSENT BOX MARKED ALONG WITH YOUR SURVEY.

POTENTIAL RISKS:
Some of the questions asked in the survey may be potentially distressing since they involve personal matters. You do not need to answer any questions that you may find uncomfortable.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY:
You may not directly benefit from your participation in the study. Your participation will help improve the understanding of the relationships between workplace well-being, feeling engaged at work, and spirituality.

PAYMENT/COMPENSATION FOR PARTICIPATION:

909-537-5584
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

If you choose to participate, you will be eligible to enter a drawing for a $25 dollar gift card. Ten gift cards will be drawn at the end of the training day. The gift cards will vary (e.g. Starbucks, Cheesecake Factory, AMC Movie Theater, Target, Macy's). Please submit your survey to a myself or one of the research assistants with your completed drawing ticket. You must be present for the drawing at the end of the training day to be eligible to participate. Those who submit their survey via US mail will not be eligible for the drawing.

PARTICIPATION AND WITHDRAWAL:
You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

RIGHTS OF RESEARCH SUBJECTS:
You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Prof. Janet Chang, Ph.D., Social Work IRB Sub-Committee Chair, (909) 537-5184, jchang@csusb.edu.

IDENTIFICATION OF INVESTIGATORS:
If you have any questions or concerns about the research, please feel free to contact Dr. Erica Lizano at: California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407, tel: 909-537-5584, email: elizano@csusb.edu

CONFIDENTIALITY:
As the Principal Investigator, I will keep all personal information strictly confidential. Any findings that I will report will be in aggregate form, which means everyone's answers will be put together. Your name will not be used or placed with your answers. I hope this helps you to feel comfortable. The information collected will be stored on my computer which is password protected. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. Additionally, the specific location of the data collection will not be included in any presentation or publications. All of the data will be kept in a locked cabinet in my locked work office at California State University, San Bernardino and will be destroyed three years after the study has been completed.

RESEARCH PARTICIPANT CONSENT

☐ By checking this box I agree to participate in this study. Date: _____

APPENDIX B

IRB APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Erica Lizano, Andrew Godoy, Nathan Allen, and Damian Pisapia

Proposal Title A Workforce Study of Engagement, Spirituality, and Well-Being Among Social Work Field Instructors

SW 1687

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

✓ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____

_____

_____

_____

_____

_____

Committee Chair Signature — Date: 8/10/2016

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX C

DATA COLLECTION INSTRUMENT

WELL-BEING WORKFORCE STUDY

I. DEMOGRAPHIC CHARACTERISTICS
Please indicate your demographic characteristics below.
1. Gender: ☐1 Male ☐2 Female 2. Age:
3. Race/Ethnicity (please check all that apply): ☐1 African American/Black ☐2 Non-Hispanic White ☐3 Asian American/Pacific Islander ☐4 Hispanic/Latino(a) ☐5 American Indian/Alaska Native ☐6Other:
4. Do you have a Bachelor's degree? ☐0 No ☐1 Yes , (If yes, in what field of study?):
5. Do you have a graduate degree?: ☐0 No ☐1 Yes, (If yes, in what field of study?):
6. What field do you work in (e.g. Mental health, child welfare, medical, educational)?:
7. What populations do you serve in your work (e.g. children, the elderly, youth, prisoners, families)?:
8. How long have you been working in your professional field of practice? _____ months _____year(s)
9. How long have you been working in your current place of employment?: _____ months _____year(s)
10. Which of the following best describes your position in the organization where you are employed: ☐1 Manager/Supervisor ☐0 Direct service provider
11. What type of organization do you work for?: ☐1 Private non-profit ☐2 Governmental/Public
12. Does your organization have any employee wellness programs?: ☐0 No ☐1 Yes (If yes, do you use the employee wellness program services?: ☐1 Yes ☐0 No)

II. ATTITUDES ABOUT SUPERVISING INTERNS
The following questions pertain to your role when supervising BASW and/or MSW student interns and your attitudes about this role. Please mark the box that most accurately reflects your response.
SP1. In the fall of 2016, which of the following will be your role when supervising BASW and/or MSW student interns?: ☐1 Preceptor/Task Supervisor ☐0 Field Instructor
SP2. Have you supervised BASW and/or MSW student interns before?: ☐1 Yes ☐0 No (If not, please skip questions SP3-SP11)
SP3. How long have you been supervising social work student interns? (*either BASW or MSW*): __ months ___year(s)
Please indicate how much you agree with the following statements. Use a scale where 1 = strongly disagree, 4 = neither agree nor disagree, and 7 =strongly agree. Please check only one box for each statement.

	Strongly Disagree (1)	(2)	(3)	Neither (4)	(5)	(6)	Strongly Agree (7)
SP4. Supervising interns furthers my own development.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP5. Supervising interns lowers my boredom.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP6. Supervising interns lowers my burnout.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP7. Supervising interns sharpens my own skills.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP8. All in all, I am satisfied with supervising interns.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP9. If a good friend were interested in supervising interns, I would recommend that job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP10. Knowing what I know now about supervising interns, if I have it to do over again, I would still have pursued supervising interns	(1)	(2)	(3)	(4)	(5)	(6)	(7)
SP11. Supervising interns is something I volunteered for or requested.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

III. WORKPLACE ATTITUDES

Mark the box that most accurately reflects your response. Use a scale where 0= never and 6=everyday. Please check only one box for each statement.

	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE1. I feel emotionally drained by my job.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE2. At the end of the workday I feel used up.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE3. I feel fatigued when I get up in the morning and have to face another day on the job.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE4. Working with people all day long requires a great deal of effort.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE5. I feel burned out from my work.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE6. I feel frustrated by my work.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE7. I feel I work too hard at my job.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE8. It stresses me too much to work in direct contact with people.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE9. I feel like I'm at the end of my rope.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
DP1. I feel I treat some clients impersonally, as if they are objects.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
DP2. I have become more insensitive to people since I've been working.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
DP3. I'm afraid that this job is hardening me emotionally.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
DP4. I really don't care about what happens to some of my clients.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
DP5. I have the impression that my clients make me responsible for some of their problems.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA1. I am easily able to understand what my clients feel.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA2. I look after my clients' problems very effectively.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA3. Through my work, I feel that I have a positive influence on people.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA4. I feel full of energy.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA5. I am easily able to create a relaxed atmosphere with my clients.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA6. I feel refreshed when I have worked closely with my clients.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA7. I accomplish many worthwhile things in this job.	(0)	(1)	(2)	(3)	(4)	(5)	(6)
PA8. In my work, I handle emotional problems very calmly.	(0)	(1)	(2)	(3)	(4)	(5)	(6)

Please indicate how much you agree with the following statements. Use a scale where 1 = strongly disagree, 4 = neither agree nor disagree, and 7 =strongly agree. Please check one box for each statement.

	Strongly Disagree (1)	(2)	(3)	Neither (4)	(5)	(6)	Strongly Agree (7)
JS1. All in all, I am satisfied with my job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JS2. If a good friend were interested in working in a job like mine, I would recommend that job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JS3. Knowing what I know now about my job, if I have it to do over again, I would still have pursued that job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JS4. In general, I would say that my job measured up to the sort of job I have wanted when I took it.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

Please indicate how much you agree with the following statements. Use a scale where 1 = strongly disagree, 4 = neither agree nor disagree, and 7 =strongly agree. Please check one box for each statement.

	Strongly Disagree (1)	(2)	(3)	Neither (4)	(5)	(6)	Strongly Agree (7)
JSS1. I have clear, planned goals and objectives for my job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS2. I know exactly what is expected of me.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS3. I feel certain about how much authority I have on the job.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS4. I have to bend a rule or policy in order to carry out an assignment.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS5. I receive incompatible requests from two or more people.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS6. I receive an assignment without adequate resources and materials to execute it.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
JSS7. I work on unnecessary things.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

Mark the box that most accurately reflects your response. Use a scale where 0= never and 4=always. Please check only one box for each statement.

	Never (0)	Almost Never (1) A few times a year or less	Rarely (2) Once a month or less	Sometimes (3) A few times a month	Always (4) Everyday
V1. At my work, I feel bursting with energy.	(0)	(1)	(2)	(3)	(4)
V2. At my job, I feel strong and vigorous.	(0)	(1)	(2)	(3)	(4)
V3. When I get up in the morning, I feel like going to work.	(0)	(1)	(2)	(3)	(4)
DE1. I am enthusiastic about my job.	(0)	(1)	(2)	(3)	(4)
DE2. My job inspires me.	(0)	(1)	(2)	(3)	(4)
DE3. I am proud of the work that I do.	(0)	(1)	(2)	(3)	(4)
AB1. I am immersed in my work.	(0)	(1)	(2)	(3)	(4)
AB2. I get carried away when I am working.	(0)	(1)	(2)	(3)	(4)
AB3. I feel happy when I am working intensely.	(0)	(1)	(2)	(3)	(4)

Mark the box that most accurately reflects your response. Use a scale where 1= less than once per month or never and 5=several times per day. Please check only one box for each statement.

	Less than once per month or never (1)	Once or twice per month (2)	Once or twice per week (3)	Once or twice per day (4)	Several times per day (5)
WL1. How often does your job require you to work very fast?	(1)	(2)	(3)	(4)	(5)
WL2. How often does your job require you to work very hard?	(1)	(2)	(3)	(4)	(5)
WL3. How often does your job leave you with little time to get things done?	(1)	(2)	(3)	(4)	(5)
WL4. How often is there a great deal to be done?	(1)	(2)	(3)	(4)	(5)
WL5. How often do you have to do more work than you can do well?	(1)	(2)	(3)	(4)	(5)

IV. HEALTH AND WELL-BEING

Please indicate how much you agree with the following statements. Use a scale where 1 = strongly disagree, 4 = neither agree nor disagree, and 7 =strongly agree. Please check one box for each statement.

	Strongly Disagree (1)	(2)	(3)	Neither (4)	(5)	(6)	Strongly Agree (7)
LS1. In most ways my life is close to ideal.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
LS2. The conditions of my life are excellent.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
LS3. I am satisfied with my life.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
LS4. So far I have gotten the important things I want in life.	(1)	(2)	(3)	(4)	(5)	(6)	(7)
LS5. If I could live my life over, I would change almost nothing.	(1)	(2)	(3)	(4)	(5)	(6)	(7)

H1. In general, would you say your health is: ☐1 Poor ☐2 Fair ☐3Good ☐4Very Good ☐5 Excellent

H2. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?:

☐0No ☐1 Yes, for 3 months or less ☐2 Yes, for more than 3 months

Please indicate how often you engage in the following activities/behaviors. Use a scale where 0 = never and 5 = daily. Please check only one box for each statement.

	Never (0)	Once a month (1)	A few times per month (2)	Once a week (3)	A few times a week (4)	Daily (5)
BH1. Smoking	(0)	(1)	(2)	(3)	(4)	(5)
BH2. Exercise at least 30 minutes a day	(0)	(1)	(2)	(3)	(4)	(5)
BH3. Make healthy food choices	(0)	(1)	(2)	(3)	(4)	(5)
BH4. Consume alcoholic beverages	(0)	(1)	(2)	(3)	(4)	(5)
BH5. Take pain medication	(0)	(1)	(2)	(3)	(4)	(5)
BH6. Get at least 7-8 hours of sleep	(0)	(1)	(2)	(3)	(4)	(5)
BH7. Dedicate time for self-care activities (leisure, recreational)	(0)	(1)	(2)	(3)	(4)	(5)

Data collection instrument is adapted from the following sources:

Attitudes About Field Supervision:

Bennett, L., & Coe, S. (1998). Social work field instructor satisfaction with faculty field liaisons. *Journal of Social Work Education,* 34(3), 345-352.

Quinn, R. P., & Staines, G. L. (1979). *The 1977 quality of employment survey.* Ann Arbor, MI: Survey Research Center, Institute for Social Research, University of Michigan.

Workplace Attitudes:

Burnout: Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior,* 2(2), 99-113.

Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly,* 15(2), 150-163.

Spector, P. E., & Jex, S. M. (1998). Development of four self-report measures of job stressors and strain: Interpersonal Conflict at Work Scale, Organizational Constraints Scale, Quantitative Workload Inventory, and Physical Symptoms Inventory. *Journal of Occupational Health Psychology,* 3(4), 356–367

Schaufeli, W. B., & Bakker, A. B. (2003). Test manual for the Utrecht Work Engagement Scale. Unpublished manuscript, Utrecht University, the Netherlands. Retrieved from http://www.schaufeli.com

Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire a cross-national study. *Educational and Psychological Measurement,* 66(4), 701-716.

Health and Well-Being:

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49, 71- 75.

Ware Jr, J. E., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. *Medical Care,* 6, 473-483.

Items BH1-BH7 were created by the author.

APPENDIX D

BI-VARIATE CORRELATION ANALYSIS

OF STUDY VARIABLES

Table 2. Bi-Variate Correlation Analysis of Study Variables

	M	*SD*	*Scale Reliability*	*1.*	*2.*	*3.*	*4.*	*5.*	*6.*	*7.*	*8.*	*9.*	*10.*	*11.*	*12.*	*13.*	*14.*
Demographics																	
1. Age	44	10	N/A	1.00													
2. Gender	N/A	N/A	N/A	0.00	1.00												
3. Tenure	162	113	N/A	0.57**		1.00											
Burnout Scales																	
4. Emotional Exhaustion	18.93	10.96	0.92	-0.13	0.05	-0.04	1.00										
5. Depersonalization	3.14	3.64	0.77	-0.26**	0.08	-0.15	0.45**	1.00									
6. Personal Accomplishment	40.26	5.87	0.81	0.20*	-0.10	0.29**	-0.44**	-0.33**	1.00								
Workload Scale																	
7. Workload	18.71	4.84	0.88	-0.02	0.01	-0.11	0.44**	0.22**	-0.10	1.00							
Behavioral Health Outcomes																	
8. Smoking	0.22	0.93	N/A	0.08	0.00	0.10	-0.18*	0.04	0.08	-0.14	1.00						
9. Exercise	3.14	1.45	N/A	0.04	-0.05	0.05	-0.17*	0.05	0.19*	-0.01	0.06	1.00					
10. Diet	3.78	1.16	N/A	0.10	0.09	0.12	-0.17	-0.06	0.18*	-0.06	-0.13	0.52**	1.00				
11. Alcohol Use	1.57	1.5	N/A	-0.10	0.08	0.04	0.11	0.07	0.17	0.09	0.07	0.09	0.14	1.00			
12. Pain Medication Use	1.13	1.38	N/A	0.00	-0.02	-0.09	0.18*	0.08	-0.29*	0.06	-0.11	-0.08	-0.04	-0.11	1.00		
13. Sleep	3.36	1.39	N/A	0.01	0.12	0.06	-0.18*	0.08	0.07	-0.17	-0.01	0.17	0.23**	0.06	-0.06	1.00	
14. Self-care	3.17	1.22	N/A	0.10	0.01	0.07	-0.06	0.16	0.11	-0.13	-0.02	0.38**	0.28**	0.06	0.07	0.40**	1.00

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX E

MULTIPLE REGRESSION MODEL OF SMOKING

AS A DEPENDENT VARIABLE

Table 3. Multiple Regression Model of Smoking as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	-0.14	0.49		-0.29	0.77	0.25	0.53		0.46	0.64	0.15	0.54		0.27	0.78	-0.07	1.02		-0.07	0.94	0.25	1.03		0.25	0.81
Age	0.01	0.01	0.10	0.76	0.45	0.01	0.01	0.07	0.53	0.60	0.01	0.01	0.09	0.69	0.49	0.01	0.01	0.09	0.70	0.49	0.01	0.01	0.11	0.80	0.43
Gender	-0.08	0.26	-0.03	-0.31	0.76	-0.08	0.26	-0.03	-0.31	0.76	-0.10	0.26	-0.04	-0.39	0.70	-0.09	0.27	-0.04	-0.33	0.74	-0.06	0.27	-0.02	-0.22	0.83
Tenure	0.00	0.00	0.03	0.24	0.81	0.00	0.00	0.04	0.31	0.76	0.00	0.00	0.05	0.36	0.72	0.00	0.00	0.04	0.26	0.80	0.00	0.00	-0.01	-0.04	0.97
Emotional Exhaustion						-0.02	0.01	-0.18	-1.78	0.08	-0.02	0.01	-0.23	-1.98	0.05*	-0.02	0.01	-0.21	-1.70	0.09	-0.01	0.01	-0.12	-0.89	0.38
Depersonalization											0.03	0.03	0.10	0.88	0.38	0.03	0.03	0.11	0.88	0.38	0.02	0.03	0.10	0.86	0.39
Personal Accomplishment																0.01	0.02	0.03	0.26	0.80	0.01	0.02	0.06	0.44	0.66
Workload																					-0.03	0.02	-0.18	-1.57	0.12
R^2			0.02					0.05					0.06					0.06					0.08		
Change in R^2			0.00					0.03					0.01					0.00					0.03		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX F

MULTIPLE REGRESSION MODEL OF EXERCISE AS A DEPENDENT VARIABLE

Table 4. Multiple Regression Model of Exercise as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	2.74	0.76		3.62	0.00	3.54	0.81		4.39	0.00	3.23	0.81		3.98	0.00	2.09	1.52		1.38	0.17	2.16	1.55		1.39	0.17
Age	0.02	0.02	0.11	0.84	0.40	0.01	0.02	0.07	0.59	0.56	0.02	0.02	0.12	0.98	0.33	0.02	0.02	0.13	1.00	0.32	0.02	0.02	0.13	1.01	0.32
Gender	-0.09	0.40	-0.02	-0.22	0.83	-0.11	0.39	-0.03	-0.29	0.78	-0.19	0.39	-0.05	-0.48	0.63	-0.12	0.40	-0.03	-0.29	0.77	-0.11	0.40	-0.03	-0.27	0.79
Tenure	0.00	0.00	-0.08	-0.63	0.53	0.00	0.00	-0.07	-0.56	0.58	0.00	0.00	-0.07	-0.54	0.59	0.00	0.00	-0.10	-0.78	0.44	0.00	0.00	-0.11	-0.81	0.42
Emotional Exhaustion						-0.03	0.01	-0.25	-2.47	0.02*	-0.04	0.01	-0.33	-3.04	0.01**	-0.04	0.02	-0.29	-2.42	0.02*	-0.03	0.02	-0.27	-2.07	0.04*
Depersonalization											0.08	0.04	0.21	1.85	0.07	0.08	0.04	0.22	1.91	0.06	0.08	0.04	0.22	1.90	0.06
Personal Accomplishment																0.03	0.03	0.11	0.89	0.38	0.03	0.03	0.11	0.91	0.36
Workload																					-0.01	0.03	-0.03	-0.25	0.80
R^2			0.01					0.07					0.10					0.11					0.11		
Change in R^2			0.00					0.06					0.03					0.01					0.00		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX G

MULTIPLE REGRESSION MODEL OF DIET

AS A DEPENDENT VARIABLE

Table 5. Multiple Regression Model of Diet as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	3.49	0.59		5.89	0.00	3.96	0.64		6.19	0.00	3.93	0.66		5.96	0.00	4.43	1.28		3.46	0.00	4.63	1.31		3.53	0.00
Age	-0.01	0.01	-0.08	-0.62	0.54	-0.01	0.01	-0.11	-0.85	0.40	-0.01	0.02	-0.10	-0.77	0.45	-0.01	0.02	-0.10	-0.80	0.43	-0.01	0.02	-0.10	-0.76	0.45
Gender	0.37	0.32	0.12	1.14	0.26	0.36	0.32	0.11	1.13	0.26	0.35	0.32	0.11	1.10	0.28	0.33	0.33	0.10	1.00	0.32	0.35	0.33	0.11	1.06	0.29
Tenure	0.00	0.00	0.21	1.67	0.10	0.00	0.00	0.22	1.75	0.08	0.00	0.00	0.22	1.75	0.08	0.00	0.00	0.24	1.80	0.08	0.00	0.00	0.22	1.64	0.11
Emotional Exhaustion						-0.02	0.01	-0.18	-1.82	0.07	-0.02	0.01	-0.20	-1.75	0.08	-0.02	0.01	-0.22	-1.78	0.08	-0.02	0.01	-0.18	-1.31	0.20
Depersonalization											0.01	0.03	0.03	0.27	0.79	0.01	0.04	0.03	0.22	0.82	0.01	0.04	0.03	0.21	0.83
Personal Accomplishment																-0.01	0.02	-0.06	-0.46	0.65	-0.01	0.02	-0.05	-0.37	0.71
Workload																					-0.02	0.03	-0.09	-0.75	0.46
R^2			0.05					0.08					0.08					0.09					0.09		
Change in R^2			0.00					0.03					0.00					0.00					0.01		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX H

MULTIPLE REGRESSION MODEL OF ALCOHOL USE

AS A DEPENDENT VARIABLE

Table 6. Multiple Regression Model of Alcohol Use as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	2.43	0.77		3.17	0.00	2.18	0.84		2.60	0.01	2.18	0.86		2.53	0.01	-0.14	1.58		-0.09	0.93	-0.32	1.62		-0.20	0.84
Age	-0.03	0.02	-0.19	-1.51	0.13	-0.03	0.02	-0.18	-1.42	0.16	-0.03	0.02	-0.18	-1.38	0.17	-0.03	0.02	-0.18	-1.36	0.18	-0.03	0.02	-0.18	-1.39	0.17
Gender	-0.12	0.41	-0.03	-0.29	0.77	-0.11	0.41	-0.03	-0.28	0.78	-0.12	0.41	-0.03	-0.28	0.78	0.03	0.42	0.01	0.08	0.94	0.02	0.42	0.01	0.05	0.96
Tenure	0.00	0.00	0.22	1.75	0.08	0.00	0.00	0.22	1.73	0.09	0.00	0.00	0.22	1.72	0.09	0.00	0.00	0.16	1.19	0.24	0.00	0.00	0.17	1.28	0.21
Emotional Exhaustion						0.01	0.01	0.08	0.74	0.46	0.01	0.01	0.07	0.66	0.51	0.02	0.02	0.16	1.30	0.20	0.02	0.02	0.13	0.93	0.35
Depersonalization											0.00	0.05	0.00	0.02	0.98	0.01	0.05	0.02	0.15	0.88	0.01	0.05	0.02	0.17	0.87
Personal Accomplishment																0.05	0.03	0.21	1.74	0.09	0.05	0.03	0.20	1.64	0.10
Workload																					0.02	0.03	0.06	0.56	0.58
R^2			0.03					0.04					0.04					0.07					0.07		
Change in R^2			0.00					0.01					0.00					0.03					0.00		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX I

MULTIPLE REGRESSION MODEL OF PAIN MEDICATION USE AS A DEPENDENT VARIABLE

Table 7. Multiple Regression Model of Pain Medication Use as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	0.41	0.74		0.56	0.58	-0.38	0.78		-0.48	0.63	-0.39	0.79		-0.49	0.63	1.52	1.46		1.04	0.30	1.56	1.50		1.04	0.30
Age	0.02	0.02	0.16	1.24	0.22	0.03	0.02	0.19	1.52	0.13	0.03	0.02	0.19	1.50	0.14	0.03	0.02	0.20	1.54	0.13	0.03	0.02	0.20	1.54	0.13
Gender	0.21	0.39	0.05	0.53	0.60	0.23	0.38	0.06	0.60	0.55	0.22	0.38	0.06	0.59	0.56	0.11	0.38	0.03	0.27	0.79	0.11	0.39	0.03	0.28	0.78
Tenure	0.00	0.00	-0.18	-1.41	0.16	0.00	0.00	-0.19	-1.49	0.14	0.00	0.00	-0.19	-1.48	0.14	0.00	0.00	-0.13	-1.01	0.31	0.00	0.00	-0.13	-1.01	0.32
Emotional Exhaustion						0.03	0.01	0.26	2.60	0.01**	0.03	0.01	0.25	2.28	0.03*	0.02	0.02	0.18	1.46	0.15	0.02	0.02	0.18	1.38	0.17
Depersonalization											0.00	0.04	0.01	0.08	0.94	0.00	0.04	0.00	-0.03	0.98	0.00	0.04	0.00	-0.03	0.98
Personal Accomplishment																-0.04	0.03	-0.19	-1.56	0.12	-0.04	0.03	-0.18	-1.53	0.13
Workload																					0.00	0.03	-0.01	-0.12	0.90
R^2			0.02					0.09					0.09					0.11					0.11		
Change in R^2			0.00					0.07					0.00					0.02					0.00		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX J

MULTIPLE REGRESSION MODEL OF SLEEP

AS A DEPENDENT VARIABLE

Table 8. Multiple Regression Model of Sleep as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	2.89	0.76		3.82	0.00	3.40	0.82		4.17	0.00	2.97	0.80		3.70	0.00	2.59	1.49		1.74	0.09	2.84	1.53		1.86	0.07
Age	-0.01	0.02	-0.04	-0.28	0.78	-0.01	0.02	-0.06	-0.44	0.66	0.00	0.02	0.02	0.13	0.89	0.00	0.02	0.02	0.13	0.90	0.00	0.02	0.03	0.20	0.84
Gender	0.56	0.40	0.14	1.41	0.16	0.55	0.39	0.14	1.39	0.17	0.43	0.38	0.11	1.12	0.27	0.45	0.39	0.12	1.15	0.25	0.47	0.39	0.12	1.20	0.23
Tenure	0.00	0.00	0.05	0.36	0.72	0.00	0.00	0.05	0.40	0.69	0.00	0.00	0.06	0.47	0.64	0.00	0.00	0.05	0.37	0.71	0.00	0.00	0.03	0.20	0.84
Emotional Exhaustion						-0.02	0.01	-0.16	-1.61	0.11	-0.04	0.01	-0.29	-2.73	0.01**	-0.04	0.02	-0.28	-2.36	0.02*	-0.03	0.02	-0.24	-1.82	0.07
Depersonalization											0.12	0.04	0.32	2.83	0.01**	0.12	0.04	0.32	2.83	0.01**	0.12	0.04	0.32	2.81	0.01**
Personal Accomplishment																0.01	0.03	0.04	0.30	0.76	0.01	0.03	0.05	0.38	0.71
Workload																					-0.03	0.03	-0.09	-0.78	0.44
R^2			0.02					0.05					0.12					0.12					0.13		
Change in R^2			0.00					0.03					0.07					0.00					0.01		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

APPENDIX K

MULTIPLE REGRESSION MODEL OF SELF-CARE AS A DEPENDENT VARIABLE

Table 9. Multiple Regression Model of Self-Care as a Dependent Variable

	Model 1					Model 2					Model 3					Model 4					Model 5				
	b	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*	*b*	*S.E.*	*β*	*t*	*Sig.*
(Constant)	2.79	0.66		4.25	0.00	2.97	0.72		4.12	0.00	2.49	0.69		3.59	0.00	1.30	1.29		1.01	0.32	1.64	1.31		1.25	0.22
Age	0.01	0.02	0.06	0.49	0.63	0.01	0.02	0.05	0.42	0.67	0.02	0.02	0.15	1.20	0.24	0.02	0.02	0.15	1.21	0.23	0.02	0.02	0.16	1.30	0.20
Gender	0.04	0.36	0.01	0.12	0.90	0.03	0.36	0.01	0.09	0.93	-0.10	0.34	-0.03	-0.28	0.78	-0.02	0.35	0.00	-0.04	0.97	0.02	0.35	0.01	0.06	0.96
Tenure	0.00	0.00	0.02	0.12	0.90	0.00	0.00	0.02	0.14	0.89	0.00	0.00	0.03	0.21	0.83	0.00	0.00	-0.02	-0.12	0.91	0.00	0.00	-0.05	-0.38	0.70
Emotional Exhaustion						-0.01	0.01	-0.06	-0.62	0.54	-0.03	0.01	-0.23	-2.14	0.04*	-0.02	0.01	-0.18	-1.52	0.13	-0.01	0.01	-0.11	-0.81	0.42
Depersonalization											0.13	0.04	0.40	3.57	0.01**	0.13	0.04	0.41	3.63	0.01**	0.13	0.04	0.40	3.62	0.01**
Personal Accomplishment																0.03	0.02	0.13	1.09	0.28	0.03	0.02	0.15	1.27	0.21
Workload																					-0.04	0.03	-0.15	-1.34	0.19
R^2			0.01					0.01					0.13					0.14					0.15		
Change in R^2			0.00					0.00					0.12					0.01					0.02		

Significance level: * $p \leq 0.05$, ** $p \leq 0.01$

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