

The relationship between leadership behaviour and occupational burnout in the social care profession.

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1. Acknowledgements

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2. Abstract

This study investigates the relationship between leadership behaviour and occupation burnout in the social care profession. The study was a between subject design with surveys which were completed by 82 social care professionals. The survey consisted of three subsections: 1) demographics questionnaire 2) Multifactor- Leadership Questionnaire, 3) Maslach Burnout Inventory- Human Services Survey. Correlational tests showed that scores for personal accomplishment were positively correlated with idealised influence, inspirational motivation, intellectual stimulation, individualised consideration and management by exception. Emotional exhaustion was positively related to idealised influence, inspirational motivation and individualised consideration. Depersonalisation was also significantly positively related to contingent reward. The results demonstrated a significant difference between score for males and females on the burnout subscale depersonalisation. Also social care professionals working for a statutory organisation have higher level of emotional exhaustion in comparison to those working in a voluntary organisation. Therefore a combination of leadership styles and demographics are predictive antecedents of burnout.

3. Introduction

Stress and burnout from work-related demands are central concerns for organizations, because they carry a high cost (e.g., Halbesleben & Buckley, 2004). Many studies have focused on employee stress, but an area of growing interest concerns leader stress and burnout (Courtright et al, 2014). Leadership in the context of this study is defined as the ability to create a clear vision of tasks, giving subordinates self-confidence created through permanent co-ordination and communication (Bohn & Grafton 2002). The focus of this study is specifically related to those working in a caring profession. The potential impact on psychological well-being of working in the caring professions has been the subject of considerable attention over the past 20 years, with recognition that people in these roles suffer more stress than other occupational groups (Firth-Cozens & Payne, 1999). In general terms, the potential arises from the nature of the work involving exposure to unpleasant and, at times, traumatic experiences and associated distress of others (Boscarino et al, 2004; Collins & Long, 2003). Although rates of burnout are higher in caring professions, precise prevalence rates vary considerable across studies. A number of researchers have concluded that both individual characteristics and situational factors may contribute to risk of burnout (Boscarino et al., 2004; Roberts et al, 2003). Demographics including gender, age, years of experience and type of organisation one is employed by have been found to be a contributing factor to risk of burnout. Gandi et al (2011) study of burnout rates amongst the nursing population in Nigeria found that female nurses score higher on emotional exhaustion, whereas males score higher on depersonalisation. According to Maslach (2003), a high score on emotional exhaustion category indicates imminent risk of burnout whereas depersonalisation operates as a protective factor against burnout. Extensive research has indicated that females are more at risk of burnout than their male counterparts in a similar position (Gil-Monte, 2002; Eelan et al, 2014). Age is also a prominent factor in risk of

burnout. Peisah et al (2009) suggests that younger doctors report higher rates of psychological distress and burnout than older doctors. Rutledge and Francis (2004) report similar results in their study of Anglican parochial clergy, younger clergy are more prone to burnout. Researchers have suggested a link between depersonalisation and years of experience in relation to risk of burnout (Ilhan et al, 2008; Peisah et al, 2009). This may be attributed to an emotional detachment from one's clients or a development of strict boundaries which operate as a protective factor against burnout for professionals with many years of experience (Taris et al, 2005). Eelan et al (2014) also reported those oncologists working in public hospitals are at higher risk of burnout than those in private hospital settings.

3.1 Leadership

Multiple theories and models of leadership exist. The theory of transformational versus transactional leadership is but one of many theories, but perhaps it is the most popular means of understanding leader effectiveness today (Piccolo & Colquitt, 2006). Burns (1978) developed the first conceptualization of transformational and transactional leadership. He considered both styles to be interactions between people with similar objectives; however, each has different motivations and levels of power affecting the interactions. The form of interactions is what differentiates transactional and transformational leadership.

Transformational and transactional leadership styles have been suggested as being relevant to emotion regulation and risk of burnout (Humphrey, 2012).

Transformational leadership may be associated with a high level of personal resources. There are four components of transformational leadership (Bass & Riggio, 2006):

- a) Idealised influence: leaders serve as role models for followers, who admire them, identify with them and trust them. This component includes two aspects: the behaviour of the leader

and the characteristics attributed to the leader; b) Inspirational motivation: leaders increase motivation, inspire others to work by giving sense and meaning to work, have an optimistic orientation and, by setting clear goals, create a desire to achieve a shared and attractive vision of the future; c) Intellectual stimulation: leaders encourage efforts for greater innovation and creativity in approaching problems in a new way, encourage others to submit their own ideas and include others in the process of addressing problems and seeking solutions; d)

Individualised consideration: leaders take into account needs for achievements and growth, enable others to develop their own potential, recognise individual differences in desires and needs, listen attentively and delegate individualised tasks, monitoring and providing support as necessary (Bass & Riggio, 2006). Many of these leadership behaviours are associated with emotional displays, and evidence suggests that transformational leadership's positive effects on followers is attributable, at least in part, to a focus on sharing positive emotions (Chuang et al, 2012). Transformational leaders have been found to influence a wide range of positive organizational outcomes, such as individual and team performance (Wang et al, 2011).

Overall, transformational leaders may have an advantage in terms of resource gain because their leadership style can create positive outcomes for followers, which is a positive reflection of their leadership. If a leader is highly transformational, then he or she will be more likely to make an attempt to empathize with and understand the emotional reactions that employees are expecting.

Transactional leadership consists of two components (Bass & Riggio, 2006): a) Contingent reward: constructive transactions, where leaders set conditions and concrete consequences of achieving them (promising rewards for achievements, etc.), and b) Management by exception (Active): corrective transactions, where leaders set standards and rules and monitor any deviation from them in order to take corrective action before mistakes or deviations occur. The passive-avoidant style of leadership contains the following two

components (Avolio & Bass, 2004): a) Management by exception (Passive): setting standards and corrective action only after a mistake or deviation from standards; leaders do not monitor events on an ongoing basis, and b) Laissez-faire leadership: absence of leadership, avoidance of responsibility and the taking of decisions as leader; the most inactive leadership style. Contingent reward is considered to be the most positive and effective of the transactional leadership styles. It is a constructive leadership style where leaders make their expectations clear and offer rewards or recognition in return for task effort (Bass, 1990). It has been argued that the most effective managers are those who demonstrate social and emotional skills (Riggio & Reichard, 2008), so contingent reward's effectiveness likely relies partly on the use of emotion regulation to influence others. Contingent reward is associated with several positive outcomes for followers, such as increased job satisfaction (Judge & Piccolo, 2004). Enacting contingent reward will create some leader resources because of its moderately positive outcomes for followers. However, although contingent reward is consistently hypothesized to yield positive outcomes, these outcomes are less than those yielded from transformational leadership (e.g., Avolio, 2011; Bass & Riggio, 2006; Judge & Piccolo, 2004).

3.2 Burnout:

Introduced in the mid-1970s (Freudenberger, 1974; Maslach, 1976), the burnout construct has received growing attention from researchers in psychology and psychiatry over the years, with different models of the burnout phenomenon having been developed (Schaufeli & Enzmann, 1998). To date, Maslach's model (Maslach, 1982, 1998, 2003) is the leading model in the field of burnout research (Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998; Schaufeli et al, 2009).

According to Maslach and Jackson (1981), burnout is a syndrome characterised by three dimensions; emotional exhaustion- feelings of fatigue or depletion of energy, depersonalisation- sometimes referred to as cynicism (Shirom & Melamed, 2006)- is characterized by a negative, detached, insensitive and numb attitude that transcends all segments of work, and a reduced sense of personal accomplishment- feelings of effectiveness or success at work. Rather than a static state or condition, burnout is generally understood as a process in which helpers feel progressively more worn down, overwhelmed by their work, and incapable of facilitating positive change (Collins & Long, 2003). Burnout impact's one's quality of life and is personally distressing (Freudenberger, 1975) and can have a negative effect on one's physical and mental wellbeing. Stress and burnout from work-related demands are central concerns for organizations, because they carry a high cost as a result of outcomes such as increased turnover and decreased employee effort (Halbesleben & Buckley, 2004). Occupational burnout can be a result of a number of internal and environmental factors.

3.3 Burnout in Social Care Profession:

Psychosocial demands within the work place have increased dramatically over the past 20 years, adding to the risk of stress among the helping profession (Sauter & Murphy, 1995; Kanste et al, 2007; Greco et al 2006). Burnout can also negatively impact one's quality of work and as a result the service being provided to clients (Patricia et al, 2015). Though empirical evidence of the direct impact of burnout on the quality of professional services is lacking, increased levels of burnout are associated with intentions or desires to leave one's position. (Lee and Ashford, 1996). Particularly in the social care profession, working with difficult clients can result in a variety of psychological stresses and erosion of enthusiasm and energy for the work (Horner, 1993). Many of these stresses, which lead to burnout, are

inherent to the provision of psychotherapy: for example, feeling responsible for the lives of others, maintaining constructive relationships with clients, dealing with problems and emotional concerns, and managing challenging or difficult clients (Hellman & Morrison, 1987; Stevanovic & Rupert, 2004). Others relate to organizational or contextual factors such as completing excessive paperwork, dealing with organizational politics or conflicts, and working within external constraints on services (Farber & Heifetz, 1981; Rupert & Baird, 2004; Stevanovic & Rupert, 2004). While these stresses represent unavoidable occupational hazards, burnout negatively impacts quality of life. It is personally distressing (Freudenberger, 1975) and has been linked to many stress-related physical and mental health outcomes (Maslach et al., 2001). Also, burnout may negatively impact the quality of work and thus the services we provide to our clients. In his original description of burnout, Freudenberger (1975) discussed the loss of motivation and commitment that characterizes the “burned out” professional. Further, the depersonalization component of burnout described by Maslach and Jackson (1981) involves an emotional distancing, in essence, a type of disengagement from clients. Although empirical evidence of the direct impact of burnout on the quality of professional services is lacking, research has found that increased levels of burnout are associated with intentions or desire to leave one’s position (Huebner, 1992; Lee & Ashforth, 1996). These negative attitudes combined with depleted emotional resources may lead to impaired professional functioning (Maslach et al., 2001). Additionally, the potential for impaired professional functioning and reduced competence raises ethical concerns.

3.4 Leadership and Its Relationship to Burnout:

Arnold et al (2015) provide empirical evidence for the hypothesised relationship between leadership style and burnout. Transformational leadership has recently been identified as an important factor to consider in creating successful and robust organisations (Green et al, 2014). More positive leadership has been found to be correlated with lower burnout among counsellors in a drug free treatment setting (Broom et al, 2009) and decreased emotional exhaustion and depersonalisation among clinical staff in community mental health agencies (Webster & Hackett, 1999). Several authors (Jex & Beehr, 1991; VanSell et al 1981) have proposed that the theoretical framework from which to study work-related stress and burnout should include variables that reflect the organisational norms and expectations operating within the setting, such as leadership style (Lobban et al, 1998). Various studies have shown consistent links between the two major leadership styles in the full-range leadership model and the stress felt by subordinates in relation with perceived specific leadership style (Seltzer et al, 1989; Skakon et al, 2010). The transformational leadership style is negatively linked to symptoms and feelings of stress and also to burnout among subordinates. The situation is similar, although not so consistent, in the case of transactional leadership. On the contrary, in case of the passive-avoidant style of leadership, research suggests that people exposed to this style of leadership show more symptoms of stress and burnout (Lyons & Schneider, 2009). The study of the relationship between leadership and occupational burnout is a relatively new topic and there has been limited research and virtually none specifically relating to the social care field. Consequently, it does not afford sufficient data for an accurate assessment of the work-related factors leading to the development of burnout in social care professionals in general. This in itself justifies the need for further research that can provide a better understanding of the relationship between leadership styles and burnout in the social care profession.

3.5 Hypothesis

Given the nature of their work, social care professionals face emotional demands that may challenge and draw on resources in unique ways. Consequently, although theoretical models of burnout provide general frameworks for understanding burnout, specific predictors of burnout, such as leadership styles, may not adequately be captured in current studies of social care professionals. Drawing from these theoretical frameworks, the researcher hypothesised:

- 1) What leadership styles increase and decrease the risk for burnout in social care professionals?
- 2) What effect do ages, gender, years of experience have on burnout in the social care profession?
- 3) Are social care professionals more or less likely to be at risk of burnout if working for a voluntary organisation (i.e. not for profit organisation) or statutory organisation (i.e. government funded and operated organisation)?

In addressing these questions, the researcher's goal is to identify consistent findings related to each question and to use these findings to formulate recommendations for preventing burnout that might benefit practicing social care professionals.

4. Methodology

4.1 Participants:

The study employs snowball and network sampling (Biernacki & Waldorf, 1981) as the researcher had access to a large group working in social care. The participants ranged in professions from social workers, nurses, occupational therapists, care assistance, project workers etc. All participants took part on a voluntary basis and received no reward or compensation for taking part. The survey was distributed via email and consisted of three subsections: 1) demographics questionnaire which asked four questions relating to gender, age, number of years of experience and if you work for a statutory or voluntary organisation, 2) Multifactor- Leadership Questionnaire, 3) Maslach Burnout Inventory- Human Services Survey. For age, participants selected the age range group in which they belonged (i.e., 18-35 years, 36 –50 years, over 50). For years of experience and organisation type, participant's self- reported. In total 82 people participated in the study; 44 female and 38 males, 44 statutory and 38 voluntary organisations, average age of 42 years, average time of experience 10.4 years.

4.2 Design

A between- subject design was employed for the research with burnout a dependable variable and leadership, gender, age, years of experience and organisation type as independent variables. Basic descriptive statistics were conducted using SPSS for Windows to determine mean scores for key outcomes and test of normality was carried out to determine whether the dependent variables were normally distributed. Test showed that all the variables were statistically significantly different from a normal population ($p < .05$). As a result, non-parametric statistic techniques were used. Spearman correlation analysis was carried to find out there is a statistically significant relationship between the burnout sub scales and the multi

factor leadership scale. A Mann-Whitney u test was used to determine if there is a statistically significant difference in burnout sub-scales between males and females. Spearman correlation analysis was carried out to find out whether there is a statistically significant correlation between burnout sub-scales and age. Spearman correlation analysis was carried out to find out whether there is a statistically significant correlation between burnout sub-scale and years of experience. A Mann-Whitney u test was used to determine if there is a statistically significant difference in burnout sub-scale between the two organisation types (statutory and voluntary).

4.3 Measures

Leadership was measured via the Multifactor Leadership Questionnaire. The state-of-the-art paradigm within leadership is the theory of transformational – transactional leadership proposed by Burns (Burns, 1978) and further developed Bass and Avolio (Bass & Avolio, 2000). Over the last two decades, the Multifactor leadership Questionnaire (MLQ) has been developed and validated (Avolio & Bass, 2004). It is now the standard instrument for assessing a range of transformational, transactional and nonleadership scales. The effectiveness of transformational leadership has been proven in a number of settings and in many countries around the world (Judge & Piccolo, 2004). All leadership dimensions were measured using the Multifactor Leadership Questionnaire (Bass & Avolio, 1995). The measure consists of seven subscales including idealised influence (three items e.g., I make other feel good to be around me.), inspirational motivation (three items e.g., I express with a few simple words what we could and should do), intellectual stimulation (three items e.g., I enable others to think about old problems in new ways.), individualised consideration (three items e.g., I help others develop themselves.), contingent reward (three items, e.g., I tell

others what to do if they want to be rewarded for their work.) , management –by-exception (three items, e.g., I am satisfied when others meet agreed upon standards.), laissez-faire (three items e.g., I am content to let others continue working in the same way as always.).

Participants rated items on a 4-point Likert scale ranging from 0 (not at all) to 6 (frequently, if not always). For each subscale, item ratings were added together, with higher scores indicating high (9-12), moderate (5-8), low (0-4)

Burnout was measured via the Maslach Burnout Inventory- Human Services Survey (MBI-GS), a 16-item burnout measure with strong internal validity and construct validity (Langballe et al, 2006). The MBI-GS has been tested and validated in multiple countries and languages (Maslach, Leiter, & Jackson, 2012), and administered to many different samples of service workers, including mental health providers, police officers, teachers etc. (Langballe et al, 2006). The measure consists of three subscales, including emotional exhaustion (nine items, e.g., I feel emotionally drained from my work), depersonalisation (5 items, e.g., I feel I treat some recipients as if they were impersonal objects), personal accomplishment (8 items, e.g., I can easily understand how my recipients feel about things.). Participants rated items on a 7-point Likert scale ranging from 0 (never) to 6 (every day). For each subscale, item ratings were averaged together, with higher scores indicating higher burnout for emotional exhaustion and lower burnout for personal accomplishment.

4.4 Procedure

Participants received emails containing information about the study and a word documents attached containing the surveys. Information within the emails instructed participants to individually complete the survey in private, and assured them that responses would be confidential and only available to the researcher. After opening the attachment to the survey, participants were presented with information on the study and the ability to provide informed

consent. Participant's response rate was 74.55%; 82 of the 110 participants contacted returned the survey. The study was approved by the ethical review board in Dublin Business School.

5. Results

The results of the current study consist of an analysis of the relationship between leadership behaviour and occupational burnout in social care profession. This is conducted through a series of descriptive and inferential statistics based on the hypothesis discussed previously.

5.1 Descriptive Statistics:

Participants were predominantly in age category 1 (age 18- 35, n 44, 54%), category 2 (age 36-50, n 28, 34%), category 3 (age over 50, n 10, 12%). Most were female (n 44, 54%), male (n 38, 46%) and similar numbers worker in the statutory (n 44, 54%) and voluntary (n 38, 46%) sector. Years of experience ranged significantly from 1- 35 years with an average of 10.4 years.

Table 1. *Descriptive statistics of basic demographic information*

Variable	N	%
Gender		
Male	38	46
Female	44	54
Age		
18-35	44	54
36-50	28	34
Over 50	10	12
Years experience		
Ranging from 1-36 years	82	100
Organisation type		
Statutory	44	54
Voluntary	38	46

5.2 Inferential Statistics:

Reliability analysis was carried out to find out whether the 3 items that measure idealised influence are reliable. The reliability value was quite low ($\alpha = .486$). Inspirational motivation - $\alpha = .438$, Intellectual Stimulation - $.736$, Individualize Consideration - $.653$, Contingent Reward - $.693$, Management-by-exception - $.374$, Laissez-faire Leadership - $.455$, Emotional Exhaustion - $.767$, 9 items, Depersonalisation - $.605$, 5 items, Personal Accomplishment $.850$ - 8 items.

Table A shows, test of normality was carried out to determine whether the dependent variables were normally distributed. The result of the analysis using Shapiro-Wilk's test shows that all the variables are statistically significantly different from a normal population ($p < .05$). As a result, they would be tested using non-parametric statistical techniques

Table 2:

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Idealised_Influence	.148	82	.000	.963	82	.019
Inspirational_Motivation	.126	82	.003	.947	82	.002
Intellectual_Stimulation	.154	82	.000	.929	82	.000
Individualised_Consideration	.165	82	.000	.935	82	.000
Contingent_Reward	.158	82	.000	.947	82	.002
Management_by_Exc	.112	82	.012	.958	82	.009
Laissez_FaireLeadership	.133	82	.001	.967	82	.032
Personal_Accomplishment	.140	82	.000	.931	82	.000
Emotional_Exhaustion	.112	82	.013	.953	82	.005
Depersonalisation	.166	82	.000	.916	82	.000

a. Lilliefors Significance Correction

Hypothesis 1:

What leadership styles increase and decrease the risk for burnout in social care professionals?

Correlation Graph:

Spearman correlation analysis was carried out to examine if there is a statistically significant relationship between the burnout sub scales and the multi factor leadership scale. The result of the analysis shows that there is a statistically significant positive relationship between idealised influence and personal accomplishment ($r = .287, n = 82, p < .01$). Personal accomplishment was also positively correlated with inspirational motivation ($r = .395, n = 82, p < .001$), intellectual stimulation ($r = .319, n = 82, p < .001$), individualised consideration ($r = .264, n = 82, p = .017$) and management by exception ($r = .228, n = 82, p = .039$). This result shows that increase in personal accomplishment is associated with higher idealised influence, inspirational motivation, intellectual stimulation, individualised consideration and management by exception and vice versa. The correlation values range from .228 to .319, which indicates that there is a weak relationship between personal accomplishment and the multi factor leadership sub scales highlighted above. The results indicate a statistically significant positive relationship between emotional exhaustion and idealised influence ($r = .655, N = 82, p < .01$), inspirational motivation ($r = .604, n = 82, p < .01$) and intellectual stimulation ($r = .969, n = 82, p < .01$). Depersonalisation is also significantly positively related to contingent reward ($r = .900, n = 82, p < .01$).

Table 3. *Biivariate Correlation between Independent variables and Dependant variables*

Variables	Individualised Influence	Inspirational Motivation	Intellectual stimulation	Individualised consideration	Contingent award	Management by exception	Laissez Faire Leadership	Personal accomplishment	Emotional Exhaustion
Individualised Influence	-								
Inspirational Motivation	.468								
Intellectual stimulation	.354	.576							
Individualised consideration	.347	.546	.487						
Contingent award	.348	.486	.352	.672					
Management by exception	.440	.502	.352	.493	.463				
Laissez Faire Leadership	.183	.072	.200	.188	.176	.470			
Personal accomplishment	.287	.395	.319	.264	.170	.228	.030		
Emotional Exhaustion	.050	.058	.098	.004	.147	.202	.329	.060	
Depersonalisation	.129	.102	.094	-.165	.014	.178	.282	.076	.473

Hypothesis 2: *What effect do ages, gender, years of experience have on burnout in the social care profession?*

a) *Gender*

A Mann-Whitney U test was used to determine if there is a statistically significant difference in depersonalisation, emotional exhaustion and personal accomplishment between males and females. The result of the analysis shows that depersonalization differed statistically significantly between the two groups ($U = 592.000$, $Z = -2.279$, $p = .023$) with male participants ($m = 9.50$) having a higher level of depersonalisation in comparison to females ($m = 7.00$).

Table 4:

Test Statistics ^a			
	Personal_Accomplishment	Emotional_Exhaustion	Depersonalisation
Mann-Whitney U	774.000	712.500	592.000
Wilcoxon W	1515.000	1702.500	1582.000
Z	-.578	-1.149	-2.279
Asymp. Sig. (2-tailed)	.563	.250	.023

a. Grouping Variable: Gender

Table 5:

Statistics			
Depersonalisation			
Male	N	Valid	38
		Missing	0
	Median		9.5000
Female	N	Valid	44
		Missing	0
	Median		7.0000

b) Age

Spearman correlation analysis was carried out to find out whether there is a statistically significant correlation between emotional exhaustion, depersonalisation, personal accomplishment and age. The result of the analysis shows that age is not correlated with any of the burnout inventory sub scale ($p > .05$).

c) Years of Experience

Spearman correlation analysis was carried out to find out whether there is a statistically significant correlation between emotional exhaustion, depersonalisation, personal accomplishment and experience. The result of the analysis shows that experience is not correlated with any of the burnout inventory sub scale ($p > .05$).

Hypothesis 3: *Are social care professionals more or less likely to be at risk of burnout if working for a voluntary or statutory organisation?*

A Mann-Whitney U test was used to determine if there is a statistically significant difference in depersonalisation, emotional exhaustion and personal accomplishment between the two organisation types (Statutory and Voluntary). The result of the analysis shows that emotional exhaustion differed statistically significantly between the two groups ($U = 462.000$, $Z = -3.481$, $p < .001$) with statutory workers ($Mdn = 25.50$) having a higher level of emotional exhaustion in comparison to voluntary workers ($Mdn = 16.00$).

Table 6:

Test Statistics ^a			
	Personal_Accomplishment	Emotional_Exhaustion	Depersonalisation
Mann-Whitney U	786.500	462.000	685.500
Wilcoxon W	1776.500	1203.000	1426.500
Z	-.461	-3.481	-1.406
Asymp. Sig. (2-tailed)	.644	.000	.160

a. Grouping Variable: Org_Type

6. Discussion

The purpose of this study was to examine the relationship between leadership behaviour and occupational burnout in social care profession using demographical survey (including gender, age, years of experience and type of organisation employed by), Multi-factor Leadership Questionnaire and Maslach Burnout Inventory- Human Services Survey. The following sections provide observations and discussion on each hypothesis and the associated results. Also highlighted are the strengths and limitations of the research and recommendations.

6.1 Summary of the Main Findings

Hypothesis 1- What leadership styles increase and decrease the risk for burnout in social care professionals?

The results indicated that a number of leadership styles have varying degrees of effect on each of the three subscales of burnout. There is a statistically significant positive relationship between idealised influence and personal accomplishment. Personal accomplishment also positively correlated with inspirational motivation, intellectual stimulation, individualised consideration and management by exception. The result also demonstrated an increase in personal accomplishment is associated with higher idealised influence, inspirational motivation, intellectual stimulation, individualised consideration and management by exception and vice versa. The correlation values range from .228 to .319, which indicates that there is a weak relationship between personal accomplishment and the multi factor leadership sub scales highlighted above.

The results indicate that emotional exhaustion is positively related to idealised influence, inspirational motivation and individualised consideration. The positive relationship

between emotional exhaustion and intellectual stimulation represents the strongest correlation in the study.

Depersonalisation is also significantly positively related to contingent reward.

Although the results to show a positive relationship between depersonalisation and the other leadership sub scales, the relationship is statistically weak.

This contradicts previous research. Rivera et al. (2014) found that leadership has a significant positive relationship with personal achievement and is negatively related with emotional exhaustion and thus leads to burnout. The study also found that there is a positive relationship between passive style of leadership and emotional exhaustion. De Nobile & McCormick (2007) also stated that there is an association between stress and leadership styles. The impact of leaders on burnout has received relatively little research attention. Available studies mostly focused on transformational leadership (e.g., Leithwood, Menzies, Jantzi, & Leithwood, 1996). However, although hardly any research directly tests this relationship, one study among school teachers found no relation to burnout (Mazur & Lynch, 1989). Overall, results of research on leadership and burnout are inconclusive (e.g., Mazur & Lynch, 1989). One reason may be that moderators play a role. Howell and Shamir (2005) argued that followers' characteristics are powerful determinants of their reactions to leaders. For example, followers' personality affects their preferences for different types of leaders (Ehrhart & Klein, 2001). Earlier models such as path-goal theory (House, 1971) and substitutes for leadership (Kerr & Jermier, 1978) already suggested individual differences affect reactions to leaders. Research suggests follower traits may also affect burnout reactions to leadership. Both affect and work motivation play a role in burnout (Cordes, & Dougherty, 1993), and transformational and transactional leadership both influence followers' emotional responses and motivation (e.g., Bono & Ilies, 2006; Dvir et al, 2002).

Hypothesis 2- What effect do ages, gender, years of experience have on burnout in the social care profession?

The results indicated no significant difference between the age categories and burnout subscales. This result is contradictory to previous research which suggests that younger people are at higher risk of burnout (e.g.; Peisah et al 2009; Rutledge & Francis, 2004; Schaufeli & Enzmann, 1998). Just over half of participants (54%) placed themselves in the age category 1 (18-35 years), despite the sample size being quite small, this age group were well represented in the study.

The results demonstrated a significant difference between score for males and females on the burnout subscale depersonalisation (male- $m = 9.5$, female- $m = 7$). This result supports findings of previous research (e.g. Gandi et al 2011). However, the results showed similar scores for males and females on emotional exhaustion and personal accomplishment which is in stark contrast to previous studies on burnout which suggested that females are at higher risk of burnout (e.g. Gil-Monte, 2002; Eelan et al, 2014).

Similarly, non-significant results were found between years of experience and burnout subscales. The samples average years of experience is 10.4 years with only 13% of respondents having over 20 year's of experience. This highlights an imbalance which may affect the result.

Hypothesis 3- Are social care professionals more or less likely to be at risk of burnout if working for a voluntary or statutory organisation?

The result showed that emotional exhaustion differed statistically significantly between the two groups with social care professionals working for statutory organisation

having a higher level of emotional exhaustion in comparison to those working in a voluntary organisation. The result supports a previous study by Eelan et al (2014) which identified that oncologist working in a public hospital are at higher risk of burnout than their counterparts in a private hospital.

6.2 Limitations

The study provides a platform for further research into the area however there are a number of weaknesses to be acknowledged. There was a relatively small sample size which may affect the chances of detecting a significantly significant result. It is likely that a significantly larger sample size would have yielded more robust findings. Participants were drawn largely from a convenient sample of social care professionals who were accessible to the researcher; this may have had to unintended influence on the respondents and not comprehensively representative of the social care population. The survey's relied on self-reported data from respondents so it is possible that common method bias influenced the results. Perhaps future work, particularly in the measure of leadership, could use follower measures of transformational leadership as a way to mitigate the challenges posed by self-report measures. However, we note that the leaders' perceptions of their own behaviors may be more appropriate to our research questions than are follower perceptions (e.g., Ayman, Korabik, & Morris, 2009).

6.3 Recommendations

Given the high cost associated with burnout both personally and at an organisational level, it is paramount that supports and interventions are put in place to prevent the risk of individuals developing burnout. Burnout prevention is the responsibility of each employee but employers also have a role to play. Early detection of workers at high risk for developing

stress-related problems, as well as those with early signs of such problems, is essential. One aspect of this is through a risk assessment of the particular role being undertaken at the time. Work involving exposure to high-level trauma is likely to carry a higher risk for the caring professionals involved in assisting those directly affected. A high risk assessment of this kind should trigger increased attention to carer support. One of the most frequently suggested courses of action in the literature is the need for those in the caring professions to recognize the early symptoms of stress in themselves and their colleagues. One way of achieving this is to recommend the use of self-screening questionnaires to encourage individuals to identify their own needs (Pfifferling & Gilley, 2000). An example of such a self-assessment questionnaire is provided by Pfifferling and Gilley (2000). Developing self-care strategies and lifestyle changes to increase emotional resilience and to ease stress, time pressures, and commitments (Figley, 2002; Oswald; Zimmerman & Weber, 2000) is highly recommended to prevent risk of burnout

This study has however provided a foundation for further research in relation to leadership and risk of burnout. To expand upon the current study, the researcher recommends the inclusion of personality/ trait measure of social care professions in order delve deeper into understanding individualised characteristics and how and why people respond differently to certain leadership styles. Finally, as burnout is generally understood as a process in which helpers feel progressively more worn down, overwhelmed by their work, and incapable of facilitating positive change (Collins & Long, 2003), it may be beneficial to conduct future research in the area at specified intervals in order to capture potential gradual decline.

6.4 Conclusion

It has been widely recognised that rates of burnout in the social care profession are higher than in the general population (Firth-Cozens & Payne, 1999). In order to understand the multi-faceted dynamics of burnout in this field it is vital that research continues to delve deeper into how and why it occurs in order to develop appropriate prevention strategies and support systems for the carers in society. This study looked at specific areas that influence risk of burnout including leadership, gender, age, years of experience and type of organisation a social care professional works in. Positive relationships were identified between a number of the variables, as stated previously, though additional research would be beneficial.

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Appendix A: Battery of Tests

Dear Participant,

I invite you to participate in a research study entitled; the relationship between leadership behaviour and occupational burnout in the social care profession. I am currently enrolled in the BA HONS Psychology course in Dublin Business School and I am in the process of writing my thesis. The purpose of the research is to determine if individual leadership characteristics relate to one's risk off occupational burnout.

Your participation in this research project is completely voluntary. You may decline altogether, or leave blank any questions you don't wish to answer. There are no known risks to participation beyond those encountered in everyday life. Your responses will be confidential and data from this research will be reported only as a collective combined total. If you agree to participate in this project, please answer the questions on the two questionnaires as best you can. It should take approximately 10 minutes to complete.

Thank you for taking the time to read this. If you have any questions about this research project, please contact me at xxxx@xxxx.

Yours sincerely,

Rachel Quilty

Please tick the relevant box:

Are you:

Male Female

What is your age?

18- 35 36- 50 over 50

How many years have you been working in the social care field?

_____ years.

Do you work for a statutory or voluntary organisation?

Statutory Voluntary

Multifactor Leadership Questionnaire

Instructions: This questionnaire provides a description of your leadership style. Twenty-one descriptive statements are listed below. Judge how frequently each statement fits you. The word “others” may mean your followers, clients, or group members.

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MBI- Human Services Survey