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## Examining the Impact of Job Burnout on the Health and Well-Being of Human Service Workers: A Systematic Review and Synthesis

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This systematic review synthesizes findings from 19 empirical studies published between 1970 and 2014 that examine the relationship between job burnout and affective, psychological, physiological, and behavioral well-being among human service workers. Study findings point to the detrimental impact of job burnout on the well-being of workers. Studies in this area of research continue to use the Maslach Burnout Inventory as the primary measure of burnout, are largely cross-sectional in design, and focus mostly on affective well-being as an outcome. A discussion on the impact of study findings for human service workforce management and future research is presented.

Keywords: human service workers, job burnout, worker well-being, workforce management, workforce/workplace issues in human service organizations

#### INTRODUCTION

The purpose of this systematic review is to synthesize findings from empirical studies examining the impact of job burnout on worker well-being. Job burnout is a response to chronic exposure of workplace strains and is marked by feelings of emotional depletion, cynicism, and a sense that no matter the effort, there will be no progress in your work (Maslach & Jackson, 1981). Though job burnout research literature in the human service sector abounds (Boyas & Wind, 2010; Campbell, Perry, Maertz, Allen, & Griffeth, 2013; Lim, Kim, Kim, Yang, & Lee, 2010; Lloyd, King, Chenoweth, 2002; Smith & Clark, 2011; Sprang, Craig, & Clark, 2011), as do studies that examine its antecedents (Acker & Lawrence, 2009; Ben-Zur & Michael, 2007; Font, 2012; Hamama, 2012; Kim, 2011; Jourdain & Chênevert, 2010; Lizano & Mor Barak, 2012), fewer studies have focused on the impact of burnout on worker well-being. We know from empirical research findings that workers experiencing burnout are at greater risk of underperforming (Taris, 2006) and of leaving the job (Mor Barak, Nissly, & Levin, 2001). What can be surmised from job burnout literature is that the "burned-out" worker is at risk of being chronically exhausted, disengaged, and underperforming (Maslach & Leiter, 1999) and can pose a managerial challenge to administrators.

Though no statistics on the rates of stress and burnout among human service workers exist, there is evidence to suggest that human service sector workers are at greater risk of stress and burnout due

to the emotive nature of human service work (Guy, Newman, Mastracci, & Maynard-Moody, 2010; Lloyd, King, & Chenoweth, 2002). When compared to 26 other occupations, social service work was one among the six professions with the worst experiences of physical health, psychological well-being, and job satisfaction in the workplace (Johnson, Cooper, Cartwright, Donald, Taylor, & Millet, 2005).

The effect of job burnout on worker well-being has attracted the attention of organizational researchers and administrators for two central reasons. The first is the ethical responsibility of organizational leaders to protect the well-being of employees in the workplace (Burton, 2010). Work is ever present in the lives of most adults. Work is not merely a source of livelihood; for many, work fulfills intrinsic needs such as motivation, belonging, and accomplishment (Warr & Wall, 1975). The second is the impact of worker well-being on his or her performance, which can subsequently shape service provision and client outcomes (Burton, 2010; Danna & Griffin, 1999; Ford, Cerasoli, Higgins, & Decesare, 2011; Sparks, Faragher, & Cooper, 2001).

Though job burnout among human service workers has been studied widely, less attention has been given to the impact of burnout on the affective/psychological, physiological, and behavioral well-being of workers. Health and well-being in the workplace encompasses a broad domain, making it a concept that varies widely in definition (Danna & Griffin, 1999). For the purposes of clarity, the conceptual definition of well-being used to guide this systematic review is embedded in the World Health Organization's definition of health as being a "state of complete physical, mental and social well-being and not merely the absence of disease" (World Health Organization, 1948). The studies reviewed here separated into three broad well-being categories, including (1) affective/psychological well-being, (2) physiological well-being, and (3) behavioral well-being. This review aims to expand our understanding of the current state of the burnout and worker well-being knowledge base and to serve as a tool to guide workforce management efforts that seek to improve quality of work life for human service workers.

#### JOB BURNOUT AND WORKER WELL-BEING

The human service sector was the birthplace of job burnout research that emerged out of an effort to define the syndrome that was afflicting the overworked, exhausted, and distant worker who was once motivated and engaged. Though some heterogeneity in the definition of burnout exists, Maslach and Jackson's (1981) conceptual and operational definition of burnout is the most widely used and accepted definition. This systematic review is driven by the theoretical postulates put forward by Maslach and Jackson's (1981) definition of job burnout, which proposes a three-dimension construct consisting of *emotional exhaustion, depersonalization*, and *personal accomplishment*. Emotional exhaustion is the central dimension of burnout, marked by feelings of being depleted because of chronic exposure to job stress. Feelings of emotional exhaustion then lead to the worker distancing himself or herself from clients, becoming cynical and detached. The third dimension, personal accomplishment, refers to feelings of ineffectiveness in the workplace regardless of the effort exerted.

Job burnout is a social phenomenon influenced by interpersonal relationships in the work environment (Maslach, Schaufeli, & Leiter, 2001). Human service employees serve clients who are in a state of vulnerability or crisis, which oftentimes makes the interpersonal exchange an emotionally charged one for the worker (Hasenfeld, 2010). Establishing an empathic connection between worker and client is a keystone of human service work. Empathy in this line of work is not merely an implicit expectation. Most professional human service associations are guided by codes of ethics that explicitly charge these groups (e.g., social work, marriage and family therapy, addiction counseling) with the responsibility to enter into worker–client exchanges with empathic understanding, in an effort

to try to connect with and share the feelings of others. As vehicles of change, human service workers make great emotional investments when working with clients/consumers (Guy et al., 2010; Hasenfeld, 2010), a process that can lead to feelings of emotional exhaustion and depersonalization (Maslach, 2003).

Job burnout poses a risk to the affective/psychological, physiological, and behavioral well-being of workers. The mechanisms by which burnout is theorized to affect worker well-being are generally described as resulting from a depletion of the burned-out individual's personal resources that lead to a decline in one's affective, psychological, physical, or behavioral state. An expenditure of energetic resources occurs as workers cope with chronic stress and feelings of exhaustion, which then lead to feelings of fatigue and psychological erosion (Leiter & Maslach, 2001; Shirom, 1989). The depletion of personal resources experienced by a "burned out" worker can also lead to physical ailments by compromising the immune system (Leiter & Maslach, 2001). Additionally, worker reactions to job burnout can be manifested behaviorally and can include such things as increased smoking or drinking as coping mechanisms (Maslach, 1978).

This systematic review focuses on empirical studies examining the relationship between job burnout and multiple domains of well-being and is guided by the following research question: What is the impact of emotional exhaustion, depersonalization, and reduced personal accomplishment on the psychological/affective, physiological, and behavioral well-being of human service workers (see Figure 1)? This multiple domain approach to this systematic review is guided by the multifaceted definition of health and well-being put forward by the World Health Organization that defines health as being a condition beyond a lack of infirmity but of complete mental, physical, and social well-being (World Health Organization, 1948). The three well-being domains that were reviewed include (1) affective/psychological well-being, (2) physiological well-being, and (3) behavioral well-being.

The conceptual definition used to designate a study as an affective/psychological well-being study draws on Peter Warr's definition of psychological/affective well-being in the workplace,

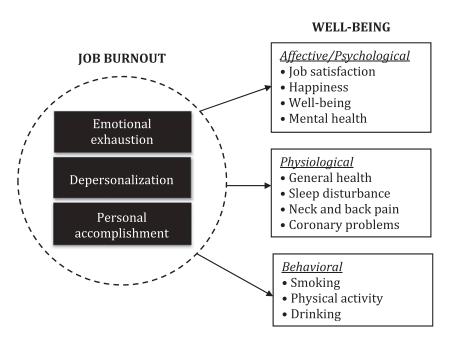


FIGURE 1 Conceptual model: The impact of job burnout dimensions on worker well-being

which defines affective well-being as people's feelings about their everyday experiences that can range from negative mental health statuses such as dissatisfaction, unhappiness, and anxiety to satisfaction and happiness. Studies including any well-being outcomes operationally defined as a mental health condition, whether or not it included a formal clinical diagnosis, were included in the affective/psychological well-being domain. Studies examining job burnout and physical symptoms or health status measures such as headaches, sleeping patterns, and digestive problems were categorized within the physiological well-being domain. Studies pertaining to behaviors affecting well-being such as smoking, drinking, and exercise were classified as behavioral well-being studies.

#### **METHOD**

#### Search Strategy and Selection of Studies

A comprehensive search of peer-reviewed literature was conducted using a variation of key search terms that allowed for the specification of a job burnout term coupled with an employee well-being and human service worker population term (see Table 1 for the list of search terms used). First, a comprehensive search of peer-reviewed article abstracts was conducted. A computerized search of the aforementioned key terms yielded a total of 50 abstracts. Four databases—ProQuest, Social Work Abstracts, PsycInfo, and JSTOR—and one search engine, Google Scholar, were used to carry out the search. Following the selection of 49 studies based on their abstract, each study article was reviewed in its entirety by the author to determine if the study met inclusion criteria. The final count of studies after the review was 19. A summary of the author(s), sample, study design, operationalization of job burnout, well-being outcome, and key findings are summarized and presented in Table 2.

Studies meeting the following criteria were included in the synthesis: (1) the study examined at least one or all dimensions of job burnout (e.g., emotional exhaustion, depersonalization, personal accomplishment) as an independent variable related to a form of employee well-being as an outcome; (2) the study was published between the years 1970 and 2014; (3) the study focused on a

TABLE 1 Systematic Review Search Terms

Job Burnout Related Search Terms	Employee Well-being Related Search Terms	Employee Population Related Search Terms
Job burnout	Affective/Psychological	Child welfare
Emotional exhaustion	Job satisfaction	Social work
Depersonalization	Life satisfaction	Counseling
Personal accomplishment	Happiness	Mental health
_	Well-being	Psychology
	Mental health (e.g. depression, anxiety)	Therapy
		Nursing
	Physiological	Caregiving
	Sleep disturbance	
	Health	
	Behavioral	
	Alcohol/drug use	
	Cigarette smoking	
	Exercise	

Citation	Purpose	Sample Type and Size	Well-being Outcome	Burnout Dimension	Key Finding(s)
Bakir et al. (2010)	To investigate the association between burnout syndrome and depressive symptoms among Turkish military nurses	Nurses $N = 377$	Becks Depression Inventory (BDI)	MBI (Dimensions examined separately)  E E  DP  PA	EE, DP, and the reverse coded PA are positively and significantly correlated to depression
Bennet et al. (1994)	To examine burnout and its impact on anxiety, stress, and stigma among health care workers providing care to clients with HIV/AIDS	Health professionals (54 nurses, 16 doctors, 14 social workers) $N = 84$	• General Health Questionnaire (GHQ-28; Current mental health status)	MBI (Composite)	Higher levels of burnout are positively related to anxiety levels
Bhana et al. (1996)	To examine the relationships between burnout, role dynamics (role conflict and role ambiguity), and job satisfaction among child-care social workers	Child welfare social workers $N = 29$	Job satisfaction	MBI (Dimensions examined separately)  • EE  • PA	A significant and negative correlation between EE, PA, and job satisfaction
(2010)	To explore the relationship between burnout, work satisfaction and psychological well-being	Nurses $N = 217$	Job Satisfaction     Positive affect     Negative affect     Psychosomatic symptoms     Medication use     Life satisfaction	MBI (Dimensions examined separately)  • EE  • DP  • PA	<ul> <li>A significant and negative relationship between EE and job satisfaction, positive affect, life satisfaction</li> <li>A significant and negative relationship between EE and psychosomatic symptoms</li> <li>A significant and negative relationship between DP and job satisfaction and life satisfaction</li> <li>A significant and positive relationship between DP and psychosomatic symptoms and medication use</li> <li>A significant and positive relationship between PA and positive affect</li> <li>A significant and negative relationship between PA and negative relationship between PA and negative relationship</li> </ul>

(continued)

TABLE 2	(Continued)
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Citation	Purpose	Sample Type and Size	Well-being Outcome	Burnout Dimension	Key Finding(s)
Demerouti et al. (2000)	To test a theoretically derived model of burnout and overall life satisfaction	Nurses $N = 105$	• Life satisfaction	Oldenburg Burnout Inventory (OLBI) • EE • DP	<ul> <li>A significant and negative relationship between EE and life satisfaction</li> <li>A significant and negative relationship between DP and life satisfaction</li> </ul>
Glass et al. (1993)	To examine the relationships between depression, job bumout, and perceptions of control	Nurses $N = 162$	Depression	MBI (Composite)	Burnout mediates the relationship between a perceived lack of control and depression
Grau et al. (2009)	To examine the effects of burnout on the health of hospital workers	Nurses $N = 319$	Self-reported health problems	MBI (Dimensions examined separately)  • EE  • DP  • PA	<ul> <li>A significant and positive relationship between EE and self-reported health problems</li> <li>A significant and positive relationship between DP and self-reported health problems</li> </ul>
Hombrados Mendieta et al. (2011)	To analyze the effect of burnout on job and life satisfaction	Social Workers $(N = 107)$	<ul><li>Life satisfaction</li><li>Job satisfaction</li></ul>	MBI (Composite)	A significant and negative relationship between burnout and the outcome variables of job satisfaction and life satisfaction
Iglesias et al. (2013)	To measure the prevalence of and interrelationship between burnout, job satisfaction, and job burnout among critical care nurses	Nurses $(N = 74)$	Job satisfaction	MBI (Dimensions examined separately)  • EE  • DP  • PA	<ul> <li>A non-significant negative relationship between EE and job satisfaction</li> <li>A significant and negative relationship between DP and job satisfaction</li> <li>A non-significant and positive relationship between PA and job satisfaction</li> </ul>
Jahrami et al. (2014)	To explore the relationship between emotional burnout components and job satisfaction scores among mental health workers in Bahrain	Mental health workers $(N = 153)$	Job satisfaction	MBI (Dimensions examine d separately)  • 1 EE item  • DP  • PA scales	A non-significant and positive relationship between EE and job satisfaction     A nonsignificant and positive relationship between DP and job satisfaction     A nonsignificant and negative relationship between PA and job satisfaction

(continued)

TABLE 2 (Continued)

Citation	Purpose	Sample Type and Size	Well-being Outcome	Burnout Dimension	Key Finding(s)
Puig et al. (2012)	To determine the nature of the relationship between job burnout and personal wellness	Mental health professionals $(N = 129)$	Personal well-ness:     (Five dimensions:     Essential self Social     self Creative self     Physical self Coping     self)	Counselor burnout inventory (CBI) Exhaustion • Incompetence • Devaluing clients • Negative work environment* • Deterioration in personal life*	<ul> <li>Exhaustion was found to significantly predict exercise and nutrition</li> <li>The devaluing client burnout dimension was negatively related to the creative self</li> <li>The incompetence burnout scale is negatively related to essential, social, creative and coping self dimensions of wellbeing</li> </ul>
Ríos Rísquez et al. (2011)	To analyze the relevance of individual variables in the development of burnout and the possible effects of having a hardy personality as a protective factor against burnout and its consequences on workers' health	Nurses $(N = 97)$	General Health Questionnaire (GHQ-28) • Psychosomatic symptoms • Anxiety • Depressive symptoms dysfunction symptoms	MBI (Dimensions examined separately)  • EE  • DP  • PA	EE was positively and significantly related to psychosomatic symptoms, and anxiety     DP was positively and significantly related to depressive symptoms
Sanchez- Moreno et al. (2014)	To examine the relationship between informal social support, burnout, and psychological distress among social workers.	Social workers $(N = 189)$	Psychological distress (GHQ-28)	MBI (Dimensions examined separately)  • EE  • DP  • PA	<ul> <li>EE is positively and significantly related to psychological distress</li> <li>DP is positively and nonsignificantly related to psychological distress</li> <li>PA is negatively and nonsignificantly related to nevchological distress</li> </ul>
Um et al. (1998)	To empirically evaluate a model delineating the processes whereby clinical social workers experience burnout and job dissatisfaction in their workplaces.	Clinical social workers $(N = 165)$	Job dissatisfaction	MBI • EE	E is positively and significantly related to job dissatisfaction

\*Outcome not included in synthesis.

human service employee population; (4) the study was a quantitative or qualitative primary research article; (5) the study was published in a peer-reviewed journal; and (6) the study was published in English. Two of the studies yielded by the systematic search had English abstracts and search keywords but were otherwise written in Spanish. Both of the studies met study inclusion criteria and are included in this review (Grau, Gil, García, & Figueiredo, 2009; Ríos Rísquez, Fernández, & Sánchez Meca, 2011).

#### **Description of Studies**

Studies were reviewed and classified based on their research design, dependent and independent variables, sample type and size, operational definition of burnout and worker well-being, and statistical analysis approach. The 19 studies ranged in publication year from 1988 to 2014. Study sample size ranged from 29 to 406. Of the studies presented in this review, 42% (N=8) of the studies consisted of a sample of nurses, five used a social worker sample (26%), two a child welfare worker sample (11%), two included a sample of mental health professionals (11%), and one study was conducted using each of the following samples: a mix of health professionals (nurses, doctors, and social workers, 5%) and rehabilitation counselors (5%).

Sampling strategies: Study settings represented a range of regions including Australia, Canada, Spain, Bahrain, South Africa, and the United States. The majority of the studies (N=16) used a cross-sectional research design, with only three studies using a longitudinal approach (Demerouti et al., 2000; Grau et al., 2009; Kim et al., 2011). All studies employed quantitative research methods and ranged in statistical analysis from correlation (Bakir, Ozer, Ozcan, Cetin, & Fedai, 2010; Bhana & Haffejee, 1996; Iglesias & de Bengoa Vallejo, 2013; Maslach & Florian, 1988) and t tests for difference between groups (Jayaratne, Chess, & Kunkel, 1986) to discriminant analysis (Bennet, Kelaher, & Ross, 1993), multiple regression (Grau, Gil, García, & Figueiredo, 2009; Burke, Koyunco, & Fiksenbaum, 2010; Koeske & Kelly, 1995; Puig et al., 2012; Ríos Rísquez, Godoy Fernández, & Sánchez Meca, 2011; Sánchez-Moreno et al., 2014), and structural equation modeling (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Glass, McKnight, & Valdimarsdottir, 1993; Hombrados-Mendieta & Cosano-Rivas, 2011; Jahrami et al., 2013; Kim, 2011; Laschinger & Grau, 2012; Um & Harrison, 1998).

Studies varied in their operational definition of burnout. Most studies used one, two, or all three dimensions of the MBI to operationally define burnout. Studies using only one dimension of the MBI used emotional exhaustion. Studies using two dimensions of the MBI used emotional exhaustion and depersonalization. It should be noted that alternate burnout measures were used in two studies. The Oldenburg Burnout Inventory (OLBI) used by Demerouti, Bakker, Nachreiner, and Scaufeli (2000) in their study of nurses measured two constructs—emotional exhaustion and depersonalization. The Counselor Burnout Inventory (CBI) used by Puig et al. (2012) included multiple dimensions of burnout, three of which—exhaustion, devaluing clients, and incompetence—align with the emotional exhaustion, depersonalization, and personal accomplishment scales of the MBI, respectively. For the purposes of facilitating synthesis of the study, only the dimensions that align with the MBI's emotional exhaustion, depersonalization, and personal accomplishment scales in the Puig et al. (2012) study were included in this synthesis.

#### SYNTHESIS OF STUDIES

#### Affective/Psychological Well-Being

The influence of burnout on the affective/psychological well-being dimension was the most widely studied among the articles included in this review. Eighteen of the nineteen studies included an

affective or psychological well-being measure ranging from job satisfaction and life satisfaction to depression and anxiety. Job satisfaction was the most studied affective well-being outcome, with a total of nine articles including it as dependent variable (Bhana et al., 1996; Burke et al., 2010; Hombrados-Mendieta et al., 2011; Iglesias et al., 2013; Jaharami et al., 2014; Jayarante et al., 1996; Koeske, 1995; Maslach et al., 1988; Um et al., 1998). All studies examining job satisfaction as a well-being outcome used a cross-sectional design. One study tested the relationship between burnout and job satisfaction by using a composite of the MBI and found a significant negative relationship between them. In seven of the eight studies that separately tested the various dimensions of burnout, emotional exhaustion was found to have a significant negative relationship with job satisfaction. A nonsignificant relationship between emotional exhaustion and job satisfaction was found in two studies (Jahrami et al., 2013; Iglesias et al., 2013). Greater inconsistency between burnout and job satisfaction was found when the dimensions of cynicism and personal accomplishment were assessed. The direction of the relationship between cynicism and job satisfaction was consistently negative in all studies, with the exception of one study (Jahrami et al., 2013). Additionally, the statistical significance of the relationship between cynicism and job satisfaction was discrepant across studies. Higher levels of personal accomplishment consistently had a positive relationship with job satisfaction, but the significance of this relationship varied among studies.

Eight studies examined mental health among human service workers (Bakir et al., 2010; Bennet et al., 1994; Burke et al., 2010; Glass et al., 1993; Jayaratne et al., 1996; Laschinger et al., 2012; Ríos Rísquez et al., 2011; Sanchez-Moreno et al., 2014). Of the eight studies, five used a sample that either completely or partially consisted of nurses. Mental health was operationalized in a number of ways, including current mental health status and depression and anxiety symptoms. The two studies that used a composite of burnout found a positive and significant relationship between burnout, depression (Glass et al., 1993), and anxiety (Bennet et al., 1994). Those that examined the separate dimensions of burnout found a consistent and significant positive relationship between emotional exhaustion, depression, anxiety, and psychological distress. Higher levels of depersonalization and personal accomplishment were positively related to mental health outcomes across studies, but the level of significance for the relationships varied by study.

Five studies investigated other forms of affective well-being that were more disparate in nature, including positive and negative affect, life satisfaction, marital satisfaction, and personal wellness. Findings from the five studies are described as follows: Burke et al. (2010) found that all dimensions of burnout significantly predicted affect with greater levels of emotional exhaustion and cynicism relating to increased negative affect (e.g., irritability, distress, nervousness), while greater level of personal accomplishment related to greater positive affect (e.g., excitement, pride). Demerouti, Bakker, Nachreiner, and Schaufeli's (2000) longitudinal study on burnout and life satisfaction used the OLBI to operationalize burnout and found a significant and negative relationship between emotional exhaustion and depersonalization and life satisfaction. Jayaratne, Chess, and Kunkel's (1986) study of child welfare workers was the only study that investigated the impact of burnout on marital satisfaction. Jayaratne et al. (1986) found that higher levels of emotional exhaustion and depersonalization led to significantly lower levels of marital satisfaction, while higher levels of personal accomplishment were significantly related to higher levels of marital satisfaction.

Puig et al. (2012) examined the relationship between the CBI and personal wellness among mental health professionals. The CBI comprises five subscales (exhaustion, incompetence, negative work, devaluing clients, and deterioration), with exhaustion, devaluing clients, and incompetence being analogous to the emotional exhaustion, depersonalization, and personal accomplishment dimensions of the MBI. The investigators in the study conceptually defined wellness as the integration of mind, body, and spirit and operationalized it into five subscales, including the creative self, coping self, essential self, and physical self. The subscales consisted of a number of items with all subscales pertaining to affect, with the exception of the physical self (i.e., creative self: thinking, emotions, control, work, and positive humor; coping self: leisure, stress management, self-worth,

and realistic beliefs; social self: friendship and love; essential self: spirituality, gender identity, cultural identity, and self-care; and physical self: nutrition and exercise). No statistically significant relationship was found between emotional exhaustion and any of the wellness subscales pertaining to affect; conversely, devaluing of clients was negatively and significantly related to the creative self. Incompetence was found to significantly and negatively affect all dimensions of wellness with the exception of the physical self.

#### Physiological Well-Being

Six of the studies included in this review examined the impact of burnout on physical or somatic symptoms (Burke et al., 2010; Laschinger et al.; 2012; Grau et al., 2009; Jayaratne et al., 1996; Kim et al., 2011; Ríos Rísquez et al., 2011). Studies examining the impact on physical well-being were largely carried out using nursing samples, with only two studies using other workforce samples (Jayaratne et al., 1996; Kim et al., 2011). Kim, Ji, and Kao's (2011) longitudinal study of social workers used a composite measure of burnout (MBI) and found a significant positive relationship between burnout and physical complaints. The remaining studies did not use a composite burnout scale. Findings from the remaining five studies consistently found a significant positive relationship between emotional exhaustion and physical or somatic problems. Only three of the five studies examined the impact of depersonalization on physical health and consistently found a significant negative relationship between burnout and physical health. The relationship between personal accomplishment and health was investigated in three studies and found not to be significant in all three.

#### Behavioral Well-Being

Two cross-sectional studies included measures of behavioral health as outcomes. Burke, Koyuncu, and Fiksenbaum's (2010) study of nurses measured medication use as a behavioral outcome. Medication use was operationally defined as respondents' self-reported use of medication such as pain medication and sleeping pills. Burke et al.'s (2010) study found a significant and positive relationship between depersonalization and medication use. Puig et al.'s (2012) study of mental health professionals measured physical wellness, which included nutrition and exercise regimens. The Puig et al. (2012) study found a significant negative relationship between emotional exhaustion and nutrition and exercise practices.

#### DISCUSSION AND IMPLICATIONS

This systematic review synthesizes 19 studies investigating the relationship between job burnout and at least one form of affective, psychological, physiological, or behavioral well-being as an outcome among human service workers. Given that the specific findings for each respective study reviewed are presented in Table 2, this discussion instead focuses on the major trends in findings that emerged from the systematic review. Study findings all point to the detrimental impact of job burnout on the well-being of workers. More importantly, the findings from these studies give insight into the differential impact of job burnout's dimensions on worker well-being with two exceptions. Jahrami et al.'s (2013) study of mental health workers' satisfaction in Bahrain found a nonsignificant and relationship between all of the burnout dimensions and job satisfaction. Jahrami and colleagues (2013) suggested that a plausible explanation of the null relationship found between the dimensions of burnout and job satisfaction might be reflective of the two conditions coexisting. The authors suggested that a satisfied worker can also be experiencing burnout (Jahrami et al., 2013). Similarly, the study conducted by Iglesias and colleagues (2013) using a nursing sample

found a nonsignificant relationship between emotional exhaustion and job satisfaction. These study findings are congruent with previous studies that have found human service employees who report high level of burnout while simultaneously reporting high levels of job satisfaction (see Mandell, Stalker, de Zeeuw Wright, Frensch, & Harvey, 2013). It should be noted that these studies are cross-sectional in nature and therefore do not test for a causal relationship between burnout and job satisfaction.

Given the disparate nature of the findings in the Jahrami et al. (2013) and Iglesias et al. (2013) studies, trends in the study results discussed below focus on the remaining 17 studies reviewed. Emotional exhaustion was examined in every study reviewed and was consistently found to have a negative and significant impact on all the forms of well-being. This finding is congruent with job burnout theory, which proposes that emotional exhaustion is the central dimension of burnout (Maslach et al., 1981). The relationship between depersonalization, personal accomplishment, and well-being were in the anticipated direction but were inconsistently found to be significant across studies. The lack of consistency in study findings points to a need to further investigate the dimensions of depersonalization and personal accomplishment as they relate to worker well-being. Furthermore, it brings attention to the importance of evaluating the distinct dimensions of burnout separately given their differential relationships with well-being outcomes. The use of composite burnout scales may mask nuanced interrelationships between the different burnout dimensions and well-being.

Studies in this review were overwhelmingly focused on affective well-being outcomes. Of the 19 studies reviewed, 17 measured at least one form of affective well-being as an outcome. There was a dearth of research studies examining the effect of job burnout on psychological/mental health, physiological, or behavioral well-being in the studies reviewed. The nursing sector is taking the lead on well-being and burnout research in the human service sector. The few studies found on psychological/mental health and physiological well-being were largely conducted using nursing samples. Future studies should seek to examine these well-being outcomes among human service worker samples in various sectors (e.g., child welfare, substance abuse counseling, psychiatry) to help shed light on any heterogeneity in burnout levels and well-being that may exist between human service worker groups. Furthermore, future studies should investigate the relationship between job burnout and behavioral well-being given the limited number of studies (N = 2) that included it as an outcome in this review.

This review provides insight into the methodological approaches to design, sampling, and measurement used by researchers investigating burnout and worker well-being in the human services sectors. Studies in this area of research are largely cross-sectional in nature and only three studies within this review employed a longitudinal design. The use of cross-sectional study designs in job burnout research has long been advised against because burnout is theorized to be developmental in nature (Maslach et al., 1981). Cross-sectional studies critically limit any causal inference that can be made about the relationship between job burnout and its impact on well-being. Findings from this review point to a gap in longitudinal research on job burnout and worker well-being. Future studies examining the relationship between job burnout and work well-being should seek to use more rigorous methods of systematic inquiry that allow for the dynamic relationships between the dimensions of burnout and worker well-being to emerge. A greater understanding of burnout development over time and its impact on worker well-being will lead to the development of effective workplace practices and interventions that aim to maintain a healthy and stable human service workforce. The three longitudinal studies that have been conducted show a promising trend toward the use of study designs that move beyond examining the association between burnout and worker well-being to answering key questions about the causal relationships that exist between the dimensions of job burnout and various forms of worker well-being. Though there is greater feasibility in carrying out cross-sectional research due to practical reasons such as time and cost limitations, longitudinal studies are a worthwhile endeavor if we are to gain a better understanding of the long-term impact of job burnout on worker well-being.

The measurement of job burnout in this area of research continues to adhere to the use of the MBI. Only two of the studies reviewed used alternate forms of burnout measures. The standardized use of the MBI across studies facilitates comparison across samples. Nevertheless, there was an inconsistent use of composite measures of the MBI or the exclusion of certain MBI subscales across studies. The inconsistent use of the MBI scale by researchers across studies results in lost opportunities to systematically examine the dynamic relationships between the dimensions of burnout and various forms of worker well-being. In order to disentangle the influence of emotional exhaustion, depersonalization, and feelings of personal accomplishment on worker well-being, future researchers using the MBI should consider refraining from the use of the MBI as a composite measure or from excluding MBI subscales from their studies.

This review provides evidence that job burnout poses a risk to the well-being of human service workers. More specifically, the evidence points to the dangers of emotional exhaustion. Any efforts made in workforce management strategies that aim to protect the well-being of human service workers should seek to protect workers against emotional exhaustion. Emotional exhaustion results from a depletion of personal resources in workers resulting from continuous exposure to workplace stressors. Though workplace interventions used to combat job burnout across various human service organizations will differ according to the unique work contexts, findings from this systematic review can help inform the development of workplace interventions. Managers and administrators can implement workplace practices that reduce stressors specific to their work context. Workplace stress, or job stress, is postulated to result from ambiguity in work responsibilities and conflict between various work roles (Rizzo, House, & Lirtzman, 1970). In order to circumvent job stress, managers and administrators can design job responsibilities in such a way that said responsibilities and expectations are clear to workers. This can include the use of job descriptions that clearly stipulate all roles that an employee must fulfill. Other potential strategies for effectively communicating expectations of workers include holding regular staff meetings where expectations are effectively communicated or periodic one-on-one supervision meetings where job responsibilities are reviewed and discussed. Furthermore, managers and administrators should take inventory of the delineated responsibilities required of employees and assess if there are conflicting work responsibilities that may be eliminated.

In addition to implementing interventions to reduce job stress in the workplace, managers and administrators can help prevent emotional depletion among their workers by providing them with resources in the workplace. Resources should include both emotional resources in the form of social support and instrumental tools that facilitate meeting work-related responsibilities. The development of effective managerial and organizational-level workplace interventions that prevent or relieve emotional exhaustion among human service workers is key to the protection of worker well-being. Workplace interventions addressing emotional exhaustion must be systematically explored in future research studies through qualitative and quantitative methods of inquiry in order to develop effective evidence-based workplace interventions.

#### STUDY LIMITATIONS

Although this review makes a unique contribution to the knowledgebase by proving a comprehensive review of the current literature on job burnout and well-being research in the human service sector, the study's limitations should be noted. This study synthesizes findings on burnout and well-being but does not provide any quantitative conclusions on the relationships between burnout and well-being. Because this systematic review does not employ any meta-analytic strategies, it cannot provide inference on the strength of the relationships found between burnout and worker

well-being. Future studies that seek to obtain greater understanding of the relationship between emotional exhaustion; depersonalization, personal accomplishment, and worker well-being should seek to synthesize results across studies using quantitative methods such as meta-analytic strategies. This study draws on published peer-reviewed articles in English and Spanish only, limiting the sample of studies that were included. Using only published studies may introduce bias given that studies with null findings are less likely to be published.

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