

STRAIN, OVERCHARGE AND BURNOUT IN THE RESIDENTIAL CHILD CARE. STRESS ASSESSMENT

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Abstract: *The paper presents some of the specific working conditions in the residential child care institutions and their effects on the staff motivation, engagement and psychological well-being and proposes an assessment methodology designed to reduce the subjectivity specific for traditional questionnaires and for the face-to-face interviews and to increase the accuracy of the evaluation of the impact (stress quotient) of the formal structures (patterns and rules) implemented on the level of child care institutions. The burnout became a common phenomenon among the staff working in the residential care institutions in the last decades. The staff is in most of the cases confronted with a high “density” of stress factors acting simultaneously and challenging situations, which are not always due to the psychological profile and behaviour of the children in care but also to some formal components and regulations designed and implemented in some institutions and to some management biases.*

An assessment chart is also described having the advantage of not being based on subjective perceptions and meanings but on objective data concerning the organisation and functioning of the institution. The items of the Stress Assessment Scale are mostly non-descriptive and correlated with the existing working conditions and structures developed at the level of the executive management.

Key-words: *Stress ratio, stress assessment, staff stress in residential child care institutions*

Premises

The burnouts and the emotional disorders have been considered more and more like “professional diseases” of the staff working in child care in the last years. The empirical data are different from institution to institution. According to some researches, more than one third of the educators, care takers and other categories of staff working in care units complain about psychological pressure, over charging, or because they are overworked and twenty percent

suffer of direct consequences of a psychological disease. Other authors mention that 80 % of the professionals describe their situation in everyday working life so that they feel neither over worked or under challenged by the stress situation at work. Every fifth professional feels overwhelmed (19%) and only 1% of the interviewed persons feel unchallenged¹.

The predominantly mentioned symptoms are: tiredness, lack of motivation, sleep disturbance, diffuse anxiety, annoyance and difficulties to keep themselves under control. Many of them have the feeling of not being understood, respectively that the formal leaders and formal managements do not really take into consideration the constant pressure under which they have to work and those possible consequences and long term psychological effects. The women between 40 and 60 years old are most affected. In many cases the diagnosis of burnout is associated with “depression” or „exhaustion syndrome”. The different role conflicts inside the institution also represent important components of a burnout.

There should be made an obvious distinction between the so called “eustress” (positive stress) and “distress” (negative stress). The “positive stress” can be useful, especially because it facilitates the decision making process (taking decisions in time, with less hesitation)

The burnout is also a consequence of the deep changes of the society and of the care system. Some authors present it as a “flow” drawing us through the day to day life and protecting us during “demanding” or exhausting periods of time.

Burnout is not a personal failure but a consequence of the recent deep changes of work conditions and work milieus. In social care there is more and more recognised, admitted, that the care takers (educators, pedagogues, other categories of staff) are supposed to “dance on a stream”. The body sends in most of the cases “signals”, which are rarely recognised and seriously taken into consideration. Some of the most frequent behavioural components of burnout are:

- rapid and frequent fatigue or total exhaustion
- quick irritability, constant impatience
- constant indifference, even in interpersonal relationships
- increased inability to team work
- decrease of motivation and creativity
- despair, feeling of “emptiness”, sentiment of ineffectiveness
- both professionally and personally no “reserve resources” any longer
- recriminations, thinking in terms of black and white
- the health problems and psychosocial stress are perceived by others
- palpitations, ringing in the ears
- high vulnerability to infections

- falling inhibition threshold for alcohol and drug use
- insomnia, difficulties to fall asleep
- frequent headaches, back pains and combined pains

According to our data, there are two main reasons for the burnout and overcharge in the case of the staff working in residential care units (institutions) :

- a) a personality-centred approach and
- b) social, working and organizational psychological approach

In the first case there is the personality of the helper in the foreground. It is assumed that a

discrepancy between the encountered reality and the helpers ideals exists , such as unrealistic expectations, experiencing its own shortcomings, not a successful integration. The goal is to bring balance between reality and the staff's viewpoints.

In the second case there are the institutions and the working conditions in the foreground. The emotionally stressful and exhaustive dealing with young people generally hinders the optimal organization of work conditions, e.g. high numbers of children a person has to take care of, time pressure or roles conflicts.

The goal remains the same: to bring balance between reality and the staff's viewpoints.

The structure of the institution and some organisational aspects play an important role and contribute essentially to diminishing the impact of some stress factors appearing as a result of organisational biases or formal obsolete rules.

Some of those formal factors acting differently from institution to institution:

- a) Individual perception of workload („The workload is just too high, I get ill. ")
- b) Stressors, specific challenges and common difficulties in the professional life (sometimes specific only for an institution or a care centre)
- c) Number of children or youths pro person
- d) Aids for the staff and support in dealing with stress and pressure in everyday situations
- e) Company health services or operational health management to support the staff
- f) Expectations and actual proposals to the support of mental health of the professionals working in the institution
- g) Proposals for training and further training activities for the staff in order to better cope with everyday working life (for “self-management of stress”, with “immediate application warranty”)

h) Specific demands of professionals - what has generally be improved (for instance demand to hire more employees)

i) Role of occupational advocacy in improving mental health in the institution

Some of the most frequent mentioned stress factors are:

- high numbers of cases (children in care) and the resulting time pressure, respectively the lack of time for needed care interventions are mentioned as the greatest difficulties (by 31% from a total of 1303 questioned educators and care takers).

- not enough time for a sustainable handling of cases
- increased number of tasks to be solved (“task abundance” - 9%)
- the "real" work processes increasingly attend with heterogeneous and more and more complicated bureaucratic tasks (“bureaucracy abundance”)
- inadequate networking with other aid agencies (4%) and non-governmental organisations
- poor cooperation with youth welfare offices (3.5%)
- laws, that are too complex and too difficult to be understood (2.5%)
- limited powers (2%) and competences at the “executive level” (executive management of the institutions and care centres)
- growing number of families at risk or having huge problems (7%)
- the demands and the expectations of the society increased gradually (5%), possibly also because of the influence of the mass-media, that presents in the last time intensively more cases than before.

Stress Ratio Assessment

Our main goal was to create an assessment instrument that is less affected by subjective evaluations of the self well-being and less based on personal remarks, on affectivity and emotionality.

Due to this reason you will not find some of the traditional items (or questions) in the assessment chart like: Are you satisfied with your work? Do you feel tired? Do you enjoy the daily work? And so on. We consider that the subjectivity of such questions is not reasonably quantified and that the emotional components can influence the results.

In some questionnaires we did also find items like: Do you like to work in your team? Do you enjoy working with your colleagues? Do you have friends among your working colleagues? Do you spend some spare time with your colleagues?

Some of the well known “classical” assessment questionnaires are mostly descriptive (see annexes: – D. Smith “Stress Assessment Questionnaire” and Stress Quizzes elaborated by The American Institute of Stress

This kind of questionnaires or inventories can significantly influence the personal evaluation of the stress factors at work. Some work teams are for instance really “impersonal” and the atmosphere is not always “relaxing” and “friendly”. This might be a supplementary stress agent, but the perception of the effect of such a component remains strictly subjective.

The Stress Ratio Assessment Scale (SRAS) proposed a different approach. The method was developed taking into consideration objective elements, measurable more objectively than the simple quantification of some answers, as in the case of the traditional questionnaires.

The components of the assessment scale are:

- Working hours (plus or minus)
- The real care needs of the institutionalised children. We used the “Assessment Scale for Skilled Service Hours”², respectively the sum of the scores obtained at the items of an autonomy inventory, that was originally developed to measure the personal independence and the development of the daily skills of children and youngsters
- Unusual interventions (e.g. crisis interventions)
- Staff-key (number of the youngsters pro educator)

Based on the scores obtained at each of the mentioned items a total score will be calculated, that represents the overload quotient in percentage of each educator working in a care centre. A representative diagram can easily be printed (see annexe).

The users dispose of a glossary including detailed explanations about the contents of each item and about the way the results have to be quantified.

The conversion in percentages make the reading of data more friendly and rapidly. The calculation of some other parameters or correlations and regressions is made automatically.

The software for analysing the data runs on all Windows PCs.

Conclusions

The Stress Ratio Assessment Scale (SRAS) is a friendly instrument that is based on objective data and that allows:

- identifying the impact of the main stress-factors influencing the working efficiency of the staff in the child care centres
- elaborating of action-plans and strategies in accordance with the existing staff situation in a care institution and the estimations based on objective assessment data
- regular evaluation of the staff efficiency and increasing the quality of the work through programmes and measures in order to reduce the influence

of some stress factors acting obviously or “discreet”, despite the formal regulations and procedures

- final assessment of the real development, of the efficiency of the running programmes and daily routines.
- implementing of training programmes adapted to the existing needs, not only to the needs of the institution but also to the expectations and justifiable desires of the staff.

An objective analysis of the stress factors and their impact is an important component of every modern management of the child care system. Only a stress-free and a motivated staff can assure the desired quality of the care programmes.

Perhaps more than in other kinds of enterprises, in the child care units the results depend enormously on the quality of the services, respectively on the quality of the staff.

Diagrams no...

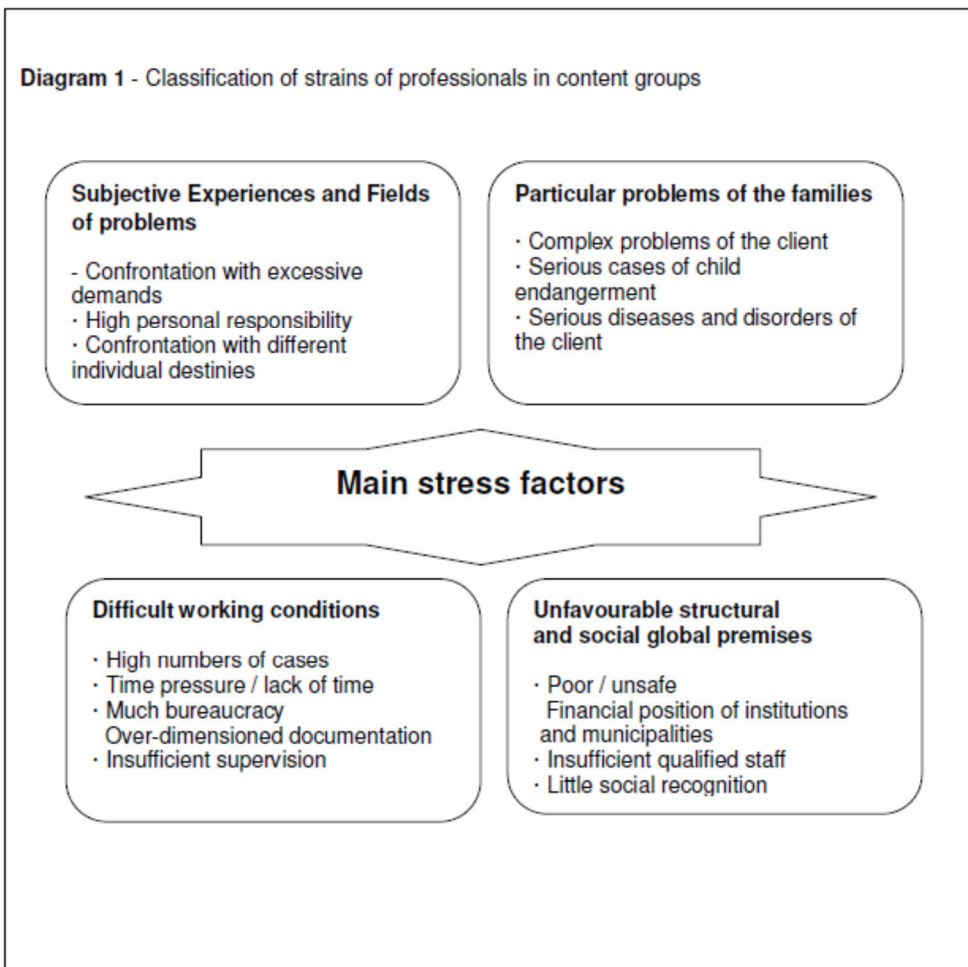
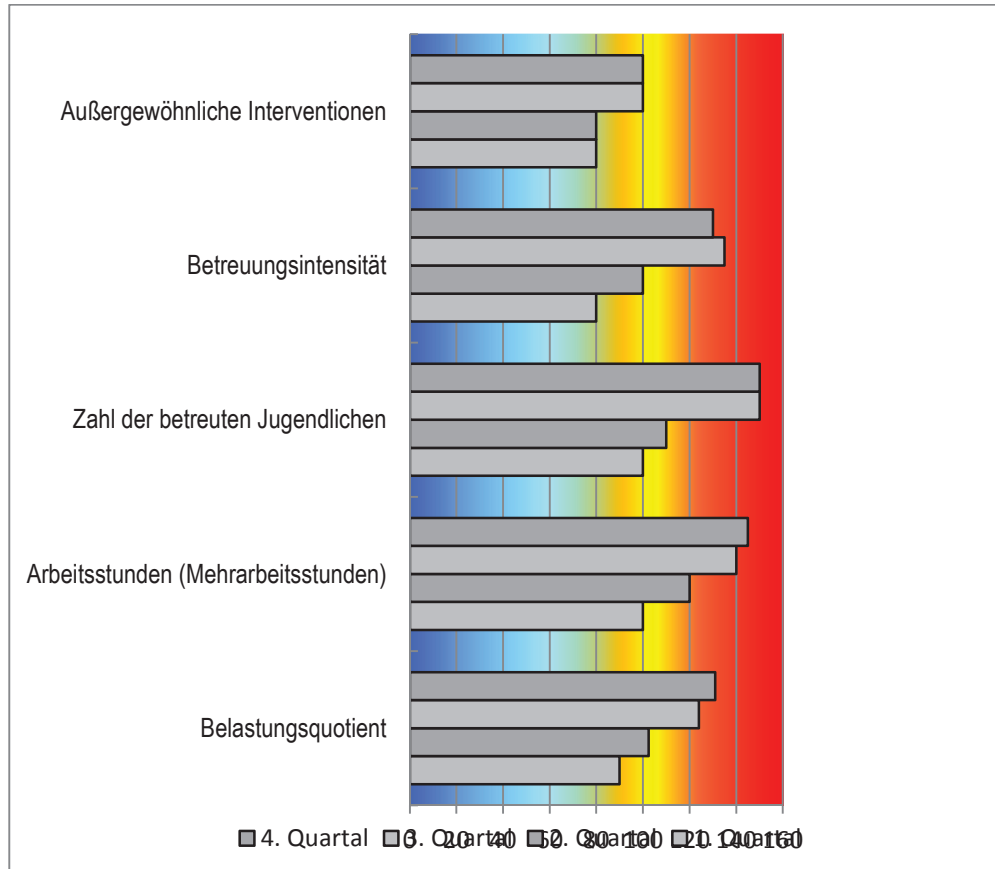


Figure no....Stress Ratio Assessment (SRA)



Following factors have been taken into consideration:

- (1) Ojut of the ordinary interventions (for instance the needed time for “crises interventions”)
- (2) Intensity of care interventions (according to the specific problems of he children)
- (3) Number of children in care pro educator
- (4) Working hours – overtime
- (5) **Stress ratio** (individual assessment based on the results obtained at the first four categories of items)

The Holmes-Rahe Life Stress Inventory

The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

Life Event	Mean Value
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e., birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e., a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e., either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc..)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e., a lot more or less than usual)	19
36. Major change in social activities (clubs, movies, visiting, etc.)	18
37. Taking on a loan (car, tv, freezer, etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11

Now, add up all the points you have to find your score.

150pts or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.

150 to 300 pts implies about a 50% chance of a major health breakdown in the next 2 years.

300pts or more raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.

Stress Assessment Questionnaire

Dave Smith

										Dimension		
Lower			Average				Higher					
1	2	3	4	5	6	7	8	9	10			
.	.	.	.	<	...	>	.	.	.	Work : Dissatisfied with job, stress arises from various work conditions	Sources	
.	.	.	.	<	...	>	.	.	.	Relationship : Suffers stress as a result of relationship difficulties in personal life		
No parental responsibilities										Parenting : Experiences stress as a result of work overload from childrearing and family		
.	<	...	Incidents : Experiences stress as a result of critical incidents		
.	.	.	<	...	>	Emotional : Worries, feels afraid, has intrusive thoughts, may have panic attacks	Symptoms	
.	.	.	<	...	>	Behavioural : Feels tired, works less efficiently, has difficulty concentrating		
.	.	.	.	<	...	>	.	.	.	Physical : Multiple symptoms such as indigestion, headaches, skin complaints		
.	.	<	...	>	Social Support : Talks through problems, seeks social support to help reduce stress	Strategies	
.	.	.	.	<	...	>	.	.	.	Self-Regulation : Recognises and manages feelings and emotions		
.	.	.	<	...	>	Problem Solving : Seeks to understand, control and improve situation		
.	.	.	.	<	...	>	.	.	.	Distraction : Seeks distractions to reduce pressure and take mind off things		
.	.	.	<	...	>	Health : Keeps in shape, eats healthy diet, moderates drinking		
.	.	<	...	>	Procrastination : Puts things off, avoids completing projects, lacks initiative	Stability	
.	.	.	.	<	...	>	.	.	.	Perfectionism : Holds unrealistic standards about self and other people		
.	.	.	.	<	...	>	.	.	.	Self-Esteem : Lacks self-respect, feels worthless, judges self to be a failure		
.	.	.	.	<	...	>	.	.	.	Depression : Feels unhappy, guilty and inadequate, loses motivation and interest		
.	.	<	...	>	Anxiety : Worries excessively, has feelings of fear, relives upsetting events		

Stress Symptom Checklist

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Symptoms	Frequency
I have had trouble paying attention	Often
I have had stomach upsets	Often
I have been afraid of losing control	Often
I have felt tired	Often
I have had headaches	Often
I have eaten too much	Sometimes
I have avoided people	Sometimes
I have had colds	Sometimes
I have experienced periods of confusion	Sometimes
I have lost interest in things	Sometimes
I have had panic attacks	Sometimes
I have been forgetful	Sometimes
I have been nervous around people	Sometimes
I have had sexual problems	Seldom
I have had dizzy spells	Seldom
I have performed poorly at work	Seldom
I have had recurrent thoughts about a bad experience	Seldom
I have found myself trembling	Seldom
I have had pains in my chest	Seldom
I have burst into tears	Seldom
I have found myself sweating excessively	Seldom
I have neglected my personal appearance	Seldom
I have felt my heart pounding	Seldom
I have had nightmares	Hardly Ever

References:

1. Müller T. Dr. - *Arbeitsbedingungen in Institutionen der Jugendhilfe unter Berücksichtigung des Schutzauftrages nach § 8a SGB VIII. Eine empirische Untersuchung*, Kinderschutz-Zentren, Köln, Januar 2011, p.4

¹ Wichtl, E. - *Belastungsfaktoren von Leiterinnen in Kindertageseinrichtungen*, Gewerkschaft Erziehung und Wissenschaft, Frankfurt am Main, 2011, ISBN: 978-3-939470-75-2, p. 28 - 34

¹ Poulsen, Irmhild - *Stress und Belastung bei Fachkräften der Jugendhilfe. Ein Beitrag zur Burnoutprävention* Springer Verlag, ISBN 978-3-531-19588-9, p. 16

¹ Poulsen, I., - op. Cit, p. 17

¹ Poulsen, Irmhild - *Stress und Belastung bei Fachkräften der Jugendhilfe. Ein Beitrag zur Burnoutprävention* Springer Verlag, ISBN 978-3-531-19588-9, p. 18

¹ Poulsen, I., - op. Cit, p. 49 - 98

¹ Müller T. dr - *Arbeitsbedingungen in Institutionen der Jugendhilfe unter Berücksichtigung des Schutzauftrages nach § 8a SGB VIII. Eine empirische Untersuchung*, Kinderschutz-Zentren, Köln, Januar 2011, p.5 - 7

¹ Quelle: *Aussagen von Sozialarbeitern im Ergebnis von Interviews sowie Befragungen im Rahmen des Projekts „Was sind wir (uns) wert?“* - Oktober/November 2012 zu Profession, Profil und Wertschätzung der Sozialen Arbeit, http://www.hs-lausitz.de/fileadmin/user_upload/public/stg/sozarb

¹ Smith D. - *Stress Assessment questionnaire* in MySkillsProfile Report, http://www.myskillsprofile.com/Reports/saq_sample_report

¹ Stress Quizzes. The American Institute of Stress, <http://www.stress.org/self-assessment/>

¹ Dragoi, C. – *Skilled Service Hours in the Professional Child Care – Flexibility and Social Accountability* in
