Relationships at work, burnout and job satisfaction: a study on Irish psychologists

Silvia Roncalli and Michael Byrne

Abstract
Purpose – The purpose of this paper is to examine the levels of job satisfaction (JS) and burnout among psychologists working in Irish community mental health teams (CMHTs), and the relationships between these factors and three relational predictors: teamwork, liaison with management/supervisor and relationships among co-workers. Associations with absenteeism and participants’ turnover potential were also explored.

Design/methodology/approach – Participants were 77 psychologists currently working in CMHTs nationwide or who had left a CMHT in the previous three years.

Findings – Liaison with management/supervisor and teamwork emerged as significant predictors of JS but not of burnout. Relationships among co-workers emerged as a significant predictor of two dimensions of burnout. JS and burnout levels had no overall significant association with absenteeism or turnover potential.

Practical/implications – This study confirmed that well-known associations between relational aspects of one’s job and the levels of JS and burnout were also present in this sample of psychologists, highlighting the vulnerability of these professionals to the same risks that affect workers in positions requiring comparatively lower psychological-mindedness. Service providers need to consider this important factor in their efforts to enhance productivity and prevent turnover, and it can be addressed at no extra costs by optimising the use of existing resources.

Originality/Value – This study is one of the first to focus on relational aspects of CMHTs considering a sample of psychologists. Furthermore, while the three relational factors considered have been examined before in their individual relationships to JS and burnout, this study investigates their interactions with each other.

Keywords Burnout, Job satisfaction, Teamwork, Supervision, Effective management, Relationships with colleagues

Paper type Research paper

Introduction
"Given that they create what it sells, employees are the Irish health service’s most valuable asset" (Byrne, 2006, p. 1). Thus, in order to maximise staff output, it behooves health service managers to make efforts to ensure high levels of job satisfaction (JS) and prevent staff burnout (Ranz et al., 2001). In fact, burnout and low JS have been associated with poorer work performance (e.g. Baruch-Feldman et al., 2002), absenteeism and increased turnover rates (e.g. Kalisch et al., 2010; Morse et al., 2012).

Previous studies indicate that teamwork (Collette, 2004; Lloyd et al., 2002) and liaison with one’s supervisor and management (Gill et al., 2006; Onyett, 2011) are often important factors affecting JS and burnout levels. While these are not the only factors affecting JS and burnout, this study focuses on teamwork and liaison with management/supervisor as these are aspects intrinsic in the work of psychologists working in community mental health teams (CMHTs). Hence, in the Irish as well as in the UK context, issues concerning these might be more easily addressed than difficulties arising from other areas (e.g. increasing caseloads, scarce resources, etc.). In light of
this, the present study aimed to explore for the first time the relationship between the perceived level of teamwork and liaison with one’s supervisor and team co-ordinator/line manager, and the JS and burnout levels of psychologists working in CMHTs in Ireland. Outcomes in terms of absenteeism and turnover potential were also explored.

**JS and burnout**

JS was defined by Spector (1997, p. 2) as “the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs”. Frequently affecting professionals involved in healthcare roles, burnout is often explored together with JS. Maslach et al. (1996) conceptualised it as a tri-partite syndrome comprising three dimensions: first, emotional exhaustion (EE), that is a consequence of the depletion of emotional resources, and which leads to the inability to dedicate oneself to the job in a psychological manner; second, depersonalisation (DP), which involves a level of psychological disengagement where a professional may perceive a service user in a negative and cynical way; and finally, reduced personal accomplishment (PA), or feelings of unhappiness and dissatisfaction regarding one’s perceived effectiveness and accomplishments on the job.

Research suggests that a number of factors can impact significantly on JS and burnout, but “a general agreement has emerged that intrinsic factors such as recognition, autonomy and achievement tend to have a greater effect on job satisfaction than extrinsic factors such as pay and conditions of work” (Lok, 1997, p. 130). However, if such extrinsic factors do not meet the basic needs of employees, they will impact significantly on employees’ JS and vulnerability to burnout (Martin and Schinke, 1998). For example, although teamwork and one’s relationship with one’s management/supervisor are generally considered extrinsic factors, intra-team conflict has been found to correlate significantly with stress and dissatisfaction (Carpenter et al., 2003). Besides, supportive relationships with co-workers and one’s supervisor can also meet more intrinsic needs by providing recognition and praise (Martin and Schinke, 1998).

**Current stressors and outcomes**

Recent contributions have highlighted that in the current climate, incentives and rewards are no longer effective in motivating employees with increasingly challenging job demands (Pink, 2009). Furthermore, job autonomy and commitment can often be discouraged by limited resources and strict service policies (Galeazzi et al., 2007). This can impact negatively on employees’ opportunities for self-actualisation, and therefore on their motivation to work (Maslow, 1943) and sense of efficacy (Maslach et al., 1996).

A number of Irish and UK studies focusing on burnout have indicated that the primary work stressors reported by psychologists include: excessive workload, changing jobs, managing difficult service users, lack of resources, conflicts with other professionals, dealing with hierarchy, isolated and unsupportive work environments, perceived quality of management, professional self-doubt and organisational politics (e.g. Donohoe, 2000; Hannigan et al., 2004; Onyett, 2011). Such environmental features have been associated with high burnout rates (Savicki and Cooley, 1987), and this is compounded by mental health professionals already being more exposed to EE than other workers due to the nature of their job (Moore and Cooper, 1996). This dimension has emerged to be particularly important in staff turnover (Leiter and Maslach, 2009). Hence, it is critical for service providers to minimise EE where possible. Furthermore, research has shown that turnover and absenteeism are often the observable outcomes of burnout and low JS (e.g. Kalisch et al., 2010).

**Interpersonal relationships at work**

In the context of increasingly pressurising work conditions, optimising the contribution of existing resources is imperative. Research has indicated how positive interpersonal relationships with co-workers and one’s management/supervisor can prevent burnout and enhance JS and work performance (Baruch-Feldman et al., 2002). Indeed, Lazarus and Folkman’s (1984) transactional model of stress highlights the importance of personal resources in coping with external stressors and work demands, but undoubtedly environmental factors can enhance or weaken one’s perceived capacity to cope. In fact, supportive relationships with colleagues and collaborative
teamwork have been found to be major sources of reward for mental health professionals, acting as protective factors against burnout (Lloyd et al., 2002), increasing JS (Collette, 2004) and reducing EE (Jenkins and Elliott, 2004). In this regard, Scamarra et al. (2009) found difficult interpersonal relationships to be one of the primary causes of stress at work, and that better communication with colleagues promoted feelings of support and less depersonalisation and burnout, as well as better service user care (Leonard et al., 2004). Furthermore, constructive feedback and support from one’s supervisor (Martin and Schinke, 1998) and management (Gill et al., 2006) have been shown to have a positive relationship with employees’ JS and an inverse relationship with their level of stress. Morse et al. (2012) also highlighted how environmental changes promoting autonomy, sense of purpose, increased social supports as well as support from one’s leadership, and training to enhance an individual’s coping skills and self-care proved to be effective in addressing burnout in medical and non-medical contexts.

This study

In the Irish context, while also members of their discipline-specific departments, mental health professionals typically work as part of a CMHT. Such dual membership allows for a number of readily available supports to be implemented by optimising both teamwork practices and support from senior colleagues and peers. The first of its kind in Ireland, the present study aimed to investigate the associations between teamwork and liaison with one’s management/supervisor and burnout and JS among psychologists working in CMHTs in Ireland. Relationships with absenteeism levels and turnover potential were also explored.

Method

Participants and Procedure

Access to participants was obtained through principal psychologist managers working in the public sector (n = 34), in voluntary agencies (n = 27) and in private providers (n = 3). These managers were asked to provide the contact details of psychologists in their department who either had left a CMHT in the previous three years or who were currently working in a CMHT. A total of 242 psychologists were contacted nationwide, with 11 approached directly by their principal psychologist managers and 231 via e-mail with a cover letter and two forms of the questionnaire. Participants were offered the option of responding by e-mail or post, and of being forwarded a hard copy of the questionnaire. A follow-up e-mail was sent two weeks after the initial e-mail was sent.

In all, 91 questionnaires (37.6 per cent) were returned, of which 14 were not adequately completed, leaving a total of 77 usable questionnaires. All participants were psychologists working in various CMHTs nationwide.

In all, 59 participants were female (76.6 per cent) and 67 (87 per cent) worked full-time. Only 36 (46.7 per cent) participants disclosed their age, of these the mean age was 37.8 (SD = 7.8, range = 30-63, Median = 36.5). In all, 32 (41.6 per cent) participants were staff grade psychologists, 38 (49.3 per cent) senior psychologists and seven (9.1 per cent) were principal psychologists. In all, 21 (27.3 per cent) participants had left a CMHT in the previous three years, while 56 (72.7 per cent) had not. The average length of time spent working in a team was 6.7 years (SD = 0.7 years; Median = 5.8 years; range = 0-26 years).

The sample presented properties consistent with those known to the authors about the target population, i.e. all participants were psychologists working in CMHTs; they belonged to different CMHTs that served the entire Republic of Ireland; and the gender ratio of the cohort of psychologists contacted was maintained. Despite this, due to the low response rate, the representativeness of the sample should be considered with caution.

Design and measures

The authors constructed a tri-partite questionnaire. To better explore links between JS, burnout and turnover, two equivalent forms of the questionnaire were formulated. Form A addressed
psychologists who had left a CMHT in the previous three years. They were asked to answer the questionnaire with reference to the most recent team they had left. Form B addressed psychologists who had not left a team in the previous three years. They were asked to answer the questionnaire with reference to the CMHT they were currently working in. The time period of three years was chosen to facilitate a reasonable number of respondents who had left a CMHT, thus increasing the representativeness of this group, and considering previous research findings that recovery from burnout takes one to three years (Bernier, 1998).

Section A of the questionnaire focused on background information, along with questions concerning supervision, sick leave (i.e. absenteeism) and whether they would choose again to become a psychologist working in mental health services (1 = Very likely, 4 = Very unlikely). An open question about what teamwork practices would enhance respondents’ JS was also included.

**Perceived level of teamwork**

Section B consisted of the Mental Health Team Development Audit Tool (MHDAT; Byrne and Onyett, 2010) that evaluates perceived levels of teamwork in one’s team. It consists of 25 items \( (\alpha = 0.92) \) rated on a four-point Likert scale (1 = Strongly disagree, 4 = Strongly agree). It profiles multiple dimensions of how a CMHT works including team structure, accountability, communication, decision making, support for new ideas and expression of personal opinion, level of turnover and service users’ involvement in their care plan. Higher scores indicate higher levels of perceived teamwork in one’s team. This tool was chosen because it was uniquely developed based on the structure and functions of Irish CMHTs, as defined by the most recent national policy for mental health services “A Vision for Change” (Department of Health and Children, 2006). As the only available normative data of this tool were based on one study (Roncalli et al., 2013), MHDAT scores in this paper are only presented in terms of their relation to the other variables considered.

Focusing on levels of JS and burnout, Section C included both a slightly modified short form of the Minnesota Satisfaction Questionnaire (MSQ; Weiss et al., 1967) and the Maslach Burnout Inventory (MBI; Maslach et al., 1996).

**JS**

The 100-item MSQ measures JS and profiles different aspects of work and the work environment. This study used the short form 20-item MSQ, where respondents are asked to rate each item on a five-point scale indicating their level of satisfaction with that aspect of their job (1 = “Very dissatisfied”, 5 = “Very satisfied”). This short form MSQ includes a 20-item general satisfaction scale that measures one’s overall level of satisfaction on the job; a 12-item intrinsic satisfaction subscale that profiles workload, autonomy, self-realisation and accomplishment; and a six-item extrinsic satisfaction subscale that profiles salary, supervision, organisational policies, possibilities of advancement and quality of leadership. As the original MSQ (Weiss et al., 1967) contains items that are open to interpretation, four items were modified for this study.

These modifications did not compromise the reliability of the general satisfaction and intrinsic satisfaction scales \( (\alpha = 0.85 \text{ and } \alpha = 0.82, \text{ respectively}) \). Reliability of the extrinsic satisfaction scale \( (\alpha = 0.60) \) was not ideal but was still acceptable (Field, 2013).

The MSQ was preferred to other JS measures as its subscales mirror the interest of the paper in differentiating between intrinsic and extrinsic satisfaction, as well as providing a score for general satisfaction.

**Liaison with management/supervisor**

Specific items of the MSQ were used to measure the “liaison with management/supervisor” (items 5, 6 and 19; satisfaction with: “the way my boss handles his/her workers”, “the competence of my supervisor in making decisions” and “the praise I get for doing a good job”; \( \alpha = 0.63 \)). As these three items were also part of the extrinsic satisfaction subscale, analyses between the extrinsic satisfaction subscale and the liaison subscale were limited.
Relationships with colleagues

Item 18 of the MSQ (satisfaction with: “the way my co-workers get along with each other) was used to measure “relationships with colleagues”. This item did not belong to either subscales of the MSQ.

The authors of this study opted not to use other measures for these aspects to avoid unnecessary redundancy of information gathered, and to weigh the direct contribution of these items on the MSQ scales, as well as their possible association with the MBI scales.

Burnout

The level of work-related burnout was measured using the 22-item MBI. Respondents are asked to rate how often each statement describes the way they feel about their job using a “0” (“Never”) to “6” (“Every day”) scale. Rather than giving a general burnout index, it provides scores for three subscales: EE ($\alpha = 0.85$, 9 items); (lack of) PA ($\alpha = 0.61$, 8 items); and DP ($\alpha = 0.69$, 5 items). The constructs of EE, PA and DP are presented in this study’s Introduction section. Higher EE and DP scores reflect higher burnout levels, while higher PA scores represent lower burnout levels. The MBI was chosen as it is one of the most commonly used tools to measure burnout, and because of the tight correspondence between its structure and the adopted construct of burnout.

Control variables

The control variables considered for this study were: whether the respondent was working full-time or part-time, the number of years they were on their CMHT, and the grade of their substantive post.

Although previous studies on samples of clinicians indicated that working on a part or full-time basis is not related to the level of JS and burnout (e.g. Ranz et al., 2001), this condition had not been studied in an Irish sample. Hence, it was decided to include the number of hours worked per week as a control variable.

The number of years in one’s current job and being in a higher position have been found to be positively associated with JS (Ranz et al., 2001), possibly because of their direct link with job autonomy (i.e. senior psychologists have more work autonomy than basic grade psychologists) and sense of achievement, although the combination of these two variables has also been shown to be associated with low satisfaction (e.g. a professional with high seniority but with no prospective of advancement). Other research found years of seniority to be negatively related to burnout (Hamama, 2012), but no studies on the association between one’s grade and burnout could be located. As highlighted above, the interaction between one’s grade and years of experience can have a different association with JS than either single variable, and the same can reasonably be expected with burnout levels. Hence, the product of years of experience and the respondent’s substantive grade (1 = staff grade, 2 = senior grade, 3 = principal manager) was included as a second control variable.

Data analysis

The data collected were analysed with the Predictive Analytics SoftWare 18 (PASW statistics 18; SPSS Corporation, 2010). Further to exploring levels of JS and burnout present in this sample, these measures were used as outcome variables in hierarchical regression analyses. JS and burnout scores were then studied in relation to: absenteeism (cross-tabulation), reasons for having left a CMHT (Mann-Whitney U-test), and likelihood to choose again to become a psychologist working in mental health services (logistic regression). Participants’ comments were analysed by means of thematic analysis.

Results

JS and burnout

Levels of JS and burnout as measured by the MSQ and MBI, respectively, are reported in Table I. Possible differences in the levels of burnout and JS relating to having left a CMHT or not were screened by independent-samples Mann-Whitney U-test. No significant differences were found.
Distribution characteristics of the two groups and details of Mann-Whitney U-test are presented in Table II. As they were free of significant differences in the outcome variables, the two groups were combined in a single sample for subsequent data analysis.

**Suggested predictive model for JS and burnout**

We devised a hierarchical model to test the prediction of scores on MBI and MSQ subscales on the basis of: the liaison with supervisor/management scale, the perceived level of teamwork and the satisfaction with relationships among co-workers. MBI scales and the general satisfaction scale were later used in logistic regression analyses to test the prediction of the likelihood of whether participants would again choose to become a psychologist working in mental health services ("likelihood").

Zero-order correlation coefficients between all the variables considered are reported in Table III.

**Regression analysis**

Hierarchical regression testing was performed after preliminary analyses confirmed that the assumptions of normality, linearity and homoscedasticity were not violated. Control variables were entered at block 1 (Enter method). Based on previous literature and on the fact that it is directly based on MSQ items, it was anticipated that the liaison with supervisor/management...
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<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<tbody>
<tr>
<td>1. Gen.Sat</td>
<td>0.925**</td>
<td>0.828**</td>
<td>−0.231</td>
<td>0.321*</td>
<td>−0.336*</td>
<td>−0.040</td>
<td>−0.099</td>
<td>0.783**</td>
<td>0.573**</td>
<td>0.408**</td>
<td>0.108</td>
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<tr>
<td>2. Intr.Sat</td>
<td>0.596**</td>
<td>−0.292*</td>
<td>0.361*</td>
<td>−0.308*</td>
<td>−0.041</td>
<td>−0.055</td>
<td>0.659**</td>
<td>0.411**</td>
<td>0.385**</td>
<td>0.168</td>
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<tr>
<td>3. Extr.Sat</td>
<td>0.020</td>
<td>0.163</td>
<td>−0.267</td>
<td>0.015</td>
<td>−0.263</td>
<td>0.787**</td>
<td>0.642**</td>
<td>0.222</td>
<td>0.039</td>
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<tr>
<td>4. EE</td>
<td>−0.024</td>
<td>0.465**</td>
<td>0.112</td>
<td>−0.011</td>
<td>−0.076</td>
<td>−0.044</td>
<td>−0.285</td>
<td>0.302*</td>
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<tr>
<td>5. PA</td>
<td>−0.002</td>
<td>0.150</td>
<td>0.148</td>
<td>0.228</td>
<td>0.076</td>
<td>0.109</td>
<td>0.062</td>
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<tr>
<td>6. DP</td>
<td>0.116</td>
<td>0.332*</td>
<td>−0.319*</td>
<td>−0.287</td>
<td>−0.392**</td>
<td>0.072</td>
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<tr>
<td>7. Hours worked per week</td>
<td>0.122</td>
<td>0.087</td>
<td>0.032</td>
<td>−0.129</td>
<td>−0.319*</td>
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<tr>
<td>8. Experience×Grade</td>
<td>1</td>
<td>−0.342*</td>
<td>−0.242</td>
<td>0.021</td>
<td>0.088</td>
<td></td>
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<tr>
<td>9. Liaison with management/supervisor scale</td>
<td>0.530**</td>
<td>0.351*</td>
<td>0.009</td>
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<tr>
<td>10. MHDAT</td>
<td>1</td>
<td>0.465**</td>
<td>0.077</td>
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<td></td>
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<tr>
<td>11. Sat.Co-workers</td>
<td>1</td>
<td>0.051</td>
<td></td>
<td></td>
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<td>12. Likelihood of choosing again to become a psychologist working in mental health service</td>
<td>1</td>
<td>1</td>
<td></td>
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**Notes:** Coefficients based on 1,000 bootstrap samples and 95 per cent confidence interval. Spearman’s ρ in italics. All significant figures in bold. Gen.Sat, general satisfaction scale; Intr.Sat, intrinsic satisfaction scale; Extr.Sat, extrinsic satisfaction scale; EE, emotional exhaustion; PA, (lack of) personal accomplishment – higher scores mean feeling accomplished; DP, depersonalisation; Experience×Grade, product between number of years working in mental health teams and the grade of substantive post; MHDAT, level of perceived teamwork; Sat.Co-workers, satisfaction with how co-workers get along with each other (item 18 of MSQ). *p < 0.05; **p < 0.01
scale would bear a stronger relationship with the criterion variables. Hence, the liaison scale was entered as a sole predictor at block 2, while the level of perceived teamwork (MHDAT score) and the satisfaction with the relationships among co-workers (Sat.Co-workers) were introduced simultaneously at block 3 (Enter method). To obtain robust results, bootstrapping with bias corrected and accelerated confidence intervals was used (Field, 2013).

Regression coefficients are presented in Tables IV and V.

**Table IV** Regression coefficients with MSQ subscales as dependent variables

<table>
<thead>
<tr>
<th>Block 1</th>
<th>Block 2</th>
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<tr>
<td>B</td>
<td>SE B</td>
<td>β</td>
</tr>
<tr>
<td>General satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>74.01</td>
<td>13.62</td>
</tr>
<tr>
<td>Hours/week</td>
<td>0.08</td>
<td>0.39</td>
</tr>
<tr>
<td>ExpGrade</td>
<td>-0.06</td>
<td>0.10</td>
</tr>
<tr>
<td>MHDAT</td>
<td>0.16</td>
<td>0.10</td>
</tr>
<tr>
<td>Sat.Co-workers</td>
<td>1.47</td>
<td>0.98</td>
</tr>
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</table>

| Intrinsic satisfaction | | | | | | | | | | | | | | |
| Block 1 | | | | | | | | | | | | | | |
| Constant | 41.83 | 12.09 | 0.59** | 67.32 | | | na |
| Hours/week | -0.07 | 0.32 | -0.03 | -0.07 | 0.24 | -0.04 |
| ExpGrade | 0.09 | 0.06 | 0.14 | 0.06 | 0.05 | 0.16 |
| Liaison | 3.29 | 0.54 | 0.81** |

| Extrinsic satisfaction | | | | | | | | | | | | | | |
| Block 1 | | | | | | | | | | | | | | |
| Constant | 33.56 | 12.60 | 0.08** | 5.11 | | | 0.02 | 0.97 | 0.37** | 12.03 |
| Hours/week | -0.13 | 0.31 | -0.05 | -10.0 | 0.24 | -0.06 | 0.07 | 0.13 | 0.06 |
| ExpGrade | 0.08 | 0.06 | 0.13 | 0.06 | 0.05 | 0.14 | -0.02 | 0.03 | -0.09 |
| Liaison | 2.69 | 0.46 | 0.66** |

Notes: Hours/week, hours worked per week (control variable); ExpGrade, product between number of years working in mental health teams and the grade of substantive post (control variable); Liaison, liaison with management/supervisor scale (predictor); MHDAT, level of perceived teamworking (predictor); Sat.Co-workers, satisfaction with how co-workers get along (predictor). Standard errors and significance levels based on 1,000 bootstrap samples. All significant figures in italics. *p < 0.05; **p < 0.01

**Table V** Regression coefficients with MBI subscales as dependent variables

<table>
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<tr>
<th>Block 1</th>
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<tbody>
<tr>
<td>B</td>
<td>SE B</td>
<td>β</td>
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<tr>
<td>Emotional exhaustion</td>
<td></td>
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</tr>
<tr>
<td>Constant</td>
<td>4.37</td>
<td>10.73</td>
</tr>
<tr>
<td>Hours/week</td>
<td>0.31</td>
<td>0.31</td>
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<tr>
<td>ExpGrade</td>
<td>-0.01</td>
<td>0.05</td>
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<tr>
<td>MHDAT</td>
<td>0.16</td>
<td>0.10</td>
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<tr>
<td>Sat.Co-workers</td>
<td>1.47</td>
<td>0.98</td>
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| (Lack of) Personal accomplishment | | | | | | | | | | | | | | |
| Block 1 | | | | | | | | | | | | | | |
| Constant | 37.10 | 9.83 | 37.10 | 9.83 | 4.42 | 6.22 |
| Hours/week | -0.10 | 0.24 | -10.0 | 0.24 | -0.06 | 0.07 | 0.13 | 0.06 |
| ExpGrade | 0.05 | 0.05 | 0.14 | 0.05 | 0.05 | 0.14 | -0.02 | 0.03 | -0.09 |
| MHDAT | 0.14 | 0.06 | 0.26 | 0.08 | 0.05 | 0.26 | -0.04 | 0.03 | -0.23 |
| Sat.Co-workers | -2.94 | -0.48** | -0.38 | 0.70 | -0.08 | -10.18 | 0.41 | -0.44** |

| Depersonalisation | | | | | | | | | | | | | | |
| Block 1 | | | | | | | | | | | | | | |
| Constant | 0.00 | 0.32 | 0.06 | 3.36 | 0.07* | 4.33 |
| Hours/week | -0.02 | 0.06 | -0.06 | 0.08 | 0.05 | 0.26 | -0.04 | 0.03 | -0.23 |
| ExpGrade | -0.23 | 0.46 | -0.08 | 0.56 | 0.29 | 0.27 | -0.34 | 0.16 | -0.28* |
| MHDAT | 0.07 | 0.09 | 0.14 | 0.00 | 0.06 | 0.00 | 0.02 | 0.03 | 0.10 |
| Sat.Co-workers | -2.94 | 0.48** | -0.38 | 0.70 | -0.08 | -10.18 | 0.41 | -0.44** |

Notes: Hours/week, hours worked per week (control variable); ExpGrade, product between number of years working in mental health teams and the grade of substantive post (control variable); Liaison, liaison with management/supervisor scale (predictor); MHDAT, level of perceived teamworking (predictor); Sat.Co-workers, satisfaction with how co-workers get along (predictor). Standard errors and significance levels based on 1,000 bootstrap samples. All significant figures in italics. *p < 0.05; **p < 0.01
The model accurately predicted 59 per cent variance of Gen.Sat at the second block (adjusted $R^2 = 0.57$), and an additional 8 per cent at block 3 (adjusted $R^2 = 0.64$), with the liaison subscale emerging as the only significant predictor in both steps ($\hat{p} = 0.66, p = 0.000$). Using Intr.Sat as a criterion variable, the control variables were not significant, while block 2 explained 45 per cent of variance (adjusted $R^2 = 0.41$), and block 3 did not add predictive value. In this case too, the only significant predictor that emerged was the liaison subscale ($\hat{p} = 0.63, p = 0.000$).

Because the liaison subscale is constituted of three out of the six items forming the extrinsic satisfaction scale, it was not included in regression testing for this variable. MHDAT and Sat.Co-workers were entered at block 2 instead, and explained 37 per cent of Extr.Sat variance (adjusted $R^2 = 0.32$). The level of perceived teamwork emerged as the only significant factor ($\hat{p} = 0.59, p = 0.001$).

As expected from the correlation matrix, the model had a more limited predictive power for the MBI subscales. The model did not explain any significant portion of PA variance, while block 2 explained 7 per cent of DP variance (adjusted $R^2 = 0.13$) and block 3 explained an additional 14 per cent (adjusted $R^2 = 0.25$). Satisfaction with co-workers ($\hat{p} = -0.44, p = 0.008$) and the hours worked per week ($\hat{p} = 0.23, p = 0.035$) were the only significant factors. The same factors emerged as significant predictors of EE, where block 3 explained 15 per cent of variance (Sat.Co-workers: $\hat{p} = -0.48, p = 0.006$; weekly hours: $\hat{p} = 0.26, p = 0.047$; adjusted $R^2 = 0.10$), while no other block added predictive value (see Tables IV and V).

**Turnover and absenteeism**

Indicating low levels of absenteeism (Mean = 1.45, SD = 2.84, Median = 0, range = 0-15), 45 (58.4 per cent) respondents had not taken any sick leave in the previous six months, while 29 (37.7 per cent) had taken up to six days. Because of the prevalence of zero-values, these data were analysed solely by inspection of contingency tables. Cross-tabulations with MSQ and MBI levels did not highlight a consistent coincidence of higher sick leave with higher burnout levels or lower JS.

The main reported reasons for having left a CMHT were: having been offered a better job and/or one in a better geographical location ($n = 12; 57.1$ per cent), and dissatisfaction due to excessive stress and concomitant lack of support ($n = 7; 33.3$ per cent). Mann-Whitney U-test revealed significant differences in Gen.Sat ($z = -2.23, p < 0.05$, effect size $r = 0.11$) and EE ($z = 2.19, p < 0.05$, effect size $r = 0.10$) scores between those who left a CMHT due to dissatisfaction with their post and those who left for other reasons. These results confirm the relevance of general satisfaction and EE in deciding to leave a CMHT.

Looking at the likelihood of again choosing to pursue a career as a psychologist working in mental health services, 37 (48 per cent) participants responded it would be “likely”, 24 (31.2 per cent) that it would be “Likely”, 10 (13 per cent) that it would be “Unlikely” and six (7.8 per cent) that it would be “Very unlikely”. Binary logistic regression was performed with likelihood (likely/unlikely) as a criterion variable. The general satisfaction scale and MBI subscales were entered as predictor variables with Enter method in a single step, and bootstrapping of 1,000 samples was performed. The overall model was not significant (omnibus $\chi^2 = 8.95, df = 4, p = 0.062$), accounting for between 14.5 and 22.1 per cent of variance in likelihood. Wald statistic revealed that EE was the only reliable predictor among the variables entered ($B = 0.15, SE = 0.06, Exp(B) = 1.16, 95$ per cent CI = 1.03-1.30).

**Participants’ comments**

Participants were invited to share experiences of working within a CMHT and suggestions on what teamwork practices would enhance their JS. The 71 comments received were explored through inductive thematic analysis. The main difficulties that emerged were: having to submit to an imposed medical model of mental health with minimal consideration of alternative models; a lack of definition and recognition of team members’ specific roles and complementary skills; and the absence of joint work concerning service users’ assessment, care planning, and intervention. Suggestions to enhance JS focused on: introducing more equality in CMHTs (e.g. having a revolving chair for the team co-ordinator role, and shared or distributed clinical accountability) so
that staff had more professional autonomy and there was increased integration of different models of care; and developing a more defined sense of team identification and working as a team, as might be achieved by engaging in team supervision and reflective practice; participating in team building or training away days; and working in the same building.

Discussion

The aims of this study included profiling JS and burnout amongst psychologists in relation to their experience of working in CMHTs in Ireland, and investigating the relationship between working in a CMHT and liaison with one’s management/supervisor on these dimensions.

Most respondents were satisfied with their job, but nearly half of the sample experienced moderate-to-high levels of EE and PA, and one out of five respondents stated it was “unlikely” that they would choose again to become a psychologist working in mental health services.

In line with previous studies (Gill et al., 2006; Onyett, 2011), liaison with one’s line manager and supervisor, and the praise received, emerged as significant factors associated with JS. To a lesser degree, the perceived level of teamwork also emerged to be positively related to the level of JS. Furthermore, supporting previous findings (e.g. Lloyd et al., 2002; Scannara et al., 2009), relationships with co-workers were found to have an inverse association with two dimensions of burnout, namely, EE and DP, but, in contrast with the literature (Baruch-Feldman et al., 2002; Collette, 2004) they had no significant bearing on JS. Despite this, participants’ comments highlighted that clear and reliable relationships among team members were an important factor in enhancing their JS. Hence, the results of the present study suggest that these relational aspects of the job of CMHT psychologists are associated with the experienced levels of JS, EE and DP, while they may not be related to levels of perceived PA. Given the similarity of the CMHT’s system between Ireland and UK, it would not be surprising if this were true for UK psychologists too, although further studies would need to confirm this.

Supporting previous findings (Leiter and Maslach, 2009), the results of this study suggest a direct relationship between EE and turnover. In light of this, it would be important for service managers to consider the factors that were found to be predictors of EE, namely, the hours worked and the quality of the relationships among co-workers. This would be particularly important in Irish CMHTs, given this study indicated elevated levels of EE in its cohort. The present findings also suggest that a low sense of JS is another factor associated with having left a CMHT due to stress and concomitant lack of support. Future studies might benefit from exploring current intention to leave and contributory factors to same.

In this sample, absenteeism was low and the amount of sick leave taken was not associated with JS or burnout levels.

Theoretical implications

This study confirms the long recognised associations between a job’s relational aspects and the levels of JS and burnout experienced in many work sectors. On the other hand, these associations were never before studied in a sample of psychologists working in CMHTs. While they might be expected to have the capacity to better cope with burnout and identify sources of satisfaction due to the very nature of their jobs (i.e. enabling service users to improve their quality of life, often by teaching effective coping strategies), the present findings suggest that psychologists working in mental health services are vulnerable to the same sources of dissatisfaction and burnout as other professionals with less service user contact and less responsibility over others’ well-being.

This is an important consideration given that most, if not all, mental health service providers promote multidisciplinary team service provision. Similar studies with other highly qualified professionals working in CMHTs (e.g. occupational therapists, psychiatrists) would help generalise (or not) this finding to other professional cohorts who work in desirable jobs and who are perceived as less vulnerable to burnout than those who work in jobs with lower clinical responsibility but more hours of direct care (Browning et al., 2007).
**Practical implications**

It would be in the best interest of Irish mental health service managers to improve JS and decrease EE, possibly through the promotion of: positive liaisons with each CMHT member’s line manager/supervisor, positive relationships with their co-workers, and improved teamwork practices; all of which emerged as significant predictors of JS and EE in this study. Given that these variables are intrinsic to the job, addressing these factors requires optimising already present service structures and dynamics. Practical recommendations based on participants’ comments and previous research are provided below.

**Recommendations for management, team leadership and individuals**

Participants highlighted dissatisfaction with the perceived low consideration for models of mental health other than the medical one, and satisfaction with team practices that promoted more integration of different contributions. Thus, it would be important that CMHTs are supported in facilitating inclusive teamwork.

Satisfactory team qualities that promote positive relationships among co-workers and a constructive liaison with authority can materialise in the context of a leadership style that promotes open communication, mutual respect and active support (Liberman et al., 2001). Hence, team co-ordinators could motivate team members to work towards shared team goals by prioritising the creation of a psychologically safe environment, where different opinions are heard and considered, and decisions are taken as a team (MacLeod and Clarke, 2011). As suggested by participants’ comments, such leaders need to recognise and integrate the specific and complementary skills of each CMHT member, thus promoting a joint management of service users, shared accountability and mutual consideration and support. The implementation of regular reflective practice meetings (Ghaye, 2005) where each team member is invited to share their views and an integrated formulation is reached, as well as the provision of team training days (Buljac-Samardzic et al., 2010) on themes chosen by the CMHT as a whole are just some suggestions of how cohesiveness among team members could be promoted.

Psychology line managers and clinical supervisors have a seminal role in enhancing confidence in one’s skills. To achieve this, these senior professionals need to show appreciation for and offer constructive feedback to their staff, support and reward innovative practice, and ensure the provision of adequate resources (MacLeod and Clarke, 2011). Important elements of this include the recognition of diverse models of care and facilitating an adequate degree of professional autonomy.

This study also highlighted the importance of constructive communication and support from colleagues. Thus, it is important that CMHT psychologists also try to enhance their own JS by actively fostering a culture of open communication. This could be facilitated by adopting a friendly and curious attitude towards others’ contributions to the CMHT; sharing difficulties and challenges they might experience with respect to teamwork and their work with service users; promoting mutual respect; and supporting their colleagues (Figure 1; Hall, 2005). The provision of skills training targeting individuals’ coping strategies as well as the promotion of peer-support (Morse et al., 2012) would be a good way to help CMHT members maximise their potential in this regard.

**Limitations and possible avenues for future research**

This study’s limitations include the cross-sectional nature of the data. Although this does not allow for inferences in terms of causal relationships among the variables studied, the magnitude of the associations between the liaison subscale and JS, as well as those between the relationships with co-workers and EE and DP, would suggest interesting avenues where future, more targeted research on JS and burnout could be addressed. Furthermore, the low response rate and consequent small sample size limit the possibility of generalising the results in terms of representativeness of the wider population of CMHT psychologists. The small sample size also limited the choice of data analyses that could be used, prohibiting the reliable testing of more comprehensive models. However, in an effort to ensure robust results, bootstrapping was used for all regression analyses, therefore results should be considered not to be due to chance.
Also, this study did not explore the impact of other stressors (e.g. caseload size and complexity; changing jobs) that have been highlighted as significant in previous studies on burnout and JS. Future research focusing on relational aspects of the job should also explore these other stressors as they would be important control variables to include in the proposed model.

Notwithstanding such limitations, this study presents interesting and acceptably reliable results that reflect findings from previous studies.

Conclusions

In an era of scarce resources and increasing workloads, it is most important for services to draw on readily available and resource-neutral supports to enhance employees’ JS and to prevent burnout. The findings of this present study suggest that a positive liaison with one’s manager/supervisor and satisfactory teamwork and relationships with one’s colleagues are important aspects in enhancing JS and protecting from EE and DP for many CMHT psychologists in Ireland. Consequently, it would be of value for mental health services to consider how to promote those relational aspects of the job which were identified in this study.

References


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