The Burn-Out Syndrome in the Day Care Setting

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In many health and social service organizations, professionals are required to work intensely and intimately with people on a large-scale, continuous basis. They learn about these people's psychological, social, and/or physical problems, and they are expected to provide aid or treatment of some kind. Some aspects of this job involve "dirty work" (Hughes, 1971), which refers to tasks that are particularly upsetting or embarrassing to perform, even though necessary. This type of professional interaction arouses strong feelings of emotion and personal stress, which can often be disruptive and incapacitating. In order to perform efficiently and well in such situations, the professional may defend against these strong emotions through techniques of detachment. By treating one's clients or patients in a more remote, objective way, it becomes easier to perform the necessary interviews, tests, or operations without suffering strong psychological discomfort. This difficult (and almost paradoxical) process of having to distance oneself from people in order to help or cure them has been conceptualized as "detached concern" (Lief & Fox, 1963). Although the importance of detachment processes in client/patient interactions is more clearly recognized in medical professions, as opposed to social service ones, there is virtually no explicit training in such techniques in either of them. Because of this lack of preparation for coping with the unique emotional stresses of their work, many professionals are unable to maintain the caring and the commitment that they initially brought to the job, and then the process of "burn-out" begins.

Burn-out involves the loss of concern for the people with whom

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one is working. In addition to physical exhaustion (and sometimes even illness), burn-out is characterized by an emotional exhaustion in which the professional no longer has any positive feelings, sympathy, or respect for clients or patients. A very cynical and dehumanized perception of these people often develops, in which they are labeled in derogatory ways and treated accordingly. As a result of this dehumanizing process, these people are viewed as somehow deserving of their problems and are blamed for their own victimization (Ryan, 1971), and thus there is a deterioration in the quality of care or service that they receive. The professional who burns out is unable to deal successfully with the overwhelming emotional stresses of the job, and this failure to cope can be manifested in a number of ways, ranging from impaired performance and absenteeism to various types of personal problems (such as alcohol and drug abuse, marital conflict, and mental illness). People who burn out often quit their jobs or even change professions, while some seek psychiatric treatment for what they believe to be their personal failings.

More extensive, detailed information on the burn-out syndrome has been presented in the survey studies of various health and social service professionals (Maslach, 1973, 1976; Pines & Maslach, 1976) and in descriptions of the experience of staff members in free clinics (Freudenberger, 1974).

The Dehumanization Process

Although there is not yet a large body of research on burn-out, there is a sizable literature on the related concept of dehumanization. Most of this work is either entirely theoretical or is based on uncontrolled field observations, rather than systematic research, but it provides a number of relevant insights into both the successful development of "detached concern" and the failure of burn-out.

The process of dehumanization is generally defined as one that produces a decreased awareness of the human attributes of others and a loss of humanity in interpersonal interactions. People stop perceiving others as having the same feelings, impulses, thoughts, and purposes in life as they have, and thus psychologically eliminate any human qualities that these others might share with them. This outcome is believed to be accomplished through the use of such psychological mechanisms as intellectualization, denial, withdrawal, and isolation of affect. As a result of this process, people are less likely to perceive and respond to the personal identity of other people, and are more likely to treat them as if they were not human beings. In

contrast to a humanized relationship (which can be characterized as a subjective, personal, and emotional one), a dehumanized relationship is more objective, analytical, and lacking in emotional or empathic response. In discussing the dehumanization process, several writers have pointed to its adaptive function. Basically, it protects the individual against any kind of emotion that is painful, overwhelming, debilitating, inhibiting, or that interferes with some necessary, ongoing behavior. However, dehumanization can also have deleterious consequences. By not responding to the human qualities of other persons, people can find it possible to act in antisocial or inhumane ways toward them. Moreover, the person who dehumanizes others experiences less emotion, less empathy, and fewer personal feelings, and thus dehumanizes himself or herself as well (Buber, 1958).

Several theoretical papers have appeared on this topic. One of these is Bernard, Ottenberg, and Redl's conceptualization of dehumanization as a psychological defense mechanism (1965). Through the use of this mechanism, people change their perception of others, viewing them as "subhuman" or "bad human" in some cases (notably group prejudice) and as "nonhuman" objects in others. Another theoretical contribution has been made by Zimbardo (1970), who has identified four classes of situations in which dehumanization is likely to occur and has discussed the functions that it serves in each. These four categories are (a) socially imposed dehumanization (job situations that impose impersonal, dehumanized relationships upon workers), (b) dehumanization for self-gratification (the use of others solely for one's own gain, pleasure, or entertainment), (c) dehumanization as a means to an end (the abuse or destruction of groups of people who are seen as obstacles in the achievement of some greater cause), and (d) dehumanization in self-defense (the adaptive use of techniques to control disruptive emotional responses in order to perform some necessary service). This last category of dehumanization is the equivalent of "detached concern." Kelman (1973) has eloquently described how people dehumanize others by depriving them of "identity" and "community," and thereby suffer a loss of their own humanity. Similarly, Lifton (1971) has discussed a state of "psychic numbing" that often characterizes those who dehumanize others.

In addition to such theoretical papers, several writers have discussed dehumanization and "detached concern" on the basis of their field observations in various institutions. Lief & Fox (1963) reported on medical school training, focusing particularly on the critical events that help medical students to overcome their emotional arousal and acquire the necessary detachment and objectivity. Countertransfer-

ence (which is broadly defined as all of the physician's reactions and feelings toward the patient) is now being recognized by the medical and dental professions as an important factor in the delivery of health care, and recommendations are beginning to be heard on how to prevent dehumanization in the treatment of patients (Blum, 1972). Goffman (1961) describes the "mortification of self" that occurs when a person is admitted to a mental hospital, and points to several factors that may be critical in the dehumanization of the patient (e.g., the removal of personal possessions, the use of uniform institutional clothing). Vail (1966) and Rosenhan (1973) have made similar observations, and Vail has produced a long list of specific variables that are hypothesized to contribute to the dehumanization of the mental patient, including admission procedures, the physical layout of the hospital, the use of mandatory schedules. However, these types of field observations generally focus more on understanding the responses of the mental patients than the responses of the professional staff.

In contrast, the field studies of Maslach and her colleagues (Maslach, 1973, 1976; Pines & Maslach, 1976) concentrated on the behavior of the professional staff in coping with job stress. These studies consisted of questionnaires, interviews, and field observations of several different professional groups, including social welfare workers, psychiatric nurses, clinical psychologists, psychiatrists, poverty lawyers, prison personnel, and physicians. The data revealed a similar pattern of dehumanizing responses for the people in these professions. They all reported similar changes in their perception of their clients or patients and in their feelings about them. They also reported using a comparable set of verbal and nonverbal techniques to achieve this type of dehumanization. Such techniques included the following:

1. *Use of certain types of language.* Changes occurred in the terms used to describe one's patients or clients. Some of these terms were derogatory labels ("They're all just animals," or "They come out from under the rocks"). Others were abstract labels denoting the professional's functional relationship with the person ("my caseload" or "my docket").

2. *Compartmentalization.* Professionals often made a sharp distinction between their job and their personal life, by refusing to "talk shop" while at home or to discuss their families while on the job. By leaving their work at the office and not reliving it once again at home, they confined the emotional stress to a smaller part of their life.

3. *Intellectualization.* Professionals tried to "objectify" the situation by recasting it in more intellectual (and less personal) terms. For

example, a psychiatric nurse would stand back and analyze a patient's particular delusional syndrome rather than get personally upset by the patient's verbal abusiveness.

4. Withdrawal. Professionals tried to minimize their involvement in stressful interactions in a number of ways: spending less time with the other person, standing further away, not making eye contact, communicating with the other person in more impersonal ways, interacting with other staff on the ward (rather than patients), etc.

5. Social techniques. Professionals experiencing stress often turned to others for advice, comfort, tension reduction, help in achieving distance from the situation or in intellectualizing it, and a sense of diffusion of responsibility.

All of these field studies have suggested many variables that contribute to the dehumanization process, but few have been tested in a systematic way in order to support their conceptual validity. At the moment, the only major series of experiments that is relevant to the dehumanization process is that of Lazarus (1968). This large body of research has focused on various techniques of coping with a stressful experience (typically a very upsetting film). Lazarus has found that such techniques as cognitive rehearsal, intellectualization, and relaxation help reduce emotional arousal, as measured by skin conductance and heart rate. A more recent study showed that subjects who were given verbal instructions to psychologically detach themselves from the disturbing film felt less emotionally aroused by it (Koriat, Melkman, Averill, & Lazarus, 1972). While these findings are important, they are limited by the nature of the impersonal and artificial testing situation that existed in these experiments. It is critical for the development of a theory of dehumanization processes that such results be replicated and extended in more real-life, interpersonal situations. One step in this direction has been taken by Bandura, Underwood, and Fromson (1975), who have shown that the application of a dehumanized label ("they're animals") to a group of people disinhibited punitive responses toward them. Similarly, Maslach and Solomon (1976) have demonstrated how peer opinion can influence the development of a dehumanized attitude toward another person.

Current Study

The research to be reported here involved a study of the burn-out process among the staff members of several day care centers. The decision to focus on the child care profession was made for two reasons. One of these was the personal experience of Pines, who had her own child in such a center and who was part of a staff-parent commit-

tee on program improvement. Her observations of the staff members at work, combined with the staff's own comments, led us to believe that the burn-out syndrome we had observed among other professional groups (Maslach, 1973, 1976; Pines & Maslach, 1976) was also occurring in child care. Since the child care profession is currently undergoing considerable growth and change, such research might be of some practical benefit to the people who are involved in determining its future direction. Most of the available research on child care has focused on the child rather than on the staff person who is providing the care. However, an understanding of the stresses facing the staff person, and of the ways in which he or she copes with them, is critical for ensuring that that person delivers high-quality care and teaching to the child.

The second reason for choosing the child care profession was that it provided an opportunity to test more directly a hypothesis about burn-out that had arisen from our earlier work. Our previous studies had suggested that the quality of the professional interaction is greatly affected by the number of people for whom the professional is providing care. As this number increases, there is greater cognitive, sensory, and emotional overload for the professional. For example, the high ratio of clients to staff, as reflected in huge caseloads, was identified by social welfare workers as one of the major factors precipitating a dehumanized view of clients. When staff ratios are low, the individual staff member has fewer people to worry about and can give more attention to each of them. Furthermore, there is more time to focus on the positive, nonproblem aspects of the person's life, rather than concentrating just on his or her immediate problems or presenting symptoms. Within the field of child care, the only research relevant to this issue has shown that the total size of the center affects the nature of staff-child interactions (Prescott, Jones, & Kritchevsky, 1967). Teachers in large centers were more likely to use control and restraint with the children and had fewer warm, accepting relationships with them. In contrast, teachers in smaller centers were more likely to use encouragement as a technique, and related more closely and intimately to the children. Although the importance of staff-child ratio was suggested by our earlier work, we did not have more substantive findings to corroborate that hypothesis. In the current study, we had the opportunity to compare high-ratio with low-ratio centers and to obtain more specific knowledge of the effect of this variable on staff burn-out.

Method

The present research involved an extensive questionnaire and interview study with the staff of several day care centers. Our sample included the four centers

administered by a public university, the four centers administered by a private organization in the university community, and a set of centers administered by municipal funds. These centers, which are fairly representative of the types of child care facilities available in this community, were deliberately selected because of their differences in the ratios of staff to children. These ratios ranged from approximately 1:4 to 1:12. Most of the children in these centers were preschoolers, and for this age group the staff-child ratios recommended in the Federal Inter-Agency Day Care Requirements range from 1:5 to 1:7. Thus some of the centers had staff-child ratios that were in line with (or even better than) the recommended ones, while others had much larger ratios. Some of the centers were drop-in centers (where children could be brought at any time), while others had children for the full eight hours of a working day.

Eighty-three staff members from these centers participated in the study. They included directors, head teachers, regular teachers, and volunteers. They each completed an extensive questionnaire, and some of them were also interviewed. The questionnaire followed the same basic format as the questionnaires used in our earlier research. Modifications specific to child care were developed in consultation with seven child care teachers who were interviewed at length before the study began.

The questionnaire, which utilized both open-ended questions and scale items, was divided into four major areas. The first area concerned background information and asked questions about the staff member's age, sex, marital status, children, formal education, training for child care work, and other professional experience. The second area dealt with the characteristics of the staff member's current job in child care. These included age of children, working hours, staff-child ratio, breaks and time-outs, vacations, working relationships with other staff, relationships with parents, staff meetings, and after-hours involvement with the center. The third part of the questionnaire focused on the staff member's attitudes and feelings about child care work. Included in this section were several sets of questions. One dealt with the present job—how much the staff members liked it, what were the best and the worst things about it, how separate it was from their private life, how much freedom of expression and personal control they felt they had, and how successful they felt they were in achieving their goals. A second set of questions concerned attitudes toward children, changes in these attitudes since working in child care, judgments of "problem" behaviors in the child, and preferred responses to such problems. Additional questions focused on staff members' assessment of the child care profession in general and of their ideal career (if different from child care). The fourth section of the questionnaire dealt with the staff members' perception of their own mood. Each person was asked to complete a 20-item semantic differential scale at two different times: in the morning before he or she started work, and in the afternoon or evening after a full workday had been completed. Each of the items consisted of a bipolar, 5-point scale, such as "calm–tense," "irritable–relaxed."

Results

The large amount of data generated by this study revealed a strong and distinct pattern of response that was consistent with the results of our earlier research on the burn-out phenomenon. For ease of ex-

position, the major findings will be presented in summary form, without including the actual statistical analyses. However, it should be noted that all of these results are highly significant according to standard statistical tests.[1]

Staff-Child Ratio. As we had predicted from our earlier work, the ratio of staff to children had a great impact on both the working conditions and on the staff members' feelings about their jobs. Day care centers that had more children per staff member also had the staff working more hours on the floor, in direct contact with children, and had fewer staff meetings and fewer staff vacations. The staff in these high-ratio centers were less likely to confer with others when they had problems, and had less contact with parents. They felt less free to take time off when under pressure, and they did not feel free to express themselves on the job. They felt that they did not have input into the policies of the center and that they did not have much control over what they did on the job. In terms of their relationship to the children, the staff from the high-ratio centers were more approving of compulsory naps and the use of tranquilizers for hyperactive children. Overall, they liked their jobs less, and they gave a lower evaluation of the center.

Hours of Work. Overall, longer working hours were associated with more stress and negative attitudes on the part of the staff. However, a closer inspection of the data shows that this relationship occurred primarily when the longer hours involved more work on the floor with children. When the longer hours involved administrative, non–child-related work, this negative response was less likely to occur. Basically, staff members who worked longer hours with children developed more negative attitudes toward children. They were more approving of compulsory naps, and when they took vacations, they wanted to get as far away as possible from children and child-related activities. After a day's work, they reported feeling less tolerant, less satisfied, less creative, and more moody. They felt less free to express themselves on the job, and they did not feel that they could take time off when under pressure.

A somewhat different pattern emerged when the longer work hours involved administrative tasks, rather than working directly with chil-

[1] Detailed information on statistical comparisons can be obtained from Christina Maslach, Department of Psychology, University of California, Berkeley, California 94720.

dren. Such tasks were handled by higher-ranking staff (e.g., directors and head teachers), and even though they generally worked more hours than the lower-ranking staff, they did not display the same shift toward a negative attitude about children. Instead, they had more positive attitudes about the children, about the parent-staff relationship, and about the center as a whole. They reported having greater job freedom and flexibility, as reflected in their greater input into center policies, their greater freedom to express themselves, and their greater ability to take time-outs when necessary. However, the longer hours of administrative work did take their toll—these staff members reported becoming less patient, less cheerful, and less fair as the day wore on.

Time-Outs. The ability to voluntarily withdraw from work when one is feeling strained and under pressure seems to be an important factor in preventing staff burn-out. The most positive form of withdrawal that we observed is what we have called a "time-out." Time-outs are not merely short breaks from work (such as rest periods or coffee breaks). Rather, they are opportunities for the staff member to voluntarily choose to do some less stressful work while other staff take over his or her responsibilities with the children. This alternative work is usually characterized by its lack of direct interaction with people (e.g., doing paper work, preparing materials or food). We found that time-outs were more often available in centers that were well staffed, had shared work responsibilities, had flexible work policies, and, most important, had a variety of job tasks for each staff member (rather than just a single one). In centers where time-outs were not available, the staff members gave much lower evaluations of the work relationships in the center and of the staff-parent relationships. They felt that they had less input into the center's policies and felt less free to express themselves. After a day's work, they reported being more impatient, more irritable, more strained, more upset, and more psychologically distant.

Staff Meetings. On the whole, both the number of staff meetings and their perceived importance were closely related to better working conditions in the center, as reflected in a smaller staff-child ratio, fewer hours on the floor, more opportunities for time-outs, and more vacations. Staff meetings seem to serve several very important functions. They enable the staff to socialize informally, to give each other support, to confer about problems with children (and also with parents), to clarify their goals for themselves and for the center, and to

exert some direct influence on the policies of the center. Centers that held more staff meetings where teachers had some input into institutional policy were more positively evaluated by the staff. The staff themselves liked their jobs better and reported having greater contact with the parents, conferring more often with each other, and feeling more free to express themselves on the job. Most important, the staff in these centers had more positive attitudes toward children, felt more successful in their work with children, and felt that they were achieving their goals.

Related to the importance of staff meetings is the quality of the work relationships between staff members. Better work relationships were associated with more teamwork, and they resulted in a greater liking for the job, a greater sense of success, and a report of more "good days" and fewer "bad days." A similar set of findings was associated with good relationships between staff and parents—more liking for children and for the job, more "good days," more feelings of success and freedom of expression, and more input into the center's policies.

Program Structure. A variable that had a more complex set of effects was the degree of program structure. In general, the more open, nonstructured centers had better working conditions (e.g., a much smaller staff-child ratio, fewer hours on the floor with the children, a much greater opportunity to take time-outs, and many more vacations). The staff of the more open centers had greater contact with parents and had staff meetings far more frequently (which staff perceived as being very important). In contrast, staff members in the more structured centers felt that they had less control over their work and liked their jobs less.

However, even though the less structured centers had better working conditions, they exacted a greater emotional price from the individual staff members. At the end of a day's work, the staff of these centers reported a greater change in emotional feelings (from high to low) and said they were much less cheerful, less tolerant, less intimate, less idealistic, less alert, less playful, and more moody and irritable than they had been at the beginning of the day. This finding may be partly related to the use of compulsory naps in the more structured centers (which results in a quiet period for staff, away from children). The staff in these more structured centers also gave greater approval to the use of tranquilizers, which may be another technique for reducing the stress of interacting with children. Thus the staff of the more open, nondirective centers seem to become more emotion-

ally exhausted from their work, since they experience a greater shift in mood throughout the day; but they seem to have more positive feelings about it.

Discussion

Much like our earlier samples of health and social service professionals, day care staff members experience personal stress and run the risk of burn-out as a result of working closely and intensively with other people (in this case, children) over an extended period of time. In addition to the psychological costs to the staff members themselves, burn-out can represent a tremendous loss to a day care center in terms of teacher training and talent. Therefore, it is critical that institutional changes that can prevent staff burn-out from occurring be made a part of the center's educational policy. Our research has identified several factors in the day care setting that could either reduce the amount of stress or aid the staff member in successfully coping with it.

Amount of Direct Contact

One very clear finding from our study is that the likelihood of burnout becomes greater as the amount of direct, continuous contact between staff members and children increases. In other words, the quality of the staff-child interaction begins to deteriorate as the quantity of the interaction increases. Several steps can be taken to cope with this problem. One approach is to reduce the number of hours of direct contact. This could be done by having shorter work shifts, increasing the opportunities for temporary time-outs, and varying staff duties so that everyone has a chance to do things other than constantly interact with children.

Another course of action is to reduce the number of children for whom each staff member is responsible. A smaller staff-child ratio allows the staff person to really get to know each child and to develop deeper and more meaningful one-to-one relationships, rather than to respond only when a child presents a problem, "acts out," etc. Working with fewer children also means that the staff member is more aware, and more in control, of what each child is doing, and is thus less likely to feel scattered, confused, and emotionally drained. A center's staff-child ratio can be directly altered by adding more people to the staff or reducing the number of children who are enrolled. However, if these options are not available, a change in ratio can be

effected through changes in program structure. Our study found that greater emotional exhaustion often occurred in staff members in centers that had very open, permissive, and nondirective programs. Because of the relative lack of structure, staff members had to be prepared to interact with any number of children (ranging from a few to all of them) at any one time. In one such day care center, structural changes were instituted as a result of our findings. The center's physical space was divided into several separate rooms, each of which had a specific group of staff people assigned to it and a specific group of children. Thus, rather than being responsible for all of the children in the center, each staff member now has responsibility for only his or her group of children and can establish a better relationship with each of them. A short-term follow-up assessment of the changes in this center (Maslach & Pines, 1976) found that the staff members are experiencing less stress and less emotional exhaustion, and that the quality of their interaction with the children has greatly improved.

Social-Professional Support System

Formal or informal programs in which staff members can get together to discuss problems, and to get advice and support, are another way of helping them to cope successfully with job stress. Such a support system provides staff members with opportunities for analysis of both the problems they face and their personal feelings about them, for humor, for comfort, and for social comparison. Contrary to the beliefs of some skeptics (who felt that such a system would only provide the staff with another chance to "chit-chat" rather than work), these support groups serve a very valuable function for their members. Burn-out rates seem to be lower for those professionals who have access to such a system, especially if it is well developed and supported by the larger institution.

Analysis of Personal Feelings

Since the arousal of strong emotional reactions is a common feature of child care and other helping professions, efforts must be made to constructively deal with them and prevent them from being entirely extinguished, as in burn-out. We were surprised to find that many of our subjects did not know that other people were experiencing the same negative changes in attitudes and emotions as they were. Each of them thought that the personal reaction being experienced was a unique one (an illusion maintained by their tendency not to share

their feelings with fellow workers). In many cases, they each felt that something was wrong with them—that they were "bad persons" to have the feelings that they had—and several of them reported having sought psychiatric help to deal with what they thought was their personal problem. They were often unaware of the fact that their experience is a fairly common one, rather than an aberration.

Our findings suggest that burn-out rates are lower for those staff members who actively express, analyze, and share their personal feelings with their colleagues. Not only do they consciously "get things off [their] chest," but they have an opportunity to get constructive feedback from other people and to develop new perspectives and understanding of their relationship with children. This process is greatly enhanced if the day care center establishes an appropriate mechanism for the occurrence of these experiences. This could include social-professional support groups, special staff meetings, or workshops.

Training in Interpersonal Skills

Our research suggests that child care staff need to have special training and preparation for working closely with other people. While they may be well trained in certain educational skills, they are often not well equipped to handle repeated, intense, emotional interactions with children. Such training should focus on the personal stress involved in the staff member's work situation—the sources of it, the constructive (and the ineffective) techniques for dealing with it, the possible changes in attitudes and emotions (and why they occur), etc. In other words, child care staff need to be made aware of the importance and relevance of their psychological state to their work with children. In addition, it is important that they understand their own motivations for entering their particular career, and recognize the expectations they have for their work.

Conclusions

At a time when more and more children are participating in day care programs, it becomes critical that we have a better understanding of the special difficulties facing the people who are providing the care. It is our belief that the causes of burn-out lie not so much in the unique personality traits of the individual as in the situational pressures arising from the job definition of the contact between staff member and child. Thus the recommendations presented above emphasize situational solutions rather than personal ones. While these

proposals are not meant to be all-inclusive, they do represent our best knowledge to date about the possible safeguards that can be instituted to prevent the emotional exhaustion and negative attitudes of burn-out.

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