

Impact of Workplace Environment on Peer and Non-Peer Mental Health Providers

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### Abstract

Job-related burnout, a three-dimensional experience involving emotional exhaustion, depersonalization, and reduced personal accomplishment is found to be common among those in the mental health field due to the nature and gravity of their work. With a growing focus on recovery-oriented care, many mental health agencies are increasing their employment of peer-providers. Peer providers are mental health workers with diagnosed mental illness who actively and intentionally use their personal experience with mental illness to help their clients. These workers may be prone to the experience of microaggressions and stigma related to mental illness in the workplace. The Maslach Burnout Inventory (MBI) and Areas of Worklife Survey (AWS) were completed by mental health workers serving four counties in Pennsylvania. Among peer-workers, there were significant associations between levels of burnout and both sense of community and sense of control as measured by the community and control subscales of the AWS. These associations were not found among non-peer providers.

*Keywords:* burnout, peer-providers, workplace environment, community

### **Impact of Workplace Environment on Peer and Non-Peer Mental Health Providers**

For a great deal of time, the importance of physical and mental health of workers has been underestimated and overlooked by employers. As job demands continue to grow, there is an enhanced opportunity for the experience of stress to occur. With this additional stress comes a greater likelihood of negative impacts on the general well-being of employees. While this phenomenon can likely be observed in any sector of the workforce, it is especially apparent in fields where there is frequent contact with consumers (Maslach & Leiter, 2016). The mental health field is one where this is especially true as workers often have frequent and direct contact with those seeking services. Sustained exposure to and a maladaptive response to workplace stress can lead to a psychological condition referred to as burnout.

#### **Definitions and Measurement of Burnout**

As evidence of the importance of employee well-being continues to grow, there has been an increased focus on identifying and responding to burnout among mental health workers. Because of this, much research has been conducted to define the experience of burnout precisely. Freudenberger (1974) was the first individual to utilize the term burnout. He defined burnout as a two-dimensional experience that was characterized by a sense of failure by the employee and a general worn out feeling. Pines and Aronson (1981) highlighted a sense of exhaustion as being a defining characteristic of burnout. According to their research, the exhaustion was multidimensional and was experienced in the physical, mental and emotional realms. Sarros and Densten (1989) focused on the experience of stress in their definition of burnout as well as the concept that the experience of burnout can be brought on by work that provides too little rigor or brings little recognition to the employee.

Due to the numerous variations in definitions of the experiences that constitute burnout described above, it is not surprising that there are several measures that have been used in recent research to identify burnout in employees. In general, measures can be divided into two categories: Measures that conceptualize burnout in a multidimensional fashion and measures that solely focus on the idea of exhaustion as being the key factor of burnout (Maslach & Leiter, 2016). The Bergen Burnout Inventory (BBI) is one such of example of a measure utilized to assess burnout. This inventory takes a multidimensional approach and incorporates the concepts of exhaustion at work, a negative outlook on the purpose of work and a feeling of insufficiency in the workplace (Feldt, Rantanen, Hyvonen et al., 2014). In contrast, the Shirom-Melamed Burnout Measure (SMBM) and the Copenhagen Burnout Inventory (CBI) measure the experience of burnout only in terms of the feeling of exhaustion, with some distinctions made between physical and emotional exhaustion (Shirom & Melamed, 2006; Kristensen, T.S. et al., 2005).

While all of the above measures have proven useful in identifying the experience of burnout, the most common measure for assessing burnout is the Maslach Burnout Inventory (MBI) (Maslach & Leiter, 2016). With the MBI being the standard measure used for conducting burnout research, it follows that the conceptualization of burnout established by this model is the most widely accepted (Maslach & Leiter, 2016). The MBI established job-related burnout as a three-dimensional experience involving emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson, & Leiter, 2016). The MBI and the accompanying definition of burnout which were originally developed in English have since been translated to several other languages while still maintaining validity (Maslach & Leiter, 2016).

The first dimension of burnout in the MBI is emotional exhaustion. Emotional exhaustion is often considered the most detrimental dimension of burnout in terms of employee well-being and job performance. Maslach and Jackson (1981) characterized this facet of burnout as an experience where workers, specifically mental health workers, no longer feel they have the psychological resources regularly utilized to offer services to their clients. Due to the close psychological connection that mental health providers often form with their clients, it is clear why the experience of emotional exhaustion can be particularly troubling, both in terms of the well-being of the mental health providers and those seeking mental health services.

Depersonalization is the second defining characteristic of the experience of burnout. Maslach and Jackson's (1981) research suggests that the experience of depersonalization may be connected to emotional exhaustion. Generally, depersonalization can be described as involving attitudes towards clients that do not align with the goals of the mental health field, a heightened and unmanaged sense of irritability, and a general disengagement from the services being provided to clients (Maslach & Leiter, 2016). Additionally, providers experiencing depersonalization may come to have an outlook that supports the concept that clients are deserving of the troubles that have caused them to seek mental health services (Maslach & Jackson, 1981). This construct has been broadened in the subsequent general form of the MBI and is referred to as cynicism in order to address burnout in occupations that fall outside of the social services field.

The final construct of the MBI centers around the feeling of personal accomplishment an employee reports. If an employee is experiencing burnout, they are more likely to evaluate their workplace performance as being unsatisfactory (Maslach & Jackson, 1981). This is often accompanied by a new sense of an inability to perform tasks associated with providing mental

health services to clients (Maslach & Leiter, 2016). Low morale and an inability to cope are also measured under the personal accomplishment construct.

Emotional exhaustion, depersonalization and reduced sense of personal accomplishment are the commonly accepted aspects of burnout as measured by the MBI. Given this definition, it becomes clear that evaluations of self and others are the primary context in which burnout is conceptualized and there is ongoing research investigating the predictors of workers' self-evaluation of burnout (Maslach & Leiter, 2016). Removed from the context of the environment, the ways in which one evaluates themselves most likely varies from person to person. This can be a result of lived experiences, general outlook or various other factors. One of these differences in self-evaluation and assessment may result from employees that have specific lived experience relating to mental illness.

### **Burnout Among Mental Health Workers**

In general, burnout has been researched in the context of professions that are people oriented. This would include examining burnout among teachers, health care workers, human services providers and other occupations that are similar to these in regards to the amount of consumer contact involved (Maslach & Leiter, 2016). Research findings suggest burnout rates tend to be greater among mental health and healthcare professionals than in the general workforce (Maslach & Leiter, 2016). With burnout comes lowered productivity and a decrease in the general quality of services provided, which is particularly troubling given the importance of the work being done by these professionals (Maslach & Leiter, 2016). In addition, these professionals often suffer from a reduction in overall wellbeing (Maslach & Leiter, 2016). Among mental health professionals, consequences of burnout include increased rates of

substance use, lower quality of work, low quality ratings by consumers, and an increase in unplanned absences (Park, Chang, Mueller, Resnick & Eisen, 2016; Johnson et al., 2018).

### **Peer-Providers in the Mental Health Field**

Mental health agencies are more commonly orienting themselves towards the concept of recovery which involves focusing on collaboration, the development of a hopeful and optimistic outlook, the promotion of autonomy in the decision-making process, and the deliberate emphasis on the particular strengths an individual brings to the community (Chinman et al., 2017). Mental health services that are recovery oriented highlight the importance of peer relationships between those with mental illness. In order to fully embody recovery orientation, mental health organizations are beginning to employ peer providers. Peer providers are mental health workers with diagnosed mental illness who actively and intentionally use their personal experience with mental illness to help their peers (Chinman et al. 2017; Mowbray et al. 1996). It is believed that through the use of their lived experiences relating to mental illness, peer providers are able to connect on a deeper level with their clients (Moran, Russinova, Gidugu, & Gagne, 2012).

The value of peer providers goes much further beyond simply assisting in establishing a deeper bond with clients. Peer providers, because of their lived experience, have the ability to show a greater sense of empathy with their clients (Mowbray et al., 1996; Salzer, 2010). Insight into the workings of mental health services from the client perspective is also brought to the provider-client relationship by peer workers (Paulson et al., 1999). Finally, peer providers can bring valuable opportunities for professional development to organizations. By helping their non-peer provider counterparts understand on a more personal level the client perspective, peer workers can help to reduce the stigma that exists around mental illness, even in mental health organizations (Dixon et al., 1997; Solomon, 2004). While the lived experience of peer providers

brings a wealth of value to the mental health field, the emotional strain that can accompany serious mental illness has caused some in the field to question whether the peer provider position is a viable position. Specifically, some have raised concerns that peer workers may be more likely to experience burnout as a result of their peer status.

Workers experiencing burnout are prone to negative impacts in work and personal life, providing cause to investigate factors contributing to burnout (Morse, Salyers, Rollins, Monroe-Devita, & Pfahler, 2011). Park, Chang, Mueller, Resnick, and Eisen (2016) began the investigatory work of determining whether there are differences in burnout rates among peer and non-peer providers. Their study utilized peer support specialists working at health care systems within the Veterans Health Administration. Park et al. (2016) found no differences in the rates of burnout among peer providers and other providers of mental health services. Their findings suggest that concerns raised about peer providers may not actually play out in the field.

The Veterans Health Administration system offers a vast array of services with resources that are often greater in number compared to smaller organizations that offer mental health services. Because of this, it is necessary to compare rates of burnout among peer and non-peer workers within smaller organizations to determine whether the results of the Park et al. (2016) study will generalize to smaller community mental health settings. Scheetz, McQuaid, Bennett, & Weikel (2017) worked to investigate this comparison and sampled peer and non-peer mental health providers in a rural county in Pennsylvania. The findings of Scheetz et al. (2017), like the study by Park et al. (2016), suggest there is no need for concern that peer providers will experience greater levels of burnout than their non-peer counterparts. Scheetz et al. (2017) actually found that the peer providers in their study experienced lower rates of emotional exhaustion and depersonalization when compared to their non-peer counterparts. However, it is

important to note that this study had a small sample size and needs to be replicated (Scheetz et al., 2017). Although findings to date suggest that peer providers are not more likely than other providers to experience burnout, it is possible that there may be differences in the *predictors* of burnout between the two types of providers.

### **Worklife Predictors of Burnout**

Leiter and Maslach (2000) argue that work atmosphere is an important predictor of burnout, and they developed the Areas of Work Life Scale (AWS) to measure congruency between employees' work lives and their personal expectations regarding their work experience (Leiter & Maslach, 2000). The AWS works to establish the notion that burnout is more than simply workplace stress. It accomplishes this by utilizing a model that assesses the ongoing and evolving relationship between a person and their workplace (Leiter & Maslach, 2011). There are six domains under the AWS that were developed based upon previous common correlational comparisons between work environment and burnout. These six areas are: Workload, control, reward, community, fairness, and values (Leiter & Maslach, 1999).

Some of the domains established by the Areas of Worklife Survey are more heavily studied than others. The most discussed is the domain of workload (Leiter & Maslach, 2011). This domain is reflective of the current trend in the amount of work employees are required to complete with less time and fewer resources. Leiter and Maslach (2011) suggest that it is not simply the occurrence of this trend that leads to the experience of burnout. Rather it is the prolonged exposure to increased job demands without a period of recovery to allow the employee to rest and reset. This experience would result in low scores on the domain of workload on the AWS, representing a poor match between an employee and the work environment they are in. In contrast, a manageable workload that allows for the development of

skills and personal growth within one's occupation would result in higher scores on the domain of workload (Leiter & Maslach, 2011).

Control represents the second domain of the Areas of Worklife Survey. Control encapsulates the degree to which an employee feels they have the ability to influence decisions that have an impact on the work that they are engaging in (Leiter & Maslach, 2011). There are several possible sources of a reduced sense of control in the workplace. One of these sources is role conflict. Role conflict results when there are conflicting expectations within the same position and can represent an authority issue within an organization (Leiter & Maslach, 2011). This conflict has the ability to prevent progress in the workplace, and thus, adds to the experience of burnout. Role ambiguity can be a second contributing factor to a lack of sense of control in the workplace. When employees are unsure exactly what the expectations are within their position, they are unable to establish what they should strive to accomplish (Leiter & Maslach, 2011).

The third domain of the AWS examines the congruency between an employee's expectations of the rewards they will receive at work and the actual rewards they are able to earn. Employees often have the expectation that when they complete work in a satisfactory way, they will be recognized for their efforts (Leiter & Maslach, 2011). The source of the recognition and reward can come from colleagues, management, or those outside of the organization that have a vested interest in the work being completed. When this recognition and reward is absent, there is a greater opportunity for a feeling of disconnect from the work being completed (Leiter & Maslach, 2011).

The fourth dimension of the AWS centers around the organizational decision making process. Specifically, how an employee perceives the basis for decisions made within the

workplace can be a predictor of the experience of burnout (Leiter & Maslach, 2011). The evaluation of the decision-making process is categorized under the domain of fairness.

Employees are less likely to experience burnout if there is the perception that decisions within the workplace are fair and represent a sense of equality where it is deserved.

The final two domains of the Areas of Worklife Survey are the most central to the proposed study. These are the domains of community and values. The community domain considers the interpersonal relationships that exist in the workplace (Leiter & Maslach, 2011). This includes an examination of how conflict is mediated, the sense of teamwork that exists, the existence of supporting relationships, and how close employees feel to one another (Leiter & Maslach, 2011). Employees are less likely to experience burnout if there is a strong sense of community among members of an organization. Without a sense of community, employees often feel isolated in their work.

Values is the second domain of the AWS that will be emphasized for this study. The values domain examines the match between the ideals of an employee and their workplace (Leiter & Maslach, 2011). A strong match between the values of an employee and the organization in which they work provides the opportunity to advance both personal and organizational goals that align with one another at the same time. When there is poor congruency between an employee's values and the values of their workplace, the employee may find themselves in situations that require them to violate their personal values in order to meet the expectations of their position. This leads to a strong desire to become disengaged from the work being completed and can contribute to the experience of burnout (Leiter & Maslach, 2011).

### **Worklife Experience of Peer Providers**

Unfortunately, due to the prior poor treatment of those with mental illness, it is undeniable that stigma regarding mental illness exists within the United States. This stigma often can take one of two forms. The first form being overt stigma that consists of the obvious and outward display of degrading attitudes towards those with mental illness (Firmin, Mao, Bellamy, & Davidson, 2018). The second form that is possibly more difficult to address, is the use of microaggressions. Microaggressions can be defined as, “brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership” (Sue, 2010, p. xvi). For peer providers, it is their group membership relating to their lived experience of mental illness and treatment that can leave them vulnerable within the workplace to the experience of stigma and microaggressions.

Firmin, Mao, Bellamy, and Davidson (2018) found that among a sample of 65 peer support specialists, 78 percent had experienced microaggressions within the workplace at least once related to their peer support status, and 38 percent reported experiencing microaggressions at least once a day. In addition, to these experiences of microaggressions, peer workers reported experiencing overt forms of prejudice relating to their peer status. Peers reported, “Hearing clinicians joke about recovery oriented language and people making jokes about [them] being a ‘patient’” (Firmin et al., 2018, p. 1543). Similarly, interviews with peer providers have found them to report poor treatment in the workplace (Mancini & Lawson, 2009), with more than half reporting experiences of direct and indirect expressions of prejudice relating to their peer provider status (Moran et al., 2013).

Based upon the evidence presented in the studies above, it is clear that peer workers are vulnerable to a form of prejudice and discrimination that their non-peer counterparts are not. That experience of prejudice could contribute to burnout among peer workers. It is hypothesized

that scores on the AWS subscale measuring sense of Community will be the strongest predictor of emotional exhaustion among peer mental health workers. In addition, given that burnout rates are lower among mental health workers in settings that are recovery-oriented (Kraus & Stein, 2013), but that some peers find themselves in settings that seem to lack a recovery-oriented philosophy (Moran, Russinova, Gidugu, & Gagne, 2013), it is also hypothesized that the association between burnout and person-work values discrepancies (AWS Values subscale) will be stronger among peer providers than among non-peer workers.

### **Hypotheses**

- 1) There will be no difference in emotional exhaustion between peer and non-peer mental health workers.
- 2) The association between the Community subscale of the AWS and emotional exhaustion, as measured by the MBI, will be stronger among peer workers than non-peer mental health providers. This association among peer providers will also be the most significant association of the six subscales of the AWS for this group.
- 3) The association between the Values subscale of the AWS and emotional exhaustion will be stronger among peer providers than non-peer workers.
- 4) The Workload subscale of the AWS will be the subscale most strongly associated with emotional exhaustion in non-peer mental health providers.

### **Method**

#### **Participants**

Eighty-two percent of the workers were female and 90% were White. The number of years of experience working in the mental health field ranged from 1 to 35 years for the peer providers and less than six months to 45 years for the non-peer providers.

## **Measures**

### **Burnout**

Burnout rates among peer and non-peer providers was measured using the Maslach Burnout Inventory (MBI). The MBI measures burnout in terms of three dimensions: Emotional exhaustion, depersonalization, and sense of personal accomplishment. The MBI is considered the gold standard measure for assessing burnout. The MBI is useful because it provides national average burnout rates that can be used to make comparisons between the sample of providers in this study and national norms. The reliability estimates for the emotional exhaustion subscale of the MBI average in the high 0.80s. The depersonalization and the personal accomplishment subscales both have reliability estimates that average in the mid 0.70s (Maslach, Jackson & Leiter, 2017).

### **Person-Job Congruency**

Person-Job congruency was measured utilizing the Areas of Worklife Survey (AWS). The AWS contains six subscales: Workload, control, reward, community, fairness, and values. There are a total of 28 items on the full AWS (see appendix). Test-retest correlations were conducted to establish the reliability of the AWS. The correlations ranged from 0.51 to 0.62. The correlation values for workload, control, reward, community, fairness, and values were 0.62, 0.54, 0.51, 0.53, 0.59, and 0.56 respectively (Leiter & Maslach, 2011). Correlations between each AWS subscale and subscale-related complaints from over 1000 hospital employees indicates subscale validity (Leiter & Maslach, 2011).

## **Procedure**

The current study is a part of a larger project to assess mental health workplace well-being in four rural counties in Pennsylvania. As a part of the larger project, surveys containing the MBI and AWS were sent to participating mental health agencies online utilizing Survey Monkey. Following data collection, bivariate correlations were assessed between the three subscales of the MBI and the six AWS subscales. Separate bivariate correlations were calculated for the peer and non-peer providers. Specific attention was given to the Community and Values subscales of the AWS to test the hypotheses that have been made. Fisher's  $r$  to  $Z$  transformations were completed in order to test for the significance between the differences in correlations.

### Results

Consistent with the first hypothesis, there was no statistically significant difference in emotional exhaustion between the peer ( $M=19.13$ ,  $SD=11.98$ ) and non-peer workers ( $M=20.74$ ,  $SD=11.40$ ),  $t(64) = -.543$ ,  $p = .589$  (see Table 1). Similarly, the AWS includes six subscales measuring different types of person-job congruence (Workload, Control, Reward, Community, Fairness, and Values). Independent samples t-tests indicated no significant differences between the peer and non-peer workers on any of those subscales,  $p > .10$  (see Table 2).

With regard to the second hypothesis, the association between sense of community and emotional exhaustion/burnout,  $r(21) = -.598$ ,  $p < .01$ , was significant and moderately strong among the peer providers. In contrast, the association between community and burnout among the non-peer providers was lower and not statistically significant,  $r(38) = -.260$ ,  $p = .115$ . However, using a Fisher's  $r$  to  $Z$  transformation, the difference between the two correlations was not significant,  $Z = -1.462$ ,  $p = 0.072$ . The association between workplace values and burnout was the same for the peer,  $r(21) = -.261$ ,  $p = .253$ , and non-peer,  $r(39) = -.261$ ,  $p = .109$ , providers, which did not support our hypothesis regarding differences in those associations.

Interesting, but not predicted, was a difference between the two types of workers in the importance of workplace control. The association between workplace control and burnout was moderately strong and statistically significant among the peer providers,  $r(20) = -.622, p = .003$ , but weak and not statistically significant,  $r(39) = -.154, p = .350$  among the other providers. The difference between these two correlations was significant  $Z = -2.179, p = 0.01$  (see Table 3 & 4).

With regard to the fourth hypothesis, workload was the most strongly associated subscale with emotional exhaustion among non-peer providers as predicted. This association was moderately strong and was statistically significant  $r(39) = -.439, p = .005$ . Workload was also most strongly associated with emotional exhaustion among peer providers. The association was strong and statistically significant,  $r(21) = -.736, p = .000$ .

### **Discussion**

A peer worker's continued recovery is important not only for their own well-being but also for their work with peers. Consistent with previous work by Park et al. (2016) in the VHA system, the peer workers in this study do not appear to be more susceptible to job-related burnout than other mental health workers. This provides further support for the peer worker career option for those in recovery from serious mental illness, as such a career does not appear to put them at increased risk for psychological harm as previously feared. The continuation of the incorporation of peer providers in mental health agencies can further support recovery orientation in these agencies and the services that they are providing to their clients.

This study was the first of our knowledge to investigate the possible influence of peer worker status on the associations between the workplace environment and burnout. The current findings suggest that the workplace factors predicting burnout among mental health employees may differ between peer and non-peer workers. Specifically, the relationships peer providers

have with their co-workers may have crucial impacts on their personal and professional well-being, as the association between low sense of workplace community and burnout was noticeably strong among the peer employees in this study. This strong association between disappointing workplace community and burnout may be linked to the increased experience of microaggressions in the workplace. As Firmin et al. (2018) notes, these microaggressions can be as a result of disclosing a personal experience with mental illness and often are reflective of the quality of the relationships that exist between colleagues in the agency. The findings in this study provide support for the need for intentional strategies to lessen the frequency of microaggressions experienced both to support psychological health in general and as a means to protect peer providers from experiencing emotional exhaustion related to burnout.

Similarly, the significant association between control and burnout among peer workers may again be attributed to the professional relationships peers have with their non-peer co-workers, as a reduced sense of control in peer-providers may be a result of a tendency for non-peer workers to not trust the judgment of peer-provider, an example of indirect microaggressions. The work of Firmin et al. (2018) suggests that many peer-providers find themselves in positions that inherently provide them with less control and voice in an organization, which may cause them to experience a reduced sense of control in their workplace which in turn could contribute to burnout among these workers. Attempted replication of the strong association between reduced sense of control and burnout among peer providers will be important, as that association is possibly very meaningful but was not hypothesized as part of the present study. Furthermore, because microaggressions provide a plausible explanation for the strong associations between burnout and both lack of community and control in the workplace,

future studies should also seek to investigate whether or not peer workers experience burnout in their daily work and the role of microaggressions in those experiences.

While we did not find support for our hypothesis that values may be strongly associated with emotional exhaustion of peer-providers, the present researcher believes that hypothesized association should still be investigated in future research. A possible explanation for the lack of association in the present study may be that peer-providers tend to find themselves in agencies that match their values simply because the agency sought out peer-workers for the position. This may inherently mean that the agency is recovery oriented, drastically reducing the ability for expectation mismatch in terms of values. Such a possibility suggests that peer providers may be at a reduced risk of burnout in agencies that are peer run, the types of mental health agencies that are most likely to be recovery-oriented and most likely to match the values of peer workers. The current participant pool did not allow for sufficient comparisons between peer-providers at peer run agencies and those that are agencies managed by non-peer providers. Future research should aim to investigate the possibility of this difference, and the role of values discrepancies in any such difference.

The current finding of the significant association between workload and burnout among peer and non-peer workers is consistent with previous work by Leiter and Maslach (2011). This suggests that mental health workers, regardless of peer status, are more susceptible to emotional exhaustion when they are overworked and feel like they are not capable of completing all the tasks assigned to them in a timely manner. Leiter and Maslach (2011) further suggest that too large of a workload, and the emotional exhaustion that comes with it, may lead to a deterioration of relationships and community within the workplace. This, coupled with the findings of this study that suggest community in the workplace is strongly associated with emotional exhaustion

among peer workers, gives cause for concern that an increased workload can create a positive feedback loop for emotional exhaustion among these workers.

It is important to note some limitations of the present study. The sample size was not particularly large for the present study, in part because many rural mental health agencies reported issues relating to technology and internet connectivity that prevented them from efficiently completing the web delivered survey. Paper and pencil administration of the survey may yield a more significant sample size allowing for the completion of regression analyses that would allow for an examination of what subscales of the AWS may best predict burnout for peer and non-peer workers. Additionally, the participants in this study were predominantly white and while this is reflective of the four counties in which they work, may make generalization to the larger population of providers more difficult.

### **Conclusion**

Peer providers are a valuable resource to mental health agencies and the position provides the opportunity for those in recovery from a serious mental illness to find gainful employment that allows them to give back to the system that assisted them. While there is growing research to support that these providers are not at a greater risk for burnout than their non-peer counterparts, burnout rates are still high among mental health workers in general. This study provides evidence to support the need for increased efforts to build community among mental health providers in the workplace and ensure that workers feel an adequate sense of control in performing their role in order to reduce emotional exhaustion among these professionals, particularly those that identify as peers. Future work is needed to further establish which aspects of the work environment may contribute differently to burnout for peer and non-peer providers.

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## Appendix

**Table 1**  
*Group Statistics*

Do you have lived experience with your own diagnosed mental illness and use that first-hand experience to assist your work with consumers/client?		N	Mean	Std. Deviation	Std. Error Mean
EE	Yes	24	19.1250	11.98300	2.44602
	No	42	20.7381	11.40402	1.75968
DP	Yes	24	3.7917	3.34897	.68361
	No	42	5.5952	5.14217	.79345
PA	Yes	23	41.1304	5.46314	1.13914
	No	41	37.7561	6.10647	.95367
Workload	Yes	22	3.2000	.88802	.18933
	No	40	2.9950	.89956	.14223
Control	Yes	22	3.5909	.78127	.16657
	No	40	3.5875	1.01203	.16002
Reward	Yes	23	3.6304	.99393	.20725
	No	40	3.2563	.94307	.14911
Community	Yes	23	3.8609	.74452	.15524
	No	39	3.6769	.92180	.14761
Fairness	Yes	23	3.3333	.81495	.16993
	No	40	3.0958	.84385	.13343
Values	Yes	23	3.8696	.75329	.15707
	No	40	3.7250	.83359	.13180

**Table 2**  
*Equality of means for peer and non-peer providers*

**Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
EE	Equal variances assumed	.025	.874	-.543	64	.589	-1.61310	2.97219	-7.55073	4.32454
	Equal variances not assumed			-.535	46.048	.595	-1.61310	3.01322	-7.67822	4.45203
DP	Equal variances assumed	4.689	.034	-1.539	64	.129	-1.80357	1.17176	-4.14444	.53730
	Equal variances not assumed			-1.722	62.788	.090	-1.80357	1.04732	-3.89662	.28947
PA	Equal variances assumed	.715	.401	2.200	62	.032	3.37434	1.53346	.30899	6.43968
	Equal variances not assumed			2.271	50.108	.027	3.37434	1.48564	.39050	6.35818
Workload	Equal variances assumed	.332	.567	.862	60	.392	.20500	.23770	-.27048	.68048
	Equal variances not assumed			.866	43.869	.391	.20500	.23680	-.27228	.68228
Control	Equal variances assumed	1.811	.183	.014	60	.989	.00341	.24891	-.49448	.50130
	Equal variances not assumed			.015	53.233	.988	.00341	.23098	-.45982	.46664
Reward	Equal variances assumed	.033	.855	1.487	61	.142	.37418	.25167	-.12905	.87742
	Equal variances not assumed			1.466	44.018	.150	.37418	.25532	-.14037	.88874
Community	Equal variances assumed	1.416	.239	.813	60	.420	.18395	.22637	-.26887	.63676
	Equal variances not assumed			.859	54.141	.394	.18395	.21421	-.24550	.61340
Fairness	Equal variances assumed	.053	.819	1.089	61	.281	.23750	.21812	-.19867	.67367
	Equal variances not assumed			1.099	47.339	.277	.23750	.21605	-.19706	.67206
Values	Equal variances assumed	1.568	.215	.686	61	.495	.14457	.21080	-.27695	.56608
	Equal variances not assumed			.705	49.926	.484	.14457	.20504	-.26729	.55642

**Table 3**  
*Associations between burnout and AWS for peer-providers*

**Correlations<sup>a</sup>**

		EE	Workload	Control	Reward	Community	Fairness	Values
EE	Pearson Correlation	1	-.736**	-.622**	-.307	-.598**	-.319	-.261
	Sig. (2-tailed)		.000	.003	.176	.004	.159	.253
	N	24	21	20	21	21	21	21
Workload	Pearson Correlation	-.736**	1	.526*	.102	.355	.158	.088
	Sig. (2-tailed)	.000		.014	.651	.105	.482	.696
	N	21	22	21	22	22	22	22
Control	Pearson Correlation	-.622**	.526*	1	.580**	.681**	.523*	.430*
	Sig. (2-tailed)	.003	.014		.005	.000	.013	.046
	N	20	21	22	22	22	22	22
Reward	Pearson Correlation	-.307	.102	.580**	1	.606**	.676**	.471*
	Sig. (2-tailed)	.176	.651	.005		.002	.000	.023
	N	21	22	22	23	23	23	23
Community	Pearson Correlation	-.598**	.355	.681**	.606**	1	.694**	.712**
	Sig. (2-tailed)	.004	.105	.000	.002		.000	.000
	N	21	22	22	23	23	23	23
Fairness	Pearson Correlation	-.319	.158	.523*	.676**	.694**	1	.719**
	Sig. (2-tailed)	.159	.482	.013	.000	.000		.000
	N	21	22	22	23	23	23	23
Values	Pearson Correlation	-.261	.088	.430*	.471*	.712**	.719**	1
	Sig. (2-tailed)	.253	.696	.046	.023	.000	.000	
	N	21	22	22	23	23	23	23

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

a. Do you have lived experience with your own diagnosed mental illness and use that first-hand experience to assist your work with consumers/client? =  
Yes

**Table 4**

*Associations between burnout and AWS for non-peer providers*

**Correlations<sup>a</sup>**

		EE	Workload	Control	Reward	Community	Fairness	Values
EE	Pearson Correlation	1	-.439**	-.154	-.382*	-.260	-.132	-.261
	Sig. (2-tailed)		.005	.350	.017	.115	.424	.109
	N	42	39	39	39	38	39	39
Workload	Pearson Correlation	-.439**	1	-.084	.248	.059	.057	.034
	Sig. (2-tailed)	.005		.606	.123	.720	.727	.835
	N	39	40	40	40	39	40	40
Control	Pearson Correlation	-.154	-.084	1	.639**	.715**	.831**	.677**
	Sig. (2-tailed)	.350	.606		.000	.000	.000	.000
	N	39	40	40	40	39	40	40
Reward	Pearson Correlation	-.382*	.248	.639**	1	.735**	.675**	.532**
	Sig. (2-tailed)	.017	.123	.000		.000	.000	.000
	N	39	40	40	40	39	40	40
Community	Pearson Correlation	-.260	.059	.715**	.735**	1	.783**	.553**
	Sig. (2-tailed)	.115	.720	.000	.000		.000	.000
	N	38	39	39	39	39	39	39
Fairness	Pearson Correlation	-.132	.057	.831**	.675**	.783**	1	.644**
	Sig. (2-tailed)	.424	.727	.000	.000	.000		.000
	N	39	40	40	40	39	40	40
Values	Pearson Correlation	-.261	.034	.677**	.532**	.553**	.644**	1
	Sig. (2-tailed)	.109	.835	.000	.000	.000	.000	
	N	39	40	40	40	39	40	40

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

a. Do you have lived experience with your own diagnosed mental illness and use that first-hand experience to assist your work with consumers/client? = No

**Maslach Burnout Inventory Sample Items**

How often (0-6, 0 being never and 6 being every day):

1. "I feel emotionally drained from my work."
2. "In my opinion, I am good at my job."
3. "I doubt the significance of my work."

**Areas of Worklife Survey Sample Items**

(1-5, 1 being strongly disagree and 5 being strongly agree):

Workload: "I do not have time to do the work that must be done."

Control: "I have control over how I do my work."

Reward: "I receive recognition from others for my work."

Community: "Members of my work group communicate openly."

Fairness: "Resources are allocated fairly here."

Values: "My values and the Organization's values are alike."