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The Role of Effective Interprofessional Collaboration in Social Worker Burnout in a Northeastern Veterans Affairs Medical Center: Implications for Social Work Education

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The Role of Effective Interprofessional Collaboration in Social Worker Burnout in a Northeastern Veterans Affairs Medical Center: Implications for Social Work Education

Cover Page Footnote

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Abstract

This preliminary study explored effective interprofessional collaboration's role on social worker burnout within a single Veterans Affairs medical center. Twenty-one social workers completed a survey to collect data on burnout, effective interprofessional collaboration components, and demographic characteristics. On average, social workers reported moderately low burnout levels. As collective ownership of goals increased, burnout decreased. Similarly, as reflection on interprofessional team processes increased, burnout decreased. Future research would benefit from a large, randomly-sampled group of social work participants across multiple sectors to develop implications for social work education. Including measures of person, client, and work characteristics that have been previously associated with burnout would also be beneficial.

The Role of Effective Interprofessional Collaboration in Social Worker Burnout in a Northeastern Veterans Affairs Medical Center: Implications for Social Work Education

Social work education has grappled with successfully teaching students how to professionally collaborate (Pecukonis, 2020; Voth Schrag et al., 2021; Zerden et al., 2021). Using a preliminary, veterans affairs medical center (VAMC) study, this manuscript explores the link between effective interprofessional collaboration (EIC) components and social worker burnout. Better understanding this link provides vital, additional training knowledge that attends to collaborative practice while also supporting professional sustainability. Bringing knowledge of EIC and burnout together from a practitioner perspective also provides a field-experience lens to understanding student training needs. Educators could infuse this knowledge in their practice courses to better prepare social workers for sustainable collaborative practice.

Background

Burnout in Professional Quality of Life

Stamm (2010) defined professional quality of life as “the quality [of life] one feels in relation to their work as a helper” (p. 8). Professional quality of life included positive and negative features. Compassion satisfaction represented positive features, and compassion fatigue represented negative features. This study focused on burnout, an aspect of compassion fatigue. Burnout (BO) is the prolonged experience of work-related feelings of “exhaustion, frustration, anger, and depression” (Stamm, 2010, p. 8). Stamm’s (2010) theoretical path model identified that person, client, and work factors predicted BO.

Several person factors have been associated with reduced BO. Psychological factors have generally demonstrated moderate effect sizes in relation to BO and include variables such as acceptance (Barr, 2018; Hui et al., 2020; Kent et al., 2019), empathy (Hui et al., 2020; Yi et al.,

2019), and mindfulness (Depner et al., 2020; Kent et al., 2019). Hyperthymic tendencies, which represent cheerful, stress-resistant, and extroverted temperament characteristics, have also been associated with reduced BO (Tanaka et al., 2020). Furthermore, increased age (Aykanian, 2022) and occupational tenure (Austin et al., 2017; Copeland & Henry, 2018) have been associated with small-effect-size levels of reduced BO. In comparison to person factors, client and work characteristics associated with reduced BO have been understudied. Within the scope of research reviewed, the relationship between client characteristics and BO has been unexamined. Work characteristics investigated include: feeling valued by supervisors (Franco et al., 2020), positive organizational spiritual climate (Cruz et al., 2020), and organizational capacity to address workplace violence (Copeland & Henry, 2018; Kwak et al., 2020). Effect sizes for these characteristics in relation to BO have been inconsistent.

BO has also been positively associated with person, client, and work factors. Person factors have been examined more prevalently in comparison to client and work factors. Distress (Austin et al., 2017; Lu et al., 2020) and depressive or anxious tendencies (Tanaka et al., 2020) demonstrated small to moderate effect sizes on BO. Alexithymia, which involves difficulties processing and expressing emotions, was positively associated with BO with a large effect size in a single study with radiation therapists (Franco et al., 2020). State negative affect (i.e., short-lived experiences of negative feelings such as upset, irritability, or nervousness) had a moderate effect size correlation with BO in a study of neonatal nurses (Barr, 2018). A final person factor positively associated with BO has been imposter phenomenon, which is characterized by self-doubt and difficulties internalizing successes (Clark et al., 2021). Imposter phenomenon's impact on BO demonstrated a small effect size. A client characteristic associated with increased BO was patient/visitor incivility (Alshehry et al., 2019). Finally, work characteristics have been identified

that were associated with increased BO. However, in the reviewed studies, the effect sizes of these associations were unclear. These characteristics included: workplace violence exposure (Copeland & Henry, 2018; Kwak et al., 2020), perceived inadequate salary (Cuartero-Castañer et al., 2021), and magnitude of emotional labor exposure (Kwak et al., 2020).

Research has examined causal influences in BO by attempting to manipulate the workplace environment to observe a decrease in BO. Mindfulness group training interventions were shown to decrease BO (Lee & Cha, 2023; Santos et al., 2024). An online support program (Üstün, 2023) and classical music virtual reality sessions (Hayakawa et al., 2022) have also resulted in reduced BO. Furthermore, trauma-informed professional development training decreased BO in school personnel (MacLochlainn et al., 2022). With the exception of the support program, these studies have focused on modifying person factors (i.e., mindfulness, distraction/relaxation responses, attitudes) rather than client or work factors.

Bronstein (2002) defined EIC as “an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own” (p. 113). To essentialize EIC domains, an empirical model with five components was developed. These components were flexibility, interdependence, reflection on process, collective ownership of goals, and newly created professional activities. Flexibility was purposeful role blurring. Interdependence referred to occurrences where professionals trusted others to accomplish their tasks. In reflection on process, collaborators attended to teamwork efficacy. Collective ownership of goals focused on deliberately sharing treatment goal responsibility. Finally, newly created professional activities were innovative collaborative acts. For this study, EIC was categorized as a BO work factor.

Research on EIC components has focused on associations between the components and other variables. Flexibility has been positively associated with organizational turnover intention (Nowrouzi-Kia & Fox, 2020). Interdependence has been positively associated with job satisfaction (Marmo & Berkman, 2018, 2020), and the age of the organization and perceived understanding of the goals and benefits of interprofessional collaboration (Shin et al., 2021). Interdependence has been negatively associated with experience with interprofessional collaboration (Shin et al., 2021). The association between EIC components and BO has been unexamined.

EIC was selected as the predictor for this study since previous BO research has understudied work characteristics. Better understanding work characteristics associated with BO could assist with developing interventions that target workplace practices, protocols, and policies. A combined approach that targets both person and work factors has been identified as the most effective approach to addressing BO (Maslach et al., 2001).

Study Purpose

This study investigated EIC's role on social worker BO within a single VAMC. Specifically, the study aimed to examine associations between the EIC components and social worker BO. Since Bronstein defined EIC as a positive rather than neutral form of interprofessional collaboration, this study hypothesized that the EIC components were negatively associated with social worker BO. Therefore, the hypotheses were as follows:

- Flexibility will be negatively associated with social worker BO.
- Interdependence will be negatively associated with social worker BO.
- Reflection on process will be negatively associated with social worker BO.
- Collective ownership of goals will be negatively associated with social worker BO.

- The presence of newly created professional activities will be negatively associated with social worker BO.

Method

Sample

Participants ($n = 21$) were VAMC licensed social workers (see Table 1). Most social workers were white (95.2%) women (81%). About two thirds of social workers (66.7%) had personal or familial military experience. Almost all social workers were direct practitioners (85.7%). Many social workers (61.9%) identified their work unit as behavioral health. Almost all social workers practiced as part of an interprofessional team (95.2%). Overall, the social workers were in middle adulthood ($M = 40.1$ years). Organizational tenure varied within the social work sample ($M = 7.45$ years, $SD = 6.90$ years).

Procedure

A single VAMC controlled for procedural differences and enhanced site accessibility. After university and VAMC institutional review board approval was obtained, social workers were recruited through presentations at pre-existing professional meetings between late 2015 and early 2016. Recruitment continued through e-mail and in-person requests. Social workers voluntarily completed a paper survey to collect data on BO, EIC, and demographic characteristics.

Instruments

Burnout in Professional Quality of Life

BO, the dependent variable, was measured using the Burnout subscale of the Professional Quality of Life Scale (Stamm, 2010). The 10-item Burnout subscale has been used previously in VAMC social worker research (Beder et al., 2012). The subscale asked respondents how often

they experienced feelings of work-related anger, frustration, exhaustion, and depression. Higher scores on the Burnout subscale indicated frequent negative feelings related to helping others. Responses ranged from 1 (never) to 5 (very often). Some items were reverse coded prior to analysis. Sample items include: “I feel trapped by my job as a helper,” “I feel worn out because of my work as a helper,” and “I feel overwhelmed because my case (work) load seems endless.” The Cronbach’s alpha was .78 for this sample.

Effective Interprofessional Collaboration

The Index of Interdisciplinary Collaboration (IIC; Bronstein, 2002) measured EIC components, the independent variables. This 42-item social worker-developed instrument consisted of EIC component subscales: Flexibility, Interdependence, Reflection on Process, Collective Ownership of Goals, and Newly Created Professional Activities. Responses ranged from 1 (strongly disagree) to 5 (strongly agree). Some items were reverse coded prior to analyses. Sample items include: “My non-social work professional colleagues and I work together in many different ways (Flexibility),” “I utilize other (non-social work) professionals for their particular expertise (Interdependence),” “My colleagues from other disciplines and I often discuss different strategies to improve our working relationships (Reflection on Process),” “Colleagues from all professional disciplines take responsibility for developing treatment plans (Collective Ownership of Goals),” and “Creative outcomes emerge from my work with colleagues from other professions that I could not have predicted (Newly Created Professional Activities).” The Cronbach’s alphas for this sample were: Flexibility: $\alpha = .52$, Interdependence: $\alpha = .81$, Reflection on Process: $\alpha = .79$, Collective Ownership of Goals: $\alpha = .74$, and Newly Created Professional Activities: $\alpha = .54$.

As observed in the Chronbach's alphas provided for this sample, the Flexibility and Newly Created Professional Activities subscales demonstrated low internal consistency reliability. The current sample's Chronbach's alpha for the Flexibility subscale was similar to the Chronbach's alpha of .62 found in prior research (Bronstein, 2002). In contrast, prior research identified a Chronbach's alpha of .75 for the Newly Created Professional Activities subscale (Bronstein, 2002), while the current study's Chronbach's alpha was much lower ($\alpha = .54$). One item, "I am not aware of situations in my agency in which a coalition, task force or committee has developed out of interdisciplinary efforts" demonstrated a corrected item-total correlation of .10, which appeared lower than the other corrected item-total correlations (.22 - .56). Responses to this item contributed to the low internal consistency reliability. Although the reason for the low Chronbach's alpha for this subscale is ultimately unclear, differences in sample characteristics across the two studies may have also contributed to the differences in internal consistency reliability. This study's sample was VAMC social workers while the aforementioned study's sample focused on broader array of practice settings.

Data Analysis

Measures of centrality and dispersion were assessed for study variables. Due to the modest sample size, analysis was limited to bivariate ordinary least squares regression. Although a Bonferroni correction was considered, Armstrong (2014) advised against the correction if the results of the individual tests were the study's focus.

Results

Table 2 presents descriptive statistics for study variables. On average, social workers reported moderately-low BO levels ($M = 2.05$ on a 5-point scale). Concerning EIC, on average social workers responded that moderately-high levels of flexibility ($M = 3.89$ on a 5-point scale),

interdependence ($M = 4.08$ on a 5-point scale), reflection on process ($M = 3.65$ on a 5-point scale), collective ownership of goals ($M = 3.71$ on a 5-point scale), and newly created professional activities ($M = 3.92$ on a 5-point scale) occurred.

Table 3 presents bivariate regression results for EIC component predictors on BO. Reflection on process ($B = -.54$, $t(16) = -2.99$, $p = .009$, $R^2 = .36$) and collective ownership of goals ($B = -.77$, $t(17) = -4.24$, $p = .001$, $R^2 = .52$) were statistically significantly associated with BO. As collective ownership of goals increased, BO decreased. Similarly, as reflection on interprofessional team processes increased, BO decreased. Flexibility, interdependence, and newly created professional activity perceptions were unassociated with BO.

Discussion

This study examined the role of EIC components as a work factor in BO for a single VAMC's social workers with the intention of developing implications for social work education. Two of the five study hypotheses are supported, which identify work characteristics that are negatively associated with BO. First, the hypothesis that collective ownership of goals in EIC will be negatively associated with social worker BO is accepted. Social workers' BO may be lower when they perceive that all members of the interprofessional team are sharing in treatment goal attainment responsibility. This is a novel finding within the context of research on EIC and BO. Second, the hypothesis that reflection on process perceptions will be negatively associated with social work BO is also supported. This finding is also novel. Ethnographic EIC research found informal, dyadic team communication where individual professionals receive team member support occurred during reflection on process (Wittenberg-Lyles et al., 2007). This would suggest that reflective contact may be associated with lower levels of social worker BO. Both of these findings add to a small but growing understanding of EIC work characteristics

associated with reduced BO.

Three of the five study hypotheses were unsupported. The hypothesis that flexibility will be negatively associated with social worker BO is unsupported. This subscale's low internal consistency reliability may have impacted this finding. More recent research (Nowrouzi-Kia & Fox, 2020) used a Modified Index of Interdisciplinary Collaboration (Oliver et al., 2007) that demonstrated adequate internal consistency reliability. For future research, use of the Modified Index of Interdisciplinary collaboration may rectify internal consistency reliability difficulties. The hypothesis that interdependence will be negatively associated with social worker BO is also unsupported. Trust in other professionals to accomplish their work tasks was nonsignificant in relation to social worker participant BO. Finally, the hypothesis that newly created professional activities will be negatively associated with social worker BO is unsupported. Innovative collaborative acts were unrelated to social worker participant BO levels.

Several limitations to this preliminary study are noted. First, the survey project focused on a small number of volunteer VAMC social worker participants so it has no to very little external validity. These findings are non-generalizable to social workers in other settings. Since the data is cross-sectional, the results do not indicate whether EIC components cause changes in BO. The small sample size precluded multivariate analyses, and the multiple bivariate regressions inflated the chance of type I error. Despite these limitations, the results provide directions for future research whose findings could be used as a basis for social work education implications from the perspective of lowering social worker BO in interprofessional settings.

Directions for Future Research

A few directions for future research are noted. First, a large, randomly-sampled group of social work participants across multiple sectors would be beneficial to consider. A large sample

would allow for multivariate analyses that could determine the relative impact of EIC components on BO. Second, including measures of person, client, and work characteristics that have been previously associated with BO, both positively and negatively, would be beneficial. Investigating person, client, and work factors simultaneously would allow the opportunity to test Stamm's (2010) theoretical path model and determine relative effect sizes. Third, since the Modified Index of Interdisciplinary Collaboration (Oliver et al., 2007) demonstrates stronger internal consistency reliability for the Flexibility subscale, it would be beneficial to use this instrument in future research rather than the Index of Interdisciplinary Collaboration.

Conclusion

This study identifies the role of EIC components in social worker BO in a single VAMC and provides preliminary knowledge that informs directions for future research, which could then be used to develop implications for social work education. Teaching social work students how to lower BO levels when practicing in interprofessional settings could improve their professional quality of life. As professional quality of life improves, professional sustainability is enhanced. Training a social work workforce equipped with knowledge in how to approach interprofessional collaborative practice in a way that enhances social worker professional quality of life is critical to the profession's future.

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Table 1*Demographic Characteristics of Social Workers (n = 21)*

Characteristic	Mean (SD)	%/(N)
Age (years)	40.10 (8.84)	
Organizational tenure (years)	7.45 (6.90)	
Gender Identity		
Woman		81.0% (17)
Man		19.0% (4)
Race		
Black		4.8% (1)
White		95.2% (20)
Military Experience		
Yes		66.7% (14)
No		33.3% (7)
Job Type		
Direct Practitioner		85.7% (18)
Supervisor		9.5% (2)
Other		4.8% (1)
Work Unit		
Medical/Surgical		19.0% (4)
PTSD Unit		4.8% (1)
Behavioral Health		61.9% (13)
Case Management		9.5% (2)
Other		4.8% (1)
Interprofessional Team		
Yes		95.2% (20)
No		4.8% (1)

Table 2*Descriptive Statistics for EIC Components and Burnout (n = 21).*

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	Range
Burnout	19	2.05	.43	1.00-3.00
EIC Components				
Flexibility	19	3.89	.56	2.60-4.60
Interdependence	20	4.08	.50	2.54-4.62
Reflection on Process	20	3.65	.49	2.60-4.40
Collective Ownership of Goals	20	3.71	.49	2.38-4.50
Newly Created Professional Activities	21	3.92	.43	2.67-4.50

Table 3*EIC Component Predictors of Social Worker Burnout Using Bivariate Regressions (n = 21).*

EIC Component	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²
Flexibility	-.32	.43	-.19	-.74	.471	.04
Interdependence	.03	.16	.04	.16	.876	.002
Reflection on Process	-.54	.18	-.60	-2.99	.009	.36
Collective ownership of Goals	-.77	.18	-.72	-4.24	.001	.52
Newly Created Professional Activities	-.48	.42	-.27	-1.16	.261	.07