Original article

Burnout and related factors among consultation support specialists

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Abstract

Although the field of consultation support has contributed substantially toward promoting independence among persons with disabilities, in-depth studies regarding the mental health of consultation support specialists (CSSs) have been lacking. The present study examined tendency toward burnout among CSSs, and determined factors that aggravate and mitigate any such tendency that was detected. The Maslach Burnout Inventory (Japanese version) (MBI-JV) was used to analyze data from 297 of 416 CSSs (71.4% survey response rate) from 180 agencies nationwide. The results showed that 37.4% of CSSs required attention for burnout. The MBI-JV scores were converted into an objective variable by designating subjects scoring at or above the first quartile to the high burnout group and subjects scoring at or below the third quartile to the low burnout group. Multiple regression with a factor analysis model was applied to 19 items (12 items from basic subject characteristics and seven items related to workplace conditions and job duties from the Human Resource Management (HRM) checklist compiled by the Japan Institute for Labour Policy and Training); these were adopted as explanatory variables. The number of CSSs working at a given agency ($p < 0.05$) and age ($p < 0.05$) were found to be aggravating factors, while relationships with consultees ($p < 0.05$), personal life considerations ($p < 0.01$), and career path ($p < 0.001$) were found to be mitigating factors. These findings suggest that development of countermeasures against burnout among CSSs might be needed. Furthermore, the study verified that burnout prevention not only combats career stagnation and turnover, but also can improve service quality.

Introduction

The term "consultation support specialists (CSSs)" refers to professionals who engage in consultation support operations created by the Services and Supports for Persons with Disabilities Act of 2006. Consultation support plays an important role in helping persons with disabilities achieve independent living. The consultation support program was continued in the 2013 act on comprehensive support for social and daily living of persons with disabilities. The act mandated that utilization plans for services and other benefits must be prepared by March 2015 for all users of welfare services by persons with disabilities. In this manner, consultation support and CSSs are topics that are presently gaining attention in the field of disability welfare. Until now, consultation support and CSS study focused primarily on the state of consultation support, agency operations,

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and care management methods to support persons with disabilities. However, the status quo has not seen advancements in studies concerning the mental health of CSSs.

Burnout (BO) is a term that is being used in a wide range of fields in recent years. Igawa et al. (2013) [1] reported that the term BO is used routinely in fields outside of human services. Freudenberger (1974) [2] was the first investigator to feature the concept in an academic publication. He applied the term, which typically refers to chronic drug users, to describe how coworkers were losing interest and motivation in their jobs. Later, Maslach (1982) [3] interpreted BO to be a condition in which emotional energy is depleted, and went on to spearhead a BO study with the Maslach Burnout Inventory (MBI). The MBI defines the three symptoms of BO to be emotional exhaustion (EE), depersonalization (DP) and a reduced sense of personal accomplishment (PA). EE is characterized as "feelings of being emotionally extended and exhausted by one's work." In other words, EE is not just a matter of mere exhaustion, but a state where emotional resources are depleted. DP is characterized as "an unfeeling and impersonal response toward recipients of one's care or service" and represents the act of denying the individuality of others and giving uncaring responses. Since PA is characterized as "feelings of competence and successful achievement in providing human services", PA as a symptom of BO would be a lack of such feelings.

Japan has seen progress in the study of BO, not only for human services, but also for welfare occupations. For example, Shimizu et al. (2002) [4] conducted a study on BO among Japanese social workers. In terms of BO tendencies in other occupations, Furuse (2003) [5], Koura (2007) [6], Hosoba (2011) [7], and Yasuda (2013) [8] studied nursing care support specialists; Murayama (2011) [9] and Mochizuki (2011) [10] studied staff members of a regional comprehensive support center; Youda et al. (2008) [11], Yamakawa (2010) [12] and Yamakawa and Majima (2011) [13] studied medical social workers; and Shirakawa et al. (2011) [14] studied support coordinators for patients with severe brain dysfunction. All of these studies determined that persons employed in social work and related subspecialties should be monitored closely for BO. However, as of the end of December 2016, a search of the Japan Medical Abstracts Society [15] database and articles from the National Institute of Informatics Scholarly and Academic Information Navigator (CiNII) [16] yielded no results on past studies on BO among CSSs. Since BO tendencies can be observed among social workers and a CSS can be considered to be a type of social worker, it stands to reason that CSSs may also be experiencing BO. Disability welfare studies in other countries have examined BO among workers who specialize in providing assistance to individuals with intellectual or psychiatric disorders, but no investigations have been found that evaluated BO among workers such as CSSs who offer consultation across three types of disabilities.

Consultation support plays an important role in promoting independence of persons with disabilities. However, it is possible that CSSs may not be fulfilling their duties as expected if they are affected by mental health issues. Empowerment of CSSs and improvements in their working conditions can be achieved by clarifying their circumstances and addressing the legal and administrative issues that affect them. This in turn should help efforts to promote independence of persons with disabilities. Therefore, the purpose of this study was to focus on the mental health—and particularly BO—of CSSs, and determine whether BO tendencies exist in this profession. The study also aimed to elucidate factors that aggravate and mitigate such tendencies.

Materials and Methods

1. Subjects

In the first step of subject selection, a search of the Welfare and Medical Service Network System (WAM NET) [17] was conducted to produce a list of consultation support agencies that offered either assistance to persons with disabilities for planning consultation, community transition, or community integration. Data for prefectures not listed on WAM NET were obtained from their government websites. Requests for study cooperation were then mailed to 512 agencies nationwide chosen from the list using stratified random sampling and proportional allocation by prefecture. Agencies that consented to participate in the study were sent survey forms and return envelopes for each CSS, with the intent being for each CSS to complete and mail the forms individually. The survey was conducted from July 15 to October 15 of 2016.

2. Study items

1) Basic subject characteristics

The form asked for information on sex, age, marital status, welfare-related qualifications, employment situation, working arrangements, years of experience as a CSS, caseload, number of CSSs in the agency, agency specializations, participation in independent living support councils, mean work hours per day, and mean overtime hours per month.

2) Items related to workplace conditions and job duties

Subjects were questioned on seven items related to workplace conditions and job duties presumed to be either aggravating or mitigating factors for BO: agency vision, career path, training programs, personal life considerations, salary, relationships with other agencies, and relationships with consultees. The questions were taken from the Human Resource Management (HRM) checklist compiled by the Japan Institute for Labour Policy and Training (2003) [18], and partially modified. The HRM checklist was designed to improve organizational productivity and achieve better workplace conditions and job performance. For the purposes of this study, the term client used in the original checklist was replaced with either other agency or consultee. Each item was scored using a ten-point scale, with higher scores representing better satisfaction. The seven items that related to workplace conditions and job duties consisted of two questions for each item, with subscales being scored on a five-point scale.

3) BO scale

The present study used a partially modified Japanese version of the MBI (MBI-JV) developed by Kubo and Tao (1994) [19]. The inventory is used widely in BO study in Japan, and both its reliability and validity have been well established. Consisting of 17 items divided into three subscales (EE, DP, and PA), it asks respondents to rate the degree to which a given item has been experienced in the past six months on a five-point scale ranging from “always” to “never”. The EE subscale contains 5 items for a subtotal of 25 points, while the DP and PA subscales each contain 6 items for subtotals of 30 points. The range of total scores is between 17 and 85. The term patient used in the original MBI-JV was replaced with consultee for the purposes of this study. In the original version of the inventory, lower scores on the PA subscale represent higher BO tendency, unlike the other two subscales. Therefore, this study reversed the scoring for PA to facilitate interpretation of data labeling and analysis.

4) Statistical analysis software

This study used R version 3.3.1 for statistical analysis.

5) Ethical considerations

This study was carried out with the approval of the ethics committee of Niigata University of Health and Welfare in July 2016 (approval number 17701-160701).

Results

Consent was received from 180 out of the 512 agencies that were sent letters of request for study cooperation. A total of 416 CSSs working for the 180 agencies were given survey forms. Responses

were returned by 310 CSSs (74.5% response rate). Because this study focused on BO, listwise deletion was applied to MBI-JV responses determined to have missing values, which resulted in a final count of 297 subjects (71.4% valid response rate).

Basic subject characteristics are shown in Table 1. The subjects consisted of 116 men (39.1%) and

Table 1. Basic subject characteristics.

n = 297

Item	Categories	Mean ± SD	n	%
Sex	Men		116	39.1
	Women		180	60.6
	No response		1	0.3
Age		43.3 ± 10.3		
Marital status	Single		90	30.3
	Married		205	69.0
	No response		2	0.7
Qualifications (multiple responses allowed)	Certified social welfare worker		111	37.4
	Certified psychiatric social worker		86	29.0
	Certified care worker		114	38.4
	Nursing care support specialist		69	23.2
	Other		80	26.9
Employment situation	Regular employee		260	87.5
	Non-regular employee		36	12.1
	No response		1	0.3
Working arrangement	Full-time		274	92.3
	Part-time		21	7.1
	No response		2	0.7
Job exclusivity	Yes		190	64.0
	No (works other jobs)		105	35.4
	No response		2	0.7
Years of experience as a consultation support specialists		3.8 ± 3.1		
Caseload		55.8 ± 49.9		
Number of consultation support specialists in the agency		3.6 ± 3.0		
Agency specializations (multiple responses allowed)	Planning consultation assistance		268	90.2
	Community integration assistance		155	52.2
	Community transition assistance		159	53.5
	Core consultation support center		51	17.2
Participation in independent living support councils	Yes		188	63.3
	No		105	35.4
	No response		4	1.3
Mean work hours per day		8.6 ± 1.4		
Mean overtime hours per month		18.0 ± 23.4		

180 women (60.6%), with one (0.3%) subject choosing not to respond. The mean age was 43.3 ± 10.3 years. In terms of marital status, 90 (30.3%) subjects were single, 205 (69.0%) were married and two (0.7%) chose not to respond. In terms of welfare-related qualifications, 111 (37.4%) subjects were certified social welfare workers, 86 (29.0%) were certified psychiatric social workers, 114 (38.4%) were certified care workers, 69 (23.2%) were nursing care support specialists, and 80 (26.9%) held other types of qualifications. In terms of employment situation, 260 (87.5%) subjects were regular employees, 36 (12.1%) were non-regular employees, and one (0.3%) chose not to respond. In terms of working arrangements, 274 (92.3%) subjects worked full-time, 21 (7.1%) worked part-time, and two (0.7%) chose not to respond. In terms of job exclusivity, 190 (64.0%) subjects worked exclusively as CSSs, 105 (35.4%) held other jobs, and two (0.7%) chose not to respond. The mean number of years of CSS experience was 3.8 ± 3.1. The mean caseload was 55.8 ± 49.9 cases. The mean number of CSSs at agencies was 3.6 ± 3.0. In terms of agency specializations, 268 (90.2%) agencies specialized in planning consultation assistance, 155 (52.2%) specialized in community integration assistance, 159 (53.5%) specialized in community transition assistance, and 51 (17.2%) were core consultation support centers. In terms of relationships with independent living support councils, 188 (63.3%) subjects said they participated in such councils, 105 (35.4%) said they did not, and four (1.3%) chose not to respond. The mean number of work hours per day was 8.6 ± 1.4. The mean number of overtime hours per month was 18.0 ± 23.4.

Table 2 shows the scores for items related to workplace conditions and job duties. Career path

Table 2. Basic subject characteristics.

n = 297

Item	Mean ± SD
<Agency vision>	**6.89 ± 1.95**
The agency has a clear and superior vision.	3.46 ± 1.05
Many of us agree with the agency's vision and goals.	3.43 ± 0.99
<Career path>	**7.98 ± 1.47**
Working here is beneficial for my career.	4.14 ± 0.82
The work I do and the experience I gain here is relevant to my future goals.	3.83 ± 0.85
<Training programs>	**6.65 ± 2.00**
The agency provides enough education and training for skills and knowledge necessary for my work	3.33 ± 1.09
The education and training provided here thoroughly reflects my hopes and desires.	3.33 ± 1.05
<Personal life considerations>	**6.98 ± 2.12**
The agency makes thorough considerations to achieve a good work-life balance.	3.45 ± 1.15
I am satis fied with how I can take holidays and vacations.	3.53 ± 1.24
<Salary>	**6.15 ± 2.20**
The salary system of this organization is fair and appropriate.	3.13 ± 1.17
I am being paid enough for my work.	3.03 ± 1.19
<Relation with other agencies>	**7.21 ± 1.24**
I have established a trusting relationship with other agencies.	3.77 ± 0.74
My job performance is being fairly assessed by related agencies.	3.44 ± 0.71
<Relation with consultees>	**7.17 ± 1.20**
I have established a trusting relationship with my consultees.	3.73 ± 0.67
My job performance is being fairly assessed by my consultees.	3.43 ± 0.67

Subscales are scored on a 5-point scale
<Overallscale>is the total sum of the subscales

scored the highest with 7.98 ± 1.47 points. This was followed by relationships with other agencies (7.20 ± 1.24), relationships with consultees (7.16 ± 1.20), personal life considerations (7.00 ± 2.10), agency vision (6.90 ± 1.93), training programs (6.67 ± 1.99), and salary (6.17 ± 2.19).

The results of factor analysis used to confirm the reliability of the MBI-JV are presented in Table 3. The maximum likelihood method was used for factor extraction, and the promax rotation method was adopted for rotation. Items with low factor loading were: I sometimes feel my job isn't that meaningful to me (0.344) for DP. For EE, the items with low factor loading were: I sometimes feel it's finally over after a day's work (0.370); Before going to work, I sometimes feel I don't want to leave home and go to my workplace (0.282); and I sometimes feel I just want to quit my job (0.260). Furthermore, factor loading for Before going to work, I sometimes feel I don't want to leave home and go to my workplace was higher for DP at 0.439 than it was for EE at 0.282. However, it is believed that the reliability for the 3-factor solution was generally substantiated in accordance with past studies.

Table 4 shows Cronbach's α coefficients for the

Table 3. Results for factor analysis of Japanese version of the Maslach Burnout Inventory items.

Japanese version of the Maslach Burnout Inventory items	Factor1	Factor2	Factor3
1. I sometimes feel I don't want to see the faces of my coworkers or consultees (Depersonalization)	0.942	-0.044	-0.167
2. I sometimes feel I don't want to talk at all to my coworkers or consultees (Depersonalization)	0.846	-0.092	-0.070
3. I sometimes can't help feeling that my work is boring (Depersonalization)	0.682	0.057	-0.054
4. I sometimes feel it's such a bother to be so painstakingly considerate (Depersonalization)	0.544	0.030	0.080
5. I sometimes feel I don't care about the results of my work at all (Depersonalization)	0.523	0.000	-0.040
6. I sometimes feel my job isn't that meaningful to me (Depersonalization)	0.344	0.141	0.078
7. I sometimes feel joy from the heart when I'm working (Personal accomplishment)	0.103	0.818	-0.172
8. My job is so fun, I sometimes lose track of time (Personal accomplishment)	-0.086	0.729	-0.003
9. I sometimes feel this job is meant for me (Personal accomplishment)	-0.009	0.660	0.039
10. I sometimes congratulate myself for doing a good job (Personal accomplishment)	-0.138	0.589	0.127
11. I sometimes feel I've had a good day after work (Personal accomplishment)	-0.055	0.556	0.073
12. I sometimes become so consumed in my work that I get carried away (Personal accomplishment)	-0.089	0.499	-0.236
13. My job sometimes makes me feel overwhelmed (Emotional exhaustion)	-0.136	-0.063	0.893
14. I sometimes feel both physically and emotionally drained (Emotional exhaustion)	0.022	-0.118	0.777
15. I sometimes feel it's finally over after a day's work (Emotional exhaustion)	0.140	0.046	0.370
16. Before going to work, I sometimes feel I don't want to leave home and go to my workplace (Emotional exhaustion)	0.439	0.089	0.282
17. I sometimes feel I just want to quit my job (Emotional exhaustion)	0.381	0.201	0.260
SS loadings	3.181	2.646	1.845
Proportion var	0.187	0.156	0.109
Cumulative var	0.187	0.343	0.451

Factor correlations		Factor1	Factor2	Factor3
	Factor1	1		
	Factor2	0.287	1	
	Factor3	0.724	0.378	1

Likelihood method, Promax rotation

Table 4. Cronbach's α values for the three Japanese version of the Maslach Burnout Inventory subscales.

Subscale	α
Emotional exhaustion	0.786
Depersonalization	0.789
Personal accomplishment	0.782

three MBI-JV subscales, which were found to be 0.786, 0.789 and 0.782 for EE, DP and PA, respectively. In addition to the results of factor analysis, these generally favorable values offered further confirmation that the 3-factor solution in the present study was reliable.

The progression of BO is shown in Table 5. The present study adopted a BO progression measure created by Tao and Kubo (1996) [20]. Although originally designed for nurses, the measure has been used for other occupations in previous studies, as in the present study. According to the measure, a rating ≤40% indicates good fitness, 40–60% indicates average fitness, 60–80% indicates attention required, 80–95% indicates immediate attention required, and ≥ 95% indicates high risk. Cases rated at or above the level of attention required (60–80%) should be addressed with urgency. In terms of the EE subscale, 112 subjects had scores indicating BO tendency: 84 subjects had scores in the range requiring attention (60–80%), 21 had scores in the range requiring immediate attention (80–95%), and seven had scores in the range for high risk (≥95%). In terms of the DP subscale, 18 subjects had scores indicating BO tendency: 15 subjects had scores in the range requiring attention (60–80%), three subjects had scores in the range requiring urgent attention (80–95%), and no subjects had scores indicating high risk (≥95%). In terms of the PA subscale, 230 subjects had scores indicating BO tendency: 145 subjects had scores in the range requiring attention (60–80%), 77 subjects had scores in the range requiring urgent attention (80–95%), and eight subjects had scores in the range for high risk (≥95%).

Table 5. Burnout self-report results.

n = 297

	Emotional exhaustion	Depersonalization	Personal accomplishment
Good fitness (40% or below)	74	194	8
Average fitness (40-60%)	111	85	59
Requires attention (60-80%)	84	15	145
Requires immediate attention (80-95%)	21	3	77
High risk (95% or above)	7	0	8

Personal accomplishment scores are reversed to facilitate interpretation.

A histogram of the total scores for the MBI-JV is shown in Figure 1. The mean was 44.59 ± 9.67, minimum and maximum scores were 21 and 82, respectively, and the first and third quartiles were set at 38 and 51, respectively.

Table 6 presents the results of multiple regression with a factor analysis model to determine factors related to BO. Although the MBI-JV does not establish cutoffs for total scores, the present study adopted the first and third quartiles as cutoff points. Total MBI-JV scores were converted to a dummy objective variable by sorting subjects who scored at or below the first quartile into a low BO group (= 0) and subjects who scored at or above the third quartile into a high BO group (= 1). The explanatory variables, which also included dummy variables, comprised a total of 19 items from basic subject characteristics and the HRM checklist. The 13 items from the basic subject characteristics were sex (man = 0, woman = 1), age, marital status (single = 0, married = 1), welfare-related qualifications (no = 0, yes = 1), employment situation (non-regular = 0, regular = 1), working arrangement (part-time = 0,

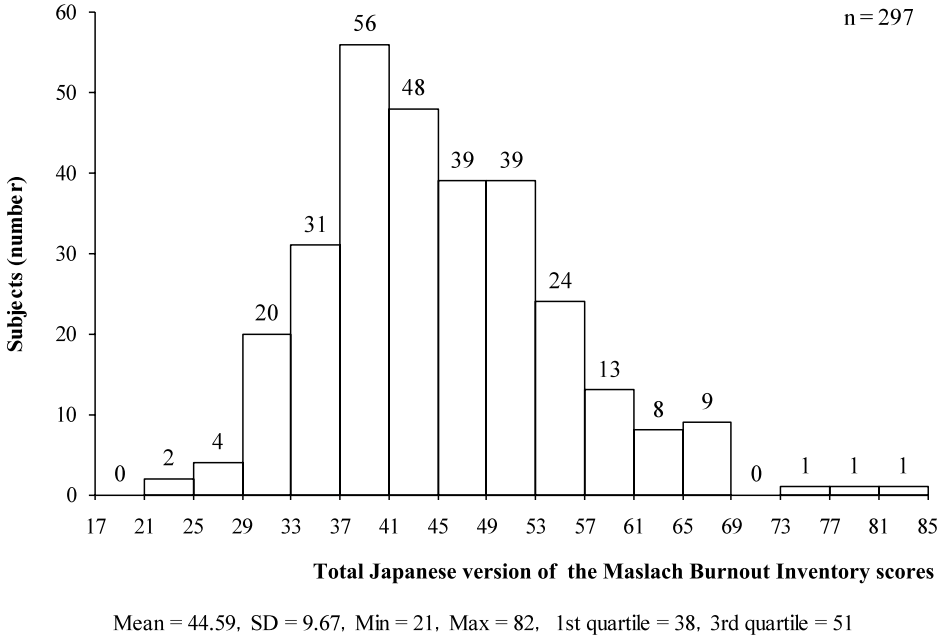

Figure 1. Histogram of total Japanese version of the Maslach Burnout Inventory scores.

Table 6. Results of multiple regression using high and low total Japanese version of the Maslach Burnout Inventory scores as objective variables.

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Variable	β	SE	t value	p value	VIF
Basic subject characteristics					
Number of consultation support specialists	0.165	0.013	2.592	0.011*	1.099
Caseload	0.115	0.001	1.815	0.072	1.093
Working arrangement (part-time = 0, full-time = 1)	0.114	0.160	1.811	0.072	1.063
Overtime hours per month	0.102	0.001	1.474	0.143	1.286
Age	-0.145	0.003	-2.220	0.028*	1.152
Related items					
Training programs	-0.097	0.017	-1.389	0.167	1.326
Relationships with consultees	-0.157	0.026	-2.402	0.018*	1.163
Personal life considerations	-0.214	0.016	-2.946	0.004**	1.435
Career path	-0.436	0.023	-6.416	< 0.001***	1.248

Objective variable: total Japanese version of the Maslach Burnout Inventory score (low = 0, high = 1)
Explanatory variables: Basic subject characteristics (1. sex, 2. age, 3. marital status, 4. qualifications, 5. employment situation, 6. working arrangement,7. job exclusivity, 8. years of experience, 9. caseload, 10. number of consultation support specialists, 11. participation in ndependent living support councils, 12. work hours, 13, overtime hours)
Items related to workplace conditions and job duties (14. agency vision, 15. career path, 16. training programs, 17. personal life considerations, 18. salary, 19. relationships with other agencies, 20. relationships with consultees)
Adjusted $R^2 = 0.479$

full-time = 1), job exclusivity (no = 0, yes = 1), years of experience, caseload, number of CSSs in the agency, participation in independent living support councils (0 = no, 1 = yes), mean work hours per day and mean overtime hours per month. The 7 items related to workplace conditions and job duties adapted from the HRM checklist were agency vision, career path, training programs, personal life considerations, salary, relationships with other agencies, and relationships with consultees. The adjusted R^2 was 0.479. Among the basic subject characteristics, a significant positive correlation was detected for number of CSSs in the agency ($p < 0.05$) and a significant negative correlation for age ($p < 0.05$). Among the items related to workplace conditions and job duties, no significant positive correlations were detected, but a significant negative correlation was found for relationships with consultees ($p < 0.05$), personal life considerations ($p < 0.01$), and career path ($p < 0.001$).

Discussion

1. BO among CSSs

The progression of BO among CSSs is depicted in Table 5. The results of the present study are consistent with past studies showing that in many cases BO begins with the main symptoms of EE and then advances with the expression of symptoms of DP and PA. In terms of EE, 112 (37.4%) out of 297 subjects in the present study were identified to be at a level that requires urgency. In other words, the data suggest an alarming state of affairs where one or more out of three CSSs are at risk for BO. A large difference in BO tendency was found between DP and PA. DP data identified only 17 (5.7%) subjects at a level requiring urgency, while PA data identified 230 (77.4%). The 230 subjects identified through PA are also in contrast to the 112 subjects identified through EE; this indicates that many CSSs who did not score poorly on EE had low PA scores. A past study by Koura (2007) [6] discovered a similar trend of low PA scores among nursing care support specialists. It is possible that in some cases CSSs have to support and associate with consultees on a long-term basis; this may make it difficult to feel a sense of accomplishment because the CSSs are unable to see the outcomes and fruits of their labor.

2. BO factors

According to multiple regression with a factor analysis model, factors aggravating BO are age and number of CSSs in the agency, while factors mitigating BO are relationships with consultees, personal life considerations, and career path.

1) Aggravating factors

The study results showed that BO is aggravated by a higher number of CSSs in an agency. The mean number of CSSs working in the agencies included in this study was 3.6 ± 3.0. A survey conducted in 2015 by the Japanese Association on Intellectual Disability [21] found that 65.2% of consultation support agencies employed three or fewer CSSs and 17.7% employed only one. This finding indicates that the number of CSSs working in agencies is not particularly large. It was initially thought that CSSs working in agencies with fewer counterparts would experience more issues and be more prone to BO because of the isolation of having no one to talk to about work troubles and other problems. However, the data indicates the exact opposite: the more CSSs, the higher the tendency for BO. The same trend was detected in a study of medical social workers performed by Yamakawa and Majima (2011) [13]. Interpersonal relationships become more complicated as the number of people increases, so it may be that relationships among CSSs within an agency become more difficult with more counterparts and this in turn leads to BO. Kubo and Tao (1991) [22] observed that when interpersonal relationships in the workplace deteriorate, feelings of misery and discontent turn into stress that triggers BO. Furthermore, Yamakawa and Majima (2011) [13]

theorized that BO may be caused by the friction and conflict that occur among employees in the same position when proper division of labor is complicated with more coworkers. Therefore, positive interpersonal relationships among CSSs is believed to be important. Tsukamoto and Nomura (2007) [23] state that elements of an organizational culture including well-administered control, staff morale, and intimacy among workers are effective in mitigating BO. These investigators suggest that it is important for agencies to adopt an organizational culture that encourages good relationships among CSSs through measures such as proper division of labor.

Next, the present study found that younger CSSs are more prone to BO, while older CSSs are more resistant to BO. Much study has been performed on the relationship between age and BO. Bartz and Maloney (1986) [24] found that younger nurses were more prone to BO, while Furuse [5] and Koura [6] discovered that BO tendencies were higher among younger nursing care support specialists. Kubo and Tao [19] reported that BO was less likely among those who were older and had more years on the job. It was initially thought that younger CSSs were more prone to BO because they had fewer years of experience. However, since years of experience was included as an explanatory variable in multiple regression, it was concluded that age itself instead of years of experience as a CSS was related to BO. Takeno and Maruyama (2012) [25] observed that although younger workers are more prone to BO, it is too simplistic to infer that longer years on the job mitigates the tendency toward BO. Kubo (2007) [26] posited that instead of being directly associated, age and BO are linked by a variety of mediating factors. Although the present study did not examine this possibility, it is highly likely that there are factors that mediate the relationship between BO and age among CSSs. Further study is required into the relationship between age and BO, as well as mediating factors; but for the time being the results of the present study suggest that the current situation necessitates implementation of measures to counter BO among young CSSs.

2) Mitigating factors

CSSs with better relationships with consultees were less likely to experience BO. Abe et al. (2012) [27] observed that because BO is caused by stress arising from overly burdensome interpersonal relationships and associations with other people, BO risk can be mitigated by building favorable relationships. It is very important for CSSs as social workers to forge favorable relationships with their consultees, regardless of the issue of BO tendencies. That said, this is one of the most difficult tasks not only for CSSs but for social workers in general. These types of positions require maintaining an appropriate distance from consultees that is not too meddling yet at the same time is not too aloof. Tao (1989) [28] argued that although incredibly burdensome relationships with clients can trigger BO, such relationships can also act as motivators. The burden compels workers to become engrossed in their jobs and leads to utter exhaustion, but at the same time Tao pointed out that the essence of human services lies in this contradictory nature; and BO is a condition that cannot be avoided. The results of the present study suggest that when CSSs enhance their social work techniques and try to construct proper relationships with their consultees, benefits can be gained in terms of both improved service quality and better BO mitigation.

Next, personal life considerations are linked to mitigation of BO tendency. It is believed that flexible access to holidays and vacations in the workplace can be extremely effective in mitigating BO. Watanabe and Ishikawa (2012) [29] reported that BO can be reduced when organizations competently manage labor conditions such as work hours and holidays. Rest and refreshment are believed to be important because BO depletes individuals both physically and emotionally. Although the results of the present study suggest

that agencies should take the personal lives of CSSs into consideration by providing holidays and vacations to mitigate BO, some agencies included in the present study required CSSs to be on 24-hour standby and receive calls in the event of an emergency. Some agencies were even found to be open on weekends and official holidays. Since there are limits to what an individual can do in terms of maintaining work-life balance and making effective adjustments, it is believed that agencies should take the initiative in finding optimal ways of administering vacations and holidays.

Finally, better career path programs contribute to mitigate BO. Working toward a goal or working in a workplace that provides a goal may be important for countering BO. Kobayashi et al. (2006) [30] detected a relationship between BO and poorer future outlook in a job. Sawada (2007) [31] stated that career path is an important factor for preventing BO among men and described the necessity of generating career development programs that aid career planning regardless of sex. Consequently, inclusion of training programs in agencies is believed to have an impact on BO. Although agencies with training programs were not shown to have significantly less levels of BO than agencies without such programs, the present study detected that training programs did have a mitigating effect on BO ($p = 0.167$). Kubo and Tao [22] reported that organizations with career development programs and coherent policies regarding promotions were less prone to BO among their employees. The finding that career path mitigates BO at a high level of significance among CSSs suggests that it is important for agencies to implement career path programs.

Conclusions

The present study of BO among CSSs employed the MBI-JV developed by Kubo and Tao [19] to examine the occurrence of BO among CSSs, and detected BO tendencies in one or more out of every three subjects. This finding demonstrates the necessity for thoroughly monitoring CSSs for BO. The number of CSSs in an agency, age, relationships with consultees, personal life considerations, and career path were determined by the present study results to be factors related to BO. In terms of personal characteristics, younger subjects were found to be more prone to BO, while subjects with favorable relationships with consultees were more resistant to BO. In terms of workplace conditions, a higher number of CSS coworkers led to higher BO tendencies, while greater considerations toward personal lives and career paths on the part of employers reduced BO tendencies.

Therefore, it can be said that solutions and countermeasures should be adopted at both the level of the individual CSS and the agency. When CSSs as individuals are provided opportunities to enhance their social work techniques, they can construct proper relationships with their consultees, which enables mitigation of the likelihood of BO and achievement of better service quality. At the same time, agencies should make considerations for the personal lives of CSSs, establish and maintain career path programs, and help promote favorable intra-agency relationships among the CSSs. Furthermore, younger CSSs should be monitored closely for signs of BO.

The present study was able to verify that measures to prevent BO among CSSs not only help combat career stagnation and turnover, but also can lead to improvements in service quality. The study focused particularly on CSSs and BO, and found that CSSs require monitoring for BO. A future priority is to expand the focus beyond BO and examine other mental health conditions along with the development of possible solutions and countermeasures. Additionally, some studies have reported a strong relationship between BO and compassion fatigue or emotional labor. It is believed that this is another topic of relevance that should be examined further.

Limitations

Although 180 out of 512 agencies nationwide agreed to cooperate with the present study, the possibility of selection bias cannot be disregarded. The agencies that participated may have been only those that were highly interested in the mental health and BO tendencies of their CSSs. In the same manner, among the 416 CSSs who were given surveys, the 310 who provided responses may have been those who had a strong interest in mental health and BO. Therefore, the possibility of bias is believed to limit the generalizability of the present study.

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Conflicts of interest

No potential conflicts of interest to disclose.

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