The Relationship between Burnout and Role Stress in Therapeutic Recreation Specialists

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Professionals in health care must face pressures of accountability, justification of worth, and cost containment in addition to every day responsibilities of working with people in human services and of providing quality health care. As a result, the possibility of burnout among health care professionals is a concern. Since therapeutic recreation specialists (TRS) are part the health care process, this study examined burnout and role stress among TRSs in the United States. Research problems addressed: (a) existence and extent of burnout, specifically emotional exhaustion, depersonalization, and personal accomplishment; (b) existence and extent of role stress, specifically role conflict and role ambiguity; (c) relationship between burnout and role stress; and (d) contributing factors to burnout in TRSs. Mailed surveys were analyzed by descriptive and interpretive analysis such as canonical correlation and regression. Results indicated that TRSs experienced moderate burnout, and a positive relationship was determined between the burnout and role stress. Discussion and implications for therapeutic recreation professionals are addressed.

KEY WORDS: *Burnout, Role Stress, Role Conflict*

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Recently, professionals in the health care arena have been presented with new pressures regarding accountability, justification of worth, and cost containment. These pressures are being added to the every day responsibilities and stress of working with people in human services and providing quality health care. Stressors, such as those mentioned, that exist in most work settings can have a negative impact on one's job perception and performance. The cumulative effect of these stressors can be overwhelming to health care professionals, potentially contributing to burnout.

Burnout among health care professionals can be one of the most destructive elements in one's work environment. Burnout causes perceptions and symptoms that ultimately reduce effectiveness on the job (Maslach, 1982a; Pines & Aronson, 1988). While research has been conducted on the impact of burnout on a myriad of specific health care professionals ranging from child life workers (Holloway & Wallinga, 1990), to physical therapists (Deckard & Present, 1989), little attention has been given to therapeutic recreation professionals. Specifically, studies about burnout among therapeutic recreation professionals and its relationship to role stress are sparse.

Thompson (1990) examined the relationship of role stress and burnout in a pilot study of 52 therapeutic recreation specialists (TRS) in North Carolina. Her findings suggested moderate levels of burnout and a relationship between burnout and role stress in these TRSs. Based on these preliminary results and since therapeutic recreation specialists today are subject to mounting pressures of health care services, the potential for role stress and burnout in therapeutic recreation specialists warranted examination. The present study examined burnout and role stress among therapeutic recreation specialists in the United States. Specific research problems addressed: (a) existence and extent of burnout, specifically emotional exhaustion, depersonalization, and personal accomplishment among TRSs; (b) existence and extent of role stress in the form of role conflict and role ambiguity among TRSs; (c) relationship between burnout and role stress among TRSs; and (d) contributing factors to burnout in TRSs.

Literature

The underlying conceptual framework for this study was Merton's (1976) theory of ambivalence. This theory suggests that within a social system," strain, tension, and inconsistencies regarding roles exist. These discrepancies in how an individual defines his or her roles can result in dysfunctional behaviors and manifestations. In other words, incompatible expectations or beliefs assigned to one's status or position within one's professional and social structures (ambivalence) can contribute to role stress. Subsequently, role stress, if unresolved, has the potential to impact how an individual perceives and reacts to his or her status and strain (Maslach, 1982b). Based on this proposition, the relationship between role stress and burnout is an important concept to explore for many human service professionals.

Role Stress

People take on many roles throughout their lives. Within the work environment, one's role is very important. According to Hardy and Hardy (1988), the term role" is defined as expected and actual behaviors associated with a position" (p. 165). Role stress, then, relates to a social structure rather than to an individual within the social structure. Role stress is a condition where role obligations are vague, irritating, difficult, conflicting, or impossible to meet" (Hardy & Hardy, 1988, p. 165). According to Deckard and Present (1989), there are two major components of role stress: role conflict and role ambiguity. Role conflict occurs when role demands are inconsistent with the person's goals, abilities, values, or beliefs. Hardy and Hardy (1988) noted that

research on role conflict indicated that it is inevitable in most organizations. Role ambiguity results from lack of adequate information for an individual to perform a role (Deckard & Present, 1989). As Hardy and Hardy (1988) suggested, disagreement on role expectations in the work community without proper understanding of the expectations by the worker creates role ambiguity.

Burnout

Maslach (1982b) defined burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work' of some kind" (p. 30). She further characterized burnout as a means of coping with the strain of dealing extensively with other people, especially people who are experiencing difficulties. This definition served as a basis for the development of the Maslach Burnout Inventory (Maslach & Jackson, 1981, 1986) which measures three subcategories of burnout: emotional exhaustion, depersonalization, and personal accomplishment. According to Maslach and Jackson (1986), emotional exhaustion is defined as feelings of being emotionally overextended and exhausted by one's work"; depersonalization as an unfeeling and impersonal response towards recipients of one's service, care, treatment, or instruction"; and personal accomplishment as feelings of competence and successful achievement in one's work with people" (p. 2).

Organizational Factors Leading to Burnout in Health Care Professionals

Dailey (1990) demonstrated a direct correlation between increasing role conflict and role ambiguity (role stress) and negative work attitudes. Similarly, Deckard and Present (1989) found that the emotional and physical well-being, as well as the degree of burnout experienced by physical therapists, was at least a partial result of role ambiguity and role conflict in the organizational environment. Additionally, conflict regarding professional values was a significant predictor of job satisfaction and thus had potential ties to burnout (Siefert, Jayaratne, & Chess, 1991).

Perlman and Hartman (1982) reviewed professional literature on burnout to determine that organizational variables were more often a source of burnout than individual variables. Organizational sources of stress leading to burnout including lack of autonomy, insufficient resources, inadequate staff, overwhelming workload, and a lack of support were studied among nurses (Firth, Phil, McKeown, McIntee, & Britton, 1987; McGrath, Reid & Boore, 1989; Williams, 1989), paramedics (Grisby & McKnew, 1988), physical therapists (Deckard & Present, 1989), medical social workers (Coady, Kent, & Davis, 1990) and child life specialists (Holloway & Wallinga, 1990). It is apparent from these studies that an understanding of organizational variables such as role stress (Schwab & Iwanicki, 1982) is necessary to address burnout adequately.

Individuals Factors Affecting Burnout

Although most research has focused on the environmental and occupational factors that might contribute to role stress and burnout, several studies exist that noted personal factors that may affect one's predisposition to burnout. For example, Maslach (1982b) as well as Hardy and Hardy (1988) noted that a relationship existed between age and burnout in health care workers. Findings showed that the younger the health care workers were, the more likely they would experience burnout. Additionally, Maslach (1982b) found that level of education showed significant differences in burnout levels. Health care workers with a college education but no post college training were more likely to become burned out. In-

dividuals with less than a college education, however, had the lowest level of burnout.

Consequences of Burnout and Role Stress in Health Care Services

The effect of burnout on physical and emotional well being of health care professionals can be overwhelming. For example, burnout has been associated with such physical consequences as fatigue, headaches, and flu (Pines & Aronson, 1988); chronic fatigue and tension which can increase susceptibility to illness, lingering colds, persistent headaches (Maslach, 1982a); and gastrointestinal disorders and muscular pain (Carroll & White, 1982). Psychological health also can be affected by burnout. Indicators of this effect include paranoia, depression, tics," inability to concentrate (Carroll & White, 1982); low self esteem, irritability, and poor relations with family and friends (Maslach, 1982a). Functionally in the workplace, Maulday (1983) noted an impaired ability to meet demands, decreased enthusiasm and motivation at work, decreased ability to solve problems, decreased empathy and compassion for clients, increased abuse of substances, and increased turnover in the workplace.

Role Stress and Burnout in Therapeutic Recreation Specialists

Therapeutic recreation specialists share the pressures health care work environment with many health care professionals (e.g., nurses, physical and occupational therapists, child life specialists). Additionally, TRSs face the frustration of sometimes being perceived as less important than other disciplines in health care (e.g., Smith, Perry, Neumayer, Potter, & Smeal, 1991). As a result, it is logical to assume that TRSs are especially vulnerable to the elements that might contribute to burnout. Few studies address burnout or role stress specifically for therapeutic recreation specialists. Cunningham and Bartuska (1989) explored the relationship between overall stress and leisure satisfaction in therapeutic recreation professionals finding that TRSs experienced similar stress as others in related occupations. Wade-Campbell and Anderson (1987) studied therapeutic recreation personnel who worked in Veteran's Administration agencies. They found that while TRSs experienced low levels of emotional exhaustion, they demonstrated moderate levels of depersonalization, and low levels of personal accomplishment leading to burnout. Similarly, Thompson's (1990) pilot study, specifically on the relationship between role stress and burnout in therapeutic recreation professionals in North Carolina, suggested some commonalities between TRSs and other health care professionals. These findings indicated the need for a more generalizable study on the national level across settings to determine the status of burnout and the relationship between burnout and role stress for TRSs in the United States.

Methods

Sample

Subjects consisted of therapeutic recreation specialists (TRS) identified through randomized sampling of those certified at the professional level with the National Council on Therapeutic Recreation Certification (NCTRC). Subjects were of both sexes and varied demographically (a detailed breakdown can be found in the results section).

A sampling frame of 10,000 professional members warranted at least 375 subjects to approach generalizability of the sample (Krejcie & Morgan, 1970). At the time of the mailing, the National Council for Therapeutic Recreation Certification had no capacity to select individuals randomly from its member" list, however, all individuals were listed by state. Therefore, a multistage cluster sampling procedure was used. A multistage cluster sampling procedure is ap-

propriate in cases where the sampling frame is too large or impractical for individual systematic sampling and the subjects are already grouped in subpopulations (i.e., states) (Babbie, 1986). For this study, cluster sampling consisted of a two-stage listing and sampling technique. The first stage employed a random selection of states chosen from the original mailing list. In the second stage, a sample of 400 subjects was selected from the list of states generated in the first stage using a systematic random sampling procedure choosing every 7th name.

Instruments

Questionnaire packets were mailed to 400 TRSs. The questionnaire packets included three instruments: a Maslach Burnout Inventory (MBI), a Role Stress Scale (RSS), and a Respondent Profile Survey (RPS). The MBI (Maslach & Jackson, 1986) is a 22 item measure of perceived burnout in the helping professions and consists of three subscales: emotional exhaustion, depersonalization, and personal accomplishment. The nine item Emotional Exhaustion scale describes feelings of being emotionally overextended and exhausted by one's work" (Maslach & Jackson, 1986, p. 7). The five item Depersonalization subscale describes an unfeeling or impersonal response toward recipients of one's care or service" (Maslach & Jackson, 1986, p. 7). The eight item Personal Accomplishment subscale describes feelings of competence and successful achievement in one's work with people" (Maslach & Jackson, 1986, p. 7). According to Maslach and Jackson (1981), the Personal Accomplishment subscale should not be viewed as opposite of Emotional Exhaustion and Depersonalization, rather as independent of the other two subscales. This Personal Accomplishment subscale is reversed with the lower mean scores indicating higher burnout. Each subscale was scored using a 7-point Likert scale ranging from never" = 0 to every day" = 7 stating how often one experienced a particular concept related to burnout. Total scores can range from 0 to 154 with subscales ranging from 0 to 63, 35, and 56 respectively. Internal consistency of the three subscales has been demonstrated in prior research with 1316 human service professionals. Cronbach alpha coefficients were .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment (Maslach & Jackson, 1981).

The Role Stress Scale (Rizzo, House, & Lirtzman, 1970) is a 30 item instrument using a 7 point Likert scale ranging from 1 = very false" to 7 = very true" in response to questions about conflicts and ambiguities in work responsibilities. No score is determined for role stress overall, however, the instrument measures the subscales of role ambiguity (six questions) and role conflict (eight questions). The total scores can range from 7 to 42 for role ambiguity and from 7 to 56 for role conflict. The established Cronbach alpha reliability coefficient for the subscales were .86 for role ambiguity and .85 for role conflict (Rizzo, House, & Lirtzman, 1970).

The Respondent Profile Survey (RPS) was demographic information checklist designed for this study. Comprised of 15 questions, the RPS identified information such as setting/service area, age, sex, years in practice, years in present position, client load, and educational level.

Procedure

The Total Design Method (Dillman, 1978) was used for conducting mail survey research. This method employs personalizing techniques proven to encourage good response rates. Based on the techniques of the TDM, each packet contained the three instruments, a personal cover letter explaining the purpose of the study, and a stamped, self-addressed return envelope. Based on the TDM, a follow-up postcard was sent approximately two weeks after the initial mailing to those who had not responded. A second cover letter and packet were sent two

weeks after the card for those subjects who remained unaccounted.

Analysis and Results

Both descriptive and interpretive statistics were used with this study. Frequencies and percentages were determined for the demographic portions of the study. Univariate and multivariate analyses such as correlations and regression analyses also were used to determine relationships between burnout variables and role stress variables.

From a mailed sample of 400 surveys, a total of 236 (59%) were returned, 219 (55%) of which were usable. Seventeen of the returned surveys could not be used because either the respondents were not currently practicing in therapeutic recreation (i.e., related fields, leave of absence, educators) or failed to complete the surveys properly. The demographics of the subjects revealed a sample reflective of the field of therapeutic recreation (e.g., Brasile, 1992) with 45 (20.5%) of the respondents being male and 174 (79.5%) female. Additionally, fifty seven percent (n = 121) of those who responded were therapists, while 43% (n = 90) held dual roles or were administrators. The age ranged from 21 to over 66 years with the mean age in the 31–35 years category.

Fifty-four percent (n = 118) of the respondents indicated that they worked in more than one setting or service area. Service areas most commonly represented were psychiatric (49.5%), followed by physical rehabilitation (30.6%), geriatrics (14.6%), developmentally disabilities (8.7%), pediatrics (8.2%), medical surgery (6.8%), and other" (22.3%) which included head injury, dual diagnosis, burn, school, and community. As a group, the respondents practiced therapeutic recreation for an average of 10 to 15 years with an average of 5 to 8 years in their present position. They worked with a median of 40 clients a week, averaging 20 to 25 hours of client contact per week. When asked what the most stressful part of their job was, the two most frequently cited responses were case load (22.4%), and lack of support (15.2%). Problems with coworkers (9.5%), poor salary (8.6%), poor job security (7.1%), ungrateful/non-compliant clients (7.1%), problems with boss (4.8%), and dead end job (4.8%) were also identified. Most of the remaining respondents selected other" (13.9%), which included concerns such as lack of time off, lack of supervision, or working with terminally ill clients. The remaining 6.7% chose more than one stress factor.

Existence and Degree of Burnout

Scores on the Maslach Burnout Inventory for this sample ranged from 42 to 104, out of a possible total of 154, with a mean score of 67.1 (SD = 12.46). The three subscales of the Maslach Burnout Inventory, Emotional Exhaustion, Depersonalization, and Personal Accomplishment, demonstrated internal consistency with Cronbach alpha coefficients of .80, .76, and .73 respectively. According to the category ranges of low, moderate, and high identified by the MBI (Maslach & Jackson, 1986), results indicated that the subjects' responses on emotional exhaustion were evenly distributed. Responses indicated that 30.1% of the respondents scored in the high" category, 31.5% in the moderate" category, and 36.5% scored in the low" category for emotional exhaustion. The respondents' depersonalization scores showed 10.5% of the sample in the high category, 27.4% in the moderate category, and 58.4% in the low category of depersonalization. Finally, the subjects' personal accomplishment scores showed 6.8% in the high category, 24.7% in the moderate category, and 63.5% in the low category of personal accomplishment (see Figure 1).

Existence and Extent of Role Stress

Subcategory scores for role ambiguity ranged from 6–37 out of a possible total of 42, with a mean of 16.2, (SD = 5.7). Scores

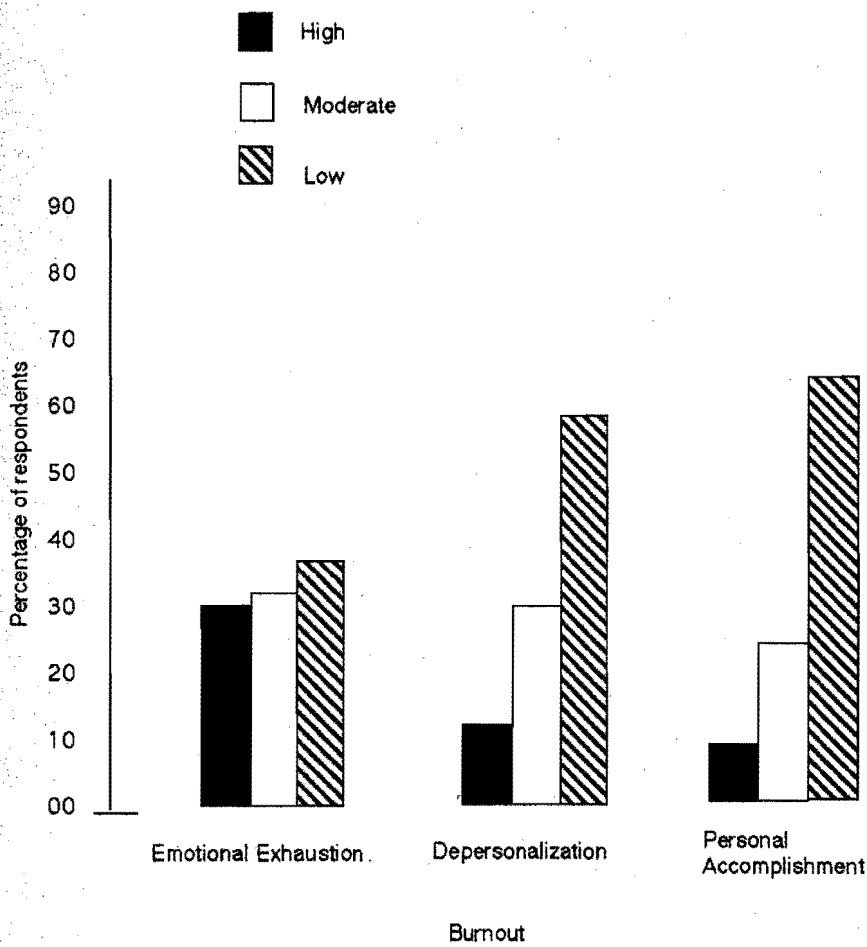

FIGURE 1. PERCENTAGES OF RESPONDENTS RECORDING HIGH, MODERATE AND LOW SCORES ON THREE BURNOUT SUBSCALES

for the role conflict scale ranged from 11–50 out of a possible total of 56, with a mean of 31.5, (SD = 8.4). Adequate internal consistency was demonstrated for Role Ambiguity and Role Conflict with Cronbach alpha coefficients of .74 and .76 respectively.

Relationship between Role Stress and Burnout

Both linear and canonical correlations were conducted to determine the association between burnout and role stress. Linear correlations were conducted within the subscales of burnout and role stress. Positive relationships existed between role ambiguity and emotional exhaustion, and between role ambiguity and depersonalization. A negative relationship was found between role ambiguity and personal accomplishment. Similarly, a positive relationship was also noted between role conflict with emotional exhaustion and between role conflict

Table 1.

Correlations between Burnout and Role Stress Subscales

	RC	RA	EE	DP	PA
RC	1.00	.53	.56	.38	−.36
RA		1.00	.42	.24	−.34
EE			1.00	.56	−.30
DP				1.00	−.33
PA					1.00

Note. RC = Role Conflict, RA = Role Ambiguity, EE = Emotional Exhaustion, DP = Depersonalization, PA = Personal Accomplishment.

Table 2.

Canonical Loadings of Correlations between Burnout and Role Stress

Variables	Function Loadings
Emotional Exhaustion	.96
Depersonalization	.57
Personal Accomplishment	−.57
Role Conflict	.96
Role Ambiguity	.75

and depersonalization, while a negative relationship existed between role conflict and personal accomplishment (see Table 1).

Canonical correlation analysis using SPSS-X was conducted to examine further the relationship between burnout and role stress. Canonical loadings represent the contribution of each of the variables to the multivariate relationship. The burnout subscales of emotional exhaustion, depersonalization, and personal accomplishment were used as the criterion variables, while role ambiguity and role conflict representing role stress, served as the predictor set. The overall multivariate relationship was significant, (Wilks lambda, .63, $F(6,348) = 14.90$, $p < .001$). One unique and statistically significant function emerged to explain the relationship between the two variable sets. The results indicated that 36% (Rc = .358) of the variance was explained by the linear combination of both variable sets. This percentage exceeds the 10% meaningfulness criteria as cited by Pedhazur (1982). The canonical correlation of .60 with a redundancy index of 52.63 revealed that approximately 53% of the criteria variance in burnout is accounted for by the predictor set of variables of role conflict and role ambiguity.

Canonical weights of each variable that are greater than .30 are meaningful contributions to the multivariate relationship (Pedhazur, 1982). Examination of the canonical loadings for role stress and burnout indicated that a combination of role conflict and role ambiguity is positively related to emotional exhaustion (.96) and depersonalization (.57), and negatively related to personal accomplishment (−.57). Results suggest that individuals who are experiencing role stress are more likely to be emotionally exhausted, feel depersonalized, and experience low personal accomplishment. Loadings for both predictor and canonical variables sets can be seen in Table 2.

Factors Contributing to Burnout

The last problem addressed in this paper is the examination of factors contributing to burnout in the form of emotional exhaustion, depersonalization, and personal accomplishment. Three independent stepwise multiple regression analyses were conducted using role conflict, role ambiguity, number of clients per week, number of years in practice, average number of clients hours per week, job level, sex, and age as independent variables. These factors were chosen based on professional literature and subjects responses. Bonferroni correction techniques were used to control for experimentwise alpha inflation. The probability of .01 was established as the appropriate alpha level.

In the first analysis, emotional exhaus-

tion served as the dependent variable. Results revealed that 36% (R = .60, F (2,174) = 49.15, p = .001) of the variance in emotional exhaustion was explained by role conflict (Beta = .56, p = .001) and age (Beta = −.22, p = .001). These results indicate that younger therapeutic recreation professionals and those feeling greater role conflict are more likely to experience emotional exhaustion in the work place than older professionals with less role conflict.

Depersonalization served as the dependent variable in the second multiple regression. Results show that together role conflict (Beta = .37, p = .001) and number of client hours per week (Beta = .24, p = .001) explained 20% (R = .44, F (2,172) = 21.17, p = .001) of the variance in depersonalization. These results indicate that individuals who experience greater role conflict and who have more client hours per week, experience greater depersonalization than those who experience less role conflict and have fewer hours of client contact per week.

The last multiple regression employed personal accomplishment as the dependent variable. In this analysis, role conflict (B = −.36, p = .001) alone explained 13% (R = .36, F (1,171) = 25.68, p = .001) of the variance in personal accomplishment. These results indicate that individuals experiencing less role conflict experience greater personal accomplishment than those who experience greater role conflict.

Conclusion

The present study examined the relationship between burnout and role stress among therapeutic recreation specialists (TRS) in the United States. Four research questions were addressed.

The first specific research problem addressed the existence and extent of burnout using subfactors of Emotional Exhaustion, Depersonalization, and Personal Accomplishment among therapeutic recreation specialists. Similar to Thompson's (1990) study, the results indicated a moderate existence of overall burnout in TRSs specifically moderate emotional exhaustion, and low depersonalization. Contrary to the results of Thompson (1990), however, it is notable that the subjects in this study experienced particularly low perceptions of personal accomplishment. This result raises questions regarding why the subjects did not experience feelings of competence and success regarding their work.

The second research problem addressed the existence and extent of role stress, specifically role conflict and role ambiguity, among TRSs. While the subjects experienced relatively low role ambiguity, their scores for role conflict were more substantial. According to Hardy and Hardy (1988), role conflict can occur from role obligations being unclear as well as from experiencing contradictory expectations.

The third research problem addressed the relationship between role stress and burnout among TRSs. The results identified a positive relationship between burnout and role stress. These findings suggest the possibility that role demands of TRSs that are inconsistent with their individual abilities, values, goals, or beliefs as noted by Deckerd and Present (1989).

The last research problem addressed the contribution of specific demographic factors to the constructs of burnout. The multiple regression analyses showed that role conflict was the most substantial predictor variable across each subscale of burnout. Additionally, demographic factors of age and number of client hours/week accounted for much of the remaining variance in the burnout subscales. Therefore, the data suggests that younger practitioners with higher client contact are more susceptible to burnout than older practitioners with fewer hours of client contact. The results dealing with age are consistent with Maslach (1982a) who identified a similar relationship between age and burnout. She attributed this relationship to younger practitioners having less work experience as well as life experience in terms

of maturity and stability. Similarly, Hardy and Hardy (1988) described the new professionals as experiencing reality shock" upon entering a new job. They attributed this in part to different role expectations between educators and service administrators perceptions of their jobs. Number of client hours reflects a potential overload of time, abilities, and responsibilities. In combination with age, this result suggests that experience and maturity might be a factor managing increased numbers of client hours. Conversely, a this result may suggest a relationship between age and hours of client contact.

Implications and Recommendations

The positive relationship between burnout and role stress, specifically role conflict, generates several implications for therapeutic recreation professionals in terms of practice, education, and research. First, for practice, inconsistencies need to be identified and addressed between actual role demands by supervisors and the TRSs' perceived role factors such as goals and values. The consistency between job responsibilities and the therapists' professional goals should be examined. This may be accomplished by developing structured meetings during which supervisors and therapists discuss yearly goals and how they were or were not met. Additionally, issues of role conflict should be the focus of professional development efforts within individual agencies. In-services and workshops could be arranged to allow staff to express feelings of inconsistencies between their expectations and values with those of the agency and supervisors.

Second, since younger TRSs seemed to be more susceptible to burnout, the expectations of entry level practitioners should be monitored to prevent possible role conflict. Educators who prepare college and university students should pay particular attention to providing current and accurate information about expectations and potential experiences in practical settings. Providing a rosier" picture than the one that actually exists or providing no picture" at all can contribute to disillusionment and disappointment as well as frustration for new practitioners. Agency supervisors can help represent the field accurately by guest lecturing in college and university classes and interacting with interns during the interview phase of job solicitation. Additionally, educators and practitioners should be sure to establish and maintain communication with each other to facilitate a student's transition from academic to professional environments.

Third, the low personal accomplishment scores raise particular concerns. Causes leading to TRSs' feelings of low personal accomplishment need to be investigated. Managers in therapeutic recreation should explore the therapists' feelings of competence and perceptions of barriers to success on the job. Methods to provide opportunities for meeting both professional and personal goals through the work environment should also be pursued.

In addition to implications for practice and education, several implications for further research are suggested. One limitation of this study was the absence of an adequate number of subjects from each setting/service area to be considered in multivariate analysis. This prohibited comparisons within this particular variable. Future research should be conducted on a larger sample with particular attention to variables such as settings/service areas to determine whether specific areas are more susceptible to burnout and role stress. Further study in these areas may provide information that can enhance curriculum development that could be helpful in preparing students better for the transition from school to work.

Second, other factors not examined in this study such as perceptions of stress causing factors should be researched. Smith, Perry, Neumayer, Potter, and Smeal (1991) identified that both therapeutic recreation specialists and occupational therapists have a low perception of the status of therapeutic

recreation in health care. The contribution of TRSs' perceptions of the influence and status of therapeutic recreation to levels of burnout and role stress may yield additional insight to this line of study.

Third, non-traditional research approaches should be considered for more in-depth pursuit of specific issues raised by this study such as causes of negative perceptions regarding personal accomplishment or factors contributing to role conflict in TRSs. Qualitative research approaches (i.e., in-depth interviewing, case studies, or participant observation) might be useful in gleaning information not attainable through quantitative approaches.

Finally, longitudinal research might be warranted to identify and examine those individuals who either did not reply or were not accessible to this study. It is likely that TRSs who were burned out did not respond to this survey. Additionally, those individuals who perhaps left the field of therapeutic recreation due to burnout were not identified as potential respondents. Longitudinal studies that would follow new TRSs into and through their jobs in therapeutic recreation have potential for tracking levels of burnout in different stages of the professional career of a therapeutic recreation specialist.

Much more research as well as the testing of strategies to explore and ameliorate currently identified problems of burnout and role stress are warranted. Therapeutic recreation specialists make up a significant part of the health care team. Understanding the nature and causes of burnout and role stress can help initiate appropriate changes in the delivery of therapeutic recreation services. Not only can these potential changes help keep professionals healthy and in the field, they in turn can contribuyr to quality health care delivery to all consumers.

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