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The Role of Spiritual/Religious Practices in moderating stress among staff in an adolescent residential treatment facility
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Abstract
Adolescent residential treatment staff members have jobs that are emotionally exhausting, physically taxing and spiritually draining. Good coping skills, including religious/spiritual practices, may reduce burnout. Results from a small rural adolescent residential treatment center indicated a high degree of burnout. Burnout was negatively correlated with existential and religious well-being, stress, income, social support and personal mental health treatment.

Methods
Forty-five residential treatment staff members (80% return rate) from a rural adolescent residential treatment facility completed a demographic questionnaire, the Maslach Burnout Inventory, the Spiritual Well-Being Scale, and a scale designed to measure religious/spiritual practices. Participants consisted of 23 (51%) males and 22 (49%) females; 34 (76%) were Caucasian, 6 (13%) African American, and 5 (11%) Hispanic. Over half had bachelor’s degrees; 29 (64%) were Christian and (12) 26% were Buddhist.

Results
On the Maslach, 99% of the staff members identified with moderate to low Personal Accomplishment, 67% felt moderate to high Depersonalization, and 89% felt moderate to high Emotional Exhaustion. Their scores indicated significantly greater burnout than the Human Services Professionals in Maslach’s data and significantly lower Spiritual Well-being than the combined clinical sample reported by Bufford, Paloutzian, and Ellison (1991).

Results indicated that low levels of existential and religious well-being, stress, low income, low personal mental health treatment, and low social support were the strongest predictors of burnout.

Conclusions and Recommendations
Results indicated that existential and religious well-being were inversely related to emotional exhaustion and depersonalization, and positively related to a sense of personal accomplishment on the Maslach, but causal conclusions are not warranted and generality is limited.

Five strategies are suggested that may reduce burnout among adolescent residential treatment staff:
1. Foster existential and religious wellbeing
2. Decrease stress on residential staff
3. Encourage the use of personal mental health treatment
4. Foster social support for staff members
5. Increasing staff wages

References

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