

Abstract

The present study examined the effectiveness of the SupportNet intervention, designed to reduce job burnout among behavioral healthcare providers for U.S. military personnel in a randomized controlled trial (RCT). SupportNet is an online intervention, developed based on a theoretical framework of social cognitive theory, designed to reduce job burnout by enhancing self-efficacy and social support. Results of the RCT showed a significant reduction in job burnout among participants who used SupportNet with a coaching component. Findings are discussed in relation to the coaching component of the intervention.

Introduction

- Behavioral healthcare providers for military personnel are often exposed to indirect trauma through their work with clients; the rate of secondary traumatic stress (STS) among these providers has been estimated at 19.2% (Cieslak et al., 2013).
- Because STS is highly correlated with job burnout, these providers experience a high probability of suffering the effects of burnout.
- We developed the SupportNet intervention (website and professional coaching) to reduce job burnout among military behavioral healthcare providers.

Objective: This study examined the effectiveness of the SupportNet intervention in reducing job burnout among military behavioral healthcare providers in the U.S., using a randomized controlled trial (RCT).

SupportNet Intervention

SupportNet, developed based on the theoretical framework of social cognitive theory, is a web-based intervention aiming to reduce job burnout among U.S. military behavioral healthcare providers. SupportNet consists of six activities (self-assessment, goal setting, life balance, resources, relaxation, and social networking goal enhancement). For one group, coaches guided users through once a week 30-minute sessions on the website use and life improvement. Coaches helped users set up a goal in the goal setting activity and check the progress on user's goal achievement.

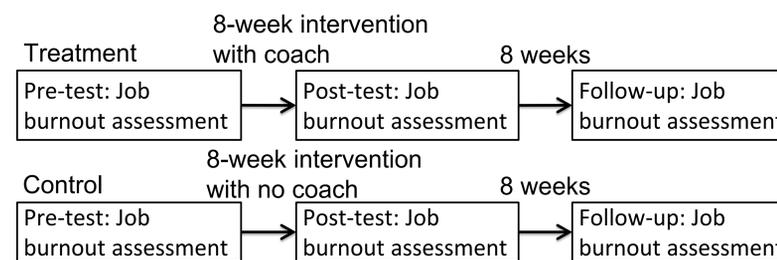
Method

Participants were 64 behavioral healthcare providers working with military personnel in the U.S. who completed the pre-test survey. Among those 64 participants, 15 of them completed the intervention.

Inclusion criteria

- Working at least one year as a healthcare provider (e.g., physician, nurse), clinical psychologist, counselor, or social worker.
- Being indirectly exposed to trauma through interaction with patients.
- Job burnout (Halbesleben & Demerouti, 2005) scores > 2.0.

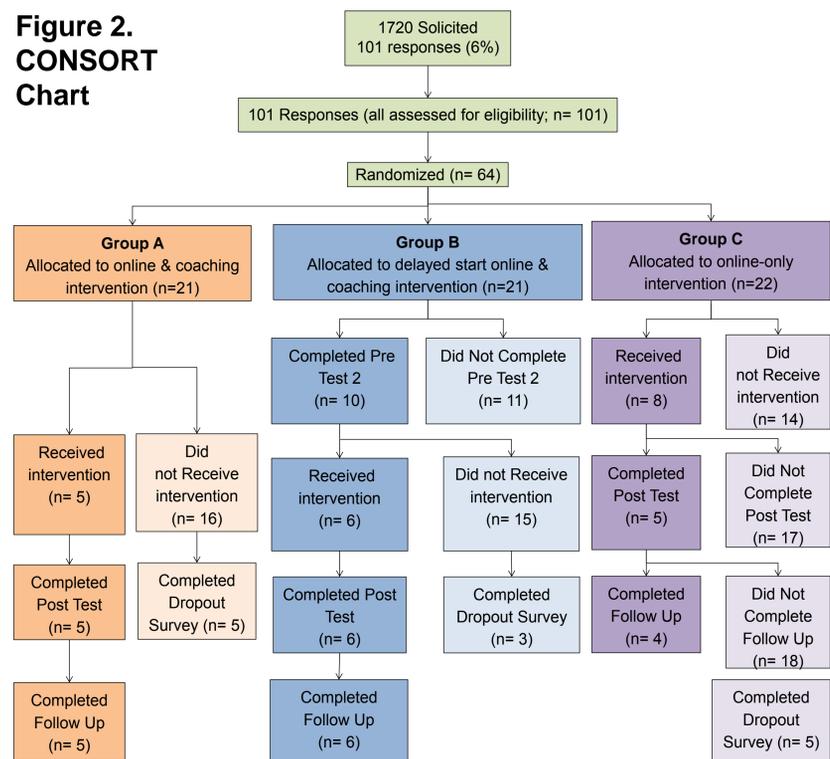
Figure 1. The Flow of the RCT



To compare job burnout pre-, post-, and follow-up RCT between the two groups, we conducted a 3 (time: pre-RCT vs. post-RCT vs. follow-up) by 2 (group) mixed analysis of variance (ANOVA) for both completers and using the intent-to-treat analysis.

- Completers analysis ($n_{\text{Treatment}} = 11$, $n_{\text{Control}} = 4$).
- Intent-to-treat analysis ($n_{\text{Treatment}} = 42$, $n_{\text{Control}} = 22$).
- Last Observation Carried Forward method.

Figure 2. CONSORT Chart



Results

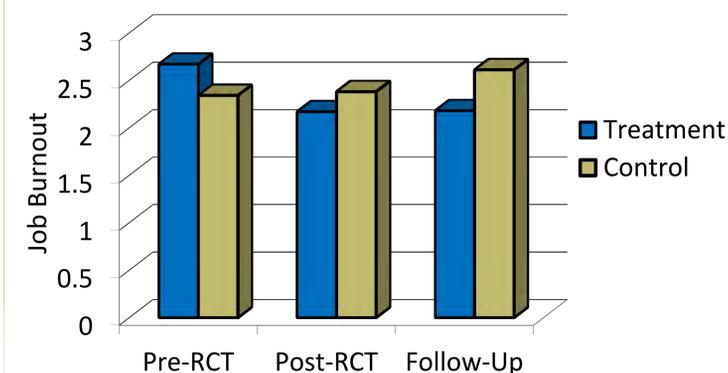
Table 1. Demographic Information and Means and Standard Deviations for Job Burnout for Completers

Variable	Group		Total	p
	Treatment	Control		
Age (SD)	54.00 (8.35)	42.80 (9.42)	48.00 (10.92)	.02
Female %	60.0%	80.0%	78.6%	.55
In a long-term relationship	60.0%	80.0%	78.6%	.11
Job burnout T1	2.61 (0.48)	2.34 (0.36)	2.53 (0.46)	.33
Job burnout T2	2.17 (0.43)	2.38 (0.73)	2.23 (0.51)	.53
Job Burnout T3	2.20 (0.42)	2.61 (1.05)	2.32 (0.64)	.30

Note. p values indicated comparisons between two groups.

- No significant main effect for time, $F(2, 26) = 1.32$, $p = .28$, partial eta-squared = .09.
- No significant main effect for the group, $F(1, 13) = 0.12$, $p = .73$, partial eta-squared = .01.
- Significant interaction effect between the group and time, $F(2, 26) = 3.78$, $p = .04$, partial eta-squared = .23 (see Figure 3).

Figure 2. Interaction Effect between Group and Time on Job Burnout



Follow-up tests in the treatment group

- Pre- and post-RCT ($p < .01$)
- Pre- and follow-up ($p = .01$)

The intent-to-treat analysis

- Consistent results for the omnibus tests with the analysis with completers.
- No significant differences in the follow-up tests.

Discussion

- The results of present study showed participants who used the SupportNet with coaching guidance reduced job burnout after the 8-week intervention more than the other group.
- Job burnout among those who participated without coach's guidance was not different between pre- and post-RCT.
- These results indicated that the coaching component with online support was effective in this population. Behavioral healthcare providers may prefer face-to-face interaction rather than working solely online.
- Unclear whether coaching alone or coaching with an online system would be most effective.

Limitations:

- Dropouts
- Engagement in the intervention

Future studies:

- Apply the coach-online intervention model for other populations (e.g., firefighters, medical providers, teachers).
- Increase engagement in the intervention.

References

- Cieslak, R., Anderson, V., Bock, J., Moore, B. A., Peterson, A. L., & Benight, C. C. (2013). Secondary traumatic stress among mental health providers working with the military: Prevalence and its work- and exposure-related correlates. *The Journal of Nervous and Mental Disease*, 201(11), 917–925. doi:10.1097/NMD.0000000000000034
- Halbesleben, J. R. B., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work and Stress*, 19, 208–220. doi:10.1080/02678370500340728