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

**Results**

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Treatment</th>
<th>Control</th>
<th>Total</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (SD)</td>
<td>54.00 (8.35)</td>
<td>42.80 (9.42)</td>
<td>48.00 (10.92)</td>
<td>.02</td>
</tr>
<tr>
<td>Female %</td>
<td>60.0%</td>
<td>80.0%</td>
<td>78.6%</td>
<td>.55</td>
</tr>
<tr>
<td>In a long-term relationship</td>
<td>60.0%</td>
<td>80.0%</td>
<td>78.6%</td>
<td>.11</td>
</tr>
<tr>
<td>Job burnout T1</td>
<td>2.61 (0.48)</td>
<td>2.34 (0.36)</td>
<td>2.53 (0.46)</td>
<td>.33</td>
</tr>
<tr>
<td>Job burnout T2</td>
<td>2.17 (0.45)</td>
<td>2.38 (0.73)</td>
<td>2.23 (0.51)</td>
<td>.53</td>
</tr>
<tr>
<td>Job Burnout T3</td>
<td>2.20 (0.42)</td>
<td>2.61 (1.05)</td>
<td>2.32 (0.64)</td>
<td>.30</td>
</tr>
</tbody>
</table>

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).

**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**


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