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### **Psychological Impact on Probation Officers Supervising Individuals with Mental Illness**

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PSYCHOLOGICAL IMPACT ON PROBATION OFFICERS SUPERVISING INDIVIDUALS  
WITH MENTAL ILLNESS

A Dissertation

Presented to the Faculty of  
Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PSYCHOLOGY

by

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August 2022

PSYCHOLOGICAL IMPACT ON PROBATION OFFICERS SUPERVISING INDIVIDUALS  
WITH MENTAL ILLNESS

This dissertation, by Janelle Hickey, has  
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who recommend that it be accepted by the faculty of  
Antioch University New England  
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## **ABSTRACT**

### **PSYCHOLOGICAL IMPACT ON PROBATION OFFICERS SUPERVISING INDIVIDUALS WITH MENTAL ILLNESS**

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Every year, millions of adults in the United States are ordered to participate in supervised community probation and parole (Bureau of Justice Statistics, 2021). Probation and parole supervisees with serious and persistent mental illness (SPMI) are overrepresented in the criminal justice system and, therefore, probation and parole officers (PPOs) can expect to work with supervisees with mental illness. While there is extensive research on the impact of working with individuals with SPMI on community support professionals, there is little research focusing specifically on PPOs (Whitehead, 1985). The limited research that exists suggests PPOs who supervise individuals with SPMI endorse symptoms of burnout, changes in mood, and low job satisfaction (Lee et al., 2009). Renewed appreciation for the role that PPOs fulfill in our society has resulted in research focused on specific regions across the US (Gayman et al., 2017; Lewis et al., 2012; Powell & Gayman, 2020; Sawh, 2021; Ward & Merlo, 2016). While various states and counties have been represented, there are no studies that gather sample populations from the New England region. Using survey data from PPOs in Rhode Island, this exploratory study aims to examine whether the community supervision of adults with SPMI impacts PPOs' experience of burnout. By surveying PPOs in this part of New England, this study aims to expand the existing literature and to explore in what ways the quality of relationships with supervisors and

co-workers may influence burnout experienced by PPOs. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* probation officers, parole officers, burnout, serious and persistent mental illness

## **Dedication**

This dissertation is dedicated to the people I was lucky enough to cross paths with early on who inspired me to cross over to the next part of my professional journey. Special thanks to Tasha, Abby, and Greg for your wisdom, patience, support, and dark humor. You continue to influence who I am as clinician and a person. I am so grateful.

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## **CHAPTER I: INTRODUCTION TO THE STUDY**

In the United States, approximately 4.4 million adults were on probation or parole at the year-end of 2019 (Bureau of Justice Statistics; BJS; 2021). Probation and parole supervision represent the largest sector of the US criminal justice system (Maruschak & Minton, 2020; Slate & Johnson, 2012), and probation and parole officers (PPOs) serve as a key link between the criminal justice system and community safety (Gunnison et al., 2015). According to statistics prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) with funding from the BJS, an estimated 10.0% to 16.0% of adult probationers and parolees have been diagnosed with serious mental illness (SAMHSA, 2021). In this study by SAMHSA, serious mental illness was defined as a mental illness “which requires both the presence of a disorder and serious impairment due to the disorder” (SAMHSA, 2021, p. 1). A further 22.5% to 32.8% of adults on probation or parole were diagnosed with any mental illness (SAMHSA, 2021)

For the purposes of this study, the roles of probation officers and parole officers will be discussed in tandem. While probation and parole officers do have distinct roles, the focus of this study is the impact of supervising individuals with serious and persistent mental illness (SPMI) in the community, a responsibility of both probation and parole officers (Slate & Johnson, 2012). Additionally, in keeping with recommendations made by the US Department of Justice’s Office of Justice Programs, the term “supervisee” will be used when referring to adults on probation or parole hereafter (Jackman, 2016).

### **Background of the Study**

The role of PPOs has changed over the past two centuries in the United States (Annison, 2013). One change has been the shift in professional practice philosophy, with the PPOs

positioned to help formerly incarcerated individuals successfully reenter or transition into the community. Originally, community supervision was designed to serve as a rehabilitative alternative to incarceration (Epperson et al., 2014; Gunnison et al., 2015). Unfortunately, there had been less direct emphasis on rehabilitation, and instead PPO practices were observed as becoming more punitive (Annison, 2013; Epperson et al., 2014; Gunnison et al., 2015). Over the past decade or more, the focus of community supervision has begun to move away from practices or experiences as punitive and towards more relational, holistic interventions (Annison, 2013; Gayman et al., 2017; Knight, 2007). As the philosophy behind community supervision practices continues to move towards a social justice-leaning perspective, probation and parole departments have encouraged PPOs to adjust their approaches to be more person-centered (Annison, 2013). While these new practice standards were developed to benefit the supervisee, there is little research on the impact this shift in responsibilities has on PPOs.

Another change in this field has been increased face-to-face time with supervisees in the office instead of in the community (Slate & Johnson, 2012). In some instances, researchers found that spending more time in the office and less time in the community decreased a PPO's appreciation for the supervisee's living environment and for the need for additional support and resources (Slate & Johnson, 2012). Additionally, PPOs who had been in the field for many years have witnessed firsthand the ways in which technological advances have impacted routine tasks (Slate & Johnson, 2012). The pressure to have completed documentation within a short turn-around time, along with the heavy reliance on electronic documentation to summarize each supervisee's case, led to a decreased focus on the supervisee's most basic emotional and material needs (Slate & Johnson, 2012; Slate et al., 2000).

A central part of the PPO role has been to help maintain safe communities by simultaneously supporting the needs of their supervisees (Gayman et al., 2017). This dual purpose can lead to tension for PPOs (Epperson et al., 2014). The mental health of community support providers who work with individuals with SPMI has been widely researched (Ducharme et al., 2007; Maslach, 1978; Maslach, 1982). While PPOs are often included under the umbrella of community support providers, few studies have focused specifically on the experiences of PPOs and their work with supervisees with SPMI (Brown, 1987; Thomas, 1988; Whitehead, 1985).

Historically, individuals with SPMI are overrepresented in the justice system (Bradley-Engen et al., 2010; Skeem & Jouden, 2006; Steadman et al., 2009; Wolff et al., 2014). Supervisees with SPMI are more likely to violate court-ordered requirements, have their probation or parole revoked, or commit new offenses while on community supervision (Matejkowski et al., 2015; Porporino & Motiuk, 1995), which, in turn, creates more work for their PPO. PPOs have identified several challenges to helping their supervisees with SPMI succeed in the community, including lack of employment options, lack of available treatment resources, and lack of social supports available to the supervisee (Van Deinse et al., 2018). Without these key resources available, PPOs struggle to create and maintain a release plan that satisfies the court ordered conditions. Additionally, it can be challenging for the PPO to find treatment options for individuals with SPMI and co-occurring substance use disorders due to the need for specialized treatment (Epperson et al., 2014). Supervisees with SPMI who have difficulty establishing or maintaining treatment in the community are at increased likelihood to not adhering to, or maintaining access to, prescribed psychotropic medication, which often leads

to an increase in mental health symptoms, and an experience of instability in various parts of their lives (e.g., employment, housing; Epperson et al., 2014; Van Deirse et al., 2018). For these reasons and more, working with supervisees with SPMI can consume more of the PPO's time, energy, and other resources (Slate & Johnson, 2012; Van Deirse et al., 2018). Additionally, research has found that the number of supervisees with SPMI assigned to a PPO's caseload can add to their overall workload and increase feelings of burnout (Van Deirse et al., 2018).

There is a current lack of research examining the relationship between PPO burnout and quality of professional relationships. Preliminary research focused on other human services professions has found that high quality relationships with colleagues may be a protective factor against burnout (Baard et al., 2004; Deci et al., 2001; Ducharme et al., 2007; Fernet et al., 2010). Such research, if repeated and similar outcomes found with PPOs, could be used to promote systemic change that may benefit employees and the individuals they serve (Blasko et al., 2015). There is a current lack of research examining the relationship between PPO burnout and quality of professional relationships.

## **Definitions**

### **Burnout**

Burnout is the result of significant work-related stress and job responsibilities that require sustained effort over a lengthy period (Maslach, 1978). If those responsibilities are difficult or taxing for the worker to complete, then they are more likely to report feeling overburdened, especially in professions that require high levels of contact with the people to whom they provide services (Leiter & Maslach, 1988).

## **Probation and Parole Officers**

While probation and parole officers often have distinct titles, the two share similar responsibilities in terms of supervising adults in the community. According to the Rhode Island Department of Corrections (RIDOC; 2022), PPOs confirm that adult supervisees are adhering to court-ordered conditions in the community. The goal of PPOs, in part, is to “increase public safety by promoting positive change in offender behavior” and “successfully reintegrating offenders into society” (RIDOC, 2022).

## **Serious and Persistent Mental Illness (SPMI)**

SPMI is a common term for discussing individuals with mental illness. However, there is not an agreed-upon definition of SPMI in the field of psychology (Zumstein & Riese, 2020). Common inclusion criteria for defining SPMI include diagnosis, duration, and disability. Diagnoses that are typically considered under SPMI include psychotic disorders and major affective disorders (Zumstein & Riese, 2020). Duration can refer to the length of the presence of symptoms or the time-based length of engagement in treatment (Zumstein & Riese, 2020). Finally, disability is considered the extent to which a person’s daily functioning is impacted by their mental illness (Zumstein & Riese, 2020).

## **Problem Statement**

PPOs have tremendous responsibilities and serve in integral roles within the current US criminal justice system (Gunnison et al., 2015; Maruschak & Minton, 2020; Slate & Johnson, 2012). A previous study found that approximately one-half of PPOs reported they would quit their job due to job dissatisfaction and feelings of burnout (Simmons et al., 1997). In addition to job dissatisfaction, PPOs identified high levels of stress and insufficient supports as central

reasons for considering quitting their field (Simmons et al., 1997). Therefore, understanding more about the factors and experiences of PPOs in the workplace and with the public that they serve will not only contribute to limited literature but could also provide insights that can be used to help protect PPOs from the deleterious effects of professional burnout.

In addition to the stress that comes with modern community supervision, PPOs have the added challenge of working with a full range of clients, including supervisees with SPMI (Epperson et al., 2014). While some PPOs receive specialized training around how to work with individuals with SPMI, training is inconsistent and is not offered to all PPOs (Epperson et al., 2014; Gayman et al., 2017). Individuals with SPMI have unique, individualized needs that PPOs may not have the training and resources to support fully (Slate & Johnson, 2012; Van Deirse et al., 2018). The added stress of working with individuals with SPMI and the lack of adequate supports provided to PPOs can result in increased burnout (Epperson et al., 2017).

### **Purpose of the Study**

The purpose of the current exploratory study is to add to the research literature on PPOs and burnout, to help fill the gap in the research literature by examining the relationship between PPO burnout and professional relationships, and to share results with probation and parole departments about factors that can exacerbate or diminish PPO burnout. Specifically, this inquiry will explore whether there is a relationship between the number of supervisees with SPMI on PPOs' caseloads and the level of burnout experienced by the PPOs, and the number of years of service and the PPOs' level of burnout. Quantitative data were collected from participating PPOs in Rhode Island using a confidential survey. The results of this study will be described and then compared to the existing literature.

## **Summary**

The role of PPOs has shifted in recent years, and there is limited research to reflect how these myriad changes might be impacting their mental health and productivity (Annison, 2013). This study aims to provide insight into factors that could potentially mitigate or exacerbate symptoms of burnout for PPOs. Research suggests that having positive relationships with co-workers and supervisors can protect against experiencing extreme levels of burnout (Barr, 2017; Ducharme et al., 2007; Fernet et al., 2010). However, there is limited research focused specifically on the relationship between PPOs and supportive professional relationships (Weigl et al., 2016), which this study aims to address.

## **CHAPTER II: LITERATURE REVIEW**

PPOs can experience various stressors related to their job. While personal stressors, such as relationships with family and friends, can impact the emotional health of PPOs, the focus of this paper will be on stressors directly related to the workplace. These stressors include job-related stress and organizational stressors (Freudenberger, 1975; Slate & Johnson, 2012). PPOs can experience a wide range of stress related to their professional tasks, including large amounts of documentation to complete, high volume caseloads, and the potential threat of harm while performing job duties (Slate & Johnson, 2012). Organizational stressors refer to agency-wide factors that impact PPOs and can include limited opportunities for upward mobility, conflict in role expectations, and how PPOs productivity levels are perceived by supervisors (Slate & Johnson, 2012). Job-related stressors can be further exacerbated when supervising individuals with SPMI and can contribute to PPOs experiencing burnout (Slate & Johnson, 2012).

### **Burnout**

The effects of occupational burnout in human services professions have been widely researched (Freudenberger, 1974; Halbesleben & Buckley, 2004; Maslach, 1982; Paris & Hoge, 2010). For professionals working with individuals with SPMI, continuous energy output can result in burnout (Demerouti et al., 2001). Ongoing or repeated occupational stressors can contribute to generalized emotional exhaustion, a condition that can negatively impact the human services professional's work performance, job satisfaction, and personal life (Demerouti et al., 2001; Maslach, 1978; Maslach, 2017; Paris & Hoge, 2010).

In human services professions, including community probation and parole supervision, burnout is typically characterized by three components: emotional exhaustion, depersonalization (also referred to as cynicism), and personal accomplishment (also referred to as professional efficiency; Maslach 1978; Maslach, 2017). Emotional exhaustion is characterized as feeling worn out, overextended, and a lack of energy and motivation (Leiter & Maslach, 1988; Maslach, 2017). In human services professions, depersonalization is described as a lack of caring and as having negative thoughts and attitudes towards the people under your supervision (Paris & Hoge, 2010). Characteristics of depersonalization can include becoming easily irritable with supervisees or losing confidence in their ability to succeed (Ersayan et al., 2021; Leiter & Maslach, 1988; Maslach, 2017). Professionals who experience a decline in personal accomplishment might present with low morale, reduced output, increased difficulty managing stress in the workplace, and feeling less competent in their ability to perform assigned tasks (Leiter & Maslach, 1988; Maslach, 2017).

### **PPOs and Burnout**

PPO burnout has been the subject of limited research over the past 30 years (Brown, 1987; Thomas, 1988; Whitehead, 1985; Whitehead & Lindquist, 1985). However, the effects of working with supervisees with SPMI on PPOs have not been thoroughly investigated (Lee et al., 2009). There has been a relatively recent focus on PPOs with challenging caseloads and the resulting job-related, mental health implications (Lewis et al., 2012; White et al., 2015). Despite a genuine desire to help support their supervisees, one study found that it can be difficult to anticipate the emotional effort and work demands associated with this role (Lewis et al., 2012). Research has shown that PPOs experience varying levels of, and frequencies of burnout based on

demographic factors (Maslach et al., 2001; Pitts, 2007; Slate et al., 2000) and length of professional service (Thomas, 1988; Whitehead, 1985).

PPOs have reported significant work-related stressors, including intense client contact, role ambiguity, excessive workload and paperwork, challenges meeting deadlines, and infrequent pay increases (Simmons et al., 1997; Thomas, 1988; White et al., 2015). Additionally, high volume caseloads have been found to result in insufficient community supervision and limited ability to spend appropriate amounts of time working on individual cases, leading to concerns that supervisees may be at increased risk for potential probation or parole violations (Slate & Johnson, 2012).

### **PPOs and Supervisees**

PPOs are uniquely positioned to understand both the court-ordered requirements that supervisees are expected to comply with and the potential barriers that could impact a supervisee's ability to comply successfully with court requirements. As mentioned above, PPOs use multiple interventional strategies to help supervisees navigate the challenges they face in the community (Epperson et al., 2014). In addition, PPOs often have access to comprehensive data points about their supervisee's life circumstances because they must collect a detailed account of the supervisees' current housing, employment, and community support during the community supervision intake process (Epperson et al., 2014). While PPOs have the advantage of this knowledge, community service providers—including therapists and psychiatric prescribers—can be hesitant to collaborate with PPOs due to some providers' concerns about the law enforcement function of the PPO role (Harding et al., 2013).

Mental health care providers who do collaborate with PPOs may also be overwhelmed by their shared, existing caseloads, given that as more supervisees with SPMI become involved in the legal system they will be required to participate in treatment as part of their community supervision (Bradley-Engen et al., 2010; Lewis et al., 2012). These system-level realities lead mental health providers and PPOs alike to encounter difficulty helping their supervisees establish services, navigating long waitlists for providers, and coping with setbacks when gaps in their treatments arise. Repeated challenges in identifying and facilitating appropriate support and treatment options for supervisees can contribute to PPOs feeling frustrated and discouraged (Lewis et al., 2012). In instances when PPOs expend much of their time and other resources on particular, individual supervisees and their case management, it can lead to feelings of resentment and increased depersonalization of their supervisees (Ersayan et al., 2021).

### *Negative Outcomes*

While it is well documented that supervisees with SPMI make up a significant portion of individuals being supervised in the community, PPOs often receive insufficient or inconsistent training in how to prepare for working with individuals with severe mental illness (Epperson et al., 2014; Gayman et al., 2017; Harding et al., 2013). In addition to burnout, the stigma attached to people under community supervision is seen as a contributing factor to the development of negative attitudes by PPOs toward their supervisees (Blasko et al., 2015). Negative attitudes towards supervisees can contribute to PPOs experiencing increased depersonalization of their supervisees and feeling decreased professional efficacy (Ersayan et al., 2021). Research indicates that PPOs who begin to depersonalize their supervisees as a strategy to cope with job-related stress also may come to experience some relief from those same emotional pressures associated

with their work (Epperson et al., 2014; Ersayan et al., 2021). Generally speaking, PPOs who use an empathetic, relational approach when working with individuals with SPMI are more likely to experience comparable depressive symptoms when compared to those in other human services professions (Epperson et al., 2014).

Supervisees also feel the effects of negative relationships with their PPO. For example, supervisees considered to be at high risk of recidivism, as compared to low or moderate risk, were more likely to perceive a poor-quality relationship with their PPOs (Blasko et al., 2015). Researchers have found that the longer a supervisee with SPMI is under community supervision, the lower quality of relationship they reported having with their PPO (Epperson et al., 2017).

### ***Positive Outcomes***

While PPOs can experience burnout and subsequent negative outcomes with their supervisees, there has been research on how PPOs can cultivate positive and successful relationships with their supervisees. Research suggests that when PPOs are trained in relationship dynamics, they see improvements in the outcomes of their supervisees (Blasko et al., 2015). The presence and quality of caring, fairness, and trust were observed to be important factors in how supervisees perceived their relationship with their PPO (Blasko et al., 2015; Skeem & Jouden, 2006).

Both PPOs and supervisees can experience mutual benefits from positive relationships. Positive attitudes towards supervisees can contribute to PPOs feeling increased professional accomplishment; similarly, supervisees with SPMI who believed their PPO cared about them are more likely to engage in treatment and rehabilitation services (Epperson et al., 2017). Research also shows that supervisees who perceive their relationship with their PPO to be positive are

more likely to have successful outcomes while under community supervision (Blasko et al., 2015).

### **Systemic Implications**

PPO burnout can have repercussions on both individual and systemic levels. Voluntary turnover of PPOs has been identified as a critical issue by the National Institute of Corrections (Community Corrections Division NIC, 1994; Ducharme et al., 2007; Lee et al., 2009). As referenced previously, research has found that approximately one-half of PPOs state they would quit their job if a better work opportunity became available (Simmons et al., 1997). One of the primary complaints from PPOs is that they are not compensated appropriately, which can contribute directly to job dissatisfaction (Slate & Johnson, 2012). When comparing state versus federal PPOs, state-level PPOs cite significantly more job-related stress than federal PPOs. State-level PPOs also express significantly more dissatisfaction with their work environments (Slate & Johnson, 2012).

Stress and burnout are cited as some of the principal reasons for PPO turnover (Ducharme et al., 2007; Slate & Johnson, 2012). Among human service workers, PPOs reported higher levels of burnout compared to peers in similar fields (Whitehead, 1985). In addition to increased PPO turnover, PPO symptoms of burnout can have an indirect impact on the number of community violations committed by their supervisees (Blasko et al., 2015). Conversely, supervisees who experience a positive relationship with their PPOs accrue fewer probation or parole violations and achieve overall better outcomes while on community supervision (Blasko et al., 2015). Thus, PPOs who can develop and sustain positive relationships with their supervisees may be able to avoid experiencing increased levels of burnout (Blasko et al., 2015).

### **Supervisees with SPMI**

Over the past few decades, there have been stark increases in the number of individuals with severe and persistent mental health diagnoses, including people with co-occurring substance use disorders, admitted to jails and prisons (Bradley-Engen et al., 2010). As more individuals with significant mental health treatment needs enter the legal system, PPOs are tasked with understanding the resources available in their community and which resources are most appropriate to meet supervisees' needs (Epperson et al., 2014).

Preliminary research indicates that PPOs have a grasp of the most common needs of daily life for their supervisees (Gunnison et al., 2015; Van Deirse et al., 2018). These common needs can also represent barriers to supervisees' successful completion of community supervision, and this includes access to housing, limited employment opportunities, limited social support, and lack of access to reliable transportation. Supervisees with SPMI are at further increased risk for co-morbid substance use disorders (Gunnison et al., 2015; James & Glaze, 2006). Supervisees with SPMI are also more likely to live in communities with fewer of these key supports, which can limit supervisees' ability to attend outpatient psychiatric appointments and can place them at increased risk for engaging in criminal activity (Epperson et al., 2014). It is often the responsibility of the PPO to help supervisees navigate these challenges (Van Deirse et al., 2018).

In addition to external factors, supervisees with SPMI experience factors related to their history of mental illness that can pose challenges to working with PPOs. This includes problems of limited insight, lack of motivation, impulsive behaviors, lack of trust in others, and managing symptoms of psychosis (Wolff et al., 2013). Studies show that people living with mental illnesses and who are involved in the criminal justice system are more likely to continue

interfacing with the legal system and less likely to attend outpatient mental health appointments upon release from custody (Schneider, 2010; Steadman et al., 1995; Torrey et al., 1998). The needs of supervisees with mental illness are often more complex and layered compared to supervisees without SPMI which, in turn, can result in an increase in PPO burnout (Maslach et al., 1996; White et al., 2015).

In response to supervisees with SPMI who struggle to succeed with community supervision, some diversion programs have been developed to better support individuals with SPMI (Epperson et al., 2014). The two most common programs are mental health courts (MHCs) and specialized mental health probation. MHCs represent a more recent innovation for delivery of psychological interventions, and research on these programs is very limited (Epperson et al., 2014; Moore & Hiday, 2006). There are currently no established evidence-based practices or procedures for MHCs. Despite having no set models as guidelines on how to create, organize, and operate MHCs, each court tends to share similar goals (Redlich et al., 2006; Schneider, 2010). In one study, supervisees with SPMI who participated in MHCs reported higher quality relationships with their PPOs compared to supervisees on standard community supervision (Epperson et al., 2017). One possibility for this outcome is that PPOs in MHCs have a more focused role and may experience reduced role conflict. In this study, MHC PPOs are described by their supervisees with SPMI as more caring, trustworthy, and supportive; meanwhile, supervisees with SPMI engaged in standard community supervision report their PPOs as more authoritarian (Epperson et al., 2017).

## **Professional Relationships**

With the consequences of burnout being well established in the existing research, a more recent focus has been on preventative and mitigating factors that contribute to burnout, with human services professions suggesting that high-quality relationships with co-workers can protect against burnout (Barr, 2017; Ducharme et al., 2007; Fernet et al., 2010). Currently, there is a lack of research investigating the impact that having supportive relationships with co-workers has on PPOs and their mental health. This research could provide insight into the protective qualities of co-worker support on PPOs.

### **Relationships with Co-workers**

Research looking at the effects of quality of relationships with co-workers and level of self-determined motivation on employee burnout finds that employees who reported higher quality relationships with co-workers also reported lower levels of burnout (Fernet et al., 2010). Further, high-quality relationships with co-workers are found to be an especially important factor for employees with low self-determined motivation in protecting against burnout. In another study, researchers explored the impact of workplace relationships on substance abuse treatment counselors (Ducharme et al., 2007). While not the same profession as PPOs, both work with individuals with substance use issues. The results of the study suggest that counselors who reported experiencing high co-worker support also reported lower levels of emotional exhaustion; conversely, counselors with high co-worker support reported lower levels of turnover intention compared to counselors who reported low co-worker support (Ducharme et al., 2007). Similarly, a study using a population of neonatal intensive care unit (NICU) nurses with high levels of co-worker support showed that they experienced significantly lowered levels

of burnout compared to NICU nurses who reported lower levels of co-worker support (Barr, 2017).

### **Relationships with Supervisors**

Consistent with the research investigating the impact of strong relationships with co-workers, supportive relationships with managers have been shown to protect against employees feeling burned out (Baard et al., 2004; Deci et al., 2001). While there is a lack of research focused specifically on the relationship between PPOs and their supervisors, research based on other human services professions could provide insight into how these relationships affect burnout. While management styles can vary greatly, even perceived supervisor support can improve the experience of the employee (Isenhardt et al., 2019; Jose & Mampilly, 2015). Employees who perceive their supervisors as supportive are more likely to present with increased engagement and decreased emotional exhaustion (Goussinsky & Livne, 2016; Jose & Mampilly, 2015). Conversely, employees who experience a low-quality relationship with supervisors also report experiencing more negative emotions and engaging in counter-productive work behaviors (Kessler et al., 2008). PPOs can have complex work responsibilities with challenging caseloads of supervisees; therefore, PPOs may be more likely to experience burnout if they feel unsupported by their supervisors (Weigl et al., 2016).

### **Relationships and Systemic Impact**

Some organizations and municipalities, including probation and parole departments, can have a role in promoting a participatory atmosphere among employees (Dir et al., 2018). A participatory atmosphere refers to an environment in which employees contribute to

decision-making processes in the workplace (Slate et al., 2000). PPOs working in high, participatory environments report lower levels of physical, emotional, and job-related stress, in addition to endorsing higher levels of job satisfaction and job performance (Dir et al., 2018; Slate et al., 2000). Regarding the effects of burnout, PPOs working in participatory environments also report lower levels of cynicism and depersonalization when compared to those in less participatory environments (Slate & Johnson, 2012).

### **Summary and Conclusions**

There is extensive research on the influences and effects of burnout, particularly in human services professions (Ersayan et al., 2021; Leiter & Maslach, 1988; Maslach, 2017). PPOs are in multifaceted roles and are uniquely positioned to help ensure community safety, to provide needed support to their supervisees, and to impart sanctions if supervisees violate the terms of their community supervision (Annison, 2013; Gayman et al., 2017; Knight, 2007). The PPO role is often complicated by the competing needs of the legal system and that of their supervisees who can often require tailored, individualized supports (Epperson et al., 2014). The role conflict experienced by PPOs can contribute to them developing burnout (Epperson et al., 2014). PPOs working with individuals with SPMI can experience additional stressors related to their supervisees' particular mental health symptoms and their unique needs (Brown, 1987; Thomas, 1988; Whitehead, 1985). While there has been research studying the effects of burnout on PPOs in relationship to individualized needs of supervisees, there is little in the existing literature about the impact of burnout on PPOs whose workloads include supervisees with SPMI who have individualized needs and whose supervision and support in the community may

require varied approaches. Therefore, additional research is needed to reflect the current issues and needs of PPOs supervising individuals with SPMI.

### **Research Questions**

The present study sought to explore the following questions:

- RQ1: Is there a relationship between PPOs working with supervisees with SPMI and the level of burnout they experience?
- RQ2: Does the quality of the professional relationships (e.g., co-workers, supervisors) of PPOs working with individuals with SPMI impact their experience of burnout?
- RQ3: Is there a relationship between years employed as a PPO and burnout?

### **Hypotheses**

- H1: There will be a positive relationship between the number of supervisees with SPMI and burnout symptoms (emotional exhaustion, depersonalization, and decline in personal accomplishment).
- H2a: High-quality co-worker relationships will have a negative relationship on burnout.
- H2b: High-quality supervisor relationships will have a negative relationship on burnout.
- H3: There will be a positive relationship between the number of years worked as a PPO and burnout symptoms.

## **CHAPTER III: RESEARCH METHOD**

### **Research Design and Rationale**

This study aimed to better understand what predicts PPO burnout. The tool used to assess burnout has three subscales to explore which variables help predict emotional exhaustion, cynicism, and professional efficacy. Predictor variables in this study include the number of supervisees with SPMI on the PPO caseload, quality of relationship with co-workers, and quality of relationships with supervisors.

### **Methodology**

#### **Participants**

Participant recruitment was solicited from probation and parole departments in Rhode Island, with potential participants receiving an email containing information about the current study and a link to the study survey. To ensure participant confidentiality, chief probation and parole officers were not, and will not be, informed which PPOs have participated in the study.

#### **Procedures for Recruitment, Participation, and Data Collection**

An email with a link to the web-based survey was sent to PPOs in Rhode Island. There was a total of 76 potential participants identified in this study. The electronic survey packet contained an informed consent form explaining that participation is voluntary and confidential (see Appendix B). To promote participation and accuracy of the PPOs' responses, respondents were told that their supervisors would not be provided with any PPOs' individual responses. The surveys took approximately eight to twelve minutes to complete. The participants were asked to acknowledge the informed consent before moving on to the survey questions. The participants then completed the demographics and caseload-specific questionnaire, followed by

the subscales selected from two questionnaires to measure burnout and relationships with colleagues in the workplace.

## **Materials**

### **Demographics Questionnaire**

The participants completed a brief questionnaire with their demographic information. Information gathered includes age range, level of education, gender, and ethnicity. Participants also answered questions about total years of experience in probation or parole, years in their current position, current number of supervisees in caseload, and estimated number of current SPMI supervisees.

### **Burnout**

Burnout was measured using the Maslach Burnout Inventory (MBI; Maslach et al., 1996). The MBI is a 22-item measure of participants' experience of burnout with strong internal validity and construct validity (Langballe et al., 2006). The measure consists of three subscales, including emotional exhaustion (EE; item numbers 1, 2, 3, 6, 8, 13, 14, 16, and 20), depersonalization (DP; item numbers 5, 10, 11, 15, 22), and personal accomplishment (PA; item numbers 4, 7, 9, 12, 17, 18, 19, and 21). Respondents rate items on a 7-point Likert scale ranging from 0 (never) to 6 (every day). For each subscale, item ratings are averaged together to determine overall scores for each subscale.

### **Relationships with Co-workers and Supervisors**

The quality of professional relationships has been measured using two subscales of the Health and Safety Executive Indicator Tool questionnaire (Cousins et al., 2004). Consistent with previous research (Apodaca, 2019), the wording in the measure has been altered slightly,

including changing “colleague” to “co-worker” and “manager” to “supervisor.” The co-worker and supervisor questionnaires consist of four and five items, respectively. Respondents were asked to respond to both questionnaires using a 5-point Likert scale, ranging from 1 (never/strongly disagree) to 5 (always/strongly agree). The subscales of the Indicator Tool questionnaire have shown good internal consistency.

### **Data Analysis Plan**

Data analysis has been completed using Statistical Package for Social Sciences (SPSS), with data examined for outliers and missing values. Data analyses were performed to determine if there were any patterns in missing data. Participants missing more than 20% of their data were eliminated from the study. Descriptive statistics of the sample and the correlations among variables were all analyzed using SPSS.

Bivariate analyses and linear regression analyses have been used to address the research questions and to determine two outcomes: first, an analysis of the predictor variables will be used to determine whether, when analyzed together, a significant proportion of the variance of the outcome variables; and second, when considered one at a time, are any of the predictor variables significant when the other predictor variables are held constant? This form of analysis helped determine if any of the predictor variables were unique predictors of the outcome variables.

### **Ethical Procedures**

The present study proposal has been approved as Exempt status by the Antioch University New England Institutional Review Board (IRB). Additionally, this project has been approved by the RIDOC Planning & Research Unit and the Medical Research Advisory Group (MRAG).

Participants who received the survey were first presented with an Informed Consent page outlining the purpose and procedures of the project. Participants were informed of potential benefits and risks. Information about confidentiality and the way survey data would be kept private and protected was also included in the Informed Consent. Participants were informed that their participation was voluntary and that they could choose to discontinue the survey at any time without consequences. At the end of the Informed Consent document, prospective participants were given a forced choice question to either agree or to decline to begin the survey.

## CHAPTER IV: RESULTS

The goal of the study was to explore the effects of burnout on PPOs. Another aim was to examine the impact on PPOs working with supervisees with SPMI. Participants were surveyed and the data were analyzed to test the research hypotheses.

### Study Results

#### Participants

Twenty-seven PPOs completed the survey. However, one PPO did not complete any questions after the first survey item. This case was deleted thereby reducing the sample size to 26 individuals. The participants' demographic characteristics appear in Table 1. The majority were women ( $n = 18, 69.2\%$ ) and White ( $n = 19, 73.1\%$ ). Most had a bachelor's degree ( $n = 18, 69.2\%$ ). Over 40% indicated working as a probation or parole officer for 1–5 years ( $n = 11, 42.3\%$ ). Eighty-eight percent were currently working as probation officers (PPO;  $n = 22$ ). The number of clients in the current caseload ranged from 16 to 241 with a mean of 120.65 ( $SD = 63.74$ ).

#### Descriptive Statistics for the Continuous Variables (MBI Subscales)

The descriptive statistics for the continuous variables appear in Table 2. Scores for relationships with coworkers ranged from 3.00 to 5.00 with a mean of 4.16 ( $SD = 0.64$ ). Scores for relationships with supervisors ranged from 2.60 to 5.00 with a mean of 4.20 ( $SD = 0.70$ ). Emotional Exhaustion scores ranged from 0 to 3.78 with a mean score of 2.02 ( $SD = 1.01$ ). Depersonalization scores ranged from 0 to 4.20 with a mean score of 1.36 ( $SD = 1.12$ ). Personal accomplishment scores ranged from 1.63 to 5.63 with a mean score of 3.99 ( $SD = 0.95$ ). Finally, the total number of adult supervisees with serious and persistent mental illness on each

caseload as of the first of this month ranged from 1.00 to 60.00 with a mean of 18.81 ( $SD = 0.95$ ). In addition, the composite measures had good reliability as reflected by Cronbach's alpha values that ranged from .70 to .85.

## **Preliminary Screening Procedures**

### ***Missing Data***

Missing data were investigated by running frequency counts. As seen in Table 3, there were no missing data for the key variables. As such, the analyses proceeded accordingly.

### ***Screening for Normality***

The skewness and kurtosis values, which were used to assess normality, appear in Table 4. Per Kline (2015), a variable is considered normally distributed if its skewness index (i.e., skewness statistic/standard error) is less than three and if its kurtosis index (i.e., kurtosis statistic/standard error) is less than 20. None of the dependent measures were skewed.

### ***Screening for Outliers***

A test for univariate outliers was conducted and none were found to exist within the distributions. Univariate outliers were sought by converting observed scores to  $z$ -scores and then comparing case values to the critical value of  $\pm 3.30$ . Case  $z$ -scores that exceeded this value were greater than three standard deviations from the normalized mean and were investigated for potential removal. As seen in Table 5, no cases exceeded the criterion of  $\pm 3.30$ .

## **Results**

### ***Research Question 1***

Research Question 1: Is there a relationship between PPOs working with supervisees with SPMI and the level of burnout they experience? The corresponding hypothesis was that there

would be a positive relationship between number of supervisees with SPMI and burnout symptoms (emotional exhaustion, depersonalization, and decline in personal accomplishment).

To address this question, Pearson correlations and three linear regression models were used. The independent variable was specified as the total number of adult supervisees with SPMI on the caseload as of the first day of the month (Q8); the dependent variables were (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishment.

**Pearson Correlations.** In Table 6, the two-tailed Pearson correlations are presented between number of supervisees with SPMI and emotional exhaustion, depersonalization, and personal accomplishment. The results indicate a moderate, statistically significant positive correlation between emotional exhaustion and depersonalization ( $r(26) = .45, p = .02$ ); so as emotional exhaustion increased, depersonalization also increased. None of the other correlations were statistically significant and, thus, indicated no statistically significant bivariate relationships between SPMI and emotional exhaustion, depersonalization, and personal accomplishment.

**Regression Model for Total Number of Adult Supervisees with Serious and Persistent Mental Illness in the Caseload and Emotional Exhaustion.** To test the linear relationship between the total number of adult supervisees with SPMI and emotional exhaustion (the dependent variable), a simple linear regression was used (see Table 7). The model was not statistically significant ( $F(1, 24) = 3.014, p = .09$ ) and only accounted for 11% of the variance in emotional exhaustion ( $R^2 = .11$ ). The test of the regression model indicated that the total number of adult supervisees with SPMI ( $B = -.021, p = .09$ ) was not significantly associated with emotional exhaustion.

**Regression Model for Total Number of Adult Supervisees with Serious and Persistent Mental Illness in the Caseload and Depersonalization.** To test the linear relationship between the total number of adult supervisees with SPMI and depersonalization (the dependent variable), a simple linear regression was used (see Table 8). The model was not statistically significant ( $F(1, 24) = 1.49, p = .23$ ) and accounted for only 6% of the variance in depersonalization ( $R^2 = .06$ ). The test of the regression model indicated that the total number of adult supervisees with SPMI ( $B = -.017, p = .23$ ) was not significantly associated with depersonalization.

**Regression Model for Total Number of Adult Supervisees with Serious and Persistent Mental Illness in the Caseload and Personal Accomplishment.** To test the linear relationship between the total number of adult supervisees with SPMI and personal accomplishment (the dependent variable), a simple linear regression was used (see Table 9). The model was not statistically significant ( $F(1, 24) = 0.55, p = .46$ ) and accounted for only 2% of the variance in personal accomplishment ( $R^2 = .02$ ). The test of the regression model indicated that the total number of adult supervisees with SPMI ( $B = .009, p = .46$ ) was not significantly associated with personal accomplishment.

Given these findings, the null hypothesis was accepted. The corresponding hypothesis that there would be a positive relationship between number of supervisees with SPMI and burnout symptoms (emotional exhaustion, depersonalization, and decline in personal accomplishment) was not supported.

## ***Research Question 2***

Research Question 2: Is there a relationship between the quality of the professional relationships (e.g., coworkers, supervisors) and the level of burnout experienced by PPOs?

**Pearson Correlations for Research Question 2.** In Table 10, the two-tailed Pearson correlations are presented between the quality of the professional relationships (e.g., coworkers, supervisors) and the level of burnout. The results indicated a moderate statistically significant and positive correlation between emotional exhaustion and depersonalization ( $r(26) = -.45, p = .02$ ); as emotional exhaustion increased, depersonalization also increased. There was also a moderate positive, statistically significant correlation between personal accomplishment and relationships with coworkers ( $r(26) = .39, p = .04$ ); as personal accomplishment increased, relationships with coworkers also improved. There was a moderate negative, statistically significant correlation between emotional exhaustion and relationships with supervisors ( $r(26) = -.46, p = .01$ ); as emotional exhaustion increased, relationships with supervisors worsened. There were no other statistically significant correlations.

**Hypothesis 2a.** The first hypothesis for Research Question 2 was that high-quality coworker relationships will have a negative relationship with burnout. As seen in Table 10, there was a positive statistically significant correlation between personal accomplishment and relationships with coworkers ( $r(26) = .39, p = .04$ ); as personal accomplishment increased, relationships with coworkers improved.

***Regression Model for Relationships with Coworkers and Emotional Exhaustion.*** To test the linear relationship between relationships with coworkers and emotional exhaustion (the dependent variable), a simple linear regression was used (see Table 11). The model was not

statistically significant ( $F(1, 24) = 1.71, p = .20$ ) and only accounted for 7% of the variance in emotional exhaustion ( $R^2 = .07$ ). The test of the regression model indicated that the relationships with coworkers ( $B = -.40, p = .20$ ) was not significantly associated with emotional exhaustion.

***Regression Model for Relationships with Coworkers and Depersonalization.*** To test the linear relationship between relationships with coworkers and depersonalization (the dependent variable), a simple linear regression was used (see Table 12). The model was not statistically significant ( $F(1, 24) = 3.87, p = .61$ ) and accounted for 14% of the variance in depersonalization ( $R^2 = .14$ ). The test of the regression model indicated that relationships with coworkers ( $B = -.65, p = .06$ ) was not significantly associated with depersonalization.

***Regression Model for Relationships with Coworkers and Personal Accomplishment.*** To test the linear relationship between relationships with coworkers and personal accomplishment (the dependent variable), a simple linear regression was used (see Table 13). The model was statistically significant ( $F(1, 24) = 4.42, p = .05$ ) and accounted for 16% of the variance in personal accomplishment ( $R^2 = .16$ ). The test of the regression model indicated that relationships with coworkers ( $B = .57, p = .04$ ) was significantly and positively associated with personal accomplishment.

Hypothesis 2a was that high-quality coworker relationships would have a negative relationship with burnout. Given these findings, Hypothesis 2a was partially supported. As relationships with coworkers improved, personal accomplishment increased. Similarly, as relationships with coworkers worsened, personal accomplishment decreased.

**Hypothesis 2b.** The second hypothesis for Research Question 2 was that high-quality supervisor relationships would have a negative relationship to burnout. As seen in Table 10

above, there was a moderate negative, statistically significant correlation between emotional exhaustion and relationships with supervisors ( $r(26) = -.46, p = .01$ ); thus, as emotional exhaustion increased, relationships with supervisors worsened.

***Regression Model for Relationships with Supervisors and Emotional Exhaustion.*** To test the linear relationship between relationships with supervisors and emotional exhaustion (the dependent variable), a simple linear regression was used (see Table 14). The model was statistically significant ( $F(1, 24) = 6.57, p = .02$ ) and accounted for 22% of the variance in emotional exhaustion ( $R^2 = .22$ ). The test of the regression model indicated that relationships with supervisors ( $B = -.66, p = .01$ ) was both significant and negatively associated with emotional exhaustion.

***Regression Model for Relationships with Supervisors and Depersonalization.*** To test the linear relationship between relationships with supervisors and depersonalization (the dependent variable), a simple linear regression was used (see Table 15). The model was not statistically significant ( $F(1, 24) = 1.283, p = .27$ ) and only accounted for 5% of the variance in depersonalization ( $R^2 = .05$ ). The test of the regression model indicated that relationships with supervisors ( $B = -.361, p = .269$ ) were not significantly associated with depersonalization.

***Regression Model for Relationships with Supervisors and Personal Accomplishment.*** To test the linear relationship between relationships with supervisors and personal accomplishment (the dependent variable), a simple linear regression was used (see Table 16). The model was not statistically significant ( $F(1, 24) = 4.073, p = .06$ ) and accounted for 15% of the variance in personal accomplishment ( $R^2 = .15$ ). The test of the regression model indicated

that relationships with supervisors ( $B = .514, p = .055$ ) were not significantly associated with personal accomplishment.

The second hypothesis that high-quality supervisor relationships would have a negative relationship to burnout was partially supported. As emotional exhaustion increased, relationships with supervisors worsened. Similarly, as emotional exhaustion decreased, relationships with supervisors improved.

### ***Research Question 3***

Research Question 3: Is there a relationship between years worked as a PPO and burnout? The corresponding hypothesis was that there would be a positive relationship between the number of years worked as a PPO and burnout symptoms.

**Pearson Correlations.** The Pearson correlations for Research Question 3 are presented in Table 17. The results indicated a positive, statistically significant relationship between emotional exhaustion and depersonalization ( $r(26) = .45, p = .02$ ); as the emotional exhaustion increased, depersonalization also increased. There were no other statistically significant correlations.

### ***Regression Model for Number of Years Worked as a PPO and Emotional Exhaustion.***

To test the linear relationship between the number of years worked as a PPO and emotional exhaustion (the dependent variable), a simple linear regression was used (see Table 18). The model was not statistically significant ( $F(1, 24) = 0.14, p = .70$ ) and only accounted for 1% of the variance in emotional exhaustion ( $R^2 = .01$ ). The test of the regression model indicated that the number of years worked as a PPO ( $B = -.66, p = .017$ ) was not significantly associated with emotional exhaustion.

***Regression Model for Number of Years Worked as a PPO and Depersonalization.*** To evaluate the linear relationship between the number of years worked as a PPO and depersonalization (the dependent variable), a simple linear regression was used (see Table 19). The model was not statistically significant ( $F(1, 24) = 0.11, p = .73$ ) and only accounted for 1% of the variance in depersonalization ( $R^2 = .01$ ). The test of the regression model indicated that the number of years worked as a PPO ( $B = -.05, p = .73$ ) was not significantly associated with depersonalization.

***Regression Model for Number of Years Worked as a PPO and Personal Accomplishment.*** To test the linear relationship between the number of years worked as a PPO and personal accomplishment (the dependent variable), a simple linear regression was used (see Table 20). The model was not statistically significant ( $F(1, 24) = 1.55, p = .22$ ) and accounted for 6% of the variance in personal accomplishment ( $R^2 = .06$ ). The test of the regression model indicated that the number of years worked as a PPO ( $B = -.15, p = .22$ ) was not significantly associated with personal accomplishment.

Given these findings, the null hypothesis for Research Question 3 was accepted. The hypothesis that there would be a positive relationship between the number of years worked as a PPO and burnout symptoms was not supported. A summary of the findings for each research question can be found in Table 21.

## CHAPTER V: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The present study sought to expand the body of research literature on the relationship between PPOs and burnout. Specifically, the study considered potential factors that could exacerbate or mitigate feelings of burnout, including number of supervisees with SPMI on PPOs' caseloads, quality of professional relationships, and number of years spent working as a PPO.

### Interpretation of Findings

#### **H1: There will be a positive relationship between the number of supervisees with SPMI and burnout symptoms**

The first aim of the study was to examine whether there is a relationship between the number of supervisees with SPMI and PPO burnout. The results showed a moderately significant positive relationship between emotional exhaustion and depersonalization. As emotional exhaustion increased, so did depersonalization. This finding was consistent with previous research in this area (Ersayan et al., 2021). While the two subscales used to measure burnout have different characteristics, each shared some similar qualities in that the result of experiencing either of these symptoms of burnout could contribute to decreased motivation and feeling less capable of completing one's professional responsibilities (Leiter & Maslach, 1988; Maslach, 2017).

In analyzing the three subscales of burnout and number of adult supervisees with SPMI on the PPOs' caseload, there was no significant relationship found. Potential influencing factors that might have contributed to this discrepant result are discussed below.

These findings were inconsistent with studies that found a positive relationship between number of supervisees with SPMI and PPO burnout (Gayman et al., 2017; Powell & Gayman,

2020). Based on previous findings, Skeem and Jouden (2006) recommended limiting the number of supervisees with SPMI on each PPO's caseload. Limiting the number of supervisees with SPMI on each caseload meant that individual PPOs were positioned to become less overwhelmed by the higher demands required to serve supervisees with SPMI (Powell & Gayman, 2020; Skeem & Jouden, 2006). Here, there was an assumption that PPOs would likely have more time to dedicate to supporting their supervisees with the greatest needs for services.

**H2a: High-quality co-worker relationships will have a negative relationship on burnout**

Regarding Hypothesis 2a, results suggested a moderately significant positive relationship between personal accomplishment and relationships with coworkers. Therefore, as the quality of relationships with coworkers improved, feelings of personal accomplishment were expected to increase. Conversely, as the quality of relationships with coworkers worsened, personal accomplishment was also expected decrease. This finding was consistent with previous research that found a positive relationship between high quality relationships with coworkers and feeling more competent and engaged at work (Fernet et al., 2010; Isenhardt et al., 2019). Additionally, high quality relationships with co-workers have been shown to protect employees against developing symptoms of burnout over a two-year period (Fernet et al., 2010). These findings highlighted the importance of high-quality relationships with coworkers on PPOs. Probation and parole departments can make use of this information to promote positive interpersonal interactions between PPOs. The results of this study did not find a significant relationship between relationships with coworkers and either emotional exhaustion or depersonalization. Therefore, Hypothesis 2a was only partially supported by the results.

**H2b: High-quality supervisor relationships will have a negative relationship on burnout**

In addressing quality of relationships with supervisors, results indicated a moderately significant negative relationship between emotional exhaustion and relationship with supervisors. That is, as the quality of the relationship with the supervisor declined, the PPO experienced increased emotional exhaustion. This result seemed to suggest that as the quality of the relationship with the supervisor improved, emotional exhaustion would also likely decrease. A previous study found this similar result, in that low quality relationships with supervisors were strongly associated with emotional exhaustion (Weigl et al., 2016). As noted above, emotional exhaustion and depersonalization had a positive relationship. Therefore, it can be posited that if an employee experiences increased emotional exhaustion, they would also be likely to experience increased depersonalization. One possible explanation for this linear relationship could be that PPOs who feel undervalued by their supervisors lose motivation and feel overburdened by the work assigned to them (Leiter & Maslach, 1988; Maslach, 2017). Employees who worked in more participatory environments, where they felt their opinions were heard and taken into consideration, were less likely to experience burnout (Dir et al., 2018; Ducharme et al., 2007; Slate & Johnson, 2012). The quality of relationships with supervisors did not have a statistically significant correlation with depersonalization or personal accomplishment; thus, Hypothesis 2b was only partially supported.

**H3: There will be a positive relationship between the number of years worked as a PPO and burnout symptoms**

Finally, this study also considered the relationship between number of years worked as a PPO and burnout. Previous studies have had conflicting results when considering number of

years worked and whether a positive relationship with burnout (Gayman et al., 2017) or a negative relationship with burnout was observed (Andersen et al., 2017). In the current study, there were no significant relationships found between number of years worked and any of the burnout subscales. Thus, Hypothesis 3 was not supported.

### **Limitations of the Study**

There were several limitations to this study. The small sample size narrowed the statistical analyses that could be completed, including analyzing differences between different demographic groups. Extending the period that the survey was available could have resulted in a larger sample size, which could have impacted the overall results. Additionally, the small sample size did not represent a broadened range in demographic factors (e.g., race, gender).

Furthermore, because self-report measures were used, it is possible PPOs responded in a manner they believed would be more socially acceptable. While the Informed Consent clearly stated that the individual results would not be identifiable or that results shared with anyone outside of this researcher, PPOs could have been concerned about negative consequences resulting from having participated in the study or for providing answers that indicated negative work experiences. Additionally, PPOs were asked to provide the number of adult supervisees on the caseload and the number of adult supervisees with SPMI on their caseload. While a brief definition of SPMI was provided to the participants, it is possible that interpretations of this question could have been inconsistent.

Finally, the sample in this study represents one state in the New England region of the United States. A larger study that included several states within the region would likely be more representative of the experiences of PPOs across New England. A sample size from a larger

geographical area would also have been more generalizable to the field of research focused on PPOs' experiences of burnout.

### **Recommendations**

The limitations described above can be used as a starting point for future research considerations. To date, the New England region of the US has been underrepresented in the existing research literature analyzing the relationship between PPOs and burnout, in particular those PPOs with caseloads that include supervisees with SPMI. While this study began the process of filling this gap in research, future studies should focus on the region as a whole. In order to gain a more meaningful understanding of burnout and how it might impact PPOs differently across varying demographic factors, future research should aim for a more robust sample size. Additionally, when using a demographics questionnaire, researchers should attempt to be as inclusive as possible to represent the population most accurately.

Furthermore, providing potential participants with more time to complete the survey would likely result in a larger and potentially more representative sample. It should also be noted that the survey was distributed during the summer months when several potential participants were away from the office and unable to respond to the survey (i.e., bounce-back messages were received to indicate the absence of PPOs). Future researchers should consider when they would be most likely to engage the most participants to improve upon the number of responses received.

### **Conclusions**

The aim of this exploratory study was to add to the field of research on PPOs and burnout. Existing research emphasizes the various roles and responsibilities assigned to PPOs.

However, the impact of PPOs' experience of burnout has been underreported, specifically with regard to harder to serve supervisees, including those living with SPMI. PPOs have an important role in our society as they attempt to promote safety in their communities and provide support to their supervisees. Moreover, due to their role within the legal system, PPOs have often been excluded from research studying the effects of burnout on individuals working in human services fields.

The findings of this study also emphasize the importance of PPOs having high quality relationships with their coworkers and supervisors. The findings suggest that high quality professional relationships increase PPOs' sense of personal accomplishment and decrease feelings of emotional exhaustion. Administrators and supervisors within probation and parole departments can make use of this information to help guide their practices, including how supervision of PPOs is structured and by encouraging positive interpersonal interactions between PPOs and between PPOs and their supervisees with SPMI.

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**APPENDIX A: RECRUITMENT LETTER**

Hello,

My name is Janelle Hickey, and I am a fifth-year doctoral student in the Clinical Psychology program at Antioch University New England. I am emailing you to ask for your participation in a short 5–10 minute survey. The survey is confidential and voluntary. I am currently looking for probation and parole officers to participate in my dissertation research exploring the relationship between supervising individuals in the community with severe mental illness and job burnout. I am also studying the possible effects that professional relationships, such as relationships with co-workers and supervisors, can have on job burnout. If you are a probation or parole officer in Rhode Island and you supervise adult probationers or parolees in the community, please consider taking this brief survey.

The survey can be found by following this link: [insert link here]

I very much appreciate you taking the time to consider and complete the survey. Please feel free to forward this to any colleagues you think might be interested in participating. If you have any questions regarding the nature or purpose of this study, please contact me at [redacted]. This research project was approved by the Rhode Island Department of Corrections (RIDOC) Planning and Research Unit on July 22, 2022 (RIDOC contact: [redacted]).

Sincerely,

Janelle Hickey, MS  
*she series*  
Doctoral Candidate  
Department of Clinical Psychology  
Antioch University New England

## **APPENDIX B: INFORMED CONSENT**

You are invited to participate in an online research study. This study hopes to better understand the experiences of probation officers working with supervisees with serious and persistent mental illness (SPMI) and their substance abuse history. If you are a probation officer working with adults in Rhode Island, and you are at least 18 years of age, you are eligible to participate in this study. The principal researcher for the study is Janelle Hickey, a doctoral candidate in the Department of Clinical Psychology at Antioch University New England, Keene, NH. This research project was approved by the Institutional Review Board at Antioch University New England.

1. **PURPOSE OF THE PROJECT:** This study hopes to better understand the relationship between probation officers working with supervisees with SPMI, the impact of professional relationships, and feelings of burnout.
2. **PROCEDURES:** As a participant, you will be asked to answer survey questions about your experiences as a probation officer. You will also be asked about your professional relationships and feelings related to burnout. Information about your basic demographics will also be asked within these surveys. Completing these surveys will take about 5-10 minutes.
3. **BENEFITS OF PARTICIPATION:** Results could be used by probation department supervisors to try to reduce burnout in their department. Your responses will help to add to the information about the impact of working with supervisees with serious and persistent mental illness on probation officers. It will also help recommend potential changes to work and treatment practices to improve the experience of probation officers and, in turn, people on probation.

De-identified results of the study will be offered to all probation departments that participated in the study.

4. **RISKS:** The risks to participating in this study are expected to be low. The questions in the survey are not expected to cause more discomfort than a person might experience in daily life. If a participant experiences increased stress, the phone number for national and statewide mental health crisis hotlines will be provided on every page of the survey. If a questionnaire or specific item on it is too difficult to answer, you can stop filling out the questionnaire.

5. **CONFIDENTIALITY and ANONYMITY:** The records of this study will be kept private. Only the primary researcher will have access to the survey data. Any report of the study will include only average statistics. It will not identify any specific person. You are not asked to write your name or any other information that may identify you. Your responses will be kept anonymous and stored in a password protected file on a password protected computer.

6. **REFUSAL/ WITHDRAWAL:** Taking part in this study is voluntary. If you choose to begin the study, you can stop at any time without any consequences.

7. **DEBRIEFING:** This study does not expect negative consequences from participation; therefore, no formal debriefing is needed. If you have any questions about the study, please contact the primary researcher at [redacted] If you have any questions about the research procedures or your rights as a participant, contact Dr. Kevin Lyness, Chair of the Antioch University New England Human Research Committee, [redacted], [redacted], or Dr. Shawn Fitzgerald, Provost, at [redacted].

If you consent to participate in the current study, please click “I Agree” to begin. You may choose to discontinue the survey at any time.

## APPENDIX C: DEMOGRAPHICS QUESTIONNAIRE

Please select your gender identity:

- Female
- Male
- \_\_\_\_\_ (Short space answer)
- Prefer not to say

Please select your ethnicity

- Hispanic or Latino
- Black or African American
- Native American
- Asian
- Native Hawaiian or Pacific Islander
- Caucasian
- Two or more
- Other/unknown
- Prefer not to say

What is your highest degree or level of education? If currently enrolled, please mark highest degree received:

- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Master's Degree or Higher
- Other

How many years have you worked as a probation or parole officer? If you have worked as both, please answer with the combined number of years.

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- Over 20 years
- I have never worked in the probation and parole office.

Please specific if you are currently working as a probation officer or a parole officer:

- Probation Officer
- Parole Officer

In this section you will be asked about the number of clients on your current caseload. One of the questions asks about probation supervisees with serious and persistent mental illness. Serious and persistent mental illness can be defined as a mental illness that lasts an extended period or person's lifetime, impacts the person's daily living, and requires long-term treatment. Examples include, but are not limited to, schizophrenia, bipolar disorder, and major depressive disorder.

What is the total number of adult supervisees on your current caseload as of the first of this month? \_\_\_\_ (Short space answer)

What is the total number of adult supervisees with serious and persistent mental illness on your caseload as of the first of this month? (Exact number preferred or closest estimate) \_\_\_\_ (Short space answer)

**Table 1***Descriptive Statistics for the Participants' Demographic Characteristics*

Characteristic	<i>n</i>	%
Gender		
Female	18	69.2
Male	8	30.8
Total	26	100
Ethnicity		
White or Caucasian	19	73.1
Black or African American	3	11.5
Hispanic or Latino	1	3.8
Two or more	1	3.8
Prefer not to say	2	7.7
Total	26	100
Highest degree or level of education		
Bachelor's degree	18	69.2
Master's Degree or Higher	8	30.8
Total	26	100
Years worked as a probation or parole officer		
Less than 1 year	3	11.5
1 to 5 years	11	42.3
6 to 10 years	3	11.5
11 to 15 years	5	19.2
16 to 20 years	1	3.8
Over 20 years	3	11.5
Total	26	100
Currently working as a probation officer or parole officer		
Probation Officer	22	88.0
Parole Officer	3	12.0
Total	25	100

**Table 2***Descriptive Statistics for the Independent & Dependent Variables (N = 26)*

Variable	Min	Max	<i>M</i>	<i>SD</i>	Cronbach's alpha	# of items
Relationships with Coworkers	3.00	5.00	4.16	.64	.91	4
Relationships with Supervisors	2.60	5.00	4.20	.70	.85	6
Emotional Exhaustion	.00	3.78	2.03	1.01	.85	9
Depersonalization	.00	4.20	1.36	1.12	.70	5
Personal Accomplishment	1.63	5.63	3.99	0.95	.80	8
Total number of adult supervisees with serious and persistent mental illness in caseload	1.00	60.00	18.81	16.01	N/A	N/A

**Table 3***Assessment of Missing Data*

Variable	N	Missing	
		Count	%
Relationships with Coworkers	26	0	.0
Relationships with Supervisors	26	0	.0
Emotional Exhaustion	26	0	.0
Depersonalization	26	0	.0
Personal Accomplishment	26	0	.0
Years worked as a probation or parole officer	26	0	.0
Total number of adult supervisees with serious and persistent mental illness on your caseload as of the first of this month	26	0	.0

**Table 4***Skewness and Kurtosis for the Key Variables*

Variable	Skewness	Kurtosis
Relationships with Coworkers	-0.24	-.81
Relationships with Supervisors	-1.09	.41
Emotional Exhaustion	-0.05	-.90
Depersonalization	0.86	.04
Personal Accomplishment	-0.50	.34
Total number of adult supervisees with serious and persistent mental illness in caseload	1.21	0.77

*Note.* S.E. for skewness is .456; S.E. for kurtosis is .887.

**Table 5***Z-Scores for the Key Variables*

Z-Scores	Minimum	Maximum
Relationships with Coworkers	-1.79	1.29
Relationships with Supervisors	-2.27	1.13
Emotional Exhaustion	-2.01	1.71
Depersonalization	-1.21	2.50
Personal Accomplishment	-2.48	1.71
Total number of adult supervisees with serious and persistent mental illness on your caseload	-1.11	2.57

**Table 6**

*Two Tailed Pearson Correlations for the Relationship Between the Total Number of Supervisees with SPMI and Burnout Symptoms*

		Emotional Exhaustion	Depersonalization	Personal Accomplishment	Total number of adult supervisees with SPMI in caseload
Emotional Exhaustion	<i>r</i>	1			
Depersonalization	<i>r</i>	.45*	1		
	<i>p</i>	.02			
Personal Accomplishment	<i>r</i>	-.23	-.25	1	
	<i>p</i>	.25	.21		
Total number of adult supervisees with SPMI in caseload	<i>r</i>	-.33	-.24	.15	1
	<i>p</i>	.09	.23	.46	

\* $p < .05$ .

**Table 7**

*Regression Coefficients for the Relationship between the Total Number of Adult Supervisees with SPMI, and Emotional Exhaustion (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	2.43	0.29		8.171	.00
Total number of adult supervisees with SPMI in the caseload	-0.02	0.01	-0.33	-1.736	.09

**Table 8**

*Regression Coefficients for the Relationship between the Total Number of Adult Supervisees with SPMI, and Depersonalization (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	1.69	0.34		4.94	.00
Total number of adult supervisees with SPMI in the caseload	-0.01	0.01	-0.24	-1.22	.23

**Table 9**

*Regression Coefficients for the Relationship between the Total Number of Adult Supervisees with SPMI, and Personal Accomplishment (The Dependent Variable)*

Model	<i>B</i>	Std. Error	$\beta$	<i>t</i>	<i>p</i>
(Constant)	3.82	0.29		13.02	.00
Total number of adult supervisees with SPMI in the caseload	0.009	0.01	0.15	0.74	.46

**Table 10**

*Table of Pearson Correlations for the Relationship Between the Relationships with Coworkers and Burnout Symptoms*

		Emotional Exhaustion	Depersonalization	Personal Accomplishment	Relationships with Coworkers	Relationships with Supervisors
Emotional Exhaustion	<i>r</i>	1				
Depersonalization	<i>r</i>	.45*	1			
	<i>p</i>	.02				
Personal Accomplishment	<i>r</i>	-.23	-.25	1		
	<i>p</i>	.25	.21			
Relationships with Coworkers	<i>r</i>	-.25	-.37	.39*	1	
	<i>p</i>	.20	.06	.04		
Relationships with Supervisors	<i>r</i>	-.46*	-.22	.38	.32	1
	<i>p</i>	.01	.26	.05	.10	

\* $p < .05$

**Table 11**

*Regression Coefficients for the Relationship between Relationships with Coworkers, and Emotional Exhaustion (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	3.72	1.29		2.86	.008
Relationships with Coworkers	-0.40	0.30	-0.25	-1.31	.20

**Table 12**

*Regression Coefficients for the Relationship between Relationships with Coworkers, and Depersonalization (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	4.07	1.39		2.93	.007
Relationships with Coworkers	-0.65	0.33	-0.37	-1.96	.06

**Table 13**

*Regression Coefficients for the Relationship between Relationships with Coworkers and Personal Accomplishment (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	1.58	1.15		1.36	.18
Relationships with Coworkers	0.57	0.27	0.39	2.10	.04

**Table 14**

*Regression Coefficients for the Relationship between Relationships with Supervisors, and Emotional Exhaustion (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	4.83	1.10		4.37	.000
Relationships with Supervisors	-0.66	0.26	-0.46	-2.56	.01

**Table 15**

*Regression Coefficients for the Relationship between Relationships with Supervisors, and Depersonalization (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	2.887	1.358		2.126	.044
The Relationships with Supervisors	-0.361	0.319	-0.225	-1.133	.269

**Table 16**

*Regression Coefficients for the Relationship between Relationships with Supervisors, and Personal Accomplishment (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	1.83	1.08		1.68	.10
Relationships with Supervisors	0.51	0.25	0.38	2.01	.05

**Table 17**

*Table of Pearson Correlations for the Number of Years Worked as a PPO and Burnout*

*Symptoms*

		Emotional Exhaustion	Depersonalization	Personal Accomplishment	Years worked as a probation or parole officer
Emotional Exhaustion	<i>r</i>	1			
Depersonalization	<i>r</i>	.45*	1		
	<i>p</i>	.02			
Personal Accomplishment	<i>r</i>	-.23	-.25	1	
	<i>p</i>	.25	.21		
Years worked as a probation or parole officer	<i>r</i>	.07	-.07	-.24	1
	<i>p</i>	.70	.73	.22	

\* $p < .05$ .

**Table 18**

*Regression Coefficients for the Relationship between the Number of Years Worked as a PPO, and Emotional Exhaustion (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	1.88	0.44		4.23	.00
The Number of Years Worked as a PPO	0.05	0.13	0.07	0.38	.70

**Table 19**

*Regression Coefficients for the Relationship between the Number of Years Worked as a PPO, and Depersonalization (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	1.52	0.49		3.05	.005
The Number of Years Worked as a PPO	-0.05	0.15	-0.07	-0.34	.73

**Table 20**

*Regression Coefficients for the Relationship between the Number of Years Worked as a PPO, and Personal Accomplishment (The Dependent Variable)*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
(Constant)	4.44	0.40		10.92	.00
The Number of Years Worked as a PPO	-0.15	0.12	-0.24	-1.24	.22

**Table 21***Summary of Findings*

Research Questions	Hypotheses	Results
1. Is there a relationship between PPOs working with supervisees with SPMI and the level of burnout they experience?	H1. There will be a positive relationship between the number of supervisees with SPMI and burnout symptoms (emotional exhaustion, depersonalization, and decline in personal accomplishment).	None of the linear regression models were statistically significant.  The null hypothesis was accepted.
2. Is there a relationship between quality of the professional relationships (e.g., coworkers, supervisors) and the level of burnout experienced by PPOs?	H2a. High quality coworker relationships will have a negative relationship with burnout.	Relationships with coworkers ( $B = .57, p = .04$ ) was significantly and positively associated with personal accomplishment.  Hypothesis 2a was partially supported.
	H2b. High quality supervisor relationships will have a negative relationship with burnout.	Relationships with supervisors ( $B = -.66, p = .01$ ) was significantly and negatively associated with emotional exhaustion.  Hypothesis 2b was partially supported.
3. Is there a relationship between years worked as a PPO and burnout?	H3. There will be a positive relationship between number of years worked as a PPO and burnout symptoms.	None of the linear regression models were statistically significant.  The null hypothesis was accepted.