Perceptions of Service Providers’ Burnout: Comparison of Service Users and Service Providers

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Abstract

This paper reports the findings of a study comparing service providers’ and service users’ perceptions of providers’ burnout. It addresses two issues: the similarities and differences in their perceptions; and the associations between any gaps in their perceptions and the service users’ satisfaction and perceptions of change. The study was conducted on 270 matched pairs of service users and service providers in a human service agency in a major city in Israel, using the Maslach Burnout Inventory. The findings show that the service users viewed their providers as less emotionally exhausted, as having a lower level of accomplishment and as more depersonalising than the providers viewed themselves. They also show that user-versus-provider discrepancies in perceptions of the providers’ accomplishments and depersonalisation contributed significantly to the users’ satisfaction with the agency and their provider, as well as to their perception of changes in their presenting problem.

Keywords: Burnout, gaps in perceptions of burnout, perceptions of change, satisfaction with services, service providers, service users

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Introduction

Burnout is known to be a serious problem in human service professions. As defined by Maslach and Jackson (1981), burnout is characterised by
three key dimensions: emotional exhaustion, depersonalisation and reduced personal accomplishment. Emotional exhaustion is manifested in service providers feeling that they are no longer able to give of themselves emotionally. Depersonalisation means that providers respond to persistent stress by developing negative, cynical attitudes and feelings about their clients. Reduced personal accomplishment is manifested in providers’ negative perceptions of their work and feelings of dissatisfaction with their accomplishments (Maslach et al., 1996).

A great deal has been written about the deleterious consequences of burnout for both service providers and their clients. Consequences for service providers include impaired emotional and physical health, and diminished sense of well-being (Acker, 2010; Kim and Kao, 2011; Lizano, 2015; Peterson et al., 2008). With respect to clients, service providers suffering from burnout are less able to be empathic, collaborative and attentive, and are less able to bond with clients and to form a cooperative working alliance with them (Corrigan, 1990). They have high turnover rates, which disrupt the continuity of care (Boyer and Bond, 1999); and generally show poorer job performance (Taris, 2006) and provide poorer quality services than those who do not suffer from burnout (Carney et al., 1993; Parrish and Rubin, 2012).

Almost all the research on burnout to date has queried service providers. To the best of our knowledge, only two studies have asked service users to report on the burnout of their service providers. The first, by McCarthy and Frieze (1999), examined associations between therapists’ behaviours and clients’ perceptions of the quality of the therapy. The findings showed that perceived therapist burnout, one of the behaviours investigated, was positively associated therapists’ use of personal coercive influence strategies, direct expert influence strategies and indirect expert influence strategies. The second, by the authors of the present paper, found that service users’ perceptions of their providers’ burnout mediated the association between the working alliance they formed with their providers and their perceptions of the effectiveness of the intervention (Savaya et al., 2016). No study, however, has investigated possible differences in service providers’ and service users’ perceptions of the service providers’ burnout.

The present paper examines the latter issue: namely the congruence between service providers’ and service users’ perceptions of providers’ burnout. It addresses two questions. The first is: how similar or different are their perceptions of service providers’ burnout? Although the literature assumes that burnout has concrete manifestations in service providers’ behaviours, it cannot be certain that service users necessarily perceive those manifestations or sense them to be as serious as the service providers do. The second question concerns the predictive power of differences in their perceptions: are discrepancies in their perceptions associated with service users’ satisfaction with their service providers
and the agency, and with their perceived changes in their presenting problems?

The rational for the examination is anchored in theories emphasising the importance of consensus or congruence of perceptions between service users and service providers to achieving positive outcomes. Among other things, such congruence is an indicator of the quality of the relationship between the service user and service provider. In particular, importance has been attributed to congruence, or agreement, with respect to the aims of treatment and the ways of attaining them. For example, a meta-analysis by Horvath, Del Re, Flückiger and Symonds (2011) shows that the quality of the working alliance, defined as the positive emotional bond between therapist and client and their agreement on the treatment goals and the means attaining them, is one of the strongest predictors of the success of therapy. A meta-analysis by Tryon and Winograd (2011) found that service user–service provider goal consensus and collaboration are associated with service users’ well-being and positive outcomes in psychotherapy. In a similar vein, several researchers found that client–therapist agreement on what is happening in the therapy are associated with better outcomes (Cummings et al., 1992; Kivlighan and Arthur, 2000; Reis and Brown, 1999). Conversely, discrepancies between client and therapist ratings of the relationship and outcome measures are associated with negative outcomes. Corning et al. (2007) found that greater discrepancies between clients’ and therapists’ perceptions of the severity of the presenting problem lowers the odds of mutual treatment termination. From a somewhat different perspective, Taber and colleagues (2011) found that client–therapist personality congruence is associated with the quality of the therapeutic bond, which in turn is associated with the therapeutic outcome.

Context of the study

The study was conducted in the Social Welfare Department (SWD) of the Tel Aviv-Yafo Municipality. This is among Israel’s largest municipalities. Its SWD provides a large variety of services to close to 39,032 persons from some 27,470 households. In the early 2000s, the senior management of the SWD introduced a major change in the department’s approach, from heuristic practice to planned, systematic, outcome-oriented practice (Savaya et al., 2013). As part of the endeavour, management and workers joined in developing guidelines for assessment and intervention. Among the key principles of the guidelines were the importance of co-operation between service providers and service users in the assessment process and their agreement on the aims of the intervention and ways of attaining them. The endeavour,
which is still in process, has been accompanied by ongoing evaluation and research.

In light of the literature reviewed above and within the context of the evaluation and research that accompanied the changes, the present paper presents findings on two questions: How congruent are the service users’ and service providers’ perceptions of the providers’ burnout? Are discrepancies in their perceptions associated with service users’ satisfaction and perception of change?

**Method**

**Sample**

In 2012, we conducted two studies in the Department of Social Welfare of the Tel Aviv-Yafo municipality. One study queried service users; the other queried service providers. Among the variables examined in both samples was service providers’ burnout. Service providers answered questions on their own levels of burnout; service users were asked to rate their service providers’ levels of burnout. The questionnaires were administered to all the service providers in the Department of Social Welfare. (For details on the service user sampling procedure, see Savaya et al., 2016.) Since participants from both groups were asked to identify themselves on the questionnaire, we were able to create a matched service provider × service user sample.

Both studies were approved by the Ethics Committee of Tel Aviv University. All the participants signed an informed consent form prior to filling out the questionnaire.

**Sample characteristics**

The sample consisted of 270 matched pairs of service provider × service users. About two-thirds of the service user sample were women. Their mean age was 43.95 years (SD = 10.38). About a third of them were married; almost half were separated or divorced. About a third had no more than a junior high-school education; under half had completed high school. A little over half were employed, the others not.

Most of the service providers were female (85.3 per cent). More than half (56.1 per cent) had a BSW, the entry-level degree to practise social work in Israel; 42.4 per cent had an MSW and 1 per cent a Ph.D. Their mean number of years in the profession was 15.7 (SD=12.4) and their mean number of years on the job was 11.3 (SD=14.6).
Measures

**Background information**

Service providers were asked their gender, education and number of years in the profession and on the job. Service users were asked their gender, age, family status, education and employment status.

**Perceived social worker burnout**

This was was assessed on the Maslach Burnout Inventory (MBI; Maslach and Jackson, 1986). This is a twenty-one-item questionnaire which asks respondents to indicate how often they experience feelings pointing to burnout on a seven-point scale (0 = never to 6 = every day). The items cover three factors: emotional exhaustion, (e.g. I feel emotionally drained from my work), depersonalisation (e.g. I feel I treat some recipients as if they were impersonal ‘objects’) and personal accomplishment (e.g. I deal very effectively with the problems of my recipients). The MBI is a well-known and validated self-report measure of professionals’ burnout. Reliabilities for the service providers in the present sample were: \( \alpha = 0.92 \) for emotional exhaustion, \( \alpha = 0.75 \) for depersonalisation and \( \alpha = 0.88 \) for personal accomplishment.

Service users completed the same questionnaire, in which they were asked to report their perceptions of their service providers’ burnout. The questionnaire covered the same three factors as that completed by the service providers: emotional exhaustion (e.g. ‘My social worker seems emotionally drained’), depersonalisation (e.g. ‘My social worker treats me as if I were impersonal object’) and personal accomplishment (e.g. ‘My social worker deals effectively with my problems’).

The construct validity of the version of the MBI that was filled out by the service users was examined using confirmatory factor analysis. The findings showed a good fit to the model: \( \chi^2/df = 2.16, \) CFI = 0.963, TLI = 0.957 and RMSEA = 0.058, thereby confirming the construct validity of the measure. In other words, these findings show that the theoretical three-part structure of the original questionnaire remained almost entirely intact. Only one item, which had a loading of less than 0.4, had to be removed from the scale.

Reliabilities were very good: \( \alpha = 0.91 \) for emotional exhaustion, \( \alpha = 0.83 \) for depersonalisation and \( \alpha = 0.93 \) for personal accomplishment. For both samples, scores were calculated as the mean of the responses. The higher the score, the greater the perception of service providers’ emotional exhaustion, depersonalisation and personal accomplishment.
Two aspects of service users’ satisfaction were measured: satisfaction with their social worker, and satisfaction with the agency and the service it provided.

**Satisfaction with the social worker**

This was assessed by four items, querying the respondents’ satisfaction with their social worker, with the frequency of their contact, with the help they received from the social worker and with their social worker’s attitude. Ratings were made on a five-point scale (1 = not at all satisfied, 5 = very satisfied). Factor analysis with Varimax rotation yielded one factor, which explained 84.36 per cent of the variance. Reliability was $\alpha = 0.94$. Scores were calculated as the mean of the responses. The higher the score, the greater the satisfaction with the social worker.

**Quality of services received from the agency**

This was assessed by the twenty-one-item Client Satisfaction Inventory (CSI; McMurtry and Hudson, 2000). Service users were asked to rate the services they received from the agency (e.g. ‘The services I get here are a big help to me’; ‘People here want to do things their way, instead of helping me find my way’; ‘I thought no one could help me until I came here’) on a seven-point scale (1 = none of the time, 7 = all of the time). Although factor analysis with Varimax rotation yielded the same two factors that were reported by the developers of the measure, a single CSI score was calculated for the purpose of the present analyses. This explained 69.4 per cent of the variance; its reliability was 0.95. The CSI was calculated as the mean of the responses. The higher the mean, the higher the service users’ assessment of the quality of the services they received.

**Perceived change**

To ascertain their perceived change, service users were asked to name the main problem for which they had sought help from the welfare department and to indicate its severity at the time of their initial help seeking. Ratings were made on a ten-point scale, with 1 = not at all serious, 10 = extremely serious. Then, the service users were asked to indicate the amount of change they perceived in the problem on a ten-point scale (1 = a lot worse, 5 = no change, 10 = much better). Perceived change was determined by the ratings on the second question.

All the measures were administered in Hebrew, the language of the study’s respondents.
Findings

Table 1 presents the means and standard deviations of the service users’ satisfaction with their service providers and the agency and its services, as well as the changes they perceived in their presenting problem.

As can be seen, the respondents’ satisfaction with the service providers and the services was in the high-to-moderate range, while their perceptions of the changes in their presenting problem were moderate.

Table 2 presents the means, standard deviations and t-values of service users’ × service providers’ perceptions of service providers’ burnout.

As can be seen, both the providers and the users perceived the providers’ burnout to be low to moderate. With this, there were some differences in their perceptions. The service providers reported a fairly high sense of personal accomplishment, rather low depersonalisation and moderate emotional exhaustion. The service users, in contrast, viewed their service providers as being less emotionally exhausted, as more depersonalising (i.e. as objectifying them more) and accomplishing less than the service providers rated themselves. All the differences are statistically significant.

In addition, matched pair correlations were calculated between the perceptions of each of the service providers and his or her service users. None of the correlations was significant.

To measure the discrepancies between the service users’ and service providers’ perceptions of the service providers’ burnout, we calculated the differences in the burnout scores they gave. Table 3 presents the ranges, means and standard deviations on the three burnout subscales.

As can be seen, the discrepancies were about eight points on each subscale. The minuses preceding the emotional exhaustion and personal accomplishment scores indicate that the service users rated their service providers as less emotionally exhausted and as having accomplished less than the service providers rated themselves. The minus preceding the depersonalisation score indicates that the service users viewed their providers as more depersonalised than the providers viewed themselves.

Three hierarchical regressions were carried out: the first to determine whether the discrepancies predicted the service users’ satisfaction with the agency; the second to determine whether they predicted the service users’ satisfaction with their service provider; and the third to ascertain whether they predicted the service users’ perceived changes.
In the first step of each regression, the service users’ employment, education, gender, age and marital status were entered as control variables. The findings are presented in Table 4.

As can be seen, these socio-demographic variables explain 2 per cent of the variance in satisfaction with the agency, 1 per cent of the variance in satisfaction with the service provider and 4 per cent of the variance in perceived changes. However, of all the socio-demographic variables, the only one that made a significant contribution was age and this only to the service users’ perceptions of change. Older service users perceived less change than younger ones.

In the second step, the three discrepancies were entered into the regressions. These added 61 per cent to the explained variance in satisfaction with the agency, 62 per cent to the explained variance in satisfaction with the service provider and 11 per cent to the explained variance in perceived changes. Only two of the three discrepancies, however, made significant contributions to the users’ satisfaction: the service users’ perceptions of their providers’ accomplishments and their perceptions of their providers’ depersonalisation. The more the users viewed their service providers’ accomplishments as greater than the providers themselves did, the more satisfied the users were with their providers and agency. The more depersonalised the service users perceived their service providers to be in comparison to the providers’ own perceptions, the less satisfied the users were with their service providers and agency.

With regard to perceived changes, the contribution of age disappeared and the only discrepancy that made a significant contribution to the variance was the discrepancy in their views of the service providers’

### Table 2: Means, SD and t-values of service providers’ and service users’ perceptions of the service providers’ burnout

<table>
<thead>
<tr>
<th>Burnout</th>
<th>Service providers</th>
<th>Service users</th>
<th>T</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>3.30</td>
<td>1.14</td>
<td>2.37</td>
</tr>
<tr>
<td>Personal accomplishment</td>
<td>5.34</td>
<td>0.80</td>
<td>4.01</td>
</tr>
<tr>
<td>Depersonalisation</td>
<td>1.99</td>
<td>0.85</td>
<td>2.40</td>
</tr>
</tbody>
</table>

***p < 0.001.

### Table 3: Discrepancies in perceptions of service provider burnout: ranges, means and standard deviations

<table>
<thead>
<tr>
<th>Discrepancy</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Means</th>
<th>Std. deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>-5.13</td>
<td>3.78</td>
<td>-0.92</td>
<td>1.74</td>
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<tr>
<td>Personal accomplishment</td>
<td>-5.13</td>
<td>2.38</td>
<td>-1.32</td>
<td>1.66</td>
</tr>
<tr>
<td>Depersonalisation</td>
<td>-4.00</td>
<td>4.20</td>
<td>0.41</td>
<td>1.63</td>
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</table>
Table 4 Hierarchical regression analysis predicting CSI, satisfaction with service provider and perceived changes

<table>
<thead>
<tr>
<th>Service users' variables</th>
<th>CSI</th>
<th></th>
<th></th>
<th>Satisfaction with service provider</th>
<th></th>
<th></th>
<th>Perceived changes</th>
<th></th>
<th></th>
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</thead>
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<tr>
<td></td>
<td>B</td>
<td>SE</td>
<td>β</td>
<td>B</td>
<td>SE</td>
<td>β</td>
<td>B</td>
<td>SE</td>
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<tr>
<td><strong>Model 1</strong></td>
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<tr>
<td>Employment</td>
<td>-0.29</td>
<td>0.23</td>
<td>-0.08</td>
<td>-0.12</td>
<td>0.18</td>
<td>-0.04</td>
<td>0.47</td>
<td>0.32</td>
<td>0.09</td>
</tr>
<tr>
<td>Education</td>
<td>-0.07</td>
<td>0.08</td>
<td>-0.06</td>
<td>-0.00</td>
<td>0.06</td>
<td>-0.00</td>
<td>-0.01</td>
<td>0.10</td>
<td>-0.00</td>
</tr>
<tr>
<td>Gender</td>
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<td>0.24</td>
<td>0.06</td>
<td>0.22</td>
<td>0.19</td>
<td>0.07</td>
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<td>0.32</td>
<td>-0.05</td>
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<tr>
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<td>-0.10</td>
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<td>0.01</td>
<td>-0.13*</td>
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<td>0.06</td>
<td>0.19</td>
<td>0.02</td>
<td>0.04</td>
<td>0.32</td>
<td>0.01</td>
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<tr>
<td><strong>R²</strong></td>
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<td></td>
<td></td>
<td>0.01</td>
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<td>0.04*</td>
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<tr>
<td><strong>Model 2</strong></td>
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<tr>
<td>Work</td>
<td>-0.11</td>
<td>0.14</td>
<td>-0.03</td>
<td>0.03</td>
<td>0.11</td>
<td>0.01</td>
<td>0.57</td>
<td>0.30</td>
<td>0.12</td>
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<tr>
<td>Education</td>
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<td>0.05</td>
<td>-0.07</td>
<td>-0.02</td>
<td>0.04</td>
<td>-0.02</td>
<td>-0.02</td>
<td>0.10</td>
<td>-0.01</td>
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<tr>
<td>Gender</td>
<td>0.12</td>
<td>0.15</td>
<td>0.03</td>
<td>0.09</td>
<td>0.11</td>
<td>0.032</td>
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<td>0.31</td>
<td>-0.07</td>
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<tr>
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<td>-0.01</td>
<td>-0.00</td>
<td>0.00</td>
<td>-0.05</td>
<td>-0.03</td>
<td>0.01</td>
<td>-0.11</td>
</tr>
<tr>
<td>Marital status</td>
<td>-0.12</td>
<td>0.14</td>
<td>-0.03</td>
<td>0.02</td>
<td>0.11</td>
<td>0.01</td>
<td>0.00</td>
<td>0.31</td>
<td>0.00</td>
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<tr>
<td>Discrepancy in perceived providers' emotional exhaustion</td>
<td>-0.02</td>
<td>0.04</td>
<td>-0.02</td>
<td>0.01</td>
<td>0.03</td>
<td>0.02</td>
<td>-0.05</td>
<td>0.09</td>
<td>-0.04</td>
</tr>
<tr>
<td>Discrepancy in perceived personal accomplishments</td>
<td>0.66</td>
<td>0.04</td>
<td>0.63***</td>
<td>0.43</td>
<td>0.03</td>
<td>0.52***</td>
<td>0.35</td>
<td>0.09</td>
<td>0.24***</td>
</tr>
<tr>
<td>Discrepancy in perceived depersonalisation</td>
<td>-0.24</td>
<td>0.05</td>
<td>-0.23***</td>
<td>-0.33</td>
<td>0.04</td>
<td>-0.39***</td>
<td>-0.15</td>
<td>0.10</td>
<td>-0.10</td>
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<tr>
<td><strong>R²</strong></td>
<td>0.63***</td>
<td></td>
<td>0.63***</td>
<td></td>
<td></td>
<td>0.15***</td>
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</tbody>
</table>

N of pairs – service users × service providers = 270.
*p<0.05; ***p<0.001.
accomplishments. The larger the discrepancy, the greater the perceived change the service users reported in their presenting problem. In other words, the more the service users viewed their service providers’ accomplishments as greater than the service providers themselves did, the more change the users reported in their presenting problem.

Discussion

Overall, the service users and service providers drew a similar picture of the latter’s burnout. The service providers reported moderate emotional exhaustion, but rather low depersonalisation and a fairly high sense of personal accomplishment. The service users, too, viewed the providers as being moderately emotionally exhausted, as not depersonalising them and as attaining a fairly high level of personal accomplishment.

With this, the findings show significant differences in their perceptions. The service users viewed their providers as less emotionally exhausted, as having a lower level of accomplishment and as more depersonalising than the providers viewed themselves. Put differently, the findings suggest that the service users’ view of their service providers is somewhat more critical than the view that the providers have of themselves and, moreover, that the service users do not realise the extent of the emotional burden that the service providers feel. Either or both of two explanations may account for their non-realisation. One is that the service users are focused not on the provider, but on their own needs. The other is that the service providers successfully hide their emotional exhaustion and sense of burden.

The findings also indicate a certain incongruity within the service users’ own perceptions. That is, while they rated their satisfaction with the service providers and the service in the high moderate range, they rated the changes in their presenting problem only in the moderate range. In other words, both their satisfaction with their service provider and their satisfaction with the agency were somewhat greater than the changes they perceived in their presenting problems. Since persons presumably request services in order to solve their presenting problems, one may wonder what the service users were satisfied with. Two non-exclusive answers may be suggested. One is that they were satisfied with a partial resolution of their presenting problems, or with the resolution of some other problem that they brought up only in the course of their counselling. The other is that they derived satisfaction from the attention they received from their service providers. The latter possibility is consistent with findings in the literature showing that service users value being listened to and treated with respect (Cahalane, 1997; Ribner and Knei-Paz, 2002; Winefield and Barlow, 1995).
Two of the three discrepancies in the burnout perceptions contributed significantly to the explained variance in the outcome variables. Namely, the gap between the providers’ and users’ perceptions of the providers’ personal accomplishment contributed significantly to the users’ satisfaction with the agency and provider, as well as to the users’ perceived changes in their presenting problem. The more the users viewed their providers as more accomplished than the providers viewed themselves, the more satisfied the users were and the more positive changes they reported. The discrepancy in perceived depersonalisation worked in the opposite direction. The more the users viewed their providers as depersonalising them compared to how the providers viewed themselves, the less satisfied they were with the service provider and agency. These findings provide further evidence of the importance emphasised in the literature for shared perceptions between client and therapist (Cooley and Lajoy, 1980; Corning et al., 2007; Kivlighan and Arthur, 2000; Reis and Brown, 1999; Tryon and Winograd, 2011).

The discrepancy in the perceptions of the service providers’ emotional exhaustion was not associated with any of the outcomes. This is surprising in view of the deleterious effects of service providers’ emotional exhaustion on their ability to connect emotionally to their clients, as well as of the importance generally attributed to that connection. Nonetheless, the finding both reinforces and may be explained by the apparently greater importance to clients of service providers’ professional ability, sympathy and understanding (Horvath and Symonds, 1991; Howard et al., 2006; Ribner and Knei-Paz, 2002; Taber et al., 2011; Tryon et al., 2007).

The study has two main limitations. One is its use of a non-representative sample drawn from a single agency in one city. This means that further study using a representative sample of social workers from a variety of agencies and locations is needed before we can generalise from the results. The other limitation is the study’s cross-sectional design, which precludes drawing conclusions about causality. The findings do not enable us to determine whether the discrepancies in perceptions led to the users’ dissatisfaction or their dissatisfaction led them to view their providers less favourably than the providers viewed themselves. To resolve this issue, longitudinal study is recommended.

Its limitations notwithstanding, the findings have implications for theory, research and practice.

In terms of theory, the findings reinforce the importance attributed to congruence of perceptions between service users and service providers to achieving positive outcomes. With this, however, they suggest that when congruence is incomplete, as was the case in this study, the incompleteness may matter less than the direction of the difference. That is, when service users view their providers as being more accomplished and less depersonalising than the providers themselves, they may still be quite satisfied with the services they receive and perceive them as effective.
In terms of research, to the knowledge of the authors, this study is the first examination of the discrepancies in service providers’ and service users’ perceptions of providers’ burnout and of the associations between the discrepancies and service users’ satisfaction and perceptions of change. Further study is needed, however, to better understand the implications that the direction of the incongruent perceptions and evaluations may have for service users’ satisfaction and perceptions of treatment effectiveness.

In terms of practice, the findings have several implications. They underscore the importance of finding ways and implementing means to reduce the risk of service provider burnout, not only for their own sake, but also for the good of their service users. In addition, they suggest that it may be worthwhile for practitioners to check their service users’ perceptions of the quality and effectiveness of the services they receive, as well as of their treatment by the service provider. That is, do they view the provider as engaged and giving or as distant and objectifying them? To engage in such needed discourse, service providers should offer more collaborative and participatory service provision, in which the service users are partners in the intervention process.

References


