

BACKGROUND

- Burnout and stress are common among mental healthcare professionals and are associated with lower quality of life.
- Work orientations, which are defined as the schemas individuals use to conceptualize their relationship with work, have been studied in relation to quality-of-life outcomes in various work populations.
- This relationship has not been specifically studied in mental healthcare worker populations.
- This research aims to characterize work orientation in mental healthcare professionals and investigate its relationship to mental health outcomes and attitudes toward evidence-based practices.

METHODS

- $N = 75$ mental healthcare workers, predominately White and English speaking, from a children's hospital in the Mountain West who provide youth psychiatric inpatient or partial hospitalization services.
- Participants completed survey measures of work orientation, openness to evidence-based practices, emotional exhaustion, burnout, and stress.

A works primarily to earn enough money to support their life outside of their job. If they were financially secure, they would no longer continue with their current line of work, but would really rather do something else instead. A's job is basically a necessity of life, a lot like breathing or sleeping. They often wish the time would pass more quickly at work. They greatly anticipate weekends and vacations. If A lived their life over again, they probably would not go into the same line of work. They would not encourage their friends and children to enter their line of work.

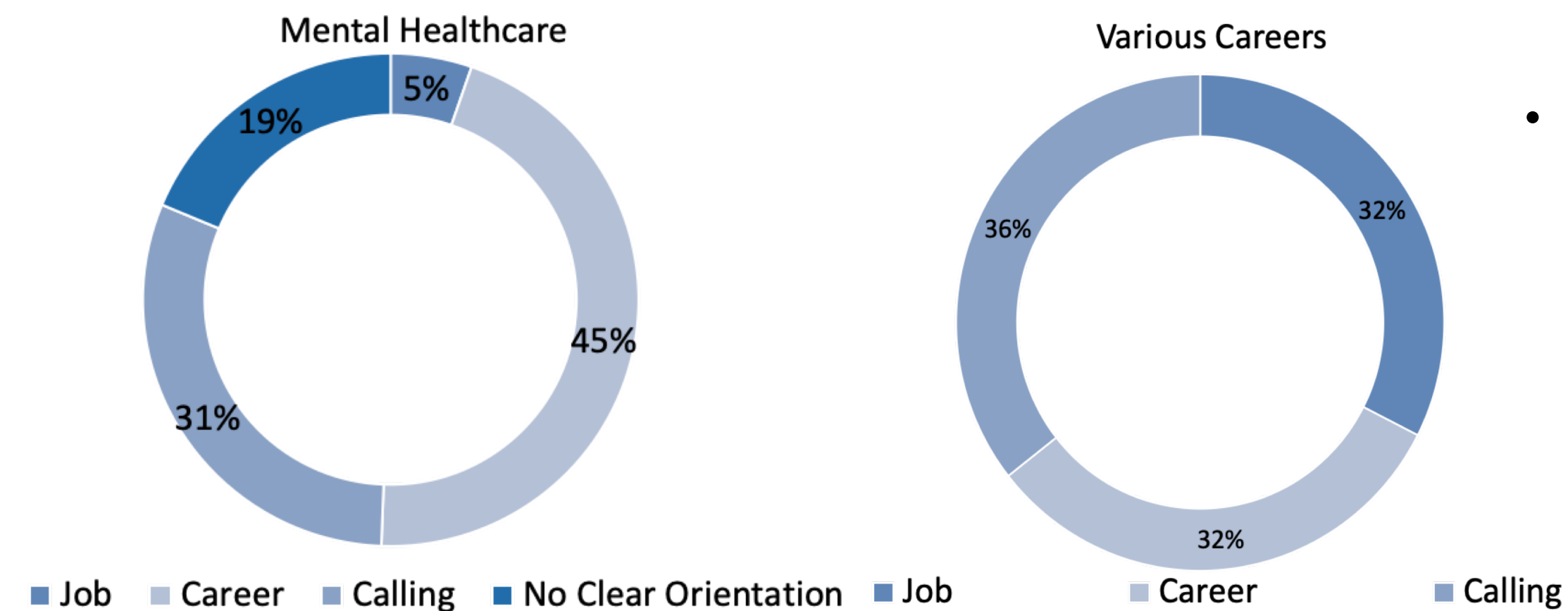
- Not at all
- A little
- Somewhat
- Very much

Example of work orientation measure paragraph (Wrzesniewski et al. 1997)

- Participants strongly identifying with each work orientation were selected via purposive sampling for a qualitative interview.

RESULTS

Predominant Work Orientation



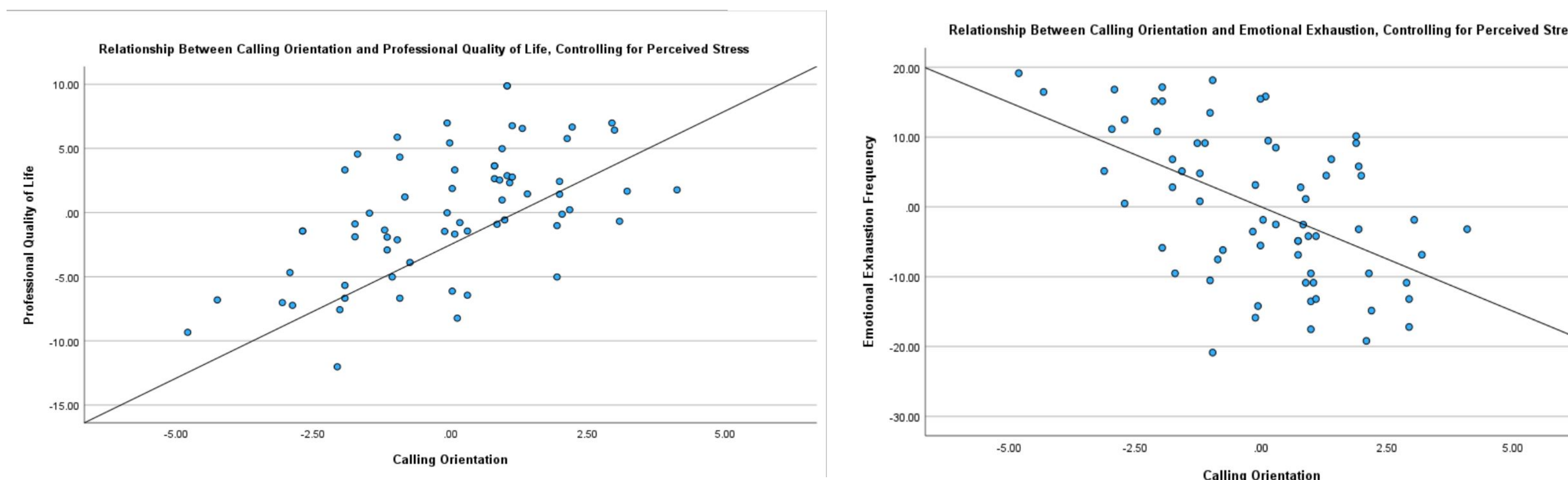
- **Figure 1.** 30.7% of this sample endorsed a calling orientation; 45.3% a career orientation; and 5.3% a job orientation, in contrast with other worker populations showing more even endorsement of all three orientations (Wrzesniewski 2003; Wrzesniewski et al. 1997).

Correlations

Calling Orientation			
Statistic	Pearson Correlation	2-tailed significance	N
Openness	.320	.006	72
Quality of Life	.561	<.001	71
Emotional Exhaustion	-.575	<.001	70

- **Figure 2.** A calling orientation was significantly and positively correlated with professional quality of life ($r = .561, p < .001$) and openness to evidence-based practices ($r = .320, p = .006$), and significantly and negatively correlated with emotional exhaustion ($r = -.575, p < .001$).

Linear Regressions



- **Figure 3.** Controlling for perceived stress, regressions indicated that stronger agreement with calling orientation remained significantly associated with professional quality of life ($B = 5.5, p < .001$) and with emotional exhaustion ($B = -3.0, p < .001$).

CONCLUSIONS

- Findings reveal a significant difference in the proportion of workers endorsing each work orientation as compared to prior research in other populations. Fewer mental healthcare workers endorse a job orientation compared to other populations, while the percentage of mental healthcare workers endorsing a career orientation is higher.
- Findings reveal a significant relationship between calling work orientation, lower levels of negative mental-health outcomes, and higher openness to evidence-based practice.

FUTURE DIRECTIONS

- Further investigation should be undertaken to better define the work orientation construct, especially using qualitative approaches.
- Due to the lack of stability of work orientation over time, research should be pursued to determine the degree to which work orientation is determined by the workplace environment versus personality factors or beliefs.
- Results may have implications for developing interventions to prevent burnout and reduce stress in mental healthcare workers.