Neoliberal managed care and the changing nature of social work practice:

Exploring the relationship between authoritarianism and burnout among US social workers

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Abstract: Social workers are currently caught in a 'structural bind' in which the field's original normative mission, rooted in social justice and social change, is increasingly at odds with the reality of working in a hierarchical neoliberal managed care setting. While most practitioners are at risk of burnout under these strained conditions, not all will respond in the same way. This article considers the possibility that some practitioners will exhibit authoritarian character traits (e.g., submission to and unquestioned compliance with institutional rules) in conformity with the institutional setting of neoliberal managed care. Using the Maslach Burnout Inventory for Health Services Occupations (MBI-HSS) and Dunwoody and Funke's Aggression-Submission-Conventionalism (ASC) authoritarianism scale, the authors explore the previously unexamined relationship between authoritarianism and burnout among a sample of 532 social workers in the US. As hypothesized, correlations between each of the MBI-HSS subscales and ASC subscales yielded an inverse relationship between authoritarianism and burnout.

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Introduction

The onset of neoliberalism during the mid-1970s in the US has been accompanied by increasing social inequality and an unprecedented divergence between the rich and the poor (Horowitz et al., 2020). Increasing inequality was compounded further by a general dismantling of the welfare state since the 1980s, as federal reforms dissolved the social safety net for the most vulnerable populations and marginalized groups. As the social costs of inequality continue to increase, so too does the need for social work. According to the US Bureau of Labor Statistics (2019), social work jobs are projected to increase 11% between 2018 and 2028, which is significantly higher than the historic average.

Yet, social work is not immune from the broader structural changes associated with neoliberalism. Throughout the neoliberal period social work practice has shifted away from the macro-concerns that guided the field since its emergence (such as advocacy and public policy), and toward a narrower focus on managing clients (Bliss, 2015; Krings et al., 2019). As Specht and Courtney (1994) argued more than two decades ago, social work has become increasingly alienated from its origins in Progressive era politics, when researchers were driven by norms of civic responsibility as they sought connections with local communities and the broader public in an attempt to analyze and solve social problems.

During the 1980s, the US healthcare industry moved toward a system of managed care in which patients are offered limited services based on the cost utilization of treatment monitored by a managing company. Since then, managed care has come to define nearly every aspect of social work practice. Methods to control costs by managing service delivery (Park, 2014) may entail authorizing only certain practitioners who are under contract to provide services to enrolled populations, closely reviewing treatment decisions, monitoring high-cost cases, reducing covered inpatient hospital stays, and using less expensive alternatives to hospitalization (Edmunds et al., 1997; Linz and Semykina, 2012). Additional measures that may adversely impact quality of care include limiting or denying services that behavioral health providers consider necessary, creating barriers to access (for example, increased copayments), or using gatekeepers who alter the practitioner-patient relationship (Mechanic et al., 1995). Moreover, the neoliberal managed care work environment is linked to a number of factors that have been shown to increase burnout among social workers (organizational hierarchy, decreased worker autonomy, inadequate staffing, excessive workload, poor leadership, lack of support, lack of opportunity for skill development, and negative public image).

At the same time, however, social work education and training remains committed to the field's original normative mission, rooted in social justice and social change (see the National Association of Social Workers [NASW] 2018 Code of Ethics, Section 6.01: 29). Practitioners today are thus caught in a 'structural bind' in which the field's original normative mission is increasingly at odds with the reality

of working in a hierarchical neoliberal managed care setting. Young practitioners are not typically equipped to understand this situation, as their training often fails to facilitate a critical and historical understanding of social work practice as embedded in institutional power arrangements (Reisch and Jani, 2012).

This article considers the possibility that some practitioners will exhibit authoritarian character traits (such as submission to, and unquestioned compliance with, institutional rules) in conformity with the hierarchical institutional setting of neoliberal managed care. We hypothesize that practitioners who identify with the neoliberal practice of managed healthcare, as opposed to the progressive normative mission of social work, will exhibit authoritarian character traits and, in turn, be less susceptible to burnout because they may not experience a dissonance between their self-conception as a social worker on the one hand, and practice in a hierarchical, underfunded, and constrained work environment on the other hand. Using the Maslach Burnout Inventory for Health Services Occupations (MBI-HSS) and Dunwoody and Funke's Aggression-Submission-Conventionalism (ASC) authoritarianism scale, the authors explore the previously unexamined relationship between authoritarianism and burnout among a sample of 532 social workers in the US. As hypothesized, correlations between each of the MBI-HSS subscales and ASC subscales yielded an inverse relationship between authoritarianism and burnout.

Background

Below we review the relevant literature on our two key variables of interest: burnout and authoritarianism.

Burnout

Maslach (1982, p.2) defines burnout as 'a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment among individuals who do 'people-work' of some kind.' Central is 'a pattern of emotional overload and subsequent emotional exhaustion' (p. 3). The prevalence of burnout in the helping professions is both significant and unique, insofar as stress emerges from the interaction between helper and recipient (*ibid.*). A key aspect of burnout is 'compassion fatigue,' which results from this emotional labor.

Christina Maslach and Susan Jackson created the Maslach Burnout Inventory (MBI) to capture a type of job stress prevalent in the helping professions, such as social work (Maslach and Jackson, 1984). Three dimensions of burnout are measured in the MBI: 1) emotional exhaustion, 2) depersonalization, and 3) reduced personal accomplishment. The MBI is used to investigate several organizational conditions

that increase the risk of employee burnout, including the absence of positive feedback, lack of control, lack of role clarity, lack of social support, and unrealistic personal expectations about the job (Maslach and Jackson, 1984).

In 2001, Maslach et al. reviewed the first 25 years of MBI research. They found six dimensions of work associated with burnout: 1) workload; 2) control; 3) reward; 4) community; 5) fairness; and 6) values (Maslach et al., 2001). According to Schaufeli et al. (2009), work demands over resources that differ from personal values are the most important contributors to burnout. Aronsson et al. (2017) conducted a meta-analysis of research on work environment and burnout. They found a relatively strong association between job control and reduced emotional exhaustion and between low workplace support and increased emotional exhaustion, while reduced personal accomplishment was only associated with poor compensation. These findings are supported by organizational research which suggests nonhierarchical and consensual organizational structures mitigate employee burnout.

O'Connor et al. (2018) provide a systematic review of the research on burnout in mental health professionals published between 1997-2017. They find that the average mental health professional has high levels of emotional exhaustion and moderate levels of depersonalization while retaining a reasonable sense of personal accomplishment. Kimes (2016) provides the only systematic study of burnout research among social workers published 1990-2014. According to Kimes (2016, p.27), social workers are at a greater risk of burnout and have lower feelings of personal accomplishment relative to their peers in other human services. In addition, Child Protective Service (CPS) workers tend to experience higher rates of burnout compared to their peers in other focus areas (*ibid*.)

Guy et al. (2010) examine the linkage between emotional labor and burnout that is central to the therapeutic relationship between social worker and client. Social workers who fake emotional expressions in their work and workers who lack confidence in their ability to perform emotional labor are at increased risk for burnout (*ibid*.). However, feigning emotional expression is irrelevant for those who identify more with the institutional job setting than they do with the client or the normative aims of social work (cf. Hochschild, 1983, p.187, p.202). Social workers experience the greatest stress and burnout when they must suppress their own emotions while faking another expressed emotion (*ibid*.).

This article focuses on the sociological dimensions of burnout and, as such, we are especially interested in the relationship between burnout and the work environment. More specifically, we are concerned with the 'structural bind' many social workers confront, in which the field's original normative mission is at odds with the reality of working in a hierarchical neoliberal managed care setting. Managed care is typified by increasing bureaucratic constraints (for example, patient quotas) that decrease worker autonomy while inhibiting practitioners from adequately performing emotional labor (such as engaging empathy), which in turn elevates risk for burnout (Scheid, 2010). Thus, managed care impedes the creation

of a healthy relationship between helper and recipient. In terms of burnout and subsequent job turnover, managed care is also extremely costly (Cho and Song, 2017).

Authoritarianism

Our investigation of authoritarianism is congruent with the concern Adorno et al. (1950) specified several decades ago at the end of *The Authoritarian Personality*—namely, how individuals become modeled via almost total adaptation to social structure. We expect high-authoritarian individuals to have lower levels of burnout, insofar as their emotional labor is consonant with the neoliberal managed care work environment; whereas burnout is expected to be higher among low-authoritarian individuals whose emotional labor conflicts with neoliberal managed care.

Since the publication of *The Authoritarian Personality* (1950), definitions of authoritarian characteristics have been debated *ad nauseam* (Norris, 2012). Although Altemeyer's Right-Wing Authoritarianism (RWA) is currently the most commonly used theory and measure of authoritarianism (Altemeyer, 1981; 1996; 1998), it has been criticized for its tautological nature and for the use of a unidimensional scale to measure the three-factor construct of many RWA items (Feldman, 2003; Funke, 2005; Stenner, 2005; Van Hiel et al., 2007). Duckitt and Bizumic (2013) found a pattern of differential prediction, suggesting that authoritarianism should be viewed as a multidimensional construct. Newer approaches have refined the measure of authoritarianism as unidimensional while others have modified Altemeyer's original items to construct a three-factor scale (Duckitt, 1989; Feldman and Stenner, 1997; Feldman, 2003).

This article employs Dunwoody and Funke's (2016) Aggression-Submission-Conventionalism (ASC)-scale, which retains Altemeyer's three-factor approach while creating new items that are more politically and religiously neutral to maximize discriminate validity. The use of more neutral items is particularly important, since our sample is composed of professional social workers whose training is presumably congruent with the field's original normative mission.

According to Dunwoody and Funke (2016), authoritarians tend to value conformity to social norms, which make the world seem like a more secure place for those who do not like uncertainty. Support for the status quo, expressed by authoritarian conventionalism, takes care of anxiety and uncertainty by offering individuals a belief system with a strong order. Authoritarians also support in-group leaders who punish those in violation of social conventions.

Koepp (1963) provides the only study on authoritarianism among social workers. Using the Dogmatism Scale, an index of authoritarianism, Koepp found that, contrary to conventional expectation, students in the field of corrections were not more authoritarian than their peers in other fields, and that students in social group

work were significantly more authoritarian than students in corrections. More recently, Shaikh (2018) found an inverse relationship between social dominance orientation and cultural competence among social workers. To the best of the authors' knowledge, no study to date has been conducted on the relationship between authoritarianism and burnout among social workers.

We assume that social workers vary in the degree and type of emotional labor they perform. Moreover, we suspect that this differentiation may be connected to their propensity to exhibit authoritarian character traits as preferred in a neoliberal managed care setting. In this sense, the traditional assumption that 'liberal' values prevail among social workers may no longer hold as it did prior to the incursion of neoliberalism into human services provision and the rise of managed care in social work practice.

Below we consider the possibility that some social workers will exhibit authoritarian character traits (such as submission to and unquestioned compliance with institutional rules) in conformity with the hierarchical institutional setting of neoliberal managed care. We hypothesize that social workers who identify with the neoliberal practice of managed healthcare, as opposed to the progressive normative mission of social work, will exhibit authoritarian character traits and, in turn, be less susceptible to burnout because they may not experience a dissonance between their self-conception as a social worker, on the one hand, and practice in a hierarchical, underfunded, and constrained work environment, on the other hand.

Methodology

Method of data collection

Using the Department of Safety and Professional Services (DSPS) Credential/License List Purchasing System (CLPS), all licensed social workers in the U.S. state of Wisconsin were included in our study – a population of 3351 individuals. An electronic survey, administered via Qualtrics, yielded 532 complete surveys – a usable response rate of 16%. Our subsequent analysis is drawn from these 532 social workers.

Survey design

The two key variables of this study are burnout and authoritarianism. Burnout was operationalized through the 22-item Maslach Burnout Inventory for Health Services Occupations (MBI-HSS) (Maslach and Jackson, 1996). The MBI-HSS assesses three components or subscales of the burnout syndrome: (1) emotional

exhaustion; (2) depersonalization; and (3) reduced personal accomplishment. Reliability coefficients, test-retest reliability, convergent validity, and discriminant validity among human service professionals are summarized by Maslach and Leiter (2008) and Worley et. al. (2008).

Authoritarianism was operationalized through the 18-item Aggression-Submission-Conventionalism (ASC)-scale, developed by Dunwoody and Funke (2016). ASC is comprised of three subscales: (1) authoritarian submission; (2) authoritarian aggression; and (3) conventionalism. The ASC can be used as a single measure (Dunwoody and McFarland, 2018) or as subscales (Dunwoody and Plane, 2019). Overall scale reliability (Cronbach alpha = .80 to .86), and subscale reliability have been reported at acceptable levels (Dunwoody and Funke, 2018).

Additionally, questions related to basic demographic information; views of the profession and colleagues; reasons for entering the profession; and practice role and setting were included. The complete survey is available upon request.

Methods of analysis

Analysis was conducted using SPSS. Means for each of the subscales of the MBI-HSS were calculated. Additionally, these scores were compared with the national averages compiled by Kimes (2016) and the standard MBI interpretations provided through the MBI-HSS (Maslach and Jackson, 1996).

The relationship between burnout and relevant subscales (MBI-HSS) and authoritarianism and relevant subscales (ASC) were analyzed through bivariate correlational analysis. ASC subscale scores were summed to provide an overall ASC score.

In addition, ASC scores were differentiated into high and low ASC categories using two methods. The first method entailed taking the median (median method) of all ASC scores (2.72; x =2.68) and assigning those at or above the median to the high scoring group (n = 204) and assigning those below the median to the lower scoring group (n = 197). The second method identified the highest and lowest scoring groups and calculating the score for each group based on whether the respondent score was at least one standard deviation (standard deviation method) above (3.17; n = 54) or below (2.19; n = 70) the median.

Results

Demographic analysis revealed that our respondents were predominantly female (85%) and white/non-Hispanics (95%). Approximately 66% were between the ages of 35 and 64. Most respondents had earned a Masters degrees (66%) and worked

in a social service position (71%) Only 21% of respondents reported working less than full time. Regarding compensation, 46.5% reported earning a salary between $40,000 and $59,999. Thirty-five percent reported salaries over $60,000.

Regarding burnout, mean respondent scores were compared to the Standard MBI-HSS Interpretation Scale as defined by Maslach and Jackson (1996). Respondents scored in the 'high' category on the Emotional Exhaustion subscale (u = 31.52); in the 'high' category on the Professional Accomplishment subscale (u = 46.80); and at the high end of the 'moderate' category on the Depersonalization subscale (u = 11.50). Additionally, our average subscale scores exceeded national means reported by Kimes (2016).

The ASC score for our overall sample was 48.06 with commensurate mean scores for the 'low' ASC category (u = 34.55) and 'high' category (u = 61.36). ASC category differences were also apparent across the MBI-HSS subscales. Mean scores are summarized in Table 1.

Correlations between each of the MBI-HSS subscales and ASC subscales yielded three significant relationships. Respondents who scored high on the 'authoritarian submission' subscale scored low on the 'emotional exhaustion' subscale (-.140; p<.01). Respondents who scored high on the 'authoritarian aggression' subscale scored high on 'depersonalization' (.157; p<.01). Those who scored high on the 'authoritarian aggression' subscale reported a strong sense of 'professional accomplishment (.138; p<.01). Although overall levels of 'professional accomplishment' were quite high in our sample, high ASC scorers had slightly higher levels of 'professional accomplishment' when compared to low ASC scorers.

When using the median measure of categorization, low ASC scorers were correlated with the MBI-HSS professional accomplishment subscale (.098; $p < .05$). Using the standard deviation measure of categorization, low ASC scorers were correlated with MBI-HSS emotional exhaustion subscale (.100; $p < .05$). Further high ASC scorers (on the median measure) showed statistically significant correlations with 'ability to help clients navigate the social service system;' 'work with community organizations;' and 'help clients address problems.'

Low ASC scorers (on both categorization methods) correlated with higher levels of education, while the opposite was true for high ASC scorers. High ASC scorers were more likely to be employed in 'settings' related to the elderly (assisted living, nursing homes, and hospice), case management for older adults, and social service agencies. Low ASC scorers were more likely to be employed behavioral health clinical settings and private group practice. Among the social systems with which the respondents interacted, high ASC scorers were more likely to work with case management, home visits, screening and assessment, discharge planning, and supervising staff, and were positively correlated with advocacy and community organizing. By contrast, low ASC scorers were more likely work in psychotherapy, counseling, and psychoeducation settings. High ASC scorers were more likely to characterize their clients' problems as 'mild,' while low ASC scorers were more likely

to rate them as 'severe.' The complete presentation of characteristic correlations is provided in Table 1.

Table 1
Characteristics of High and Low ASC Scorers

	High ASC (SD) N=54	Low ASC (SD) N=70	High ASC (MED) N=204	Low ASC (MED) N=197
Highest degree	-.190**	.141**	-.196**	.188**
% time in SW position		.132**		.157**
% time in non-SW position		-.132**		-.157**
Emotional Exhaustion Subscale		.100*		
Working with people all day is a real strain for me		.117*		
I feel burned out from my work		.099*		
I feel frustrated by my job		.125*		
Professional Accomplishment Subscale				.098*
I can easily understand how clients feel				.102*
I can easily create relaxed atmosphere with clients			-.112*	.121*
I feel exhilarated after working with clients				.100*
Motivation (normative)	-.101*		-.128*	.125*
Motivation (practical)	.139**	-.180**	.185**	-.183**
Years worked for employer		-.099*		
Setting of employment				
Assisted living	.138**		.115*	-.115*
Behavioral health clinic/outpatient		.109*	-.124*	.124*
Case management (older adults)	.121*		.113*	-.113*
Nursing home	.123*			
Social service agency	.163**			
Hospice			.124*	-.124*
Private group			-.112*	.112*
Focus of practice				
Community development		.098*		
Aging	.102*		.121*	-.121*
Dementia			.166**	-.166**

	High ASC (SD) N=54	Low ASC (SD) N=70	High ASC (MED) N=204	Low ASC (MED) N=197
End-of-life (palliative)	.133**		.152**	-.152**
Medical health	.120*			
Higher education			-.106*	.106*
Mental health			-.121*	.121*
Four systems you interact with most				
Mental health	-.102*			
School social/recreational	-.130**			
Supplemental services			.105*	-.105*
% of time spent in following activities				
Advocacy/community organizing	.113*		.109*	-.109*
Case management	.157**		.141**	-.140**
Family counseling		-.140**		
Home visits	.106*			
Counseling			-.177**	.177**
Discharge planning			.113*	-.128*
Psychoeducation			-.164**	.164**
Psychotherapy	-.126*	.106*	-.210**	.210**
Screening and Assessment	.131*		.106*	-.106*
Supervision of staff	.198**			
% of caseload age 22-54		.125*		
% of caseload white			-.134**	.136**
Extent to which SW practice changed				
Caseload size	-.107*			
Waiting list for services	-.113*			
Paperwork	.142**			
Extent to which service delivery system changed				
Client eligibility requirements	-.141**			
Number of services available			.138**	-.138**
Extent to which you agree				
Satisfied with ability to respond to client cultural differences	-.114*			

	High ASC (SD) N=54	Low ASC (SD) N=70	High ASC (MED) N=204	Low ASC (MED) N=197
Satisfied with ability to help clients navigate social services system			.104*	-.104*
Satisfied with ability to work with community organizations to adapt service delivery system			.111*	-.111*
Satisfied with ability to help clients address range of problems			.106*	-.106*
Career plans in the next two years				
Leave SW field but continue working	.172**			
Remain in current position		-.106*		
Seek new opportunity as a social worker	-.105*			
Stop working			.110*	-.110*
Most important factors influencing decision to change position				
Location	.141**			
Opportunities for training/education		.103*		
How would you characterize severity of client problems				
Mild		-.105*	.159**	-.159**
Moderate				
Severe		.124*		
Importance of the following to improving client care				
Training and education		.103*		
Interagency coordination	-.139**			
Manageable paperwork	-.103*			
Resource centers			-.125*	.125*

*p<.05
**p<.01

Limitations

Three study limitations should be noted. First, non-respondents were not contacted. As such, possible nonresponse bias precludes generalizability.

Second, the relatively high burnout scores in this study (when compared to national norms) may signify respondents who were eager to express their feelings of stressful work interactions.

Third, and perhaps most important, while the bivariate correlational analysis was appropriate for this initial exploratory effort, multivariate analysis techniques would provide further explanatory evidence and as such, should be considered for future research.

Discussion and conclusion

The evidence of a relationship between authoritarianism and burnout suggests theoretical implications as concerns the education and training of social workers. Like the US population more generally, we suspect that some social workers will be predisposed to authoritarianism, whereas others will not. Moreover, it is likely that a sizable portion of social workers fall somewhere in the middle (neither predisposed to authoritarianism nor democracy). While most social work programs in US universities include courses on the history of social work and public policy, there is typically less focus directed on the changing institutional logics that guide social work practice, particularly in a neoliberal managed care setting. Social workers learn about the field's social justice mission and aim, which they may internalize, only to then be confronted with the reality of neoliberal managed care upon entering the workforce. Social workers will likely become frustrated upon entering the field, insofar as the neoliberal managed care work environment contains barriers that inhibit them from realizing the normative aim of their profession. With no exposure to or critical understanding of this 'structural bind,' frustrated practitioners can easily be pulled in a more authoritarian direction. This potential is further increased, insofar as the managed care work environment is congruent with authoritarian character traits.

While there remains space for social workers to shape the outcome of managed care (Segal, 1999), the profession has thus far failed to reassert itself robustly in macro-level social changes (Bachman et al., 2017). Furthermore, neoliberalism makes it increasingly difficult for social workers to practice structural advocacy, in Maurice Moreau's sense of the term (Carniol, 1992; Wood and Middleman, 1992). As the macro-structural orientation of the profession continues to cede influence on micro practice (Austin et al., 2016; Reisch, 2016; Rothman and Mizrahi, 2014), new and innovative advocacy approaches seeking to reconceptualize the micro-macro linkage are jeopardized.

Social work students must learn the history of the field, relevant theory, as well as important insights from related disciplines such as sociology, in an attempt to explicitly confront and work through the 'structural bind' they will face upon entering the profession. Simply acknowledging the existence of the 'structural bind' in a critical manner—by understanding its social-historical origins—can help students navigate related pressures. Pedagogical strategies must go beyond self-care (Acker, 2018) and self-reflection about practice (Ferguson, 2018) and culture (Askeland and Fook, 2009) to develop curricula based on critical social science that enable social workers to more effectively pursue social justice and associated forms of collective social action (Morley, 2016). Critically recognizing the social origins of the 'structural bind' serves to prevent a reified understanding of the situation, which in turn may act as a buffer against authoritarianism. Yet without such a critical understanding, it becomes all too easy for practitioners to project their frustrations onto clients or other outgroups (cf. Stoner and Lybeck, 2011).

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