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Preventing Burnout: An Exploration of Social Workers' Challenges and Coping Strategies

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Preventing Burnout: An Exploration of Social Workers' Challenges and Coping Strategies

by
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MSW Clinical Research Paper

Presented to the Faculty of the
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

In this systematic review, the researcher synthesized literature regarding the stressors and de-stressors that social workers endure in their careers. Using SocINDEX, PsycINFO, and Social Work Abstracts, 13 studies meeting criteria for the review were then analyzed. Themes identified included: stressors coming from the work place, coping strategies that social workers use to deal with their stress, symptoms from stress, social workers working with children having more stress than those working with adults, and reasons why social workers do not quit their jobs. The studies included in this review found several main reasons for stress and ways to cope with them, but suggests a need for additional studies on both symptoms from stress and what keeps social workers from leaving their jobs. This study gives evidence to the need for continual self-care in the social work profession to eliminate burnout and stress.

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Preventing Burnout: An Exploration of Social Workers' Challenges and Coping Strategies

The moments of silence are gone. We run from them into the rush of unimportant things, so filled is the quiet with the painful whispers of all that goes unspoken. Busy-ness is our drug of choice, numbing our minds just enough to keep us from dwelling on all that we fear we can't change. A compilation of coping mechanisms, we have become our fatigue. Unwilling or unable to cut ourselves free of this modern machine we have built, we're dragged in its wake all too quickly toward our end. The virtue of a society's culture is reflected in the physical, mental, and emotional health of its people. The time has come to part ways with all that is toxic, and preserve our quality of life (Browning, 2015, p.5).

While this quotation from L.M. Browning might seem overly dramatic, it encapsulates the real problem that many of today's social workers face with every passing day, the all too common occurrence of burnout.

Burnout is a particularly serious feature of chronic stress and one that can impair how a social worker does their job (Collings & Murray, 1996). Many social workers feel that the negative aspects of the job hinder their ability to perform their work, causing burnout (Morazes et al., 2010). Emotional exhaustion and depersonalization are symptoms related to burnout (Anderson, 2000). Feelings of guilt and inadequacy were symptoms leading to burnout (Dillenburger, 2004). It appears that 21-67% of mental health workers may be experiencing high levels of burnout (Morse, 2012). That equivocates to 32-101 of the graduating students at the University of St. Thomas. With numbers this high, people may become deterred from the social work profession in the future.

Burnout is a syndrome with emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Maslach et al., 2001). It is found that burnout is conceptualized into three key dimensions. Overwhelming exhaustion represents the individual stress. Feelings of cynicism and detachment from the job represent the interpersonal dimension of burnout (Maslach et al., 2001).

Given the prevalence of burnout in the field of social work, this research paper is being undertaken as the direct result of the researcher's belief that if stressors and de-stressors are identified and discussed, the incidence of workplace burnout within the social work profession can be decreased. This study will bring together findings from previous studies in a comprehensive report detailing the causes and relievers of stress in the social work profession. The questions looking to be answered are: What are stressors that affect social workers? What are ways that social workers cope with their stress? What are symptoms from the stress social workers have, what type of social worker has the most stress? What keeps social workers from quitting their jobs from stress? By conducting a systematic literature review, a more complete picture will be painted on the topic of stress and burnout.

Literature Review

This literature review will examine burnout with social workers. It will go on to examine various characteristics associated with burnout. Burnout is a phrase that is commonly bandied about in the sphere of social work. As students, potential social workers are instructed that it is essential to avoid burnout and concentrate on their personal mental and physical health. Even with all these warnings, burnout is still a

leading factor in the erosion of viable social work practitioners. Given the incidence of burnout, it is therefore an essential component of this study.

Characteristics of Professional Work Environment

Studies have found that social service and mental health professions have high burnout rates due to the nature of the jobs (Dennis & Leach, 2007; Healy & Tyrrell, 2011; Maslach et al., 2001). This section will discuss what types of factors can affect burnout, such as setting, client population, private or public practice, and office environment. For the purpose of this study, “direct care workers” will be defined as those who work directly with clients and who do not have a qualification to perform psychotherapy/counseling due to a lack of formal education/licensure. Social workers will be defined as anyone with a BSW or MSW degree, who may or may not be practicing therapy.

Setting.

Inpatient therapists tend to have higher rates of burnout than outpatient or private practice therapists. Craig and Sprang (2010) have shown that residential workers tend to have higher burnout rates than non-residential workers. For example, a five-year longitudinal study of human service employees found high client-related burnout and high work-related burnout in midwives, home care workers, and social workers in institutions for the mentally disabled, all of which are residential settings (Borritz et al., 2006). A study by Lernihan and Sweeney (2010) found residential workers scored higher on depersonalization scores and lower on sense of personal accomplishment than day program workers.

Client population.

In a comprehensive analysis of the subsection of client populations, studies have shown that high stress jobs for social workers tend to be with challenging consumers such as those with serious and persistent mental illness, those who are suicidal, and/or those who have or are currently facing trauma/abuse (Acker, 1999; Craig & Sprang, 2010; Lawson & Myers, 2011). Acker (1999) explains that clients with severe mental illness often have difficulty maintaining the therapeutic relationship, show limited progress over time, and show minimal signs of change or improvement. A concurrent study of burnout, that only further illustrates the assertion by Craig and Sprang (2010), showed that having a large number of clients with post traumatic stress disorder (PTSD) or trauma issues on a therapist caseload showed increased rates of burnout. Additionally, a study by Gray-Stanley and Muramatsu (2011) similarly found that the degree of the client's disability was statistically significantly related to burnout scores: the more severe the disability, the higher the burnout score. Lastly, Lawson and Myers (2011) found that counselors with larger percentages of traumatized clients or high risk clients tended to have higher burnout rates than those with lower numbers of these clients. A study of child maltreatment workers, showed that 75% had low personal accomplishment, and 100% of all workers had high scores on both emotional exhaustion and depersonalization (Stevens & Higgins, 2002).

Personal Characteristics Associated with Burnout Levels

While professional characteristics play an essential role in the analysis of this subject, there are many personal characteristics associated with burnout level, including attitude/outlook, identification with profession, personality characteristics, demographic

variables, and level of education. These factors can be associated with either high or low levels of burnout.

Attitude/ outlook.

Various studies have analyzed the idea of vicarious resilience and the “Hope Theory.” Given the results of the studies of both of these concepts, it appears that they are associated with low therapist burnout and instead focus on positive therapist-client interactions.

Vicarious resilience.

Hernandez, Gangsei and Engstrom (2007) defined vicarious resilience as “transformations in the therapists’ inner experience resulting from empathetic engagement with the client’s trauma material” (p. 230). Concerning a study of therapists catering to victims of severe trauma, all 12 therapists gave examples of how they experienced vicarious resilience such as witnessing and reflecting individuals’ capacity to heal, reassessing the gravity of their own problems, further understanding the role of spirituality, seeing clients as sources of learning, maintaining hope, and developing increased tolerance for frustration. This study examined therapists who worked with “difficult” clients, and contrary to popular beliefs and myths, it demonstrates that working with difficult clients does not always have to lead to burnout.

Hope theory.

Hope theory can be defined as a therapist’s focus on client success and includes the concepts of goals and willpower (Schwartz, Tiamiyu, & Dwyer, 2007). The aforementioned study of 676 social workers found in regards to the measurement of the hope score, those in private practice had higher hope scores and less burnout, as well as a

positive correlation between client hope and social worker hope and a positive association between social worker age and hope. These findings are significant and directly correlate with findings of less burnout in private practice (Lawson & Myers, 2011). Finally, this study suggests that the positive attitude of the therapist (high hope scores) could influence the positive attitude of the client (Schwartz, Tiamiyu, & Dwyer, 2007).

Identification with profession.

A study by Geng, Li, and Zhou (2011) revealed that direct identification of the social worker with his/her occupation correlates with less emotional crippling and less burnout. Similarly, those with greater occupational identity scores tended to find their occupations to be meaningful, valuable, and enjoyable (Geng, Li, and Zhou, 2011). These studies posit the conclusion that a social worker who lacks identification with their chosen profession may experience higher burnout, particularly depersonalization and emotional exhaustion.

Personality characteristic factors.

Various personality characteristics have been found to either increase or decrease burnout levels. A meta-analysis by Alarcon, Eschelman and Bowling (2009) examined personality traits and burnout. Their findings suggest that self-esteem, internal locus of control, general self-efficacy, extraversion, conscientiousness, agreeableness, hardiness (defined as the extent to which a person can endure stressors without ill effects), and emotional stability are negatively associated with both emotional exhaustion and depersonalization. Similarly, Maslach, Schaufeli and Leiter (2001) found that low levels of hardiness may relate to high burnout scores, particularly in regards to emotional

exhaustion. They state that “low levels of hardiness, poor self-esteem, [and] an external locus of control... constitute the profile of a stress-prone individual” (p.410). Various other studies have also shown self-esteem to be related to burnout levels (Kalimo et al., 2003; Lee et al., 2010).

Demographic factors.

Age and gender of the worker also have a direct relation to the expediency of burnout. Younger workers, particularly those with less experience in the field, tend to have higher burnout rates than those who are older and/or have more experience (Craig & Sprang, 2010; Dietzel & Coursey, 1998; Maslach, Schaufeli & Leiter, 2001; Schwartz, Tiamiyu, & Dwyer, 2007). Dietzel and Coursey (1998) propose that this effect is due to the older staff gaining life and work experience, thus becoming more skilled and able to cope with stress. “Survivor Effect,” a bias that occurs due to older, burned-out workers leaving, resulting in those that stay appearing to be less prone to burnout, can also play a part in the analysis of the relation between age and burnout. Gender of the worker also appears to affect burnout, with females experiencing more burnout than males (Geng, Li & Zhou, 2011; Lawson & Myers, 2011).

Amount of education.

Competency development, or feeling more sure of oneself in a profession, generally begins with increased education and/or increased career experience (Acker, 1999). Many studies have shown that higher levels of education are associated with higher risk for burnout (Craig & Sprang, 2010; Dietzel & Coursey, 1998; Geng, Li & Zhou, 2011). Maslach et al. (2001) suggest this may be due to greater responsibilities, higher expectations, and thus higher stress.

In the end there are various factors that influence burnout. Some of these factors can be controlled, while some cannot. High demand environments tend to have higher burnout scores in both direct care staff and social workers. A myriad of characteristics, such as personality factors, demographic factors, and level of education impact burnout. Certain factors have shown to decrease burnout, such as type of setting, increased age and experience.

Conceptual Framework

The ecological theory looks at “the dynamic and reciprocal interaction between organisms and their multiple environments” (Hoffman et al., 2008). It observes how individuals and organisms adapt to their lives and how their adaptations help shape the contexts of their lives. The systems theory is very similar and one might say the ecological theory is a sub-section of the systems theory. The systems theory focuses on “human behavior as the outcome of reciprocal interactions between people and their environments, focusing on the interconnectedness of all life” (Hoffman et al., 2008).

Stress can spread throughout an agency, akin to a type of cancer, even if it just begins with one or two stressed-out employees. Because the need and desire to assimilate into a group and discuss their personal situations with each other, stress levels can increase throughout an agency if a growing number of employees become stressed-out. Given this factor, it is essential to identify the actual cause of said stress and give social workers tools to help reduce stress levels. If workers are in a “high stress” setting due to client factors or nature of the setting (for example, clients with severe or persistent mental illness or residential setting), there is potential for high stress regardless of other mediating factors. The ecological theory explains the global effect of how stressed social

workers can affect the clients, their co-workers, and other parts of the system, whether they intend to or not.

As social workers, we must remember our clients come first. One of the social work ethics, according to the National Association of Social Work (NASW, 1996) Code of Ethics, is the ethic of “Commitment to Clients.” This ethic states, “Social workers’ primary responsibility is to promote the wellbeing of clients. In general, clients’ interests are primary” (NASW, 1996, p. 7). Thus, we must take care of ourselves so we can appropriately help our clients and not damage them emotionally or otherwise. Though most social workers may be aware that their stress affects others besides themselves, they may not be aware how much one change can affect so many other people and groups.

Methods

Research Design

A systematic review was chosen as the method for this study. A systematic review is a literature review that “follows a set of scientific methods that explicitly aims to limit systematic error, by attempting to identify, appraise and synthesize all relevant studies in order to answer a particular question” (Petticrew, 2006, p.9). Systematic reviews provide crucial evidence-based information to support and advance practice, by helping to recognize different and evolving development and holes in knowledge (Petticrew, 2006).

Selection Methodology

A number of factors were considered during the selection process of articles for this study. A comprehensive article search of the social work databases SocINDEX, PsycINFO, and Social Work Abstracts was completed to compile articles that addressed

stress and coping factors in social work practice during the time frame of 1980-2015. The researcher chose this time frame in order to illustrate how stress has affected social workers throughout the decades. Words used to search these databases included combinations of “stress,” “social work stress,” “stressors,” and “burnout.” Only articles that were found in academic journals and peer reviewed, were accepted. Another requirement was that the articles examined stress experienced by social work professionals. Finally, this study was looking for articles that examined what stressors and what coping strategies are being used by social work professionals.

Data Analysis

After articles met the inclusion criteria, 13 articles were then assessed for which components of social work stress were addressed based on the issues that were included in the article. Studies that included stressors and coping strategies for de-stressing were included in both categories, category one looking at stressors and category two looking at de-stressing. Each article was then asked the same questions: What are stressors that affect social workers? What are ways that social workers cope with their stress? What are symptoms from the stress experienced by social workers? What type of social worker has the most stress? What keeps social workers from quitting their job from stress? The answers to these questions were compiled and compared. The data collected was organized in a spreadsheet which used the questions as headings.

Protection of Human Subjects

A systematic review was performed; this type of study did not use participants. Research that has been done previously was analyzed using the selected criteria. Authors were cited appropriately. For these reasons, the IRB did not have to review this study.

Findings

There were five research questions that this systematic review was trying to answer. They were: What are stressors that affect social workers? What are ways that social workers cope with their stress? What are symptoms from the stress experienced by social workers? What type of social worker has the most stress? What keeps social workers from quitting their job from stress? Each section answers one of those questions with information compiled through the systematic review.

Stressors

There is evidence to suggest that social workers experience relatively high levels of stress (Coffey et al., 2004). Most research suggests that social work is a highly stressful occupation, with stress coming from role conflict between client advocacy and meeting agency needs (Lloyd et al., 2002). Social workers try to live up to the unrealistic expectations that society has for them which causes them much stress (Collings & Murray, 1996). Agencies not providing adequate work conditions was a large stressor that made social workers angry (Dane, 2000). Lack of support and respect were the top answers in Morazes et al. study which was a qualitative study of social workers' motivations, perceptions, and retention (2010). Coffey et al. (2004) found that the most difficult aspect of the job was the lack of time to do the job properly and rigid timescales. This was also the finding in Dillenburger's (2004) study which showed that 100% of social workers consider their job stressful or very stressful. Collings and Murray (1996) found that planning and reaching targets as well as workload were the top stressors of the social workers they surveyed. Other issues were dealing with service users and feeling pressures because of a lack of staff to cover the workload (Coffey et al., 2004). Lloyd et

al. (2002) found that organizational factors such as work load, role ambiguity, work pressure, and relationships with supervisors were the primary stressors. Lack of resources and organizational restructuring were also found to be top stressors (Storey & Billingham, 2001). The same study found that 58.8% of the social workers taking part believed the public image of social work increased their stress (Storey & Billingham, 2001).

Symptoms

Many social workers feel that the negative aspects of the job hinder their ability to perform their work (Morazes et al., 2010). It also impairs services that social workers provide to some extent (Storey & Billingham, 2001). Emotional exhaustion and depersonalization are also symptoms from the stress (Anderson, 2000). Feelings of guilt and inadequacy were symptoms of the stress social workers had (Dillenburger, 2004). Workers stated that they initially came to their agency with enthusiasm but described their emotion as sad since working at a child agency (Dane, 2000). Other feelings reported were loneliness, abandonment, and detachment (Dane, 2000). Anxiety, depression, and irritation were identified as job-related mental health problems for social workers (Davis-Sacks et al., 2004).

Most Stress

Salaried staff reported more stressors than weekly paid staff (Coffey et al., 2004). Child protective workers are at a higher risk for stress and burnout in the first year (Shannon & Saleebey, 1980). Constraints were defined as situations that prevent employees from translating ability and effort into high levels of job performance (Coffey et al., 2004). The constraints that were most commonly reported were interruptions by

other people, conflicting job commands, and lack of or poor quality of supplies. This study showed constraints were significantly higher in Children's Division than Adult Older Division (Coffey et al., 2004). Staff working with children and families reported the highest levels of absenteeism and the poorest well-being compared to social workers assisting other populations such as the elderly or the ill (Coffey et al., 2004; Dillenburger, 2004). The worst affected division appears to be Children and Families Division (Coffey et al., 2004). It was found that workers who work primarily with children scored lower on the depersonalization scale than those who solely worked with adults, (Hamama, 2011). Hamama (2011) found that personal factors were linked to higher stress. Younger social workers, female social workers, unmarried social workers, and highly educated social workers had higher stress and burnout rates than their counter parts.

Coping

Coping has been defined as a person's changing cognitive and behavioral efforts to meet demands (Collins, 2008). A study using the Coping Strategies Inventory found that problem solving received the highest score meaning the most successful, followed by cognitive restructuring, social support, and expressing emotions (Anderson, 2000; Stalker, 2007). It was shown that the negative ways social workers cope with stress were problem avoidance, wishful thinking, social withdrawal, and self-criticism (Anderson, 2000). High ratings were given to learning to relax, mind/body connections, and exercise (Shannon & Saleebey, 1980). To decrease stress, workers said more staff should be hired to decrease the caseloads for each individual (Coffey et al., 2004). Feeling supported would also help as well as more training (Coffey et al., 2004). Both spouse support and supervisor support are correlated with lower levels of stress (Davis-Sacks et al., 1985).

Storey and Billingham's (2001) study found further training, unpaid leave, and provision of stress management trainings would be strategies that social workers would utilize if offered to reduce stress. More support, a reduced work load, and more resources were top answers when social workers were asked what could alleviate stress (Dillenburger, 2004). Other answers included a change in senior personnel, more pay, and a change in location (Dillenburger, 2004). Women tend to focus on venting feelings as a coping mechanism while men tend to use more negative ways such as alcohol and drugs (Collins, 2008).

Job Retention

Stress is the biggest single factor affecting social worker's in the public sector decision to leave their jobs (Coffey et al., 2004). According to a study done by The University of California, the top reasons for not quitting the job as a social worker, even though there is stress, are: enjoying the job, money and benefits, their clients and families, their values and commitment, and being able to make a difference (Morazes et al., 2010). Hardiness, which is made up of control, commitment, and challenge, was a resource when social workers encountered stressful situations. It was found that hardiness comes with age and experience in the social work profession (Collins, 2008). Social workers who believe they have been called to the social work profession believed they could improve their client's lives by continuing in the field (Hamama, 2011). Spirituality was often described as reinforcing social worker's sense that their work had meaning (Dane, 2000). A sense of mission and strong commitment is a cause for employee retention (Stalker, 2007).

Discussion

This systematic review was developed to explore stress in social work. However, the goal of this research was not to answer this question with a simple sampling of the literature, but rather to consider the whole relevant body of literature on the subject. This review was set up using inclusion and exclusion criteria as a means of finding pertinent and current research. What emerged from this review is what causes stress for social workers, how they cope with it, and the results of stress on a social worker.

More than half the studies that were reviewed spoke to the stressors that affect social workers. A common theme throughout seems to be lack of resources. Social workers are lacking the support, tools, and time that they need to be effective at their jobs and not be so stressed. Lack of staff and having a workload that was too large were also seen throughout the studies. It also seems that the image of social work and living up to the unrealistic expectations makes being a social worker more stressful.

Coping strategies can be either negative or positive in nature. The positive ways of coping are support at work and home, exercise, and stress management trainings. The negative ways of coping include withdrawing, self-criticizing, as well as drugs and alcohol. Many social workers just wanted help with the causes of stress so they could be more effective at their jobs.

The symptoms from the stress social workers experience are very serious. They are quite intense and emotional such as depression, anxiety, loneliness and sadness. These symptoms in turn affect the ability of the social worker to do their job and help others. For example, if a social worker is feeling depressed about coming to work, their body language may show it in sessions with their clients. Another symptom is loss of

motivation leading to social workers becoming absent more from their job. Transference from social worker to client could have clients feeling what the worker is feeling from picking up on it in sessions. This would have the client leaving session worse than when they came in.

Four studies named the children's division of social work as the one with the most stress. Others at risk for more stress included social workers in their first year and those who were unmarried. This makes sense since they are lacking the support and experience as those who are older and have been practicing longer. It was also intriguing that social workers with higher education have more stress.

Even with all the stress and negative components that go with it, there is still a draw to the profession of social work and people stick with in through it all. This is due to a few pros, but the most valued is the ability to make a difference. People feel committed to their clients and want to do the best job for them as possible. Hardiness is a key driver for those who stay in social work.

Strengths and Limitations

There are strengths and limitations to a systematic review. The review analyzes available research particular to the research question. The review is also replicable. The research can produce specific results from the selected criteria. The data can help determine what holes there may be in the research, and what the next steps are to addressing these holes.

A strength in this study was the amount of search engines I had available to look for articles. There were many articles related to the topics of burnout and stress in the

social work profession. The topic of this paper is relevant to everyone in the social work field making it highly valuable.

One formidable limitation of a systematic review of the literature is that it is prone to bias. Systematic reviews may overlook non-significant results reported in studies. Systematic reviews with specific defined questions provide specific answers to specific questions, leaving out other findings that may be important to the studies looked at.

There were a few limitations to this research. Time was a significant limitation. The entire research process had to be done within eight and a half months. The other limitation was finding interesting information in the research but excluding it because it did not meet the requirement. If done again, charts would be made to keep information organized. Also, I would ask more questions to incorporate more information in the findings such as what personal factors effect stress in the social workers and what programs have been implemented into agencies to reduce stress.

Implications

Practice implications.

This study gives evidence to the need for continual self-care in the social work profession to eliminate burnout and stress. The causes of stress for social workers can be further looked into by agencies now that they have been so clearly identified in multiple studies and changes could potentially take place to alleviate some of the stress that social workers experience. If social workers and their supervisors worked together, they collaborate on solutions to the major stressors. Social workers must continue to find healthy ways to deal with their stress so they can be effective with their clients.

Examples would be yoga, relaxation days, meditation, and exercise. The need for social workers has been growing as reported on the news so retention is more and more important in the field.

Policy implications.

There are ways that policy change could affect stressors and ways that social workers cope. Agencies need to create new policy to make the working experience better for their social workers. Building in more mental health days that a worker can take a year would help. Also, there should be a cap on how many cases a worker can take so they do not get overwhelmed. This would also benefit the client in receiving more attention from the social worker which can lead to better care. Since social workers voiced that they feel a lack of support, policies creating groups and one-on-one support sessions should be put in place.

Research implications.

There is still much on this topic that needs more research. A more in depth look at how social workers cope with their stress is needed. Not only will it help those in the study identify coping strategies, the results will also give other social workers ideas on what they can do. Retention is a very important factor in social work. A study given to veteran social workers on why they stayed in the profession for years would be helpful and give hope to those who are just starting out.

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