

Mentoring for Social Workers to
Decrease the Likelihood of Burnout
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Abstract

Endless hours of paperwork, overwhelming caseloads, low wages, limited resources, lack of support all while rewards are diminishing. Given these circumstances, it is not surprising that child welfare workers experience high levels of burnout before considering leaving the profession. The primary focus of this exploratory research design was to measure the levels of burnout among rural Cabinet employees. A small sample of rural employees was randomly chosen and provided a questionnaire on burnout. The result of the research showed the levels for burnout were 33.3% moderate risk and 66.7% low risk for work fatigue. The suggestion would be that rural offices have arranged a method that possibly lowers the risk for burnout.

Mentoring for Social Workers to Decrease the Likelihood of Burnout

The job of a child welfare worker is often unappreciated despite endless hours of paperwork, overwhelming caseloads, low wages, limited resources and lack of support. The demands of the job have grown while the rewards have diminished (Kreisher, 2002). Given these circumstances, it is not surprising that child welfare workers experience high levels of burnout before considering leaving the profession. One study showed personal accomplishments directly impact depersonalization and emotional exhaustion (Drake & Yadama, 1996). The study went on to show how extended exposure to stress impacts the mental health of the worker which in turn becomes a determinant factor in depersonalization of clients being served. There appeared to be a strong correlation with the worker's satisfaction in their job and the effectiveness in the services they provide.

While researchers have sought to determine factors related to burnout among child welfare workers, very few efforts have been directed at designing and evaluating approaches to assist individuals in improving how to prevent or manage burnout. This area of research is critical to the development of an effective approach in preventing burnout and improving the service delivery being provided. This study seeks to evaluate the levels of burnout among Cabinet employees in rural work settings where caseloads and unclear work demands can become elevated. This is an exploratory research design with no independent or dependent variables and no hypothesis to assess. The primary focus of this research will be to measure the levels of burnout among rural Cabinet employees. The study's findings will bring about for future explanatory research to find

solutions to prevent the onset of burnout among Cabinet employees and to improve the overall services being provided to the clientele in rural settings.

Background

Cournoyer (1998) suggested child welfare workers often underestimate the amount of stress they are exposed to on a daily basis. Maslach, Jackson, & Leiter (1996) defined stress as emotional and physiological reaction to stressors, which are demands or circumstances that decrease an individual's equilibrium. Prolonged exposure to stress is identified by chronic anxiety, psychosomatic illnesses, emotional problems, all leading to possible burnout.

Burnout is a feature of chronic stress that can impair the effectiveness of a case worker's job performance. Symptoms of burnout individuals experience include but not limited to: emotional exhaustion, depersonalization for accomplishments, growing absenteeism, physical ailments, poor eating and sleep habits, feelings of isolation, depression, possible substance usage, and low marital satisfaction (Lloyd, King, & Chenoweth, 2002). Burnout first appeared in the research literature in 1974 to describe the reasons for high turnover rates among helping professions. However, research shows that this is still an ongoing problem among current helping professions (Kreisher, 2002).

According to research conducted by Kreisher (2002), agency's primary emphasis has become paperwork, while direct practice has become secondary. This is conflicting with standard social work ethical guidelines and places extensive amounts of stress on workers. Budget problems and limited resources adds to the child welfare worker's daily tension. Dealing with non-motivated or hostile clients, conflicting policies and procedures, agency cutbacks, and every changing laws increases the likelihood of

burnout (Daley, 1979). Balloch, Pahl, & McLean (1999) reports that lack of supervisory support, lack of career opportunities, unclear work demands, and high expectations not related to regular job responsibilities places individuals at risk for burnout.

Efforts to Improve

According to Lloyd, King, and Chenoweth (2002), case workers who view their supervisors as being supportive have a reduction in stress levels and risk for burnout. Creating a supportive work environment involves taking stock in what is positive and motivating about work. Maslach, Jackson, & Leiter (1996) suggest through their research that case workers need to identify every aspect of their job responsibilities and work environment that is appealing and self-satisfying to them. Having an understanding of one's job and what is enjoyable about it decreases the likelihood of burnout. Research has also shown that developing a mentoring program makes individuals feel good when they can offer support and wisdom to others. Even seasoned professionals benefit from the mentoring, because it enhances the overall fulfillment of one's job and generates a sense of confidence in job performance (Maslach, Jackson, & Leiter, 1996).

Maslach, Jackson, & Leiter (1996) also found creating a recognition committee to reward workers' performance decreases depersonalization and encourages worker happiness. They found that humor within workplaces where stress is overly high increases productivity and the quality of work. Laughter has been found to increase the body's ability to produce and release endorphins. It has been documented that regular amounts of endorphins released into the body can lower blood pressure, reduce levels of

stress hormones, and boost the immune system (Maslach, Jackson, & Leiter, 1996). Overall, knowing one's limitations to achieve job satisfaction can reduce burnout.

During a study conducted by Drake & Yadama (1996), they found using the Maslach Burnout Inventory measurement tool that individual's personal accomplishments had a direct impact on their emotional exhaustion and depersonalization. The Maslach Burnout Inventory Tool has been used to measure three elements of burnout emotional exhaustion, depersonalization, and personal accomplishments. Drake and Yadama found that most research ignored measuring one's personal accomplishments. He found that it has a significant effect on a worker's depersonalization and level of emotional exhaustion created from work related stress.

Other studies found that case workers face ever increasing pressures from problems they deal with reflecting social changes and every day life (Kurland & Salmon, 1992). Social workers are typically homogenous groups whose sensitivity to other's problems renders them vulnerable to high levels of stress (Lloyd, King, & Chenoweth, 2002). Reid et al. (1999) conducted a qualitative study on case workers and stress. He found case workers often feel frustration in their jobs due to others not appreciating their role as a child protection worker. Workers expressed not feeling that their range of assessment skills was valued by other professionals. Jayaratne, Chess, & Kunkel (1986) conducted a study to determine whether work related stress has an impact on marital satisfaction among case managers. It was suggested through the study that high levels of burnout decreased marital satisfaction; however, little was learned about the effects and further research has been encouraged. The limit with most of the studies mentioned is that external factors cannot be controlled to prevent the onset of burnout. A few of the

external factors that cannot be controlled and directly impact the level of work fatigue would be the atmosphere of an office, whether the caseloads outweigh the number of workers to carry them, or personal issues brought into the office.

Method

A small random sample of participants was recruited to complete the survey. The target sample size was six state employees (social workers and secretaries). The prospective study participants at the site (two rural Department of Community Based Services offices) were engaged in a purposive manner to achieve a non-probability quota sample. Interested participants were given a brief overview of the study in a private office provided by the local Cabinet offices. The participants were read the informed consent to clarify the purpose and details of the survey. This form covers the following areas: purpose of the research, expected duration of participant's involvement in the study (30-45 minutes), foreseeable risks (negative work experiences), a statement on confidentiality of results, and a statement of voluntary participation (no penalty or loss of benefits for nonparticipation) (Appendix B). Once the participants were read the informed consent to be part of the study, they received a copy of the consent form. The investigator explained that a summary of the study report will be made available at a later date.

The sampling design was AB since the study was an exploratory research design with no independent or dependent variables and no hypothesis to assess. A sixty-six item quantitative survey instrument (Appendix A) was employed for the purpose of data collection. A combined effort was made to conduct the survey in an area that is private at the local Cabinet office, to insure greater confidentiality of responses and maximize

participant comfort. The data collection instrument was taken in written form by the participants. After completing the survey, participants were instructed to drop off the surveys into a designated box with no identifiable information to ensure confidentiality is maintained. No data will be shared with the participants, except at the conclusion of the study, in grouped form. The data collected was input into descriptive and frequency statistics in order to gather an average percentage of the levels of burnout among two rural Cabinet offices.

Results

A sixty-six item quantitative survey instrument (Appendix A) was employed for the purpose of data collection. The primary focus of this research was to measure the levels of burnout among rural Cabinet employees. The results from this instrument showed the risk for burnout among Cabinet employees to be 33.3% (moderate risk) and 66.7% of the participants showed low risk for work fatigue. There was a 50% chance of job satisfaction among participants; especially, participants employed with the Cabinet two to five years (see Table 1). The majority of participants partaking in the study were female at 83.3% while the male population was 16.7% (see Table 2).

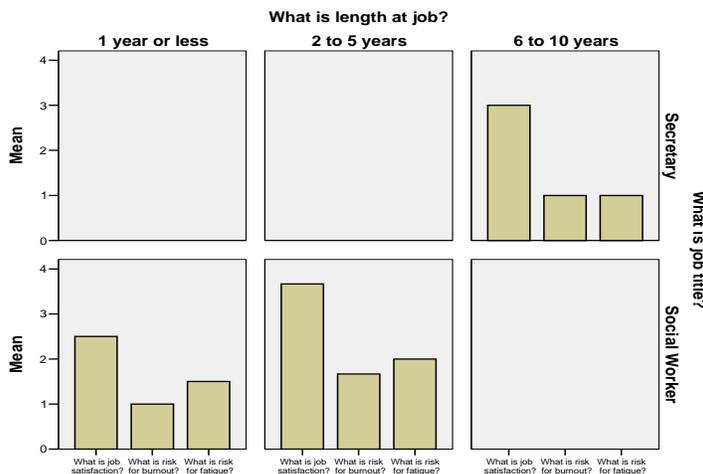


Table 1

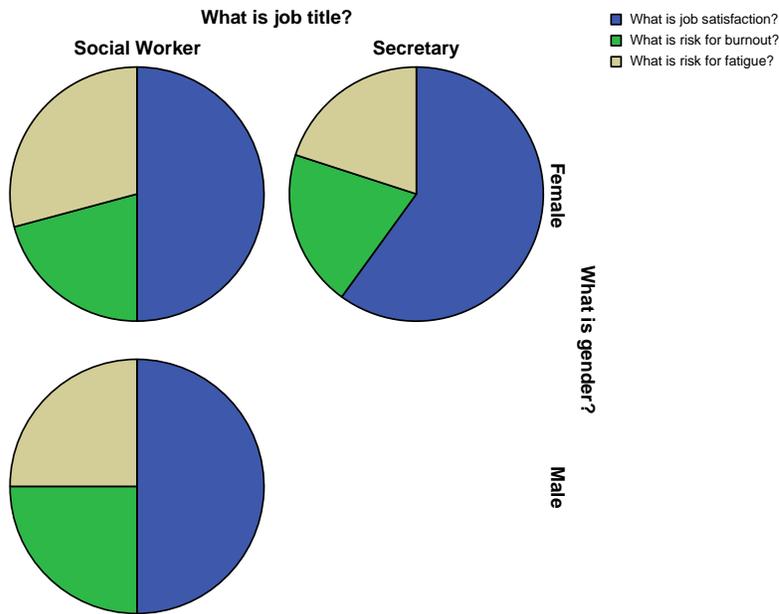


Table 2

Discussion

Overall, the study showed that job satisfaction tends to be somewhat higher in rural settings and work fatigue remains low. This decreases the likelihood for burnout among these workers. The area not collected during this survey that could have proved beneficial to the study was what these offices were doing to prevent the risk of burnout. A scale survey limits the ability to gather qualitative information about external factors. As noted earlier, studies like this one on burnout cannot control the external factors that can influence other variables in the study. The atmosphere of an office can directly impact the social morale and work performance of fellow employees. As mentioned earlier in the study, humor and laughter are found to be positive stimulus that decreases work fatigue. When humor and laughter is permitted in the office setting, there is a likely chance that workers can relieve tension and prevent burnout. Additional limits to the study included small sample size and time constraints in conducting the study.

Conclusion

Through this exploratory design, it was discovered that the risk for burnout in the rural areas studied was low to moderate. It would prove beneficial to expand the sample size for future studies to grasp a true account of burnout levels. It is also recommended to expand the survey to include opened questions to collect data on what the offices are doing to improve the morale and prevent work fatigue. The risk factors associated with burnout were addressed such as lack of career opportunities, low work autonomy and role ambiguity, and low profession self-worth. All these factors directly impact the case worker and can directly impact the way services are provided to clients. Further research is needed to examine a wider range of potential stressors and development of effective strategies to decrease the onset of work related stress. Further research needs to address areas where case workers have been exposed to trainings or support groups designed to maximize feelings of efficiency to determine whether these methods have decreased levels of burnout. Positive findings in this area would benefit agencies and supervisors in designing and implementing programs for their workers. The research should not be expensive nor time consuming since several databases on burnout already exist.

Appendix A

Compassion Satisfaction and Fatigue (CSF) Test

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with your helping others. Consider each of the following characteristics about you and your **current** situation. Write in the number that honestly reflects how frequently you experienced these characteristics in the last week. Then follow the scoring directions at the end of the self-test.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
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Items About You

- _____ 1. I am happy.
- _____ 2. I find my life satisfying.
- _____ 3. I have beliefs that sustain me.
- _____ 4. I feel estranged from others.
- _____ 5. I find that I learn new things from those I care for.
- _____ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- _____ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- _____ 8. I have gaps in my memory about frightening events.
- _____ 9. I feel connected to others.
- _____ 10. I feel calm.
- _____ 11. I believe that I have a good balance between my work and my free time.
- _____ 12. I have difficulty falling or staying asleep.
- _____ 13. I have outburst of anger or irritability with little provocation
- _____ 14. I am the person I always wanted to be.
- _____ 15. I startle easily.
- _____ 16. While working with a victim, I thought about violence against the perpetrator.
- _____ 17. I am a sensitive person.
- _____ 18. I have flashbacks connected to those I help.
- _____ 19. I have good peer support when I need to work through a highly stressful experience.
- _____ 20. I have had first-hand experience with traumatic events in my adult life.
- _____ 21. I have had first-hand experience with traumatic events in my childhood.
- _____ 22. I think that I need to "work through" a traumatic experience in my life.
- _____ 23. I think that I need more close friends.
- _____ 24. I think that there is no one to talk with about highly stressful experiences.
- _____ 25. I have concluded that I work too hard for my own good.
- _____ 26. Working with those I help brings me a great deal of satisfaction.
- _____ 27. I feel invigorated after working with those I help.
- _____ 28. I am frightened of things a person I helped has said or done to me.
- _____ 29. I experience troubling dreams similar to those I help.
- _____ 30. I have happy thoughts about those I help and how I could help them.
- _____ 31. I have experienced intrusive thoughts of times with especially difficult people I helped.
- _____ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- _____ 33. I am pre-occupied with more than one person I help.
- _____ 34. I am losing sleep over a person I help's traumatic experiences.

- _____ 35. I have joyful feelings about how I can help the victims I work with.
- _____ 36. I think that I might have been “infected” by the traumatic stress of those I help.
- _____ 37. I think that I might be positively “inoculated” by the traumatic stress of those I help.
- _____ 38. I remind myself to be less concerned about the well being of those I help.
- _____ 39. I have felt trapped by my work as a helper.
- _____ 40. I have a sense of hopelessness associated with working with those I help.
- _____ 41. I have felt “on edge” about various things and I attribute this to working with certain people I help.
- _____ 42. I wish that I could avoid working with some people I help.
- _____ 43. Some people I help are particularly enjoyable to work with.
- _____ 44. I have been in danger working with people I help.
- _____ 45. I feel that some people I help dislike me personally.

Items About Being a Helper and Your Helping Environment

- _____ 46. I like my work as a helper.
- _____ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- _____ 48. I have felt weak, tired, run down as a result of my work as helper.
- _____ 49. I have felt depressed as a result of my work as a helper.
- _____ 50. I have thoughts that I am a “success” as a helper.
- _____ 51. I am unsuccessful at separating helping from personal life.
- _____ 52. I enjoy my co-workers.
- _____ 53. I depend on my co-workers to help me when I need it.
- _____ 54. My co-workers can depend on me for help when they need it.
- _____ 55. I trust my co-workers.
- _____ 56. I feel little compassion toward most of my co-workers
- _____ 57. I am pleased with how I am able to keep up with helping technology.
- _____ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- _____ 59. Although I have to do paperwork that I don’t like, I still have time to work with those I help.
- _____ 60. I find it difficult separating my personal life from my helper life.
- _____ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- _____ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
- _____ 63. I have thoughts that I am a “failure” as a helper.
- _____ 64. I have thoughts that I am not succeeding at achieving my life goals.
- _____ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- _____ 66. I plan to be a helper for a long time.

Scoring Instructions

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information.

1. Be certain you respond to all items.
2. Mark the items for scoring:
 - a. Put an x by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
 - b. Put a check by the following 16 items: 17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65.
 - c. Circle the following 23 items: 4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40, 44.
3. Add the numbers you wrote next to the items for each set of items and note:
 - a. *Your potential for Compassion Satisfaction (x)*: 118 and above=extremely high potential; 100-117=high potential; 82-99=good potential; 64-81=modest potential; below 63=low potential.
 - b. *Your risk for Burnout (check)*: 36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
 - c. *Your risk for Compassion Fatigue (circle)*: 26 or less=extremely low risk, 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.

Appendix B

Western Kentucky University Informed Consent

Dear participant:

You are invited to participate in a research study being conducted by Rebecca Wise, graduate student at Western Kentucky University. The study will be conducted at the Webster County DCBS office. Approximately 5 subjects will be invited to participate, and participation in this study will last for about 30-45 minutes.

Purpose

The purpose of this study is to examine the level of burnout among Cabinet employees in rural settings.

Voluntary Participation

Your participation in this research study is completely voluntary. You may refuse to participate or withdraw your consent at any time without.

Procedures

A sample of five Cabinet employees working in a rural office has been selected. After signing the consent form, a compassion fatigue survey will be provided.

Potential Risks

The risk potentially involved is participants may have to bring up difficult or negative work experiences during the participation in this study. If participants experience any negative feelings after the study, or want to talk to someone, the researcher will provide information on where to get help. The researcher will refer the participants to the local mental health facility for further services. The consent form assures them they may decide to quit at any time during the study, without penalty.

Benefits

While this study is designed to help improve the quality of service and service programs, the information collected may not benefit you directly. A potential benefit of participating in the study is it will contribute to knowledge base of the profession and led to future explanatory research to develop preventive methods of burnout. It will also inform my practice as a social worker.

Subject Informed Consent
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Confidentiality

Although absolute confidentiality cannot be guaranteed, confidentiality will be protected to the extent permitted by law. Western Kentucky University, the Department for Health and Family Services Institutional Review Board (IRB), or other appropriate agencies may inspect your research records. However, no identifying data will be recorded for this study, and should the data collected in this research be published, your identity will not be revealed.

Research Subject's Rights and Contact Persons

If you have any questions about the study, you may contact Dr. Jay Gabbard at 270-745-8749. If you have any questions about your rights as a research subject, you may contact the Department for Health and Family Services (IRB) at 502-564-5497 ext. 4102.

Consent

I have read the information above, and voluntarily consent to participate in this study.

Signature of Subject

Date Signed

Signature of Investigator

Date Signed

THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY
THE WESTERN KENTUCKY UNIVERSITY HUMAN SUBJECTS REVIEW BOARD
Dr. Phillip E. Myers, Human Protections Administrator
TELEPHONE: 270-745-4652

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