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Burnout in Social Work: A Call to Consider Social Work Curriculum and Agency Policies

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Abstract

Burnout in the social work profession is discussed. The focus is on the definition of burnout and the circumstances associated with social workers experiencing burnout. Additionally, suggestions regarding social work educational curriculum and workplace policies for the prevention and intervention of burnout are reviewed. Literature concerning compassion fatigue, secondary trauma, vicarious trauma, shared trauma, and collective trauma are explored for their relationship to igniting social worker burnout. Discussion summarizes the benefits of building a strong social work identity to thwart burnout and the benefit of social support and quality organizational leadership to buffer against burnout.

Key words: Burnout, compassion fatigue, vicarious trauma, shared trauma, collective trauma

Introduction

During the course of a social work career, practitioners are more likely than not to experience burnout [1]. Social worker burnout rates soared during the recent COVID-19 pandemic which prompted practitioners and educators alike to call for redress of workplace stress [2, 3]. Cherniss [4] describes the high probability of experiencing burnout as a natural outgrowth of human service work. Professionals in human services frequently encounter intolerable, unalleviated stress. Human service professionals also are tasked with addressing nearly intractable client problems exacerbated by limited resources. Given the mismatch between the depth of social problems social workers are asked to resolve and the scarcity of resources available to them, burnout can be an expected outcome for the profession [5].

Burnout occurs in workplace settings where employees navigate constraints to complete tasks, limited autonomy, unclear job role clarity, high caseloads, heavy paperwork demands, and laborious bureaucratic regulations [6]. The work environments in which social workers are employed often contain the characteristics that ignite burnout. Social workers serve as case managers, resource specialists, advocates, therapists, and community organizers within a variety of workplaces, including, but not limited to, medical, educational, governmental, private-sector, and nonprofit settings [7]. Zerden [8] asserts that social workers are expected to be "everything, everywhere, all at once". Given job-role diversity and disparate settings that often entail unrealistic paperwork demands, limited professional autonomy, and client recidivism, the work environment of social workers may be ripe for burnout [9].

Job burnout has been recognized as a phenomenon for more than 50 years [10]. Burnout symptoms, including exhaustion, cynicism toward work, and reduced professional self-efficacy have been experienced by employees across a variety of industries [11]. In the United States, social work jobs are frequently corelated with burnout, with clinical social workers and Child and Family social workers ranking as the third- and fifth-most stressful jobs in 2024 [12].

The propensity for social work employment positions to be stressful underlines the need to address burnout [13]. The social work profession needs to develop, adopt, and promote curriculum and workplace policies that mitigate burnout. The discussion will define burnout, explore the situations in which social workers typically develop burnout, and suggest avenues for mitigating burnout.

The Definition of Burnout

According to Figley [14], human services workers experience a psychological cost when providing services and burnout has been labeled the "cost of caring". Clients who are confronting some of the most difficult circumstances of their lives, such as homelessness, domestic violence, exposure to natural disasters, and substance use disorder, come to social services for interventions. The clients share their stories of loss, fear, anxiety, and pain with social workers, who in turn use a set of professional skills, knowledge, and values to approach problem resolution [15].

Cherniss [4] describes social workers as initially entering the profession with passion and enthusiasm. Social workers seek to

address human needs; however, practitioners encounter roadblocks to service delivery, such as bureaucratic regulations from agencies and defensive behavior from clients [9]. The mismatch between social workers' drive to help people and the reality of constraints on service delivery leads to burnout [16].

Cherniss [4] suggests burnout occurs over time and is not related to a single event. As social workers repeatedly encounter unalleviated workplace stress, initial career enthusiasm turns to indifference and resentment after multiple attempts at human service delivery are thwarted by complicated administrative requirements or a paucity of resources. Although social workers enter the profession with a desire to help, the limitations on their ability to do so leads to stress. Burnout symptoms appear in workplace environments where stress is persistent. Maslach and Leiter [17] describe burnout symptoms as: a callous attitude toward work, feelings of being overwhelmed or overextended at work, and a sense of incompetence or inability to achieve work-related goals.

Burnout develops incrementally in three stages [4]. In the first stage, social workers recognize the insufficient resources available. The inability to meet clients' needs culminates in feelings of tension, anxiety, and fatigue for the practitioner which represents the second stage. While experiencing this stress, the third stage describes how social workers may withdraw, become negative and accusatory toward clients, or cynical toward interventions. In the third stage, social workers cope with job stress by maladaptive means. Attrition from the social work profession can be associated with burnout.

The signs and symptoms of burnout are numerous and have been cleverly alphabetized into 132 symptoms ranging from anxiety to zeal [18]. Therefore, burnout can be identified by many symptoms or collapsed into three dimensions: exhaustion, depersonalization, and professional inefficacy. The dimensions may be presented as physical manifestations, emotional/mental expressions, and behavioral indicators.

There are physical signs of burnout such as sleep disturbance, gastrointestinal distress, and somatic pain [14]. The signs indicate exhaustion. Grouchiness, irritability, or withdrawal tends to isolate the professional experiencing burnout from others [19]. Social workers may detach from work or distance themselves from clients as a protective maneuver intended to push away stressful demands. The symptoms signal depersonalization, project a callous attitude toward the work environment, and are an emotional/mental expression of burnout. Finally, tardiness, failure to complete work tasks, medical malaise leading to absenteeism and attrition imply behavioral signs of burnout [20]. Social workers may perceive themselves as ineffectual and therefore, bit by bit, step away from job duties until there is complete separation from the profession [17].

Situations Where Social Workers May Develop Burnout

Social workers may develop burnout symptoms when exposed to trauma [21]. Trauma exposure occurs when clients share their narrative stories or lived experiences with social workers and thereby expose the social worker to the trauma [22]. Social workers routinely learn of the distress clients experience and are expected to respond empathetically regardless of the number of clients served or the number of traumatic incidents encountered [6]. Repeated exposure to clients' traumatic stories can result in compassion fatigue for the social worker [23]. Furthermore, the professional exposed repeatedly to a client's trauma may develop secondary trauma, vicarious trauma, shared trauma, or collective trauma [24]. The terms secondary trauma, vicarious trauma, shared trauma, and collective trauma are sometimes used as if they are interchangeable phenomena. The following discussion seeks to introduce the distinction between the terms.

Compassion Fatigue

The routine expectation to respond empathetically to clients can be taxing for social workers and lead to compassion fatigue [25]. Compassion fatigue may have symptoms such as anxiety, insomnia, and grief [14]. The seemingly unending need for services can prompt a change in the practitioner's attitude from a passion to assist others to compassion fatigue [26]. Compassion fatigue can lead to attrition and is all too common in the profession [23]. Adams et al. [27] surveyed 236 social workers who provided direct practice service to clients after the September 11th World Trade Center attack. The intent of the survey was to assess the Compassion Fatigue (CF) scale, and the findings concluded that work burnout, secondary trauma, and CF correlated.

Secondary Trauma

The signs of secondary trauma can include experiencing intrusive thoughts, displaying avoidance behaviors, becoming detached, difficulty focusing, and mood disturbance [28]. The secondary trauma signs mirror PTSD like symptoms and occur after the human service professional has repeatedly been exposed to precise information about the client's traumatic event. As clients recount their personal stories to social workers, the practitioner learns the details of clients' trauma with intimate partner violence, child maltreatment, mass shootings, and other traumatizing events. Unlike compassion fatigue, the term secondary trauma requires that the practitioner has been told a client's traumatizing events and has acquired PTSD like symptoms, but in a milder form than the client [29]. Hansel and Saltzman [23] surveyed 51 healthcare workers regarding the association between burnout, secondary trauma anxiety, and depression during the COVID-19 pandemic. Social isolation during the pandemic led to increased reports of anxiety and depression. Higher secondary trauma was reported by those who had previously experienced trauma. Secondary trauma seems to align with burnout.

Vicarious Trauma

Vicarious trauma has a similar presentation to secondary trauma in that the social worker is exposed to a client's traumatizing event via the client's recollections. Different from secondary trauma, vicarious trauma includes the component of an enduring change in cognitions for the practitioner [13]. Vicarious trauma can produce a change in perceptions that affects the practitioner's self-image, worldview, or spiritual understanding. For example, social workers who work with survivors of domestic violence and have knowledge of incidents of intimate partner violence may be more cautious in personal relationships, more alert to disagreements between couples, have more anticipation of public violence, and be more determined to provide close supervision to their children. Baird and Kracen [30] examined the relationship and distinction between vicarious trauma and secondary trauma via review of research publications and dissertations from 1994-2003. The researchers concluded that personal trauma history is a relevant predictor of vicarious trauma and supervision may play some role in predicting vicarious trauma. A practitioner experiencing vicarious trauma may be more vulnerable to burnout.

Shared Trauma

Unfortunately, there are multiple contemporary examples of shared trauma and the impact it has on the social work profession [31]. The 2001 attack on the World Trade Center, the 2023 "Black Sabbath" event in the State of Israel, the multiple mass shootings, floods of the century, catastrophic wildfires, and major hurricanes experienced in the United States all represent incidents of shared trauma. According to Nuttman-Shwartz [32], shared trauma means that the social worker and the client are exposed to the same traumatic threat in their personal lives. Lemieux et al. [22]surveyed 410 social work students after experiencing the impact of Hurricane Katrina and Hurricane Rita. Many of the students reported worries about family members (71.9%), concerns about academic work or internship (56.3%), and fears about gasoline shortages (73.6%). Social work students, social work educators, social work practitioners, and clients alike shared the trauma of Hurricanes Katrina and Rita. Social work programs have a

critical role in educating students about the need to attend to mental health during the post natural disaster recovery period [22]. All members of the social work community, students, educators, practitioners, and practicum advisors can be impacted by natural disasters. The need for education, support, and supervision applies to all stakeholders since the experience of shared trauma could be a factor in burnout.

Collective Trauma

The September 11th attack on the World Trade Center, some major natural disasters, and the COVID-19 pandemic represent collective traumas that move a step beyond shared trauma. Collective traumas are not only shared by a community, but they also create a group memory that shapes the public [33]. Not only is the traumatic event experienced by both the practicing professional and the client, but the whole society is impacted by the trauma and has a collective memory of the trauma. Even in the absence of first-hand experience with the trauma, members of the community form an image of the trauma and place meaning on the image. The trauma becomes part of the cultural zeitgeist and ties the group together. Carnes [34] conducted a mixed-methods study with 172 members of the School Social Work Association of America during the COVID-19 pandemic. Participants completed a version of the Maslach Burnout Inventory and responded to questions regarding their experience with school social work at the time of COVID-19 restrictions. Study participants, nearly uniformly, reported burnout. The collective trauma of COVID-19, isolation, and engagement in remote learning was described as exhausting. The collective trauma of the COVID-19 pandemic has made an indelible impression on remote learning and remote work.

Practical Suggestions for Social Work Curriculum and Workplace Policies

A strong professional identity as a social worker serves as a protective factor for burnout. The curriculum in social work education should include not only consideration of social work knowledge, values, and skills, but also incorporate a clear-eyed discussion of burnout in the profession. Social workers need to be prepared for the realities of the profession and assess their own exposure to trauma [31]. Social support networks from within the profession can reduce burnout [13, 35, 36]. Organizational leaders must be on the forefront of burnout prevention and serve as role models. The following discussion considers the benefits of addressing burnout in social work education, organizational policy, and leadership.

Students and social work employees alike should be instructed on the risk factors for burnout. Doing so will assist social work students and employees to be better informed about burnout and therefore more able to implement prevention strategies. Ongoing training and intentional strategies to combat burnout are recommended to navigate high pressure employment situations. Yuma [37] describes a workshop with five modules to address resilience and coping for healthcare providers. The workshop trains employees on stress, the brain's reaction to trauma, and coping with stress and trauma as a workplace group.

Although employee burnout training is pivotal, human service organizations must go beyond simply offering burnout workshops. Allan et al. [38] suggest leaders must be willing to relinquish full control of the design of burnout programs and allow informal leadership to emerge from employees. Leadership on wellness initiatives and burnout prevention may arise from within the ranks of employees. The administrative leaders of organizations must signal an embrace of wellness. Implicitly, organizational leaders can role model wellness. Explicitly, organizational leaders can permit employees to engage in wellness activities during the workday. The takeaway message is to go beyond merely implementing burnout programming and instead demonstrate embodying behaviors that diminish burnout and promote wellness. Organizational leaders must have an active role in preventing burnout which moves beyond administrative duties.

Along the same lines, organizational leaders must promote work-life balance [39]. Routine breaks during the workday to attend to wellness and support for flexible hours should be policies that leaders champion to reduce burnout. Additionally, social workers can be organized into teams in which caseloads are shared and workers are cross-trained. The use of a team approach to manage cases can reduce burnout [40]. Additionally, caseload reduction limits the exposure to trauma. Caseload reduction is linked to quality supervision in that supervisors can advocate for a manageable caseload for workers.

Bober and Regehr [41] underline six strategies for decreasing the impact of secondary and vicarious trauma. First, the use of psychotherapeutic treatment to address countertransference is recommended. Kranke et al [26] argue that trauma trigger fatigue occurs when social workers have an existing history of personal trauma. An existing history of trauma may both attract the social worker to the profession as a means of assuaging one's own personal trauma and simultaneously leave one vulnerable to countertransference or trauma trigger fatigue.

Further, strategies for reducing burnout include peer consultation, supervision, professional training, and self-care. Supportive peers and supervisors are instrumental in creating an environment in which self-care is honored as a preventive measure against burnout [26]. Moreover, lack of autonomy is a known factor in burnout [9]. Therefore, a workplace structure where social workers have a sense of control over the workday helps counter burnout.

Finally, earned salary and pay are fundamental incentives for employees [42]. Personal self-care is not the only avenue toward employee wellness. Instead, fair compensation is an aspect of wellness in the workplace. Equitable pay is an issue organizational leaders must champion. The organization has the onus of establishing equitable pay. For example, multilingual social workers provide a needed resource for agencies and often carry heavier caseloads [43]. Therefore, compensation can be provided when a specialized skill is brought to the service agency.

Self-care should not just occur in the social worker's personal time. Instead, employers must promote self-care and wellness by offering employee training, supporting a healthy work environment, incorporating self-care behavior into the workday, and ensuring adequate pay is included in the employment package.

Conclusion

The concept of burnout is not new and has been studied for decades [11]. Cherniss [4] has developed an understanding of burnout that emphasizes its incremental development. In the first stage of burnout, the worker experiences stress due to a mismatch between client demands and worker resources. Next, the worker experiences strain and fatigue. Finally, the worker may emotionally withdrawal and become cynical about clients or the organization.

Burnout is described as a collection of symptoms characterized by exhaustion, depersonalization, cynicism, and diminished professional efficacy [24]. Further, burnout is a global phenomenon which has been researched worldwide [1, 39, 42, 44, 45].

Compassion fatigue, vicarious trauma, secondary trauma, shared trauma, and collective trauma were considered as related to the development of burnout. Compassion fatigue can occur when a social worker feels unable to consistently express empathy for clients [14]. Powell [13] suggests secondary trauma can be experienced when a social worker repeatedly encounters traumatic client narratives. Vicarious trauma goes a step further than secondary trauma and can cause a lasting change in identity for the worker exposed to client trauma. With vicarious trauma, a social worker's worldview changes. The same traumatic exposure for the social worker and the client amounts to a shared trauma [46]. The occurrence of collective trauma extends the trauma beyond the social worker and client, and involves the whole society [44].

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The development of new educational curriculums which address burnout is recommended. Social work courses with content on burnout will help students prepare for the possibility of encountering a stressful workplace. Self-care and mindfulness practices are recommended for employees. Social workers must be self-aware and able to manage stress. Social workers reduce burnout by solidifying commitment to professional identity, spending time with supportive social work colleagues, attending social work conferences and workshops, and recommitting to core social work values.

Kranke et al. [25] insists the social work profession cannot continue to ignore the detriment caused by burnout. Social workers' experiences with secondary trauma, vicarious trauma, shared trauma, and collective trauma require further investigation. Quantitative and qualitative research specifically related to social workers' experience with secondary trauma, vicarious trauma, shared trauma, and collective trauma is required.

Kranke et al. [5] suggests social workers are often drawn to the profession based on their life experiences. The attraction to work in a helping profession can be based on life experiences which include traumatic situations such as being a survivor of child abuse and neglect, being homeless, or struggling with depression. Difficult life experiences can motivate a person to enter a helping profession and deliver services to client populations who encounter similar hardships. Trauma trigger fatigue is more likely to occur when the social worker and client population share a similar background [5]. Further research regarding trauma trigger fatigue is recommended.

The personal steps taken to combat burnout must be matched by organizational commitment to lowering burnout. For example, a shared caseload can reduce burnout, and a supportive supervisor can arrange this flexibility and team orientation [2]. Social work educators, practitioners, and agencies have a joint obligation to prevent and intervene to lower burnout.

Conflict of Interest: The author(s) declare that they have no conflict of interest related to this article.

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