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

Reviewer comment -1

This manuscript is relevant and timely, as burnout is an issue for social workers and social work students.

The title is suitable this is a recommendation - "Addressing Burnout in Social Work: Rethinking Curriculum and Policy Approaches"

This manuscript does not include an abstract.The manuscript does not explicitly call for qualitative or quantitative research related to the issues it raises. For example, research to identify appropriate interventions to manage and address burnout for students and social workers. Conceptual connections could be made to frameworks such as Social Exchange Theory, Conservation of Resources Theory, Socio-ecological Perspective, and Vicarious Traumatization/Secondary Traumatic Stress.

The conclusions should explicitly call for future research and provide actionable recommendations for practice and policy.

Special attention should be given to the sentence structure. Recommendations are highlighted and attached.

During a career, social workers are more likely than not to experience burnout (Hu et al., 2022). The burnout rate among social workers soared during the recent COVID-19 pandemic, prompting practitioners and educators alike to take notice of its impact on the social work profession (Kranke et al., 2024; Council on Social Work Education, 2020). The high likelihood of burnout is a natural outgrowth of human service work, in which professionals encounter intolerable stress that is not alleviated (Cherniss, 1980). Human service professionals are tasked with mending nearly intractable client problems while working with 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 (Kranke et al., 2024).

Burnout occurs in workplace settings where employees face time constraints to complete tasks, limited autonomy, unclear job role clarity, high caseloads, heavy paperwork demands, and laborious bureaucratic regulations (Wagaman et al., 2015). The work environments in which social workers are employed often contain the characteristics that ignite burnout. Social workers are case managers, resource specialists, advocates, therapists, and community organizers, and are found in a variety of settings, including, but not limited to, medical, educational, governmental, private-sector, and nonprofit settings (Cox et al., 2021). Zerden (2024) asserts that social workers are expected to be "everything, everywhere, all at once". Given the diversity of job roles and the disparate settings that can entail

unrealistic paperwork demands, limited professional autonomy, and client recidivism, the social worker's work environment may be ripe for burnout (Leiter, 1991).

Job burnout has been recognized as a phenomenon for more than 50 years (Maslach & Schaufeli, 2017). Employees across a variety of industries have experienced burnout symptoms, including exhaustion, cynicism toward work, and reduced professional self-efficacy (Maslach & Leiter, 2017). Members of the social work profession rank highly in burnout reporting in the United States, with clinical social workers and Child and Family social workers ranking as the third- and fifth-most stressful jobs in 2024, according to U.S. News (Adam, 2024).

Given that social workers have stressful jobs and that human service work environments are primed to produce burnout among professionals (Powell, 2019), the social work profession needs to develop, adopt, and promote curriculum and workplace policies that mitigate burnout. Burnout will be defined, the situations in which social workers typically develop burnout will be explored, and suggestions for mitigating burnout will be discussed.

The Definition of Burnout

According to Figley (1995), there is a psychological cost to human services workers who assist people in need, and burnout has been labeled the “cost of caring”. Clients who are facing 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 the social

worker, who in turn uses a set of professional skills, knowledge, and values to engage with the client around problem resolution (Kirst-Ashman & Hull, 2018).

Cherniss (1980) describes social workers as initially entering the profession with passion, enthusiasm, and drive to help people. Social workers seek to address human needs; however, practitioners encounter roadblocks to service delivery, including bureaucratic regulations from agencies and defensive behavior from clients (Leiter, 1991). The mismatch between social workers' expectations to seamlessly deliver needed services and the reality of constraints on the delivery of human services leads to burnout (Doherty et al., 2021).

Cherniss (1980) 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 labyrinthine administrative requirements or a paucity of resources. Given that social workers enter the profession with a desire to help, the limitations on their ability to do so lead to stress. The persistence of workplace stress creates an environment in which burnout symptoms appear. Maslach and Leiter (2007) describe the 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, over time, in three stages (Cherniss, 1980). In the first stage, social workers face stress as recognition dawns that there are insufficient resources to meet clients' needs. The lack of ability 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 or accusatory toward clients, or cynical toward interventions. The third stage represents ways in which social workers cope with job stress, though these mechanisms are maladaptive. Attrition from the social work profession correlates with burnout.

The signs and symptoms of burnout are numerous and have been cleverly alphabetized into 132 symptoms, ranging from anxiety to zeal (Schaufeli & Enzmann, 1998). As stated earlier in the discussion, burnout can be 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 (Figley, 1995). The signs indicate exhaustion. Grouchiness, irritability, or withdrawal can isolate the professional experiencing burnout from others (Lee & Ashforth, 1990). 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 (Kahill, 1988). Social workers may begin to perceive themselves as ineffectual and therefore, bit by bit, step away from job duties until there is complete separation from the profession (Maslach & Leiter, 2007).

Situations Where Social Workers May Develop Burnout

Social workers may develop burnout symptoms when exposed to trauma (Logan et al., 2024). Trauma exposure occurs when clients share their narrative stories or lived experiences with social workers and thereby expose the social worker to the trauma (Lemieux, 2010). Social workers routinely learn of the distress clients experience, and professionals are expected to respond empathetically regardless of the number of traumatic incidents they are told about (Wagaman et al., 2015). Repeated exposure to clients' traumatic stories can result in compassion fatigue for the social worker (Hansel & Saltzman, 2023). Furthermore, the professional exposed repeatedly to a client's trauma may develop secondary trauma, vicarious trauma, shared trauma, or collective trauma (Shepherd & Newell, 2020). The terms are sometimes used incorrectly as if they are interchangeable. The following discussion introduces the terms and their distinctions.

Compassion Fatigue

When social workers are overwhelmed by the routine expectation of empathetic responses, compassion fatigue can occur (Bride & Figley, 2007). Compassion fatigue may have symptoms such as anxiety, insomnia, and grief (Figley, 1995). The seemingly unending need for services can prompt a change in a practitioner's attitude from a passion to assist others to compassion fatigue (Kranke et al., 2024). Compassion fatigue can lead to attrition and is all too common in the profession (Hansel & Saltzman, 2023). Adams et al. (2006) 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 (Valent, 1995). 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 (Stamm, 1995). Hansel and Saltzman (2023) 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 (Powell, 2019). Vicarious trauma may affect the practitioner's self-image, worldview, or spirituality. For example, social workers who are employed in 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 (2006) examined the relationship and distinction between vicarious trauma and secondary trauma via a document review for the degree of evidence. 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 more examples of shared trauma and the impact it has on the social work profession (Nuttman-Shwartz, 2025). The 2001 attack on the World Trade Center, the 2023 "Black Sabbath" event in 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 (2016), shared trauma means that social workers and clients are exposed to the same traumatic threat in their personal lives. Lemieux et al. (2010) surveyed 410 social work students three months post-Hurricanes Katrina and Rita. Many of the students reported worries about family members (71.9%), school (90.4%), and gasoline shortages (73.6%). Half of the participants experienced food shortages. Social work students, social work educators, social work

practitioners, and clients alike shared the trauma of Hurricanes Katrina and Rita. Lemieux et al. (2010) argue that social work programs have a critical role in educating students about the potential risk of negative mental health outcomes following a natural disaster. 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. The above-sited traumas are not only shared by a community, but they also create a collective memory that shapes the community (Hirschberger, 2018). 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, serving to bind the group together. Carnes (2023) conducted a mixed-methods study that surveyed 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. Many of the participants in the study 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 (Nuttman-Shwartz, 2025). Social support networks from within the profession can reduce burnout (Gearing et al, 2007; Negi et al., 2019; Powell et al., 2019). Organizational leaders must be at 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. Therefore, social work students and employees will be better informed about burnout and more capable of implementing personal strategies to prevent burnout. Ongoing training and intentional strategies to combat burnout are recommended to navigate high-stress employment situations. Yuma (2019) 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 training on burnout is pivotal, human service organizations must go beyond simply offering burnout workshops. Allan et al. (2023) found that leaders must be willing to relinquish full control and allow informal leadership to emerge from employees; they must grant permission for employee wellness and demonstrate role modeling of wellness. The three takeaways go beyond merely implementing burnout programming to 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 (Papazoglou, 2023). Routine breaks during the workday to attend to wellness and support for flexible hours should be policies that leaders champion to reduce burnout. Additionally, organizing social workers into teams in which caseloads are shared, or workers are cross-trained, can reduce burnout (Carrilio & Eisenberg, 1984). 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 (2006) 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 (2024) note 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 can make all the difference in creating an environment in which self-care is honored as a preventive measure against burnout (Kranke et al., 2024). Moreover, lack of autonomy is a known factor in burnout (Leiter, 1991). Therefore, providing a workplace structure that gives social workers a sense of control and peer support helps counter burnout.

Finally, earned salary and pay are fundamental incentives for employees (Manzoor, 2011). The recommendations to address employee pay removes the total onus for self-care from the social work practitioner. Multilingual social workers provide a needed resource for agencies and often carry heavier caseloads (Jones, et al., 2014). 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 should step into the self-care arena by providing employee training, supporting a healthy work environment, and incorporating self-care behavior into the workday, while also ensuring adequate pay is included in the employment package.

Conclusion

The concept of burnout is not new and has been studied in research for many years (Cherniss, 1980). The author developed an understanding of burnout that emphasizes its incremental development. The stages of burnout are worker stress due to a mismatch between client demand and worker resources, the worker's experience of strain and fatigue,

and, finally, the worker's emotional withdrawal or becoming cynical about clients or the organization.

Burnout is considered a collection of symptoms characterized by exhaustion, depersonalization, cynicism, and diminished professional efficacy (Shepherd & Newell, 2020). Further, burnout is a global phenomenon that researchers worldwide investigate (Holmes et al., 2021; Hu et al., 2022; Maddock & McCusker, 2022; Manzoor, 2011; Papazoglou, 2023).

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 (Figley, 1995). Powell (2019) suggests secondary trauma can be experienced when a social worker repeatedly encounters traumatic client narratives. Vicarious trauma goes a step further than secondary trauma, presenting a lasting change in a social worker's identity related to exposure 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 (Tosone et al., 2003). The occurrence of collective trauma extends the trauma beyond the social worker and client, and involves the whole society (Holmes et al., 2021).

Developing an educational curriculum that addresses burnout is recommended to help social work 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.

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 (Kranke et al., 2024). Social work educators, practitioners, and agencies have a joint obligation to prevent and intervene to lower burnout.

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