

6-2018

CHALLENGES MEDICAL SOCIAL WORKERS FACE THAT LEAD TO BURNOUT

Emilee Limon

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Limon, Emilee, "CHALLENGES MEDICAL SOCIAL WORKERS FACE THAT LEAD TO BURNOUT" (2018).
Electronic Theses, Projects, and Dissertations. 687.
<https://scholarworks.lib.csusb.edu/etd/687>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

CHALLENGES MEDICAL SOCIAL WORKERS
FACE THAT LEAD TO BURNOUT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Emilee Limon
June 2018

CHALLENGES MEDICAL SOCIAL WORKERS
FACE THAT LEAD TO BURNOUT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Emilee Limon

June 2018

Approved by:

Dr. Erica Lizano, Faculty Supervisor, Social Work

Dr. Janet Chang, MSW Research Coordinator

© 2018 Emilee Limon

ABSTRACT

This study explored the challenges medical social workers face that lead to burnout. Currently, there is literature on burnout among health care providers and social workers, but not specifically on social workers in the medical field. The current study aimed to fill this gap in literature. Due to the lack of literature, the study used an exploratory, qualitative design. The study utilized individual interviews with a non-random purposive sample of nine medical social workers currently employed at a local hospital Medical Social Services Department. Interviews with participants were recorded and transcribed. Transcriptions were analyzed using thematic analysis. Major themes that emerged were organizational challenges, challenges working in multidisciplinary teams, working in the medical field, and limited resources. The study's findings aim to increase awareness of the issue of burnout among medical social workers and to contribute to the implementation of interventions or policies within health care settings to prevent burnout among medical social workers.

ACKNOWLEDGEMENTS

I would like to thank everyone who made this research project possible. I would like to give thanks to the medical social workers who took time from their busy schedules to share their insights. I would like to give thanks to my research advisor Dr. Erica Lizano for the support and guidance through my journey through the MSW program. I would also like to thank my classmates and friends for their constant encouragement. Most importantly I would like to give thanks to my family for their love and support. I am truly blessed to have such an amazing family.

DEDICATION

I dedicate this research project to my beautiful daughter and my husband. My daughter who smiles and laughter keeps me going. I hope mom has made you proud. My husband who has supported me through this program and has been patient and loving and simply amazing during this journey. Thank you for allowing me to further my education and work towards my dream of being a social worker. And to my hard-working mother who has been my role model and inspiration for me to become a social worker. I am lucky to have such an amazing mother to look up to.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS	v
CHAPTER ONE: INTRODUCTION	
Problem Formulation.....	1
Purpose of the Study	3
Significance of the Project for Social Work	4
CHAPTER TWO: LITERATURE REVIEW	
Introduction	6
Challenges Health Care Providers Encounter in Practice.....	6
Long Work Hours	7
High Workload.....	7
Challenges that Social Workers Encounter in Practice	8
Insufficient Time	8
Large Number of Cases	8
Challenging Clients	9
Responsibilities of Medical Social Workers and its Uniqueness from Other Social Work Fields	9
Gaps in Literature	10
Theories Guiding Conceptualization	11
Summary	12
CHAPTER THREE: METHODS	
Introduction	13

Study Design	13
Sampling.....	14
Data Collection and Instruments.....	15
Procedures	16
Protection of Human Subjects	17
Data Analysis.....	17
Summary	18

CHAPTER FOUR: RESULTS

Introduction	19
Demographics.....	19
Themes and Subthemes.....	21
Organizational	21
Working in Interdisciplinary Teams	24
Working in the Medical Field	25
Limited Resources	28
Suggestions on Preventing Burnout in the Field of Medical Social Work.....	29
Peer Support.....	29
Self-Care.....	30
Summary	30

CHAPTER FIVE: DISCUSSION

Introduction	31
Discussion	31
Limitations.....	33
Recommendations for Social Work Practice, Policy, and Research	34

Conclusion	35
APPENDIX A: DEMOGRAPHICS SHEET	37
APPENDIX B: INTERVIEW GUIDE	39
APPENDIX C: INFORMED CONSENT	41
APPENDIX D: INSTITUTIONAL REVIEW BOARD APPROVAL.....	43
REFERENCES	45

LIST OF TABLES

Table 1. Demographic Characteristics of Study Sample	20
--	----

CHAPTER ONE

INTRODUCTION

Problem Formulation

Since the change from traditional medical model of care to a collaborative patient-centered model has been implemented in most health care settings, the profession of medical social work has increasingly been viewed as a vital asset to their interdisciplinary teams (Zimmerman & Dabelko, 2007). Medical social workers serve as navigators for clients seeking services within the health care system and community at large. One major factor that distinguishes medical social workers from other social work fields is the fast-paced environment of the health care setting, which requires medical social workers to engage their clients, build a trusting relationship with their clients, assess the situation, provide appropriate information, validate clients thoughts and feelings, gently challenge client's views and actions, and counsel clients in a short amount of time and within a limited number of meetings (Zimmerman & Dabelko, 2007). Medical social work being the third most practiced area of social work is becoming a growing concern for the effects of burnout, as their clientele are growing in severity and their caseloads, paperwork, and waitlists for services are increasing. (Whitaker, Weismiller, Clark, & Wilson, 2006).

The term burnout refers to a prolonged response to chronic workplace stressors, characterized by three dimensions: emotional exhaustion, a feeling of disconnect to one's self, and inefficacy (Maslach, Schaufeli, & Leiter, 2001).

Burnout can lead to negative psychological, physical, and health effects.

Peterson, Demerouti, Bergström, Samuelsson, Åsberg, and Nygren (2008) found that burnout can lead to symptoms of depression and anxiety and can lead to sleep disturbance, impairment in memory, and pain in the neck and back area. In addition to psychological and physical effects, burnout can also lead to health problems such as respiratory infections, recurrent headaches, digestive problems, and can affect one's overall general health (Kim, Ji, & Kao, 2011). In the field of social work, burnout is commonly experienced due to the frequent intensive interactions they have with their clients and the high demand of their services (Schaufeli, Leiter, & Maslach, 2009; Whitaker et al., 2006).

The current research that exists regarding burnout and health care providers emphasizes burnout among physicians and nurses. Embriaco, Papazian, Kentish-Barnes, Pochard, and Azoulay (2007) found that among health care providers such as physicians and nurses, burnout rates are high, this is due to the constant high levels of stress in the workplace. The high rates of burnout among health care providers can result in negative impacts on patient care and medical personnel. Shanafelt et al. (2010) study found a strong correlation between major medical errors and burnout in surgeons. Another study on the nurse's shift length and patients' assessment of care found that there was a strong relationship between longer nurse's shift and lower patients rated satisfaction of care (Stimpfel, Sloane, & Aiken, 2012). With medical social workers working in interdisciplinary teams alongside physicians and nurses there

is a need for attention to the factors that can potentially lead medical social workers to burnout and its effects.

Purpose of the Study

The purpose of this study was to identify the challenges medical social workers face that lead to burnout. The impact of burnout has been extensively studied on health care providers and social workers, but there is a lack of specific literature on medical social workers. In looking into the fields of health care and social work, there are high rates of burnout and negative impacts as a result of burnout. In order to understand the impact of burnout on medical social workers it was essential to look at the factors that lead medical social workers to burnout. Once the challenges are identified and understood, agencies which employ medical social workers are able to utilize the information gained to develop and implement effective interventions to decrease burnout among medical social workers.

The research method utilized for this study is a qualitative design. Data for this study was collected through one-on-one interviews with participants using an interview guide created by the researcher. This research design was selected because there is little known about the research question. Therefore, the design is also an exploratory study. This was selected to allow participants to provide insight on the issue. This research design allowed for more in depth and detailed responses in order to provide more accurate answers and allowed the opportunity for clarification if it was needed.

Significance of the Project for Social Work

The current study was needed to fill the gap in literature on burnout in medical social workers as there was a lack of existing research on the specific challenges that medical social workers face that lead to burnout. Knowledge of the factors that contribute to burnout among medical social workers was needed to understand the population and to assist in guiding agencies to appropriate preventative action to avoid burnout among their employees. Ultimately, the study's findings can assist with improving employee's wellbeing which results in employee's providing quality services to their clients.

This study was significant as burnout in medical social workers has a detrimental impact on each phase of the generalist model from engagement to termination and follow-up. A medical social worker who is experiencing exhaustion, feeling disconnected from one's self, and having a sense of inefficacy will less likely put the effort needed to appropriately utilize the generalist model when working with their clients.

The findings from this study have major implications for social work practice. At the macro level, the findings from this study can contribute to the implementation of interventions and strategies or policies within health care settings to prevent burnout among medical social workers. At the micro level, the findings create a better understanding of the importance of self-care which can ultimately result in lower burnout rates and better quality of service. In addition, the study's findings in regard to preventing burnout assist medical social workers

in upholding the NASW code of ethics values of service, integrity, and competence (National Association of Social Workers, 2017).

Understanding the factors that lead medical social workers towards burnout can assist in developing appropriate interventions and strategies to implement in efforts to decrease the rate of burnout among social workers in the health care setting. With that said, the question the current study aimed to address is: What challenges do medical social workers face that lead to burnout?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides an overview of current research that explores burnout among health care providers and social workers. Literature on the challenges health care providers and social workers encounter in practice is included as well as an introduction to the responsibilities of medical social workers and its uniqueness from other social work fields. Gaps in the literature are discussed. Lastly, the theoretical perspective that guides the study is explored.

Challenges Health Care Providers Encounter in Practice

Data indicates that health care providers experience burnout at high rates (Spinelli, Fernstrom, Galos, & Britt, 2016). A review of literature found that burnout is a risk factor for health care providers due to high demands and low resources associated with their field of practice (Westman & Bakker, 2008). Burnout has shown to be contagious as one study demonstrated that physicians and nurses transfer their burnout and psychological strains to their team members creating burned-out teams (Westman & Bakker, 2008). William, Manwell, Konrad, and Linzer (2007) found that physicians who reported to be stressed, burned out, and dissatisfied were more likely to report making medical errors and frequently providing low quality patient care. Some factors associated

with the high rate of burnout among health care providers include long work hours and high workload.

Long Work Hours

Health care providers are often required to work long hours and work late night shifts. Typically, physicians work shifts of 24-30 consecutive hours and nurse's shifts usually consist of 12.5-hour days (Lockley, 2007). Burnout rates in health care providers have shown to be strongly associated with the duration of their working hours (Embriaco et al., 2007; Embriaco, Papazian, Kentish-Barnes, Pochard, & Azoulay, 2007). Research on health care providers and work hours have found evidence suggesting that extended-duration work shifts are unsafe for both the health care provider and patients (Lockley et al., 2016). Lowkey et al. (2016) study concluded that there was an increase in the risk of serious medical errors and diagnostic mistakes when work shift durations were extended.

High Workload

Health care providers typically carry high workloads, which have shown to be associated with high burnout rates (Embriaco et al., 2007). Both direct and indirect patient care activities have been shown to be associated with higher perceived demands and emotional distress among physicians and nurses (Rutledge et al., 2009). Overall workload has been associated with high burnout rates (Embriaco et al., 2007). High workload experienced by health care providers can impact not only their health and quality of working life, but also can negatively impact their patient's safety (Carayon & Alvarado, 2007).

Challenges that Social Workers Encounter in Practice

Social workers are employed in a variation of fields, organizational settings, and work with a diverse population. Regardless of the practice area social workers have demanding jobs. Due to the high demands of the profession, social workers are at high risk for burnout (Kim, Ji, & Kao, 2011). One report found that challenges social workers encounter included increasing paperwork, unmanageable caseloads, and difficult clients (Whitaker et al., 2006). Social workers report that major work-related stressors included insufficient time to do their job, large number of cases, and dealing with challenging clients (Whitaker & Arrington, 2008).

Insufficient Time

According to Whitaker and Arrington (2008) lack of time to do their job was the highest work-related stressor reported among social workers. Social workers report that they are not given adequate time to complete work-related tasks. With increases in their clientele's severity of problems and increases in paperwork it is clear that lack of time is a major stressor for social workers (Whitaker et al., 2006). This can potentially have a negative impact on clients as more time will be focused on paper work rather than invested in attending to the needs of the clients.

Large Number of Cases

Heavy caseloads are common in the field of social work, this is especially true for social workers in the field of child welfare. Social workers are often given

caseloads that exceed the recommended maximum which puts substantial pressure on the worker to process their cases as quickly as possible (Yamatani, Engel, & Spjedlnes, 2009). The quick processing of cases can negatively impact client's as social workers are unable to provide adequate time and services needed for each case.

Challenging Clients

Social workers report that dealing with challenging clients is one of the major challenges they experience that lead to increases in stress, this is especially true of social workers providing mental health services (Whitaker & Arrington, 2008). Acker and Lawrence (2009) found that social workers who work with clients that have severe and persistent mental illnesses reported feeling incompetent, which led to higher levels of burnout symptoms. Ethical dilemmas can also arise when dealing with difficult clients. Ulrich et al. (2007) found that nearly two-thirds of social workers reported that they felt powerless, overwhelmed, and frustrated when there were presented with ethical issues that they could not do anything about. This can negatively impact clients as it can lead to inadequate and unethical services to clients.

Responsibilities of Medical Social Workers and its Uniqueness from Other Social Work Fields

Medical social work is a unique field of social work practice that is accompanied with varied responsibilities carried out in the hospital and medical center setting. Medical social workers assist patients and their families in

understanding a patient's ailment and they provide patients with counseling regarding decisions that need to be made as well as go through the emotions patients and families may experience due to the diagnosis of a patient (Whitaker, 2006). Medical social workers work in fast-paced environments and are part of interdisciplinary teams which involves working closely with physicians, nurses, and other health professionals. Medical social workers are vital to the interdisciplinary team as they offer the "person-in-environment" perspective (Whitaker, 2006).

It is clear that physicians and nurses value medical social workers in their interdisciplinary teams (Zimmerman & Dabelko, 2007). Keefe, Geron, and Enguidanos (2009) study found that overall primary care clinicians believe that social workers are able to improve their ability to deliver comprehensive quality care to their patients. In addition, Nurses have stated that social workers fill in needed roles and are seen as nurse "extenders". Both physicians and nurses agree that medical social workers fill in the necessary gaps needed in providing patients with better care which they feel will ultimately result in more satisfied members (Keefe, Geron, & Enguidanos, 2009).

Gaps in Literature

Burnout has been extensively studied since the 1970's and continues to be a popular area of study today (Schaufeli, Leiter, & Maslach, 2009). Several studies have considered the impact burnout has on both the well-being of human service workers and their clients (Embriaco et al, 2007; Kim, Ji, & Kao, 2011;

Peterson et al., 2008; Stimpfel, et al., 2012). Literature on burnout among health care providers and social workers have been popular areas of research (Schaufeli, et al., 2009; Spinelli, 2016; Whitaker et al., 2006). However, there is a significant gap in literature regarding the specific challenges medical social workers encounter in their field. Therefore, this study builds on what is known of the challenges health care providers and social workers encounter that lead to burnout to address this gap in literature.

Theories Guiding Conceptualization

The expansion of the Multidimensional Model of job burnout is used to guide this study. The Multidimensional Model as developed by Maslach (1998) provides a framework for understanding burnout. According to this theory, job burnout is a prolonged response to enduring interpersonal stressors in the workplace. Maslach (1998) conceptualizes burnout as having three core dimensions: emotional exhaustion, a feeling of disconnect to one's self, and inefficacy. Emotional exhaustion is described as the feeling of being exhausted and lacking energy to do one's job, which develops from heavy workloads and conflicts at work. A feeling of disconnect to one's self also referred to as depersonalization is described as a pessimistic or detached response to other individuals, which results from an excess of emotional exhaustion. Inefficacy which is also referred to as reduced personal accomplishment refers to a lower sense of self-efficacy, which results from one's sense of inability to deal with the demands expected of them (Maslach, 1998). The Multidimensional Model of job

burnout captures both the stress dimension of burnout as well as takes into consideration the relationship people have with their workplace (Maslach et al., 2001).

In expanding the Multidimensional Model of job burnout, Maslach et al. (2001) recommended that the Job-Person Fit model would be a suitable framework to utilize for understanding burnout. According to Maslach et al. (2001) the Job-Person Fit Model focuses on six areas of an individual's work life: workload, control, reward, community, fairness, and values. This theory believes that the larger the gap between the person and the job the more likely it is they will experience burnout (Maslach et al., 2001). The Job-Person Fit model provides a useful framework for understanding burnout as it takes into considerations the person in context as well as takes into account the three core dimensions of burnout.

Summary

This chapter provided a review of the challenges health care providers and social workers encounter in their practice that lead to high rates of burnout. Common challenges included organizational factors such as high workloads and work hours. The responsibilities and uniqueness of the field of medical social work was introduced. The gap in literature on the challenges medical social workers encounter in their field was discussed. The model of Job-Person Fit, an expansion on Maslach's (2001) multidimensional model of job burnout, was explored as the theory guiding this study.

CHAPTER THREE

METHODS

Introduction

This study aimed to identify the challenges medical social workers experience in their field that lead to burnout. It sought to gain insight in the unique field of medical social work. This chapter provides an overview of how this study was conducted. Detail on the study's design, sampling, data collection and instruments, and procedures is discussed. In addition, a section on the protection of human subjects is included.

Study Design

The purpose of this study was to explore, identify, and describe the challenges medical social workers face that lead to burnout. Due to the lack of literature on burnout among medical social workers the best design to address the current research question was an exploratory study. This study used a qualitative approach. One-on-one interviews with participants were conducted to find common themes, to gain insight and a better understanding of the challenges faced by medical social workers.

There were many strengths to using an exploratory, qualitative approach for this study. Utilizing one-on-one interviews allowed participants to provide greater in-depth information, as they were not limited to a range of responses. The researcher was able to clarify questions for participants as needed as well

as was able to ask for clarification of answers. This approach allowed the researcher to explore for more information in order to gain more insight. In addition, this approach allowed the researcher the opportunity to observe participants non-verbal gestures when answering questions.

Although there were many benefits to using one-on-one interviews there were some limitations to this approach that should be acknowledged. The first being the limited number of respondents. Due to the time constraints of this study and the time required to conduct one-on-one interviews as well as to transcribe interviews, the number of participants were limited to a minimum number of nine. Another limitation to this approach was the potential invasiveness with personal questions. Participants having to answer questions with a live interviewer may have caused participants to feel uncomfortable to share certain things about themselves or may have subjected participants to socially desirable responses.

This research study aimed to answer the question: What are the challenges medical social workers face that lead to burnout?

Sampling

This study utilized a non-random purposive sample of nine medical social workers employed at a local hospital Medical Social Services Department. Approval to utilize these participants was requested and approved by the Social Services Department administrator. These participants were selected due to their firsthand knowledge of the challenges faced in the field of medical social work.

Data Collection and Instruments

Qualitative data was collected in person and through audio-recording of the interview. Interviews were conducted throughout the month of February 2018. Each interview began with a review of the study and its purpose. The informed consent was signed and demographic information was collected before beginning the interview. The information collected from the demographic sheet included participant's age, ethnicity identification, gender identification, educational level, licensing and years licensed, number of years in current practice/field, and their employment status.

The researcher conducted each interview using the interview guideline sheet. The interview guide was a tool developed specifically for this study (see Appendix B), for the purpose of prompting questions that allowed participants to share their unique insights. The tool was developed with the assistance of the researcher's advisor. Colleagues, researcher's advisor, and the department administrator were utilized to test the tool for reliability, for the purpose of making sure the tool was getting the answers the study is seeking.

The benefit of utilizing a tool that is specifically created for a study is that the tool is developed to include questions that are specific to the study and take into consideration the participants. Additionally, questions included those that have been overlooked in similar studies. Some general questions that were asked to participants during interviews included: What are the challenges that medical social workers face in their field? How do they define burnout? What are

common signs of burnout? What do they do to prevent burnout? Suggestions on how to prevent burnout among medical social workers? The researcher utilized probing questions and furthering responses to gain more insight of participants responses. The researcher also asked for clarification of answers when needed.

Procedures

The researcher coordinated with the Social Services Department administrator to set up a date and time to announce the study and the need for participants. Once the date was approved, the study was announced during the Social Services Department's bi-weekly meeting. The study's purpose and goal were explained as well as an invitation was provided to the medical social workers to participate in the study. The researcher provided contact information and was available to provide further explanation of the study or address any questions from potential participants. Participants were asked to contact the researcher via email, phone, or in person if they were interested in participating in the study. The researcher collaborated with the medical social workers interested in participating to establish time slots that best suit their schedule.

With the approval of the department administrator the researcher reserved the department's conference room to conduct the interviews. Time slots varied and depended on the researcher and participant's schedule. Each interview took between approximately ten to twenty minutes. The interview time varied between participants, as some shared more than others.

Prior to starting an interview, a demographic and consent form was given to participants and a review of the study was discussed as well as confidentiality. After the forms were completed and signed the researcher collected the completed forms. The audio-recording device then was turned on and the interview began. At the conclusion of the interview a small edible candy with a note thanking participants for their insights was given in appreciation of their contribution to this study.

Protection of Human Subjects

The researcher took steps to make sure the identity and data of all participants was kept confidential. Interviews took place in a conference room behind closed doors for privacy. Participants were instructed to avoid using names and encouraged to select a pseudonym they would like to use during the recorded interview. Confidentiality and anonymity were discussed with participants. Participants were required to read and sign an informed consent before participating in interviews. All forms and audio-recordings were stored in a locked desk. Participant's interviews were given a number for transcription, for the purpose of getting rid of any identifiable information. One year after the completion of this study, all materials will be deleted.

Data Analysis

Data gathered through one-on-one interviews was analyzed using thematic analysis. First, audio recordings of the interviews were transcribed into

a word document. Transcription of interviews then were analyzed using thematic analysis. The researcher used coding to identify the major themes and subthemes that emerged from the interviews. Themes and subthemes were categorized and organized according to the common themes and the relevance to the study.

Summary

This study sought to identify the challenges medical social workers face that lead to burnout. This study took an exploratory, qualitative approach using one-on-one interviews to gather the insights of medical social workers. Steps were taken to confirm the interview guide's reliability. Measures were taken to ensure participant's confidentiality and anonymity were protected.

CHAPTER FOUR

RESULTS

Introduction

The intent of this study was to identify the challenges medical social workers face that lead to burnout. Using an explorative, qualitative approach design interviews with medical social workers were used to gather data. Interviews were analyzed through thematic analysis to identify emerging themes. This chapter provides details on the demographics of the participants. The major themes and subthemes are presented. Participant's quotes are included to support the themes presented.

Demographics

The sample consisted of nine medical social workers employed at Kaiser Permanente's Fontana Medical Social Work Department. Table 1 presents the demographic characteristics of this study's sample. The average age of participants was 42. The majority of participants were women (89%). A large proportion of the sample identified as Hispanic/Latino (55.6%) followed by Anglo American (33.3%) and Other (11.1%).

All participants reported having a Master's Degree and 77.8 percent reported being licensed. Of those licensed, the average years licensed was reported to be 3 years. Of the nine participants, an average of 11 years in their

current practice was reported. Most of the sample consisted of full-time employees (66.7%) and part-time employees (22.2%).

Table 1. Demographic Characteristics of Study Sample

	N (%)	M	SD
Age		42	9
Sex			
Male	1 (11%)		
Female	8 (89%)		
Race/ethnicity			
Hispanic/Latino	5 (55.6%)		
Anglo American	3 (33.3%)		
Other	1 (11.1%)		
Education			
Master's Degree	9 (100%)		
Employment Status			
Full-time	6 (66.7%)		
Part-time	2 (22.2%)		
Per Diem	1 (11.1%)		
Licensed			
Yes	7 (77.8%)		
No	2 (22.2%)		
Years Licensed	3		
Years in Current Practice	11		

Themes and Subthemes

Interviews with participants were utilized to identify the challenges medical social workers experience in their field of practice. Thematic analysis was used to identify the emerging themes and subthemes of the interviews. The major themes that were identified include: organizational, working in interdisciplinary teams, working in the medical field, and limited resources. Several subthemes were identified and are included in this section. Lastly, this chapter will briefly acknowledge participant's suggestions for preventing burnout in the field of medical social work.

Organizational

During the interviews, several of the participants reported organizational factors as a major challenge they experienced in their field of practice. Of the factors the participants reported three subthemes were identified: policies, inadequate staffing, and caseload.

Policies. One participant who reported organizational policies as a challenge in their field of practice expressed how insensitive the organization's policy can be, as participant five stated "there are challenges especially because they're a very vulnerable population so the challenges that are usually faced is having to come in for their first chemo so they don't really know what to expect, and then you as a social worker, you have to ask basically your biopsychosocial assessment. You have to get it done the first time you meet with them and

sometimes it's not very- the right time" (Participant 5, personal communication, February 2018).

Participant two reported on the challenges of complying with the business aspect of the organization:

some of the biggest organizational challenges that, within the medical field, the, or here as a medical social worker would have to be complying with what the organi- the administrative kind of business aspect of the organization, what it requires as opposed to um, as a social worker, what it is that you know your patient needs (Participant 2, personal communication, February 2018).

Furthermore, participant six reported challenges with the organizational constraints associated with the organization's policies:

right now at this organization trying to bring in an outside group to come do something nice for our families here is not just something I can just do. I have to go through these bureaucratic steps and they may not ever get to have it, when it's actually just something kind of nice that this organization wants to do and to help our families of children with cancer so, those kinds of constraints sometimes make it hard for us to do even just like, simple little things that might, might bring great joy or help to the family (Participant 6, personal communication, February 2018).

Inadequate Staffing. Another organizational challenge that came up in some of the interviews was inadequate staffing of social workers. As participant one stated:

But I think another was a more organizational challenges would be like with adequate staffing. If you don't have enough staffing you're getting pulled in a million directions you don't feel like you can do your work by the time you deal with your patients so that can be a challenge (Participant 1, personal communication, February 2018).

Similarly, participant two said "... but there is so few of us that sometimes it's overwhelming" (Participant 2, personal communication, February 2018).

Caseload. Heavy caseloads was also a common organizational challenge reported by participants. Participant six expressed how the caseload can be heavy when working under several specialty departments "I think that for myself the caseload is very heavy.... working with more specialty, I have a bunch of specialties..." (Participant 6, personal communication, February 2018).

Furthermore participant 7 reported challenges with the increase of membership "...us having bigger caseloads because of the increase of membership so that's a challenge" (Participant 7, personal communication, February 2018).

Working in Interdisciplinary Teams

The majority of participants described working in interdisciplinary teams with the doctors, nurses, case managers, and other health care professionals as a challenge they face in their field. Participant's reported the major challenges associated with working in interdisciplinary teams include: differing perspectives and social worker's scope of practice.

Differing Perspectives. More than half of the participants reported having a difficult time working in the interdisciplinary teams because of each profession's differing perspectives on how to approach a patient or situation. Participant four described their challenge in regards to mandated reporting:

there is always challenges because you are always going to butt heads with someone in regards to making CPS calls, people are always going to or APS calls or whatever report, a doctor might not want you to make a report because he does not think it's necessary but you think it is necessary (Participant 4, personal communication, February 2018).

Participant eight reported the differing perspective of the importance of mental health as a challenge "A lot of the doctors, nurses, medical professionals don't associate like, mental health the same as physical health" (Participant 8, personal communication, February 2018).

Understanding of the Social Workers Role. Most participants expressed that they felt a huge challenge in their field is that the interdisciplinary team members do not know what the medical social workers role is. Participants voiced their thoughts about the medical team's misunderstanding of what is the social workers role and what is the social workers scope of practice. As participant six said "...sometimes, things get pushed onto the social workers that really isn't our scope, or needs to be tended to by another team that has more knowledge about that, cause that is essentially what's happening today" (Participant 6, personal communication, February 2018). Another participant stated "...they don't really know what we do so they kinda think, oh you just do transportation and insurance..." (Participant 9, personal communication, February 2018).

Working in the Medical Field

During interviews participants acknowledged challenges that were associated with working in the medical field. The major subthemes identified were: medical aspects and emotional exhaustion.

Medical Aspects. A quarter of participants described becoming familiar with the medical aspect of the field as challenging. One participant stated:

...some personal challenges have been learning. Learning the terms, um, if I'm gonna go in to support a family with a diagnosis, I think it's important that you, not that you're educating them about the diagnosis necessarily, and you may be but it's, it's learning, learning the different aspects of the medical field... What does this test mean? What does this diagnosis mean for them?" If I'm teaching about quality of life then I need to know what the diagnosis, details of the diagnosis so that I can educate on (Participant 2, personal communication, February 2018).

Although this is a challenge for medical social workers there appears to be consensus that this aspect is important to their field. As participant six described:

I feel like it's important for me to have knowledge about all those areas where if it's a specific disease, or a specific if its umm G.I. or pulmonary and then there's specific diseases under those. So, for me, being able to help the families understand things sometimes or be able to point them in the right direction for resources then I need to have, you know, at least a basic understanding of this (Participant 6, personal communication, February 2018).

Emotional Exhaustion. About half of the participants mentioned in their interviews the emotional impact they experience when working with vulnerable populations and with death, as a challenge they encounter working in the medical setting. Participant three describes their experience:

It wears you down. I mean you know the kids you know especially when they're dying and you know that they're dying and the family is not gonna ever give up hope and you don't give up hope for them but you know it's going to be the last time you gonna see that child. I mean I already know without realizing I will never see that child again. But the family is like oh just another little chemo and I'm like no they're dying so that's challenging (Participant 3, personal communication, February 2018).

One participant provided an example to illustrate an emotional experience:

...example is I had a 18 month old who passed away in the emergency room and um, I did debriefing with the staff who were working on the baby and then I supported the family and I was with the family from, you know, for the entire time that they were here until the coroner came. But at the end of the day I went home I was spent. I was spent, and so a friend of mine goes, "Well but you debriefed." And I said, "You are constantly the

vessel that is giving” (Participant 2, personal communication, February 2018).

Limited Resources

Almost all participants expressed that limited resources for patients was a major challenge they encountered in their field of practice. As one participant said:

Limited resources being able to provide them, I think that’s a challenge you know basic things like financial assistance and things like that or looking for community resources and there’s not a lot out there so we’re limited in what we can offer them I know that can be frustrating because we definitely need to have more to offer them. And it’s hard because you want to help but sometimes there’s not a whole lot out there you can only offer what you have (Participant 1, personal communication, February 2018).

Similarly, participant nine stated:

...it’s lack of resources and it’s hard for us to- you know we can’t create resources out of thin air. We’re trying to connect them with what’s there and sometimes they’re not eligible for what’s there and they feel, it’s to

feel like they- they're not getting what they need... (Participant 9, personal communication, February 2018).

Suggestions on Preventing Burnout in the Field of Medical Social Work

Additionally, participants were asked for their suggestions on how to prevent burnout among medical social workers. Participants provided a variety of suggestions. Two major themes identified were: peer support and self-care.

Peer Support

During interviews several participants reported processing with colleagues as vital to preventing burnout in their field. As participant four voiced:

don't just hold on to it, talk to someone, really really talk to someone and be like "you know this happened today" and just process it with someone because sometimes we think things are one way and they are really not (Participant 4, personal communication, February 2018).

Similarly, participant one expressed the importance of peer support:

...being supportive of each other and helping each other out I think that makes a big difference if you get along with your coworkers or your peers than you can support each other especially the times when it's crazy busy or feeling emotionally heavy...(participant 1, personal communication, February 2018).

Self-Care

Self-Care was also identified by many of the participants as important in preventing burnout. Participant seven stated "...self-care I mean we talk to patients about that but we need to also practice that. Enjoy life when you go home have fun, enjoy family" (Participant 7, personal communication, February 2018). Also, participant five suggested "...I feel like having a routine is important and having that early on in their profession would help...having some kind of pattern that they do to de-stress" (Participant 5, personal communication, February 2018).

Summary

This chapter presented the results of this study. The demographic characteristics of the study's sample was discussed. The major themes and subthemes that emerged from the interviews were identified. The major themes identified as challenges medical social workers experience included: organizational, working in interdisciplinary teams, working in the medical field, and limited resources. Additionally, major themes associated with the participants suggestions on preventing burnout was included.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the major findings presented in chapter four. The study's limitations are addressed and recommendations for social work practice, policy, and future research are provided. This chapter will conclude with a summary of the study's findings and implications for social work practice.

Discussion

The purpose of this study was to identify the challenges medical social workers face that lead to burnout. Findings from this research study identified four major challenges experienced by medical social workers in their field of practice. One major challenge identified was organizational challenges. Participants specifically identified insensitive policies, inadequate staffing of social workers, and heavy caseloads as organizational challenges encountered in their field. This finding was consistent with Embriaco et. Al's (2007) and Yamatani, Engel, and Spjedlnes' (2009) studies, which found that health care providers and social worker's heavy caseloads were associated with high burnout rates. However, no studies identified insensitive policies and a lack of adequate staffing of social workers as a challenge encountered. From this finding it can be inferred that social work is not well understood and valued in the

medical field as policies go against social work values and the organization does not see the need for more social workers.

A second major theme identified was challenges working in interdisciplinary teams. Participants reported the major challenges associated with working in interdisciplinary team include each profession having different views and approaches on how to help a patient. This finding suggests that other professions view the patient as primarily the illness that brought them into the hospital rather than viewing the person as a whole. This implies that social workers are constantly needing to advocate for their patients which can be a challenge in the medical field where there is clearly a hierarchy. Additionally, the medical teams' lack of understanding of the social work role can be challenging. From this finding it is suggested that the medical social workers have to deal with things that are out of their scope of practice or expertise.

Challenges working in the medical field was also identified as a major theme. Participants reported learning the medical aspects such as understanding diagnosis and medical terminology is a challenge encountered. This is a unique challenge experienced by medical social workers as they do not receive the same education doctors and nurses do, but are expected to be familiar with the medical aspects of a patient. Additionally, participants reported emotional exhaustion as a second major challenge they experienced in regards to working in the medical field. From this finding it can be inferred that medical social workers deal with many difficult situations such as grief and loss in their field

which can lead to emotional exhaustion. As Maslach (1998) states, emotional exhaustion is one of the major components of burnout.

The last theme identified in this study was the challenge of limited resources. Lack of resources for patients was a challenge almost all participants reported. This was consistent with Westman and Bakker (2008) findings, which identified high demands and lack of resources as a major component in the medical field that leads to high rates of burnout. Based on this finding it is inferred that due to the lack of available resources in the community it is a challenge to help the vulnerable population the medical social workers serve.

Limitations

There are several limitations to this study that should be acknowledged. First, the study's sample size was relatively small, consisting of only nine medical social workers. The small sample limits the ability to generalize the findings to the larger population. Additionally, the sample lacked diversity, given the majority of participants were female and identified as Hispanic/Latino or Anglo American. This lack of diversity may not be representative of the challenges experienced by all race/ethnicities and of male medical social workers. Furthermore, participants were all recruited from a local for-profit hospital Medical Social Work Department which is not representative of all medical social workers. Additional research should include medical social workers from various medical settings including community hospitals as there may be further challenges experienced by this group of social workers. Lastly, the study's Interview guideline may have affected

the study's findings. Although the guideline was created to help guide the interviews with participants, it may have influenced the participants' responses. Future research should allow participants more control in guiding the interview.

Recommendations for Social Work Practice, Policy, and Research

The results of this study have major implications for social work practice. The study's findings suggest that medical social workers experience unique challenges in their field. For this reason, it is important for medical social workers to be aware of the effects of burnout and take initiative to prevent it. It is important for all medical social workers to prioritize self-care and get into the routine of processing difficult cases with their colleagues. It is vital for the medical social workers to feel confident and able to find support from their colleagues and their department.

Additionally, it is imperative for administration to be proactive in preventing burnout. Administration needs to ensure that they are supporting their staff by providing adequate supervision and sufficient time for colleagues to process their cases with one another. It is also encouraged that administration promote mental health days which would allow staff to take a certain amount of days to engage in self-care and to refresh. Moreover, administration needs to develop a strategy to educate other medical professionals in the agency on the role of the social worker and the medical social worker's scope of practice. This may help in the administration's efforts to advocate for adequate staffing of medical social

workers. It is essential that efforts are made at the micro and macro level to prevent burnout in order to ensure the medical social workers will be able to provide the best services to their patients.

Due to the limitations of this study further research is needed to truly understand and identify the challenges encountered by medical social workers. For future research it would be significantly beneficial if the sample size was larger and more diverse. Future studies conducted should also consider looking at the rates of burnout of medical social workers. There continues to be lack of literature on this population and as found in this study this population is at high risk for burnout. It is important to understand the rate of burnout in this field and the challenges in order to provide appropriate interventions to prevent burnout.

Conclusion

. The purpose of this study was to explore and identify the challenges experienced by medical social workers that lead to burnout. This study was needed to fill in the gap in literature on burnout and medical social workers. This chapter discussed the findings of this study, the study's limitations, and recommendations for social work practice, policy, and research. The results of this study identified four major challenges experienced by medical social workers in their field of practice: organizational challenges, challenges working in interdisciplinary teams, challenges working in the medical field, and challenges with limited resources. The findings provided great insight on the challenges experienced by medical social workers, however further research is needed in

this area. Several recommendations were made based on the study's findings which include implementing mental health days, available supervision, sufficient time for processing cases with colleagues, and educating other professions within the organization on the social work role.

APPENDIX A
DEMOGRAPHICS SHEET

Demographics Sheet

Circle the best response to the following demographic questions

1. What is your current age: _____

2. What is your ethnicity:
African American Hispanic/Latino Anglo American
Asian/ Pacific Islander Other Native American

3. Gender Identification: Male Female

4. Highest Level of Education:
Some College Bachelor's Degree
Master's Degree Doctoral Degree

5. Are you licensed? Yes No *If yes, how many years? _____

6. Number of years in current practice/field: _____

7. Employment Status: Full Time Part Time Per Diem

APPENDIX B
INTERVIEW GUIDE

Interview guide

1. Provide a brief answer on the challenges you experience as a medical social worker:
 - A. Organizational challenges?
 - B. Challenges with clientele?
 - C. Challenges with peer relations?
 - D. Challenges in working in multidisciplinary teams?
 - E. General challenges associated with the nature of the work?
2. How do you define burnout?
3. What are signs of burnout?
4. Are you able to identify when you are experiencing burnout? How?
5. What do you do to prevent yourself from being burnout?
6. What suggestions can you give others in efforts to prevent burnout among medical social workers?
7. What drives you to be in the field of medical social work? What do you enjoy about your field? What gives you motivation?

APPENDIX C
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/16/18 VOID AFTER 1/15/19
IRB# SW1816 CHAIR Janet Ch...

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate in is voluntary and designed to explore the challenges medical social workers face that leads to burnout. The study is conducted by Emilee Limon, MSW student, under the supervision of Dr. Erica L. Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore the challenges faced by medical social workers in their field of practice.

DESCRIPTION: Participants will be asked open ended questions and will be encouraged to provide as much detail as necessary to answer questions. Participants may be asked to elaborate on answers when needed.

PARTICIPATION: Your participation in the study is entirely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your identity and responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 25 to 35 minutes to complete the interview.

RISKS: Participants may experience negative emotions from discussing sensitive topics. Resources are available to help process this, including Kaiser Permanente Behavioral Health Services. To make an appointment for counseling services, please call (866) 205-3595.

BENEFITS: There will not be any direct benefits to the participants.

COMPENSATION: Participants will receive a candy with a note of appreciation for participating in this study.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Erica L. Lizano at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after June 2018.

I agree to be tape recorded: ____ YES ____ NO

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Emilee Limon
Proposal Title Challenges Medical Social Workers Face
That Lead to Burnout
SW1816

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)


Committee Chair Signature 1/16/2018
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

REFERENCES

- Acker, G., & Lawrence, D. (2009). Social work and managed care. *Journal of Social Work, 9*(3), 269-283. doi: 10.1177/1468017309334902
- Carayon, P & Alvarado, C. J. (2007). Workload and patient safety among critical care nurses. *Critical Care Nursing Clinics of North America, 19*(2), 121-129. doi:10.1016/j.ccell.2007.02.001
- Embriaco, N., Azoulay, E., Barrau, K., Kentish, N., Pochard, F., Loundou, A., & Papazian, L. (2007). High level of burnout in intensivists: Prevalence and associated factors. *American Journal of Respiratory and Critical Care Medicine, 175*(7), 686-692.
- Embriaco, N., Papazian, L., Kentish-Barnes, N., Pochard, F., & Azoulay, E. (2007). Burnout syndrome among critical care healthcare workers. *Current Opinion in Critical Care, 13*(5), 482-488.
doi:10.1097/MCC.0b013e3282efd28a
- Keefe, B., Geron, S. M. & Enguidanos, S. (2009) Integrating social workers into primary care: Physician and nurse perceptions of roles, benefits, and challenges. *Social Work Health Care, 48*(6), 579-596. doi: 10.1080/00981380902765592
- Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *Social Work, 56*(3), 258-268. doi:10.1093/sw/56.3.258

- Lockley, S. W., Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A., & Landrigan, C. P. (2007). Effects of health care provider work hours and sleep deprivation on safety and performance. *Joint Commission Journal on Quality and Patient Safety*, 33(11), 7-18.
- Maslach, C. (1998). A multidimensional theory of burnout. In C. L. Cooper, *Theories of organizational stress* (pp. 68-85). New York: Oxford University Press.
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Peterson, U., Demerouti, E., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, A. (2008). Burnout and physical and mental health among swedish healthcare workers. *Journal of Advanced Nursing*, 62(1), 84-95. doi:10.1111/j.1365-2648.2007.04580.x
- Rutledge, T., Stucky, E., Dollarhide, A., Shively, M., Jain, S., Wolfson, T., Weinger, M. B., Dresselhaus, T. (2009) A real-time assessment of work stress in physicians and nurses. *Health Psychology*, 28(2), 194–200. doi: 10.1037/a0013145
- Schaufeli, W.B., Leiter, M.P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career Development International* 14(3): 204–220.

- Shanafelt, T. D., Balch C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., Collicott, P., Novotny, P. J., Sloan, J., & Freischlag, J. (2010). Burnout and medical errors among american surgeons. *Annals of Surgery, 251*(6), 995-1000. doi: 10.1097/SLA.0b013e3181bfdab3
- Spinelli, W. M., Fernstrom, K. M., Galos, D. L., & Britt, H. R. (2016). Extending our understanding of burnout and its associated factors. *Evaluation & the Health Professions, 39*(3), 282-298. doi: 10.1177/0163278716637900
- Stimpfel, A. W., Sloane, D. M., and Aiken, L. H. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs, 31*(11), 2501-2509. doi: 10.1377/hlthaff.2011.1377
- Ulrich, C., O'donnell, P., Taylor, C., Farrar, A., Danis, M., & Grady, C. (2007). Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the united states. *Social Science & Medicine, 65*(8), 1708-1719. doi:10.1016/j.socscimed.2007.05.050
- Westman, M. and Bakker, A.B. (2008). Crossover of burnout among health care professionals. In Halbesleben, J.R.B. (Ed.), *Handbook of Stress and Burnout in Health Care*. New York, NY: Nova Science.
- Williams, E. S., Manwell, L. B., Konrad, T. R., Linzer, M. (2007). The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: Results from the MEMO study.

Health Care Management Review, 32(3), 203-212. doi:

10.1097/01.HMR.0000281626.28363.59

Whitaker, T. & Arrington, P. (2008). *Social workers at work. NASW Membership Workforce Study*. Washington, DC: National Association of Social Workers.

Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers special report: Social work services in health care settings*. Executive summary. Washington, DC: National Association of Social Workers.

Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right? *Social Work*, 54(4), 361-368.

Zimmerman, J., & Dabelko, H. (2007). Collaborative models of patient care: New opportunities for hospital social workers. *Social Work in Health Care*, 44(4), 33-47. doi:10.1300/J010v44n04_03