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CROSS - PROFESSIONAL COMPARISON OF SOCIAL WORK BURNOUT

Heather Lynn Schaal

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CROSS – PROFESSIONAL COMPARISON OF

SOCIAL WORK BURNOUT

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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

Heather Lynn Schaal

June 2018

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ABSTRACT

Burnout in the social work field is becoming increasingly common due to the emotional intensity of the client-social worker relationship and job demands. Research has shown that burnout has detrimental effects not only on the social worker themselves but on clients and agencies as well. Limited research exists examining which professional setting of social work experiences the highest level of burnout. This study used secondary data collected by, Dr. Lizano in 2016 from the 4th Annual California State University, San Bernardino BASW and MSW Field Instructor Training. A quantitative method was used to analyze which setting of social work (child welfare, mental health, medical, and educational) has the highest level of burnout. Findings from this study suggest there is a relationship between mental health social workers experiencing burnout compared to the other fields of social work. Specifically, depersonalization was the only dimension of job burnout that had significant findings among mental health social workers. This study has implications on both the micro and macro level of social work. Being able to identity which setting of social work is suffering the most from burnout is crucial to develop preventative measures for social worker well-being.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Much research has shown that the helping profession (e.g. social workers, nurses, doctors, marriage and family therapist, psychologists, and psychiatrists) is more susceptible to burnout than other professions due to increased levels of stress and emotional intensity (Sardiwalla, VandenBerg, & Esterhuyse, 2007). Burnout is a syndrome that consists of emotional exhaustion, depersonalization, and low personal accomplishment that is usually found among people in the human service field (Maslach, 2003). Specifically, social workers are considered high-risk in terms of experiencing burnout due to the severe and emotional situations when working with vulnerable populations and overall job stress (Sánchez-Moreno, de La Fuente Roldán, Gallardo-Peralta, & Barrón López de Roda, 2014).

Generally, social work can be divided among four main professional settings; child welfare, mental health, hospital, and educational. Even though social workers from each setting serve varying types of clients, burnout can be found among all social workers. There is much research looking at levels of burnout in social workers, but few compare whether one professional setting has higher levels of burnout over the other. Some studies examined burnout only comparing two social work settings. For example, Kim (2010) only looked at child welfare social workers compared to mental health social workers. Other studies

examined social workers in one setting, (Otay, 1992; Brinkborg, Michanek, Hesser, & Berglund, 2010). Some examined social workers from multiple settings, but do not separate results based on setting (Wagaman, Geiger, Shockley, & Segal, 2015; Sibert, 2004). As a result, there is little research on levels of burnout comparing the four main professional settings of social work.

Though there may not be studies comparing social work burnout among all professional setting, there are concerning levels of burnout in the social work field. Siebert (2004) surveyed 1,000 social works from the North Carolina NASW chapter and found three-fourths of social workers experienced high levels of burnout at least once in their careers, and 39% of respondents reported they were experiencing high levels of burnout at the time of the study. This is particularly alarming because burnout has a lasting impact on job performance, job satisfaction, and personal health (Quinn-Lee, Olseon-McBride, & Unterberger, 2014). While many social workers enter the field to make a difference in the lives of their clients, burnout can negatively affect clients as well (e.g., neglecting client's needs, not being able to provide proper therapy, loss of interest in clients, etc.). When social workers are not able to take properly care of themselves, they are not able to provide adequate care to their patients.

Purpose of the Study

The purpose of this study is to identify which professional setting in the social work field has the highest level of burnout. In the social work profession,

limited research exists that compares burnout in the four main professional settings, yet there is evidence that high levels of burnout exist in field. It is important to examine the level of burnout in each of the professional setting to better understand where preventative measures need to be provided. The findings from this study will also identify which client populations could be at risk of improper care due to social workers being burned out. More education, trainings, and policies may need to be implemented in the future to prevent social work burnout.

This study is a descriptive study that aims to create a more detailed understanding about burnout in the social work field. Studies have yet to compare the four professional settings of social work to determine who has the highest level of burnout. The data source for this study is secondary data from a study in 2016 conducted by Dr. Lizano from California State University, San Bernardino. This study analyzed variables that were not previously analyzed from the 2016 data. This secondary data was chosen because of the large sample size and because the participants were from one of the four professional settings of social work.

<center>Significance of the Project for Social Work</center>

The results from this study have both micro and macro level implications in the field of social work. Burnout in any setting of social work has negative effects on the social worker and the clients being served. On the micro level,

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understanding to what extent each professional setting is experiencing burnout will allow the development of possible resources for the social worker. Providing resources to social workers can potentially increase self-awareness and self-care practices to prevent future burnout among social workers. Ultimately, leading to higher quality of care to the many clients social workers serve.

Next, on the macro level, the findings from this study will allow social workers to uphold and abide by the NASW Code of Ethics, particularly in the categories of competency and integrity to all clients (National Association of Social Workers, 2008). As social workers battle with burnout, they are unable to properly provide adequate care to their clients. This study will identify the professional settings in which the Code of Ethics might not be upheld by the social workers due to burnout. The results from this study has the potential to influence organizations and agencies to provide education and programs to prevent burnout among their social workers. This study might have the opportunity to influence potential policy change to have a caseload cap among social workers which is one of the factors that lead social workers to burnout. With lower caseloads, social workers could decrease their level of stress, possibly preventing burnout.

Regarding the generalist intervention model, all phases in the micro and macro level have an impact from this study. Because of burnout, social workers are unable to properly take care of their own well-being and as a result they are unable to perform their role as a social worker properly, affecting the generalist

model of social work intervention. With a greater understanding of social work burnout, the field as a whole and social workers as individuals can be more aware of the dangers of burnout and establish preventative measures to combat burnout. Healthy social workers lead to proper client care which leads to successful agencies; creating a positive image of the social work field. In conclusion, the present study seeks to answer the following research question: Do social workers have higher levels of burnout based on their professional setting?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter is a summary of the literature that currently exists regarding burnout in the social work field. A further explanation of burnout will be discussed along with the effects burnout has on social workers. Gaps in the literature will be identified and the manner in which this study aims to fill the gaps that exist. Finally, the theories that provide a framework for burnout research will be reviewed.

Definition of Burnout

Burnout is a syndrome comprised of emotional exhaustion, depersonalization, and reduced personal accomplishment that is found most among individuals in human service field (e.g. social workers, nurses, marriage and family therapists, doctors, psychologists, and psychiatrists; Maslach, 2003). Burnout results from persistent emotional intensity when working with clients and/or patients that are troubled or vulnerable (Maslach, 2003; Sardiwalla et al., 2007). In the human service field, it is expected that the worker establishes an empathetic relationship with their client to provide proper care (Lizano, 2015). Eventually, the emotional responsibility of the worker-client relationship may result in emotional exhaustion, which leads to burnout (Maslach, 2003). Burnout

in the human service field has severe repercussions on the workers, clients, and agencies.

<center>Dimensions of Burnout</center>

Burnout consists of three major dimensions: emotional exhaustion, depersonalization, and reduced or lowered personal accomplishment. Each dimension of burnout operates independently but are intertwined with one another.

<u>Emotional Exhaustion</u>

Emotional exhaustion is at the center of burnout and is the most reported dimension (Lizano, 2015; Maslach, 2003; Maslach, Schaufeli, & Leiter 2001). When workers in the human service field become excessively involved with clients emotionally and are overworked and overwhelmed, emotional exhaustion can occur (Maslach, 2003). Emotional exhaustion is characterized by feeling overworked, drained, and depleted, as well as a lack of energy. When individuals experience emotional exhaustion, they often feel as if they are no longer to properly give themselves emotionally, to others (Maslach, 2003). To cope with their stress, emotionally exhausted workers often isolate themselves in the workplace, which leads to inadequate patient care (Maslach et al., 2001).

<u>Depersonalization</u>

Depersonalization is the second dimension of burnout and consists of distancing oneself from clients, displaying a cynical attitude, and/or having

negative reactions towards individuals (Lizano, 2015; Maslach et al., 2001). Workers who experience burnout use depersonalization as a coping mechanism to handle job-related stress. Maslach (2003) describes depersonalization as, a person who has poor opinions of other individuals, expecting the worse from people, and eventually disliking a person. Depersonalization can result in negative views clients, which increases the likelihood of inadequate treatment (Maslach et al., 2001).

Personal Accomplishment

The third dimension of burnout is reduced personal accomplishment, which refers to feeling a lack of effectiveness and regarding one's job performance as a failure (Maslach, 2003). Maslach et al. (2001) states that it is difficult for a person who is burned out to have a sense of accomplishment because of their exhaustion. Maslach also states that lack of personal accomplishment usually arises when there are inadequate resources in the workplace (Maslach et al., 2001). In extreme cases of diminished personal accomplishment, individuals can begin to question their career choices and whether they should have chosen a different career path.

Burnout in Social Work

It is clear that burnout affects many social workers. There is amplitude amounts of research confirming high levels of burnout in the social work field. In studies from Hombrados-Mendieta and Cosano-Rivas (2011), Sánchez-Moreno

et al. (2015), Siebert (2004), Lloyd & King (2004), and Oktay (1992) all found high rates of burnout among social workers. With burnout, there are many negative consequences that affect the social worker and as a result affect adequate care given to the clients. Where there are high levels of burnout, there are clients experiencing the repercussions of burnout as well.

Burnout can lead to an overall negative social worker well-being which includes poor psychological, physiological, and behavioral health (Lizano, 2015). Psychologically, studies have found a correlation between burnout and depression. Sánchez-Moreno et al. (2015), Lloyd and King (2004), and Siebert (2006) all discovered that depression is a possible consequence of burnout experienced by many social workers. Perhaps one of the most known studies examining social work burnout and physical health is from Kim, Ji, and Kao (2011). The authors conducted a three-year study of California social workers and found extreme decline in physical health among social workers suffering burnout. Within just one year of experiencing initial burnout, social workers experienced more headaches, gastrointestinal problems, and more respiratory infections (Kim et al., 2011). Behaviorally, harmful coping skills may be developed by social workers who are experiencing burnout. Lloyd and King (2004) found increased use of alcohol and drugs along with family and marital conflict when social workers suffered burnout. Social workers experiencing burnout will most likely face negative effects because of burnout, which will lead to improper care to clients. Since social work burnout is a serious concern with

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negative consequences, more preventative measures need to be established to protect social workers

Gaps in the Literature

As stated previously, it is evident that burnout is highly present in the social work field. However, there is limited information identifying specifically which professional setting of social work is experiencing the most burnout (child welfare, mental health, medical, and educational). Most studies examine burnout either in one field of social work or do not separate their results based on professional settings. Oktay (1992) concluded that hospital social workers experience the highest levels of burnout in the field, but only used hospital social workers in the sample. While there may high levels of social work burnout in the hospital setting, without comparing all social workers it is difficult to truly conclude that hospital social workers in fact have the highest level of burnout. Another study conducted by Takeda (2005) examined burnout among social welfare workers and determined high levels of burnout were present among social workers. Without further identifying if the social welfare social workers were either in child welfare specifically or in another setting of social work, makes it difficult to determine where burnout is the highest in the field.

Wagman et al. (2015), Siebert (2004), Hombrados-Mendieta and Cosano-Rivas (2011), Lloyd and King (2004), and Sánchez-Moreno et al. (2015) surveyed social workers but did not identify which professional setting they were

from. From these studies, it is difficult to know if results are truly generalizable because it is unclear if the social workers were mostly from one setting of social work or if it was in fact an equal distribution. To best identify where social work burnout is the most prevalent in the field, it is crucial to separate the sample based on professional setting. Finding which setting of social work is suffering the most in terms of burnout will allow a better understanding of where resources need to be implemented.

Some studies have used all four professional settings of social work (child welfare, mental health, medical, and educational) but did not examine levels of burnout among the social work groups. Instead, Kim et al., (2011) conducted a three-year long longitudinal study of physical effects of burnout among all fields of social workers and therefore it cannot be conclude which social work setting experienced the highest level of burnout. Wagamen et al. (2015) used social workers from the main four professional settings but specifically identified the relationship of empathy and burnout among social workers. It is clear that the more recent studies of burnout in social work are making an effort to examine burnout among the four professional settings, but it is still not evident which group of social workers are suffering the most from burnout. One study by Kim (2010) did in fact compare two of the four professional settings of social work (child welfare and mental health) and found that child welfare had higher levels of burnout. This study would be more generalizable to all of the social work field if medical and educational social work was also compared in the sample.

This research expands upon the limited research that currently exits on burnout among all social work professional settings by comparing child welfare, mental health, medical, and education social workers and their level of burnout. A cross-professional comparisons among all social workers will result in a better understanding of how each professional setting of social workers compares to one another. The potential findings can help identify which social work setting is experiencing the highest level of burnout and as result could identify which social workers need additional resources to prevent burnout.

Theories Guiding Conceptualization

The most widely known theoretical framework among burnout is the multidimensional theory, developed by Christina Maslach and Susan Jackson (Maslach & Jackson, 1981). The theory explains how burnout is composed of three separate dimensions; emotional exhaustion, depersonalization, and personal accomplishment. Burnout is labeled as a psychological response to chronic interpersonal job-related stressors (Maslach et al., 2001). It has been found by Maslach (1998) that the main cause of burnout is emotional exhaustion from job stressors. The negative responses and coping mechanisms used to handle the stressors are what ultimately lead to burnout.

One of the earliest theories that Maslach based her multidimensional theory on, was the explanation that the most dedicated employees will be most at risk to experience burnout because of their desire to constantly support their

ethical principles (Maslach et al., 2001). When goals are not met in the workplace, stress starts to occur, eventually leading to exhaustion and depersonalization. The second theoretical framework Maslach based her theory on was the notion that when there is persistent exposure to job stress, lower personal accomplishment will develop (Maslach et al., 2001). Not being able to see the positives being performed in the workplace will lead to low job satisfaction and disinterest in current work. These first two theories are what ultimately lead to the development of the multidimensional theory of burnout.

Summary

Overall, burnout is a syndrome that is composed of emotional exhaustion, depersonalization, and personal accomplishment. The literature suggests that social workers are experiencing high levels of burnout. Because of burnout social workers are suffering from negative consequences and ultimately leading to inadequate care for their clients. Many studies examine social work burnout but fail to compare all professional settings of social work. The main theory that provides a framework for burnout is the multidimensional theory developed by Christina Maslach and Susan Jackson. This study builds upon the research that currently exists and identifies which professional setting of social work does in fact experience the highest level of burnout.

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CHAPTER THREE

METHODS

Introduction

This chapter will discuss the research methods that will be used in this study. What follows is a discussion of this study's design, sampling, data collection and instruments, procedures and, protection of human subjects. A summary of the research methods used for this study will end the chapter.

Study Design

The purpose of this study is to describe the differences in level of burnout among social workers in various professional settings. Specifically, this study examines whether social workers in child welfare, mental health, medical, or education social work experience different levels of burnout from one another. This study used a cross-sectional quantitative design to examine the levels of burnout in each professional setting of social work. All three dimensions of burnout were measured, which include emotional exhaustion, depersonalization, and personal accomplishment. All four professional settings of social work were compared to each other to determine which setting in social work suffers the most in terms of burnout.

This study used secondary data that comes from a 2016 study at California State University, San Bernardino (CSUSB). The variables of the present study have not been previously examined with this dataset. This study

gathers new insight from the secondary data regarding burnout levels in the social work field. The study that this data comes from had a large response rate among social workers from all four of the professional settings that will be examined in this study. The strength of this study design is that it examines all four professional settings of social work burnout which previous researched has lacked. The limitation of this study is that the results are not generalizable to all social workers nationally, because the sample consists of social workers who live and work in Southern California.

Sampling

The sample for this study is from the secondary data used from the 4th Annual CSUSB Instructor Training Survey. The sample size from the secondary data is 133 participants. The sampling for this study is non-probability availability convenience sampling because the participants were not randomly selected and were easy to obtain because the instructor training was mandatory. Most participants had a graduate degree in social work or in a closely related field that were instructors to social work interns. This sample was used because participants included social workers from all four of the professional settings (i.e., child welfare, mental health, medical, and education) that will be examined in this study.

Data Collection and Instruments

The data collected was the level of burnout among social workers in child welfare, mental health, medical, and education setting of social works. The independent variable in this study is the professional setting of the social workers. This was measured by using the demographic characteristics questionnaire from the secondary data. See appendix A for the demographic characteristics questions. The dependent variable in this study is the level of burnout. Level of burnout was measured by using the Maslach Burnout Inventory (MBI) created by Christina Maslach and Susan Jackson. See Appendix B for the MBI questionnaire.

The MBI was designed because of the need to measure burnout among human service workers (Maslach & Jackson, 1981). The MBI is a 22-question survey that measures all three dimensions of burnout – emotional exhaustion, depersonalization, and personal accomplishment. The MBI is the most widely used and reliable measure of burnout (Maslach, 2003). The MBI has a moderate to high internal consistency with significance beyond .001. A Cronbach's alpha of n=1,316 was used to measure the reliability coefficients for each subscale in the MBI: .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment (Maslach, Jackson, & Leiter, 1997).

Schaufeli, Leiter, and Maslach (2009) states that much research has confirmed the validity of the MBI. Convergent validity was established in three ways according to Maslach and Jackson (1981). First, a person's MBI scores

were correlated by ratings from a person who knew the individual well (Emotional exhaustion: $r = 0.41$, $p < 0.01$, depersonalization: $r = 0.57$, $p < 0.001$, personal accomplishment: $r = 0.25$, $p < 0.01$). Second, the MBI scores were correlated to job characteristics that were predictors to job burnout (Emotional exhaustion: $r = -0.38$, $p < 0.001$, depersonalization: $r = -0.38$, $p < 0.001$, personal accomplishment: $r = 0.29$, $p < 0.01$). Third, MBI scores were correlated with outcomes that had been expected to be related to burnout (Emotional exhaustion: $r = -0.26$, $p < 0.001$, depersonalization: $r = -0.39$, $p < 0.001$, personal accomplishment: $r = 0.29$, $p < 0.001$) (Maslach & Jackson, 1981).

For the past 35 years, burnout has been widely studied beyond America where it was first introduced (Schaufeli, Leiter, & Maslach, 2009). The MBI has been used around the world, which suggests that it is culturally sensitive. One of the limitations from the MBI is that it does not take into account how much client interaction the participant encounters. Therefore, it is difficult to determine if individuals who experience burnout are only social workers who experience client interactions more frequently than others. The strength of this measurement tool is that it is the most widely known and used scale to measure burnout.

Procedures

The surveys for the data were distributed at a Field Instructor Training. The participants were given the survey at the beginning of their training and had the entire day to complete the survey or mail in their survey if they decided to

participate. This study used the data collected from the 2016 survey and examine the relationship between professional setting of social work and levels of burnout. This study was given permission to use the data that was collected in 2016.

Protection of Human Subjects

Measures were taken to protect confidentially and anonymity of participants in this study. First, this study used secondary data and did not have access to the actual surveys used. The data collected in 2016 protected human subjects by including informed consent and not requiring a signature from participants. The survey only asked for demographic characteristic and not any personal identifying information. The data that will be examined in this study was kept on a password protected computer and will be destroyed after writing up the findings.

Data Analysis

This study is quantitative, and data was entered into IBM SPSS 24 for analysis. The independent variable is the social work professional setting (Child welfare, mental health, medical, educational) which is found in the descriptive statistics. The dependent variable is the level of burnout found in each of the four professional settings of social work. Each dimension of burnout was analyzed (Emotional exhaustion, depersonalization, and personal accomplishment). A multiple regression test was used to identify which dimension of burnout had

significant findings. A t-test independent samples was then used to identify which field of social work is experiencing burnout regarding the burnout dimensions.

Summary

This study was designed to describe the different levels of burnout in social work professional settings: child welfare, mental health, medical, and educational. Secondary quantitative data was the best method to measure the level of burnout among the four professional settings of social work. The MBI measurement tool has been proven to be valid and reliable in measuring social work burnout. This study expands on the current research that exists on social work burnout by using multiple regression and t-test independent samples to analyze the relationship between burnout and professional social work settings.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will discuss the results from the statistical analysis

that was conducted. First, descriptive statistics of the study sample are given

including age, gender, ethnicity, education level, field of social work, and years in

current employment. The next section is the inferential analysis which includes the

statistical tests that were used to determine the correlation between field of social

work and level of burnout. The tests used were a Pearson correlation, multiple

regression, and independent t-test. Results from the tests will be discussed

throughout the chapter. The chapter concludes with a summary of the results.

Presentation of Findings

<u>Descriptive Statistics</u>

The demographics characteristics of the study sample are shown in Table

1. The average age for the study sample was 44 years with a range of 26-67.

Majority of the sample participants were women (85%). Approximately half of

participants identified as Non-Hispanic White (45.5%) a third identified as

Latino(a)/Hispanic (35.6%) the third largest group being African American/Black

(18.9%) with the lowest groups being Asian/Pacific Islander (4.5%) and American

Indian/Alaska Native (2.3%). Almost all participants reported having a Bachelor's

Degree (99.2%) and a graduate degree (97%). Almost half of participants work in

the mental health field (49.6%) with medical being the second highest field at

(18%) child welfare was in the middle (15.8%) with education being fourth

(12.8%) and a small group identified as other (3.8%). Tenure in the field ranged

from 1 - 40 years with the average of 14 years. Tenure in current

employment ranged from 1 - 30 years with the average of 6 years.

Table 1. Demographic Characteristics

	(N) %	M	S.D	Range
Age		43.74	10.33	26 - 67
Sex				
Male	20 (15%)			
Female	113 (85%)			
Race/Ethnicity				
Non-Hispanic White	60 (45.5%)			
Latino(a)/Hispanic	47 (35.6%)			
African American/Black	25 (18.9%)			
Asian/Pacific Islander	6 (4.5%)			
American Indian/Alaska Native	3 (2.3%)			
Education				
Graduate Degree	129 (97%)			
Field of Social Work				
Mental Health	66 (49.6%)			
Child Welfare	21 (15.8%)			
Medical	24 (18%)			
Education	17 (12.8%)			
Other	5 (3.8%)			
Tenure				
Years in Field		13.53	9.44	1 - 40
Years in Current Employment		6.18	6.39	1 - 30

Note. Participants were able to self-identify with more than one race/ethnicity.

<u>Inferential Analysis</u>

A Pearson correlation analysis was conducted in IBM SPSS 24 to test the relationship between field of social work and the three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment as shown in Table 2. Out of the three dimensions of burnout, depersonalization was the only job burnout dimension with a significant correlation to field of social work ($r = .17$, $p \leq .05$).

Table 2. Correlation Matrix

	1	2	3	4	5	6	7	8
1. Field of social work	1							
2. EMO	0.10	1						
3. DEP	.17*	.45**	1					
4. PERS	0.03	-.43**	-.32**	1				
5. Tenure in current position	-0.06	0.01	-0.16	-0.03	1			
6. Tenure in field	-0.03	-0.04	-0.15	.28**	.45**	1		
7. Gender	-0.08	0.05	0.07	-0.09	0.06	0.12	1	
8. Age	-0.00	-0.13	-.25**	.20*	.28**	.57**	0.00	1

Note. *significant at the 0.05 level (2-tailed); **significant at the 0.01 level (2-tailed). EMO = Emotional Exhaustion, DEP = Depersonalization, PERS = Personal Accomplishment.

Multiple regression analysis was conducted between field of social work and all three dimensions of burnout: depersonalization, emotional exhaustion, and personal accomplishment to confirm the findings from the correlation matrix. The data showed there is no relationship between field of social work and

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emotional exhaustion or personal accomplishment. The results did confirm there

is a relationship between field of social work and depersonalization (b = .61, t =

2.29, p = .02) as shown in Table 3.

Table 3. Multiple Regression
Coefficients[a]

	B	SE B	β	t	p
Constant	4.77	2.27		2.1	0.03
Age	-0.09	0.03	-0.25	-2.88	0.00
Gender	0.97	0.92	0.09	1.06	0.28
Field	0.61	0.26	0.20	2.29	0.02

a. Dependent Variable: DEP

Note. DEP = Depersonalization.

A t-test was conducted to find what field of social work: child welfare,

mental health, medical or educational was significantly related to

depersonalization. Four separate t-tests were completed using a dummy variable

for each field of social work field. The data found no significant findings between

child welfare, medical, or education social work and depersonalization. However,

there is a significant relationship between being in the mental health field and

depersonalization. Table 4 shows the descriptive statistics of the t-test of mental

health social workers. About half of the sample size are mental health social

workers (N=65) and the other half of the sample are not in mental health (N=67).

Table 5 shows the results of the independent t-test between mental health and

depersonalization. The data indicated there is a significant difference in level of

depersonalization between those who work in the mental health field and those who do not (t = 2.05, p = .04) with those in mental health reporting lower levels of depersonalization.

Table 4. Descriptive Characteristics of t-test

Group Statistics

	MENT	N	Mean	Std. Deviation	Std. Error Mean
DEP	no	67	3.77	4.09	0.50
	yes	65	2.49	3.00	0.37

Note. MENT = Mental Health Social Workers, DEP = Depersonalization.

Table 5. Independent Sample t-test

					t-test for Equality of Means	
		t	df	p	Mean Difference	Std. Error Difference
DEP	Equal variances assumed	2.05	130	0.04	1.28	0.62
	Equal variances not assumed	2.06	121.067	0.04	1.28	0.62

Note. DEP = Depersonalization.

Summary

This study's statistical results were discussed in this chapter. Demographic characteristics such as age, gender, ethnicity, field of social work, education and tenure were given, along with the infernal analysis. Multiple tests were used (Pearson, multiple regression, and independent t-test) to determine if there was a significance in the three dimensions of job burnout (emotional exhaustion, depersonalization, and personal accomplishment) between the four

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fields of social work (child welfare, mental health, medical, and educational).

Results show that there is a significant difference in levels of depersonalization

between those who work in mental health and those who do not.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the results of this study, strengths and limitations, and the implications it has on the field of social work. The purpose of this study was to determine what field of social work (child welfare, mental health, medical, and education) is experiencing the most job burnout. This study used secondary data collected in 2016 to analyze the relationship between burnout and field of social work. Results from this study indicated significant findings related to mental health social workers and burnout.

Discussion

Burnout is a syndrome that consists of emotional exhaustion, depersonalization, and low personal accomplishments that is mostly found in the human service sector (Maslach, 2003). Burnout in the social work field has severe repercussions not only on the social workers but also on the clients they are serving as well. The literature suggests high levels of burnout exist in social work, but it is unclear exactly which field of social work is experiencing the most burnout.

The results from this study found that out of the four fields of social work, those not in mental health (child welfare, medical, educational) experienced

higher levels of burnout compared to those in mental health. Specifically, those

not in mental health experienced higher levels of depersonalization, which is one

of the three dimensions of burnout. Out of the four fields of social work, child

welfare and mental health have been the most studied regarding burnout. One

study in particular, found that child welfare social workers experienced higher

levels of burnout compared to mental health social workers (Kim, 2010). The

present study found similar results, with mental health social workers

experiencing lower levels of burnout than those not in mental health which

includes (child welfare, medical, and educational). Oktay (1992) conclude that

social workers within the medical setting are experiencing greater burnout levels

compared to their counterparts. There have been minimal studies examining

school social workers in burnout, but a few have found moderate to high levels of

burnout among school social workers (Tam & Mong, 2005). These studies

support the findings from this study, which found that non-mental health social

workers (child welfare, medical, and educational) experience higher levels of

depersonalization than mental health social workers. In regard to

depersonalization, this finding was surprising because emotional exhaustion is

the most reported dimension of burnout (Lizano, 2015; Maslach, 2003; Maslach,

Schaufeli, & Leiter 2001). This suggests that social workers not in mental health

are experiencing more negative views of their clients than emotional affects due

to burnout. Depersonalization results in poor opinions of clients, disliking clients,

and expecting the worst from clients (Maslach, 2003). All of which can lead to improper care and treatment of clients.

Strengths and Limitations

This study had a large sample size and was composed of social workers from all four of the main fields of social work that this study aimed to measure. However, one of the limitations of this study was the large sample size of mental health social workers. Mental health social workers made up almost half of the entire sample size, with educational social workers representing the fewest number of participants. Another limitation of this study is that this study can only be generalizable to social workers in the Southern California region. While this study was only conducted with social workers in Southern California, it still demonstrates the pervasiveness of burnout in the social work field. The last limitation of this study is that it was a cross-sectional study, which took place at one specific time. To further examine burnout in a more detailed manner, a longitudinal study should be conducted in the future.

Recommendations for Social Work Practice, Policy, and Research

This study is important in the social work field because it addresses the prevalence of burnout, which affects many social workers in all professional settings. Burnout affects the social worker, client, and even agency. It is suggested during bachelor's and master's social work programs to dedicate

lessons around burnout and burnout prevention. Incorporating burnout in the curriculum of social work can help address burnout in social workers before they enter the professional working world. Social work agencies should also include burnout training for all new hires. Agencies should be focused on aiding their social workers in positive self-care practices because it will not only help their employees, but it will ensure their clients are being apriority cared for by their social workers.

On the policy end, California is currently in the process of voting on a bill that will set a caseload capacity of dialysis social workers. This will bring down the caseload of dialysis social workers significantly, which as a result could prevent burnout among them. On the more local level, the state of California could implement a similar policy for social work agencies to set forth a caseload capacity in order to help social workers prevent burnout. Eventually, this policy change could make significant changes on the national level to prevent social work burnout in regard to caseloads being too high for social workers.

In future research a similar study should be conducted with an equal number of participants from all fields of social work and across the country. This would allow the results to be generalizable among the country and give equivalent samples from all four fields of social work. Future research should also look closer into each field of social work in a longitudinal manner. Understanding the length of time social workers are experiencing burnout within

the job will have greater implications in the field of social work and on social workers.

Summary

This study aimed to examine burnout among social workers in the four main fields of social work (child welfare, mental health, medical, and education). The findings indicated that mental health social workers experienced lower levels of burnout, specifically, depersonalization than those not in the mental health setting. The study results were discussed in this chapter along with strengths and limitations. Future research should further explore burnout on a national level with equal sample sizes of all fields of social workers to understand burnout in the social work field on a larger scale. Burnout has a negative impact in the social work field and should have continuous attention brought to the topic to help prevent burnout in the future.

APPENDIX A

DEMOGRAPHIC CHARACTERISTICS

Burnout and Well-being Workforce Study
(Annotated Survey)

I. Demographic Characteristics

1. Gender: ☐₁ Male ☐₂ Female   2. Age: _____

3. Race/Ethnicity (please check all that apply): ☐₁ African American/Black ☐₂ Non-Hispanic White ☐₄ Hispanic/Latino(a)

☐₃ Asian American/Pacific Islander   ☐₅ American Indian/Alaska Native ☐₆Other:_____

4. Do you have a Bachelor's degree? ☐₀ No ☐₁ Yes , [If yes, in what field of study?:_____]

5. Do have a graduate degree?: ☐₀ No ☐₁ Yes , [If yes, in what field of study?:_____]

6. What field do you work in (e.g. Mental health, child welfare, medical, educational)?:

7. What populations do you serve in your work (e.g. children, the elderly, youth, prisoners, families)?:

8. How long have you been working in your current place of employment?: _____ months _____year(s)

9. Which of the following best describes your position in the organization where you are employed:
☐₁ Manager/supervisor ☐₀ Direct service provider

10. What type of organization do you work for?: ☐₁ Private non-profit   ☐₂ Governmental/Public

11. Does your organization have any employee wellness programs?: ☐₁ Yes   ☐₀ No

12. If you answered yes to question #11, do you use the employee wellness program services?: ☐₁ Yes ☐₀ No

If you are NOT a social worker, please skip this question.
13. How long have you been practicing in the social work field?:   _____ months _____year(s)

II. Attitudes About Field Supervision

APPENDIX B

MASLACH BURNOUT INVENTORY

II. Workplace Attitudes

Mark the box that most accurately reflects your response. Use a scale where 0= Never and 6=Every day. Please check only one box for each statement. **Burnout.** Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior, 2*(2), 99-113. (Maslach Burnout Inventory) EE=Emotional Exhaustion, DP=Depersonalization, PA=Personal accomplishment.

	Never	A few times Per Year	Once a month	A few times per month	Once a week	A few times per week	Every day
	(0)	(1)	(2)	(3)	(4)	(5)	(6)
EE. 1. I feel emotionally drained from my work.							
EE2. I feel used up at the end of the workday.							
EE3. I feel fatigued when I get up in the morning and have to face another day on the job.							
EE4. Working with people all day is really a strain for me.							
EE5. I feel burned out from my work.							
EE6. I feel frustrated by my job.							
EE7. I feel I'm working too hard on my job.							
EE8. Working with people directly puts too much stress on me.							
EE9. I feel like I'm at the end of my rope.							
DP1. I feel I treat some clients as if they were impersonal 'objects'.							
DP2. I've become more callous toward people since I took this job.							
DP3. I worry that this job is hardening me emotionally.							
DP4. I don't really care what happens to some clients.							
DP5. I feel clients blame me for some of their problems.							
PA1. I can easily understand how my clients feel about things							
PA2. I deal very effectively with the problems of my clients							
PA3. I feel I'm positively influencing other people's lives through my work							
PA4. I feel very energetic							
PA5. I can easily create a relaxed atmosphere with my clients							
PA6. I feel exhilarated after working closely with my clients							
PA7. I have accomplished many worthwhile things in this job							
PA8. In my work, I deal with emotional problems very calmly							

(Maslach & Jackson, 1981)

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL

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

Researcher(s) _Heather Schaal_

Proposal Title _A Cross-Professional comparison of Social Work Burnout_

\# _5081824_

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   Date _1/4/2·18_

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