

Burned Out—and at Risk

Phyllis has been a Child Protective Services caseworker for the past four years. Although she initially took pride in her work and proficiency, her upbeat attitude eventually soured amid mounting caseloads, alarming employee turnover, media exposés of alleged agency gaffes, and spotty communication between supervisors and frontline workers. For months, Phyllis suppressed her growing discontent and shouldered on. During an annual retreat, however, she finally unveiled her frustration in a teary outburst. The department, she said, was a shambles, her supervisors were disconnected from day-to-day issues, and she felt pulled in seven directions. While her venting proved momentarily helpful, Phyllis' frustration quickly sharpened as institutional problems deepened. She became distracted, moody, forgetful—culminating two weeks later in a glaring administrative oversight that led to the injury of a 6-year-old client. Two days after this event, Phyllis, then on sick leave, tuned her television to the local evening news and saw a “Special Report.” The topic? Incompetent social workers. The subject of investigation? Phyllis.

While many of the nation's social workers feel overburdened and underappreciated from time to time, burnout is another matter. Burnout is a serious issue whose endpoint can entail mental confusion, psychosocial distress, and physical collapse.

Burnout is pervasive. Enter the words “social work” and “burnout” into an Internet search engine and you'll be rewarded with thousands of hits, a sober reminder of the significant stresses inherent in our profession, particularly among CPS workers. According to experts, the causes of burnout are varied, including heavy caseloads, unrealistic timeframes, low pay, lack of appreciation, and adverse working conditions without foreseeable relief.

Burnout may be intolerable, but the consequences of burnout (or any other form of professional impairment) have no legal

defense and social workers accused of impairment are at risk of malpractice action. The paradox is that while some social workers are at higher risk of burnout, they still have an absolute responsibility to protect their clients from others—and from themselves. It therefore follows that social workers like Phyllis—including supervisors, managers and administrators—must take preventive measures and be attuned to the early warning signs of burnout. In risk management, the weakest link can jeopardize the organization, its clients, and tarnish its reputation indefinitely.

Signs of Burnout:

According to psychologist Christina Maslach, Ph.D. a pioneering researcher on occupational burnout and designer of the Maslach Burnout Inventory (MBI), burnout is not a telltale sign of personal weakness or bad attitude. Instead, it arises chiefly due to a mismatched fit between worker and job. The greater the mismatch, the greater the potential for burnout. Symptoms of burnout span a continuum and can be easily overlooked in the earliest stages. According to researchers, burnout impacts: ¹

- **Thinking.** Burnout can lead to confusion; impaired judgment and decision-making; forgetfulness; and decreased ability to identify alternatives, prioritize tasks, and evaluate one's own performance
- **Mood.** Burnout can cause emotional exhaustion; loss of a sense of personal accomplishment and merit; depersonalization and alienation; depression; and easy excitability, anger, and irritability
- **Somatic functioning.** Burnout can lower energy level, change appetite and sleeping, and cause gastrointestinal problems, hypochondriacal complaints, and exhaustion
- **Behavioral functioning.** Burnout can cause increased or decreased

activity level; extreme fatigue; excessive isolation from coworkers, family and clients; disorganization; misplacing of items; and impaired competence on the job.

Maslach and numerous other researchers have isolated the worker-job mismatches that give rise to job burnout, among them: overwhelming workloads, subordination of client and employee needs, depersonalized office culture and loss of camaraderie, inequitable treatment leading to erosion of trust, and conflict between personal values and work assignments.

“Emotional Exhaustion”

According to University of Michigan social work professor Siri Jayaratne, burnout among social workers is a very real phenomenon.

“We’ve done five national surveys of burnout among social workers and it’s clear that burnout is a problem,” he says. “Our data tell us that protective service workers are at highest risk, while private practitioners are generally at the other end of the spectrum.” That said, Jayaratne notes that the term burnout is so widely used and misused that its meaning is often clouded. “People often talk about feeling ‘burned out,’ but researchers obviously have very different definitions of it. My sense is that, when people refer to burnout, they are uniformly addressing a feeling of pure emotional exhaustion—a feeling of ‘I just can’t take it anymore.’”

Jayaratne believes that many sources of social worker burnout are preventable and that early detection is imperative. “Our data generally shows that organizational structures tend to be a major cause of occupational burnout and that the presence of support within organizations—including clarity of information and having staff available to assist in activities when needed—can greatly facilitate coping. Organizations must treat burnout as a priority; otherwise it’s just a case of blaming the victim.”

Periodic Audits

Reflecting on 20 years of research on social worker issues, Jayaratne comments, “A healthy employee leads to a healthy organization. Conversely, when burnout occurs, ultimately service declines.” As burnout negatively impacts the social worker, his or her clients, and the organization at large, the systemic problem of burnout requires a systemic solution.

Says Jayaratne, “Administrators and managers should continually assess the organizational climate. My impression is that there is a lot of tweaking that can be done that doesn’t require a major organizational overhaul. No organization can adopt a generic solution, but each should conduct a periodic audit to identify problem areas and possible solutions.”

Assessing the conventional approach to burnout, Jayaratne says, “I think teaching stress management and time management skills is only part of the solution—perhaps a small part. If the context of the organizational structure doesn’t change, burnout will recur.” The bottomline? Managers and administrators should strive to create a more humane, less adverse working environment. The problem, he says, is sometimes one of feasibility. Some agencies have notoriously difficult missions—missions that do not lend themselves to much tweaking.

“We are in an environment where everyone feels overloaded,” Jayaratne says. “Even if there’s a desire to provide needed services to social workers, the question sometimes is: Is there the time or resources to provide it? If I go to my supervisor once a week for support, that may be fine. But if I go to her three times a week, will she consider me a lousy worker? It’s tough. Sometimes there are clear answers. But sometimes social workers are faced with a very difficult situation.”

NASW Code of Ethics:

In 1996, the National Association of Social Workers updated the NASW Code of Ethics to cover issues of professional impairment (section 4.05). With regard to burnout, the Code says:

- Social workers should not allow personal problems, psychosocial distress, or mental health difficulties to interfere with their professional judgment, performance, or responsibilities to clients
- Social workers who experience these problems should “immediately seek consultation and take appropriate remedial action” by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others”
- Social workers with direct knowledge of another social worker’s impairment should, when feasible, consult with and assist the social worker in taking remedial action.

Prevention & Resources

According to *Prudent Practice: A Guide for Managing Malpractice Risk*, social workers who suspect they might be undergoing a process of burnout are advised to undertake preventive measures—measures to safeguard themselves and their clients,² among them:

- Listen to concerns of colleagues, family, and friends
- Conduct periodic self-assessments
- Reduce isolation by maintaining regular supervision and network with colleagues
- Take needed “mental health days” and use stress-reduction techniques
- Arrange for reassignment at work, take leave, and seek appropriate professional help, as needed.

Impaired social workers such as Phyllis in our example above should not attempt to go it alone. Going it alone along the road to burnout imperils the social worker, the organization, and his or her clients.

It is important to seek out needed resources to help deal with this insidious phenomenon. This might include making use of a host of NASW chapter programs and special programs of state professional regulatory boards.³ The good news? Help is available for social workers experiencing burnout. The first steps require us to recognize that a problem exists—and then to seek appropriate help. In short, social workers should heed the age-old maxim: know thyself.

Sources:

1. Institute for the Studies of Destructive Behavior & Los Angeles Suicide Prevention Center, 1988
2. Prudent Practice: A Guide for Managing Malpractice Risk, 1997, Mary Kay Houston-Vega, Elane M. Nuehring, and Elisabeth R. Daguio
3. Prudent Practice: A Guide for Managing Malpractice Risk, 1997, Mary Kay Houston-Vega, Elane M. Nuehring, and Elisabeth R. Daguio
4. NASW Code of Ethics, approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly

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