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Relatively few studies have examined the extent to which participation in physical activity can address burnout in social workers. Research conducted with other human service professionals consistently suggests routine exercise can be a viable, cost-effective intervention for aiding in stress management and in effectively addressing burnout. The objective in this study was to explore relationships among perceived stress, burnout, and physical activity participation in social workers. Additionally, this study identified the specific types of physical activities primarily used to cope with job stress by social workers. The study also explored sources of stress in the social work profession, social workers' use of exercise in their broader approach to coping, and identified other coping strategies that social workers use to manage job stress and burnout. The sample comprised 220 social workers from diverse practice areas who completed a single online survey on perceived stress, burnout, and physical activity behaviors.

Data analysis results showed that greater physical activity participation correlated with both lower perceived stress and lower burnout levels. Social workers who regularly used exercise reported lower perceived stress than social workers who were less physically active. Frequency of physical activity ( $r = -.306$ ) and total physical activity levels ( $r = -.262$ ) both had moderate, negative relationships with perceived stress. Moderate ( $r = -.239$ ) and strenuous ( $r = -.151$ ) physical activity levels both had negative statistically significant correlations with perceived stress levels, but the relationships were weaker than that of mild physical activity with perceived stress ( $r = -.241$ ). Routine

exercise was associated with lower perceived burnout, particularly emotional exhaustion and feelings of accomplishment. Both frequency ( $r = -.285$ ) and total physical activity ( $r = -.263$ ) were inversely related with emotional exhaustion. As social workers' frequency and overall physical activity levels increased, their perceived emotional exhaustion decreased. In terms of feelings of accomplishment, as social workers' total physical activity levels increased, their perceived feelings of personal accomplishment also increased ( $r = .240$ ). There was no statistically significant relationship between physical activity and depersonalization in this study.

Data from open-ended exploratory questions were thematically analyzed to identify common coping strategies that social workers deemed as particularly effective for managing burnout. The results suggest exercise plays a key role in social workers' self-care plan to mitigate job stress and burnout. Social workers generally use a variety of coping strategies to manage work-related stress, including a combination of exercise, positive interactions with natural and workplace supports, mindfulness-based activities, and calming, stress-relieving activities. The workplace environment was a major issue. Social workers reported conflicting values with leadership work demands, heavy workloads, lack of resources, and staff shortages as the primary sources of stress. This study extends the research on burnout prevention and intervention in other populations and suggests that a comprehensive approach with a physical activity component is a particularly effective coping strategy for helping social workers deal with perceived stress and burnout.

RELATIONSHIPS AMONG PERCEIVED STRESS, BURNOUT, AND PHYSICAL  
ACTIVITY IN SOCIAL WORKERS

by

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## **CHAPTER I**

### **PROJECT OVERVIEW**

Workplace stress is the primary source of stress for American adults, carrying an estimated cost of over \$300 billion annually (American Psychological Association [APA], 2016). Social work job stress is especially problematic and can result in burnout, a type of psychological stress brought on by persistent frustrations in the workplace (Maslach & Jackson, 1981). Burnout can negatively impact social workers and lead to lowered quality of client care. In the current era of performance-based funding, quality provision of social work practice will greatly depend on social workers using effective coping strategies to combat job stress and burnout. People with physically active lifestyles generally cope better with stress. However, less is known about the effectiveness of regular exercise for addressing stress and burnout in social workers, specifically. Thus, there is a critical need to identify the extent to which routine exercise effectively addresses job stress and burnout in social workers.

#### **Background Literature**

In the context of workplace stress, the term burnout was originally coined by Herbert Freudenberger to refer to a type of psychological stress that depleted workers' physical and mental strength, caused an overall sense of being worn out, and compromised work performance (Freudenberger, 1975). Maslach and Jackson (1981) later concluded that burnout was a distinct work-related stress problem consisting of three

closely connected features, including emotional exhaustion, depersonalization, and diminished feelings of accomplishment. Burnout due to job stress is especially prevalent in social work compared to other human service professions (Lloyd, King, & Chenoweth, 2002). Social workers can have unmanageable caseloads, extensive paperwork, staff shortages, and reduced supervision in the workplace (Kim & Stoner, 2008; Tosone, McTighe, & Bauwens, 2015). Coupled with fewer resources, less autonomy in the workplace, conflicting work values, and higher work demands, the risk of burnout among social workers is significant (Leiter & Harvie, 2016; Schonfeld & Bianchi, 2016; Soderfeldt, Solderfeldt, & Warg, 1995; Wilson, 2016).

An estimated 75% of social workers will experience burnout at some point in their career, with 36% currently experiencing burnout (Siebert, 2005). Approximately 70% of social workers employed in healthcare settings report stress-related fatigue (a precursor to burnout) with 38% of social workers employed in mental health settings reporting stress-related psychological problems (Arrington, 2008). Left unaddressed, burnout can lead to job dissatisfaction, increased absenteeism and turnover, and an increased risk of stress-related health problems (Caron et al., 2010; Kim, Ji, & Kao, 2011). Burnout has been attributed to increased incidences of headaches, elevated blood pressure, increased risk for both hypertension and Type II diabetes, chronic neck and back pain, sleep disturbance, flu-like illnesses, common colds, and digestive problems in human service professionals (McEwen, 2000; Tosone et al., 2015; Volpe et al., 2014). Burnout can lead to decreased immunity and an increased use of unhealthy coping behaviors such as physical inactivity, self-medication, and poor diets, which only further

complicate existing stress-related health problems (Mammen & Faulkner, 2013; Schonfeld & Bianchi, 2016; Vitaliano, Zhang, & Scanlan, 2003).

Although work stress continues to be a primary source of distress for American adults, most rarely engage in healthy stress management activities (American Psychological Association [APA], 2016). Among American adults who do engage in positive coping behaviors, participation in physical activity such as walking, resistance training, yoga, and playing sports are most commonly identified as particularly helpful for stress management (APA, 2016; Arrington, 2008). Physical activity participation can replenish physical and mental energies; increase mental and emotional engagement; improve self-efficacy; and reduce risks of stress-related health problems (APA, 2016; Bianchi, Boffy, Hingray, Truchot, & Laurent, 2013; Elliot et al., 2015; Hyde, Conroy, Pincus, & Ram, 2011; Lindwall, Gerber, Jonsdottir, Börjesson, & Ahlborg, 2014; Olson, Odo, Duran, Pereira, & Mandel, 2014; Toker & Biron, 2012). Routine bouts of physical activity can provide stressed workers a mental break from stressful work situations (Toker & Biron, 2012), help improve sleep (Bianchi et al., 2013), decrease musculoskeletal and cardiovascular health issues (DHHS, 2008), build an overall sense of resiliency to stress (Olson et al., 2014), boost confidence, and effectively lower perceived burnout levels (Bretland & Thorsteinsson, 2015; Hyde et al., 2011; Toker & Biron, 2012). Some physical activity is better than none (Lindwall et al., 2014). However, several seminal and more recent studies suggest exercise is most effective for stress management in people who meet national physical activity recommendations (Åberg et

al., 2012; DeVries, 1968; Folkins & Sime, 1981; Lazarus, 1975; Lindwall et al., 2014; Michael, 1957; Olson et al., 2014; Toker & Biron, 2012).

It is well-established that burnout is a serious problem in social work (Arrington, 2008; Lloyd et al., 2002; Siebert, 2005; Wagaman, Geiger, Shockley, & Segal, 2015). Research conducted in other populations consistently suggests physical activity can be a viable, cost-effective intervention for addressing work stress and burnout in human service professionals, in turn, improving their job performance, lowering stress-related problems in the workplace, increasing job satisfaction and enhancing client quality of care (Bretland & Thorsteinsson, 2015; Gerber et al., 2015; Jonsdottir, Rödger, Hadzibajramovic, Börjesson, & Ahlberg, 2010).

### **Purpose Statement**

The long-term goal is to establish a workplace health policy with a physical activity component that is specifically designed to address burnout in the field of social work. As a first step towards achieving this goal, the purpose of this study was to determine the extent to which regular exercise is related to social workers' perceptions of job stress and burnout. Research strongly suggests exercising can lower stress levels in other human service professionals and reduce perceived experiences of burnout. By demonstrating that physical activity is a key coping strategy for social workers, an evidence-based framework can be established for the inclusion of physical activity within a comprehensive wellness program in social work.

The following specific aims were addressed:

Specific Aim #1: Determine the extent to which physical activity participation correlates with perceived stress and burnout levels. The working hypothesis was that greater physical activity participation correlates with decreased perceived stress and burnout in social workers.

Specific Aim #2: Determine the role of physical activity within social workers' approach to coping with stress. Exploratory, open-ended questions about social workers' use of physical activity within their overall approach to coping were designed to: 1) offer insight into the way physical activity is used as a coping strategy, and 2) identify other coping strategies that social workers use to manage work-related stress. The expectation was that the findings would provide promising evidence on the benefits of integrating exercise into social workers' broader approach to combating job stress and burnout.

## **Methods**

### **Participants and Procedures**

Participants were selected from the National Association of Social Workers, North Carolina (NASW-NC) chapter. The study protocol received approval by NASW-NC chapter leadership, UNCG Department of Kinesiology, and the UNCG Institutional Review Board. All participants were sent an electronic notification from NASW-NC about the purpose of the study, the voluntary nature of participation, confidentiality and informed consent, the way the findings will be used to help social workers, along with a Qualtrics link to the survey. Information about participants (e.g. demographics) and their perceived stress, burnout, and physical activity behaviors was collected in a single

survey; responses to the open-ended questions comprised the remaining sections.

Participants were notified that completion of the survey would take approximately 10-15 minutes, and that completion would automatically qualify them to enter a \$25 gift card lottery.

## **Measurements**

**Physical activity.** Participants answered the Godin-Shephard Leisure-Time Physical Activity Questionnaire (GSLTPA), a brief two-question inquiry of self-reported exercise behaviors. Physical activity levels are classified into strenuous, moderate, and light. The scores correspond to the energy expenditure (metabolic equivalent (MET)), with higher scores associated with higher levels of physical activity. The GSLTPA compares favorably to accelerometers or step count measures to evaluate exercise behavior and is commonly used in health research in other populations (Amireault, Godin, Lacombe, & Sabiston, 2015; Godin & Shepard, 1997). Participants also answered, “During a typical 7-day period, in your leisure time, how often do you engage in any regular physical activity long enough to work up a sweat?” responses were either Often, Sometimes, or Never/Rarely, thus, providing an additional frequency variable about social workers’ specific physical activity behaviors during a typical week.

**Perceived stress.** Participants answered the Perceived Stress Scale (PSS) to measure perceived stress levels, the most widely used instrument for measuring perceived stress levels (Cohen, Kamarck, & Mermelstein, 1983). The PSS contains 10 items (e.g., How often have you felt upset because of something that happened unexpectedly?) rated on a 5-point Likert scale of occurrence over the past 4 weeks (0 = never, 1 = almost

never, 2 = sometimes, 3 = fairly often, 4 = very often). The PSS asks about the degree to which situations in a person's life are considered stressful, and questions a person's feelings and thoughts about current levels of stress. The evidence for validity has been demonstrated by positive associations with several psychological stress variables, including a person's response to stressful situations (Cohen et al., 1983). Cronbach's alpha coefficient of .892 supported the reliability of the PSS for measuring perceived stress levels of participants in this study.

**Burnout.** The Maslach Burnout Inventory—Human Services Survey (MBI) was used to measure participants' burnout. This 22-item instrument was designed to measure the three subscales of burnout—emotional exhaustion, depersonalization, and feelings of accomplishment (Maslach, Leiter, & Jackson, 1997). There are multiple questions for each subscale, including 9 items about emotional exhaustion (e.g., I feel burned out from my work); 5 items about depersonalization (e.g., I have become more callous toward people since I took this job); and 8 items about feelings of personal accomplishment (e.g., I feel I'm positively influencing other people's lives through my work). Responses are in the form of a frequency rating scale (e.g. never, a few times a year or less, once a month or less, a few times a month, once a week, a few times a week, every day). Each subscale score represents a measure of a participant's attitude and feelings towards work. Kim and Ji (2009) found factorial validity of the MBI in social workers to strongly support the three-factor model of the MBI instrument. Kim and Ji (2009) further found the components of the MBI closely relate to each other, effectively identify individuals who are at increased risk of burnout, and can support associations between burnout and

other healthcare related outcomes such as absenteeism and turnover, job errors, quality of client care, and substandard professionalism. Therefore, the MBI is useful for basic research and to develop burnout interventions. Cronbach's alpha indicated all subscales had adequate reliability in this study (EE = .928, PA = .798, DP = .766).

**Exploratory questions.** Participants provided written responses to the following open-ended questions to address specific aim #2: *How do you generally cope with stress? Which strategies have you found to be particularly effective in helping you better deal with work stress? What role, if any, does physical activity have in helping you cope with work-related stress? Finally, what are the sources of stress in your social work setting, specifically?* Responses could offer insight into participants' broader approach to coping with job stress and burnout; the extent to which regular exercise was used to address burnout; and provide an evidence-based framework for informing a workplace health policy with a physical activity component that is specifically designed to help social workers address burnout.

### **Data Analysis**

Following completion of the survey, data collected using Qualtrics was downloaded directly into SPSS for data reduction and analysis in a password protected account. Coding and calculation of simple measures were completed in SPSS to ensure accurate physical activity, perceived stress, and burnout scoring. Pearson's correlation analyses in SPSS were used to determine the magnitude and direction of relationships among physical activity, perceived stress, and burnout. To address the open-ended, exploratory questions, the author used simple indexing and coding for content analysis.

This process involves grouping written responses into specific themes, which in turn, were categorized based on corresponding data.

## **Results**

The NASW-NC Survey was sent to approximately 4700 social workers across North Carolina, and had a 21% response rate ( $n = 220$ ; *mean age* = 35-44 years; 200 females, 18 males, 1 agender, 1 missing). Participants were automatically qualified to enter the gift card lottery. The sample included both new and seasoned social workers who work in direct and indirect practice settings, including mental health, healthcare, child welfare, advocacy & policy practice, private practice and generally work 30-40+ hours per week. The sample was majority white ( $n = 163$ ) and female ( $n = 200$ ), with minorities and men disproportionately underrepresented compared to other participants in this sample. Most respondents were married or had a domestic partner ( $n = 140 / 63.9\%$ ) and others were single/never married ( $n = 47 / 21.4\%$ ), divorced ( $n = 27 / 12.3\%$ ), widowed ( $n = 3 / 1.4\%$ ), or separated ( $n = 2 / 0.9\%$ ). The majority of respondents identified as social workers – holding a Bachelor of Social Work degree ( $n = 38$ ), Master of Social Work degree ( $n = 130$ ) degree, and/or certifications as Licensed Clinical Social Work Associates ( $n = 35$ ), or Licensed Clinical Social Workers ( $n = 114$ ). Professional identification was especially important because this study was designed to specifically help social workers handle job stress and burnout. See Table 1 for descriptive statistics.

### **Physical Activity Participation and Perceived Stress**

According to the GLTPA, physical activity units less than 14 are sedentary and units 24 or higher are active. Therefore, this sample is overall active even though some

participants are sedentary (*mean PATotalMet* = 28.2, *SD* = 24.7). In terms of frequency of physical activity during a typical week, about 1/3<sup>rd</sup> of participants in this study selected “often” (*n* = 73), “sometimes” (*n* = 71), and “never/rarely” (*n* = 54). Perceived stress scores of 20 or higher are considered high stress according to the PSS. The participants in this study had high levels of stress (*mean PSS* = 26.8, *SD* = 6.45). Per data analyses using SPSS, there was a weak statistically significant negative correlation between total ( $r = -.262, p < .001$ ), mild ( $r = -.274, p < .001$ ), moderate ( $r = -.239, p = .001$ ), and strenuous ( $r = -.151, p = .001$ ) physical activity levels and perceived stress. As participants’ physical activity levels increased, their perceived stress levels decreased, regardless of intensity. Also, as participants’ frequency of physical activity increased, their perceived stress levels decreased ( $r = -.306, p < .001$ ).

### **Physical Activity Participation and Burnout**

The relationship between physical activity and burnout was examined using the MBI subscales of emotional exhaustion, depersonalization, and personal feelings of accomplishment. Participants in this study scored high on emotional exhaustion (*MBIEE* *M* = 31.6), moderate on depersonalization (*MBIDP* *M* = 10), and reported low feelings of personal accomplishment (*MBIPA* *M* = 45.2). Per data analyses using SPSS, there was a weak statistically significant negative relationship between total ( $r = -.263, p < .001$ ), mild ( $r = -.215, p < .01$ ), moderate ( $r = -.192, p < .01$ ) and strenuous physical activity levels ( $r = -.192, p < .01$ ) and emotional exhaustion. There was also a weak statistically significant negative relationship between frequency of physical activity and emotional exhaustion ( $r = -.285, p < .001$ ) among participants. Physical activity was positively correlated with

feelings of personal accomplishment. As participants physical activity levels increased, participants experienced greater feelings of personal accomplishment among total ( $r = .240, p = .001$ ), mild ( $r = .206, p = .004$ ), moderate ( $r = .176, p = .014$ ), and strenuous ( $r = .171, p = .016$ ) physical activity levels. And, as the frequency of physical activity increased, there were greater feelings of personal accomplishment ( $r = .225, p = .001$ ). There was no statistically significant relationship between physical activity and depersonalization. Although, total (i.e., overall) physical activity approached statistical significance with depersonalization ( $r = -.122, p = .09$ ). Physical activity correlated with burnout, indicating social workers who were physically active enjoyed lower levels of emotional exhaustion, higher levels of personal accomplishment, and may experience decreased sense of depersonalization than social workers who are less active. See Table 2 for correlational data.

### **Exploratory Data**

The primary types of physical activity used to cope with stress in a typical week were walking (44%), aerobic training (18%) and strength training (12%) including resistance exercises, calisthenics, and circuits using weights. Participants also used mindfulness-based exercises such as yoga and Pilates (10%), house and yard work (6%), fitness classes (5%), dancing (4%), and horseback riding (1%) for coping with job stress and burnout. Other types of physical activity used to cope included playing with pets, skating, stretching, kickboxing, Zumba, soccer, kayaking, and Pilates. Eighty-eight percent (88%) of participants who used physical activity to cope engaged in a variety of physical activities throughout the week, such as a combination of aerobic and strength

exercises, mindfulness-based activities, some house and yard work, and casual walks with family, friends, pets, or co-workers.

Challenging clients was the most cited primary source of workplace stress. Other primary sources of stress were conflicting work values between social workers and leadership; role ambiguity; unrealistic expectations of leadership; staff shortages, lack of supervision and support, negative attitudes and interactions of colleagues; excessive paperwork; and long work hours. Participants experienced lack of autonomy in the workplace and felt that organizations prioritized billing over client quality of care. Participants also acknowledged fear of job stability due to high rates of turnover, pressure to produce billable services, tight budget cuts, and workplace bureaucracy and politics as other primary sources of stress cited in the study. See Table 3 in Appendix B for frequency counts.

The overall approach to coping with job stress was described ( $n = 196$ ). Mindfulness activities ( $n = 54$ ), workplace and natural supports ( $n = 44$ ), and exercise ( $n = 43$ ) were most frequently used to ameliorate job stress. Physical activities such as yoga and stretching were cited as mindfulness activities, which further highlights the role physical activity played in social workers' overall approach to coping. Additionally, social workers used entertainment ( $n = 19$ ), personal time off from work ( $n = 12$ ), better work-life balance ( $n = 8$ ) and psychotherapy ( $n = 1$ ) to cope. The use of alcohol and cigarettes, isolation from colleagues and family, angry outbursts, excessive sleep, and poor nutrition were categorized as unhealthy coping strategies. Fifteen ( $n = 15$ ) social workers "sometimes" engaged in these behaviors while also using healthy coping

strategies such as exercise, mindfulness-based activities, and positive interactions with colleagues, family and friends. Four ( $n = 4$ ) social workers reported quitting work, as other unsuccessful attempts to cope brought on “more stress”.

Participants offered valuable insight on the way certain coping strategies addressed job stress. Exercise offered physical, mental, and emotional benefits (e.g., “exercise helps me get rid of stress, think clearer, and feel better about myself”), and provided participants a healthy outlet from work (e.g., “going for a jog during the day helps me get away from the stress of work and reset mentally”). Positive interactions with coworkers and/or family members enhanced mood and helped ease job stress by offering respondents a sense of support during difficult situations at work (e.g., “vent about my problems”; “laugh with colleagues”). Whether participants used formal supervision, impromptu meetings with supervisors/colleagues to discuss work, or engaged in leisure conversations on nonwork-related activities, a supportive work environment was particularly helpful for stress-management. Mindfulness activities such as prayer, meditation, yoga, and deep breathing were “grounding” and reportedly helped “optimize self-care, manage healthy interpersonal boundaries, and love others”. Entertainment, including reading, listening to music, and watching television (particularly comedy) provided social workers a healthy distraction from work stress (e.g., “very relaxing and clears my mind of mental clutter”) and was generally enjoyed in the company of family and friends (e.g., “watching television with my family after a stressful day helps me unwind and remember what truly matter”). Planned “mental health breaks” removed

social workers from stressful work environments and better time management aided in “prioritizing daily work tasks,” which both helped reduce unnecessary stress.

### **Discussion**

The current study addressed a critical gap in the research in that it used validated instruments to measure exercise behaviors, perceived stress, and burnout in social workers, specifically. The first aim examined the extent to which greater physical activity levels correlate with lower perceived stress and burnout levels. The findings indicate that greater levels (and frequency) of physical activity participation correlate with both lower perceived stress and burnout levels in social workers in this study. All effect sizes were small, indicating weak correlations among physical activity, perceived stress, and burnout. These weak correlations might be attributed to the high levels of stress and burnout in this sample, and the fact that participants reported lower levels of moderate to vigorous physical activity. The lack of statistical significance between TotalPA and MBIDP might be attributed to the fact that depersonalization represents the interpersonal (rather than emotional or self-evaluative) dimension of burnout. Other coping strategies cited in the exploratory data such as supervision, positive interactions with supports, and psychotherapy may better address depersonalization. And, because the correlation between TotalPA and MBIDP approached statistical significance, promotion of physical activity participation among colleagues and friends may offer social workers an opportunity to vent job frustrations, process cynicism, and connect with others while engaging in stress-reducing physical activities. Notwithstanding, some physical activity is better than none, and the frequency of physical activity had a stronger statistical

relationship with perceived stress and burnout than intensity. Therefore, social workers should prioritize consistency of physical activity participation over intensity. Even mild levels of physical activity performed on a routine basis correlated with lower perceived stress and burnout in social workers in this study.

The second aim determined the specific role physical activity plays in social workers' broader approach to coping with job stress. Exploratory data indicates social workers' primary coping strategy is mindfulness activities. Social workers also used workplace supports (e.g., supervision, PTO, employee assistance programs, and interpersonal activities with colleagues) and natural supports (e.g., positive interactions with family, friends, pets, etc.) to cope with job stress. Exercise was the third most cited coping strategy and played a key role in helping social workers reduce stress; think, feel, and rest better; and provided a healthy outlet for releasing tension, irritability, and work-related frustrations. Exploratory data revealed exercise helped social workers gain cognitive clarity, focus and concentration, confidence and self-efficacy, overall greater resiliency to stressful situations. Social workers also used personal time off, professional counseling, and supervision to establish better work-life balance, address work-related stress and discuss challenging clients. For these reasons, using a variety of coping strategies – including regular physical activity – as a comprehensive, well-coordinated approach to coping may best address burnout. Data emerging from exploratory data suggests a comprehensive approach might offer social workers a multidimensional strategy to feel restored, become more engaged with their work, and enjoy greater feelings of personal accomplishment at work.

## **CHAPTER II**

### **DISSEMINATION**

Dissemination of the dissertation was facilitated at the *Friend-2-Friend Conference*, an all-day event dedicated to addressing secondary trauma and burnout in first responders. Attendees were law enforcement, social workers, health advocates, first responders, medical professionals, mental health providers, educators, and judicial/court personnel. The goal of the conference was to raise awareness of the prevalence of stress-related problems in first responders and that participants would leave with a wellness plan to combat burnout in their workplace. My workshop focused on burnout, and included social workers from direct practice, macro practice, and leadership positions across diverse practice areas. The workshop was highly interactive, involved discussion, and offered attendees an opportunity to use the findings of this dissertation study to create personalized self-care wellness plans.

The title of my presentation was “Combating Burnout in Social Work.” The expected learning outcomes were that attendees increased awareness of the prevalence of burnout in social work; had greater understanding of the impact of burnout on social workers’ health, personal wellbeing, and professional performance; and participants were offered evidence-based strategies that have been especially effective for addressing burnout in social work. Although some first responders from other disciplines were in attendance, the majority of attendees in my particular workshop were social workers.

### **Summary of Conference Presentation**

The presentation began with an introduction which outlined my educational and work history. I explained that as a social worker with over 16 years of practice and leadership experience, I am especially passionate about solving burnout because of the negative impact burnout has on clients, colleagues, organizations, and the field of social work. Burnout can cause social workers to disengage from their work, increase risk of judgement and practice errors, develop serious stress-related health issues, and abandon the field of social work altogether. Also, outcomes-based care requires optimal provision of social work practices, and is fundamentally reliant on patient engagement, quality of care, and social worker resiliency. For these reasons, I expressed burnout poses a serious threat to the sustainability of the social work profession. After elaborating on social workers' ethical responsibility to address burnout, I provided a general outline of the presentation, explained that the findings of the dissertation study would be presented, and reiterated the fundamental purpose of this study is to empower social workers with the requisite knowledge and skills to apply a comprehensive self-care plan to address burnout.

### **Stress and Burnout Issues in Social Work**

The literature on stress and burnout in social work was presented. Attendees learned that burnout is a psychological stress problem brought on by unresolved frustrations in the workplace. I explained that frustrated social workers experience persistent levels of job stress, become emotionally and physically exhausted due to the ongoing presence of job stress, causing further fatigue and depersonalization from work.

Negative attitudes and apathy towards work eventually result in diminished feelings of accomplishment, leading to a downward spiral of burnout. The burned-out worker experiences a host of stress-related health, including problems sleeping, increased incidences of headaches, back and digestive issues, increased risk for Type II diabetes and elevated blood pressure. Burnout negatively affects organizations by bringing on reduced productivity, poor morale, increased job and performance issues, excessive absenteeism, decreased engagement with organizational initiatives, and lowered quality of client care. Social workers with burnout may use unhealthy coping such as increased smoking, alcohol and substance use, physical inactivity, poor diets and self-medicating with nonprescribed substances. In turn, these unhealthy coping strategies further increase risks of health problems as well as increased levels of unnecessary stress due to missed work, illness, and work errors. Problems attributed to burnout can result in increased health costs and turnover in the workplace; reduced scores on organizational performance metrics; lack of trust from community partners; and strained relationships among stakeholders which can threaten sustainability of the organization. Burnout is attributed to both individual and organizational risk factors, and is characterized by an array of signs and symptoms that when left unaddressed, worsens over time. While highlighting the impact of burnout in social work, I used PowerPoint slides with statistics, graphs, and other visual aids for attendees. Given the problem of burnout in social work, this aspect of the presentation increased awareness on the critical need to address job stress and burnout in the field of social work. Attendees appeared to appreciate the gravity of

burnout—reporting motivation to use self-care coping strategies for combating burnout in social work. See PPT slides 6 through 24 in Appendix C.

### **Dissertation Research Findings**

Attendees learned about the specific aims addressed in the dissertation study. I provided an overview of the dissertation study, including the specific aims, study design, methods, and measurements. Attendees learned that this study addressed a critical gap in the literature by examining extent to which participation in physical activity related to job stress and burnout in social workers. I elaborated on the open-ended questions, highlighting the importance of exploring sources of stress in the social work profession, social workers' use of exercise in their broader approach to coping, and other coping strategies that social workers use to manage job stress and burnout. Attendees learned that the findings established an evidence-based framework for using a comprehensive approach with a physical activity component to address burnout in the workplace. And, attendees gained valuable insight on specific benefit of social workers' use of exercise and other coping strategies outlined in this presentation. Examples of how exercise helped social workers in this study manage job stress and address burnout were extensively discussed.

First, we discussed the findings between physical activity participation and perceived stress. I presented the data, explaining both statistical and practice significance. Physical activity behaviors correlated with both perceived stress, with total physical activity behaviors having the strongest relationship among mild, moderate, vigorous, and total physical activity levels. And, the frequency of physical activity had a stronger

statistical relationship with perceived stress than intensity. The results were similar for physical activity and burnout. I explained that physical activity correlated with lower burnout levels in social workers in this study. And, because the literature suggest excessive levels of physical activity can bring on more emotional and physical exhaustion, I encouraged social workers to prioritize routine mild levels of physical activity for coping. Social workers should certainly achieve recommended levels of physical activity for overall health benefits. In terms of this study, however, the findings indicate even mild levels physical activity is inversely related with perceived stress, and correlates with lower burnout.

Secondly, I presented findings from the exploratory data. Challenging clients was the most cited primary source of stress, and appeared to cause significant frustrations due to social workers' lack of resources for clients, unrealistic expectations of clients, and social workers' diminished sense of ability to resolve complex client problems per participants' responses to the open-ended questions. Social workers in attendance reflected on the field of social work's passion for servicing the most vulnerable groups, and agreed with participants in this study that complex cases can be quite stressful, especially when the resources needed to resolve client problems are unavailable. Systemic issues (e.g., conflicting work values between social workers and leadership; role ambiguity; staff shortages; lack of supervision and support; excessive paperwork) were also experienced by social workers attending this workshop. These shared experiences led to enriching dialogue, and further highlighted the role workplace stress plays in causing burnout in social workers. I explained that social workers in this study

used physical activity as one component of a broader approach to coping. Attendees learned that walking, aerobic training, strength training, mindfulness-based exercises, house and yard work, fitness classes, dancing, and horseback riding were cited as primary types of physical activities used for coping with job stress. A comprehensive approach with a physical activity component involves using regular exercise, mindfulness activities, and positive interactions with family and friends, and routine use of workplace supports such as supervision, personal time off (PTO), employee assistance programs (EAP), and positive interactions with colleagues were also cited in the exploratory data. Supervision can play a key role in discussing difficult clients, and can be used to help social workers establish better work-life balance. Attendees appeared to find this information particularly helpful. Attendees used this information to create their own individualized self-care wellness plan, incorporating physical activities into their broader approach to coping with job stress and burnout. See PPT slides 24-42 in Appendix C.

### **Promoting Workplace Wellness**

I also promoted the use of a worksite wellness program with a physical activity component. Workplace wellness refers to any organizational policy designed to support physical activity in the workplace and to improve health outcomes (Bretland & Thorsteinsson, 2015). Worksite wellness programs with a physical activity component have been shown to reduce absenteeism and turnover, enhance social support, and reduce barriers to physical activity participation based on the literature related to this study (Bretland & Thorsteinsson, 2015). I explained that several critical factors play a role in sustaining a successful worksite wellness program in social work, including a supportive

work culture, staff buy-in, incentives, and partnerships among human resources, leadership, and staff. Other recommendations for establishing a workplace wellness program includes focusing on small (realistic) changes; taking advantage of current resources (i.e. short walks around the workplace); health education and listing of local resources; and training supervisors and leadership on promoting physical activities in the workplace. Coupled with other coping strategies such as supervision, workplace supports, better time management and documentation habits, a physical activity component to workplace wellness may be particularly helpful for social workers dealing with job stress and burnout. Attendees processed the benefits (and barriers) to establishing such strategies, and openly discussed what this might look like in their particular work setting.

Organizations are recommended to enhance social worker autonomy in the workplace, prioritize positive workplace interactions, emphasize quality of client care, and develop a health policy that addresses burnout as a systematic rather than individual problem. In this particular health policy, organizations are recommended to encourage social workers to be physically active at work and home, utilize workplace supports, collaborate with others to address exercise and work goals, use daily mindfulness activities, and make healthy food choices. Organizations should offer diverse continued education opportunities, promote healthy living, and offer routine education in the workplace on healthy sleep hygiene, employee engagement, time-management, and ensure clear (and realistic) expectations are established. Burnout exists on a continuum. Therefore, strategies that seek to positively address burnout should lead social workers from emotional exhaustion, depersonalization and diminished feelings of

accomplishment to greater worker engagement, positivity and optimism, empathic responding, and compassion and enthusiasm towards work. A worksite wellness program, coupled with successful implementation of the recommendations outlined in the presentation may offer social workers an effective, cost-effective strategy to establish greater engagement in the workplace.

### **Conclusion**

Attendees expressed increased understanding of burnout; used resources shared in the workshop to develop an individualized self-care plan; and were offered evidence-based strategies for addressing burnout in social work. This presentation offered attendees the requisite knowledge and skills to apply self-care behaviors that are specifically designed to address job stress and burnout in social work, and promoted a workplace wellness program with a physical activity component to address burnout. Because the impact of job stress is highly individualized, it was especially important that attendees understood how personal characteristics can moderate or increase the risk of burnout. Certain intrinsic characteristics such as perfectionism or negative thinking can further increase risks of emotional exhaustion, depersonalization, and reduced feelings of accomplishment towards work. This particular topic evoked thoughtful discussion among attendees. Attendees in leadership position discussed the importance of recruiting, hiring, training, and retaining qualified social workers, and using supervision and continued education to foster positive thinking and optimism in staff. I facilitated a discussion on the role both the work environment and intrinsic characteristics play in burnout prevention and intervention strategies. I also implored social workers in administration to

create individualized supervision plans that were specifically designed to address distressed workers who may otherwise become further isolated and burned out.

The dissemination takeaway is effective social work practice is highly dependent on social workers who are emotionally engaged, empathic, and compassionate towards work. Although the use of individual coping strategies plays a key role in moderating job stress and burnout in social work, this presentation highlighted the shared responsibility organizations play in addressing burnout in social work. Both individual (social worker) and organizational (workplace) strategies are critical in a comprehensive approach. Exhorting social workers to assume sole responsibility for burnout prevention and intervention in dysfunctional agencies is unrealistic and unfair. Organizations must prioritize social worker wellness and establish workplace health policies based on the recommendations outlined in this presentation that supports burnout prevention and intervention in social work agencies. Conference organizers evaluated my performance, and shared specific feedback offered by conference attendees, noting the positive reception from attendees. See full PPT presentation provided in Appendix C.

## **CHAPTER III**

### **ACTION PLAN**

Effective burnout prevention and intervention in social work must involve a comprehensive approach to coping with a physical activity component, where both social workers and organizations use several strategies that have been shown to enhance stress management, increase self-efficacy and feelings of accomplishment, reinforce a sense of support and comradery, and prioritize social worker wellness. Integrating this approach into the workplace may positively impact both social workers and organizations in which they work. To this end, the findings of this dissertation indicate a multidimensional plan of action to combat job stress and burnout in social work may include: 1) creation of burnout prevention and intervention training and education resources for social workers, 2) publications that promote exercise as a particularly helpful coping strategy for perceived stress and burnout in social work, and 3) an outlined, evidence-based workplace wellness program with a physical activity component that is specifically designed for social workers. Collectively, this plan of action can offer the field of social work effective, cost-effective strategies that have been found to mitigate job stress and burnout in social workers.

#### **Evidence-based Education and Training Resources**

The findings of this dissertation offer new knowledge about the role physical activity plays in social workers' broader approach to coping with job stress and burnout.

Knowledge transfer can benefit the field of social work in the short and long term by informing evidence-based education and training resources in social work. A series of education and training resources such as webinars, conference presentations, and manuscripts can offer social workers continued education opportunities on burnout prevention and intervention. These resources will be disseminated through the local and national NASW chapters' resource library. As an added resource to the NASW training library, social workers across the United States will be able to complete the webinar for continued education and professional development – and utilize this new knowledge for creating an individualized self-care plan. Social work administrators may use the webinar on burnout and job stress in the workplace, educate social workers on the signs and symptoms of burnout, promote exercise for moderating burnout, and help boost morale by prioritizing social worker wellness. Webinars can be used as an in-service training, in human resource onboarding and hiring procedures, and as a first-step intervention for an employee who appears burned out.

Social work educators can use the findings of this study as a resource for BSW and MSW programs—teaching social work students how to incorporate evidence-based self-care strategies into their own approach to dealing with burnout. Early intervention is particularly important because the promotion of healthy coping in social work students may help thwart unhealthy coping strategies, and contribute to a paradigm shift in how burnout is addressed in social work. Future generations of social workers may adopt the innovative strategies outlined in this dissertation to promote a workplace wellness program with a physical activity component in their particular social work setting.

Because few education and training resources for burnout are currently offered by the National Association of Social Workers (NASW), this dissertation certainly addresses a critical gap, and provides both current and future social workers additional education and training resources for better dealing with burnout.

### **Evidence-based Publications**

The findings can inform manuscripts for the national specialty practice newsletters (e.g., NASW Mental Health Newsletter), publication in social work journals, and for educating social workers on the stress-reduction, burnout prevention benefits of a physically active lifestyle. I have already authored the Official NASW-NC Position Statement on Social Worker Wellness. In developing this monograph, I interviewed NASW-NC Executive Leadership about current needs, discovered the lack of available resources on burnout, and utilized the burnout literature to inform a comprehensive statement on wellness for social workers. In turn, this position statement provided an extensive review of problems attributed to burnout; created a strong rationale for using exercise to combat burnout; and highlighted the relationship between social worker wellness and effective provision of social work practice. The primary premise was effective social work practice is highly dependent on having a healthy workforce of social workers who are emotionally engaged and compassionate towards clients and the profession's core values. I also authored a manuscript published in the NASW Mental Health Newsletter on the benefits of exercise for self-care. Both publications were well-received among NASW members and the Position Statement is regarded by NASW-NC as the most comprehensive statement on social worker health and wellness established by

the NASW-NC Chapter to-date. Next steps involve publication of the dissertation findings with the national NASW Chapter.

### **Recommendations for Workplace Wellness Program**

Long term, the findings of this study can outline policy recommendations for a workplace wellness program with a physical activity component. Considering many adults spend half their waking hours at work, a health policy that promotes a workplace wellness program with a physical activity component can be especially helpful for burnout prevention and intervention (Centers for Disease Control and Prevention [CDC], 2011). A workplace wellness program with a physical activity component may prioritize exercise as a particularly helpful self-care strategy; allow social workers to establish supportive networks with colleagues; and encourage employees to live healthier, more active lives. Organizations should incorporate previously outlined recommendations such as increased worker autonomy, regular supervision, greater focus on client quality of care than productivity, healthy food options in the workplace, and continued education for professional development. In turn, the benefits can lead to lower healthcare costs, reduced absenteeism and turnover, and improvements in productivity and client quality of care (Centers for Disease Control and Prevention [CDC], 2011). Because burnout is the result of a variety of workplace stressors that are unique to each organization, a single set of recommendations is unlikely to be universally effective. Therefore, administration and leadership of organizations that hire social workers may use the findings of this study to tailor an employee wellness program to the organization's unique needs, staff, and available resources.

## **Future Directions**

Given the interdisciplinary nature of this study—integrating public health, kinesiology, and social work knowledge—a more holistic approach to wellness is now available to the field of social work which carries significant implications. First, exercise can be promoted as a particularly helpful coping strategy for job stress and burnout in social workers. Exercise is non-invasive, cost-effective, and can be achieved without the stigma often associated with traditional methods. Physical activity can involve aerobic, anaerobic, resistance training or any combination of all, and when used in conjunction with other coping strategies can play a key role in social workers' broader approach to coping. Secondly, the findings of this study offer an evidence-based framework for a comprehensive workplace wellness program with a physical activity component. A workplace wellness program can save organizations an average of \$4 in healthcare costs for every \$1 of investment (Bretland & Thorsteinsson, 2015). Exercising in groups can promote workplace involvement and provide motivation and social opportunities for employees to interact and feel supported. Perhaps most importantly, integrating a workplace wellness program into social work organizations recognizes the individual employee and organization's shared responsibility of addressing burnout (Bretland & Thorsteinsson, 2015). This can positively change agencies' attitude towards burnout, increase organizational support, prioritize social worker wellness, and foster a more supportive approach to helping social workers address job stress and burnout in the workplace

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## APPENDIX A

### DESCRIPTIVE STATISTICS AND CORRELATIONAL DATA

Table 1. Means and Standard Deviations of the Perceived Stress, Burnout, and Physical Activity Levels of Social Workers in this Study

Variables	<i>M</i>	<i>SD</i>	<i>N</i>
PSS	26.87	6.45	209
MBIEE	31.62	12.09	205
MBIPA	45.53	7.16	205
MBIDP	10.38	5.23	205
Freq. of PA	1.90	.80	198
TotalPA	28.25	24.75	195
MildPA	7.90	7.24	196
ModPA	9.93	10.65	195
StrenPA	10.29	15.12	198

Table 2. Perceived Stress, Burnout, and Physical Activity Levels of Social Workers in this Study: Pearson's Correlations

Variables	PSS	MBIEE	MBIPA	MBIDP
FreqPA	-.306 <sup>***</sup>	-.285 <sup>***</sup>	.225 <sup>**</sup>	-.110
TotalPA	-.262 <sup>***</sup>	-.263 <sup>***</sup>	.240 <sup>**</sup>	-.122
MildPA	-.241 <sup>**</sup>	-.215 <sup>**</sup>	.206 <sup>**</sup>	-.084
ModPA	-.239 <sup>**</sup>	-.192 <sup>**</sup>	.176 <sup>*</sup>	-.088
StrenPA	-.151 <sup>*</sup>	-.192 <sup>**</sup>	.171 <sup>*</sup>	-.097

*Note.* PSS = *Perceived Stress Level*; MBIEE = *Emotional Exhaustion Subscale*, MBIPA = *Personal Accomplishment Subscale*, MBIDP = *Depersonalization Subscale*, FreqPA = frequency of physical activity in a typical week, TotalPA = *Total Physical Activity Mets*, MildPA = *Mild Physical Activity Mets*, ModPA = *Moderate Physical Activity Mets*, StrenPA = *Strenuous Physical Activity Mets*  
 Statistically Significant Correlations: \*p < .05. \*\*p < .01. \*\*\*p < .001

## APPENDIX B

### EXPLORATORY DATA RESULTS

Table 3. Primary Sources of Stress of Stress among Social Workers in this Study

Primary Sources of Stress	<i>n</i>
Challenging Clients	28
Excessive paperwork	27
Unrealistic Expectations of Leadership	25
Lack of Supervision and Support	25
Conflicting Values between Social Workers and Leadership	20
Lack of Community Resources for Clients	19
Workplace Bureaucracy and Politics	18
Negative Attitudes of Colleagues	16
Role Ambiguity	14
Lack of Autonomy	14
Tight Deadlines	14
High Caseload	13
Tight Budget and Financial Stress	13
Conflict and Negative Interactions with Colleagues	11
Organizations Prioritized Billing	8
Staff Shortages	7
Long Work Hours	4
Fear of Job Stability	3

Table 4. Primary Types of Physical Activity Used in a Typical Week to Cope

Primary Types of Physical Activity	% ( <i>n</i> )
<b>Walking</b>	44% ( <i>n</i> = 82)
<b>Aerobic Training</b>	18%
Running	( <i>n</i> = 11)
Cycling/Spinning	( <i>n</i> = 7)
Hiking	( <i>n</i> = 4)
Elliptical	( <i>n</i> = 8)
Swimming	( <i>n</i> = 3)
Rowing	( <i>n</i> = 2)
Stair Climbing	( <i>n</i> = 2)
<b>Strength Training</b>	12%
Calisthenics	( <i>n</i> = 1)
Weights/Resistance	( <i>n</i> = 10)
Gym/Circuits	( <i>n</i> = 13)
<b>Mindfulness Exercise</b>	10%
Yoga	( <i>n</i> = 13)
Meditation	( <i>n</i> = 4)
Martial Arts	( <i>n</i> = 4)
<b>House and Yard Work</b>	6%
House chores	( <i>n</i> = 7)
Gardening/Yard Work	( <i>n</i> = 5)
<b>Fitness Class Sport</b>	4% ( <i>n</i> = 9)
<b>Sport (e.g., Basketball, Tennis, Soccer)</b>	2% ( <i>n</i> = 4)
<b>Dance</b>	2% ( <i>n</i> = 4)
<b>Horseback Riding</b>	5% ( <i>n</i> = 1)

Table 5. Overall Approach to Coping with Job Stress among Social Workers

Overall Approach to Coping with Job Stress	<i>n</i>
<b>Mindfulness Activities</b> (e.g., yoga, meditation, prayer, deep-breathing)	54
<b>Workplace and Natural Supports</b> (e.g., Supervision, Employee Assistance Programs, Positive Interactions with Colleagues, Quality time with family/friends, Talking with coworkers, family, and friends about work)	44
<b>Physical Activity Participation</b> (e.g., walking, aerobic and strength training, sports, dance, horseback riding, and mindfulness-based activities)	43
<b>Entertainment</b> (e.g., reading, puzzles, television, board games)	19
<b>Personal Time Off</b> (e.g., scheduled mental health breaks from work)	12
<b>*Unhealthy Behaviors</b> (e.g., poor nutrition, substance use/self-medication, chronic absenteeism from work, sleepless nights and crying spells)	15
<b>Better Work-Life Balance</b> (e.g., better time management and organization skills, refrain from working at home, turn off work cell phone, volunteer with activities unrelated to work)	8
<b>Psychotherapy and Counseling</b>	1

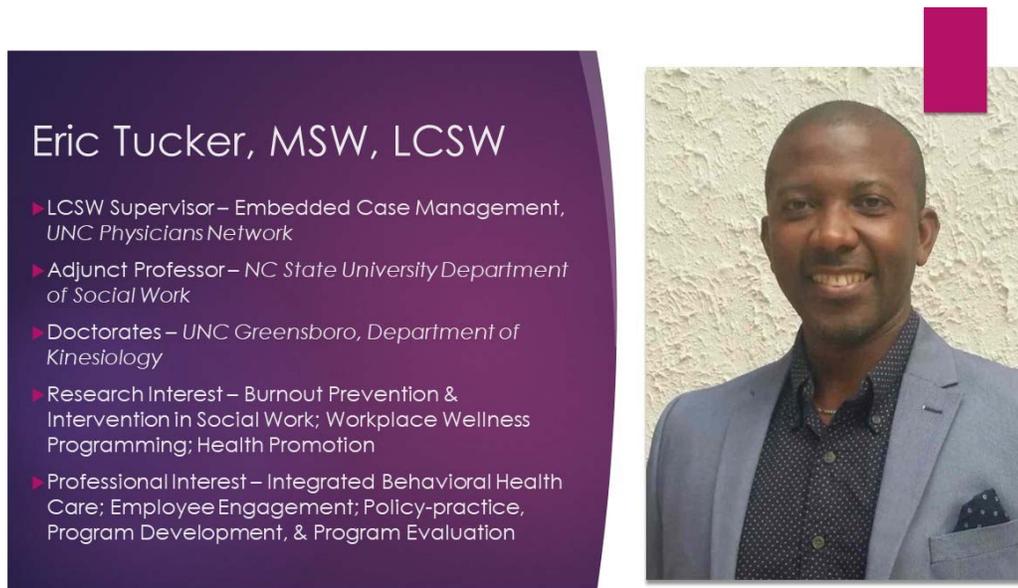
\*Coded as unhealthy behavior based on the way these behaviors are defined in the literature.

## APPENDIX C

### DISSEMINATION PRESENTATION



Slide 1



Slide 2

# PURPOSE

TO EMPOWER SOCIAL WORKERS WITH THE REQUISITE KNOWLEDGE AND SKILLS TO APPLY A COMPREHENSIVE SELF-CARE PLAN TO ADDRESS BURNOUT

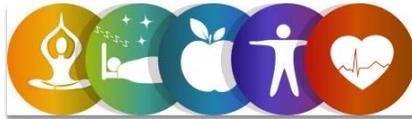
**Slide 3**

# Rationale

INCREASING EVIDENCE INDICATES USING A **COMPREHENSIVE WELLNESS PLAN** TO ADDRESS BURNOUT IN THE SOCIAL WORK FIELD CAN ENHANCE QUALITY OF CLIENT CARE, IMPROVE PERFORMANCE, REDUCE TURNOVER, AND LOWER COSTS ATTRIBUTED TO JOB STRESS

**Slide 4**

## Learning Outcomes



- ❖ Increased awareness of the *prevalence* of burnout in Social Work
- ❖ Greater understanding of the *impact* of burnout on social workers' health, personal wellbeing, and professional performance.
- ❖ Offer participants proven strategies that have been especially effective for addressing burnout

### Slide 5

## Workplace stress: An increasingly serious problem for American workers

- Job stress is responsible for an **estimated cost of \$300 billion annually** due to absenteeism and turnover, and stress-related physical and mental health problems.
- Americans are working longer and harder, reportedly **putting in more hours on the job** than the workforce of any other industrialized nation.
- Unrealistic expectations and heavy workloads **compromises quality of services**, and can cause **job and judgement errors**.



"Well, if you need me to, I could put in more hours and do the bad work I do when I'm tired."

### Slide 6

## Workplace stress: Significance

Work-related stress is overwhelmingly **the leading source of stress for working American adults** (National Institute of Occupational Safety and Health [NIOSH], 2016).

Occupational stress has been recently recognized by the Centers for Disease Control and Prevention as a **workplace health and safety hazard** (NIOSH, 2016).

High rates of workplace violence attributed to job stress has led to increased use of common terms - such as **"going postal"**, **"desk rage"**, and **"phone rage"**.

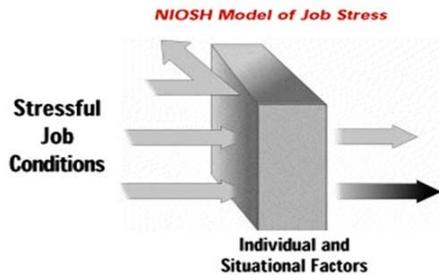
### Slide 7

## Workplace Stress: Significance

- ▶ An estimated 44% of American workers report **stressed-out eyes**.
- ▶ Job stress **compromises work performance**, can cause work-related **injuries and illness**, and leads to professional burnout.
- ▶ Approximately 62% of American workers routinely find that they end the day with **work-related neck, back, and gastrointestinal pain**.
- ▶ Homicide is the overall **2nd highest cause of all workplace deaths**.
- ▶ Homicide is the **leading** cause of workplace deaths for women, specifically.

### Slide 8

## Workplace stress: Prevalence



- ▶ The number of employees calling in sick tripled from 1996-2000, with an **estimated one million Americans** currently absent from work due to stress.
- ▶ 80% of American workers feel stress on the job, with approximately 65% reporting **workplace stress has caused difficulties** in their professional and/or personal life.
- ▶ Approximately 38% complained of hurting hands, and an estimated 34% reported **difficulty in sleeping because they were too stressed-out**.

Slide 9

## Social Work Burnout

- ▶ Although job stress is hazardous to the health and well-being of American workers, **burnout is especially problematic** in social workers.



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## What is burnout?

Three distinct features of burnout: **1) emotional exhaustion**, **2) detachment** and **3) diminished feelings of accomplishment** (Maslach & Jackson, 1981).

Emotional exhaustion (e.g. feeling emotionally drained) is the **key feature** of burnout which triggers depersonalization and reduced feelings of accomplishment.

Emotional fatigue and the **perception of unresolved work stress** plays a direct role in causing burnout in social workers (Maslach, Leiter, & Jackson, 1997).

### Slide 11

## Social Work Burnout: *brief history*

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The term **professional burnout** was originally coined by **Herbert Freudenberger** after finding common emotional and behavioral problems in frustrated human service colleagues (Freudenberger, 1975).

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A **sense of frustration** in the workplace was characterized by irritability, feeling worn out, and a quickness to anger.

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Freudenberger (1975) referred to burnout as a **type of work-related psychological stress** that depleted workers' physical and mental strength, and caused an overall sense of being worn out.

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### Slide 12

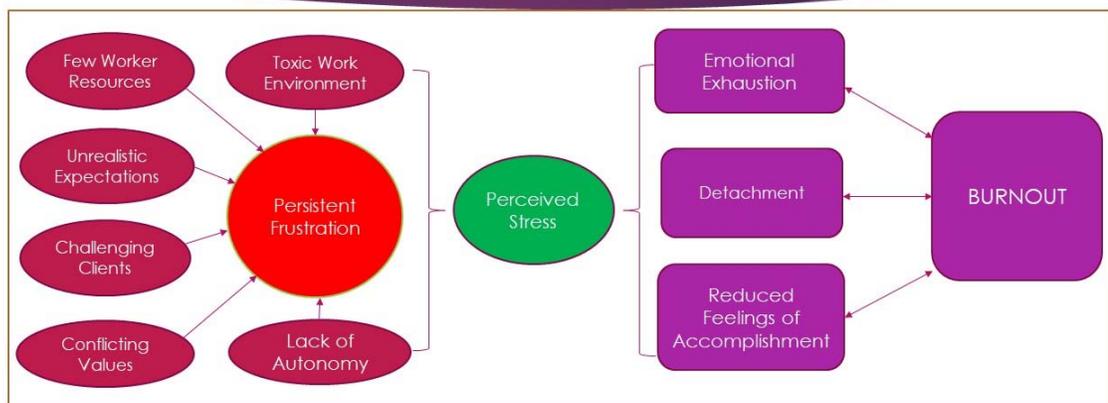
## Social Work Burnout: *brief history continued*

Frustrations due to work stress **drained the emotional resources of workers** which set off a series of negative thoughts, behaviors, and attitudes towards work (Freudenberger, 1975).

Persistent frustrations from work stress causes **emotional exhaustion**, the worker becomes **detached** from work and clientele, and eventually has **reduced feelings of accomplishment** towards clients and work (Maslach & Jackson, 1981).

### Slide 13

## Concept Map of Burnout



### Slide 14

## Burnout in Social Work

- ▶ Social workers are **at a significantly higher risk of burnout** compared to other human service professionals (Lloyd et al., 2002).
- ▶ An estimated **75% of social workers will experience burnout** at some point in their career, with **36% currently experiencing burnout** (Siebert, 2005).



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## Burnout in Social Work

- ▶ **70% of social workers** employed in healthcare settings struggle with stress-related fatigue (i.e. a precursor to burnout)
- ▶ **38% of social workers** employed in mental health settings experience stress-related psychological problems – such as anxiety, depression, irritability, and concentration problems (Arrington, 2008).

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## Impact of burnout on social workers' health and wellness



Burnout can cause certain physical and mental health problems, including:

- ❑ Increased incidences of headaches
- ❑ Elevated blood pressure
- ❑ Increased risk for Type II diabetes
- ❑ Neck and back pain
- ❑ Sleep disturbance
- ❑ Flu-like illnesses and respiratory problems
- ❑ Decreased immunity

### Slide 17

Burnout can cause serious health and wellness problems

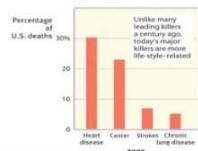
- More frequent common colds
- Digestive and gastrointestinal problems
- Depression and anxiety
- Overeating
- An inability to concentrate
- Constant worrying and sadness
- Increased prevalence of musculoskeletal problems in women
- Increased prevalence of cardiovascular diseases in men

### Slide 18

## Burnout negatively affects overall quality of life

### Stress and Causes of Death

Prolonged stress combined with unhealthy behaviors may increase our risk for one of today's four leading diseases.



Burnout can result in:

- Increased use of unhealthy coping behaviors (e.g. smoking, poor diets, substance use, self-medicating with nonprescribed drugs, and physical inactivity)
- Increased risk for some cancers, obesity, and chronic lung diseases

### Slide 19

Burnout can cause organizational problems

Diminished job performance

Stress-related injury and disability

Increased compensation for sick leave

High rates of absenteeism and turnover

Lowered *quality* of care for clientele

Decreased engagement with community and social initiatives

Toxic work environment

### Slide 20

## Individual Burnout Risk Factors

- ▶ Lack of Autonomy
- ▶ Skills/Abilities does not match job demands
- ▶ Unrealistic Expectations/Perfectionism
- ▶ Challenging Clients
- ▶ Conflicting Values with Workplace
- ▶ Heavy, Unmanageable Caseload
- ▶ Unhealthy Lifestyle
- ▶ Poor Coping Strategies
- ▶ Feeling Unappreciated or Misunderstood

### Slide 21

## Organizational Burnout Risk Factors

- ▶ Toxic Work Environment
- ▶ Limited Supports and Worker Resources
- ▶ Excessive Work Demands
- ▶ Reduced Supervision
- ▶ Staff Shortages
- ▶ Unrealistic Expectations
- ▶ Few Rewards
- ▶ Extensive Paperwork
- ▶ Negative attitudes among colleagues

### Slide 22

## Burnout: Signs and characterizations

Excessive tardiness	High rates of absenteeism and turnover	Poor completion rates or low performance	Disproportionate number of work errors (or work injuries)
Isolation from colleagues and family	Easily angered or agitated	Exhibiting less empathy and compassion towards clientele	Generally disengaged and apathetic towards work-related issues

### Slide 23

## Burnout – Engagement Continuum

**BURNOUT:** Emotionally Drained, Apathetic, and Detached from Work



**ENGAGEMENT:** Mental & Emotional Engagement, Compassion, Enthusiasm, and Sense of Connection Towards Work

### Slide 24

# Evidence-based Strategies

INVESTIGATE THE EXTENT TO WHICH A COMPREHENSIVE WELLNESS PLAN EFFECTIVELY ADDRESSES BURNOUT IN SOCIAL WORKERS

Slide 25

## Methods

**Study Design:** Survey 220 social workers in North Carolina who were members of the National Association of Social Workers – NC Chapter about their experiences with job stress, burnout, & physical activity participation to examine correlations.

**Measurements:** **Perceived Stress Scale** (10 questions); **Maslach Burnout Inventory** (22 questions); **Godin-Shepherd Leisure-Time Physical Activity Questions** (2 question, 4-item query); and **Five open-ended** questions about social workers' broader approach to coping.

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## Physical Activity and Perceived Stress

Mild Physical Activity and Perceived Stress	$r = -.241, p = < .001^*$
Moderate Physical Activity and Perceived Stress	$r = -.239, p = < .001^*$
Strenuous Physical Activity and Perceived Stress	$r = -.172, p = .034^*$
Total Physical Activity and Perceived Stress	$r = -.262, p = < .001^*$
Frequency of PA in Week and Perceived Stress	$r = -.306, p = < .001^*$

\* = Indicates statistically significant correlation

### Slide 27

## Physical Activity and Burnout

EMOTIONAL EXHAUSTION	DATA
Mild Physical Activity and Emotional Exhaustion	$r = -.215, p = .002^*$
Moderate Physical Activity and Emotional Exhaustion	$r = -.192, p = .007^*$
Strenuous Physical Activity and Emotional Exhaustion	$r = -.192, p = .007^*$
Total Physical Activity and Emotional Exhaustion	$r = -.263, p = < .001^*$
Frequency of PA in Week and Emotional Exhaustion	$r = -.285, p = < .001^*$

Note: Emotional exhaustion is key feature of burnout

### Slide 28

## Physical Activity and Burnout

PERSONAL ACCOMPLISHMENT	DATA
Mild Physical Activity and Personal Accomplishment	$r = -.206, p = .004^*$
Moderate Physical Activity and Personal Accomplishment	$r = .176, p = .014^*$
Strenuous Physical Activity and Personal Accomplishment	$r = .171, p = .016^*$
Total Physical Activity and Personal Accomplishment	$r = .240, p = .001^*$
Frequency of PA in Week and Personal Accomplishment	$r = .225, p = .001^*$

### Slide 29

## Physical Activity and Burnout

DEPERSONALIZATION	DATA
Mild Physical Activity and Depersonalization	$r = -.084, p = .240$
Moderate Physical Activity and Depersonalization	$r = -.088, p = .220$
Strenuous Physical Activity and Depersonalization	$r = -.097, p = .173$
Total Physical Activity and Depersonalization	$r = -.122, p = .091$
Frequency of PA in Week and Depersonalization	$r = .110, p = .123$

### Slide 30

## Primary Sources of Stress in the Workplace (n=220)



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## Other Sources of Workplace Stress



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## Primary Types of Physical Activities (n=195)

- ▶ Walking (44%)
- ▶ Aerobic training (18%)
- ▶ Strength training (12%)
- ▶ Mindfulness-based exercises (10%)
- ▶ House and yard work (6%)
- ▶ Fitness classes (5%)
- ▶ Dancing (4%)
- ▶ Horseback riding (1%)



### Slide 33

## Specific Benefits of Exercise in Social Workers

Lowers Stress	A physically active lifestyle can be especially helpful for lowering perceived stress levels. Regular participation in physical activity has been shown to:
Replenish	Replenish physical and mental energies
Engagement	Increase mental stamina (and emotional engagement)
Self-efficacy	Boost confidence and self-efficacy
Cognitive clarity	Enhance cognitive clarity, focus, and concentration
Respite	Offer social workers a mental break from work stressors
Resiliency	Strengthen the body and mind ability to handle stress
Support	Offer greater opportunities to socialize with others and encourage each others' goals

### Slide 34

## Overall Approach to Coping was Comprehensive (n=191)

- ▶ Mindfulness activities\* (n = 54)
- ▶ Workplace and natural supports\* (n = 44)
- ▶ Exercise (n = 43)
- ▶ Entertainment (n = 19)
- ▶ Personal time off from work (n = 12)
- ▶ Established better work-life balance (n = 8)
- ▶ Used psychotherapy and counseling (n = 1)

\* Indicates coping strategy often involved physical activity participation

### Slide 35

## Role of Physical Activity in Broader Approach to Coping



- ▶ Physical, mental, and emotional benefits: "exercise helps me get rid of stress, think clearer, and feel better about myself".
- ▶ Healthy outlet from work: "going for a jog during the day helps me get away from the stress of work and reset mentally".
- ▶ Positive interactions with coworkers and/or family members: "vent about my problems"; "laugh with colleagues"; "walking with my babies, dog, and husband after a long day makes it all worthwhile".

### Slide 36

## Benefits of Mindfulness Activities

- ▶ "I am trying to reframe my thinking and recognize every time a client is helped, or when there is a meaningful connection or interaction with my patients and families, then I consciously remind myself that this is where my satisfaction lies."
- ▶ "Prayer, meditation, yoga, and deep breathing is what keeps me most grounded".
- ▶ "Reading, listening to music, and watching television is very relaxing and clears my mind of mental clutter".
- ▶ "Being with family and friends helps me unwind and remember what truly matter and deal better with work stress".



### Slide 37

## Benefits of Workplace Supports



- ▶ "We have an EAP program with human resources, and we can use EAP when we are struggling with burnout."
- ▶ "Clinical supervision helps with client-related emotional stress."
- ▶ "Meeting up with colleagues for walking and yoga help me keep a clear head as well as ensuring I fun cultural things on weekends and after work."
- ▶ "Talking about my work day and triggers I encounter, if any, with my coworkers is very helpful and allows me to feel emotions."
- ▶ "Talking with coworkers, using humor, and just debriefing with colleagues helps me lower stress significantly".

### Slide 38

## Individual Strategies to Address Burnout



- ❑ Enjoy a **physically active lifestyle**, and if possible, remove yourself from stressful environment every 90 minutes.
- ❑ Create **broad network of supports** in both the workplace and home setting.
- ❑ Practice **mindfulness activities**.
- ❑ Eat a **healthy diet** that provides stress-buffering nutrients that lowers stress (and cortisol!) levels.
- ❑ Get **adequate** sleep – and practice healthy sleep hygiene.
- ❑ Be **realistic**, and not perfect.
- ❑ **Advocate** for workplace health policy, routine supervision, and continued education opportunities in the workplace.

### Slide 39

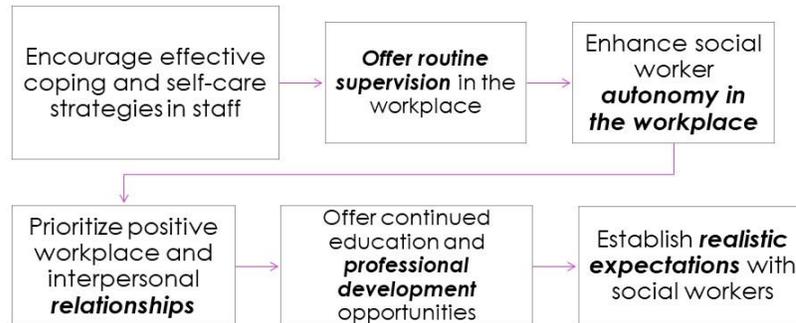
## Increase Resiliency



- ✓ Decrease the risk of musculoskeletal and cardiovascular problems
- ✓ Enhance mood and emotional well-being
- ✓ Build physical and mental resiliency to stressful situations
- ✓ Increase feelings of autonomy and feelings of accomplishment
- ✓ Reduce risks of developing stress-related health problems

### Slide 40

## Organizational Strategies to Address Burnout



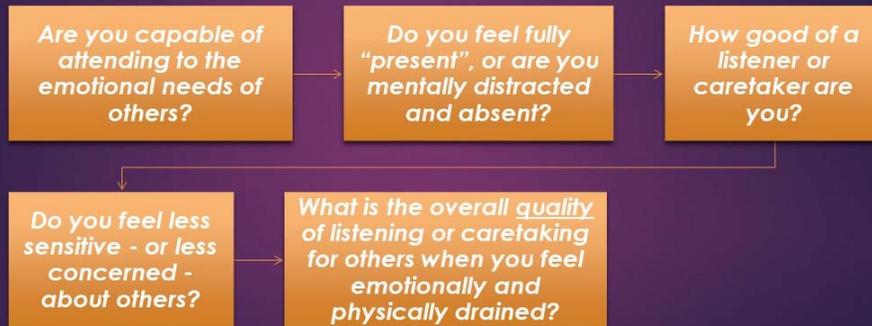
### Slide 41

## Organizational Strategies to Address Burnout



### Slide 42

## Reflecting on burnout and quality of care



Slide 43

## How am I coping with job stress?

Do you frequently?	Yes	No
Ignore stress symptoms?		
Have difficulty making decisions?		
Blow up easily?		
Neglect your diet?		
Put things off until later?		
Complain you are disorganized?		

Adapted from: [What's Your Stress Index?](#) Canadian Mental Health Association, Ontario (no date).

Slide 44

## How am I coping with job stress?

Do you frequently?	Yes	No
Neglect Exercise?		
Have few supportive relationships?		
Get too little rest?		
Use self-medication without a doctor's approval for sleep, relaxation, or to enhance mood?		
Race through the day?		
Neglect to include relaxation time into your day?		

Adapted from: [What's Your Stress Index?](#) Canadian Mental Health Association, Ontario (no date).

### Slide 45

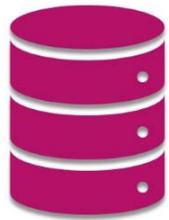
## Resiliency and Self-care: Comprehensive approach to health and wellness

- ▶ Collectively, each coping strategy provides the foundation for a **well-coordinated, comprehensive self-care plan** with a physical activity component for positively building resiliency.



### Slide 46

## Take Home Message



- ❖ Workplace stress is a *recognized health and safety hazard* for American workers, and negatively impacts an array of public health measures.
- ❖ Burnout causes professional and worksite problems, and can negatively impact the health and wellness of social workers.
- ❖ Inclusion of physical activity participation in a broader approach to self-care is especially beneficial for combating burnout.
- ❖ Organizations must take the lead in combating burnout to increase employee engagement, protect social workers' health and wellness, and establish workplace health policies.

**Slide 47**

## We are all in this together!

### Utilize the Enclosed Tools to Create a Personalized Self-care Plan

1. Professional Quality of Life Scale
2. Maslach Burnout Inventory
3. Self-Care Assessment Worksheet
4. My Maintenance Self-Care Worksheet



**Slide 48**



**Slide 49**