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Social work, stress and burnout: A review

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Abstract

Stress and burnout for health care professionals have received increasing attention in the literature. Significant administrative, societal and political changes have impacted on the role of workers and the responsibilities they are expected to assume. Most writers suggest that social work is a highly stressful occupation, with stress deriving in particular from role conflict between client advocacy and meeting agency needs. This article reviewed the social work literature with two questions in mind: Are social workers subject to greater stress than other health professionals? What factors contribute to stress and burnout among social workers? We found that most of the literature was either anecdotal or compared social worker stress with general population norms rather than with stress levels of workers in comparable professions. Such empirical research as is available suggests that social workers may experience higher levels of stress and resulting burnout than comparable occupational groups. Factors identified as contributing to stress and burnout included the nature of social work practice, especially tension between philosophy and work demands and the organization of the work environment. There was some evidence that supervision and team support are protective factors.

Introduction

Social workers have previously been identified as being at risk of experiencing stress and burnout (Acker, 1999; Egan, 1993; Gilbar, 1998; Sze & Ivker, 1986; Um & Harrison, 1998). Social work is strongly client-based, with workers being involved in complex social situations. As such they can experience many of the conflicts that are evident in human service work (Cournoyer, 1988; Pines & Kafry, 1978; Soderfeldt *et al.*, 1995). In addition, the last decade has seen a transformation in the nature and practice of social work, as a result of administrative, societal, and political change (Jones & Novak, 1993; Kurland & Salmon, 1992). A number of writers have commented that much of what is known about stress and burnout among social workers is anecdotal and there is a lack of systematic research findings on this subject (Collings & Murray, 1996; Gibson *et al.*, 1989; Soderfeldt *et al.*, 1995; Taylor-Brown *et al.*, 1981; Thompson *et al.*, 1996). Cournoyer (1988) suggested that human service professionals tend to underestimate the extent of distress experienced by social workers. A recent survey of the literature found only a few systematic studies of burnout in social workers; this is in contrast to what is

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known about burnout in other human service fields (Soderfeldt *et al.,* 1995).

This article will examine sources of stress and stress outcomes (especially burnout) that are experienced by social workers.

Definition of stress and burnout

Stress can be defined as the emotional and physiological reactions to stressors (Maslach *et al.*, 1996; Zastrow, 1984). A stressor is a demand, situation or circumstance that disrupts a person's equilibrium and initiates the stress response of increased autonomic arousal. Prolonged stress is associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems (Caughey, 1996; Taylor-Brown *et al.*, 1982; Zastrow, 1984). Burnout is a particularly serious feature of chronic stress and one that can impair the human service worker's effectiveness (Collings & Murray, 1996). Burnout is a syndrome with dimensions of emotional exhaustion, depersonalisation, and reduced feelings of personal accomplishment (Maslach *et al.*, 1996). A key dimension of the burnout syndrome is increased feelings of emotional exhaustion where workers feel they are no longer able to give of themselves at a psychological level. A second dimension is depersonalisation, meaning that workers respond to persistent stress by developing negative, cynical attitudes and feelings about their clients. The third dimension is reduced personal accomplishment, meaning the worker views their work negatively and feels dissatisfied with their work accomplishments (Maslach *et al.*, 1996).

Does social work philosophy and values make it inherently stressful?

Writers such as Pines & Kafry (1978) postulated that social workers are a rather homogeneous group, emotionally, whose sensitivity to clients' problems make them vulnerable to work stress. Rushton (1987) queried whether people who are vulnerable to depression choose social work rather than another occupation because, unconsciously, they wish to work through personal problems by helping others. It has been suggested that, for most social workers, the need to be helpful is a primary motive in their choice of profession and this need can easily lead to over involvement with patients thereby contributing to stress (Acker, 1999; Borland, 1981; Egan, 1993).

The very core of social work lies in relationships with clients. Even when social workers are engaged with clients who have clearly unrealistic or inappropriate demands or expectations, there is potential for internal conflict. Much emphasis is placed during training on the relationship between client and social worker (Rushton, 1987). Rushton (1987) suggested that because social workers are taught to be non-judgemental in their relationships with clients, they might find it hard to admit that the personalities and attitudes of clients make effective service response difficult or impossible. As a result they may persevere and assume personal responsibility or agency responsibility for failure.

There is a commonly held belief that social work is a highly stressful occupation as a result of conflicting roles, status, functions and contexts (Dillon, 1990; Gilbar, 1998; Rushton, 1987). In the health system there has been increasing emphasis on instrumental outcomes and throughput and decreasing emphasis on the worth of the individual. This has the potential for conflict for social workers as they continue to maintain supportive relationships based on social work values (Borland, 1981). Kurland & Salmon (1992) considered that social workers face ever increasing pressures as the problems they deal

with reflect the societal changes and the increasing stress of everyday life.

There may be conflict between social work ideals (for example, advocacy, social justice, client self-determination, and empowerment) and expected role performance (Balloch *et al.*, 1998; Borland, 1981; Dillon, 1990; Jones & Novack, 1993; Rushton, 1987). Reid *et al.* (1999) noted that these kinds of conflicts were experienced by social workers undertaking Mental Health Act assessments. Social workers experienced conflict between acting as patients' advocates and representing their interests, and the responsibility to ensure patients and others are safe.

Competing values between administrators and social workers have been identified as a source of stress (Borland, 1981; McLean & Andrew, 2000). This is particularly evident in health care settings, where it may be seen that social work values are not always cost effective. Social workers have little power or control in a physician-dominated authority structure, for example, discharge planning offers a classic example of responsibility without decision-making power (Borland, 1981; Kadushin & Kulys, 1995) where expediencies of hospital management frequently require patients to be discharged before they feel ready to leave. The work carried out by social workers is problem centred and often involves choosing between unsatisfactory alternatives (Rushton, 1987).

Status and autonomy as sources of social work stress

Dillon (1990) suggested that social workers often have little control over whom they see, the nature and length of contacts with clients, the range of expert functions they will be requested to carry out, and the value placed by others on their work. According to Dillon (1990), others misinterpret social work as just being nice or doing the common sense things that anyone can do. It has been suggested that there is confusion about roles and tasks within social work itself and with how to demonstrate effectiveness (Rushton, 1987). A number of writers have mentioned that how others (including work colleagues and the public) view social work is a source of stress for social workers (Collings & Murray, 1996; Gibson *et al.*, 1989; Jones *et al.*, 1991; Smith & Nursten, 1998). Jones & Novak (1993) considered that this has resulted in challenges to the legitimacy and identity of social work.

A qualitative study conducted by Reid *et al.* (1999) found that social workers in mental health reported that they felt frustrated because their role was misunderstood by others and that their range of skills was neither adequately understood nor adequately valued by other health service staff. Likewise, Kadushin & Kulys (1995) found that social workers experienced conflicting role expectations, that other members of the team did not understand the social work role and did not appreciate what they accomplished. McLean & Andrew (2000) found that stress resulted from role conflict, disagreement about good practice, and lack of recognition. Role conflict intensifies the amount of burnout and job dissatisfaction experienced by social workers (Um & Harrison, 1998).

Social workers are susceptible to changes in social policy and legislation that have characterised much of the western world. Rushton (1987) suggests that changes in the UK including the new emphasis on financial management as opposed to professional expertise have adversely affected social workers. Balloch (1998) identified the devaluation of practice skills, cutbacks in support and supervision, and the lack of career opportunities for those who remained in social work

rather than making the move into management as being consequences of changes in public administration. It has been suggested that social workers lack the resources and the staffing to do the work required of them and that new legislation is giving them further responsibilities with limited control or autonomy (Jones & Novak, 1993; Michalski *et al.*, 1999; Rushton, 1987). Social workers face a conflict between the demands made on them as employees and their expectations of some professional autonomy (Banks, 1998; Rachman, 1995; Rushton, 1987).

Organisational structure and climate

Since the introduction of health care reforms, the organisational context of social work is attracting increasing attention as a possible cause of job stress (Kadushin & Kulys, 1995; McLean & Andrew, 2000; Rachman, 1995). Stress resulting from organisational factors is a concern to many employers owing to the substantial human and economic costs it incurs (Bradley & Sutherland, 1995). Cushman *et al.* (1995) found that respondents identified a number of stressors related to the organisation of work. These included lack of funding, personnel shortages, high worker turnover rates, lack of linkages to other work units, attitudes of other health professionals, and working in a bureaucratic environment. Additional organizational constraints include the pressure to discharge patients more quickly, no time to provide counselling or emotional support, and lack of co-operation from hospital staff (Kadushin & Kulys, 1995). Collings & Murray (1996) found that the most powerful predictor of overall stress related to the pressure involved in planning and reaching work targets.

Individuals are normally assigned and follow certain roles in their work setting. The expectations of the occupant of the role and the expectations of other members of the role set regarding that role influence how the occupant perceives and performs the role (Egan & Kadushin, 1995). Jones (1993) in his study of child welfare administrators found that they experienced professional role conflict, as well as organizational goal conflict. The participants reported significant instances of role conflict to the extent that others had conflicting role expectations of them. Sze & Ivker (1986) commented that it is not known why social workers in a given setting or role perceive that they are under more stress or are more subject to strain than workers in other settings or roles.

Bradley & Sutherland (1995) conducted an investigation of occupational stress among professional and support staff within a social services department in north-west England. The participants consisted of 63 social workers (85% response rate) and 74 home helps (response rate 79%). The findings from this study about the main sources of stress for social workers were similar to that reported by Collings & Murray (1996). The social workers reported higher levels of stress as a result of organisational structure and climate, particularly relating to the problems of working in a climate of low morale (Bradley & Sutherland, 1995).

As organisations change and previously well-established work practices are replaced by more complex and overlapping roles, all workers are susceptible to stress associated with role ambiguity. Role ambiguity was found to be an important source of dissatisfaction for social workers in research carried out by Balloch *et al.* (1998). They found that the most frequently mentioned sources of subjective stress included being exposed to conflicting demands, being expected to do things which were not part of the job, being unable to do things which should be part of the job, and being unclear about what was expected. Role ambiguity occurs when there

is uncertainty about the scope of the job and about the expectations of others. Stress arising from unclear goals or objectives can ultimately lead to job dissatisfaction, lack of self-confidence, a lowered sense of self-esteem, low motivation to work, and intention to leave the job (Sutherland & Cooper, 1990). Rabin & Zelner (1992) found that lack of job clarity predicts high turnover and burnout, regardless of the type of setting. They suggested that job clarity could be a preventive factor in burnout.

Stress outcomes – morbidity, job satisfaction, burnout and staff turnover

Thompson *et al.* (1996) found high levels of emotional distress in their study of field social work staff in the UK. Seventy-four per cent of the respondents showed borderline or pathological levels of anxiety. In looking at occupational stress amongst Northern Ireland social workers, Gibson *et al.* (1989) found that 37% of respondents were identified as 'cases', that is, they described symptoms that could be classified as mild psychiatric morbidity. A later study by Caughey (1996) of 36 participants who worked in one social services district office, found that 72% of the respondents displayed signs of psychiatric morbidity as measured by the GHQ28. In a study looking at the psychological strains experienced by social workers in Hertfordshire, Jones *et al.* (1991) found that 55% of the sample experienced anxiety and that levels of anxiety increased as perceived demands increased. In a study of the effects of burnout and work stress on family relations, social workers who experienced more intense burnout were more likely to demonstrate depression, anxiety, and irritableness, and lower marital satisfaction (Jayarante *et al.,* 1986).

Bennett *et al.* (1993) studied three groups of social workers, including those working in the areas of child health, adult mental health and adult physical dysfunction, to examine sources of stress, coping strategies, and stress outcomes. They found that the measure of mental distress was substantially higher than the norms for any other occupational group. The study produced evidence of relatively high levels of both work-related anxiety and trait depression amongst all social workers when compared to normative populations and workers in other professions. Similarly, Bradley & Sutherland (1995) found higher levels of ill health for social workers and home help workers in comparison with the normative group. The social work symptoms of distress included physical exhaustion (51%) and emotional exhaustion (38%). Thus the measure of mental health found that both home help workers and social workers reported poorer mental well-being than other occupational groups.

Balloch *et al.* (1998) conducted a survey in five different local authorities in England to explore the relationship between levels of satisfaction, dissatisfaction and stress among social services staff. Interviews were carried out with 1276 people (response rate 87%). The mean GHQ score for the sample was higher compared to previous research, with managers scoring higher than staff. Staff who experienced role ambiguity had significantly higher GHQ scores than those who felt confident about what their jobs entailed. Recently, it has also been found that a significant proportion of social work lecturers were suffering from borderline levels of anxiety and depression (Collins & Parry-Jones, 2000).

Job satisfaction is of particular importance since an individual tends to apply for or stay in a satisfying job, and avoid or leave a dissatisfying job. The importance of job satisfaction is evidenced by its consistent correlation with absenteeism and turnover

(Hagen, 1989; Himle *et al*., 1986; Martin & Schinke, 1998). Jayaratne & Chess (1984) investigated stress and burnout among 144 community mental health workers, 60 child welfare and 84 family services workers. They found that reported levels of emotional exhaustion and depersonalisation did not differ significantly between child welfare workers and community mental health workers. The family services workers recorded significantly lower levels of depersonalisation. Forty per cent of the sample thought that they would be likely to change jobs.

Previous research by Maslach *et al*. (1996) predicted that burnout would be related to the desire to leave one's job. Gibson *et al*. (1989) found that 73% of respondents had thought of leaving social work at some point, with half of the respondents having considered leaving in the past year. A number of other studies have also found a high percentage of social workers intending either to leave the profession entirely or leave their current position (Hagen, 1989; Himle *et al*., 1986; Samantrai, 1992).

Gibson *et al*. (1989) conducted a study of occupational stress in Northern Ireland of 176 field social workers using the Maslach Burnout Inventory (MBI Maslach *et al*., 1996). Results from this study revealed that 47% of social workers were in the moderate intensity burnout category in terms of frequency and intensity of the emotional exhaustion subscale and 42% were high intensity on the depersonalisation subscale. On the subscale that measures burnout due to feelings of lack of personal accomplishment, social workers exhibit high levels. All of the respondents fell into the high burnout category for frequency (100%) and almost all for intensity (98%). It is evident then that the main manifestation of burnout among the social work sample was in feelings of personal accomplishment. Gibson *et al*. (1989) considered that feelings of lack of accomplishment of professional objectives might well be more likely in a profession, which attracts those with idealism, which is not subsequently realised in practice. Findings such as these illustrate considerable disenchantment with day-to-day social work practice.

Himle *et al*. (1986) conducted a cross-cultural comparison of the perceptions of job satisfaction, burnout and turnover between a national sample of social workers in Norway and a national sample of social workers in the USA. The Norwegian social workers reported higher levels of burnout, job dissatisfaction and intent to leave their jobs than American workers. Among the work-related stressors, Norwegian workers reported higher levels of stress related to role ambiguity, role conflict, job challenge, value conflict, and financial rewards, and less stress related to promotion and workload than American workers. Himle *et al*. (1986) concluded that the strongest predictor of all dimensions of burnout is the challenge of the job.

Martin & Schinke (1998) conducted a study to determine levels of job satisfaction and burnout in mental health workers. Two hundred family/children and psychiatric workers of seven social service organisations in the New York metropolitan area were surveyed using the Minnesota Satisfaction Questionnaire, the MBI, and the Staff Burnout Scale for Health Professionals. Fifty-seven per cent of psychiatric and 71% of family/children workers identified themselves as being moderately or severely burnt out. It was concluded that the absence of certain integral job facets, for example, promotional opportunities and remuneration are associated with staff burnout.

In England, Prosser *et al*. (1999) conducted a longitudinal study examining mental health, burnout and job satisfaction of mental health

staff. They found that being based in the community was associated with higher GHQ-12 scores when compared to in-patient staff. Being a social worker was associated with higher stress, lower job satisfaction, and higher levels of emotional exhaustion as measured by the MBI. Acker (1999) found a significant relationship between involvement and emotional exhaustion. He concluded that social workers are negatively affected by working with clients with severe mental illness.

Protective factors: Supervision and team support

Various forms of social support protect against burnout (Maslach *et al.*, 1996) and a number of social work researchers have examined the effects of emotional support on moderating the impact of job stress (Coady *et al.*, 1990; Himle *et al.,* 1986, 1989; Koeske & Koeske, 1989; Um & Harrison, 1998). Um & Harrison (1998) found that social support acted as an intervening and moderating factor between burnout and job dissatisfaction.

Supervision is a major form of social worker support and social workers often turn to their supervisors for assistance with cases and for help with the further development of skills (Collings & Murray, 1996; Mizrahi & Abramson, 1985; Rushton, 1987). Himle *et al.* (1989) examined the ability of emotional support to buffer the impact of job stress. They reported that emotional support by both supervisors and co-workers is associated with lower levels of burnout, work stress and mental health problems. Fahs Beck (1981) identified lack of support on the job, particularly executive support, was a correlate of burnout.

Coady *et al.* (1990) found that there was no significant relationship between scores on the emotional exhaustion and depersonalisation subscale and the social workers perception of team support. However, social workers that perceived the team as being supportive had higher scores on the measure of personal accomplishment, indicating less risk of burnout. In looking at perceived supervisor support, Coady *et al.* (1990), found that there was no correlation between perceived supervisory support and social workers scores on the subscales of emotional exhaustion or personal accomplishment. There was, however, a significant difference in scores on the depersonalisation subscale. The findings suggest that social workers who perceive their supervisor as supportive have less potential for burnout. As an extension of these findings, Collings & Murray (1996) found that one aspect of supervision that was predictive of high levels of stress perceived that one's supervision was primarily geared to protecting supervisors.

Koeske & Koeske (1989) found that workload had no direct effect on burnout but quite a substantial effect when the moderating impact of support was considered. Heavy workload produced more burnout, but only when social support was low. The element of work load most relevant to burnout (under low support) were the number of clients seen in a typical day, the average hours per day spent in direct client contact and the percentage of crisis interventions.

Discussion

There is a strong perception in the profession that stress is a problem and that it is particularly associated with role ambiguity, discrepancies between ideals and work outcomes and personal vulnerability characteristics of people who enter the profession. The quantity and quality of the empirical research is weak but there is some evidence that social workers experience high levels of stress and consequent burnout, especially as measured by the MBI personal accomplishment dimen-

sion. This may have to do with the discrepancy between the ideals of social work and what social workers actually do in practice. Of the various sources of stress as being identified as being characteristic of social work, only two could be said to be inherent. These are the appeal of the profession to vulnerable or unstable people and the idealistic and reforming philosophy of the profession. All the other stressors are contextual and relate to organisational and role deployment issues.

The literature suggesting that the profession appeals to vulnerable or unstable people is either taken from a personal account or an expressed belief. There is little evidence to support this, although a number of studies have found high levels of psychiatric morbidity as measured by the GHQ (Balloch *et al*., 1998; Caughey, 1996; Collins & Parry-Jones, 2000; Gibson *et al*., 1989; Thompson *et al*., 1996). Social workers have also been found to have high levels of general anxiety and depression (Bennett *et al*., 1993) and poorer mental well-being (Bradley & Sutherland, 1995) as compared to the normative population. It is difficult to determine whether this psychiatric symptomatology was already present or, whether, the perceived stresses experienced by the social workers resulted in them developing such high levels of emotional distress.

Social work is a profession that aims to improve social functioning by the provision of practical and psychological help to people in need. The accepted view held by social workers is that many of their clients' difficulties are linked in diverse ways to their social, economic, and political status in society (Jones & Novak, 1993). Marked changes in societal expectations and service delivery have created difficulties for social workers to work within this frame of reference. This then results in a discrepancy between the ideals of social work and their expected role performance.

Organisational factors that have been identified as contributing to the burnout process for social workers include role ambiguity, role conflict, challenge of the job, and job autonomy. From the literature it appears evident that social workers experience a high degree of role ambiguity and role conflict. With changes to organisational structures, it would seem that social workers are unable to use the skills they have learnt as others have conflicting role expectations of them. Their professional concepts have been undermined and they have been confronted with ethical dilemmas about how to best meet client need within a framework of reform and regulation. Social workers have been expected to deal with the plight of clients with reduced autonomy and reduced resources. It is not surprising then to find a high degree of burnout on the dimension that measures feelings of personal accomplishment.

From the earlier literature, there is some evidence that social workers in mental health experienced lower levels of burnout than hospital or welfare social workers. However, this is not a consistent picture with only a few comparative studies and one study showing social workers in family work having less depersonalisation than mental health social workers. In hospital settings, a medical model is followed, which has implications for social workers in terms of status differences and the demands placed on social workers by the medical profession that are frequently at odds with social work values. The social services have been identified as stressful for social workers as they find themselves with fewer resources to meet the needs of clients with multiple social issues. It must be noted, however, that there is a great diversity of social work roles and hence the potential for high variability in stress.

Health and social care have changed markedly in relation to the organisation and delivery of services. In order to respond to these changes, it is necessary for the individual professions to develop effectiveness in their own areas of practice to further develop their own professional identity. The fact that social worker's knowledge base has been largely taken from that of allied fields means that their unique contribution to the team is not always clearly understood or valued (Dillon, 1990; Rabin & Zelner, 1992; Reid *et al*., 1999). The degree to which social workers are able to define their own job domain will depend on their ability to actively negotiate their desired aims and methods, as well as to resist attempts by other professions to define social work areas of expertise (Rabin & Zelner, 1992). Job clarity can be defined as the degree to which the worker is aware of his/her own authority to decide treatment methods; of areas considered to be his/her domain of expertise; and of the expectations held by clients, supervisors and colleagues (Rabin & Zelner, 1992).

Conclusion

From descriptive accounts, the literature has identified social work as being a profession that is at high risk of stress and burnout. The studies that have been conducted have revealed that social workers are experiencing stress and burnout but the picture is unclear as to whether they experience more stress and burnout than comparable occupational groups. Although there is some indication, they experience higher levels of burnout as compared to normative populations particularly on feelings of reduced personal accomplishment. The range of measures used in different studies makes it difficult to compare results. Researchers have been interested in studying a variety of factors associated with stress and burnout. Demographic variables do not appear to be significantly related to stress and burnout. Most of the factors related to the individual social worker were not associated with stress and burnout. Organisational factors such as work pressure, work load, role ambiguity, and relationship with supervisor have been identified as primary predictors of these feelings. Only a few client-related factors were mentioned in the studies. Risk factors associated with burnout appeared to include the lack of challenge on the job, low work autonomy, role ambiguity, difficulties in providing services to clients, and low professional self-esteem. Moderating influences were mainly found to be supervisory support. Further research is warranted to examine a wider range of potential stressors and the development of strategies for alleviating stress, for example, increased opportunities for supervision and better managerial and team support. Research effort can then result in the development of more effective strategies designed to lessen and prevent work-related stress. Increased knowledge in this area could greatly influence the job effectiveness and satisfaction of social workers.

References

Acker, G. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health and Social Work,* **24**, 112–119.

Balloch, S., Pahl, J. & McLean, J. (1998). Working in the social services: Job satisfaction, stress and violence. *British Journal of Social Work,* **28**, 329–350.

Banks, S. (1998). Professional ethics in social work – what future? *British Journal of Social Work,* **28**, 213–231.

Beemsterboer, J. & Baum, B. (1984). 'Burnout': Defintitions and health care management. *Social Work in Health Care,* **10**, 97–109.

Bennett, P., Evans, R. & Tattersall, A. (1993). Stress and coping in social workers: A preliminary investigation. *British Journal of Social Work,* **23**, 31–44.

Borland, J. (1981). Burnout among workers and administrators. *Health and Social Work,* **6**, 73–78.

Bradley, J. & Sutherland, V. (1995). Occupational stress in social services: A comparison of social workers and home help staff. *British Journal of Social Work,* **25**, 313–331.

Caughey, J. (1996). Psychological distress in staff of a social services district office: A pilot study. *British Journal of Social Work,* **26**, 389–398.

Coady, C., Kent, V. & Davis, P. (1990). Burnout among social workers working with patients with cystic fibrosis. *Health and Social Work,* **May**, 116–124.

Collins, S. & Parry-Jones, B. (2000). Stress: The perceptions of social work lecturers in Britain. *British Journal of Social Work,* **30**, 769–794.

Collings, J. & Murray, P. (1996). Predictors of stress amongst social workers: An empirical study. *British Journal of Social Work,* **26**, 375–387.

Cushman, L., Evans, P. & Namerow, P. (1995). Occupational stress among aids social service providers. *Social Work in Health Care,* **21**, 115–131.

Cournoyer, B. (1988). Personal and professional distress among social caseworkers. *Social Casework: The Journal of Contemporary Social Work,* **May**, 259–264.

Dillon, C. (1990). Managing stress in health social work roles today. *Social Work in Health Care,* **14**, 91–108.

Egan, M. (1993). Resilience at the front lines: Hospital social work with AIDS patients and burnout. *Social Work in Health Care,* **18**, 109–125.

Egan, M. & Kadushin, G. (1995). Competitive allies: Rural nurses' and social workers' perceptions of the social work role in the hospital setting. *Social Work in Health Care,* **20**, 1–23.

Fahs Beck, D. (1987). Counselor burnout in family service agencies. *Social Casework: The Journal of Contemporary Social Work,* **68**, 3–15.

Gibson, F., McGrath, A. & Reid, N. (1989). Occupational stress in social work. *British Journal of Social Work,* **19**, 1–6.

Gilbar, O. (1998). Relationship between burnout and sense of coherence in health social workers. *Social Work in Health Care,* **26**, 39–49.

Hagen, J. (1989). Income maintenance workers: Burned-out, dissatisfied and leaving. *Journal of Social Service Research,* **13**, 47–63.

Himle, D., Jayaratne, S. & Thyness, P. (1986). Predictors of job satisfaction, burnout and turnover among social workers in Norway and the USA: A cross-cultural study. *International Social Work,* **29**, 323–334.

Himle, D., Jayaratne, S. & Thyness, P. (1989). The effects of emotional support on burnout, work stress and mental health among Norwegian and American social workers. *Journal of Social Service Research,* **13**, 27–45.

Jayaratne, S. & Chess, W. (1984). Job satisfaction, burnout, and turnover: A national study. *Social Work,* **24**, 448–453.

Jayaratne, S., Chess, W. & Kunkel, D. (1986). Burnout: Its impact on child welfare workers and their spouses. *Social Work,* **31**, 53–59.

Jones, M. (1993). Role conflict: Cause of burnout or energiser? *Social Work,* **38**, 136–141.

Jones, F., Fletcher, B. & Ibbetson, K. (1991). Stressors and strains amongst social workers: Demands, constraints, and psychological health. *British Journal of Social Work,* **21**, 443–469.

Jones, C. & Novak, T. (1993). Social work today. *British Journal of Social Work,* **23**, 195–212.

Kadushin, G. & Kulys, R. (1995). Job satisfaction among social work discharge planners. *Health and Social Work,* **20**, 174–186.

Koeske, G. & Koeske, R. (1989). Workload and burnout: Can social support and perceived accomplishment help? *Social Work,* **May**, 243–248.

Kurland, R. & Salmon, R. (1992). When problems seem overwhelming: Emphases in teaching, supervision, and consultation. *Social Work,* **37**, 240–244.

Martin, U. & Schinke, S. (1998). Organizational and individual factors influencing job satisfaction and burnout of mental health workers. *Social Work in Health Care,* **28**, 51–62.

Maslach, C., Jackson, S. & Leiter, M. (1996). *Maslach Burnout Inventory Manual.* Palo Alto: Consulting Psychologists Press.

McLean, J. & Andrew, T. (2000). Commitment, satisfaction, stress and control among social services managers and social workers in the UK. *Administration in Social Work,* **23**, 93–117.

Michalski, J., Creighton, E. & Jackson, L. (1999). The impact of hospital restructuring on social work services: A case study of a large, university-affiliated hospital in Canada. *Social Work in Health Care,* **30**, 1–26.

Mizrahi, T. & Abramson, J. (1985). Sources of strain between physicians and social workers: Implications for social workers in health care settings. *Social Work in Health Care,* **15**, 33–51.

Pines, A. & Kafry, D. (1978). Occupational tedium in the social services. *Social Work,* **November**, 499–507.

Pottage, D. & Huxley, P. (1996). Stress and mental health social work: A developmental perspective. *International Journal of Psychiatry,* **42**, 124–131.

Prosser, D., Johnson, S., Kuipers, E., Dunn, G., Szmukler, G., Reid, Y., Bebbington, P. &

Thornicroft, G. (1999). Mental health, 'burnout' and job satisfaction in a longitudinal study of mental health staff. *Social Psychiatry and Psychiatric Epidemiology,* **34**, 295–300.

Rabin, C. & Zelner, D. (1992). The role of assertiveness in clarifying roles and strengthening job satisfaction of social workers in multidisciplinary mental health settings. *British Journal of Social Work,* **22**, 17–32.

Rachman, R. (1995). Community care: Changing the role of hospital social work. *Health and Social Care in the Community,* **3**, 163–172.

Reid, Y., Johnson, S., Morant, N., Kuipers, E., Szmukler, G., Thornicroft, G., Bebbington, P. & Prosser, D. (1999). Explanations for stress and satisfaction in mental health professionals: A qualitative study. *Social Psychiatry and Psychiatric Epidemiology,* **34**, 301–308.

Rushton, A. (1987). Stress amongst social workers. In R. Payne & J. Firth-Cozens (Eds.), *Stress in Health Professionals* (pp. 167–188). Chichester: John Wiley & Sons.

Samantrai, K. (1992). Factors in the decision to leave: Retaining social workers with MSWs in public child welfare. *Social Work,* **37**, 454–458.

Smith, M. & Nursten, J. (1998). Social workers' experience of distress – moving towards change? *British Journal of Social Work,* **28**, 351–368.

Soderfeldt, M., Soderfeldt, B. & Warg, L. (1995). Burnout in social work. *Social Work,* **40**, 638–646.

Sutherland, V. & Cooper, C. (1990). *Understanding Stress*. London: Chapman and Hall.

Sze, W. & Ivker, B. (1986). Stress in social workers: The impact of setting and role. *Social Casework: The Journal of Contemporary Social Work,* **March**, 141–148.

Taylor-Brown, S., Johnson, K., Hunter, K. & Rockowitz, R. (1981). Stress identification for social workers in health care: A preventative approach to burn-out. *Social Work in Health Care,* **7**, 91–100.

Thompson, N., Stradling, S., Murphy, M. & O'Neill, P. (1996). Stress and organizational culture. *British Journal of Social Work,* **26**, 647–665.

Um, M.Y. & Harrison, D.F. (1998). Role stressors, burnout, mediators, and job satisfaction: A stress-strain-outcome model and an empirical test. *Social Work Research,* **22**, 100–115.

Zastrow, C. (1984). Understanding and preventing burn-out. *British Journal of Social Work,* **14**, 141–155.