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Resilience as a moderator of Stress and Burnout: a study of Women Social Workers in India

Abstract

It is well acknowledged that social workers encounter a considerable amount of work stress. Besides dealing with service users in complex life situations, social workers in India work in a context characterised by organisational constraints, poor pay scales and larger issues relating to the lack of recognition and ambivalence relating to its status as a profession. This quantitative study explored issues such as the experience of stress, resilience and the professional quality of life in women social workers in Tiruchirappalli, South India by administering standardised instruments. Implications for intervention have been discussed in the light of the findings.

Keywords: Stress, Resilience, Compassion satisfaction, Burnout, Social Workers, India

Introduction

Social work is a high-stress profession that involves working with people who face complex and challenging life situations. There has been a considerable amount of literature on stress and burnout experienced by social work practitioners, mostly generated in Western countries. Depression, burnout, and higher levels of sickness have been attributed to the high levels of stress reported in social workers (Schraer, 2015; Willems, 2014). Research on stress and burnout in social work has broadly followed three strands of investigation; exploration of the influence of organisational factors, practitioner characteristics and client attributes. Some organisational factors that influence stress have been identified as low organisational support, limited resources and poor IT systems (Beer, 2016). Poor pay, elevated caseloads and the blame culture have been associated with retention issues in social workers (McGregor, 2014). The interaction between high work demands, low levels of control and poor managerial support have been related to social worker stress (Ravalier, 2018) and the combination of high work pressures, lack of control over decision making and resources are detrimental to their job satisfaction (Wilberforce et al., 2014). Poor retention rates and/or burnout in social workers have also been related to the extent to which they can exercise professional discretion and the amount of administrative functions that they undertake (Moriarty, Baginsky and Manthorpe, 2015). Many social workers feel that the negative aspects of the job hinder their ability to effectively perform their work, causing burnout (Morazes et al., 2010). Practitioner attributes such as self-esteem, internal locus of control, general self-efficacy, extraversion, conscientiousness, agreeableness, hardiness and emotional stability have been negatively associated with emotional exhaustion and depersonalization in social workers (Alarcon, Eschelman and Bowling, 2009). Working with clients often exposes the social worker to role conflict in terms of client advocacy on the one hand and meeting agency needs on the other (Lloyd, King and Chenoweth, 2002). Having a large number of clients with post-traumatic stress disorder (PTSD), trauma issues or those considered as being ‘high risk’ has been associated with increased burnout rates (Craig and Sprang, 2010; Dillenburger and Myers, 2011). The degree of the client's disability has been statistically significantly related to burnout scores (GrayStanley and Muramatsu, 2011). Many of these observations made in the Western literature are universal in nature; faced by social

workers the world over and hold true in the Indian context as well. However, the nature of social work practice in India can be differentiated from that in the West owing to several contextual factors that are unique to the country.

Social work in India does not enjoy the kind of professional standing that it does in the Western world and has not been formally recognised as a profession (Siddiqui, 2001). There is a contention that social work is only a 'semi-profession' as it lacks awareness and recognition from major stakeholders including the Government (Nair, 2015). This is largely because it is not underpinned by legislative sanction and there is no apex regulatory body that maintains professional quality and standards, accredits training institutions or licenses practitioners (Chandran, 2017). The title of 'social worker' itself is not protected and consequently is used rather loosely, often by those with no formal qualifying training (Weiss-gal and Welbourne, 2008). The bulk of practice happens in the third sector in a variety of settings that include mental health, women and child welfare, working with the elderly and community development projects in villages and slums (Stanley, 2006). The majority of social workers find employment in local, national or international non-governmental organisations (NGOs). Work conditions frequently tend to be arbitrary and ill-defined. Pay scales are low and one's employment tenure often depends on the whims of the employer. Working hours are determined by tasks and activities rather than fixed predetermined daily hours. The job profile is often not clearly specified, and the social worker may be expected to perform other tasks that are strictly not within one's professional repertoire (Stanley and Mettilda, 2015). Work is often dictated by a paucity of resources and relatively less autonomy in decision making. It must be emphasised that while this is not the situation in *all* agencies, this tends to be the predominant scenario in practice. Despite these working conditions, social workers perform their roles and functions admirably and take pride in the contribution that they make in improving the life of the people and communities that they serve.

The Indian literature on issues such as stress, anxiety, resilience, coping and burnout in social work practitioners is rather scant and this study seeks to investigate the complex relationship among these variables. We were primarily interested in studying the nature of professional quality of life experienced by women social

workers and to understand the manifestation of stress-related outcomes such as compassion fatigue and satisfaction in them.

Review of Literature

Professional quality of life as conceptualised by Stamm (2005), refers to the quality one feels in relation to one's work as a helper and incorporates both positive (*Compassion Satisfaction*) and negative (*Compassion Fatigue*) aspects. Compassion satisfaction has been explained as the pleasure derived from being effective in the helping profession (Stamm, 2005). It encompasses the pleasure and gratitude that develops from the process of caregiving (Simon et al., 2006). Social workers experience a sense of fulfilment and satisfaction when they perceive a positive change in the people that they work with and this enhances their motivation to perform well and to continue in the profession (Jones, 2005). It has also been suggested that compared to other occupational groups, social workers can become over-committed to their jobs and may experience higher levels of conflict in terms of maintaining work-life balance (Kinman, McMurray and Williams, 2014). Compassion fatigue is a related fallout of the stress of working with people encountered by helping professionals. It refers to the negative consequences of working with traumatized clients and vicariously experiencing the effects of their life trauma (Harr and Moore, 2011). Compassion fatigue has been variously characterized as vicarious trauma, secondary trauma syndrome, posttraumatic stress syndrome and as a variant of burnout (Craig and Sprang 2010, Yoder, 2010). Stamm (2010) considers it to comprise of two components; the first concerns aspects such as exhaustion, frustration, anger and depression that are typical of burnout and the second being Secondary Traumatic Stress, which is a negative feeling driven by fear and work-related trauma.

Compassion fatigue can diminish empathic abilities and generate disinterest with the caregiving process (Adams, Boscarino and Figley, 2006). Exhaustion and reduced work efficiency have been reported in social workers experiencing compassion fatigue (Figley, 2002). Higher personal distress is associated with lower compassion satisfaction and higher compassion fatigue and burnout in clinical social workers (Thomas, 2013). Burnout has been conceptualised as a psychosocial syndrome that involves feelings of emotional exhaustion, depersonalization and diminished personal accomplishment at work (Montero-Marin et al., 2009). The intense stress

experienced in practice has been reported to contribute to high rates of burnout in social workers (Kim and Stoner, 2008). The literature suggests that social workers' burnout can heighten psychological distress, such as depression (Evans et al., 2006; Stanley, Manthorpe, and White, 2007) and to deterioration in physical health (Kim, Ji and Kao, 2011). It is also associated with the increased likelihood of turnover intention (Kim and Stoner, 2008), absenteeism and poor retention rates in social workers (De Croon et al., 2004; Kinman and Grant, 2011).

These issues bring to the fore the importance of coping and resilience in social workers in dealing with stress, compassion fatigue and burnout experienced in work situations. Coping is viewed as a multidimensional construct that represents the behavioural and cognitive mechanisms used to manage the ongoing internal and external demands of a stressful episode and involves self-regulation (Lazarus and Folkman, 1984). The transactional stress model (Lazarus and Folkman, 1984) postulates that coping efforts may be directed towards dealing with the problem (problem-focused coping) or with its emotional accompaniments (emotion-focused coping). This model was expanded by Carver, Scheier and Weintraub (1989) to incorporate avoidance coping which is the tendency to avoid the problem as well as its emotional outcomes and is hence considered dysfunctional in nature.

Resilience is another concept frequently mentioned in the context of both stress and coping. It refers to the capacity of an individual to maintain stable functioning and to adapt in the face of significant adversity (Fletcher and Sarkar, 2013; Garcı´a-Secades, et al., 2016). It is a complex and multi-faceted construct that refers to a person's capacity to handle environmental difficulties, demands and high pressure without experiencing negative effects (Kinman and Grant, 2011). People with higher resilience adapt more successfully to stressful events than do those with lower resilience (Luthar, 2006). Resilient people are considered to possess characteristics that include hardiness, sense of control, emotional intelligence, optimism, hope, self-efficacy, persistence and an ability to appraise 'problems' as challenges (Collins, 2015; Grant and Kinman 2014). High levels of stress from work-related uncertainty and low levels of resilience were strongly correlated with depression and burnout in a sample of paediatric residents (Simpkin et al., 2018). The importance of emotional resilience for social workers in enabling them to manage the challenges of their role has been widely acknowledged (Laming, 2009; Munro, 2011). As an attribute, it may

enhance positive adaptation to stressful situations that are encountered by social workers (Collins, 2008; Howe, 2008). According to the meta-model for stress, emotions and performance (Fletcher and Fletcher, 2005; Fletcher and Scott, 2010), stressors originate in an individual's environment and its effects are mediated by the processes of perception, appraisal and coping, and then consequently manifest in positive or negative responses, feeling states, and outcomes. According to this model, resilience influences the process of stress at different levels, including evaluation of stressors, metacognition in response to emotions and the selection of coping strategies (Fletcher and Sarkar, 2013). The concept of resilience has not been without criticism because of its predominant focus on the individual worker without due consideration of the structural, political, policy and organisational context which influence its manifestation (Collins, 2017).

It is evident from the review that concepts such as stress, resilience, coping, burnout and compassion fatigue are interdependent and share a complex relationship. Burnout is an important consequence of work-related stress and resilience is a crucial factor that enables people to deal more competently with stress and enhances their coping. A recent investigation posits that the degree of change in resilience predicts the magnitude of reduction in stress (Smith et al., 2018). This study primarily seeks to ascertain if resilience moderates the effect of stress in terms of adverse outcomes such as burnout in women social workers.

Method

Research Design

This study is cross-sectional in nature and survey methodology was used for data collection. A descriptive design that includes elements of a comparative nature to enable comparisons among different categories of respondents has also been incorporated. The analytical methodology followed is predominantly correlational.

Measures

(1) Questionnaire to collect socio-demographic data and work-related information.

(2) Anxiety and stress subscales of the Depression, Anxiety and Stress scales (DASS 21) by Lovibond and Lovibond (1995) were administered to the respondents. They were required to rate each item on a scale from 0 to 3 based on whether the statement applied to them or not. High scores reflect higher levels of stress and

anxiety. Sample items for the stress scale included items such as ‘I found myself getting agitated’ and ‘I found it difficult to relax’. The Cronbach’s alpha reliability coefficient for this scale was computed to be .88 which is considered to be good (George and Mallery, 2003).

(3) The Connor and Davidson (2003) Resilience scale (CD-RISC) comprises of 25 items, each rated on a 5-point scale (0–4). It measures five factors of resilience to do with the notion of personal competence, high standards, and tenacity (Factor 1), tolerance of negative affect (Factor 2), the positive acceptance of change (Factor 3), and secure relationships, control (Factor 4) and spiritual influences (Factor 5). A cumulative resilience score can also be computed with higher scores reflecting greater resilience and can range from 0 to 100. It included items such as ‘I am able to bounce back after illness or hardship’; ‘I am not easily discouraged by failure’. The Cronbach’s alpha in this study was calculated to be .94 and is considered as being ‘excellent’ (George and Mallery, 2003).

(4) The Professional Quality of Life Scale (ProQOL; Stamm, 2009) is a 30-item scale which measures the positive and negative effects experienced by those who choose to help others experiencing suffering and trauma. It is made up of three subscales: compassion satisfaction, secondary traumatic stress (STS) and burnout. The last two sub-components together make up the dimension of compassion fatigue The ProQOL asks respondents to rate how frequently they experienced certain feelings in relation to their work with clients in the last 30 days. Sample items included statements such as: ‘I feel invigorated after working with those I help’; ‘I feel depressed because of the traumatic experiences of the people whom I help’. The reliability coefficient for the PROQOL in this study was .87, considered to be good (George and Mallery, 2003).

(5) Coping was assessed with the Brief Cope Scale (Carver, 1997) and has 26 items that constitute 14 subscales grouped into three categories of coping namely, problem-focused (active coping, planning, use of instrumental support), emotion-focused (use of emotional support, positive reframing, acceptance, religion, humour), and dysfunctional coping (venting, denial, substance use, behavioural disengagement, self-distraction, self-blame). Each item is answered on a four-point response scale which elicits information as to how often a particular coping strategy

has been used to deal with stress. Examples of statements in the scale are: ‘I've been using alcohol or other drugs to make myself feel better’; ‘I’ve been getting help and advice from other people’. The reliability coefficient for this instrument (alpha) in this study was .89, considered as being ‘good’ (George and Mallery, 2003).

Data collection

A list of voluntary organisations registered with the District Social Welfare Board was obtained to identify NGOs in Tiruchirappalli city. Women social workers employed by these organisations were contacted after permission was obtained from the head of the organisation. The nature of the study was explained to them and their participation was solicited. Hard copies of the questionnaire were given to them at the preliminary contact and a time agreed upon for collection of completed responses. Of the 153 questionnaires thus circulated, 120 completed questionnaires were received and included for data analysis. In many instances, it involved repeated visits to collect questionnaires from potential respondents. We thus had a response rate of 78% and this data was used for analysis.

Ethical considerations

The study received ethical clearance from the Ethics Review Panel of Cauvery College, where the co-author is based. Participation was voluntary, and informed consent was obtained from all the respondents. Respondents were told that they had the option to drop out of the study at any point without any implications and would not be contacted thereafter. No personal identification data was collected and the questionnaires were anonymised.

Statistical analysis

SPSS version 24 (Statistical Package for Social Sciences; IBM Software, Armonk, NY) was used for data analysis and for generating the results of this study. The analysis involved the use of t-tests, ANOVA, Pearson's correlation and linear regression. The Bonferroni correction was applied for the ANOVA tests. It is a multiple-comparison correction used when several dependent or independent statistical tests are being performed simultaneously on the same data set and lowers the critical value at which the F value is tested in order to weed out spurious results that are statistically significant (Bland and Altman, 1995). While 120 does not

constitute a large sample, it was deemed adequate for the statistical tests executed in the study.

Results

Respondents' profile

The age of the respondents ranged from 22 to 56 years (mean=31.6) with most of them (49.2%) being in the 20 to 30 age group. They were predominantly from a Hindu religious background (70%) and lived in nuclear families (76.7%) in an urban area (61.7%). The majority of them were married (58.3and) and of these fifty-four per cent had one child. In terms of their educational background, the majority had a post-graduate social work qualification (82.5%), 12.5% had a higher research degree (MPhil/PhD) and the rest of them had a graduate social work degree (5%). The majority (52.5%) of them had specialised in Clinical Social Work (called Medical and Psychiatric social work in India), the others having specialised in Family and Child Welfare (30.8%) and the rest in Community Development (16.7%). In terms of their work role, the majority were designated as Counsellors (56.7%) and the next big category was that of Field Workers (18.3%). They classified their organisation as belonging to a Medical and Psychiatric setting (43.3%), Family and Child Welfare (37.5%), Educational setting (8.3%) or as working in the field of Community Development (10.8%). The average years of work was six years and ranged from one to thirty. For 48.3% their current employment was their first job. The majority worked for six to seven hours a day (61.7%) and 28.5% for eight to nine hours. The mean monthly income of the sample was Rupees 11329.58 (approx. $176) and ranged from Rs. 3000 ($47) to 55,000 ($853). While 45% of the respondents expressed dissatisfaction with their salary, in terms of their overall job satisfaction, a high majority (76.7%) said they were satisfied with their work. When asked about work-related problems, many of them said that social work itself was a challenging profession and some of the difficulties encountered pertained to work with stigmatised groups and victims of natural disasters. Other responses indicated difficulties in working with higher officials, politicians, and with male colleagues. When asked specifically if being a woman social worker made them face any unique issues at work, the majority denied this (80.8%). The other respondents indicated difficulties in sometimes having to work during odd hours, concern for physical safety, problems with male colleagues who tended to be dominating and

lack of autonomy in making work-related decisions.

Insert Table 1 about here

Distribution of respondents on key study variables

Table 1 depicts the profile of the respondents in terms of the key variables of the study. They were categorised into ‘low’ and ‘high’ groups based on the mean score for each variable. The data indicate that the majority of respondents were classified as being low on both stress (55%) and anxiety (57.5%). In terms of the five factors of resilience, the majority were high on Factor 1 (57.5%), Factor 2 (52.5%) and Factor 3 (53.3%) but low on F4 (53.3%) and F5 (57.5%). In terms of coping strategies used, the majority were categorised as ‘low’ for using emotion -focused strategies (55%) and as ‘high' for problem-focused coping (52.5%). For the professional quality of life dimension, the majority scored high for ‘Compassion Satisfaction’ (51.7%). In terms of the sub-scales of the compassion fatigue scale, respondents were almost equally distributed for both burnout and secondary traumatic stress.

Insert Table 2 about here

Age-based comparison

Respondents were categorised into four age groups (21 to 30, 31 to 40, 41 to 50 and 51 to 60 years) and ANOVA (Analysis of Variance) tests conducted for all the key variables of the study (Table 2). As mentioned earlier the Bonferroni correction was applied to the critical p-value to reset the level of significance at which the F values (.004) were tested. Except for factor 2 (tolerance of negative affect) and factor 5 (spiritual influences) of resilience, statistically significant differences were obtained for the remaining three. Comparison of mean scores revealed that for these three resilience factors the scores were highest for those in the 51 to 60 age group. Statistically significant differences were not obtained for the other variables of the study, in terms of the age of the respondents.

Comparison based on work experience

Respondents were classified according to their work experience into three groups (<10 years; 11 to 20 years and >21 years) and then compared on the key variables by subjecting the data to another ANOVA, using the Bonferroni correction. Accordingly, the critical significance was set at .004. The tests revealed no significant statistical difference with regards to any of the key variables except for

resilience factor 3 (positive acceptance of change; F=5.83; p <0.003). For this factor, the highest mean score was obtained for those who had more than 20 years of work experience. Further post-hoc Scheffe tests revealed that the difference was statistically significant for the two groups with the least and highest work experience (<10 years and >21 years).

Insert Table 3 about here

Comparisons based on other background variables

Respondents were compared based on whether they were married or single using t -tests (Table 3). Analysis revealed significant differences based on their marital status in terms of the total resilience score, emotion and problem-focused coping, but not for the other key variables. Mean score comparisons show higher resilience scores for married respondents and higher means for unmarried respondents for both emotion and problem-focused coping. t-tests based on the type of family (nuclear v/s joint) did not reveal any statistically significant difference for all the key variables of the study. Comparisons based on job status (temporary v/s permanent) using t-tests revealed statistically significant differences for the overall resilience score, but not for any of the other key variables of the study. Those in permanent jobs obtained a higher mean score. When respondents were compared based on whether their current job was their first one or they had worked elsewhere before, it was seen that significant differences were seen in terms of anxiety and stress scores, but not any of the other key variables. Mean scores reveal higher levels of anxiety and stress for respondents for whom the current job was their first one.

Insert Table 4 about here

Relationship between variables

Karl Pearson's correlation coefficients were computed to assess the strength and the the direction of the relationship between variables of interest and the results are depicted in Table 4. Age showed a significant negative correlation with anxiety and positive correlation with all five resilience factors and to emotion-focused coping. Years of work correlated positively with all the five factors of resilience and negatively with secondary traumatic stress. Income correlated negatively with anxiety and positively with resilience factors 2, 3, 4 and 5 and also with dysfunctional coping and burnout. Work-stress correlated positively with anxiety but not with other variables. Anxiety entered into a positive relationship with both emotion-focused and problem-focused coping styles and with the burnout scores. The five resilience

factors showed strong positive associations among themselves and also, to the three coping styles and with burnout. The three sub-scales of the coping scale also showed strong associations among themselves. Both emotion-focused, and problem-focused coping showed a significant positive relationship with the burnout scores.

Resilience as moderator

To ascertain if resilience moderated the association of stress with burnout, a hierarchical multiple regression analysis was done using the enter method. In the first step, a regression model was generated by treating the stress and total resilience scores as independent variables (predictors) and regressed on compassion fatigue scores, the dependent variable. The resulting model was significant (R^2 = .17, $F_{(2, 117)}$ = 12.23, $p < .001$) and the two independent variables explained 17 % of the variance in the dependent variable. To avoid spurious results owing to multicollinearity, the two independent variables were centered by subtracting the mean from the score for each respondent. To test the interaction effect between the two independent variables, a moderator variable was then computed by multiplying the centered stress and resilience scores. In the next step, this interaction term was added to the previous regression model. This model was also significant (R^2 = .23, $F_{(3, 116)}$ = 11.24, $p < .001$). The two main effects stress (b = .29, SE = .12, β = .21, t = 2.51, $p < .05$) and resilience (b = .10, SE = .03, β = .33, t = 4.04, $p<.001$) emerged as significant predictors of burnout in this model. However, the interaction between stress and resilience was also significant (b = .02, SE = .01, β = .23, t = 2.79, $p < .05$), indicating that the effect of stress on burnout was being moderated by the resilience scores. The increased R^2 value in the second model shows that together the stress and resilience scores (main effects) along with their interaction effect account for 23% variance in the manifestation of burnout (as against 17% variance in the first model). This increased variance can be attributed to the interaction term (anxiety-by-resilience) introduced in this model.

Discussion

The majority of respondents in this study were classified as being ‘low’ on both stress and anxiety. However, in the absence of comparative data relating to these two key variables, it is not possible to state if women social workers as a group in India experience higher stress and anxiety levels when compared to other similar

professionals (e.g. nurses, counsellors etc.). Stress and anxiety levels are indeed issues of concern as work-related feelings of anxiety in social workers may lead to depression and burnout (Dollard, 2003).

With regard to resilience, respondents in this study have scored high on Factor 1 (personal competence, high standards, and tenacity), Factor 2 (tolerance of negative affect and Factor 3 (the positive acceptance of change). This indicates attributes suggestive of good resilience in the women social workers of this study. It has been evidenced by the literature that resilience in social workers may help them adapt positively to stressful situations and to enhance their professional growth (Collins, 2008; Morrison, 2007; Howe, 2008). It was interesting to observe higher resilience in married respondents than those who were single. Marriage has been said to provide emotional benefits such as reducing stress and there is evidence that married individuals display better physical and mental health than those who are single (Law and Sabarra, 2009; Lindstorm, 2009). It is difficult to offer an explanation as to why married respondents manifest higher levels of resilience in this study. One possible explanation is that as those who were married were older than their single counterparts, the positive correlation seen between age and resilience could account for this.

It was also seen that work experience correlated positively with all the dimensions of resilience and negatively with secondary traumatic stress. The literature suggests that work experience is associated with greater emotional competence (Humpel and Caputi, 2001). Years of work thus seems to positively influence resilience and with the ability to deal with secondary trauma. Income also correlated negatively with anxiety, dysfunctional coping and burnout, suggesting the need for appropriate monetary compensation to negate the influence of these variables. The positive relationship seen between income and resilience factors has been substantiated in other studies (e.g. Liu et al., 2018).

The respondents in this study were classified as being ‘low’ in terms of using emotion-focused coping strategies and ‘high' with regard to problem -focused coping and very few of them showed the use of dysfunctional coping styles. The coping literature provides evidence that the use of emotion--focused and dysfunctional coping styles such as avoidance is associated with higher levels of

secondary trauma (Gil and Weinberg, 2015). There is also the observation that the successful management of emotions is likely to underpin resilience in social care workers (Howe, 2008).

In terms of the professional quality of life assessed in this study, the majority of respondents were low on ‘Compassion Fatigue’ and scored high for ‘Compassion Satisfaction’. This is a positive finding as compassion satisfaction can help to mitigate the negative impact of compassion fatigue experienced by social workers (Harr, Brice, Riley and Moore, 2014). Compassion fatigue in social workers tends to occur as a result of vicarious exposure to the suffering of clients that they interact with and can result in experiencing a reduced capacity for empathy (Adams, Boscarino, and Figley, 2006). Compassion satisfaction has also been found to mediate the negative effects of compassion fatigue and burnout and is a potential protective factor for mental health (Harr et al., 2014).

The ANOVA results for comparison by age indicated higher resilience in social workers who were more advanced in age. Further, age showed a positive correlation with all the five factors of resilience. Age as a significant predictor of resilience has been elicited in an earlier study of trainee social workers (Kinman and Grant, 2011). Age also showed a negative relationship with anxiety levels in this study, indicating that with an increase in age, there is a decline in anxiety levels. These findings associated with age perhaps are suggestive of the role of work and life experiences that accrue with the advancement of age.

The duration of work experience was positively correlated with all five resilience factors and negatively with secondary traumatic stress. In terms of anxiety and compassion fatigue, ANOVA results showed higher scores for those with lesser years of work experience. These findings seem to suggest that the experience of anxiety and compassion fatigue declines with an increase in work experience and at the same time resilience also tends to increase. Thus, there seems to be a kind of maturing of professional attributes, the longer one has been in work. Whether this consequently translates into higher levels of professional competence, role performance and work efficacy cannot, however, be interpreted into these findings. These findings are in consonance with the extant literature relating to work experience which indicates that younger professionals in the helping services are at

an elevated risk of compassion fatigue and burnout (Craig and Sprang, 2010; Knight, 2010; Schwartz, Tiamiyu, & Dwyer, 2007; Hamama, 2012) and that compassion satisfaction increases with years of work experience (Arvay, 2001; Gentry, 2002; Sprang, Clark and Whitt-Woosley, 2007). A significant negative correlation between years in the profession and emotional exhaustion (burnout) has also been reported (Ray, Wong, White and Heaslip, 2013). It was also seen in this study that anxiety levels were higher for respondents for whom their current job was the first one.

We note from the results that anxiety and stress scores are positively correlated and that the five resilience factors also correlate significantly with the coping scores. This has also been reported in a study of social work students in India (Stanley and Mettilda, 2016). Further work stress scores correlated positively with anxiety levels, which in turn entered into a positive relationship with burnout scores. This corroborates the long-standing notion seen in the literature that underscores the relationship among these variables as manifested in social work practitioners (Dollard, 2003; Lloyd et al., 2002). It has been held that conflict between individual and organisational demands resulting in a reduced sense of achievement and accomplishment generates burnout over long periods of employment (Harr et al., 2014).

Our analysis also indicates that the effect of stress on burnout is moderated by the resilience scores. This finding is in congruence with the notion that resilience might buffer the negative impact of work stress, in intrinsically challenging working environments (Howard, 2008). Resilience is hence a key factor in enabling social workers to deal with work-related stress and consequently minimise the possibility of experiencing burnout.

Implications for Intervention

The findings of this study point to the need for a multi-pronged approach to enable social workers to deal more effectively with the complex demands of professional practice and to mitigate the deleterious consequences of work-related anxiety and stress. Previous writers have emphasised the need for the social work profession and all its stakeholders including practitioners, educational institutions and employers to deal proactively with burnout (Kim, Ji and Kao, 2011). The development of resilience is positively associated with managing adversity and

enhancing professional competence when dealing with stressful situations encountered in practice (Menezes de Lucena et al., 2006). This study points out that developing resilience in social workers is important in this regard.

This could happen via three routes; one in terms of strengthening resilience and capacity building at an individual level; two dealing with organisational factors and three reforming current social work education and training. Intervention on an individual basis would include the strengthening of resilience by imparting stress management techniques, providing relevant work-related training and ensuring opportunities for professional growth and development. These measures have financial implications for employers but in the long run, could enhance work efficiency and employee retention.

The second route that we mentioned earlier is to take steps to modify organisational factors such as resource constraints, lack of autonomy, role ambiguity, increased workloads and the like. A positive organizational climate and constructive work culture are important determinants of job satisfaction (Glisson and James, 2002). Organizational strategies that promote a decentralized and supportive working environment is key in this regard (Kim and Stoner, 2008). Redesigning work to provide for greater autonomy in practice and enhancing social support are other measures that organisations need to consider (Dollard et al., 2000). Clinical supervision, the use of support and ongoing training are some organisational variables identified by social workers as ameliorating experiences associated with vicarious traumatization (Pack, 2014). Organizations must create a culture that appropriately responds to stress and manifestations of vicarious burnout in employees (Wilson, 2016). Social work agencies need to foster a work ethos that is supportive and growth oriented and takes into consideration factors that promote autonomy, realistic workloads and the provision of needed resources so that work efficacy is maximised as also staff morale and job satisfaction.

Social work education institutions also have an important role to play in terms of laying the foundations for professional competence that would then mature and grow with experience in practice. In our opinion, the process of recruitment and student selection has been undermined in recent years owing to the mushrooming growth of social work institutions in Tiruchirappalli, with each vying with others to recruit more

students. This has resulted in the lack of proper screening to ascertain if students with the right kind of aptitude for social work, awareness of the rigour and realities of practice and the necessary resilience are being inducted into the profession. A robust screening procedure during student intake is hence crucial to ascertain an applicant's resilience and awareness of the demands of the profession (Harr et al., 2014) and to ensure that square pegs are not being forcibly fit into round holes. The onus is also on academia in terms of imparting current knowledge and skills, but also ensuring that potential social workers are in tune with the realities of practice and preparing them to deal with stressors and vicarious trauma that they are likely to encounter. Inviting practitioners into the classroom to share practice experiences and anecdotes would be helpful in this regard. Training also requires the inculcation of stress management techniques and in areas such as budgeting and time management that could potentially enhance work competence and efficacy. The curriculum needs to have a sharper focus on the importance of self-care and prevention of compassion fatigue and burnout for trainee social workers (Bride and Figley, 2007; Hesse, 2002; Moore et al., 2011). Strategies to enable social work students to deal with the potential stress associated with traumatised people (Bride and Figley, 2007) and vulnerable groups is hence an important preparatory function of social work education. At present, the curriculum in India does not specifically focus on these aspects and issues such as compassion fatigue and burnout are rather cursorily dealt with. Activities that enable problem-solving, role-playing scenarios and simulated case analysis can enable better emotional management and need to be integrated with the curriculum.

Self-care is an important issue that needs to be emphasised in training programs and through a work culture that actively encourages the maintenance of wellbeing. Balanced nutrition, exercise, spirituality, taking a lunch break (away from the desk), or participation in stress-reducing activities are important (Newell and MacNeil, 2010). Involvement in activities that promote physical health and body fitness, relaxation and regeneration, creative expression, interpersonal relationships and spiritual practice are important aspects of self-care in managing compassion fatigue (Leon, Altholz, and Dziegielewski, 1999).

A combination of some of these measures will, in the long run, result in reduced anxiety and stress for social workers and enable them to deal more effectively with

issues relating to compassion fatigue and burnout.

Limitations

A major limitation of this study is that the data has been collected only from women social workers and thus gender-based comparisons were not possible. Further, the study was conducted in only one city in India and given the vast nature of the country, the large size of the social work workforce and the heterogeneous settings of practice, does not constitute a representative sample. The data presented in this study is of a cross-sectional nature and reflects the attitudes and opinions of the respondents at the point of data collection and as such do not reveal the dynamics associated with job requirements and social work practice as they change over time. Yet another limitation of this study is that we have not considered organisational factors such as work ethos, supportive arrangements, workloads and other such aspects all of which play a significant role in determining the work experience of social workers.

Conclusion

Despite these limitations, this study makes an important contribution to the social work literature in India as previous investigations have not incorporated the wide array of variables that we have included in this study. It more specifically brings out the key role played by resilience in exerting a moderating influence between stress and burnout experienced by social workers in practice. This is a pointer to the fact that ameliorative measures to reduce work stress, strengthen resilience and reduce burnout can be taken so that the mental health and wellbeing of social workers can be enhanced. Strengthening coping strategies to enable social workers to deal more effectively with work-related stress and anxiety becomes relevant in this context. The findings indicate the need to adopt a training curriculum that will enhance professional competence by developing resilience and more effective strategies of coping. Organisational contexts are equally important to ameliorate the deleterious effects of work-related stress and to ensure that a supportive and nurturing work environment is provided by employers.

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Table 1

Distribution of respondents categorised as 'low' and 'high' based on mean scores for the key variables of the study

Variables	Minimum	Maximum	Mean	SD	Low	High
Stress	0	21	5.68	4.24	66 (55.0)	54 (45.0)
Anxiety	0	21	6.03	4.77	69 (57.5)	51 (42.5)
Resilience Factor 1	4	32	21.48	6.49	51 (42.5)	69 (57.5)
Factor 2	5	28	16.99	5.90	57 (47.5)	63 (52.5)
Factor 3	3	31	12.67	4.54	56 (46.7)	64 (53.3)
Factor 4	1	12	8.16	2.78	64 (53.3)	56 (46.7)
Factor 5	0	15	5.01	2.39	69 (57.5)	51 (42.5)
Emotion focussed coping	13	40	27.41	5.79	66 (55.0)	54 (45.0)
Problem focussed coping	8	24	16.93	3.59	57 (47.5)	63 (52.5)
Dysfunctional coping	11	40	24.99	5.88	60 (50.0)	60 (50.0)
Burnout	15	50	29.53	5.90	60 (50.0)	60 (50.0)
Secondary Traumatic Stress	10	59	25.62	8.81	61 (50.8)	59 (49.2)
Compassion Satisfaction	14	50	34.10	7.40	58 (48.3)	62 (51.7)

Note: Figures in parentheses are percentages

Table 2

One way ANOVA summary table for subject dimensions by age of respondents

Variables	Source	Sum of Squares	Mean Square	F	Significance * p
Stress	BG	104.38	34.79	1.99	.121
	WG	2037.59	17.57		
Anxiety	BG	162.91	54.30	2.48	.065
	WG	2544.96	21.94		
Resilience F1	BG	729.34	243.11	6.59	.000 *
	WG	4280.63	36.90		
Resilience F2	BG	326.89	108.96	3.31	.023
	WG	3814.10	32.88		
Resilience F3	BG	484.17	161.39	9.52	.000 *
	WG	1966.50	16.95		
Resilience F4	BG	125.64	41.88	6.13	.001*
	WG	792.36	6.83		
Resilience F5	BG	34.22	11.41	2.05	.111
	WG	646.77	5.58		
Emotion Focused Coping	BG	312.87	104.29	3.29	.023
	WG	3682.12	31.74		
Problem Focused Coping	BG	74.30	24.77	1.97	.122
	WG	1458.03	12.57		
Dysfunctional Coping	BG	37.81	12.60	.36	.783
	WG	4075.18	35.13		
Compassion Fatigue	BG	137.82	45.94	.27	.847
	WG	20757.48	178.94		
Compassion Satisfaction	BG	301.24	100.41	1.87	.138
	WG	6221.56	53.63		

*N=120; df = 3, 116; ** Bonferroni Corrected *p = 0.004*

Table 3

t tests for respondents on select background factors by key variables

		Marital Status		Type of family		Nature of job		Current job	
Variable	Group	Married	Unmarried	Joint	Nuclear	Permanent	Temporary	First job	Not first job
		n=70	n=50	n=28	n=92	n=19	n=101	n=58	n=62
Stress	Mean	5.27	6.26	5.61	5.71	4.32	5.94	6.59	4.84
	SD	3.72	4.86	4.04	4.32	3.13	4.39	4.22	4.12
	t	-1.26 (p>.05)		-.10 (p>.05)		-1.54 (p>.05)		2.29 (p<.05)	
Anxiety	Mean	5.66	6.56	6.68	5.84	4.95	6.24	7.09	5.05
	SD	4.51	5.11	5.69	4.47	3.91	4.91	4.86	4.50
	t	-1.02 (p>.05)		.82 (p>.05)		-1.08 (p>.05)		2.38 (p<.05)	
Resilience	Mean	69.34	57.26	63.96	64.41	73.05	62.66	61.00	67.40
	SD	16.19	20.25	17.82	19.29	9.95	19.73	19.78	17.60
	t	3.62 (p<.001)		-.11 (p>.05)		2.24 (p<.05)		-1.88 (p>.05)	
Emotion focussed coping	Mean	28.41	26.00	27.07	27.51	28.84	27.14	26.79	27.98
	SD	5.43	6.04	6.33	5.65	3.91	6.06	5.68	5.88
	t	2.29 (p<.05)		-.35 (p>.05)		1.18 (p>.05)		-1.13 (p>.05)	
Problem focussed coping	Mean	17.47	16.16	17.32	16.80	17.89	16.74	16.59	17.24
	SD	3.42	3.72	3.62	3.59	2.05	3.79	3.81	3.37
	t	1.99 (p<.05)		.67 (p>.05)		1.29 (p>.05)		-1.00 (p>.05)	
Dysfunctional coping	Mean	24.87	25.16	24.21	25.22	26.26	24.75	24.34	25.60
	SD	5.91	5.89	5.81	5.91	4.21	6.13	5.70	6.02
	t	-.26 (p>.05)		-.80 (p>.05)		1.03 (p>.05)		-1.17 (p>.05)	
Compassion fatigue	Mean	56.04	53.30	55.64	54.67	55.26	54.83	55.55	54.29
	SD	13.33	11.62	12.86	12.67	11.39	12.95	12.81	12.61
	t	1.17 (p>.05)		.35 (p>.05)		.14 (p>.05)		.54 (p>.05)	
Compassion satisfaction	Mean	34.71	33.24	32.50	34.59	34.26	34.07	33.88	34.31
	SD	7.10	7.80	8.73	6.93	6.87	7.53	7.42	7.44
	t	1.07 (p>.05)		-1.31 (p>.05)		.11 (p>.05)		-.32 (p>.05)	

Table 4

Inter-correlation matrix for respondents on key variables of the study.

	Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Age	1	.76**	.41**	-.03	-.23*	.40**	.31**	.45**	.35**	.18*	.18*	.12	.12	.07	-.10	.14
2	Years of Experience	.76**	1	.33**	.05	-.17	.27**	.22*	.35**	.23*	.20*	.08	.04	.15	.01	-.18*	.15
3	Monthly Income	.41**	.33**	1	-.11	-.24**	.13	.20*	.21*	.19*	.19*	-.02	-.05	-.19*	-.20*	-.02	-.17
4	Stress	-.03	.05	-.11	1	.47**	-.12	-.09	-.14	-.01	-.05	.02	.01	-.02	.13	.28**	-.04
5	Anxiety	-.23*	-.17	-.24**	.47**	1	-.02	.02	-.08	.06	-.05	.19*	.18*	.08	.26**	.48**	-.07
6	Resilience F1	.40**	.27**	.13	-.12	-.02	1	.70**	.74**	.70**	.54**	.58**	.64**	.29**	.32**	-.01	.41**
7	Resilience F2	.31**	.22*	.20*	-.08	.02	.70**	1	.70**	.69**	.50**	.49**	.56**	.35**	.29**	-.02	.39**
8	Resilience F3	.45**	.35**	.21*	-.14	-.08	.74**	.70**	1	.69**	.48**	.45**	.49**	.22*	.25**	-.02	.34**
9	Resilience F4	.35**	.23*	.19*	-.01	.06	.70**	.69**	.69**	1	.42**	.52**	.61**	.22*	.25**	.07	.40**
10	Resilience F5	.18*	.20*	.19*	-.05	-.05	.54**	.50**	.48**	.42**	1	.47**	.48**	.33**	.24**	.02	.35**
11	Emotion Focussed Strategies	.19*	.08	-.02	.02	.19*	.58**	.49**	.45**	.52**	.47**	1	.79**	.26**	.39**	.21*	.42**
12	Problem Focussed Strategies	.12	.04	-.05	.01	.18*	.64**	.56**	.49**	.61**	.48**	.79**	1	.32**	.42**	.19*	.43**
13	Dysfunctional Coping	.02	.15	.19*	-.02	.08	.29**	.35**	.22*	.22*	.33**	.26**	.32**	1	.17	-.03	.25**
14	Burnout	.07	.01	.20*	.13	.26**	.32**	.29**	.25**	.25**	.24**	.39**	.42**	.17	1	.61**	.52**
15	Secondary Traumatic Stress	-.10	-.18*	.02	.28**	.48**	-.01	-.02	-.02	.07	.02	.21*	.19*	-.03	.61**	1	.18
16	Compassion Satisfaction	.14	.15	.17	-.04	-.07	.41**	.39**	.34**	.40**	.35**	.42**	.43**	.25**	.52**	.18*	1

Correlation (2-tailed) is significant at the 0.01 level ** and at the 0.05 level *