



Fall 12-1-2024

Burnout and Beyond: A Study on Burnout and Compassion Fatigue Among Social Workers and Case Managers

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Recommended Citation

Hale, LaToya; Huy Dao, Hung Kevin Dao; and McCord, Brandon, "Burnout and Beyond: A Study on Burnout and Compassion Fatigue Among Social Workers and Case Managers" (2024). *MSW Capstone Conference*. 22.

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**Burn and Beyond: A Study on Burnout and Compassion Fatigue Among Social Workers
and Case Managers**

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November 24, 2024

Table of Contents

Title.....1

Table of Contents.....2

Executive Summary.....3-4

Introduction.....4-6

Background.....6-9

Data Collection & Research Methods.....9-10

Findings.....11-20

Discussion & Recommendations.....20-21

Conclusion.....21-22

About the Authors.....23

References.....24-26

Appendices A Recruitment Flyer.....27

Appendix B Burnout Questionnaire.....28-33

Appendix C Survey Participant Workplace Recommendation
Map.....34

Appendix D Survey Participant Workplace Recommendations Table.....35

Executive Summary

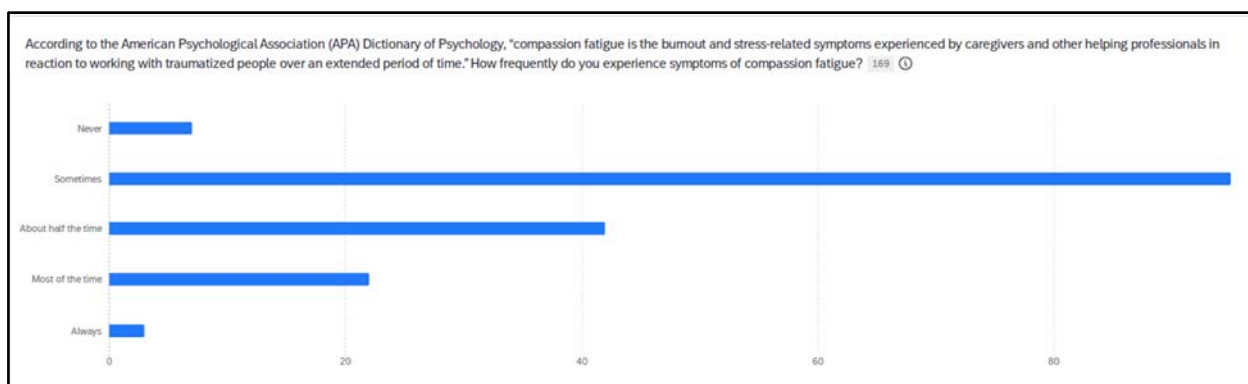
Purpose of Report

This report examines the prevalence of burnout and compassion fatigue among social workers and case managers, focusing on the contributing factors and the effectiveness of existing interventions. The study aims to provide valuable insights into the challenges faced by these professionals and to offer recommendations for enhancing their well-being. Burnout and compassion fatigue are significant and increasingly relevant issues within high-stress professions, particularly in social work and case management. These conditions not only affect the mental health and job satisfaction of professionals, but they also have a profound impact on the quality of care provided to clients. Addressing these issues is essential to maintaining a healthy and effective workforce within social services. The study was granted permission and given IRB consent using Cayuse to move forward with the study IRB approval no. IRB2024-275. The data for this study was collected through a survey distributed to various organizations in Sacramento and Stockton via email requests. The responses were collected and analyzed using Qualtrics, an advanced online survey platform widely utilized in academic and professional settings. Qualtrics provides an intuitive interface and a comprehensive set of tools that allow organizations to efficiently create surveys, distribute them, and analyze the resulting data. This platform is commonly employed to gather valuable insights on various topics, including customer satisfaction, employee engagement, and market research. Using Qualtrics, the study aims to offer a deeper understanding of the factors influencing burnout and compassion fatigue, ultimately contributing to developing effective strategies to support social work professionals.

Key Findings

The survey revealed that 56% of participants reported experiencing symptoms of compassion fatigue, highlighting the prevalence of this issue among social workers and case managers. Additionally, 49% of respondents indicated good personal resilience, while another 49% experienced emotional numbness, suggesting a mixed ability to cope with the emotional demands of their work. Regarding self-care, 73% of participants identified taking vacations and breaks as the most effective activity for alleviating stress. Furthermore, 63% emphasized the importance of support networks in managing stress, underscoring the need for robust professional and personal support systems. However, 56% of respondents found current organizational interventions ineffective or only slightly practical, indicating a need for more effective strategies. Despite this, 54% felt comfortable discussing burnout with their supervisors, showing some openness in addressing mental health issues within their organizations.

Compassion Fatigue with Social Workers & Case Managers



Main Takeaways & Expectations

The study emphasizes the need for more effective organizational support and interventions to address burnout and compassion fatigue. Key recommendations include increasing wages, reducing caseloads, enhancing supervisor support, more paid time off, organization of social worker unions, and implementing regular mental health self-care days and workshops. These measures are expected to improve job satisfaction and mental well-being among social workers and case managers. The study's limitations include a small sample size and potential response bias. Additionally, the survey relied on self-reported data, which may not fully capture the complexities of burnout and compassion fatigue.

Further research is needed to explore the proposed interventions' long-term effectiveness and develop more targeted strategies for preventing burnout and compassion fatigue. Expanding the study to include a larger sample size could provide more comprehensive insights into these issues. This executive summary provides an overview of the report, highlighting the essential findings and recommendations. It emphasizes the importance of addressing burnout and compassion fatigue to ensure the well-being of social workers and case managers, enhancing the quality of care they provide.

Introduction & Background

Introduction

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress (Maslach & Leiter, 2016). In the context of this research, it can manifest when social workers and others within the social work field experience a sense of being overwhelmed and emotionally drained, rendering them unable to fulfill the persistent demands of their roles. Consequently, this emotional depletion can lead to a diminished interest and motivation in their people-centered work, which initially inspired them to pursue their profession. As a result,

burnout often culminates in decreased productivity and a sense of detachment from their responsibilities in managing clients (Green et al., 2014).

Compassion fatigue, also known as secondary traumatic stress, is a condition characterized by a gradual lessening of compassion over time (Delroisse et al., 2023). It is common among individuals that work directly with trauma victims such as social workers. Compassion fatigue is different from burnout. While burnout is associated with stress from work-related issues, compassion fatigue is related specifically to the relationship between the caregiver and the recipient of care (Gibbons et al., 2011).

The COVID-19 pandemic brought about unprecedented challenges and stressors for social workers, case managers, and others within the social work field, including increased workload, lack of personal protective equipment, fear of infection, while also shifting to telehealth services (Ramers, Scott, & Struminger, 2024). These pandemic protocol policies combined with technological shifts to remote meetings caused additional stressors within an already burdensome profession, leading to increased issues of burnout and compassion fatigue among social workers.

The field of social work is inherently stressful, with practitioners often exposed to narratives and challenging circumstances. (Aneaus et al., 2023). The impact of second-hand trauma comes into play after constantly being exposed to incredibly stressful scenarios, thus leading to burnout and compassion fatigue and impacting not just the well-being of social workers but also the quality of care they provide to their clients (Childs et al., 2024). This Capstone project aims to explore the factors contributing to burnout and compassion fatigue among social workers, with a particular focus on the impact of the COVID-19 pandemic (Martínez-López, Lázaro-Pérez, & Gómez-Galán, 2021).

The Capstone project research study will increase the existing body of knowledge on burnout and compassion fatigue among social workers by offering an all-encompassing analysis of the contributing factors. The results of this study could guide the creation of effective interventions and support systems to alleviate burnout and foster well-being among social workers. This could have implications for the formulation of crisis management strategies in the field of social work.

Work-life balance, emotional management, supportive work environments, and self-care efforts all contribute to alleviating these issues related to burnout and compassion fatigue (Lee & Miller, 2013). In answering these questions, the study seeks to provide practical and essential strategies that can aid in improving the well-being and effectiveness of social workers while addressing health disparities. Accessing healthcare for burnout can be challenging due to the lack of proactive support from the agencies and organizations where social workers are employed. These institutions often fail to prioritize the well-being of their staff, thereby hindering their ability. Previous theories and research approaches have focused on work-life balance, motivation, vicarious trauma, leadership and organizational characteristics and policies, emotional exhaustion, depersonalization, anxiety, depression, and personal accomplishment as variables to measure that may quantify burnout.

One study discovered that stress frequently disrupts the balance between work and personal life, leading to burnout. This can significantly impact job performance, often resulting in increased absenteeism and turnover within the social sector. According to Martin (2020), ‘A social worker's well-being is compromised physically, mentally, and psychologically and the social worker's self-care practices must be examined to determine the barriers that may be stopping a clinician from getting the proper self-care.’ Another study employed the Copenhagen Burnout Inventory alongside open-ended questions to pinpoint the primary reasons for burnout in the profession. Meanwhile, one research effort aimed to uncover factors associated with burnout, such as provider demographics (age, gender, education), work characteristics (tenure, caseload), and organizational factors (climate, leadership style). The commitment that social workers must continuously remind themselves and abide by for preventative maintenance for burnout. Social support and self-care strategies are detrimental, and the article reflects on the holistic approach that is used to help with resilience within social work (Newell, 2020).

Background of Existing Evidence

In a separate investigation, the clinically modified Buddhist psychological model (CBPM) served as a theoretical framework to explore protective and risk factors contributing to stress and burnout among social workers in Ireland, employing structural equation modeling and conditional process analyses. Another study emphasized that perceived stress universally poses risks for anxiety, depression, and overall mental well-being among social workers. Emotional exhaustion emerged as a potential risk factor for anxiety, whereas personal accomplishment appeared protective against depression and conducive to positive mental well-being. Previous research extensively explores the root causes of burnout among social workers. Several studies have identified various factors contributing to burnout: one survey highlighted inadequate support from family and friends among social workers.

How it has been studied through the years

Another research study revealed that 83% of those experiencing moderate to severe burnout attributed it primarily to organizational issues (Childs et. al 2024). Additionally, research indicates that social workers who engage in meaningful social interactions with colleagues or family members tend to experience lower burnout rates. Feeling valued in their professional role has also been linked to reduced burnout. Gender differences in burnout were noted, with women reporting higher emotional exhaustion and men reporting higher depersonalization. Studies on caseloads' impact on burnout have shown mixed results.

Leadership styles, particularly transformational leadership, have emerged as crucial in fostering resilient mental health organizations. Transformational leadership encompasses idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. Furthermore, supporting social workers in managing stress, reducing emotional exhaustion, and enhancing feelings of personal accomplishment can significantly improve their

mental health and job performance. Various studies have highlighted limitations in their research.

What Areas of Research are Needed

The primary aim of this study is to address the gap to identify the key factors contributing to burnout and compassion fatigue among social workers (Maddock, 2024). The study will also explore the impact of the COVID-19 pandemic on these factors and how it has exacerbated the problem (Martínez-López, Lázaro-Pérez, & Gómez-Galán, 2021). The study will further investigate the effectiveness of various interventions such as social support, work-life balance, emotional management, supportive work environments, and self-care in mitigating these issues (Lee & Miller, 2013).

Falling into the gap and filling the gap

This study aims to tackle three primary questions. First, this study seeks to identify the main factors that contribute to burnout and compassion fatigue among social workers (Maddock, 2024). When understanding these factors it will assist in developing effective interventions and support systems. Second, the study will explore the impact of the COVID-19 pandemic on these factors (Martínez-López, Lázaro-Pérez, & Gómez-Galán, 2021). The pandemic has brought many challenges and stressors for social workers, and it's essential to understand how these additional stressors have exacerbated the issues of burnout and compassion fatigue. Last, the study will investigate the effectiveness of various interventions such as social support, and proposed future avenues for investigating burnout among social work professionals.

One study pointed out the challenge of establishing a significant relationship between caseload size and burnout among social service providers, emphasizing the need for a deeper understanding of this association (Green et al., 2014). Another study suggested using the Clinically Modified Buddhist Psychological Model (CBPM) to explore psychological protective and risk factors for stress and burnout across different social work settings. This approach recognizes that varying practice environments can influence the factors contributing to stress and burnout differently. Further replication of the CBPM model is recommended to validate its reliability and applicability across diverse groups of social workers.

Importance of evaluation to fill the gap for future research

Additionally, there is a call for new research to evaluate the emotional dimensions impacted throughout the diversity of high-stress situations faced by social work professionals in varying fields of social work. Evaluating the effectiveness of interventions aimed at supporting these professionals is also crucial. Often, social workers are faced with unmanageably large caseloads and have feelings of being marginalized and undervalued (Carnes, 2023). Empathy and related responses reveal contrasting reactions when individuals witness someone else's suffering. While some demonstrate a compassionate concern and a desire to assist the person in distress, others exhibit an avoidance behavior, primarily focused on alleviating their discomfort rather

than aiding the individual in need. Termed as personal distress, this self-centered reaction is linked with various social and psychological challenges (Thomas, 2013).

Another study highlighted the need to explore the dynamic between field supervisors and students, particularly in integrating and promoting self-care practices in daily workplace routines and through supervision. Social work employers can promote compassion satisfaction by cultivating emotional intelligence among practitioners, allowing social workers autonomy in decision-making, and providing supportive work environments (Bae, 2020). Empirically validating models of self-care practices within the professional workplace remains a significant gap in current research, even though many employers are providing self-care informational brochures and webinars to their employees. Our research seeks to fill in the gap to understand if those within the social work profession feel the employer-provided self-care protocols at their employment have effectively prevented or reduced burnout.

Discuss and Critique

Our Capstone project, *Burn and Beyond: A Study on Burnout and Compassion Fatigue Among Social Workers*, will be diving into the effects of burnout and compassion fatigue and how that affects their delivery of service to their clients, and we are looking to push forward methods that can be implemented into the profession to help prevent such measures. Social workers often need to be paid more and are overworked with caseloads. Aspects of the current conditions of a workplace such as demands, support from upper management, and peer support can cause physiological and psychological damage (Ravalier et al., 2022). The type of work that social workers endure is mentally and emotionally draining, and that may take a toll on a person mentally and physically.

Addressing issues of Diversity, Cultural Sensitivity, Ethical and Oppression

The intricate angle of how ethnic minority and majority culture social workers work with ethnic minority and majority culture clients are issues with the existing evidence. Ethnic minority social workers have the ability to use culturally bound interventions as their method when working with their clients (Tartakovsky, 2022). Social workers who use interventions familiar with their background have a lower rate of burnout. There are many intersections between the race and culture of a person and providing services and interventions for someone who has the same or similar background as the social worker may help in relating to the client.

The data we will collect is whether the person has experienced a clinician who is overworked or burned out and whether they noticed their service delivery needed to be improved and was not up to their abilities. Data will also be collected from graduate students, teachers, colleagues, and other service workers on how they have managed and been supported through burnout. The direction of our study will be addressing the gaps in burnout and compassion fatigue and what procedures agencies and organizations have in place to help their clinicians prevent burnout.

Agencies and Organizations that work in social service should provide more implementation on self-care to help with the preventative maintenance of having social workers take care of their physical and mental well-being in this line of work and have a better work-life balance. According to Lee, J. J., & Miller, S. E. (2013), *A Self-Care Framework for Social Workers: Building a Strong Foundation for Practice*, “In order to engage in professional use of self-care, clear lines need to be drawn between some personal self-care practices and the professional use of self” (p. 98). It is imperative for social workers to practice setting boundaries to balance work in a professional manner while being able to also balance life at home. Factors such as increased pay, better employment benefits, or more paid time off could be topics our research survey and interview questions cover when analyzing the prevention of compassion fatigue (Stanley, 2024). The direction of the study will also focus on how accessible it is for professional social workers to get support from their organization.

We will take the field and topic of burnout and compassion fatigue amongst social workers forward and fill the gap by looking at how professionals have dealt with burnout and how more resources can be available for people working in the direct care of social services. Procedures and policies should be implemented for cases like the COVID-19 pandemic and how social workers are affected. We will also be looking at how to increase support from their organization to encourage therapy for the social worker and normalize help for social workers.

Our Capstone project will also explore how self-care and work-life balance are balanced and how it can become more feasible for social workers to manage their home lives while providing optimal service. The project will provide preventative maintenance measures to help social workers thrive. Lastly, we will be critically thinking about what can be done moving forward for social workers to advocate for more support from their organizations and increase their expectations for support from their agency.

Methods Section

Research Design

This study employs a mixed methods research design to explore the factors contributing to burnout and compassion fatigue among social workers. The quantitative component includes multiple-choice questions and Likert scales, while the qualitative component consists of open ended questions. The overall survey design seeks provide a questionnaire investigating common factors that influence burnout among social workers highlighted in the existing research which includes the following five areas; first, identify the elements that lead to burnout and compassion fatigue in social workers; second, evaluate the significance of support networks and self-care routines in reducing burnout; third, understand the influence of organizational structures and working conditions on the burnout experienced by social workers; fourth, investigate the correlation between personal distress, resilience, and burnout in social workers; and fifth, evaluate the efficacy of current interventions designed to decrease burnout and enhance compassion satisfaction.

Participant Selection, Inclusion/Exclusion Criteria

Data collection methods are explained and rationalized using an online survey that will be administered using Qualtrics to collect both quantitative and qualitative data. Surveys are efficient for collecting data from a large sample, allowing for statistical analysis and generalization of findings. Participants must be social workers, case workers, clinical social workers, or other professionals in similar roles currently employed in the field. The study will exclude other professions that do not meet these criteria. Participants will be recruited through non-probability sampling methods, including snowball sampling, email marketing, social media posts, and self selection.

Data Collection Methodology

Participants will be recruited through professional social work organizations, online forums, social media platforms, and flyers with a QR code. The online survey will be hosted on Qualtrics, a secure platform, and participants will have two months to complete the survey. The survey will take 5-8 minutes to complete and aims to gather insights into how social workers manage their work-life balance, identify shared challenges, and explore suggestions for improving well-being among social work professionals. Participants are informed that their responses will be kept confidential, the survey is anonymous, and all data will be de-identified and securely stored in a password-protected database accessible only to the research team. Participation is entirely voluntary, and participants may exit the survey without penalty. Their participation will contribute to the research and the future of social work education, helping to shape better support systems for those within the social work field.

Data Analysis

Survey responses will be analyzed using correlation and regression analyses to identify patterns and relationships between variables. Additionally, content analysis will be used to identify frequencies and recurring words and subjects, applicable to both qualitative and quantitative data. Inferential analysis will draw conclusions about data trends, while descriptive analysis will summarize and describe the main characteristics of the dataset.

Presenting the Instruments for Data Collection

The online survey will be conducted through Qualtrics to measure compassion fatigue, including burnout and secondary traumatic stress. Qualtrics is an effective tool for gathering both quantitative and qualitative data. While the risks are minimal, reflecting on experiences with burnout and compassion fatigue might cause some discomfort. To address this, participants will be reminded that they can choose to withdraw from the study at any time without any penalty.

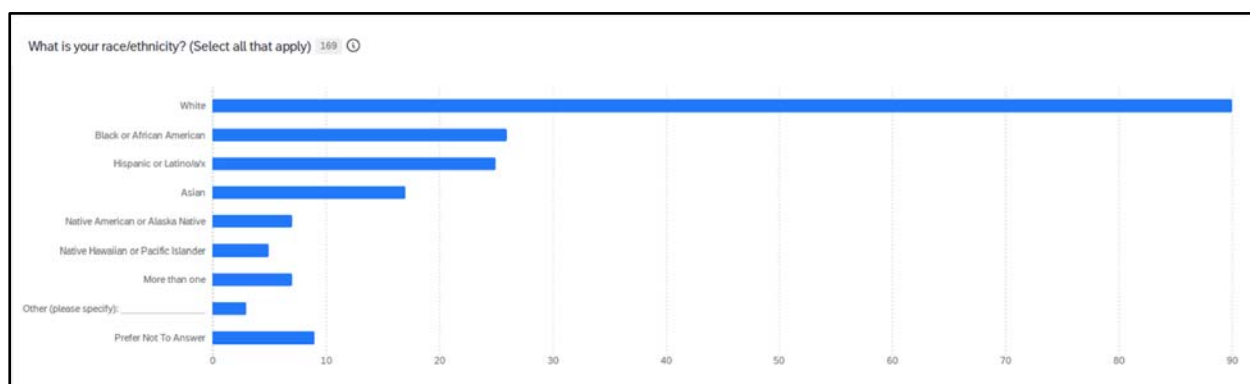
Findings

Demographics

Data analysis was conducted using the survey tool, Qualtrics. A total of 211 social workers, case managers, and other professionals in similar roles initiated the online survey; however, only 169 individuals completed the entire survey. Demographic data collected from the participants encompassed several key variables, including race and ethnicity, gender identity, annual income, years of experience in the profession, marital status, highest level of education, current career stage, and professional social work setting. The majority of participants in the study identified as White, though the sample also included individuals from a variety of racial and ethnic backgrounds, such as African American, Hispanic/Latino/a/x, Asian, Native American, Pacific Islander, and those who self-identified as multiracial (see Figure 1). The age distribution of the participants indicated that most were between the ages of 25 and 34, with a close second group between the ages of 35 and 44 (see Figure 2). Regarding clinical licensure, nearly one-third of the participants reported not holding a clinical license, while approximately 25% held an LCSW designation (see Figure 3). The income distribution showed that the majority of participants earned between \$100,000 and \$149,999 annually (see Figure 4). Research participants were employed across a range of social work settings, including corrections, education, and government; however, the most common settings were hospitals or healthcare and non-profit agencies (see Figure 5). All participants voluntarily participated in the survey based on their self-reported experience in the social work or case management profession.

Figure 1:

Demographic Data: Race & Ethnicity



Note: The results of the study include a multitude of racial and ethnic backgrounds.

Figure 2:

Demographic Data: Age

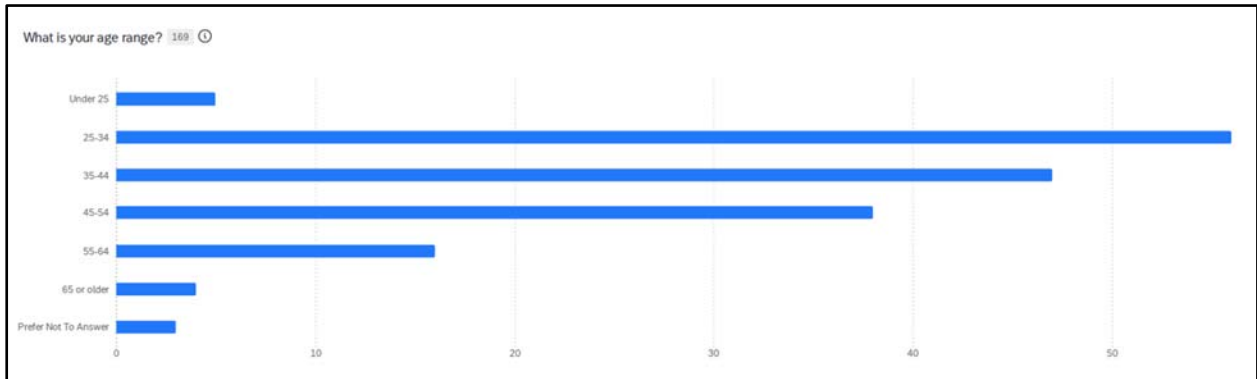


Figure 3:
Demographic Data: Clinical Licensure

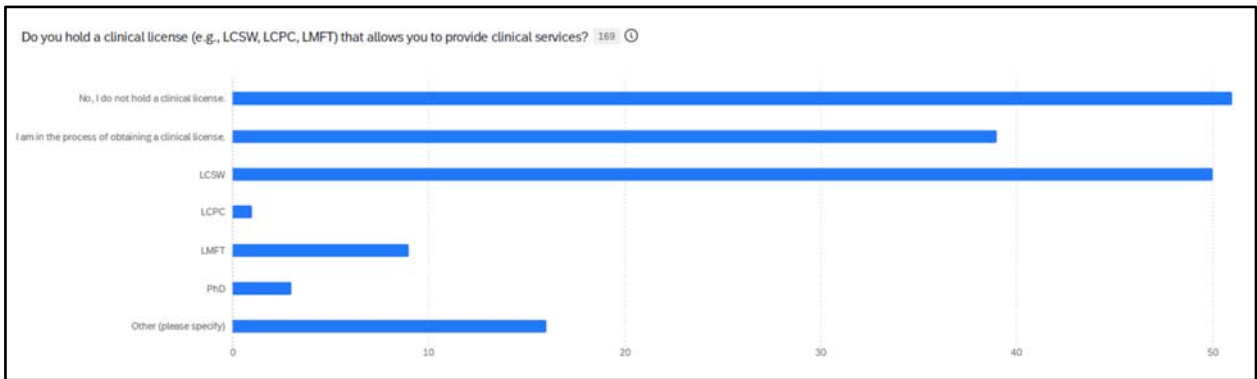


Figure 4:
Demographic Data: Annual Income

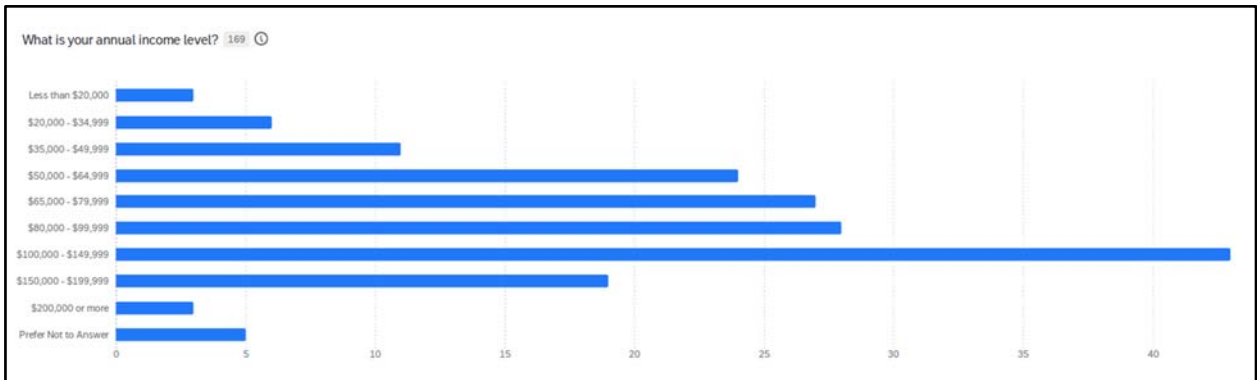
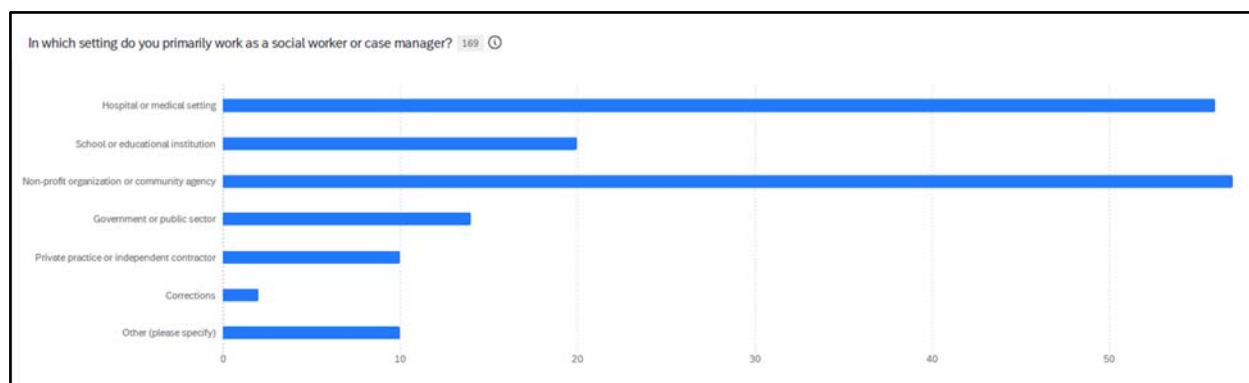


Figure 5:
Demographic Data: Social Worker & Case Management Setting



In reviewing the thematic analysis, the significant themes that people experienced in burnout and compassion fatigue that were similar to each other included: 1) Resilience to burnout and compassion fatigue, 2) Self-care routines, 3) Significance of support networks, and 4) Evaluating the efficacy of current interventions designed to decrease burnout. These themes were identified as a standard threshold similar to the participants' answers. The research provided intricate findings by delving deeper into the problems faced by social workers and case managers and how they coped and were supported.

Resilience to burnout and compassion fatigue

Approximately 56% of the participants in the study reported experiencing symptoms of compassion fatigue during their tenure as social workers or case managers (see Figure 6). This finding highlights a significant challenge faced by professionals in these fields, where the emotional and psychological toll of consistently engaging with clients' trauma and distress can contribute to burnout and emotional exhaustion. The nature of social work and case management requires professionals to take on the emotional burdens of their clients, often dealing with sensitive and distressing issues, which can understandably affect their well-being over time.

Additionally, 49% of participants self-identified possessing good personal resilience when managing stressful situations at work. This suggests that while many social workers and case managers can cope with high levels of stress, sustaining such resilience is essential for long-term success and mental health in the profession. Resilience in this context refers to the capacity to recover from emotional strain and to continue providing quality care despite the challenges faced in these high-stress roles. Half of the participants in this study rated their personal resilience positively, which may indicate that social workers who can develop robust coping mechanisms are better equipped to handle the emotional demands of their jobs.

Furthermore, 49% of respondents reported experiencing emotional numbness in response to their clients' experiences (see Figure 7). Emotional numbing, a common symptom of compassion fatigue, can serve as a coping mechanism, albeit an unhealthy one, for social workers exposed to their clients' continual emotional distress. This detachment can help to protect social workers from feeling overwhelmed but may also diminish their ability to empathize and connect with clients, potentially affecting the quality of care provided.

The demands of social work and case management, which involve constant exposure to clients' challenges and traumas, necessitate the development of resilience and self-care strategies to mitigate the risk of burnout and compassion fatigue. As such, it is crucial for social workers and case managers to recognize the signs of these challenges early on and to actively engage in practices that foster emotional well-being, such as seeking supervision, maintaining professional boundaries, and utilizing coping strategies to manage the emotional toll of the work. The findings from this study underscore the importance of organizational support and resources aimed at helping social workers build and maintain their resilience, ultimately promoting their ability to continue providing meaningful and effective services to the individuals and communities they serve.

Figure 6:

Compassion Fatigue with Social Workers & Case Managers

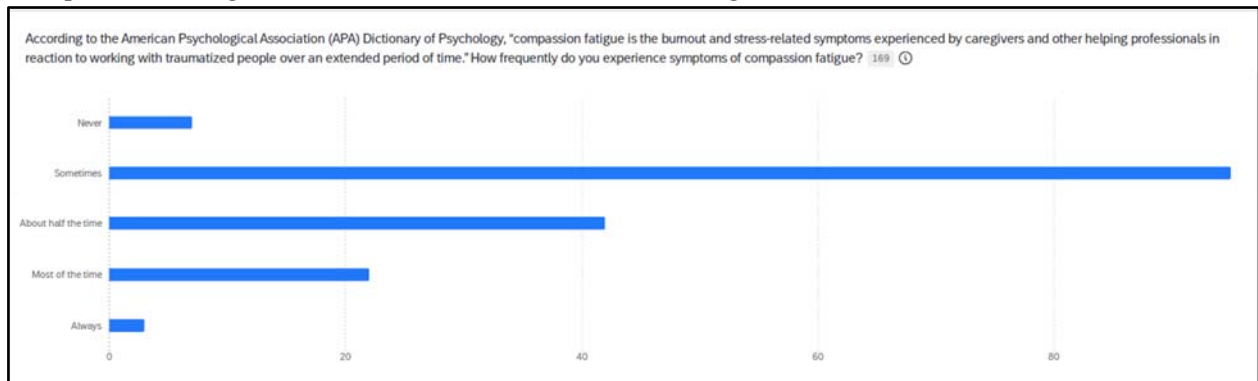
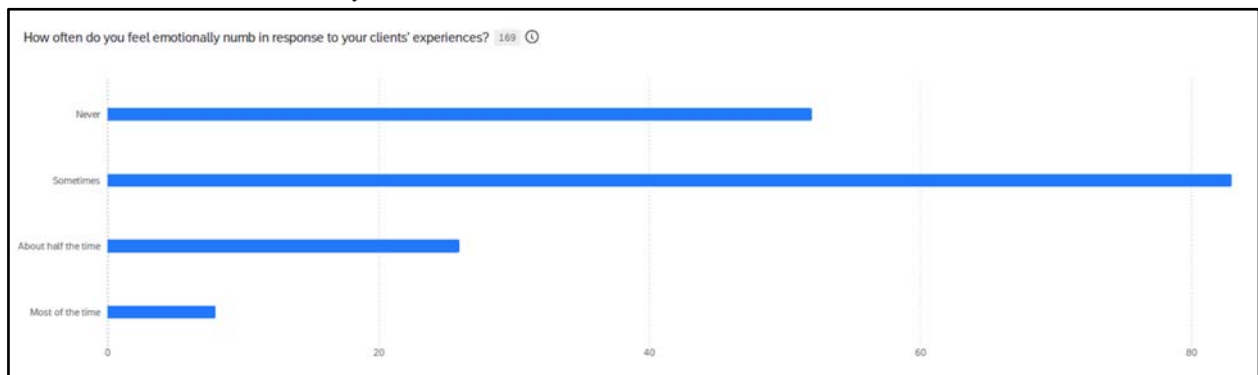


Figure 7:

Social Workers Emotionally Numb Towards Clients



Self-care routines Fifty percent of the research participants reported experiencing a "sometimes" diminished sense of accomplishment from their work (see Figure 8). These social workers and case managers expressed that they often perceive a reduced sense of self-fulfillment in their professional roles. Additionally, more than 73% of participants identified taking vacations and breaks as the most effective self-care activity for alleviating stress (see Figure 9).

The responses provided by the participants in this study offer valuable insights into the strategies they employ to manage the stress associated with working in the social work profession. Many participants highlighted the importance of taking sabbaticals and regular breaks from work as crucial methods for maintaining a healthy work-life balance. These participants indicated that stepping 8 away from their professional responsibilities allows them to recharge both physically and emotionally, which in turn helps them to return to their work with a renewed sense of energy and focus.

Taking time off provides an opportunity to rest and serves as an essential means of preventing burnout, a common challenge within the social work field. For many, sabbaticals and work breaks act as a necessary boundary that helps to reduce the overwhelming pressures of the job, ensuring that they can sustain their professional efficacy and continue providing quality services to clients. This response reflects a broader recognition of the need for self-care and personal recovery in professions marked by high levels of emotional demand and exposure to trauma.

Furthermore, these findings underscore the critical role that organizational policies, such as encouraging regular time off and supporting sabbaticals, play in mitigating the negative impact of workplace stress. For social workers, particularly those engaged in intensive client care, these strategies appear integral to long-term job satisfaction and mental well-being. This suggests that fostering a culture that prioritizes adequate rest and recovery is essential for the retention of skilled professionals and the overall effectiveness of social work services.

Figure 8:

Decreased Sense of Accomplishment in Work

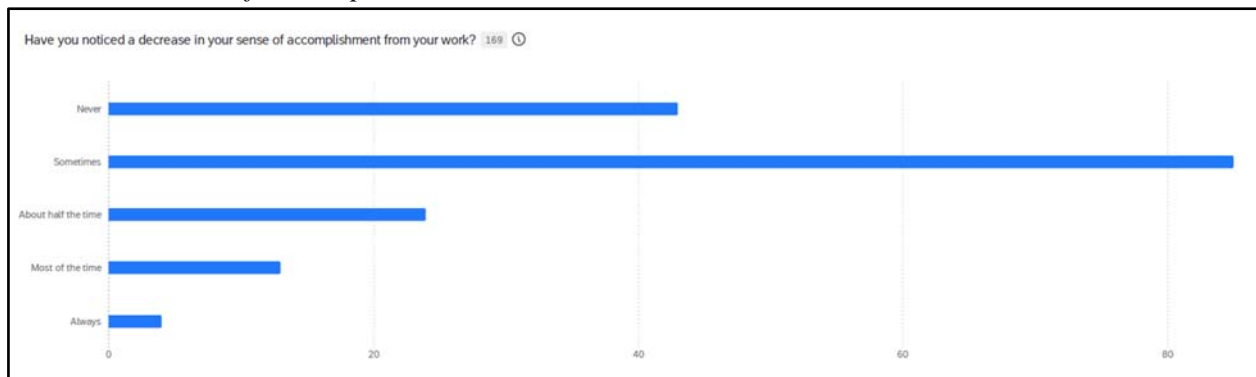
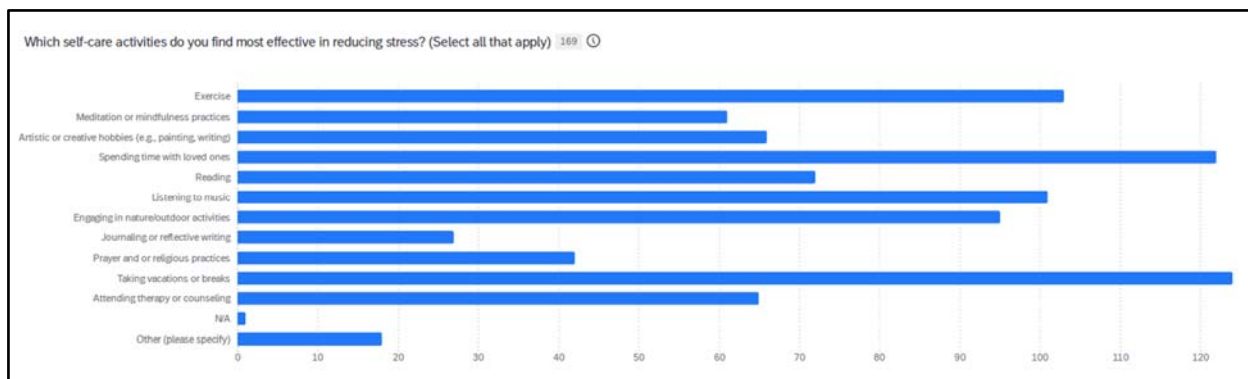


Figure 9:

Self-care Activities Found Most Effective



Significance of support networks

Sixty-three percent of participants indicated that having a support network is crucial in effectively managing stress and preventing burnout (see Figure 10). This response highlights the significant role that emotional and professional support plays in mitigating the challenges faced by individuals working in high-stress environments, such as social work and case management. Furthermore, seventy-six percent of participants either somewhat or strongly agreed that their employer's organizational structures contribute to feelings of burnout (see Figure 11). This suggests that the work environment, including its policies, culture, and resources, can exacerbate stress and compassion fatigue among employees. In particular, the atmosphere fostered by the organization may intensify the emotional strain, leading to greater instances of burnout. A supportive work culture, which includes a network of colleagues, supervisors, and peers, is ten essential for helping individuals cope with the emotional toll of their work. The presence of a strong support group can provide individuals with the emotional resilience needed to manage job-related stress and reduce the risk of burnout, ultimately enhancing both personal well-being and professional performance.

Figure 10:

Importance of Having a Support Network

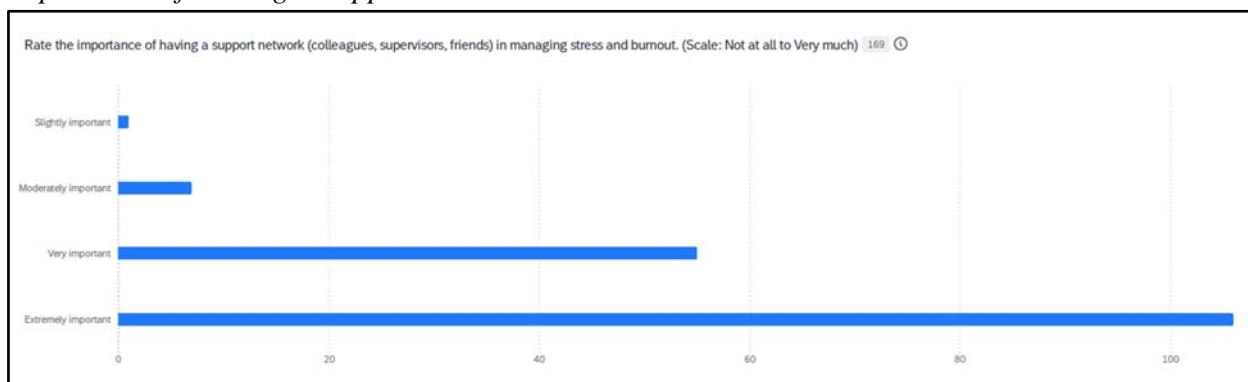
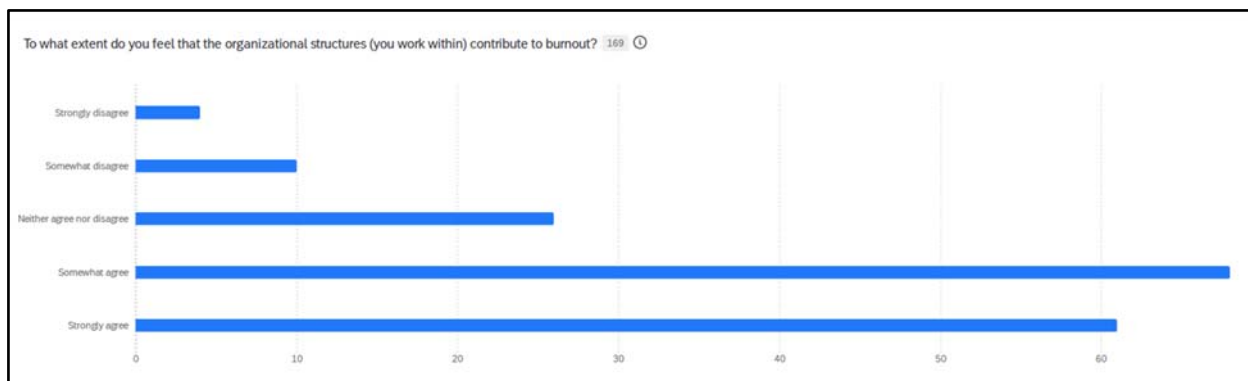


Figure 11:

Do Organizational Structures Contribute to Burnout?



Efficacy of current interventions

Fifty-six percent of the research participants reported that their organization's current 11 interventions or self-care programs designed to prevent or reduce burnout are either ineffective or only slightly practical (see Figure 12). This finding suggests that the existing strategies implemented by organizations may not be fully addressing the complexities of burnout and may require more targeted and effective approaches. In addition, fifty-four percent of participants indicated that they feel somewhat or extremely comfortable discussing burnout or compassion fatigue with their supervisor (see Figure 13). While a majority of respondents believe that employers could do more to support the mental health of social workers and caseworkers in the prevention of burnout and compassion fatigue, it is noteworthy that many participants also reported a high level of comfort in addressing symptoms of burnout with their supervisors. This indicates that, although organizational efforts may need improvement, a certain level of openness and communication exists between employees and employers regarding mental health challenges in the workplace. This dynamic underscores the importance of fostering a supportive environment where discussions about mental health are normalized and encouraged, yet also highlights the need for more comprehensive interventions to support employees effectively.

Figure 12:

Effectiveness of Employer-offered Self-care Programs

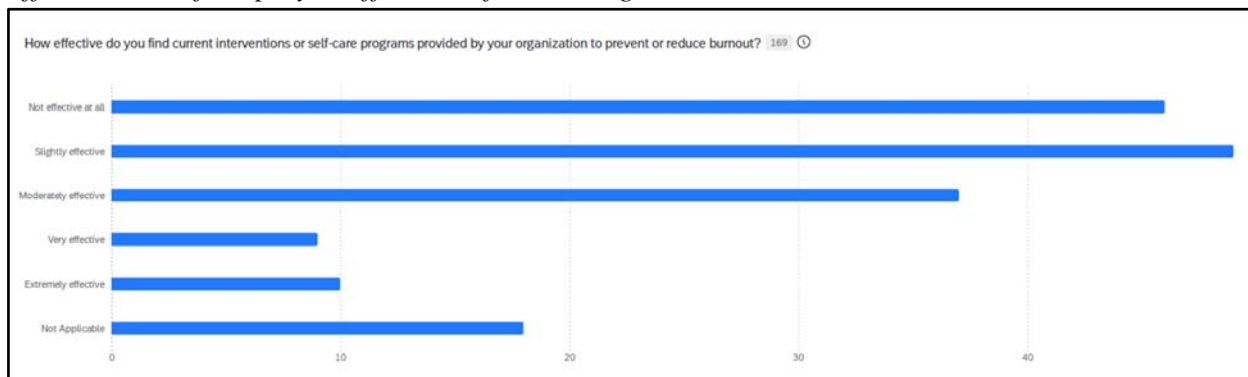
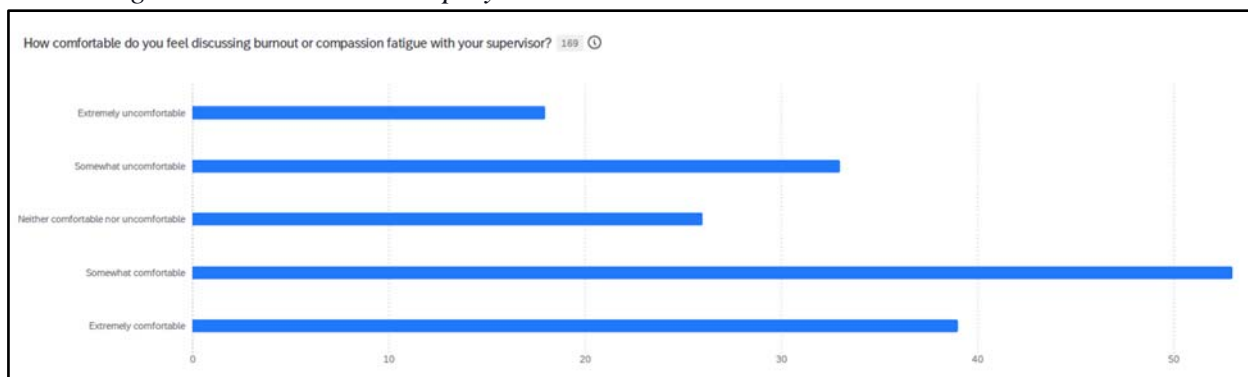


Figure 13:

Discussing Burnout with Your Employer



Qualitative Survey Participant Response Results

The responses to the survey reflect the diverse needs and suggestions from social workers to enhance their well-being. The following ten categories encompass the survey respondents responses when being asked to recommend additional support to improve well-being at the survey respondents place of employment: Self-Care and Work-Life Balance, Workload and Staffing, Training and Professional Development, Supportive Leadership and Supervision, Peer Support and Connection, Organizational Changes and Policies, Advocacy and Broader Changes, Mental Health and Therapy Access, Unique Ideas and Suggestions, and No Input or Not Applicable. See both Appendices C and D to contain the ten categories mapped in a graphic as well as organized into a table.

Self-Care and Work-Life Balance & Workload and Staffing

The Self-Care and Work-Life Balance and Workload and Staffing categories emphasizes the importance of fostering a culture that prioritizes self-care and maintaining a healthy work-life balance. Suggestions include implementing structured self-care activities during work hours, encouraging the use of vacation and sick leave, and valuing boundaries between personal and professional lives. Respondents also highlighted the need for employers to genuinely support self-care, not just as a concept but through actionable changes, such as breaks and wellness programs. Survey participants called for improvements in workload management to prevent burnout. Key recommendations include reducing caseloads, hiring additional staff, and ensuring adequate daily coverage through per diem or temporary workers. Other suggestions include clear caseload regulations and the hiring of support staff for non-clinical tasks to allow social workers to focus on their primary responsibilities. Reducing documentation demands was also highlighted as a way to alleviate stress.

Training and Professional Development & Supportive Leadership and Supervision

Professional growth and skill enhancement were central to both the Training and Professional Development & Supportive Leadership and Supervision categories. Respondents stressed the need for strong training programs, both during onboarding and throughout employment. Reflective supervision and boundary-setting training were seen as crucial for

professional and personal resilience. Many also recommended providing time for training to strike a balance between client care and personal growth. Survey participants also focus on the role of leadership in fostering a supportive work environment. Respondents emphasized the value of good supervision, empathetic managers, and open communication between workers and leaders. Leadership that actively listens to concerns, models compassion, and provides clear guidance was considered essential for mitigating burnout and enhancing morale.

Peer Support and Connection

Many survey participants underscored the importance of creating opportunities for peer connection and mutual support. Suggestions included networking events, mentoring programs, and dedicated time for colleagues to connect regularly. Consulting groups and peer coaching were also seen as effective ways to foster collaboration and shared learning.

Organizational Changes and Policies & Advocacy and Broader Changes

Respondents highlighted the need for systemic changes within organizations to better support social workers. These include flexible work arrangements such as remote or hybrid options, mandatory paid breaks, and reduced paperwork demands. Other recommendations include better pay, more comprehensive benefits, and a focus on team bonding activities, such as wellness days and retreats, to build a positive workplace culture. The Advocacy and Broader Changes category reflects a desire for social workers to advocate for systemic changes at local, state, and federal levels. Proposals included tax reforms to support low- and middle-income earners, increased federal funding for education, and other broad policy changes aimed at reducing inequities and improving the overall system.

Mental Health and Therapy Access & Unique Ideas and Suggestions

Survey participants emphasized the need for accessible mental health resources for social workers. Suggestions included offering free or low-cost therapy, regular mental health check-ins, and creating self-care support groups. Advocacy for better access to personal therapy for workers was also a recurring theme. This Unique Ideas and Suggestions category includes creative and specific ideas for improving well-being. Examples include providing access to wellness apps, gym membership discounts, and on-hand resources for families in need. Survey participants also suggested hosting retreats, guest speaker events, and other initiatives to celebrate and recognize social workers.

No Input or Not Applicable

This category reflects responses where participants either felt they had no input or were too new to their roles to provide meaningful feedback. These responses underline the diversity in familiarity and experience among social workers within the organization.

Discussion & Recommendations

Discussion

According to our data analysis and findings, the main takeaways discovered are what can be done to improve self-care and support social workers from burnout and compassion fatigue. Our study revealed that participants recognized distinguishing components of burnout and compassion fatigue. Participants recognized their own struggles of being overworked and underrepresented with little support and have noticed a decrease in compassion. Participants acknowledged that more support within their workplace will help manage burnout and compassion fatigue. The lack of support in an organization and within a person's inner circle contributes to professional exhaustion.

However, the main takeaway was understanding the stressors in social workers' lives. Heavy workloads, Emotional demands of clients, lack of support from supervisors, low pay, and internalizing clients' issues are contributing factors to the social work profession. Social workers exposed to the stressful scenarios of their clients and utilizing the data collected to analyze the challenges within the social work community will help determine the significant relationship 13 between what leads to burnout and compassion fatigue.

Recommendations

Based on the findings and prior review of research on burnout and compassion fatigue, many participants implied that a wage increase would help with compensation for the services provided, possibly unionizing social workers to advocate for higher wages. Participants also suggested a lower workload for social workers and caseworkers, more support from supervisors, prioritizing emotional well-being, and navigating with the emotional demands of clients. The data analysis in the research study defended the distinguished need for more support for social workers and case workers. Many participants recognized that working in the field is stressful, and having a social support system of colleagues, supervisors, friends, and family will help manage the stress. It is imperative to have the funds that can be allocated to support the mental well-being of social workers by providing resources that will allow them to address any anxiety from burnout and compassion fatigue.

Survey responses highlighted the critical need for organizations to foster a culture of self-care, work-life balance, and supportive environments to enhance social workers' well-being. Recommendations included integrating structured self-care into work schedules, encouraging vacation and sick leave, and setting clear boundaries between personal and professional life. Survey participants stressed the importance of reducing caseloads, hiring more staff, and lessening non-clinical tasks to alleviate stress. Strong onboarding and ongoing training, reflective supervision, and boundary-setting programs were also identified as essential for professional and personal resilience. Peer support through networking events, mentoring, and regular coworker connections was seen as vital to fostering collaboration and mutual learning.

Organizational and systemic changes emerged as key themes. Suggestions ranged from flexible work arrangements, better pay, and comprehensive benefits to mandatory breaks and team bonding activities. Advocacy for broader changes at state and federal levels, such as tax

reforms and increased education funding, was also a priority. Mental health support, including access to affordable therapy, check-ins, and self-care groups, was deemed crucial. Creative suggestions like providing wellness apps, gym discounts, and hosting retreats and guest speakers underscored the importance of recognizing and celebrating social workers in meaningful ways. By integrating these practices, social workers and caseworkers could experience less burn-out and compassion fatigue. Practicing these techniques empowers professionals to better manage stress and maintain resilience. Encouraging self-care and self-love is essential for balancing the demands of work and home life, and offering workshops ensures employees feel supported both in their roles and in taking care of themselves.

Conclusion

The study provides valuable insights into the prevalence of burnout and compassion fatigue within the profession, offering an in-depth analysis of the demographic and professional backgrounds of social workers and case managers. It emphasizes the importance of diversity in the field, highlighting individuals' varied perspectives and experiences in their roles and is crucial for enhancing the effectiveness of the practice, as it fosters a more comprehensive understanding of client's needs and ensures culturally competent care.

Building on these findings, future research could explore several key areas that impact social workers' well-being and professional development. These include barriers to support in the workplace, clinical licensure challenges, income disparities, the potential role of unions in providing better support, and the influence of different work settings on job satisfaction and client outcomes. By addressing these issues, future studies can help identify strategies for mitigating burnout and compassion fatigue, ultimately enhancing social work practice.

This research contributes to the broader knowledge base by highlighting the commonalities within the demographic diversity of the social work profession and identifying critical areas in need of further support and resources. Specifically, the study emphasizes the need for supportive work culture, paid time off, clinical licensure support, unionization, and income equity to address burnout and compassion fatigue effectively.

These findings emphasize the significance of diversity and inclusion in social work practice at the micro level, promoting culturally competent care and fostering more effective client relationships. At the mezzo level, agencies can leverage the findings to develop targeted professional development programs and create support services that mitigate burnout and compassion fatigue among staff. Furthermore, at the macro level, this study can inform advocacy efforts to address systemic issues such as paid time off, licensure barriers, insufficient staffing, and income disparities. The results can be used to advocate for initiatives supporting licensure programs, income equity, and diversity and inclusion training, thus contributing to academic discourse and practical improvements in social work practice and policy.

Through a thematic analysis, the study identified several key themes, including resilience in the face of burnout and compassion fatigue, the role of self-care routines, the importance of

support networks, and the evaluation of interventions designed to reduce burnout. These themes were consistently present in participants' responses. They shed light on the challenges faced by social workers and case managers, as well as their strategies for coping with these challenges and feeling supported by their employers.

About the Authors



Hung (Kevin) Dao is a first-generation college graduate born in New Orleans and raised in Oak Park in Sacramento. He completed his Bachelor of Social Work at San Jose State University. He is pursuing a Master of Social Work with a concentration in Medical Healthcare from the University of Pacific. He also aims to pursue his Doctorate of Health Science with an emphasis in Leadership at the University of Pacific beginning in 2025. He was raised in a diverse, underserved community, where he witnessed firsthand the profound impact of disparities in social determinants of health. His dedication and compassion for helping others have encouraged his plans to help his community overcome mental health stigma. His faith, family, wife, and three kids have been instrumental in fostering his self-care and maintaining a healthy work-life balance.

Latoya Hale is a proud first-generation college graduate hailing from Stockton, CA. She earned her Bachelor's degree in Psychology from California State University, Stanislaus, and is pursuing a Master's in Social Work with a concentration in Behavioral Health at the University of the Pacific. Additionally, Latoya intends to further her education by obtaining a Doctorate in Health Science at the University of the Pacific.



Growing up in South Side Stockton, Latoya has observed the mental health challenges often masked by substance use, particularly within the African American community, where they are frequently overlooked. Her personal experiences, coupled with her academic background, have fueled her passion for breaking down these barriers and advocating for more robust support systems. Despite the profound loss of one of her three children two years ago, Latoya's resilience and commitment to her mission remain steadfast. The unwavering support of her husband, children, and a praying family has been instrumental in helping her stay grounded and focused on

her goals.



Brandon McCord, Tennessee native, was raised by two United States military veterans. He earned a Bachelor's degree in Communication from the University of Memphis. Subsequently, he pursued graduate studies at Virginia Polytechnic Institute and State University, where he earned a Master's degree in Urban Planning and a Graduate Certificate in International Development. Following careful reflection, Brandon transitioned from macro-level housing policy to a micro-level focus on clinical mental health, prompting his current pursuit of a Master of Social Work at the University of the Pacific. Brandon's personal spiritual faith underpins his dedication to advocating historically excluded communities. Growing up in Memphis, once ranked the most racially segregated city in the United States, he developed a commitment to addressing societal inequities. As the grandson of sharecroppers and a native of one of the nation's most predominantly African-American cities, Brandon brings a distinctive perspective shaped by his lived experiences. These experiences have profoundly influenced his understanding of mental health and his passion for serving communities on the periphery.

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Appendix A Recruitment Flyer

STUDY PARTICIPANTS NEEDED

UNIVERSITY OF THE
PACIFIC | School of
Health Sciences

📣 **Attention Social Workers! We Need Your Insight!** 📣

BURNOUT & BEYOND: A Study on Burnout & Compassion Fatigue

Are you a social worker? Are you a case manager?

Your experiences are crucial to our research!

Why Participate?

By participating in this survey, you'll contribute to groundbreaking research aimed at better understanding unique factors that influence job satisfaction and longevity for social workers. Help us improve intervention strategies in our field!

Who Should Participate?

- Social Workers
- Case Managers
- Clinical Social Workers
- Other professionals in similar roles

Survey Details:

- Duration: 10 minutes
- Format: Online, confidential, and anonymous
- Focus Areas: Symptoms of burnout, coping mechanisms, support networks, and more

How to Get Involved:

Scan the QR code to take the survey

Contact Us:

If you have any questions or need further information, please reach out to us at burnoutbeyond@gmail.com



Your feedback is invaluable! Help us make a meaningful impact on burnout and compassion fatigue in the social work community.

Appendix B

Social Worker Burnout Questionnaire

Here's a 28-question survey for social workers and case managers focusing on burnout, compassion fatigue, support networks, self-care, organizational influence, personal resilience, depersonalization, accomplishment, and intervention efficacy:

1. Are you a social worker case manager, or do you hold another role within the field of social work?
 - Yes
 - No

2. According to the American Psychological Association (APA) Dictionary of Psychology, “Burn-out is a physical, emotional, or mental exhaustion accompanied by decreased motivation, lowered performance, and negative attitudes toward oneself and others.” What factors contribute most to burnout? (Select all that apply.)
 - Heavy workload
 - Emotional demands of clients
 - Lack of support from supervisors
 - Organizational policies and procedures
 - Personal life stressors
 - Cynicism related to one's job
 - Energy depletion or exhaustion
 - Reduced job performance
 - Other (please specify)

3. According to the American Psychological Association (APA) Dictionary of Psychology, “resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” Rate your personal resilience in dealing with stressful situations at work.
 - Terrible
 - Poor
 - Average
 - Good
 - Excellent

4. According to the American Psychological Association (APA) Dictionary of Psychology, “compassion fatigue is the burnout and stress-related symptoms experienced by caregivers and other helping professionals in reaction to working with traumatized people over an extended period of time.” How frequently do you experience symptoms of compassion fatigue?
 - Never
 - Rarely (once a year or less)
 - Occasionally (a few times a year)

- Sometimes (monthly)
 - Often (weekly)
 - Very often (daily)
5. According to the American Psychological Association (APA) Dictionary of Psychology, “self-care are activities required for personal care, such as eating, dressing, or grooming, that can be managed by an individual without the assistance of others.” How often do you engage in self-care activities outside of work?
- Never
 - Rarely (once a year or less)
 - Occasionally (a few times a year)
 - Sometimes (monthly)
 - Often (weekly)
 - Very often (daily)
6. Which self-care activities do you find most effective in reducing stress? (Select all that apply.)
- Exercise
 - Meditation or mindfulness practices
 - Artistic or creative hobbies (e.g., painting, crocheting)
 - Spending time with loved ones
 - Reading
 - Listening to music
 - Engaging with nature/outdoor activities
 - Journaling or reflective writing
 - Prayer and or religious practices
 - Taking vacations or breaks
 - Attending therapy or counseling
 - Other (please specify): _____
7. Rate the extent to which the organizational policies and procedures at your current work setting contribute to your experience of burnout.
- Not at all
 - Slightly
 - Undecided
 - Somewhat
 - Very much
8. How comfortable do you feel discussing burnout or compassion fatigue with your supervisor?
- Extremely uncomfortable
 - Somewhat uncomfortable
 - Neither comfortable nor uncomfortable
 - Somewhat comfortable

- Extremely comfortable
9. How often do you practice mindfulness or relaxation techniques during work hours?
- Never
 - Rarely (once a year or less)
 - Occasionally (a few times a year)
 - Sometimes (monthly)
 - Often (weekly)
 - Very often (daily)
10. How effective do you find current interventions or self care programs provided by your organization to prevent or reduce burnout?
- Not applicable
 - Not effective
 - Slightly effective
 - Moderately effective
 - Very Effective
 - Extremely effective
11. What is the average number of clients or cases you manage in a typical week?
- Less than 10
 - 10-20
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61-75
 - More than 75
12. Rate the importance of having a support network (colleagues, supervisors, friends) in managing stress and burnout.
- Not Important
 - Slightly Important
 - Moderately Important
 - Very Important
 - Extremely Important
13. How often do you feel emotionally drained from your work with clients?
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
14. How often do you feel emotionally numb in response to your client's experiences?
- Never

- Rarely
 - Sometimes
 - Often
 - Always
15. Do you feel like your work has caused you to become more callous or cynical?
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
16. Have you noticed a decrease in your sense of accomplishment from your work?
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
17. Do you feel that your workload is manageable? If not, what changes would you suggest to improve it?
18. What recommendations for additional support or resources do you have for improving the overall well-being of social workers and case managers within your organization?
19. Have you ever considered leaving your current position due to stress or burnout? If yes, what factors influenced this decision?

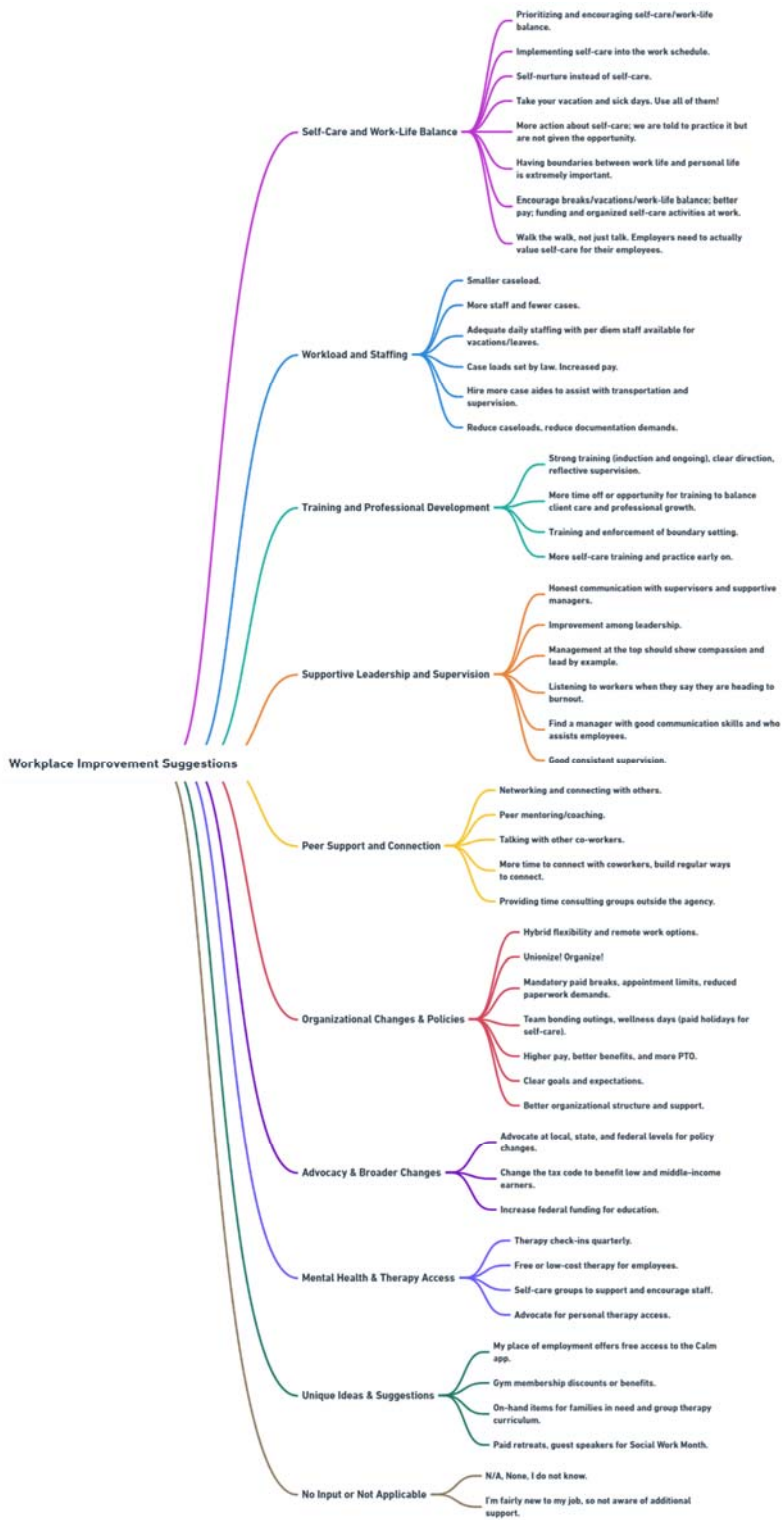
Demographic Data Questions:

1. What is your gender?
 - Male
 - Female
 - Non-Binary
 - Genderqueer/Genderfluid
 - Transgender Male
 - Transgender Female
 - Prefer to Self-Describe: [Please specify] _____
 - Prefer Not to Answer
2. What is your race/ethnicity? (Select all that apply)
 - White
 - Black or African American
 - Hispanic or Latino/a/x
 - Asian
 - Native American or Alaska Native
 - Native Hawaiian or Pacific Islander

- Mixed race
 - Other (please specify): _____
 - Prefer Not To Answer
3. What is your age range?
- Under 25
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 or older
 - Prefer Not To Answer
4. What is your annual income level?
- Less than \$20,000
 - \$20,000 - \$34,999
 - \$35,000 - \$49,999
 - \$50,000 - \$64,999
 - \$65,000 - \$79,999
 - \$80,000 - \$99,999
 - \$100,000 - \$149,999
 - \$150,000 - \$199,999
 - \$200,000 or more
 - Prefer Not to Answer
5. What is your marital status?
- Single
 - Married or in a domestic partnership
 - Divorced
 - Widowed
 - Other (please specify) _____
 - Prefer Not To Answer
6. What is your highest level of education completed?
- High school diploma or equivalent
 - Associate degree
 - Bachelor's degree
 - Master's degree
 - Doctoral or professional degree (e.g., MD, PhD)
 - Prefer Not To Answer
7. How many years have you been practicing as a social worker or case manager?
- Less than 1 year
 - 1-5 years
 - 6-10 years

- 11-15 years
 - 16 years or more
8. At which stage of your career are you currently?
- Intern: Currently in an internship or entry-level training position
 - Entry-Level: Just starting out or in the early stages of your career
 - Mid-Level: Experienced with some years in your field, but not yet in a senior role
 - Senior-Level: Advanced position with significant experience and responsibility
 - Executive/Leadership: High-level role with leadership and strategic responsibilities
 - Other: [Please specify] _____
9. Do you hold a clinical license (e.g., LCSW, LCPC, LMFT) that allows you to provide clinical services?
- Yes, I hold a clinical license.
 - No, I do not hold a clinical license.
 - I am in the process of obtaining a clinical license.
10. In which setting do you primarily work as a social worker or case manager?
- Hospital or medical setting
 - School or educational institution
 - Non-profit organization or community agency
 - Government or public sector
 - Private practice or independent contractor
 - Corrections
 - Other (please specify) _____

Survey Participant Workplace Recommendation Map:



Appendix D

Survey Participant Workplace Recommendations Table:

Recommendation Categories	Survey Participant Recommendations
Self-Care and Work-Life Balance	<ul style="list-style-type: none"> ● Prioritizing and encouraging self-care/work-life balance. ● Implementing self-care into the work schedule. ● Self-nurture instead of self-care. ● Take your vacation and sick days. Use all of them! ● More action about self-care; we are told to practice it but are not given the opportunity. ● Having boundaries between work life and personal life is extremely important. ● Encourage breaks/vacations/work-life balance; better pay; funding and organized self-care activities at work. ● Walk the walk, not just talk. Employers need to actually value self-care for their employees.
Workload and Staffing	<ul style="list-style-type: none"> ● Smaller caseload. ● More staff and fewer cases. ● Adequate daily staffing with per diem staff available for vacations/leaves. ● Case loads set by law. Increased pay. ● Hire more case aides to assist with transportation and supervision. ● Lower caseload, highly skilled managers. ● Reduce caseloads, reduce documentation demands.
Training and Professional Development	<ul style="list-style-type: none"> ● Strong training (induction and ongoing), clear direction, reflective supervision. ● More time off or opportunity for training to balance client care and professional growth. ● Training and enforcement of boundary setting. ● More self-care training and practice early on.
Supportive Leadership and Supervision	<ul style="list-style-type: none"> ● Good consistent supervision. ● Find a manager with good communication skills and who assists employees. ● Listening to workers when they say they are heading to burnout.

	<ul style="list-style-type: none"> ● Management at the top should show compassion and lead by example. ● Improvement among leadership. ● Honest communication with supervisors and supportive managers.
Peer Support and Connection	<ul style="list-style-type: none"> ● Networking and connecting with others. ● Peer mentoring/coaching. ● Talking with other co-workers. ● More time to connect with coworkers, build regular ways to connect. ● Providing time consulting groups outside the agency.
Organizational Changes and Policies	<ul style="list-style-type: none"> ● Hybrid flexibility and remote work options. ● Unionize! Organize! ● Mandatory paid breaks, appointment limits, reduced paperwork demands. ● Team bonding outings, wellness days (paid holidays for self-care). ● Higher pay, better benefits, and more PTO. ● Clear goals and expectations. ● Better organizational structure and support.
Advocacy and Broader Changes	<ul style="list-style-type: none"> ● Advocate at local, state, and federal levels for policy changes. ● Change the tax code to benefit low and middle-income earners. ● Increase federal funding for education.
Mental Health and Therapy Access	<ul style="list-style-type: none"> ● Therapy check-ins quarterly. ● Free or low-cost therapy for employees. ● Self-care groups to support and encourage staff. ● Advocate for personal therapy access.
Unique Ideas and Suggestions	<ul style="list-style-type: none"> ● My place of employment offers free access to the Calm app. ● Gym membership discounts or benefits. ● On-hand items for families in need and group therapy curriculum. ● Paid retreats, guest speakers for Social Work Month.

No Input or Not Applicable	<ul style="list-style-type: none">• N/A, None, I do not know.• I'm fairly new to my job, so not aware of additional support.
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