

Measuring burnout among UK social workers A Community Care study

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left by respondents to the survey

Preface

This research was commissioned and funded by Community Care as part of our Stand Up For Social Work campaign.



Previous surveys of readers had suggested caseloads, vacancies and stress levels were all on the increase. Community Care decided to do a more scientific examination of burnout on a large scale to assess the real impact of budget cuts and increasing demand on social workers across the UK.

We believe standing up for social work involves three actions: being honest about the realities of social work, supporting social workers to do their vitally important jobs and inspiring social workers to continue helping people to change their lives for the better.

We believe this research has fulfilled all three of these actions. It highlights some very worrying realities about the levels of emotional exhaustion and depersonalisation (the process of becoming emotionally hardened to service users) amongst social workers. However, it also shows that, in spite of this, social workers are managing to achieve positive changes. Many of the comments left on the survey by respondents made the point that it was service users themselves who kept social workers going in the tough times. This is an inspiring message in itself and is a testament to the relationship between service users and social workers.

The survey was prepared in partnership with Dr Paula McFadden of the School of Social Work at Queen's University, Belfast. It was sent to an email database of social workers and results were analysed by Dr McFadden.

This report details the headline results from her analysis. Queen's University will now take forward more in-depth analysis of the results for academic journal publication.

This report will be sent to ministers, MPs, council chief executives, directors of social services and policy makers across the country. It will also be available to download from the Community Care website www.communitycare.co.uk/stand-social-work-2015. Also available to download from this site is a guide to developing your emotional resilience for those social workers who are worried about burnout.

Ruth Smith, Director of Content, Community Care

Background

Definitions and theory summary

The Maslach Burnout Inventory was developed by social psychologists Christina Maslach and Susan Jackson in 1996. The inventory measures three hypothetical aspects of burnout syndrome referred to as emotional exhaustion, depersonalisation (sometimes referred to as cynicism) and personal accomplishment.

According to Maslach, burnout is defined as:

“A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do “people work” of some kind. . . . Burnout can lead to deterioration in the quality of care or service provided. ”

(Maslach and Jackson, 1986:1)

The Maslach Burnout Inventory (MBI) consists of 22 questions requiring participants to self-report on the frequency of feelings on a six-point scale from “never” to “every day”.

Emotional exhaustion is measured by nine questions which examine feelings of being emotionally over-extended by one’s work. Five questions measure depersonalisation and this subscale refers to an unfeeling or impersonal response towards others including service users. Higher mean scores in both of these areas are associated with higher degrees of experienced burnout (Maslach et al 1996).

Eight questions measure personal accomplishment (sometimes referred to as efficacy) and these are about feelings of competence and achievement from one’s work with people. With personal accomplishment, a lower mean score is associated with experienced burnout. This factor is framed positively in the MBI, while emotional exhaustion and depersonalisation are framed negatively, therefore the responses need to be reversed for analysis alongside the other domains.

Maslach et al (1996) point out the personal accomplishment subscale is independent of the other two domains and cannot be seen as the opposite of emotional exhaustion and depersonalisation.



Results

Descriptive statistics

The sample was drawn from across the UK with a total response of 1,359 participants. The largest proportion of participants worked in England at 89% of the total sample. Those working in Wales and Scotland were 5% of the sample respectively, while those from Northern Ireland were just over 1% of respondents. There were 30 participants who did not identify their country.

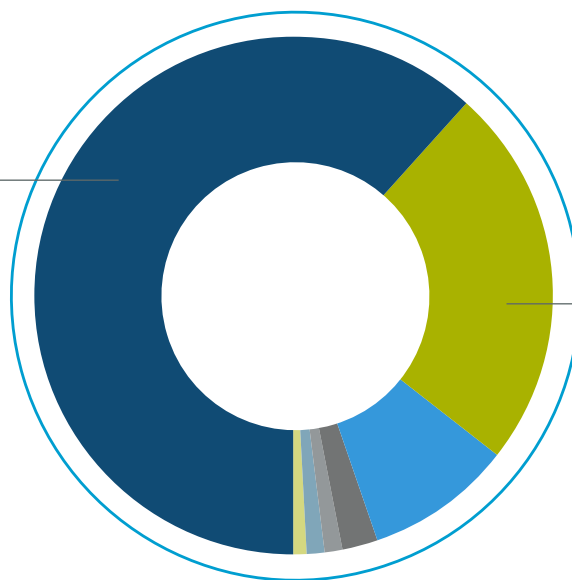


1359
participants

Social work role

The majority of participants were frontline practitioners (62%), while one in four were senior social workers (24%). A further 9% of respondents were frontline managers, while 2% were senior managers. Social work assistants made up 1.2% of the sample and social work students another 1%. Approximately 1% selected "other" or did not identify their role.

62%
frontline
practioners



24%
senior social
workers

Geography

The majority of those who responded (79%) worked in either urban or inner city areas.



Area of work

The majority of those who participated in the study were child protection professionals (33%). More than one in five (22%) worked with older people (including those with mental health problems such as dementia), while looked-after children (LAC) social workers represented 14% of the sample.

child protection — 33%

older people — 22%

looked after children — 14%

mental health — 12%

adult learning difficulties — 7%

adult physical difficulties — 4%

disabled children — 4%

children in need — 4%

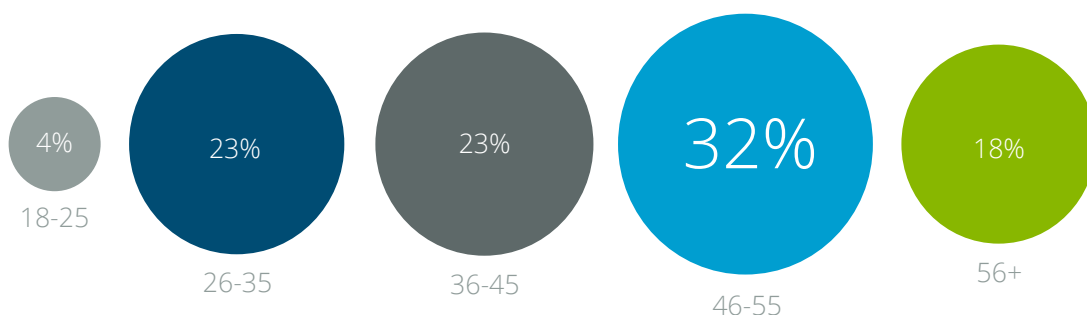


Gender

The majority of the sample (83%) was female.

Age

One in three (32%) respondents were aged between 46-55. Those under the age of 25 were in the minority at 4%.



Caring responsibilities

Caring responsibilities outside work can place a significant extra burden on workers. Those with caring responsibilities, including for older parents or children, were slightly in the majority.

52%
caring
responsibilities

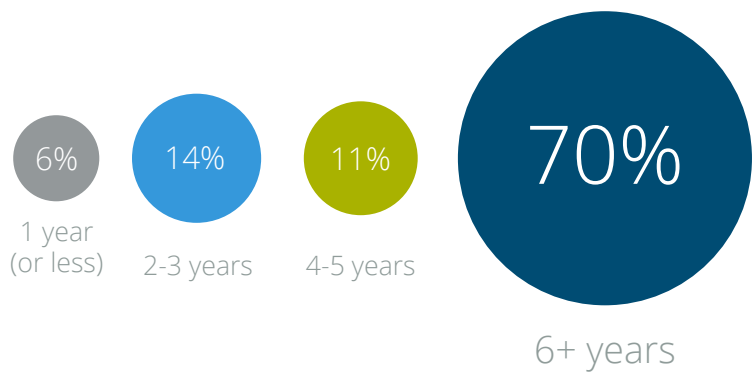


Length of time in current job

There was a reasonably even split of those who had been in their current job for less than three years (46%) and those who had been in post for more than three years (54%).

Level of experience

The sample represented a fairly experienced group with 70% of the sample possessing more than six years' experience, while only 6% had less than a year's experience.

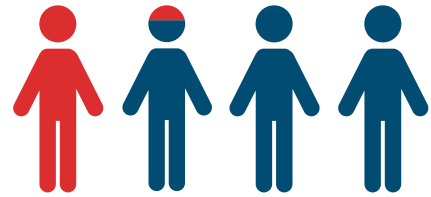


Work setting

The vast majority (94%) of the sample worked in statutory social work in local authorities, NHS or government jobs.

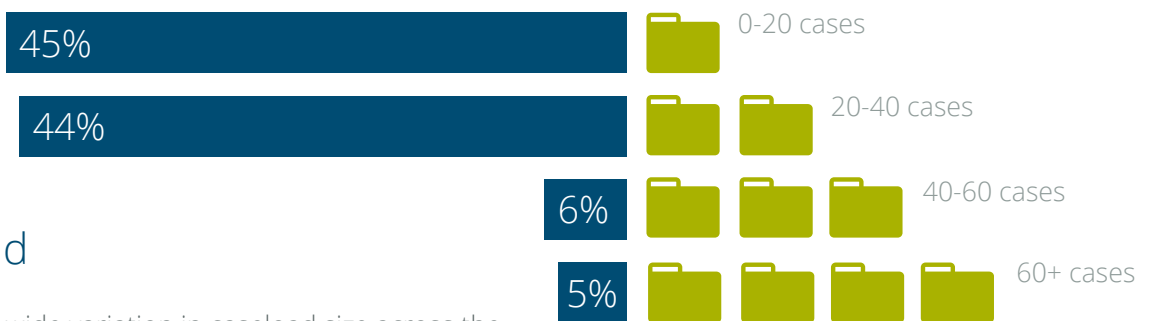
Managed by a social worker?

There has been a lot of attention given to integrated teams and concerns about the impact on workers in these teams if they are managed by someone outside of their profession. In this sample more than one in four did not have a social work manager (27%).



Caseload

There was a wide variation in caseload size across the sample. However, the majority had 40 cases or less.

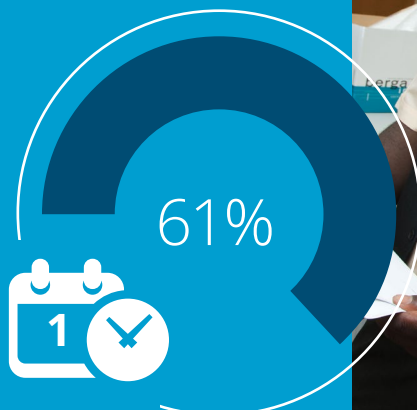


Caseload weighting

Some teams apply a system of caseload weighting, which takes into account the complexity of the case. Most respondents (67%) did not have any form of caseload weighting applied to their workloads. A further 18% did not know if their workloads were weighted.

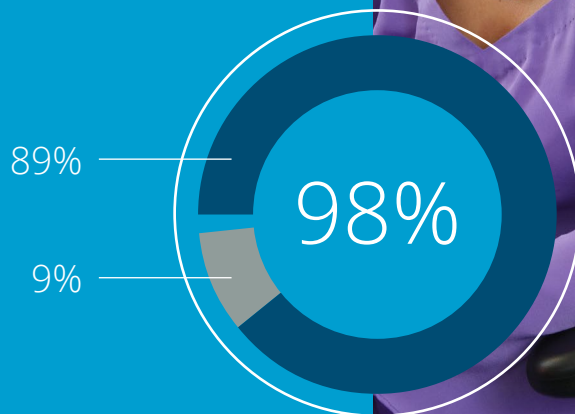
Supervision

The majority of participants, 61%, said they had supervision on a monthly basis with one in four reporting they had supervision every two to three months (27%).



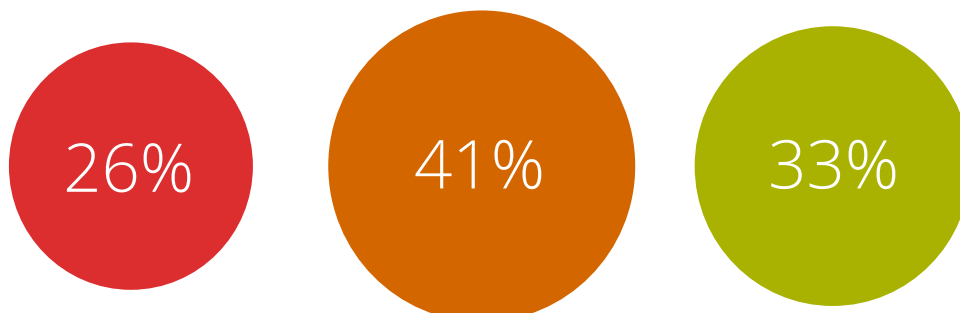
Type of supervision

The most frequent style of supervision was face-to-face with a line manager at 89% while a further 9% had face-to-face supervision with someone who was not their line manager. This meant an overall majority, 98% had face-to-face supervision with their manager or someone else.



Effectiveness of supervision

When asked if their supervision was effective, just over a quarter (26%) replied in the negative. The majority (41%) said their supervision was sometimes effective while one in three (33%) said it was effective.



Analysis

Results of the Maslach Burnout Inventory

The table below shows that, compared with a normative sample within the health and caring professions, the mean scores of emotional exhaustion in this UK sample of social workers are high at 33.61 compared to 20.99. High emotional exhaustion is defined as scores of 27 or more (Maslach et al, 1996). **This suggests a high level of emotional exhaustion is present in this sample of social workers.**

MBI subscales						
Overall sample	Emotional exhaustion		Depersonalisation		Personal accomplishment	
	Normative	UK social workers	Normative	UK social workers	Normative	UK social workers
Mean	20.99	33.61	8.73	9.22	34.58	15.55

Depersonalisation is also higher than mean normative scores at 9.22 compared to 8.73. This means that the sample overall has scored **higher than normative scores on depersonalisation in the moderate range** of scores (7-12).

The normative data for caring professionals on personal accomplishment is reported to be 34.58, which is the higher end of the moderate level of personal accomplishment defined as 32-38. Low personal accomplishment is related to scores of 39 or over and high personal accomplishment is related to scores from 0-31. **This sample of social workers shows a low score of 15.55, which is associated with high personal accomplishment.**

MBI subscale cut off points

MBI subscales						
Emotional Exhaustion			Depersonalisation		Personal Accomplishment	
High	27 or over		13 or over		Low	0-31*
Moderate	17-26		7-12		Moderate	32-38
Low	0-16		0-6		High	39 or over

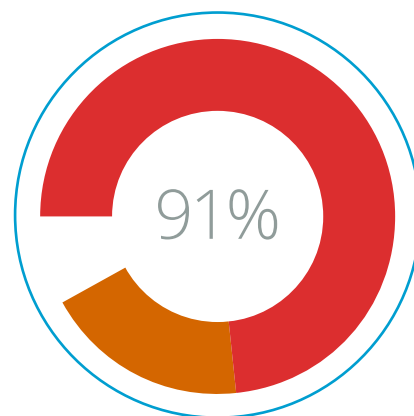
*Interpreted in opposite direction to emotional exhaustion and depersonalisation as personal accomplishment questions are positively framed. Low scores indicate high levels of burnout (Maslach et al, 1996).

In order to quantify the responses to questions on emotional exhaustion, depersonalisation and personal accomplishment, the cut-offs were measured as three groups as shown in the table above.

Are UK social workers burnt out?

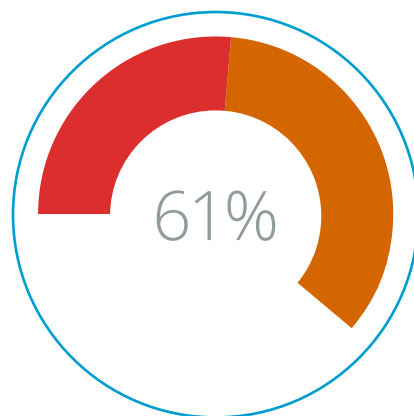
Emotional exhaustion

Almost three quarters of the sample (73%) scored in the high category of emotional exhaustion while a further 18% scored moderate levels of emotional exhaustion. This means that 91% scored moderate to high emotional exhaustion.



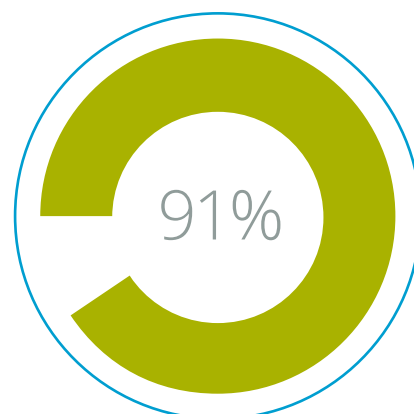
Depersonalisation

More than one in four (26%) scored in the high category of depersonalisation while 35% scored in the moderate category. This means that 61% scored moderate to high in this subscale. Depersonalisation describes a lack of feeling and an uncaring response to service recipients and is correlated with the emotional exhaustion subscale (Maslach et al, 1996:10).



Personal accomplishment

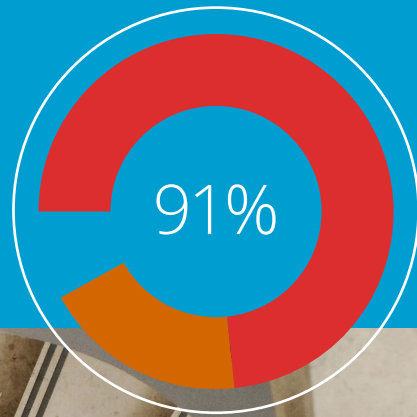
The majority of the sample (91%) scored in the high category in relation to personal accomplishment with no one scoring in the low category. Personal accomplishment measures feelings of competence and successful achievement in ones work with people. Burnout is associated with low personal accomplishment scores and this result therefore does not confirm burnout responses among the vast majority of social workers.



This means the majority of UK social workers in the sample are feeling competent and successful in their work despite high levels of emotional exhaustion and depersonalisation. It is important to note that high levels of reported emotional exhaustion and depersonalisation are still associated with the experience of burnout.

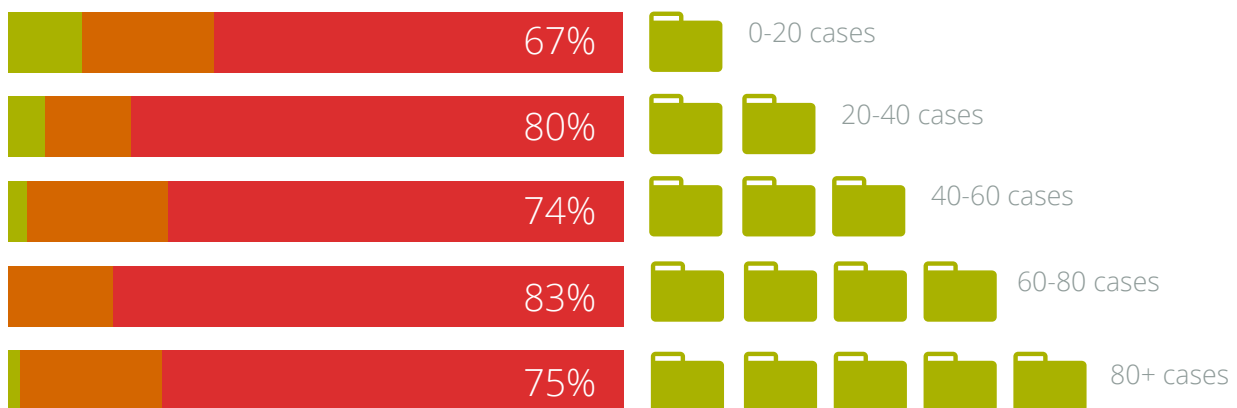
Emotional exhaustion

The majority of respondents (91%) had either high or moderate levels of emotional exhaustion. This domain measures feelings of being emotionally over-extended by one's work. Statements such as 'I feel burned out by my work' and 'I feel emotionally drained from my work' measure this domain.



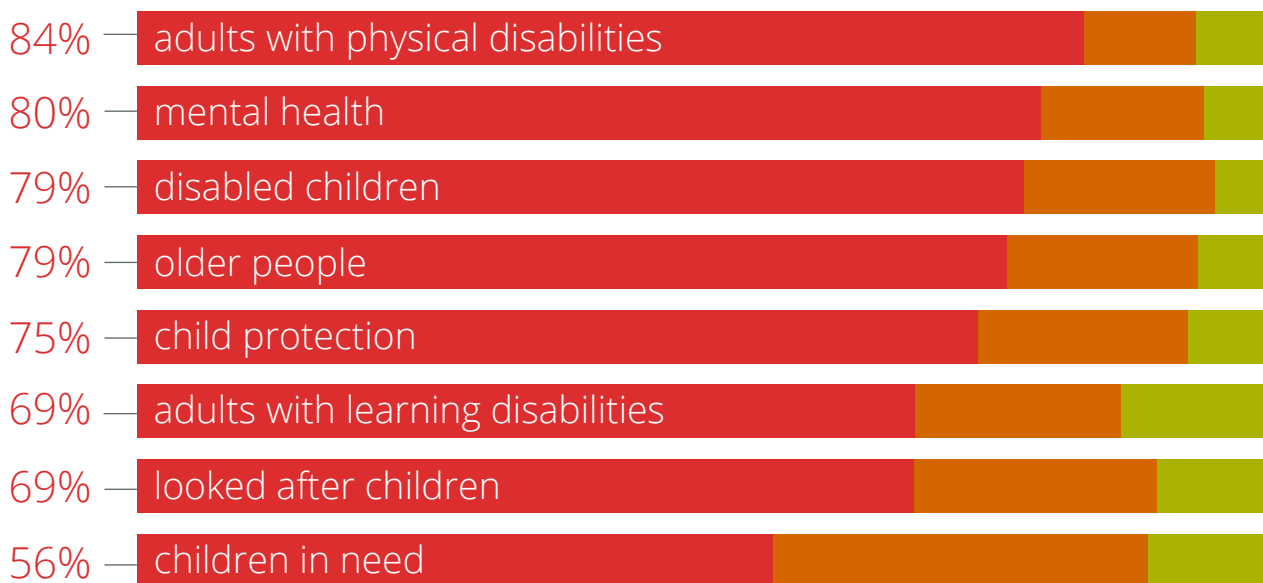
Emotional exhaustion and workload analysis

The cross-tabulation below shows the level of reported emotional exhaustion which is associated with level of caseload. Across the sample caseload is banded into five categories. High levels of emotional exhaustion are reported in all levels of caseload. This suggests further research is needed into the emotional content and complexity of social work caseloads as high levels of emotional exhaustion are present in even smaller caseloads.



Emotional exhaustion by service area

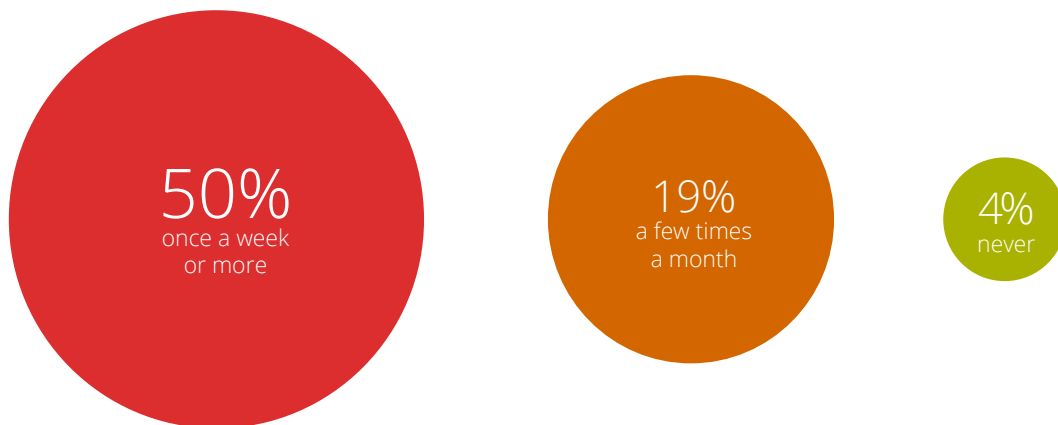
This chart displays the three levels of emotional exhaustion cut-offs (high, moderate and low) by service areas. The highest level of emotional exhaustion is reported amongst those working with adults who have physical disabilities at 84%. Those working in mental health recorded the second highest level (80%) while third was found in those working with disabled children. Child protection, often considered the most stressful and demanding of social work areas, is fifth at 75%.



Emotional exhaustion statement analysis

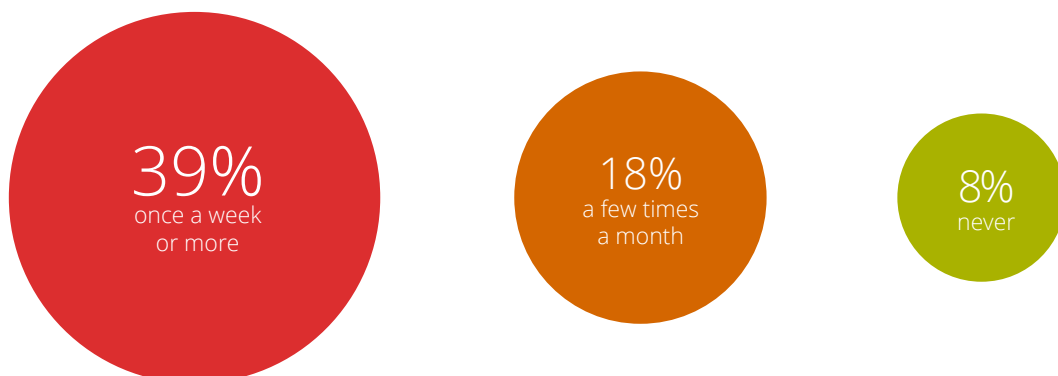
"I feel burned out from my work"

Half of all respondents said they felt this way once a week or more, 19% said they felt this way a few times a month, 11% said once a month or less, 16% said a few times a year or less and only 4% said they never felt this way.



'I feel like I'm at the end of my rope'

More than a third (39%) said they felt this way once a week or more, 18% said a few times a month, 13% said once a month or less, 22% said a few times a year or less and only 8% said they never felt this way.



Emotional exhaustion and supervision

Poor supervision increases the risk of suffering high emotional exhaustion. Of those who had effective supervision, 60% also reported high emotional exhaustion. However, amongst those who felt their supervision was ineffective, this percentage went up to 86%. This suggests the percentage risk of feeling high emotional exhaustion increases from 1:2 to 3:4 with poor supervision.



Effective
supervision 1:2



Ineffective
supervision 3:4





Emotional exhaustion and gender and caring responsibilities

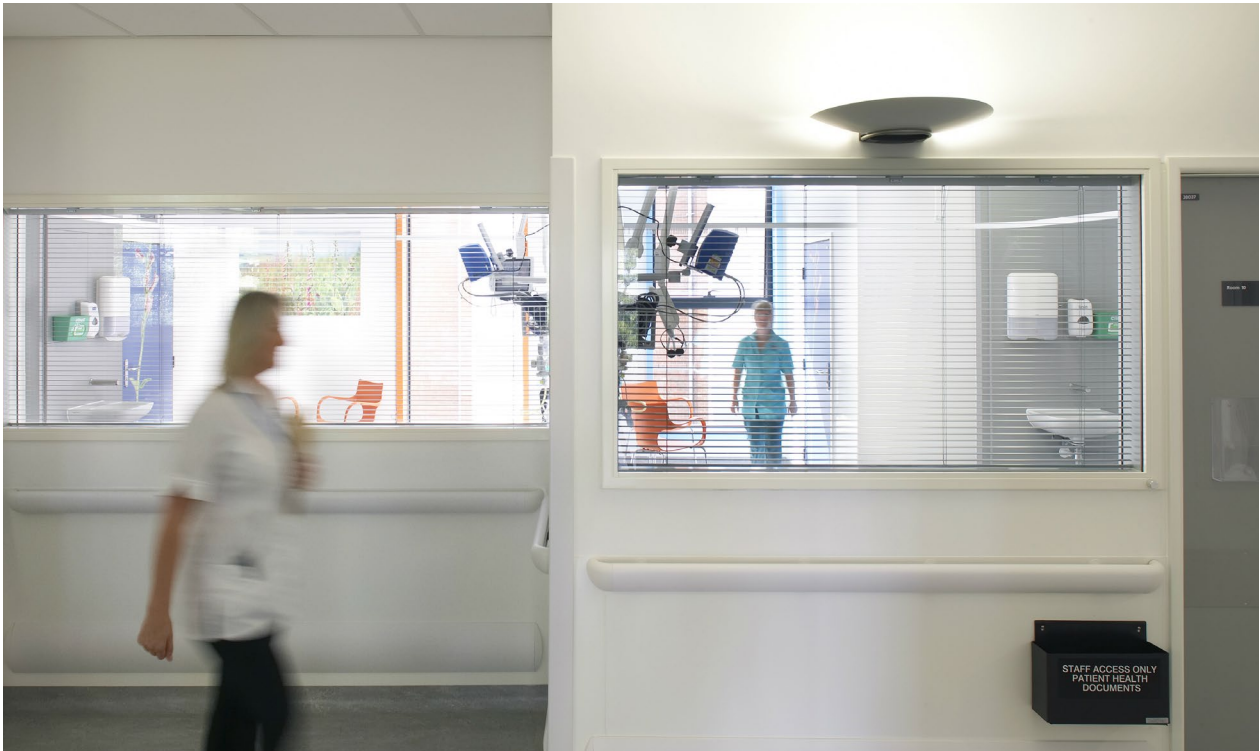
Just over half of all females (54%) and almost half (46%) of all males had caring responsibilities. However, there was no difference in the mean score on emotional exhaustion (33.53) according to either gender or caring responsibilities.



Descriptive Statistics

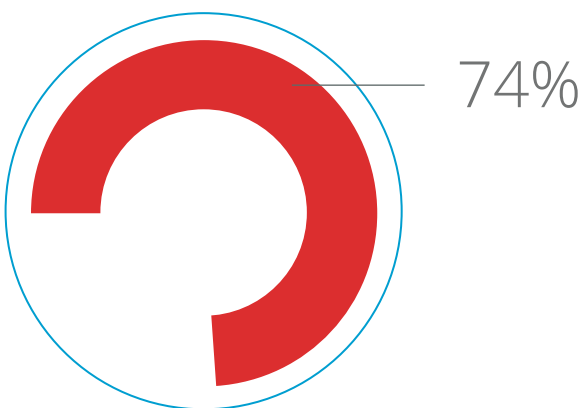
Gender	Caring responsibilities	Mean	Std Deviation
Male 	Yes	32.2333	10.35228
	No	33.9340	11.82432
	Total	33.1531	11.17676
Female 	Yes	33.6145	11.38019
	No	33.6068	10.94288
	Total	33.6110	11.17581
Total	Yes	33.4203	11.24391
	No	33.6672	11.10095
	Total	33.5371	11.17263

Emotional exhaustion and type of manager

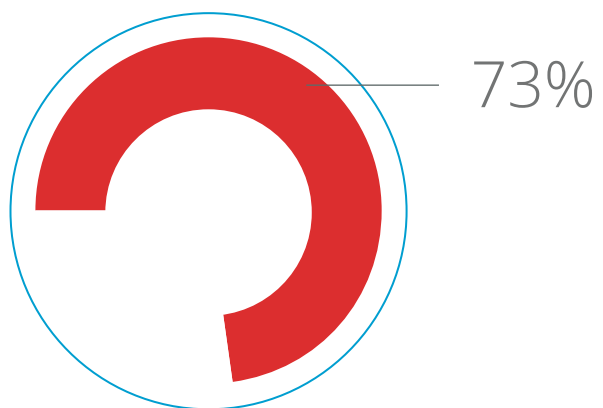


There does not appear to be any correlation between a social worker feeling emotionally over extended and being managed by a non-social work professional. The proportion of those reporting high emotional exhaustion category was 74% for those managed by a social worker and 73% for those not managed by a social worker.

Social work manager



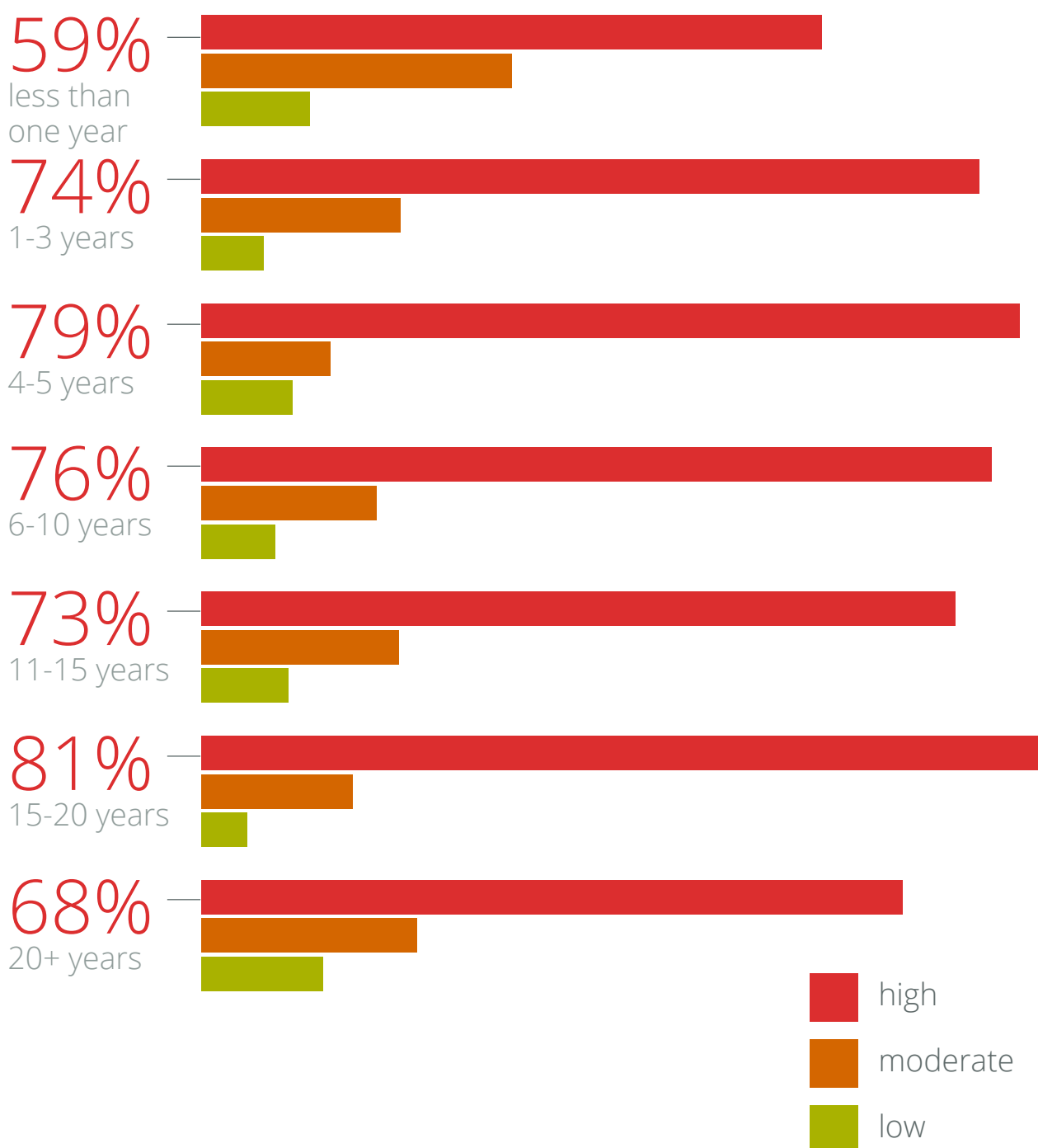
Non social-work manager

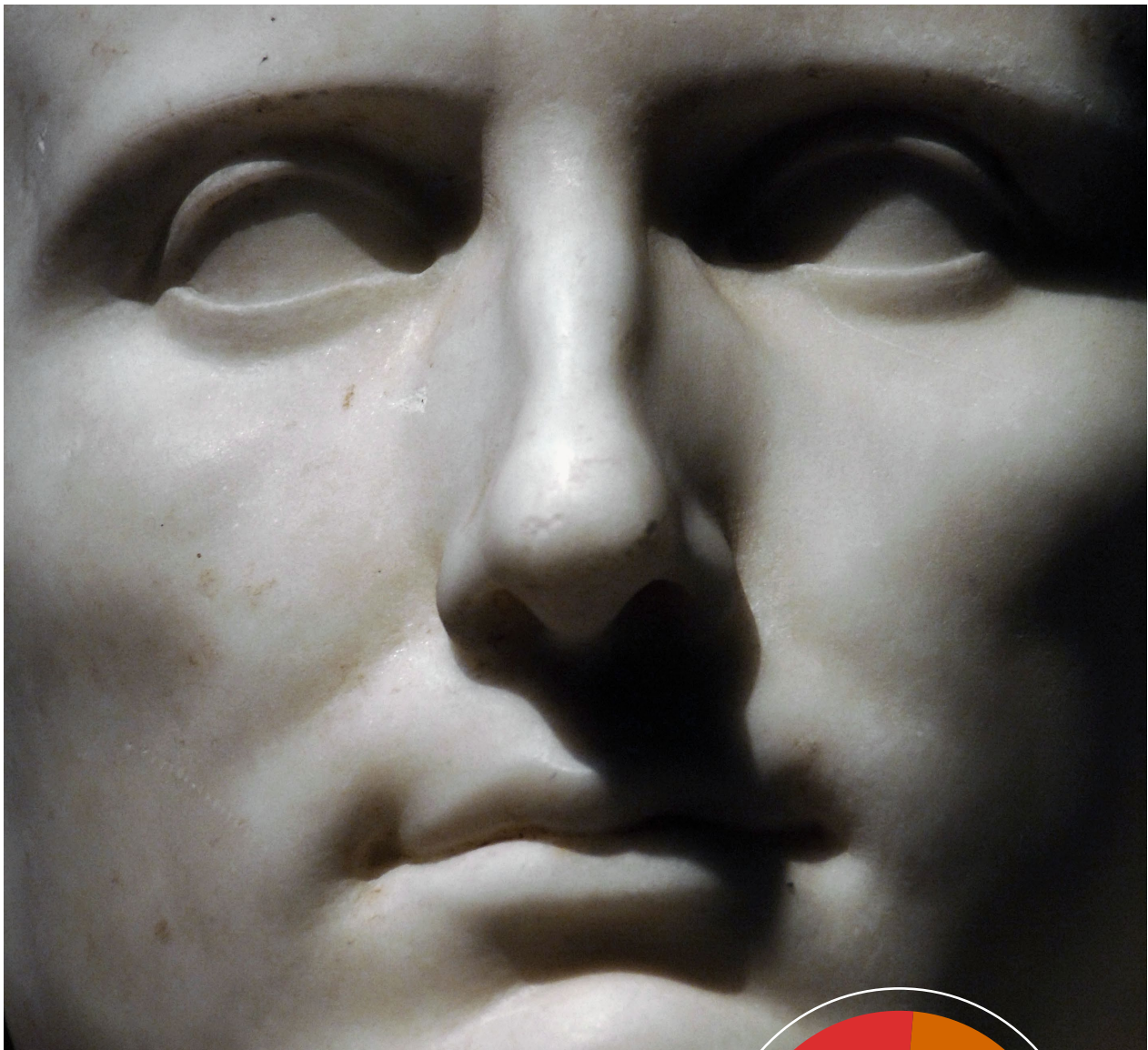


Proportion reporting high emotional exhaustion

Emotional exhaustion and level of experience

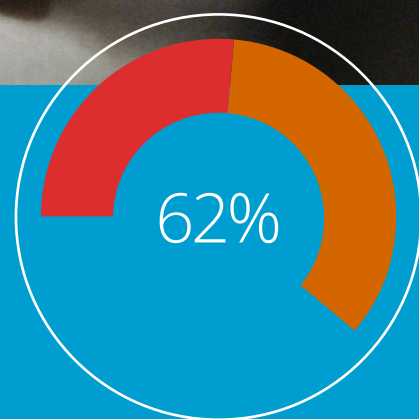
The risk of suffering high levels of emotional exhaustion does not appear to be influenced by the number of years' experience. The table below shows the proportion of high, moderate or low emotional exhaustion according to years' experience. Those with between 15-20 years' experience had the largest number of people reporting high levels of emotional exhaustion (81%), while those with less than one year's experience had the lowest proportions (60%). However, the proportions across all groups were between 60% and 80%.





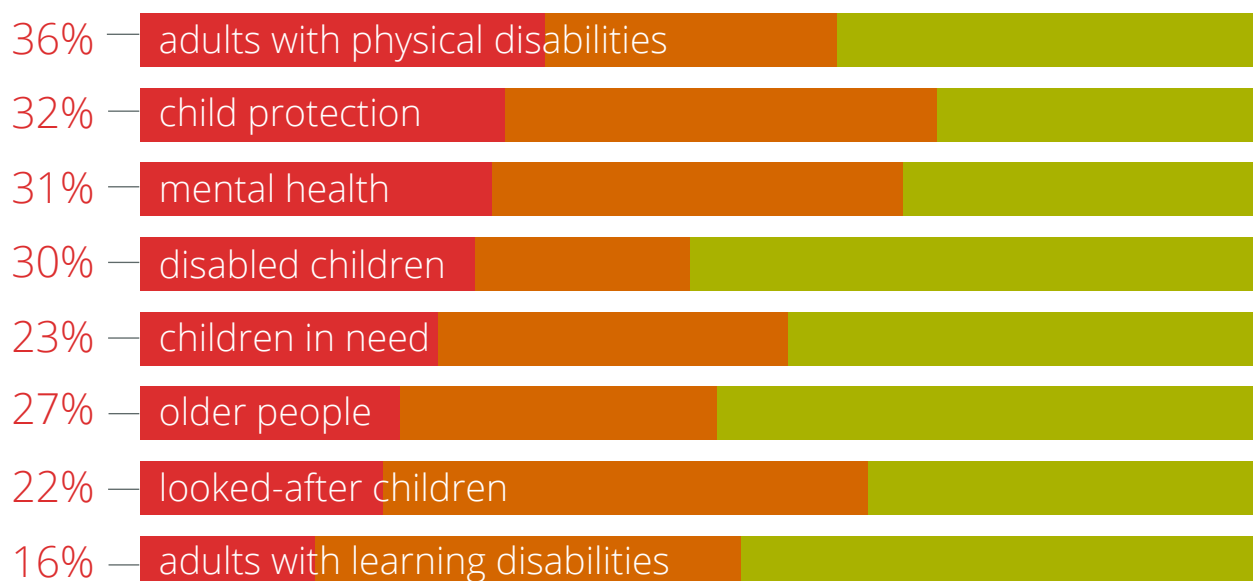
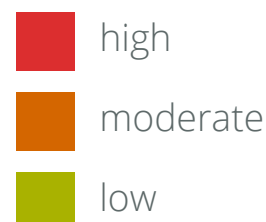
Depersonalisation

Depersonalisation describes a lack of feeling and an uncaring response to service recipients and is correlated with the emotional exhaustion subscale (Maslach et al,1996:10). Almost two thirds of respondents (62%) scored either high or moderate on this domain. Statements such as 'I worry that this job is hardening me emotionally', 'I feel service recipients blame me for some of their problems' and 'I don't really care what happens to some recipients' measure this domain. Higher mean scores are related to higher degrees of experienced burnout.



Depersonalisation by service area

The table shows the levels of depersonalisation across service areas (high, moderate, low). Depersonalisation is the loss of feeling and empathy for service recipients and higher mean scores are associated with burnout.



Those social workers reporting the highest levels of depersonalisation were those working with adults with physical disabilities followed by those working in child protection and mental health.

Depersonalisation and supervision

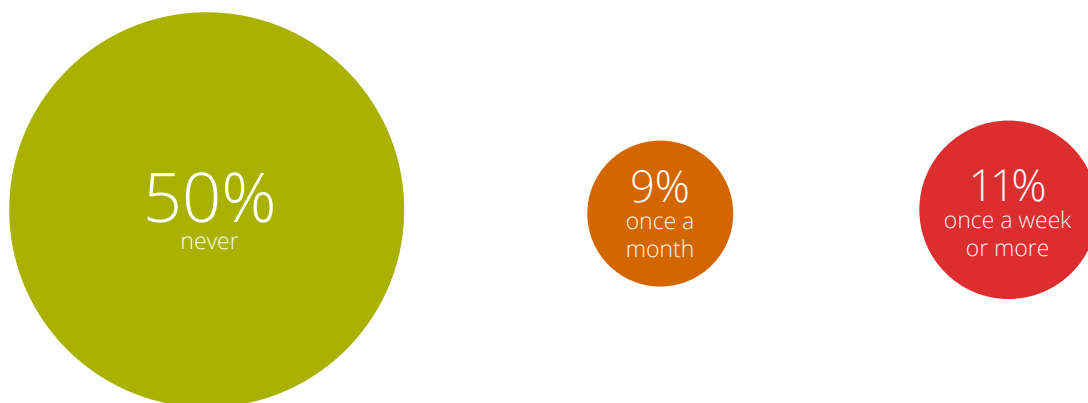
The risk of becoming emotionally hardened to service users appears to be increased by poor supervision. The numbers of social workers reporting high levels of depersonalisation were 24% when effective supervision was in place (1:4 risk) but for those who also felt their supervision was ineffective it rose to 35% (1:3).



Depersonalisation statement analysis

'I feel I treat some recipients as impersonal objects'

The majority of all respondents (50%) answered never. One in five (19%) said they felt this way 'a few times per year'. Just under one in 10 (9%) reported feeling this way once a month or less, a further 11% felt this way a few times per month. 5% felt this way once a week and a further 5% felt this way a few times per week while only 1% felt this way every day.



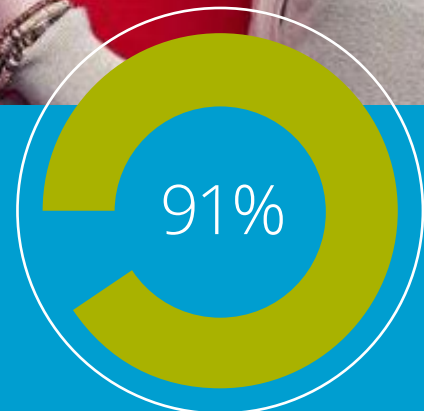
'I have become more callous towards people since I took this job'

Just over a third of respondents (34%) never felt this way while 23% felt this way a few times per year. This means the majority of respondents never or only infrequently feel this way. More than one in ten (13%) felt this way once a month and a similar number (14%) felt this way a few times per month. 6% of respondents said they felt this way once a week, while 7% felt this way a few times per week and 4% felt this way every day. (NB numbers have been rounded to single figures and may not add up to 100).





Personal accomplishment



The majority of the sample (91%) scored high in relation to personal accomplishment with no one scoring in the low category.

Personal accomplishment measures feelings of competence and successful achievement in one's work with people. This category is measured by statements such as 'I have accomplished many worthwhile things in this job' and 'I feel exhilarated after working closely with service recipients'. **This means the majority of UK social workers in this sample are feeling high levels of personal accomplishment in the context of emotional exhaustion and depersonalisation.**

Personal accomplishment by service area

The table below refers to reported feelings of personal accomplishment across all service areas (high, moderate, low). This is consistently high in all disciplines with more than 95% of respondents in almost all types of social work feeling exhilarated in their work with service users and they are able to achieve beneficial change. Nobody in the sample reported low levels of personal accomplishment.

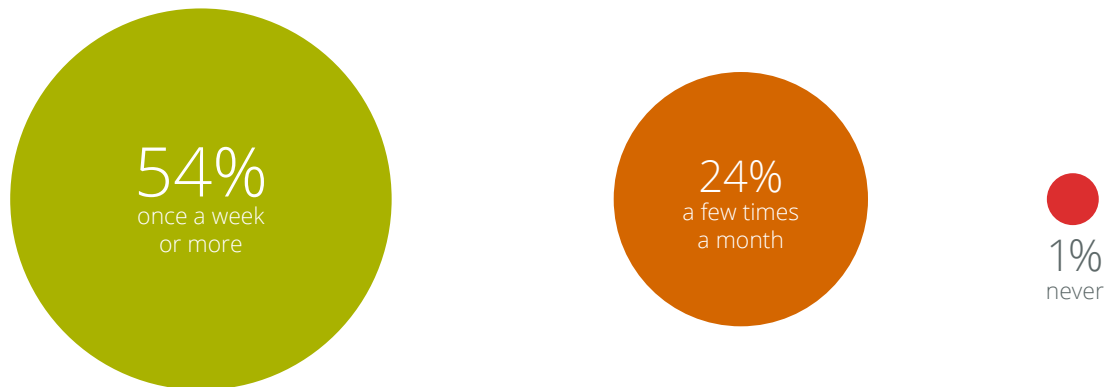




Personal accomplishment statement analysis

'I feel I am very positively influencing other people's lives through my work'

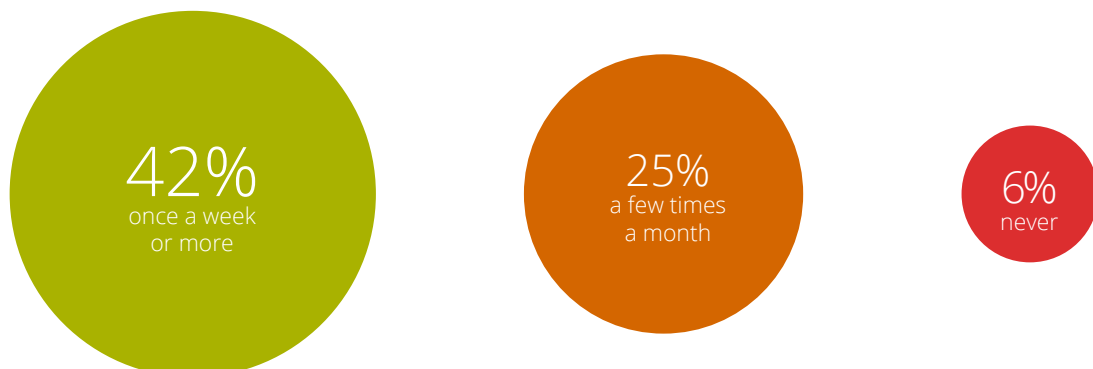
The majority of respondents (54%) felt they had a positive influence on service users once a week or more. One in four (24%) felt they did so a few times a month and a further 13% felt they did so once a month or less. This means that 90% of social workers feel they positively influence people's lives frequently. The remaining respondents felt they had a positive influence a few times per year (8%) with only 1% feeling they never influenced people's lives.



(NB numbers have been rounded to single numbers and may not add up to 100)

'I feel exhilarated after working closely with my service recipients'

Those feeling this way once a week or more were 42% of respondents. A further quarter of respondents (25%) felt this way a few times per month. Similar numbers felt this way once a month or less (15%) or a few times per year (12%). Only 6% never felt this way.





Selection of free-form comments left by respondents to the survey:

"It is not the service users that make me feel burnt out but the endless recording, reports, job uncertainty, lack of support from above. It got so bad that when I finally visited my GP he sent the crisis team round straightaway. I am now on medication, which has helped a lot, and have talked to my line manager but feel it has not changed anything."

"This survey doesn't ask any questions about processes, targets, constant changes within local authorities or computer work, which has been the main cause of my stress. I am feeling constantly de-skilled when I'm not working with service users. I have now resigned after 24.5 years feeling de-valued and worthless."

"My issue is with the department and the torture they put us through, my service users keep me going. The department is forcing me to consider leaving social work as they do not provide quality care to our service users.....they are numbers or targets.....not people and I am not ok with that!"

"This survey seems to place the strain of the work with the service user. Some situations are anxiety provoking; some involve risk and responsibility, but for me, the greatest stress and anxiety is largely from the agency I work for; the timescales, the paperwork, the recording, the demands of regulation. I feel trapped. I feel I have no more energy but that I cannot give up for fear of being found out."

"My answers are truthful however, three years ago I left my previous role after feeling burnt out and my answers would've been very different to now. I'm now self-employed and in control of my caseload, which is much better."

"It's not always the number of cases, it is the complexity of each case and this should be considered. Lack of support from manager, and the manager's honesty is critical. Supervision worries must be acted on and not ignored by managers."

"I have had to seek counselling independently when I felt overwhelmed by compassion fatigue at particularly stressful times. This should be part of the duty of care the local authority has towards their workers and the people whose safety or wellbeing relies on them. I am worried about some of my colleagues because at times their level of exhaustion seems to cloud their judgement – this is what prompted me to seek further support. At present I am exploring alternative careers. "



These research results form part of Community Care's
Stand Up for Social Work campaign.



To find out more and how you can be part of it visit
www.communitycare.co.uk/stand-social-work-2015
Here you can submit your inspiring story about how you made a difference;
look up the top 100 things you can do to stand up for social work or find out
what others are doing in your area.

If you would like more information on this research then
please contact judy.cooper@rbi.co.uk

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