

SOCIAL AND WORKFORCE DEVELOPMENT: METHODS TO INCREASE SELF-CARE TO REDUCE BURNOUT AMONG CRITICALLY IMPORTANT SOCIAL WORK AND EDUCATION PROFESSIONALS

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Abstract— Climate change has far-reaching impacts, contributing to increased disasters and chronic stressors. As the frequency and severity of climate-related disasters rise, communities face a growing burden of constant recovery. This has led to an international crisis, with many professionals and industries experiencing burnout. Globally, professionals in social work and education are often called upon for community recovery efforts in addition to their daily critical work. Individuals in service and helping professions are particularly at risk for compassion fatigue and decreased overall well-being. By highlighting these risks, we propose a plan to support the health, mental health, and protection of these professionals, through addressing administrative challenges, self-care and pre professional training. Educational institutions, administrators, and the professional workforce should create, implement, and promote organizational policies and practices that support overall well-being and encourage self-care strategies. Normalizing stress and providing access to low-intensity mental health supports will improve well-being and quality of life beyond the workplace. Expanding capacity, both individually and systematically, to combat stress and burnout is crucial for all professionals, especially those dedicated to social development.

Keywords— Burnout, Disaster, Education, Mental Health, Social Work

I. INTRODUCTION

Globally, humans are experiencing higher levels of stress and anxiety than ever before, in fact anxiety and stress related disorders are the most common worldwide affecting over 300 million people. Stress is a natural part of the human condition, however significant symptoms of anxiety can interfere with daily functioning and negatively impact physical health, overall wellbeing, and permeate entire communities (WHO, 2023). A major contributor to increased stress at the community level are crises and disasters—events that are significantly out of the everyday norm, such as civil unrest, natural disasters (hurricanes, flooding, earthquakes, etc.) and economic and political turmoil. These events impact social and ecological systems that ultimately affect mental and physical health, wellbeing, and overall community resilience. Not only do anxiety symptoms increase during active crises and disasters, but the recovery from these events creates stressful environments that can lead to long-term mental health concerns with lasting consequences for individual and community wellbeing.

Disasters and crises are rarely siloed. Rather than singular episodes, the cycle—event, response, recovery and mitigation—and subsequent stressors build on one another creating complex problems and needs. For example, in the biological disaster of 2020, the COVID-19 pandemic, contributed to economic crises, increased death rates, longer-term health problems, and loneliness (Hansel et al., 2022). In addition to complex community stressors, individual or personal level stressors can add to one's allostatic load. Allostatic load is the cumulative burden of stress and life events that weigh on an individual (Guidi et al., 2021). While thresholds differ for each person, compounding stressors can eventually lead to significant mental and physical health problems that deplete coping mechanisms and negatively impact daily functioning. Individual level stressors may include, family changes, unexpected expenses, moving and work-related stress. Even positive life transitions can cause stress levels to increase and when one's allostatic load is surpassed, stress can become overwhelming in both personal and work life.

A. Work Related Stress

Most work requires problem solving activities and stress plays a natural part of that productivity. Deadlines, tasks, timelines, goals and objects are part of the work cycle. Weather it is planting seeds for a crop, ensuring goods are completed at the end of a production line, or that children are taken care of, stress can help ensure efficiency and

effectiveness. A universal definition of work is purposeful physical or mental exertion (Cambridge University Press, n.d.), yet the concept of work has many different meanings and cultural nuances. While the application of work may differ, the primary reason for work is for subsistence, either through monetary or trade, to secure basic needs. The act of securing subsistence can be very rewarding (Drake & Wallich, 2020), yet it can also contribute to higher stress levels. A large component of the day is dedicated to work both outside and inside the individual or family unit, with many people have multiple jobs and responsibilities. Moderate work-related stress is expected; however, some situations or jobs have higher stress levels. Like disaster and crises, work-related stress does not occur in a vacuum, rather work-related stress contributes to one's allostatic load, compounding stressors from life and work-related responsibilities.

While there are many different factors that makes a job higher stress, those in the helping professions tend to have an added component of stress due to empathic responding. Empathy is a required component to helping professionals and is the ability to understand and comprehend the emotional or cognitive state of others (Vilella & Reddivari, 2020). Work and professionals in the healthcare industry, first responders, social workers, social service providers, and educators require conscious engagement and observation of behaviours, nonverbal cues, confronting biases and stereotypes. Empathy is not only a benefit to these jobs, but also a requirement through shared ethical and moral principles. Workers that require empathic responding are often called upon for community recovery efforts following disasters and crises in addition to the critical work they perform daily (WHO, n.d.).

Disaster recovery can negatively impact wellbeing and result in an increased need and demand for supportive and specialized mental health services provided by helping professionals (Maulik et al., 2020; Vigo et al., 2020; Zerden et al., 2023). Not only are individuals in these professions called upon for disaster and crisis response, but they also tend to work and live in the same community. The dual role of responder and survivor can increase stress and prove difficult in recovering communities. A study following Hurricane Katrina, and the Specialized Crisis Counselling providers found that while they noted it to be a stressful environment, they also identified the positive impact of working in a recovery environment (Hansel et al., 2011). A more recent study in the same geographic area found that recovery work following the COVID-19 pandemic and subsequent disasters compounded stressors and lead to decreased job satisfaction (Hansel et al., 2024).

The rise in number and scope of disasters has increased demand for services, with an existing deficit of helping professionals. Decreased job satisfaction following multiple disasters and community crises is concerning especially given the problems with an already strained and limited workforce. There is a global shortage in the health, behavioural, and educational workforces (WHO, n.d.; UNESCO, 2024). Contributing and exacerbating the retention problems, shortages are further fuelled by a supply and demand problem—clinical and social service need outweighs the number of trained professionals (The Realtime Report, 2020). For example, there is a shortage of qualified behavioural health practitioners, resulting in the majority of those in need lacking access to mental health services (HRSA, 2024; Polinsky et al., 2022; Wainberg et al., 2017). In the United States, over 120 million have insufficient or no behavioural health services (HRSA, 2020; Jackson, 2023). In addition to these gaps, there are chronic levels of turnover, and the United States will face a critical shortage of social workers by 2030, with the majority of behavioural health services currently provided by social workers (The Realtime Report, 2020). Not only do shortages lead to problems with access to services and care, but workforce shortages cause institutional stress that negatively impacts helping professionals and contributes to compassion fatigue and burnout.

B. Compassion fatigue

Individuals in the service and helping professions are at particular risk for compassion fatigue and decreased overall wellbeing. Compassion fatigue, also known as the cost of caring, is the reduced capacity or interest in being empathic (Adams et al., 2010; Figley, 2012). The combination of chronic stress, posttraumatic stress symptoms, and mental health problems often lead to compassion fatigue in helping professions (Figley & Ludick, 2017). Compassion fatigue is common, especially among professionals working in prolonged environments of stress and trauma. Predictors of compassion fatigue include personal distress, negative mental health, and moral injury (Barr, 2017; Papazoglou & Chopko, 1999; Thomas, 2013). Following COVID-19, research involving healthcare workers identified anxiety, depression, and posttraumatic stress as precursors to compassion fatigue (Johnson et al., 2020; Vujanovic et al., 2021). High rates of compassion fatigue, secondary traumatic stress, and lower quality of life contribute to an overall sense of professional burnout (Willard-Grace et al., 2019).

C. Burnout

Burnout is a phenomenon that describes the feelings of stress that helping professionals experience when certain institutional factors, including but not limited to, heavy caseloads, time constraints, deadlines, unsupportive or negative work environment, and mismatched pay, are present (Patel et al., 2018; Peinado & Anderson, 2020). Burnout is a well-documented experience for social workers, who tend to experience burnout at higher rates than those working in other professions (Fleury et al., 2017; Letson et al., 2020). Burnout and the overall wellbeing of the behavioural health workforce is problematic for not only the employee but also can have detrimental impacts

on the individuals that work alongside, assist, and support (Brabson et al., 2020). Subsequently we are faced with an international crisis of many professionals suffering from burnout. In the United States almost half of healthcare providers have significant symptoms of burnout and many leave prior to retirement due to the excessive exhaustion caused by prolonged work-related stress (Office of the Surgeon General, 2022). Thus, there is urgent and critical need to improve retention and provide burnout mitigation at the individual provider and organizational levels.

Addressing stress and burnout among is a matter of targeting both individual's cognitive and emotional capacity to manage stress and the environmental factors that lead to burnout (Beer et al., 2021). Recognizing the current gaps and lack of a global plan to address burnout, the United States Surgeon General developed an Advisory on Building a Thriving Health Workforce (2020) that focuses on workforce resiliency training to enhance regional and national capacity for health care workforce retention. The advisory focuses on improving organizational and administrative factors, which have been identified as key influencers of retention (Coates & Howe, 2015). Beyond these efforts, globally we must increase efforts around retention and burnout prevention, especially through addressing administrative challenges, self-care and pre professional training.

D. Administrative Factors

Administration and the overall work environment are major factors in burnout and retention. It is well documented that lack of autonomy, perceptions of value, belonging, unrealistic responsibilities (Patel et al., 2018; Peinado & Anderson, 2020)—all influenced by administration—create a system of conflict between administration versus employee. Often the channels of communication are not open between the two groups and neither understand the challenges with each other's roles. Similar to personal anxiety, organizational systems are also vulnerable to unexpected stressors related to disasters and crises that can further complicate work environments (Hansel et al., 2024). In Australia, mental health workers have noted similar concerns noting the importance of organizational level burnout prevention and regulation of workload (Carles et al., 2025). For other countries the employee-administration divide is ingrained in the larger systems. For example, in Nepal Social Workers lack professional status and research demonstrates that educators have extremely high burnout (Paudel et al., 2024; Yadav et al., 2025). Global processes are needed to improve understanding of and respond to improved working conditions for individuals in the social work, education, and social development professions. Concurrent to the creation of systems that support the human service workforce, we also need efforts that can be implemented at the individual level and support wellbeing.

E. Mental Health and Self-care

In addition to the work environment, one's mental health and life stressors, play a reciprocal role in burnout (Hansel & Saltzman, 2024). Like physical health, everyone has mental health that fluctuates from positive to negative. Approximately 12% of the population have more severe symptoms that interfere with daily functioning consistent with a mental health diagnosis and less than ten percent receive services (WHO, n.d.). Low intensity or preventative methods have some evidence in the general population and a great deal of potential in the workplace (Singh et al., 2022). Low intensity interventions are contrasted to psychotherapies that involve multiple sessions with a trained provider to better understand emotional response and behaviors. Low intensity interventions are not a replacement for psychotherapy, rather they are part of a stepped care model aimed at specific behaviors (i.e. stress reduction techniques). Low intensity interventions hold great promise for the workplace and include education to recognize symptoms of burnout stress and implement self-care.

Self-care resources, inclusive of trainings, are especially important as the National Association of Social Workers Code of ethics recently (NASW, 2021) included the importance of professional self-care. Similarly, the World Health Organization (2024) suggests that self-care is an integral component to overall health promotion, as it encourages individuals to be their own agents of health. Self-care centered on stress management, especially conducted proactively, holds great potential for workplace stress reduction (Rupert & Dorociak, 2019). Organizations and employers should provide the tools necessary to increase knowledge and use of comprehensive and effective self-care strategies. Strategies should be holistic in nature and address skills and coping mechanisms related to physical, psychological, emotional, and spiritual wellbeing. These include areas such as exercise, sleep, and nutrition (physical), mental regulation and problem solving (psychological), the ability to find positive coping strategies, meditation, and hobbies (emotional), and creating a sense of purpose in life, religious or spiritual practices (spiritual). Self-care activation resources, can be programmatic through workforce initiatives, provided as continuing education, or through preprofessional curriculum.

F. Selfcare and Burnout Reduction Training

Preventative measures that emphasize the awareness and improvement of overall wellbeing have found to be effective in reducing burnout and should be implemented early on to mitigate future burnout. Research demonstrates a positive relationship among preprofessional training and future resilience to stress and burnout (Ben-Porat & Itzhaky, 2015; Colman et al., 2016; Smullens, 2012), yet many programs do not incorporate these trainings into curriculum. Programs should prepare students not only for the individual factors (i.e., cognitive and emotional capacity for handling stress) but also environmental factors (i.e., staff turnover, work environments and

scheduling) that can lead to stress and how to cope with such stressors (Beer et al., 2021). Therefore, educational systems which prepare helping professionals should create and implement curricula that is inclusive of self-care. Research has also shown that refresher courses focused on enhancing self-care strategies are effective at improving wellbeing and decreasing feelings of burnout (Awa et al., 2010). Not only do educational curricula need to improve awareness and practice opportunities but ongoing education is also needed through continuing education on improving self-care, decreasing stress, and reducing burnout.

II. CONCLUSIONS

Given the current critical world shortages of individuals in the helping professions and increase in disasters—we are at a critical juncture for reducing burnout and improving wellbeing of our brave individuals employed in these areas. While a great deal of information on the negative impacts of disasters exists, less attention has been given to the strengths that can contribute to health communities and recovery. One such strength is resilience, the capacity to effectively recover from significant disturbances that threaten adaptive functioning. Given the increase in disasters more research is needed to develop global models of community resilience based on positive mental health and community engagement. However, we must have engaged and empathic responders to promote community resilience. We propose that educational institutions, administrators, and the professional workforce should create, implement, and promote organizational policies and practices which support the overall wellbeing and ways to engage in self-care strategies.

Future research should continue to explore mechanisms and factors that contribute to higher rates of burnout, stress, compassion fatigue, and staff turnover. In addition, research should focus on resiliency and positive coping strategies during challenging times. Longitudinal studies which track these outcomes, in various settings, including healthcare, mental health, schools/education, rural areas, and with certain marginalized populations are needed. Funding for these research opportunities should continue to be available at the national and international levels. In addition to funding science, these mechanisms should also allow monetary support for agencies and professionals to actively participate and be given a voice in the research process.

Effective behavioral health, development, and educational services require work environments filled with compassionate providers who require support to do this work (Figley, 2012). Agency leaders and administrators must work towards updating and creating new policies which take into consideration and prioritize their staff's wellbeing, self-care, and resiliency. Self-care as a risk management technique requires organizational capacity to create positive and supportive work environments (UNESCO, 2021). Thus, we must be change agents and apply our helping skills internally to support the wellbeing of practitioners and advocate for ourselves when support is lacking, and when policies or practices do not align with building resiliency and professional self-care. Expanding capacity, both individually and systematically, to combat stress and burnout is crucial for all professionals, especially those dedicated to social development.

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