

UNIVERSITY OF ZULULAND



**Investigating Social Workers' Coping Strategies towards
Burnout in Kwa - Zulu Natal within UMhlatuze
Municipality.**

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2020

STUDENT DECLARATION

I declare that this is my work; it had never been submitted previously for any degree or submitted for examination in another university.

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DEDICATION

Without the Lord almighty, I would not have made it, I thank God for his guidance throughout the journey of this study.

I thank my beloved Fiancé Ziphozakhe Zulu, who was supportive throughout the journey of completing this thesis, I thank his constant belief in me and his words of wisdom that kept me going. I dedicate this study to my children Simangaliso Zulu and Zanele Zulu.

I dedicate and appreciate my mother Thuleleni Duma for her unconditional love and constant support filled with words of encouragement always; I thank my brothers Vusumuzi Duma, Mthandeni Duma and Xolani Duma for their love and support. Lastly, I would like to thank my friends and relatives for their support.

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ABSTRACT

Social Workers are professionals in the human services sector who render social services to diverse populations with dissimilar personal and social problems, through empowerment, social change promotion, liberation and enhancing human relationships. While rendering these services they are exposed to higher levels of burnout. Literature suggests that social workers are at the higher risk of burnout. The question then was how Social Workers cope with their work burnout. A qualitative approach to investigate burnout coping strategies of Social Workers working in social services of UMhlatuze Municipality was employed, sample was selected following the purposive sampling procedure, and semi-structured interviews in a combination of closed-ended and open-ended questions were utilized as a data collection tool. Data collected was analysed in Thematic Data Analysis process. The research was conducted to find answers for the following questions, what burnout coping strategies are used by social workers, what are the sources of burnout in social work, what knowledge social workers have about burnout, what social services agencies offer to assist their employees with regards to burnout and lastly what is recommended as helping in addressing, preventing, and coping with burnout by social workers. Findings of the study indicated that Social Workers targeted do not interact well with their work environment, it also appeared that Social Workers apply more emotional -focused coping strategies than problem - focused coping strategies towards burnout, amongst the coping strategies, they apply both positive and negative coping strategies of burnout. This responded to the overall aim of the study of investigating social workers coping strategies through ecological perspective theory and Transactional model of stress and coping.

Key words

Burnout, social worker. Social service agency, clients

For the purpose of the study following terms are defined as the following.

Burnout is referred to as extreme and prolonged work stress.

Social Worker is a qualified social worker employed in the social service agencies.

Social service agency is an organisation offering social services to the society.

Clients are the recipients of social services.

ACRONYMS

NASW	National Association for Social Workers
SACSSP	South African Council for social services Profession
EAP	Employee Assistance Programme
NGO	Non- Governmental Organizations
DPSA	Department of Public service
DSD	Department of Social Development
EH&WP	Employee Health and Wellness Management Programme
RBFC	Richards Bay Family Care

TABLES

Table 1: Research budget

Table 2: Age of Participants

Table 3: Gender of participants

Table 4: Highest Qualification of participants

Table 5: Years of Experience

Table 6: Emotional-Focused and Problem- Focused Coping Strategies of Social Workers

Table 7: Social Workers Suggestions of Dealing with Burnout.

Table 8: Non- Verbal Cues

FIGURES

Figure 1: Themes and Sub-themes

LIST OF ANNEXURES

ANNEXURE A – LETTER SEEKING PERMISSION DSD

ANNEXURE B- LETTER OF ACKNOWLEDGEMENT DSD

ANNEXURE C- LETTER OF PERMISSION DSD

ANNEXURE D- LETTER SEEKING RBFC

ANNEXURE E- PERMISSION RBFC

ANNEXURE F- ETHICAL CLEARANCE

ANNEXURE G- INFORMATION SHEET

ANNEXURE I –LANGUAGE EDITING CERTIFICATE

ANNEXURE J- TURNITIN REPORT

TABLE OF CONTENT

CONTENT	PAGE No.
Declaration	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Acronyms	vi
List of tables and Figures	vii
Annexures	vii
CHAPTER 1: INTRODUCTION AND GENERAL ORIENTATION OF THE STUDY	
1.1. INTRODUCTION	1
1.1.1. BURNOUT	2
1.1.2. SOCIAL WORK AND BURNOUT	2
1.1.3. COPING STRATEGIES OF BURNOUT	3
1.1.4. SOCIAL WORKERS' BURNOUT COPING STRATEGIES	3
1.1.5. EMPLOYEE ASSISTANCE PROGRAMMES AS COPING STRATEGIES	4
1.1.7. NASW COPING STRATEGIES	4
1. 2. THEORETICAL FRAME WORK	5
1.2.1. ECOLOGICAL PERSPECTIVE THEORY	5
1.2.2. TRANSACTIONAL MODEL OF STRESS AND COPING	5
1.3. PROBLEM STATEMENT	6
1.4. AIMS OF THE STUDY	7
1.5 QUESTION CONSTRUCTION	7
1.6. SIGNIFICANCE OF THE STUDY	8
1.7. RESEARCH METHODOLOGY	8
1.7.1. RESEARCH DESIGN: PHENOMENOLOGY	8

1.7.2. RESEARCH PARADIGM	9
1.7.3. POPULATION	9
1.7.4. SAMPLE	9
1.7.5. DATA COLLECTION	10
1.7.6. DATA ANALYSIS	10
1.8. ETHICAL AND SAFETY ISSUES	11
1.9. RESOURCES AND BUDGET	12
1.10. FEASIBILITY	12
1.11. INTELLECTUAL PROPERTY	12
1.12. KNOWLEDGE DISSEMINATION	12
CHAPTER 2: LITERATURE REVIEW	
2.1. INTRODUCTION	13
2.2. HISTORICAL OVERVIEW OF BURNOUT	13
2.3. BURNOUT IN SOCIAL WORKERS	14
2.4. SOCIAL WORK GUIDING BOARDS	15
2.5. STRESSORS IN THE SOCIAL WORK	16
2.5.1. LOW SALARIES	17
2.5.2. CASES	17
2.5.3. HIGH WORKLOADS	18
2.5.4. INADEQUATE RESOURCES	18
2.5.5. WORK ENVIRONMENT	19
2.5.6. INDIVIDUAL CHARACTERISTICS	20
2.6. COPING STRATEGIES OF BURNOUT	21
2.6.1. PROBLEM- FOCUSED COPING	22
2.6.2. EMOTIONAL- FOCUSED COPING	22
2.7. SOCIAL WORKERS' COPING STRATEGIES OF BURNOUT	23
2.8. AVAILABLE PROGRAMS OF DEALING WITH BURNOUT	26

2.8.1. DEPARTMENT OF SOCIAL DEVELOPMENT EAP	29
2. 9. THE EFFECTS OF BURNOUT ON SOCIAL WORKERS	30
2.10. THEORETICAL FRAMEWORK	33
2.10.1. ECOLOGICAL PERSPECTIVE THEORY	34
2.10.2. TRANSACTIONAL MODEL OF STRESS AND COPING	34
CHAPTER 3: RESEARCH METHODOLOGY	
3.1. 1INTRODUCTION	35
3.2. RESEARCH APPROACH	35
3.2.1. RESEARCH DESIGN	35
3.2.2. RESEARCH PARADIGM- INTERPRETIVISM	36
3.2.3. RESEARCH TYPE: EXPLORATORY RESEARCH	36
3.2.4. POPULATION	37
3.2.5. SAMPLING	38
3.2.5.1. NON- PROBABILITY SAMPLING	38
3.2.5.2. PURPOSIVE SAMPLING	38
3.2.6. DATA COLLECTION INSTRUMENT	40
3.2.6.1. INTERVIEW SETTING	40
3.2.7. DATA ANALYSIS	41
3.3. ETHICAL CONSIDERATIONS	42
3.3.1. INFORMED CONSENT	42
3.3.2. CONFIDENTIALITY	43
3.3.3. ANONYMITY	43
3.3.4. NO HARM TO THE PARTICIPANTS	44
3.3.5. PERMISSION TO CONDUCT THE STUDY	44
3.4. LIMITATIONS OF THE STUDY	45

CHAPTER FOUR: PRESENTATION OF DATA, ANALYSIS, AND INTERPRETATION

4.1. INTRODUCTION	46
4.1.1. DEMOGRAPHIC INFORMATION OF PARTICIPANTS	46
4.2. THEMES	50
4.2.1. THEME A: SOCIAL WORK PRACTICE	51
4.2.1.1. SUB THEME A1: EXPERIENCES OF SOCIAL WORKERS	51
4.2.1.2. SUB-THEME A.2: FEELINGS	54
4.2.1.3. SUB- THEME A. 3: EFFECTS OF PROBLEMS PRESENTED BY CLIENTS	55
4.2.1.4. SUB-THEME A. 4: EMPLOYEE SUPPORT SERVICES	57
4.2.2. THEME B: KNOWLEDGE OF BURNOUT	60
4.2.2.1. SUB-THEME B.1: UNDERSTANDING OF BURNOUT	60
4.2.2.2. SUB-THEME B. 2: SOURCES OF BURNOUT IN SOCIAL WORK	62
4.2.2.3. SUB-THEME B.3: SYMPTOMS OF BURNOUT ACCORDING TO SOCIAL WORKERS	69
4.2.3. THEME C: COPING STRATEGIES	71
4.2.3.1. SUB-THEME C.1: COPING STRATEGIES OF SOCIAL WORKERS	71
4.2.3.2. SUB-THEME C.2. SUGGESTIONS OF PREVENTING BURNOUT	78
4.3. NON- VERBAL COMMUNICATION	80
4.4. FINDINGS AND CONCLUSION	81
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS	
5.1. INTRODUCTION	83
5.2 OBJECTIVE OF THE STUDY AND FINDINGS	83
5.3. RECOMMENDATIONS	88
6. REFERENCCESS	91
ANNEXURE A – LETTER SEEKING PERMISSION DSD	107
ANNEXURE B- LETTER OF ACKNOWLEDGEMENT DSD	108

ANNEXURE C- LETTER OF PERMISSION DSD 109

ANNEXURE D- LETTER SEEKING PERMISSON AT RBFC 110

ANNEXURE E- PERMISSION RBFC 111

ANNEXURE F- ETHICAL CLEARANCE 112

ANNEXURE G- INFORMATION SHEET 113

ANNEXURE-H- SEMI STUCTURED INTERVIEW QUESTIONNAIRE 114

ANNEXURE I –LANGUAGE EDITING CERTIFICATE 118

ANNEXURE J- TURNITIN REPORT 119

CHAPTER 1: INTRODUCTION AND GENERAL ORIENTATION OF THE STUDY

1.1. INTRODUCTION

Social Workers as helping professionals in human services, experience high levels of stress which leads to burnout. Presently there are no current statistics of burnout among Social Workers, however, Taylor (2016: iii) stated that; “Social Workers experience burnout at elevated rates; however, no study has developed an average rate of burnout among general Social Workers and quantitative research on the topic is lacking in general”. Gillespie (2013: 5) reports that; Legroy and Rank interviewed 106 Social Workers based on burnout, their data claimed that burnout results mostly from job situations than the personality factors. Jonson and Stone studied 46 Social Workers based on burnout; their findings indicated that; burnout is associated with higher levels of unpleasant events such as not liking duties, not having enough time, and not getting enough rest. In line with that view, Kim, Ji and Kao (2011) stated that; “the high risk of burnout in the social work profession is well established”.

Burnout amongst Social Workers is factual and well known, it was therefore necessary to establish how Social Workers cope with this problem. The researcher intended to investigate in a qualitative method, the coping strategies that are applied by Social Workers in dealing with burnout. The targeted population of the study was Social Workers working in social services agencies in Kwa-Zulu Natal within uMhlathuze Municipality. Research data was obtained through a sample of Social Workers selected using purposive sampling. The researcher interviewed Social Workers, (one-on-one) enabling them to share coping strategies of burnout. The researcher developed an interest to conduct this study since she is a Social Worker and was worried after observing Social Workers less enthusiastic and less amused about their work while doing practical in 2016 and working in 2017. A friend (Social Worker) resigned and concluded that her practice as a Social Worker was stressful therefore, she needed a break. The researcher developed an interest to conduct a study aimed at investigating coping strategies of Social Workers towards burnout after analysing these incidents.

1.1.1. BURNOUT

Burnout was identified more than 40 years ago. Bakker and Maslach (2014: 32) stated that; “Burnout was first discovered in 1970’s by Freudenberg (1974) who defined burnout as a “state of mental and physical exhaustion caused by one’s professional life”. Later, Maslach and Jackson (1981) interviewed human service practitioners in California to find out how they were coping with client –related stressors, they used the term “burnout” and indicated that they experienced feelings of exhaustion; developed negative attitudes towards their clients and often felt that they lacked professional competence needed to help their clients. McCormack and Cotter (2013: 9) quoted Simon, (1989:33) who defined burnout as “a combination of physical fatigue, emotional exhaustion and cognitive weariness”. In simple terms, burnout is the emotional and psychological breaking point where one is unable to cope with conditions he/she is facing, this condition impacts in physical, emotional, psychological and spiritual aspect of the human being. Adams and Sheard (2013: 75) postulated that; burnout is a state of physical, emotional and mental exhaustion. Burnout associates with vicarious trauma/Secondary Traumatic stress, defined by Wilson (2016) as the helper’s gradual shift (unconscious) in cognitions. Burnout is also linked to compassion fatigue described as function as an “empathetic helper”. It most often occurs in areas of social work where practitioners work directly with traumatized clients (Smith 2015).

1.1. 2. SOCIAL WORK AND BURNOUT

Social Workers as human services workers, deal with diverse individuals, groups, families and societal problems, they intervene targeting positive change, through the application of social work theories and skills, however the process precede stress, which eventually leads to burnout. According Wilson (2016) while the fundamental principles of social work are wonderful, the result for some Social Workers is job burnout and/or vicarious trauma. Social Workers had been recognized as at risk of experiencing stress and burnout. Wagaman *et al.* (2015: 201) declared that; “Social Workers are at risk of experiencing burnout and secondary traumatic stress (STS) as a result of their work nature. According to Lloyd, King and Chenoweth, (2002; 2009) Social Workers are at a higher risk of work-related stress, burnout, and a lower quality of life compared to the general population and other health professionals. The social work practice requires efficiency of social services

rendered, regardless of severeness and sensitiveness of cases presented Social Workers need to apply relevant skills and be competent in their practice. The problem situations of clients may be sensitive, for instance, the cases of children sexual assault, socio-economic problems, and domestic violence. Social Work therefore generally becomes a highly stressful occupation, with stress deriving from role conflict between client advocacies and meeting agency needs, Social Workers may experience higher levels of stress and resulting in burnout than comparable occupational groups (Lloyd, King and Chenoweth, 2009:11).

1.1.3. COPING STRATEGIES OF BURNOUT

Rohling (2016:17) quoted Collins (2008) who articulated that; “Coping had been defined as a person’s changing cognitive and behavioral efforts to meet demands”. The coping strategies are either the external or internal resources one uses to cope with the particular situation. The external resource is the support from colleagues, family friends and from the managers/supervisors one gets in order to cope and the internal resources are that of personal traits of how one responds to stressors. Kemshell, Wilkinson and Barker (2013: 152) shared that; Mechanisms for coping with excessive levels of stress and for building resilience can be divided into two:

Problem- Solving Coping seeks to reduce and also eliminate the sources of stress. This coping strategy is based on identifying the problem and finding all possible solutions to solve it.

Emotional- Focused Coping seeks to improve the ability of the individual to manage their own difficult feelings. This may include developing cognitive skills to reduce the likelihood of unhelpful thinking and dwelling on negative thoughts with worst outcomes. This strategy is also directed to the acceptance of situations if they cannot be easily changed.

1.1.4. SOCIAL WORKERS’ BURNOUT COPING STRATEGIES

According (Stevenson 2016) the following are Social Workers’ coping strategies of burnout:

- Social Workers have supervision sessions where they get educated, supported and learn the administrative duties. Using the supervision sessions to reflect on the emotional impact can be effective as a coping strategy.
- Applying the engaged coping strategies such as planning ahead, reframing the situation, exercising, tackling the problem, seeking social support and modifying mood are effective in coping with burnout.
- Identifying what is emotionally rewarding at work and at home to help recognize and celebrate achievements.
- Identifying the stressors and developing relevant coping strategies is also a good way to cope as a Social Worker.

1.1.5. EMPLOYEE ASSISTANCE PROGRAMMES AS COPING STRATEGIES

The National Association for Social Workers (NASW) (2012:1) defined employee assistance program as an employer-paid benefit that helps employees address any personal and professional concerns that will affect their work performance. Henry and Noon (2001) say Employee Assistance Programs are the confidential assistance in a form of support services designated to help employees to cope with personal and work-related challenges that affect their lives, performance and behavior at work. These are the programs provided to employees to promote the efficiency in their work. The Department of Social Development has this kind of service accessible for all the employees to assist them in dealing with their personal and professional problems before they interfere with providing good and relevant services to clients. Social Workers with medical aid are able to get services such as that of therapy.

1.1. 6. NASW (National Association for Social Workers) COPING STRATEGIES

NASW (2012: 20) Section 4.05 (a) says; “Social Workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility”. (b) “Social Workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial

action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others”.

1. 2. THEORETICAL FRAMEWORK

The researcher applied two models in the study, namely: Ecological Perspective and Transactional Model to Stress and Coping.

1. 2.1. ECOLOGICAL PERSPECTIVE THEORY

Ecological Perspective Theory was adopted for the study, the researcher aimed at ascertaining coping strategies of Social Workers towards burnout. Ecological Perspective Theory is concerned with the interaction between an individual and his/her environment. Green (2010:199) defined Ecological Perspective Theory as “an approach to social work practice that addresses the complex transactions between people and their environments”. Purposively for this study social work practice was assumed as an environment of Social Workers under the study and therefore Social Workers were assessed on how they cope with burnout which is the condition triggered by their environment of practice. Ecological Perspective Theory was developed by Urie Bronfenbrenner in 1979, who defined it as an “ecological approach to human behaviour, a scientific study of progressive mutual accommodation throughout the life between course active growing human being and his/her environment” (Green 2010: 199). In line with that definition, Kirst – Ashman and hull (2015:13) state that: The Ecological Perspective Theory assesses the relationship of a person in terms of social environment, person in environment, coping, adaptation, etc. The researcher intended to observe Social Workers in their environment which is the social work practice and, identify their coping strategies towards burnout which gets stimulated through the environment. With the lack of literature in South Africa of Social Workers’ burnout coping strategies, there were no previous studies where this theory was applied where social work practice was assumed as an environment.

1. 2.2. TRANSACTIONAL MODEL OF STRESS AND COPING

The researcher identified different types of coping strategies used by Social Workers towards burnout through the Transactional Model of Stress and Coping developed by

Lazarus and Folkman in 1984 which stipulates that “stress is experienced as an appraisal (an evaluation) of the situation one is experiencing”. There are two coping strategies of this model applied in this study, namely problem-focused and emotion-focused coping strategies (Mavin, Glover-Graf, and Millington, 2012). Problem focused approaches involve attempting to deal with the situation itself, trying to change it into something more palatable whereas emotion-based coping may be particularly suitable to situations which cannot actually be influenced in a meaningful way. Uhlman, Schuette and Yashar (2011) declared that; Transactional Model of Stress and Coping suggests that; the individual appraises his/her ability to cope and implement problem focused-coping strategies or emotion-focused coping strategies. The study intended to explore burnout coping strategies are used by Social Workers amongst problem–focused and emotion –focused coping strategies and again there was no study related to Social Workers’ coping strategies of burnout in south Africa that had applied this model.

1.3. PROBLEM STATEMENT

Social Workers experience burnout due to various factors, such as inadequate resources, high workloads, poor working environment, role conflict, low salaries and problems presented by clients affect them (Van Haughen 2011, NASW 2012, Wilson 2016, Ragehr 2018). The nature of social work practice stimulates conditions such as burnout, therefore, a good working environment with services such as employee wellness program and good individual coping strategies as well as self- care activities are essential to keep Social Workers going. Salvagioni, Melanda, Mesas, Gonza ´lez, Gabani, Andrade (2017; 2) declared that; “working conditions have a well-known impact, either positive or negative, on employees’ health. Adverse working conditions may lead to job burnout, a syndrome resulting from chronic stress at work that is characterized by overwhelming exhaustion”. In line with this view Freeberg (2013:1) reported that; Social Workers experience feelings of overwhelming stress due to field related challenges (NASW, 2008).

Social Workers are at higher risk of burnout. If the problem of burnout in Social Workers is not prevented or addressed it will have an impact on poor services to clients - such poor services that may cause financial constraints to the agencies, for instance, the inability of a Social Worker to assist the client accordingly may cause the client to keep

coming back for similar services even though he/she should have been assisted in the very first place. Burnout in Social Workers impacts in social work turnover, drugs and substance abuse as negative coping strategies which will eventually affect the service delivery, emotional exhaustion, when a Social Worker develops less sensitivity to clients' problems through neglect, irrelevant and ineffective services rendering is triggered. Regehr (2018) reported that; burned out Social Workers become less effective in their decision making and interventions. It is therefore necessary to find coping strategies of Social Workers towards burnout, hence there is less literature on that. Identifying Social Workers' coping strategies towards burnout will assist other Social Workers to use effective coping strategies and will enable risk identification within coping strategies used by Social Workers as well as gaps to be filled by Social Workers and their employers.

1.4. AIMS OF THE STUDY

The overall aim was to investigate coping strategies of Social Workers towards burnout

- To identify common sources of burnout for Social Workers in social service agencies.
- To explore Social Workers' coping strategies of burnout
- To identify strategies to deal with burnout of Social Workers that are offered by the organization
- To identify knowledge of burnout from Social Workers
- To get recommendations from Social Workers to address the problem of burnout.

1.5. QUESTION CONSTRUCTION

- What are the common sources of burnout for Social Workers working in social service agencies?
- What are burnout coping strategies of Social Workers?
- What are the strategies to deal with burnout of Social Workers that are offered by the organizations?
- What do Social Workers know about burnout?
- What are recommendations of dealing with burnout?

1. 6. SIGNIFICANCE OF THE STUDY

The researcher intended to contribute in the knowledge of effective and recommended coping strategies of burnout applied by Social Workers. The study offered Social Workers an opportunity to segment their coping strategies towards burnout and remark recommendations presumed as effective and those they desired to be implemented by their employers as employee assistance programs. The findings of the study were presented to the Department of Social Development and Richards Bay Family Care. This research is to be published in accredited journals nationally to benefit social services agencies and scholars who also have an impact on the service delivery to the community. To discontinue this problem from aggregating, affecting more Social Workers , especially those new in the profession, the researcher was profoundly keen to find Social Workers in practice how they cope with stress and burnout as Social Workers. Having Social Workers who are unable to cope with any stress related to their work can affect clients, through poor services; it can also affect the organization by not giving quality service to the society, therefore, finding Social Workers' burnout coping strategies was essential.

1. 7. RESEARCH METHODOLOGY

The study tailed the systematic process of research entitled as research methodology. According to Kumar (2008: 5) "research methodology is a way to systematically solve the research problems. It may be understood as the science of studying how research is done systematically". A qualitative method was applied to gather qualitative data of Social Workers' experience, knowledge and coping strategies of burnout. Research methodology comprised research design, research paradigm, population, sample, data collection, and data analysis and data interpretation. Coping strategies of Social Workers towards burnout were explored through the exploratory research, hence no study was conducted of similar population and similar content.

1.7.1. RESEARCH DESIGN: PHENOMENOLOGY

Mouton (2012: 107) defined research design as "a set of guidelines and instructions to be followed in addressing the research problem, the main function of research design is to enable the researcher to anticipate what the appropriate research decisions should be as

to maximise the validity of the eventual results”. The study was grounded in exploration of Social Workers’ coping strategies towards burnout, in essence the study was centred in human interaction and experience, known as phenomenology. Gallagher (2012:7) quoted Sokolowski 2002: 2) who stated that; “phenomenology is the study of human experience and of the way things present themselves to us and through such experience”.

1.7.2. RESEARCH PARADIGM

The study relied on the subjective views of the participants, therefore, it adopted the interpretivism paradigm. Interpretivism concentrates on the subjective meaning of social phenomena through differences between objects of the natural sciences and humanity (AbTilib *et al*, (2018).

1.7.3. POPULATION

Population in research refers to people or things targeted for the study. Babbie (2017: 117) described population as “a group of people or species whom conclusions are drawn through studying a sample drawn from that population to represent the entire population”. The population for this study was Social Workers working in social service agencies located in Kwa-Zulu Natal within uMhlathuze Municipality, qualified Social Workers, working in social service agencies as Social Workers. 88 Social Workers population were selected from the agencies, specifically: Department of Social Development (Richards’s bay, Ongoye, and Lower Umfolozi) and Richards Bay Family Care. This population was selected for different perspectives from Social Workers in dissimilar social services.

1.7.4. SAMPLE

De Vos, Strydom, Fouché and Delport (2011: 223) stated that; “sample comprises element or subset of the population considered for actual inclusion in the study or it can be viewed as a subset of measurement drawn from a population in which we are interested”. The researcher selected purposively the sample of Social Workers from social services agencies located within uMhlathuze Municipality through purposive sampling. Daniel (2012:87) defined purposive sampling as “a non-probability sampling

procedure in which elements are selected according to their fit in inclusion and exclusion criteria of sampling”.

1.7.5. DATA COLLECTION

Data were attained through the semi-structured interview to allow flexibility to participants for further explanations if need be. Strauss and Corbin (2015: 39) stated that; “in semi-structured interview participants are free to add in the interview”. The researcher probed through open-ended questions that enabled participants to give descriptive responses in terms of experience, feelings, and perceptions in relation to burnout. The researcher triangulated by asking open-ended, closed- ended questions and observed the non-verbal communication during the semi-structured interviews.

1.7.6. DATA ANALYSIS

Data analysis is about analysing data to present meaningful data. According to Huger (2011) data analysis is concerned with the analysis of data. Data was analysed manually through Thematic Analysis. Delahunt (2017:3352) stated that; “Thematic Analysis is the process of identifying patterns or themes within qualitative data”. The Steps followed in the process of data analysis were data preparation, data coding, data categorising /establishment of themes, data presentation, and then data interpretation (Bazeley 2013; 32-33). The researcher organised all raw data, read data, coded data by identifying similar content amongst the data which led to establishment predominant themes and sub-themes of data. 3 main themes emerged through data coding, namely Social Work Practice, Knowledge of Burnout and Coping Strategies recognised through brief summaries and direct quotations of participants. Lastly, data were interpreted, the researcher gave her understanding of data and supported with relevant literature. Mouton (2012: 161) says; “Data Interpretation refers to the process of bringing together individual finding, existing theory, hypothesis, and interpretation to provide meaning or show relationship”.

1.8. ETHICAL AND SAFETY ISSUES

Ethical issues refer to being considerate by respecting participant's data, their rights and complying with research ethics. According to Hallway and Jefferson (2013:77) "ethical issues in social research are concerned with ensuring that the interest of participants in research is safeguarded". The following were ethical considerations of this study.

Informed Consent: Participants were informed about research, including expectations, participants' roles and rights through information sheet that contained details of the researcher, topic of the study, rights of the participant and process of data collection, including estimated time of the interview. Verbal explanations by the researcher were also added. The agreement to participate was verbal and through the signature after the interview. Kumar (2011: 244) reported that; "in every discipline it is considered unethical to collect information without the knowledge of participants and their expressed willingness and informed consent".

Voluntary participation: Participants were sampled through purposive sampling, however, they were not mandated to participate, it was only upon their willingness and voluntary participation that preceded the process, henceforth not all targeted Social Workers were eager to participate, their judgements not to participate were valued. Neuman (2014: 75) declared that; "the fundamental Principle is to never coerce anyone into participating; participation must be voluntary".

Confidentiality: In assuring and complying with confidentiality, participants were interviewed individually and privately, their names do not appear anywhere in the research documents (King and Harrocks (2010: 117).

Anonymity: Participants were not asked their names; therefore, notes of the interview did not contain participants' names. Participants were labelled as participant 1-participant 22, etc. They remained anonymous.

No Harm to The Participants: The study was not harmful to any participant. It was based on their experience and was done in a private space. According to Babbie (2017: 64)

research based on the participants' knowledge, emotions and experience does not intend to harm anyone even emotionally.

Permission to conduct the study: The researcher conducted research/collected data after authorisation through ethical clearance from the University of Zululand Research Ethics Committee. The researcher was granted a letter of authorization by the Department of Social Development to conduct research to their Social Workers and Richards Bay Family Care through an email (see attachments). Therefore, compliance with, the principle of permission to conduct research was adhered to.

1.9. RESOURCES AND BUDGET

Transport was needed to reach all the social services agencies mentioned to collect data from participants. A pen and paper were compulsory to take notes during the semi-structured interviews. A USB was also needed to save soft copies related to the study.

1.10. FEASIBILITY

The research was feasible since the target population was accessible, participants were easily reached by the researcher, the social service agencies were accessible, and it was then convenient for the researcher, especially with the researcher being a local resident and familiar with social service agencies targeted. Public transport was utilized as a resource to reach participants. University of Zululand funding was helpful to meet research expenses.

1.11. INTELLECTUAL PROPERTY

As a university of Zululand student the intellectual property of this study belongs to the institution.

1.12. KNOWLEDGE DISSEMINATION

The completed research document is to be published in accredited Social Work Journals and presented in social work conferences. Findings of the study were presented to the Department of Social Development and other social service agencies.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. INTRODUCTION

Literature review is a comprehensive summary of views, and research findings that have been published on a particular subject area. This view finds its support from Kiteley and Stogton (2014:5-9) who stated that “literature review is the body of academic research that has been published and disseminated through publications such as books, academic journals, practitioner journal, websites and other sources”, however there was lack of South African literature related to burnout in social work practice although few South African researchers had highlighted the problem of burnout in Social Workers such as (Calitz, Roux and Strydom, 2014 Tsoane 2017, and Joseph, 2017).The researcher reviewed literature, using books, journals and websites. The literature review covered is the history of burnout, the sources of burnout, Social Workers’ coping strategies of burnout, available services and programs that are offered by the social service agencies.

2.2. HISTORICAL OVERVIEW OF BURNOUT

Burnout is the high level of prolonged stress where one exhausts the ability to cope. According to Bianchi, Schonfeld and Laurent (2015: 28) burnout is “a three- dimensional syndrome made up of emotional exhaustion, cynicism and lack of professional efficacy that develops in response to chronic occupational stress”. Furthermore, burnout escalate to emotional, physical, and psychological well- being. Maslach and Jackson (1981) defined burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” - they used the MBI-HSS (Maslach Burnout Inventory-Human Service Survey as a tool to measure burnout in human services workers (Leiter Bakker and Maslach 2014:32). Social Workers are also workers in the human services who are doing people’s work. According to Harker, Pidgeon, Klaassen and King (2016: 632) human service professionals comprises of diverse professionals, including psychologists, Social Workers, counsellors, youth, and foster care workers. People have different coping strategies for stress, however the inability to cope with stress to conditions such burnout. Leiter, Bakker and Maslach (2014; 32) quoted Demerouti *et al.* 2001 and Lee and Ashforth (1996) who postulated that

“although burnout was initially believed to be the result of the provision of services, research in the 1990’s suggested that burnout can be found virtually in every job that has a specific constellation of working conditions such as high job demands, absence of resources - such conditions trigger burnout”.

In recognising burnout, the accepted standard for burnout diagnosis is the Maslach Burnout Inventory, developed by Christina Maslach and her colleagues at the University of San Francisco in the 1970 identified three main symptoms of burnout: **Exhaustion** - the physical and emotional energy levels become extremely low and in a downward spiral. **Depersonalization** is signalled by cynicism, sarcasm, and the need to vent about your patients or your job, also known as “compassion fatigue. **Lack of efficacy** - the person begins to doubt the meaning and quality of his/her work and think, “What's the use? My work doesnot really serve a purpose anyway (Leiter, Bakker and Maslach (2014:32).

2.3. BURNOUT IN SOCIAL WORKERS

Social Workers do experience burnout. According to Genly (2016:45) previous studies indicate that burnout existed primarily in professions that are especially emotionally challenging, such as medicine, social work, and law. In addition, Hamama (2012: 113) quoted Howe (2004) who declared that; Social Workers face the busy and complex world of human behaviour in social contexts, a world where relationships break down, emotions run high, personal needs go unmet and, as a consequence, Social Workers are vulnerable to a sense of burnout. In addition Wilson (2016: 483) reported that; burnout is a phenomenon that often appears in conjunction with social work, particularly those who work with clients directly. It occurs on the basis of activity level at work, administrative burden and bureaucracy. Dorr (2014) defined burnout in a social work context as a psychological and emotional exhaustion related to stress, caused by lack of supervision, lack of resources and constant bureaucratic constraints. Before exploring burnout in social work, for the purpose of this research, defining what social work is essential. There are different definitions of social work, however; the global definition, according to Holland and Scourfield (2015: 30) is that “Social work is a practice - based profession and academic discipline that promotes social change, development, social cohesion empowerment and liberation of people”. Moreover, according to Wilson (2016:479)

“genuineness, concern for others, and empathy are characteristics used to describe the professional social worker”. The services Social Workers render in fulfilling the purpose of their profession, promoting social change, develop, empower people, promote social cohesion and promote the liberation of the population, expose them to higher levels of stress. According to Pomeroy (2018: 234), Social Workers are at increased risk of developing burnout, when their place of employment has dearth of supporting resources, high caseloads, oppressive policies and sense of having lack of control in the place. This statement is in line with that of NASW (2016: 3) which states, “Both seasoned and new Social Workers are exposed to high levels of stress that leads to burnout, reportedly experiencing symptoms of emotional and physical exhaustion that often leads to depression and anxiety”. Social work is embedded in human services for social change, social justice and empowerment of the society, however; rendering services to the society exposes Social Workers to the highest levels of stress that leads to burnout. In support of this view Lloyd, King, & Chenoweth (2009) postulated that; the focus is on the society with vulnerable, disenfranchised individuals and communities which then exposes Social Workers to higher levels of prolonged stress and vicarious trauma among comparable health and human service professionals.

2.4. SOCIAL WORK GUIDING BOARDS

The social work profession in south Africa is guided by SACSSP (South African Council for Social Services Professions) a statutory body established in terms of section 2 of the Social Service Professions Act 110 of 1978 which is complementary to NASW, The National Association of Social Workers (NASW) of USA (Washington). The primary mission of the Social Work profession stipulated by NASW (2012) informs Social Workers to enhance the well-being of all people, with particular attention to basic needs and bio psychosocial functioning of marginalized populations. The **mission** of the South African Council for Social Service Professions (**SACSSP**) is to serve the best interests of the social service practitioners, professions and service users by regulating, leading and promoting the social service professions in an innovative and responsive manner.

Violation of these guidelines consequence to formal actions such as deregistration cancellation of licence to practice, warnings, hearings and suspension at work. As a result

NASW (2012: 20) in Section 4.05 (a) postulate that that “Social Workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility”, (b) “Social Workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek assistance.

2.5. STRESSORS IN SOCIAL WORK

A stressor is a cause of the stress; a prolonged stress that often leads to psychological conditions such as burnout. Arisman (2015:4) defined stressor as a stimulus or event that is appraised, judged or perceived as being aversive and causes a stress response. Rohling (2016:7) quoted Dennis and Lewis (2007) who said; “Studies have found that Social Service and Mental Professions have high burnout rates due to the nature of their job”. Social work as a social service profession has stressors which were identified in previous studies. In support of that view Nhedz and Makofane (2015: 357) stated that organisational problems have been identified as the causes of stress and ineffectiveness among Social Workers, such as insufficient training, lack of role clarity, inadequate leadership, insufficient resources, funding and low salaries. In line with that, Adams and Sheard (2013:7) stated that there are factors such as low morale, high workloads, needs of the organization, lack of recognition, reshaping and change, services users’ advocacy and the bureaucracy that lead to burnout and social work turnover.

These indicated factors do not only lead to burnout but also lead to turnover. Mugwagwa (2011: 09) quoted Naude (2008: 12) who reported that seventy - two percent of South African social services organizations surveyed expressed that their level of staff turnover had increased. Turnover may occur due to various stressors in the social work practice. For this study, the stressors in social work that cause burnout are: low salaries, cases, high workloads, inadequate resources, work environment and Individuals characteristics.

2.5.1. LOW SALARIES

When a worker is not pleased with his/her salary that will eventually cause stress. Low salary results in inability to meet all the needs and wants which leads to prolonged stress which, in turn, leads to burnout. South African Social Workers feel they are underpaid and are not happy with their salaries. This view finds its support from Van Haughen (2011:39) who argued that Social Workers experience devaluing of their status by being paid less and receiving few allowances. South African Social Workers have a Facebook page, called "**Social Workers for Better Salaries**"(https://web.facebook.com/pages/category/Community/Social-workers-for-better-salaries-195306687676828/?_rdc=1&_rdr), where Social Workers articulate their grievances related to low salaries of Social Workers and employment of social work graduates. Salary generally plays a vital role on Job satisfaction. If an employee is unhappy with his or her salary, there are high possibilities of resignations and lack of work engagement. Linked to this view is Calitz, Roux and Strydom (2014: 153) who said; "many reasons contribute to the high turnover of Social Workers, and one of them is poor compensation for work". The current salary notch for Social Workers in the government sector, according to DPSA vacancies (2019) is R211 000 00 per annum for grade 1. This salary does not match with those of nurses: (R241 908) who also possess a four - year degree like Social Workers. Social Workers working in Non-Governmental Organizations receive a salary of 10000 -14000 a month without any benefits such as medical aid. The salary notch for Social Workers needs to be revised or increased to be at least in the same level as that of other professionals who also possess bachelor's degrees.

2.5.2. CASES

The clients' cases Social Workers deal with expose them to secondary traumatic stress - they empathize with clients who have experienced traumatic events, such as sexual assault and domestic violence. According to Regehr (2018) secondary traumatic stress is a "natural consequent behaviours and emotions resulting from knowing about traumatic event experienced by a significant other". Stanely (2018: 106) stated that; "Social Workers are not immune to tragic events happening to those they render services to". Social Workers experience the secondary traumatic stress due to the cases they deal with and

it has been highlighted that stress leads to burnout, therefore, sensitive cases serve as stressors in the social work practice.

2.5.3. HIGH WORKLOADS

The increase in the South African population impacts in the increase of social problems which mostly require Social Workers' intervention. For instance, poverty, drugs and substance abuse and domestic violence. Van Haughen (2011: 34.) Interviewed Social Workers for her book on social work stressors, and Social Workers highlighted high workload as a stressor in the social work practice. In support of this, Kim and Kao (2011: 258) stated that; Social Workers tend to be overworked and are often asked to take on large client caseloads. Given the heavy demands placed on them, it is not surprising that Social Workers often experience psychological distress and, eventually, high levels of burnout. As high workload had been reported by literature as a stressor, it can lead to burnout, since the inability to complete tasks, lack of self-care due to working extra hours to cover backlogs and high workload will reduce the quality of work and service provided to clients, possibly leading to consequences such as warning and suspensions. Doel (2012: 56) stated that; social worker overload affects the quality of decision-making and puts service users in risk. The researcher's argument is that high workload leads to poor service rendered and stress caused by a pile of work waiting will lead to a psychological breaking point, called burnout.

2.5.4. INADEQUATE RESOURCES

Insufficient resources hinder Social Workers' ability to perform duties adequately and efficiently. Spitzer, Twikirize and Wairre (2014) reported that; Social Workers highlighted that inadequate resources to support Social Workers in dealing with socio-economic problems is a stressor in social work, furthermore, lack of professionally employed Social Workers was also identified as an inadequate resource. Hence that can adversely upturn the workload. This statement agrees with Roussau and Aube's (2010) who stated that; lack of job resources make it more demanding for employees to complete their tasks and they may shrink performance levels below their full potential. Monette, Sullivan, Dejong

and Hilton (2014) postulated that; the scarcity of resources for Social Workers to perform their duties increases emotional exhaustion.

2.5.5. WORK ENVIRONMENT

A good work environment sets a good atmosphere; an opposite environment stimulate stress; making the environment non - conducive for workers to execute all activities efficiently and effectively. In supporting this view, Putman (2015) stated that the workplace should be in a good condition for workers to be able to work effectively. Furthermore, Putman described the good working environment as “the workplace that works”. In line with that, Jameson (2016) quoted Drucker (1999) who stated that; a healthy working environment is the best when built on excellent teamwork, support, friendship, unified spirit, and pride commitment in teammates. Wilson (2016: 481) reported that Social Workers spend an enormous amount of time in the workplace environment; therefore, it is of vital importance to ensure a positive space that promotes a united collaborative workspace. Environment is broad and for the purpose of this study, it will be expanded as a) physical environment, b) cultural environment and c) social environment. This is in line with Akhtar (2012: 74) who postulated that stressors can be separated into environmental stressors such as physical aspects of work, nature of the role, quality of working relationship with colleagues.

Physical Environment

Teater (2014) claimed that; physical environments include the natural world as well as the built world, which includes buildings and structures designed and made by men. The physical environment where Social Workers perform their duties needs to be conducive, if not, that impacts negatively on the services rendered. Lack of office space will result in loss of important documents, causing the stress that can lead to burnout.

Cultural Environment

According to Teater (2014), the cultural aspect of the environment involves values, norms, beliefs, and language that shape the individual's views, perspectives, and expectation. In social service organizations, these would include the values, principles and policies of the

social service agency. Jameson (2016) reported that an effective leader encourages people, nurtures talent and creates supportive culture that develops employees.

Social Environment

Teater (2014) stated that; social environments include the interactions with friends and family, social and community networks. This researcher's argument is that if the interactions within the workplace are not good that can lead to prolonged stress - eventually leading to burnout. These would include how the workers and employer interact and expand to the leading style used in the work environment. If Social Workers are not involved in decision making, chances are likely that employees are not happy in their workplace and are stressed by that.

2.5.6. INDIVIDUAL CHARACTERISTICS

Individuals are not the same and definitely not perceive nor respond to events in the same way, therefore, a particular event may be stressful to one person, and may not be to another person. Adams and Sheard (2013: 73) reported that; people perceive situations differently and this includes how they interpret and manage the stress they experience both at work and home. The personality and behaviour frame how one manages different stressors, and this is applicable to individuals who are Social Workers as well.

Wagaman, Geiger, Shockley and Segal (2015: 201) quoted (Maslach, Schaufeli, and Leiter, 2001; Schaufeli and Enzmann, 1998) who reported that; much of the research conducted with Social Workers and burnout has focused on the influence of environmental factors such as work environment, and worker well-being rather than the characteristics or factors related to the individual. In interpretation of this, individual characteristics have an impact of stimulating burnout and can be regarded as stressors because they shape how one responds to stressful forces. Smith, Segal, Robinson, & Segal (2018) reported that; burnout is not caused solely by stressful work or too many responsibilities - other factors contributing to burnout include lifestyle and personality traits.

There are people who hardly communicate or express themselves, there are those who share almost everything, there are workaholics, and there are less performing workers. Lack of communication can lead to unexpressed feelings and concerns. Being a workaholic can lead to lack of self-care, leading to mental, physical and psychological exhaustion, formally described as burnout. Kemshell, Wilkinson and Barker (2013: 152) stated that Individuals also need self-management skills to function at their best in difficult contexts". In summary, negative characteristics of individual Social Workers are stressors in their social work practice, lacking controlled emotional involvement in cases and easily becoming emotional. Lacking communication, for instance with supervisor and colleagues for support, may lead to a lot of unspoken feelings and concerns that can lead to burnout.

2.6. COPING STRATEGIES OF BURNOUT

Coping strategies are the strategies applied to cope. Auslander (2014) quoted Lauzarus and Folkman 1984) who defined coping as a constantly changing cognitive and behavioural efforts to manage specific or external demands that are appraised as taxing and exceeding a person's resources, however what one applies as a coping strategy might not be helpful or effective to the other person experiencing a similar problem. In defining coping strategies, Albulescu, Tuser and Sulea (2018: 62) stated that; Coping strategies represent a valuable resource for individuals dealing with stressors. It is, therefore, essential that individuals understand what is helpful to them as coping strategies for conditions such as burnout.

Individual strategies represent methods or plans that people choose to achieve a goal or problem-solving. People use diverse strategies to compact situations they come across. Newness (2014:9) quoted Folkman *et al* (1986) who defined coping "as the behavioural or cognitive mechanisms used to alleviate the taxing demands from stressful situation or stimuli. These mechanisms can be problem-focused, emotion-focused, or maladaptive". In this study two coping strategies are discussed, which are Problem - focused coping and Emotional - focused coping strategies found by Folkman and Lauzarus in (1984) which are applicable in coping with burnout.

2.6.1. PROBLEM- FOCUSED COPING

In identifying the coping strategy, detecting a problem is essential, evaluating if it can be solved or not. Chan (2015: 382) stated, “problem- focused coping strategies are directed at modifying the problem that lies the root of the stress.” In line with this Neenan and Dryden (2013: 24) stated that problem- focused coping tackles stressful situations in order to change or modify them. In short, problem - focused coping seeks to reduce, change or eliminate the sources of stress. Such strategies are applicable in coping with burnout. Although burnout is a problem; it is caused by other problems, which can be identified, evaluated for possible elimination, solving and modification through problem - focused coping strategies. Sharma and Cooper (2017: 223) stated that using problem-focused coping is seeking information from others in order to cope and sharing frustrations to family, friends and colleagues. The authors further describe two problems - focused coping strategies, namely; active coping strategies such as confronting and attempting to change the source of stress or one self and inactive coping strategies such as avoidance and denial of stress by cognitive and physical means. In interpreting this in a social work context problem focused coping as active coping would include consulting supervisors and colleagues with an aim of changing the source of stress and inactive coping strategies would be pretending to be strong and being in denial of unexpressed concerns and denying stress to manifest.

2. 6. 2. EMOTIONAL- FOCUSED COPING

Emotional-Focused coping seeks to improve the ability of the individual to manage their own difficult feelings. This strategy is ordinarily based on how one responds emotionally to a particular event, and this view finds it support from Chan (2015: 382) who defined emotion - focused coping strategies as strategies which change only the way in which the relationship is attended to or interpreted, and Barkway (2013:244) who stated that emotion - focused coping strategies use self- regulating in order to control one’s emotional response to a stressor. Different emotional focused coping strategies are used by Social Workers, such as self-care activities, expressing feelings to their supervisors and colleagues with an aim of feeling better and becoming effective in their work performance.

Berder (2012) postulated that; emotion - focused coping strategies include self-distracting activities, humour and venting.

2.7. SOCIAL WORKERS' COPING STRATEGIES OF BURNOUT

Social Workers are professionals who are at the risk of experiencing burnout due to the nature of cases they deal with, they do have coping strategies they use to deal with their own burnout. Maslach and Leiter (2016: 109) argued, "The personal and organizational costs of burnout have led to proposals for various intervention strategies. Some try to treat burnout after it has occurred, while others focus on how to prevent burnout by promoting engagement. Intervention may occur in the level of the individual, workgroup, or an entire organization. In general, the primary emphasis has been on individual strategies, rather than social or organizational ones, despite the research evidence for the primary role of situational factors". The following are Social Workers' coping strategies of burnout:

Supervision- Wonnacott (2012:22) defined supervision as "accountable process which supports, assures and develops knowledge, skills and values of an individual or a team". In line with this, NASW (2013: 6) defined supervision as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanour, and ethical practice take place. There are different types of supervision, however for the purpose of this study, one-on- one supervision and peer supervision will be discussed as coping strategies of burnout for Social Workers.

One-On-One Supervision - DSD and SACSSP (2012: 28) stated that, one -on -one method of supervision promotes personal growth on the supervisee, as it is intense. This, therefore, means that this kind of supervision is effective as it focuses on the individual's concerns and needs where the role of the supervisor includes the administrative, educational and supportive functions to address Social Workers' work-related matters. However, there is consultation which is closely linked to one – on - one supervision, defined by DSD and SACSSP (2012: 19) as work-related, goal-directed; problem-solving centred, which usually does not focus on administrative control, as it is of an advisory

nature and conducted in most instances on the request of the social worker. Mckiterick (2012: 6) postulated that supervision is the central part of how Social Workers work and how employers and managers should support Social Workers in providing good social work service. The view of the researcher is that Social Workers are entitled to supervision, which they can utilize to highlight their work-related stress and burnout problems to their supervision - seeking assistance and coping strategies on burnout.

Peer Supervision- DSD and SACSSP (2012: 29) reported that; peer supervision does not rely on a designated supervisor, all members participate equally. Regular case conferences and collegial consultation is common in peer supervision, so, in the view of the researcher this supervision is helpful to use as a resource for sympathy, advice and guidance from colleagues. This view finds its support from Wagaman et al. (2015:202) who stated that; “a healthy network of personal connection, compatibility with an effective supervisor, collegial support, having and using a voice at work may also reduce the effects of burnout”. In summary Peer supervision as a coping strategy requires good working relationship with colleagues and teams at work in order to be able to seek advice and guidance with regard to work challenges. This kind of supervision allows Social Workers to receive support in the workplace from their colleagues and it also serves as a burnout coping strategy for Social Workers, giving them a chance to vent to their colleagues whenever it is necessary.

Work Engagement - The engaged coping strategies are about the dedication and commitment to work, they include planning, reframing the situation, problem solving, seeking social support and modifying mood. Bakker, Albrecht and Leiter (2011) quoted Schaufeli and Bakker (2010) who defined work engagement as a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication and absorption” Work engagement is also considered a positive antithesis of burnout. According to Brand-Labuschagne, Mostert, Rothmann and Rothmann (2012: 62) work engagement is characterised by the two core dimensions of vigour and dedication where vigour refers to high levels of energy and mental resilience while working, the willingness to invest effort in the work and dedication refers to experiencing a sense of significance from the work, feeling enthusiastic, proud of the job done, and feeling inspired and challenged by it.

Engaged employees are energetic and effective with their work - instead of being stressful, they look upon their work as challenging. In line with this, Schaufeli (2012:3) quoted Maslach and Leiter (1997) who stated that; engagement is characterized by energy, involvement and efficacy, which constitute the direct opposites of the three-burnout dimensions – exhaustion, cynicism, and reduced accomplishment. The argument of the researcher is that Social Workers who engage in their work through dedication and commitment are coping with burnout. Since they plan for activities, they would not be stressed about workloads and create problems about problems they are faced with.

Self- Care - Teater (2014: 21) stated that; personal coping strategies are an essential self-care skill to increase resilience and prevent burnout - these personal strategies include seeking supervision, consultation and social support. Taking good care of one-self is a good strategy for reducing and coping with burnout. Willis and Molina (2018:18) quoted Jackson (2014) and Lopez (2009) who argued that self-care is fundamental to social work practice. There is a strong correlation between wellness and self-care they further argued that Social Workers should strive to actively engage in self-care activities that promote their emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual wellness. Wilson (2016: 483) suggested that practitioners who work directly with victims of trauma should engage in therapeutic services for their own mental well-being.

Education, training, self-care, and supportive organizations are important factors that will positively influence the well-being of social work practitioners and their clients. Self-care in social work practice is essential and regarded as effective in managing effects of burnout. This view finds its support from Apgar (2016) who stated that for Social Workers to manage effects of burnout, they should engage in self – care activities, such as non-professional activities, relaxation and personal endeavours. In line with that, Doel (2012: 56) reported that because of traumatic nature, Social Workers should make sure they do self-care activities. Social Workers should take good care of themselves, since it had been highlighted that they are exposed to higher levels of stress and they experience burnout and secondary trauma. Stillion and Attig (2015; 384) reported that coping strategies that are associated with lower levels of burnout include taking time out and

humour. In summary, it is important that Social Workers take good care of themselves by doing activities that will serve as self-care activities to stimulate good thoughts and feelings.

2. 8. AVAILABLE PROGRAMS OF DEALING WITH BURNOUT

There are programs such as Employees Assistance Programs (EAP) that assist workers with problems of work-related stress and burnout. According to Miaden (2014) EAP's emerged in South Africa in early 1980's where they were introduced into South African work organizations by Social Workers and psychologists who had studied the program in the United States, EAP is viewed in South Africa as an agent of change for social conditions in the work environment. Mogorosi (:2009 344) quoted Taylor, Holosko, Wayne-Smith and Feit (1988) who defined employee assistance programs as employment-based services whose purpose is to assist individuals experiencing personal problems by both assessing the nature of their difficulties and making referrals to appropriate helping resources. In line with that is Economic Development, Environment & Tourism Limpopo that defined EAP as "a workplace based programme designed to assist in the early identification and resolution of productivity problems associated with employee personal problems that may adversely affect the job performance. EAP is an effective way of assisting Social Workers deal with work-related problems such as stress that lead to a state of burnout.

EAP has four pillars; the following pillars were taken from the Department of Public Service and Administration (DPSA) Republic of South Africa (2012) which highlighted how government departments should take initiatives in taking care of their employees. Since the participants of the study were mostly the Social Workers employed in the Department of Social Development (DSD), this literature was relevant as DSD is also a public service department and is guided by the policies of the public service. The EAP pillars articulated by DPSA are; 1) HIV/AIDS, STI & TB management, 2) health and productivity, 3) SHERQ (Safety, Health, Environment, Risk & Quality Management) and 4) wellness. All these four pillars are aimed at protecting and ensuring the wellness of employees and maintaining a good standard of service delivery. In addition to that, Joseph and Walker (2017) stated that Employee assistance programs (EAPs) are

employee services that assist in managing a range of issues. The EAP pillars are discussed in details below:

Pillar 1: HIV, AIDS, STI & TB Management

According to DPSA (2012) “the rationale and intended outcome related to HIV & AIDS management and health promotion is the mitigation of the impact of the HIV & AIDS epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society”. According to the literature, burnout is not only caused by the workplace environmental factors, but also by personal issues, therefore, this pillar is relevant in the social work practice where Social Workers should be kept alert about various diseases, how they can prevent themselves from them and the kind of support available for those who are living with diseases such as HIV/AIDS, STI and T.B. All that is done to maintain the well-being of workers. According to EAPA-SA (Employee Assistance Professionals Association of South Africa), 'Employee Assistance' is the work organization's resource based on core technologies or functions to enhance employee and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues.

Pillar 2: Health & Productivity

DPSA (2012) stated that “Health and Productivity Management (HPM) in the work place is defined as “the integrated management of health risks for chronic illness, occupational injuries and diseases, mental diseases and disability to reduce employees' total health-related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work – also known as "presenteeism" in the Public Service world of work. HPM is also meant to strengthen and improve the efficiency of existing services and infrastructure (Occupational Health Services, Occupational Health Education and Promotion)”.

Objectives of this pillar are: 1) Disease Management 2) Mental Health and Productivity Management 3) Injury on Duty and Incapacity due to Ill-Health 4) Occupational Health Education and Promotion. This pillar is relevant in the social work practice as it aims to keep workers healthy and safe. NASW (2016: 4) argued that increased physical activity

levels promote social work wellness by reducing negative health risk factors and creating positive biochemical, social, and physiological changes (Gillison et al, 2009).

Pillar 3: SHERQ (Safety, Health, Environment, Risk and Quality Management)

DPSA (2012) stated that; this pillar provides for increased responsibility of political and executive leadership to ensure that government departments conduct their affairs in an accountable, responsible, transparent and sustainable manner as decent citizens to promote the health and wellness of their employees and the quality of services delivered to the public, and for. The sustainability of the environment for the long term effects of adding value to economic growth. The SHERQ has four sub pillars 1) Occupational Health and Safety Management, 2) Environment Management, 3) Risk Management and 4) Quality Management. This pillar is about accountability, safety and quality; it is relevant to Social Workers as it is about being accountable for their interventions and ensuring quality of services. Therefore, it is a necessity for them to be by EAP practitioners in these aspects.

Pillar 4: Wellness

DPSA (2012) stated that; this pillar represents individual and organisational wellness. Individual wellness is the promotion of the physical, social, emotional, occupational, spiritual, and intellectual wellness of individuals. This is attained by creating an organisational climate and culture that is conducive to wellness and comprehensive identification of psycho-social health risk. Evidence-based practices could also be used to ensure individual and organizational wellness in the Public Service. Organisational wellness promotes an organizational culture that is conducive to individual and organizational wellness and work-life balance in order to enhance the effectiveness and efficiency of the Public Service. The objectives of this pillar are: 1) Individual Wellness (Physical Wellness) 2) Individual Wellness (Psycho-social Issues: Social, Emotional, Spiritual, Intellectual and Financial/ Economical Wellness) 3) Organizational Wellness and 4) Work Life Balance. This is the most relevant pillar of this study as the study intends to find coping strategies of Social Workers towards burnout - wellness of the employee

and of the organization are essential because these impact directly on the employee and service delivery.

2.8.1. DEPARTMENT OF SOCIAL DEVELOPMENT EAP

Department of Social Development South Africa has a program designed to assist its Social Workers and other employees as an employee assistance program which is called Employee Health and Wellness Management Programme (EH & WP) – Caring for the well-being of our employees! According to the Department of Social Development, this program is available upon request through “voluntary /self- referral, informal referral by a friend, supervisor or a colleague and Mandatory /Formal referral which is made by a supervisor /manager”. The Department of Social Development defined employee and wellness management program as “a worksite-based program designed to assist in the early identification and resolution of personal concerns including, but not limited to, health, marital/relationship, family mismanagement of finances, substance dependency, work relations and trauma, which may adversely affect employee job performance”.

The objectives of the Department of Social Development Employee Health and Wellness Management Programme (EH& WP) – are:

- To provide constructive assistance to every employee experiencing personal problems.
- To render confidential and professional service to employees for improved job efficiency and quality life.
- To prevent a decline in work performance.
- To provide satisfying, safe and healthy working environment.
- To enhance quality of life of all employees.
- To create work-life balance for all employees.

Looking at these objectives, it is clear that the Department of Social Development Kwa-Zulu Natal aims to ensure that personal problems of employees do not infringe the service delivery to clients. Therefore, they offer constructive assistance to their employees without compromising confidentiality, ensuring good environment that enables employees

to balance work-life and personal lives. These services serve as coping and treatment strategies for employees in the Department of Social Development, including Social Workers.

The researcher's argument is that the Employee Assistant Program should not be available upon request and by referrals only if there is a problem identified, it might also be effective to visit Social Workers on their sites to provide them platforms to raise their personal and work-related concerns. It will enable Social Workers to highlight their needs and concerns to be addressed by the Employee Assistance Programs professionals and by their employers if it is necessary. Social Workers working in social services agencies which are Non-profit Organisations such as Richards Bay Family Care do not have the employee assistance programs available for them, it is important that employees of the social service organizations get the services of EAP.

2. 9. THE EFFECTS OF BURNOUT ON SOCIAL WORKERS

Burnout is defined as the emotional and mental exhaustion. Hambrados-Mendieta and Cosano-Rivas (2011:230) stated that; burnout refers to a cluster of physical, emotional and interactional symptoms related to job stress and includes emotional exhaustion, a sense of lacking personal accomplishment and the depersonalization of clients. The effects of burnout are physical, emotional, and psychological, the experience of any of these effects by a social worker would potentially compromise the service rendered. McCormack and Cotter (2013:10-16) mentioned that; "It is how employees actually feel about themselves as workers, their work, their managers, their work environment and their overall work life that impact in their performance at work. It incorporates all the mental and emotional feelings, beliefs and attitudes that individuals and groups hold regarding their job". If they have positive attitudes towards themselves, their work, managers and their organization, chances are that their duties are executed accurately and beyond expectations. Burnout has an impact in the physical, emotional, psychological, social and spiritual aspect of an employee. Each of them is discussed below:

Physical Effects of Burnout - The physical effects of burnout are associated with the health problems, the illnesses such as headache and back pain. Gibson states (2013:95) “Due to exhaustion, the immune system gets weak and then the person gets easily affected by common illness such as cold, flu headaches, chest pains, shortness of breath, dizziness and fainting”. This condition has a potential to develop serious health conditions if the personal problems and work-related problems keep piling up, leading to the individual’s breaking point. The following are the physical effects of burnout: Feeling tired and drained most of the time, lowered immunity, getting sick a lot, frequent headaches, change in appetite or sleep habits.

The argument of the researcher is that the poor health of a social worker will result in poor services to the client system. It is, therefore, essential that the burnout of Social Workers is addressed to keep them in good state for them to deliver services to their clients with great eager and interest as helping professionals. Gibson (2013:95) is of opinion that; Individuals may feel tired in most days and lack energy and the desire to do things, feeling the exhaustion, the emotional and physical exhaustion, especially when they think of what lies ahead as well as expected from them in terms of work.

One of the physical effects of burnout are the sleep problems - the inability to sleep (insomnia) or having a struggle to stay awake. Sala (2013: 200) says; Physical weariness is one of the most prominent effects of burnout - being tired all the time, going to bed tired, waking up tired, running all day tired and sleeping tired, being always tired. Everyone needs to rest and if one is not getting enough rest, usually that leads to lack of energy and enthusiasm, especially in the workplace.

Emotional Effects of Burnout: Burnout has the effects on emotions, people experiencing burnout become short tempered, withdrawn, cry, and at times numb and not convey any feelings. This view finds its support from Gibson (2013:95) who reported that individuals experiencing burnout often feel worried over minor things and experience exhaustion, sadness, hopelessness and have sudden angry outbursts at home and in their work place. This extreme anger results in violence and inappropriate behaviour towards the supervisors in the workplace and towards the siblings at home. In addition to this view, Maslach (2003) as quoted by McCormack and Cotter (2013:10), stated that

individuals who burnout are likely to blame themselves, thinking that something must be wrong with them if they are unable to handle the stress. According to Smith, Segal, Robinson, and Segal (2018) emotional effects of burnout in Social Workers are: Sense of failure and self-doubt, feeling helpless, trapped and defeated, detachment, feeling alone in the world, loss of motivation, cynical and negative outlook, decreased satisfaction and sense of accomplishment. According to Sala (2013: 200); Emotional effects of burnout result in changes of personality, for instance, people who are known to be active in the workplace become quiet, and they withdraw and lose interest in everything.

Behavioral Effects of Burnout: The effects of burnout impact negatively in the behaviour. According to Smith, Segal, Robinson, and Segal (2018) behavioural effects of burnout include “withdrawing from responsibilities, isolating yourself from others, procrastinating, taking longer to get things done, using food, drugs, or alcohol to cope, taking out your frustrations on others, skipping work or coming in late and leaving early”. The behavioural effects could result in Social Workers’ resignations and form part of the high rate of social work turnover.

A person experiencing burnout might have insomnia. Having trouble to fall asleep or staying asleep, despite feeling exhausted. Some individuals may experience the inability to stay awake during the day normal working hours (Gibson 2013:95). Having a problem of not falling asleep to some people is associated with him/her thinking a lot about something usually that is he/she is not taking well and also experiencing stress which can therefore lead to the failure to sleep which is normally called insomnia. The sleep problems may lead to serious medical conditions, as most people would use sleeping pills excessively if they are struggling to sleep and that can result in affecting their health condition negatively.

Spiritual Effects of Burnout: People experiencing burnout may suddenly lack faith in what they normally believed in, they lose hope in what used to give them strength and question their beliefs or find less meaning of them. Sala (2013: 200) claimed; “those who are Christians often feel that God has become remote, uninterested and distanced, they lose interest in the Bible and, when reading it, the Bible makes little sense to them and they do not get a message from God”. The person becomes less interested in what he/she

used to strongly believe and would also find less meaning of living since they are always stressed anyway regardless of how those around them constantly remind them of what they usually believe in. They have high levels of hopelessness and are not eager for growth and development in their personal and work life.

2.10. THEORETICAL FRAMEWORK

The researcher applied two models, namely Ecological Perspective Theory, and Transactional Model of Stress and Coping. The Ecological Perspective Theory was applied to assess Social Workers and their environment as social work practice, where else the Transactional Model of Stress and Coping was applied to investigate the kind of coping strategies applied in that environment, in conditions of burnout which derives from stress.

2.10.1. ECOLOGICAL PERSPECTIVE THEORY

The Ecological Perspective Theory was applied in the study by viewing Social Workers and their environment, which is the social work practice. Gitterman (2009) stated that; Ecological Perspective Theory was developed by Urie Bronfenbrenner in 1979. This theory was developed based on the biological science of ecology, which views all living organisms within their social and physical environments and examines the interaction of people with their environments. In addition, Teater (2014: 2) stated that; “Ecological Perspective Theory is fundamentally concerned with the interaction and interdependence of organisms and their environment. It assumes that individuals try to maintain a good level of fit between themselves and their environment as they move through the life course”.

The researcher intended to find out what coping strategies Social Workers use to cope with burnout which is triggered by their social work practice environment. Burnout in this study was viewed as a condition that arises in the social work practice environment through various factors such as problems presented by clients, insufficient resources, work environment and high workload. Kirst – Ashman and Hull (2015:13) stated that the Ecological Perspective Theory assesses the relationship of a person in terms of social environment, person in environment, coping, and adaptation. Furthermore, Teater

(2014:3) reported that; “applying ecology to human beings in social work practice settings involves holding a perspective that humans interact with their physical, social, and cultural environments”.

2.10.2. TRANSACTIONAL MODEL OF STRESS AND COPING

The study was based on finding the Social Workers coping strategies of burnout. The researcher aimed to get different coping strategies that will fall in two categories of coping, which are emotional -focused coping and problem- focused coping through the Transactional Model of stress and coping. Newness (2011: 3) quoted Lazarus and Folkman (1984) who said transactional stress model is when individuals cognitively appraise an event to determine the extent to which that event has the potential to deplete their resources.

The Transactional Model of Stress and Coping stipulates that stress is experienced as an appraisal (an evaluation) of the situation one is experiencing. There are two coping styles, namely problem focused and emotion focused coping styles. Problem focused approaches involve attempting to deal with the situation itself, trying to change it into something more palatable. This coping style was applied in this study as the participants made recommendations that will eliminate or reduce burnout and identified the sources of burnout. Emotion-based coping may be particularly suitable to situations which cannot be influenced in a meaningful way. This was applied as well by finding the coping strategies of Social Workers towards burnout in situations that cannot be changed or solved. The model was applied by finding different coping strategies of Social Workers, identifying coping strategies of Social Workers, and which coping strategy they fall under.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter presented the research methodology of the study. Taylor, Bogdan and DeVault (2016: 3) defined methodology as a way in which a problem is approached to seek answers. In addition, Divakaranachari (2014:21) postulated that; “research methodology is a way to systematically solve the research problems. It may be understood as the science of studying how research is done scientifically”. For the purpose of this study research methodology included research approach, design, population sample, data collection, and data collection instrument and data analysis.

3.2. RESEARCH APPROACH

The study adopted the qualitative research approach. Daniel (2011:18) states that; qualitative approach research is concerned with subjective assessment of attitudes, opinions and behaviour. The qualitative research approach was the most suitable approach according to the researcher as the study did not aim to get the quantity on how Social Workers cope with burnout. Miles and Huberman (1994), as cited by Whittaker (2012: 9), says; qualitative research tends to use data in the form of words rather than numerical information, it seeks to explain social phenomena through understanding the ways in which individuals make sense of their social worlds and sees knowledge as historically and culturally situated. The researcher aimed at getting diverse strategies that Social Workers apply in dealing with burnout, meaning that the responses from participants in the study were expected to come from the individual’s perception, experience and the knowledge of burnout. The researcher intended to acquire qualitative data that would signify common sources of burnout, knowledge of burnout and coping strategies of burnout according to Social Workers working in social services within uMhlathuze Municipality.

3.2.1. RESEARCH DESIGN

Mouton (2012: 107) defines research design “as a set of guidelines and instructions to be followed in addressing the research problem, the main function of research design is to

enable the researcher to anticipate what appropriate research decisions should be, as to maximize the validity of the eventual results”.

The qualitative design adopted was Phenomenology. Gallagher (2012:7) cited Sokolowski (2002: 2) who described phenomenology as “a study of human experience and of the way things present themselves through experience”. The study explored the experience of Social Workers, specifically the Social Workers’ coping strategies towards burnout. Social Workers were able to segment their coping strategies towards burnout and made recommendations. Marshall and Roseman (2011: 19) said; phenomenological approaches seek to explore, describe and analyse the meaning of individual lived experience, how they perceive it, describe it, feel it, judge it and remember it, make sense of it and talk about it with others.

3.2.2. RESEARCH PARADIGM - INTERPRETIVISM

In studying Social Workers’ coping strategies towards burnout, the researcher adopted the interpretivism paradigm in examining these strategies by relying on the opinions, perceptions, knowledge and experiences of Social Workers in investigating the Social Workers’ coping strategies towards burnout. According to AbTilib, Aichin and Hamid (2018) "paradigm is concerned with examining the social phenomenon from which particular understanding and explanations can be obtained”. The researcher believed people have diverse coping strategies towards certain problems and also believed that Social Workers have strategies they use to cope with conditions within their work settings such as burnout and, therefore, aimed at obtaining their dissimilar subjective views towards burnout and would apply the interpretivism paradigm to research findings. AbTilib *et al.* (2018) quoted Bryman (2012) who stated that; interpretivism is focused on the subjective meaning of the social phenomena through differences between objects of the natural sciences and humanity.

3.2.3. RESEARCH TYPE: EXPLORATORY RESEARCH

Literature highlighted that Social Workers are at high risk of burnout, so, the researcher explored the coping strategies of Social Workers towards burnout, and therefore, the study was an exploratory research. Schutt (2009:19) says; “exploratory research seeks

to learn how people get along in the setting under question, what meanings they give to their actions and what issues concern them. The goal is to learn and to investigate social phenomena without expectations". Schutt 2017: 121) said; qualitative researchers seek to discover people's way of thinking, actions in their social settings. There are different coping mechanisms that are found in literature for different professionals, but the researcher wanted to solely explore all the coping strategies of Social Workers towards burnout regardless of whether those strategies are presumed to be negative or positive, for as long as they are applied by Social Workers (participants) representing the population of Social Workers working in social services within uMhlathuze Municipality. This study adopted the exploratory research since there was no history of the similar study.

3.2.4. POPULATION

The population of this study was Social Workers working in social services agencies within uMhlathuze Municipality. Gorard (2013) defined population as all possible cases of interest to a study from which a sample may be selected, while Babbie (2017: 117) defined population as "a group of people or species about whom conclusions are drawn through studying a sample drawn from that population to represent the entire population". The researcher targeted the Social Workers working in social service agencies at uMhlathuze Municipality in Kwa-Zulu Natal as population. The population comprised a total of 88 Social Workers working at four of the social services located within uMhlathuze Municipality, namely Ongoye Service Office, Richards Bay Service Office, Lower Umfolozi Service Office and Richards Bay Family Care. The population was targeted since the coping strategies of burnout among Social Workers of this location had never been explored and the motivation of the researcher to conduct this study originated through the experience during practical work where Social Workers were observed to be demotivated and demonstrated signs of burnout. The researcher found it necessary to investigate coping strategies of burnout from Social Workers within Umhlathuze Municipality to make conclusions.

3.2.5. SAMPLING

The sample of Social Workers was selected from the targeted population of Social Workers. According to Unrau, Gabor and Grinnell (2007: 279) quoted in De Vos, Strydom, Fouché and Delport (2011: 223) “sample comprises of element or subset of the population considered for actual inclusion in the study or it can be viewed as a subset of measurement drawn from a population in which we are interested”.

3.2.5.1. NON- PROBABILITY SAMPLING

This was a qualitative study for a Master’s degree in Social Work which applied the Non-Probability sampling. Rubin and Babbie (2014: 383) postulated that; social work research is often conducted using the non- probability sampling, Furthermore, Marlow and Boone (2011: 140) defined non-probability sampling as an approach that allows the researcher to hand pick the sample according to the nature of the research problem and phenomenon under the study. For this study not every Social Worker working in social service within uMhlathuze Municipality had a chance to participate in the study - there were conditions to be met, such as working directly with clients and having two years’ experience and above practicing as a social worker. The Social Workers working in social services agencies that were meeting sampling criteria were picked to be participants if they were willing.

The researcher believed working directly with clients would enable Social Workers to share best their challenges as there were issues such as secondary traumatic stress which is also regarded as a cause of burnout and having two years’ experience and more was believed by the researcher to be effective in terms of knowing the job and its environment since even in job requirements normally 2 years’ experience or more is required and the assumption is that a person with 2 years’ experience is quite familiar with the job. The same motivation drove the researcher.

3.2.5.2. PURPOSIVE SAMPLING

Purposive sampling was applied in participants’ selection for the study. According to Grove, Gray and Burns (2015) who quoted Marshall and Rossman (2011) purposive

sampling, is sometimes referred to as judgmental or selective sampling, it is when a researcher consciously selects certain participants for a study. The researcher wanted Social Workers as participants and, therefore, went straight to social service agencies where Social Workers are employed with a purpose of finding Social Workers to participate in the study of investigating social worker's coping strategies towards burnout. The participants were approached purposefully after their willingness and having met the requirements to participate in the study. Maree *et al.* (2016: 198) postulated that; purposive sampling is used in special situations where the sampling is done with a specific purpose in mind.

A total number of 22 Social Workers were selected purposively following the selection criteria, looking at the exclusion and inclusion criteria from four social services agencies. These were: Richards Bay Family Care where six participants were taken, the Department of Social Development Services offices, namely Ongoye Service Office with six participants, Richards Bay Service Office with 5 participants and Lower UMfolozi Service Office with six participants. That made a total number of 22 participants. Kumar (2011: 25) said; "the basic objective of any sampling design is to minimize, within the limitation of cost, the gap between the values obtained from your sample and those prevalent in the study population". The sample consisted of 20 females and 2 males, with the age ranging from 28- 47 years.

The researcher identified that responses of Social Workers were the unchanged after 22 participants were interviewed and realized that nothing new was being discovered and, in that way, a saturation point was reached at Richards Bay Service Office where only 5 participants were taken from this Social Service agency instead of 6 participants. Therefore, the researcher could not continue to collect data from other social service agencies that were targeted for the study. Ravitch and Carl (2016) argued that saturation point in data collection is where no new information emerges. This is supported by Kumar (2018) who also stated that; qualitative data are usually collected to a point where nothing new is discovered. This stage determines the sample size saturation point is subjective in that the researcher decides when has she/he has attained it.

INCLUSION AND EXCLUSION CRITERIA

- The participant must be must be a qualified social worker
- The participant must be employed and practicing as a social worker in social service agencies that are located with the city of uMhlathuze Municipality.
- The participant must have at least 2 years' experience and above working as a social worker in a social service agency.
- The participant must have worked/ be currently working with clients directly
- The participant must be willing to participate in the study and must sign the interview questionnaire on the last page.
- The participant must be able to sit and allow the researcher to ask questions for a duration of 40 minutes or less.

3.2.6. DATA COLLECTION INSTRUMENT

Data collection is a process of collecting data through data collection instruments like questionnaires, interviews, and focus groups. Data for this research were collected through research interviews. Waller, Farquharson and Dempsey (2016: 76) said a research interview can be usefully understood as a particular type of conversation the direction of which is guided by the researcher.

The semi -structured interviews were used as a method of collecting data, therefore the study adopted the semi- structured interview as a data collection method. This method enabled Social Workers as participants to add and explain where they felt a need to, and at times asked for clarity with regards to certain questions. Some questions were interpreted, rephrased and paraphrased by participants with their own understanding thereof. Waller, Farquharson and Dempsey (2016: 77) mentioned that “the direction of the semi-structured interview is guided by what the research participant has to say, and it also depends on the researcher’s interest in giving voice to the participant”.

3.2.6.1. INTERVIEW SETTING

The researcher interviewed Social Workers in their work place, individually in their offices and some were interviewed in one office which was allocated and arranged for the

researcher to interview participants within each social service agency. The researcher interviewed participants within the following social services agencies: Richards Bay Family Care, Richards Bay Service Office, Ongoye Service Office and Lower UMfolozi Service Office, where they (Social Workers) performed their duties of social work practice and where they experienced problems associated with their work. Creswell (2014:234) postulate that; the qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study and are regarded as Field Researchers.

3.2.7. DATA ANALYSIS

According Babbie (2013) the aim of qualitative data analysis is to discover patterns among data, patterns that point theoretical understanding of social life. Strauss and Corbin (2015:88) stated that; “data analysis can be viewed by as mining data, digging beneath the surface to discover the hidden treasures contained within, in order to find meaning”.

Thematic analysis was used to analyse qualitative data of the study. The researcher organized all interview notes taken during the interview, and a total of 22 notes were written during interviews of research participants. The researcher labelled the notes participant 1 to participant 22, read notes and was able to identify common responses among participants. These included content and the use of similar words - this was data coding process. According to Grbich (2013: 2590) “coding involves the grouping and labelling of data in the process of making it manageable” Three main themes were established after data coding, which were Social Work Practice, Knowledge of Burnout and Social Workers’ Coping Strategies. This view finds its support from Babbie (2013: 387) who stated that “the key process of data analysis in qualitative research is coding, classifying or categorizing individual pieces of data”, whereas Bazeley (2013; 32-33) stated that qualitative data analysis process is Data Preparation, Data Coding, Data Categorizing /Establishment of Themes and Data Presentation.

3.3. ETHICAL CONSIDERATIONS

The researcher took into consideration the ethics of research and complied with them with an aim of protecting and respecting participants. This view is supported by Shaw and Holland (2014: 102) who stated that ethics in research are concerned with protecting the interests and safety of participants. Moreover, Hallway and Jefferson (2013: 77) postulated that “ethical issues in social research are concerned with ensuring that the interest of participants in research are safeguarded (British Psychological Society [BPS, 1996:1])”. Strauss and Corbin (2015:93) articulated that “The ethics of doing qualitative research demand a researcher not to jump to conclusions about the meaning”. Ethical considerations that were relevant and applied in this research were: informed consent, confidentiality, anonymity, no harm to participants, permission to conduct research, rigour and trustworthiness. Each of these ethical considerations is discussed in details below:

3.3.1. INFORMED CONSENT

Hammersley and Traianou (2012) defined Informed consent as an ethical principle concerned with the need to respect the autonomy of participants. Lahman (2017) quoted Clough *et al* (2010: 3) who stated that informed consent has two aspects: the participant must have meaningful understanding of what they are consenting for and the participant must have free choice. The researcher administered the informed consent by informing participants about the study through written information sheets and verbally during the interviews. The information provided included, the topic of the research, the data collection method and what was expected of them, their rights to withdraw or not participate, participants were informed that they would remain anonymous in this research. Confidentiality was emphasized by the researcher that it would be obeyed, lastly, the participants were informed of potential risk such as discomfort due to sensitive questions. As a sign of the agreement to participate, the participants were asked verbally about their willingness to participate, if the response was ‘yes’, then the agreement was reached which headed the research interview.

None was mandated to participate amongst the 22 participants that participated, this was in line with Neuman (2014: 75) who stated; “Fundamental principle is, never coerce

anyone into participating; participation must be voluntary”. In support of this view, King, Harrocks and Brooks (2018) stated that; participants should be giving their knowing consent, making choices free from duress and inducement.

The researcher was given an informed consent by each participant verbally and an agreement was reached that the participant would sit in for the research interview that took less than 40 minutes for all individuals. Kumar (2011: 244) claimed; “in every discipline it is considered unethical to collect information without the knowledge of participants and their expressed willingness and informed consent”. At the end of the interview questions the participants were required to sign their questionnaire form which was field in by the researcher during the interview as another way of giving consent and emphasizing that they were not forced to participate in the study.

3.3.2. CONFIDENTIALITY

Confidentiality is absolute respect of dignity and it was viewed by the researcher as equivalent to privacy. To assure a person of confidentiality means what is said in the qualitative interview remains private and confidential. According to Barbour (2014:95) “The need to preserve confidentiality and anonymity is an enriched principle in the qualitative research endeavour”.The researcher ensured confidentiality by, firstly, informing the participant that the interview was confidential. As a result, even the notes taken during the interview will be kept private and confidential, no one had access to that information, except the supervisor. In adherence to confidentiality the researcher kept the transcripts of participants in a file which is kept in a drawer that is locked and accessed by the researcher. These transcripts were destroyed after completion of the thesis.

3.3.3. ANONYMITY

The participants of the study were not asked names - they remained anonymous as the researcher used pseudonyms and did not ask participants to fill in their names anywhere and had informed them that their names would not appear anywhere in the research document. King and Harrocks (2010: 117) described anonymity as “concealing the identity of the participants in all documents which are a product of research conducted”. The researcher labelled participants as; participant 1 - participant 22, this activity was

done to protect the identity of participants, so that no one was to trace anything back to individual participants, perhaps confront them. Therefore, no personal details were obtained that can be linked to participants. Wiles (2013) states that; anonymity means a person's identity is either anonymised or kept a secret.

3.3.4. NO HARM TO THE PARTICIPANTS

The study did not harm participants. According to Fortune, Reid and Miller (2013: 48) "Social Workers in research should protect participants from unwanted physical, mental distress, harm and danger". Johnson (2015) argued that research should not harm participants. For this study participants were not harmed physically, however some participants were able to trust the researcher to share their own experiences with regards to work stress and demonstrated signs of venting and distressing to the researcher. Since the researcher is a qualified Social Worker she listened and offered psychosocial support, paused from asking interview questions and allowed the participants to vent and distress.

This was not regarded as harm, but was regarded as a chance to debrief to the researcher. One recommendation arose through this observation that Social Workers need to get private one-on-one platforms where they could share their own personal and work-related matters as a way of debriefing. This was highlighted in the proposal of the research as a medium risk that somehow emotions would be touched as burnout is derived from psychological, mental and emotional exhaustions.

3.3.5. PERMISSION TO CONDUCT THE STUDY

The researcher obtained a letter from the Department of Social Development (Kwa Zulu Natal) authorizing the researcher to conduct research at the Department of Social Development service offices located in Kwa- Zulu Natal uMhlathuze Municipality, namely Ongoye Service Office, Richards Bay Service Office and Lower Umfolozi Service Office. For Richards Bay Family Care, which is an NGO, the researcher got the permission to conduct research through a phone call after sending a letter seeking permission to conduct research on their Social Workers. Creswell (2014:237) maintains that; it is important to gain access to research or archival sites by seeking approval of the gate keepers. Schutt (2017: 126) described a gate keeper as a person in a field setting who

grants researchers access to the setting. The researcher also had a certificate known as an ethical clearance certificate from the University of Zululand Research Ethics Committee which authorized the researcher to collect data.

3.4. LIMITATIONS OF THE STUDY

Matthews and Kostelis (2011) postulated that; limitations of the study address the aspects of the study that cannot be controlled by the researcher. However, according to Warden and Chen (2011) limitation of the study describes the weakness of the research such as theoretical and conceptual problems. The limitation of this study was to not get participants from all social services within uMhlathuze Municipality. Therefore, not all social service agencies targeted for the study were represented in the sample due to agencies having only two Social Workers with a busy schedule and the unwillingness of some Social Workers to participate in the study. Therefore, the research was conducted at three Department of Social Development Service Offices and Richards Bay Family Care, all located within uMhlathuze Municipality. Targeted agencies like SANCA, Lifeline Zululand, Mental Health, Ngwelezane Place of Safety and NICRO could not participate. This limitation was handled through the use of available participants from agencies where authority to conduct research was granted. Another limitation of this study was getting Social Workers' burnout literature in South African content, since most literature of this study is not from South Africa, but it was found to be relevant to the subject of the study.

CHAPTER 4: PRESENTATION OF DATA, ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

This chapter aimed to present, analyse and interpret data that were collected through semi-structured interviews. Data analysis process adopted was the Thematic Analysis which is a method for systematically identifying, organising, and offering insight into, patterns of meaning (themes) across a dataset. Through focusing on meaning across a dataset, it allows the researcher to see and make sense of collective or shared meanings and experiences, (Braun and Clarke 2012). The data analysed following the phases of thematic analysis, such as familiarising yourself phase, establishing and naming themes, lastly producing the report, following this process; data for this study was analysed manually firstly read with understanding, this step was followed by the coding of data , then the establishment of themes and lastly the reporting/presentation of data. This chapter covered demographic information of participants, main themes that emerged in data analysis (as Social Work Practice, Knowledge of Burnout and Coping Strategies), non-verbal communications, observation and conclusion.

4.1.1. DEMOGRAPHIC INFORMATION OF PARTICIPANTS

This section covered the demographic background of the sampled participants of the study - it covers age, gender, highest level qualification and years of experience. Each one is presented, analysed and interpreted below:

4.1.1.1. Table 2: Age of Participants

Age of participants	Number of Participants	Percentage
28-35	11	50%
36-40	6	27%
41-46	5	23%

The age of participants was included in data collection to identify if there was a difference in terms of burnout coping strategies among Social Workers according to their age. The above table demonstrated that the ages of participants ranged from twenty-eight to forty-six (28-46) years. Out of twenty-two (22) participants of the study, eleven participants (11), which is fifty percent 50%, had their age ranging from twenty-eight to thirty-five (28-35), six (6) participants, which is twenty-seven percent (27%), of the participants of the study were aged thirty-six to forty (36-40), five (5) participants were aged 41-46, which is twenty-three percent (23%).

There were common responses among participants from all different age groups presented in the table above. The sources of burnout according to participants were identified to be similar regardless of their age, and such presentation conveyed that Social Workers regardless of their age are prone to burnout and can use common coping strategies. Harker, Pidgeon, Klaassen and King (2016) stated that; “the research is unclear on the impact that individual factors, such as age and gender, have on burnout, however, literature reports that young people are more prone to burnout than older people”. A 30-year-old participant described her social work overall experience as challenging, whereas a 46-year-old participant described her overall social work experience as good due to the experience and desire she has for her job.

4.1.1.2. Table 3: Gender of participants

Gender	Number of participants	Percentage
Male	2	9%
Female	22	91%

Gender was included in data collection to identify the difference in coping strategies of Social Workers according to gender. The study consisted of twenty-two (22) participants. Twenty (20), which is the ninety-one percent (91%), were females and two (2), which is nine percent (9%), were males. There was a huge imbalance between the genders of participants: more participants were female hence participating social services agencies

had fewer male Social Workers than female Social Workers. This was in line with the findings of SACSSP (2010) that they have more female Social Workers registering with the body (SACSSP) than male Social Workers. However, more males are now joining the social work profession. Male Social Workers' coping strategies of burnout were complementing those of female Social Workers such as exercising, leisure time, annual leave and alcohol. However, the domination of female Social Workers implicated that females prefer human services jobs other than males. Purvanova and Muros (2010:169) stated that; "women are frequently employed in occupations that fit stereotypes about female gender roles (e.g. caregiving/nurturing occupations, support/administrative occupations), and men are typically employed in occupations that fit stereotypes about male gender roles (e.g. physically demanding occupations, salaried occupations)". Two males in the study mentioned exercising as their coping strategies towards burnout, whereas this coping strategy was only highlighted by 4 females in the study. This meant that there are common coping strategies of burnout among men and women.

4.1.1.3. Table 4: Highest Qualification of Participants

Qualification	Number of participants	Percentage
Bachelor of Social Work	21	95%
Masters In Social Work	1	5%

Qualification of Social Workers was included in the study, firstly to ensure that all participants were meeting requirement as per sample criteria of the study, of which one of them was being a qualified social worker working in social services. Secondly, it was to identify if Social Workers employed in social service agencies pursue their post graduate degrees. The study wanted qualified Social Workers, all twenty-two (22) participants were qualified as Social Workers. They all hold a Bachelor of Social Work as their highest qualification, which is ninety-five percent (95%) of the sample, except for one participant, five percent (5%), who has a Master's degree in Social Work as the highest qualification.

This meant that Social Workers are not pursuing their postgraduate degrees, which could be caused by stress and burnout they experience in their social work practice. Burnout could be one of the reasons some Social Workers are not in a good state to study and work at the same time, which could also imply that Social Workers are satisfied with only having a Bachelor of Social Work even though the guidelines of the profession expect Social Workers to continuously advance their knowledge. According to SACSSP, Social Workers are obliged to attend trainings that give continuing professional development (CPD) points although they are not counted as qualification but gaining more knowledge is encouraged in social work profession. According to SACSSP (2019) continuing professional development (CPD) is an international and national means of ensuring that professionals keep pace with developments and advances in their discipline and field of practice.

4.1.1. 4. Table 5: Years of Experience

Years of Experience	Number of Participants	Percentage
2-5 years	7	32%
6-8 years	13	59%
9-12	2	9%

Experience was required to ensure that participants were indeed meeting the sample criteria, and also to establish if the coping strategies of Social Workers differ in terms of the experience they have in the field of social work practice. The experience of participants ranged from two to twelve (2-12) years' experience. Seven (7) participants, which is thirty-two percent (32%), had experience of between two to five years (2-5), thirteen (13) participants, which is fifty-nine percent (59%), had experience of six to eight (6-8) years, and two (2) participants had experience of nine to twelve (9-12) years, which is nine percent (9%). Most Social Workers had the experience of five years and above even though the researcher wanted Social Workers from a minimum of 2 years' experience. The assumption of this was that social services of UMhlatuze Municipality

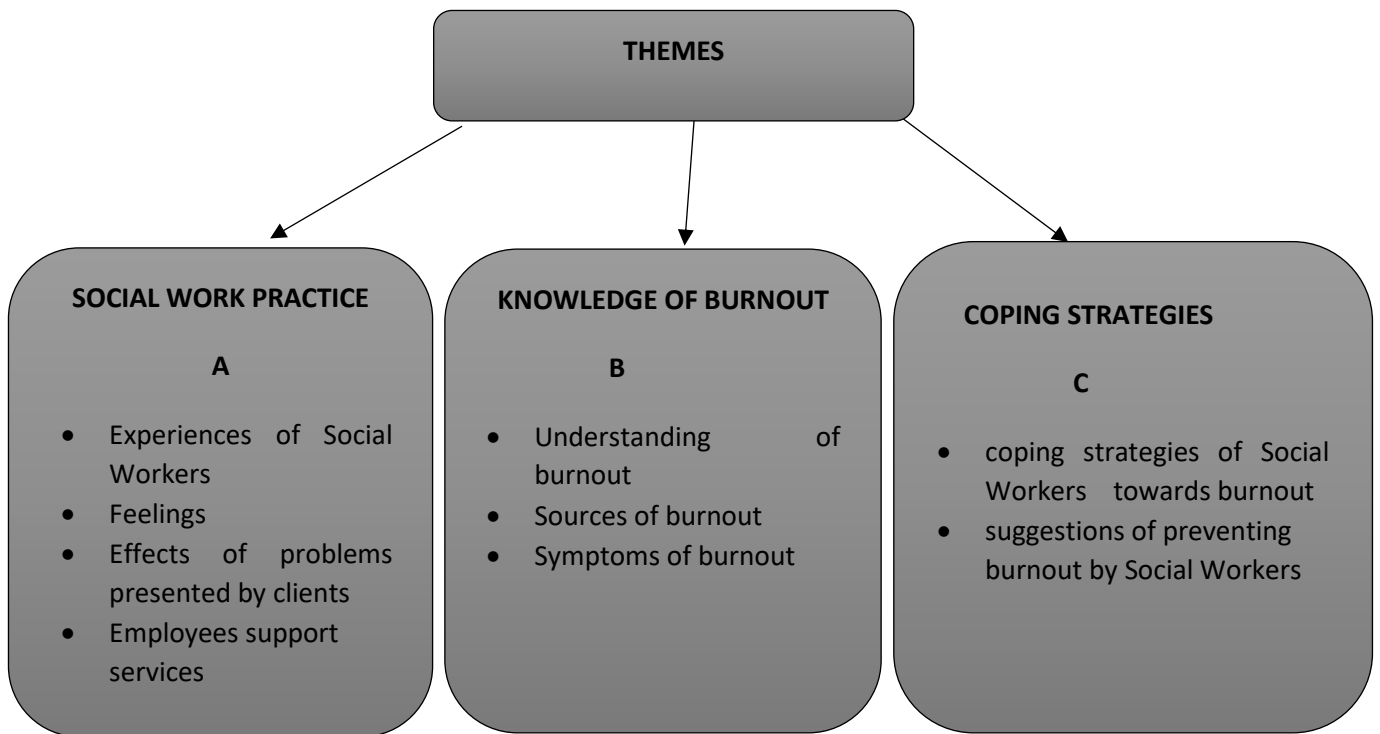
have Social Workers who are well experienced in the field of social work, since thirteen participants had experience from six to eight years. All participants had their responses linked to burnout and among them none said burnout does not relate to him or her. This could be interpreted to mean that Social Workers are prone to burnout regardless of the length of their experience in the social work practice.

Koski (2015: 2) researched on the relationship between experience of a social worker and burnout and one of the project's findings demonstrated that there was no correlation between the length of time as a social worker and the amount of burnout. However, it could be more frustrating for a new social worker to handle stressful situations or cases, than a social worker who is more experienced and who has dealt with quiet a number of challenges. A social worker (Participant 2) with 12 years' experience said she took a break of 3 years as a way of coping with occupational stress, and later came back to the field to practice as a social worker. Even though she had experience (more than 7 years at that time), she felt there was a need to take a break. In summary, burnout can be experienced by a new or experienced social worker in social work setting if environmental factors trigger burnout.

4.2. THEMES

Data analysis adopted in this research was the thematic analysis. Three main themes were established after data coding, and these were Social Work Practice, Knowledge of Burnout and Coping Strategies, labelled as ABC, and they each contain sub- themes. Themes and sub -themes presented below:

FIGURE 1: Themes and Sub-themes



4.2.1 THEME A: SOCIAL WORK PRACTICE

Social work practice was the first main theme established through thematic data analysis, labelled as theme (A), which consists of four sub-themes, named; experience of Social Workers, feelings, effects of problems presented by clients, and employees support services, which are analysed in details below.

4.2.1.1. SUB THEME A1: EXPERIENCES OF SOCIAL WORKERS

Participants were asked about their overall social work practice experience with an aim of finding their job satisfaction and sources of burnout. Participants had different views with reference to their social work practice experience, which seemingly was labelled as both good and bad experience, and further referred to as, pleasant and unpleasant experience of social work practice. Ten (10) participants, equivalent to forty-five percent (45%), described their overall social work practice experience as unpleasant, whereas, seven participants, thirty-two percent (32%), labelled their overall social work practice experience as unpleasant. Few of them, five (5) participants, which is equal to twenty-

three percent (23%), differed and described their experience as both pleasant and unpleasant.

a) Unpleasant

The descriptions of social work practice experience by Social Workers revealed that it is unpleasant, due to challenges. The following are the responses of participants as a depiction of their social work practice, followed by direct quotations of few participants.

- Social work is a stressful job
- Low salary problems in NGOs
- Complaints from service recipients and working with difficult clients
- Experiencing secondary trauma in child abuse, domestic violence cases and poverty problems
- Non-conducive work environment and insufficient resources
- High caseloads and overworking
- Being regarded as a jack of all trades by the society
- Statistics focus
- Being undermined by other professionals

Direct Quotations

Participant 2: "If I knew I would have never been a social worker, it is very stressful for me. "

Participant 1: "I am not happy with my social work experience am doing it for the income."

Participant 13: "I wish to change the career altogether - my social work practice made me lose all the passion I had of being a social worker."

Participant 14:" All other departments believe we do everything; they think we are jacks of all trades."

b) Pleasant

The Individual perceptions of social work practice experience were described as pleasant, self-gratifying in extent to achievements. The following are the responses of participants that fell into the pleasant side of the social work practice experience of Social Workers, and direct quotations from a few participants demonstrating the pleasant side of social work practice, which is motivated by achieving work goals.

- Being helpful to clients
- Achieving work goals
- Being appreciated by the employer and clients
- Being a change agent and empower people
- Being trusted as a social worker and get authority to make investigations and decisions that help clients
- Being able to understand lives and behaviour of different people
- It is a profession that develops a person in terms of knowledge.

Direct Quotations

Participant 17: "My experience of being a social worker is good because I have passion and I do my work in time."

Participant 10: "It is good and makes me confident to tackle all challenges".

Participant 11: "It is nice to be a social worker because I am a change agent."

Participant 22: "I love and enjoy being a social worker - my experience so far is satisfactory."

The above presentation, alludes to the fact that, the overall experience of Social Workers had become mostly unpleasant for them, which may be caused by different reasons, such as occupational stress precipitated by lack of resources, work environment and the nature of the social work practice. However, not everyone regards social work experience as unpleasant, others find the experience very gratifying.

4.2.1.2. SUB-THEME A.2: FEELINGS

Feelings of participants that were associated with their social work practice experience identified were sadness, anger, numbness and happiness. Emotions can also imply a lot about job satisfaction. In support of this view, Joseph (2017: 163) reported that many theorists believe that emotion is a measure of job satisfaction, it is a powerful inventory of total job satisfaction levels. Feelings are presented, analysed and interpreted below:

a) Numb

Fifty percent (50%), which is eleven (11) participants, described their feeling towards their social work experience as numb. The feeling of numbness is described as being deprived and depleted of feeling or responsiveness. Depletion of feeling is associated with burnout, formally known as emotional exhaustion, which is described by Shin, Park, Ying, Kim, Noh, and Lee (2014: 44) as a “feeling of depleted emotional resources including loss of energy, tiredness, and physical or emotional fatigue linked to burnout”. Half of the participants who were under study articulated their feeling towards their job as numb. Social Workers are indeed experiencing burnout. It is evident in the data that they are emotionally exhausted, and deprived of emotions.

b) Sad

Three (3) participants, which is fourteen percent (14%), of participants described their feeling as sad, with regards to their social work practice experience. Very few of them felt sad with regards to their social work practice experience, however, this is a negative feeling demonstrating that their journey in the social work practice had not been good. In essence, these negative feelings could have developed through sources of burnout.

c) Angry

One (1) participant, which is equivalent to five percent (5%), of the participants described a feeling associated with social work experience as angry. The participant further explained that she is angry because of the high workload. This is a negative feeling that precedes conflicts in the workplace and turnover, which potentially escalate to burnout. However, it could not be a permanent feeling if the source of it is eliminated.

d) Happy

Four (4) participants, equivalent to fourteen percent (14%), felt happy about their social work practice experience, because they are helping the society and serving as change agents. This reveals that few Social Workers are happy with their work experience in the social work practice. This conveyed that even though social work is seen and described as stressful and challenging profession there are Social Workers who are happy about their overall experience. This meant they tend to focus more on the positive side of their journey as Social Workers in social service profession.

e) Happy and Sad

Two (2) participants, which is nine percent (9%), had mixed feelings about their social work practice experience. They felt happy and sad - they are happy because they are change agents, since they are able to help people help themselves, and they are sad because of the conditions that come from within their practice.

4.2.1.3. SUB- THEME A. 3: EFFECTS OF PROBLEMS PRESENTED BY CLIENTS

Participants were asked if they think Social Workers get affected by problems presented by clients. The questions required a 'yes' or 'no' response. One (1) participant, equivalent to five percent (5%), said Social Workers do not get affected by the problems presented by clients, and the rest, twenty-one (21) participants, equivalent to ninety-five (95%) of the participants said Social Workers do get affected by problems presented by clients. They responded with a confident 'yes', accompanied by sharing incidents where they exhausted their coping mechanisms psychologically and emotionally due to cases they were dealing with that had severe impact on their emotional, psychological well-being and service delivery. According to Dix (2017: 34) all of the components of burnout may affect the provision of quality services in human service agencies. In conveying what had been presented above, all the responses of participants quoted verbatim are listed below as evident of how they get affected by the problems presented by clients individually.

Participant 1: 'Yes, we get affected by problems presented by clients - we are also human beings as Social Workers.'

Participant 2: 'Yes, at first, but now I no longer get affected – it is like I am heartless.'

Participant 3: 'Yes, I relate especially to dagga abuse. A close family member has gone through drug abuse problems, therefore, I sympathize instead of empathizing.'

Participant 7: 'No, we know how to handle work related matters and personal issues.'

Participant 8: 'Yes, as a mother I relate to cases of child abuse and worry.'

Participant 9: 'Yes, I dream about cases and lack of resources such a children's home, and it makes it hard to sleep.'

Participant 10: 'Yes, the other day I was so stressed by a client who presented a problem and the taxi passed with me in my bus stop without me realizing. I shout at my kids when I had a bad day at work.'

Participant 11: 'Yes, I get affected, especially with child abuse and older persons' abuse cases.'

Participant 12: 'Yes, sensitive cases affect emotions.'

Participant 14: 'Yes, I get affected emotionally and psychologically.'

Participant 15: 'Yes, especially in murder and kidnapping cases and I do not have anyone to distress to.'

Participant 16: 'Yes, I think about cases at night, especially if there are insufficient resources, and I get stressed.'

Participant 17: 'Yes, child abuse cases affect me.'

Participant 20: 'Yes, we think about cases even outside the workplace.'

Participant 21: 'Yes, I relate and emancipate results.'

Participant 22: 'Yes, I sympathize and become emotionally involved.'

These kinds of responses conveyed that Social Workers get affected emotionally and psychologically by the cases they are working on, and this seemingly happens due to the fact that they are human beings too, in spite of the stipulated principles guiding the profession, like controlled-emotional involvement, which says Social Workers should not be emotionally involved in problems of their clients. The fact is that Social Workers are naturally human beings who can sense and relate to problems that are experienced by other human beings.

4.2.1.4. SUB-THEME A. 4: EMPLOYEE SUPPORT SERVICES

The researcher found that Social Workers employed in the Department of Social Development have a services designated Employee Assistance Program to assist them as employees in dealing with their personal problems and work-related problems. This is called Employee Health and Wellness Management Programme (EH& WP). Therefore, the Department of Social Development is indeed in compliance with what was stipulated by DPSA Framework (2012) which emphasized that Employee Health and Wellness Programs in the Public Service must be designed to rapidly transform the nature of holistic support provided to employees to ensure risk management, occupational health, safety, productivity and wellness of government employees.

Seventy-two percent (72%) of the participants, which is a total of sixteen (16) participants of the study, were employed at the Department of Social Development. Among them thirteen (13) participants acknowledged that their social services agencies, which are: Department of Social Development (Ongoye Service Office, Richards Bay Service Office and Lower Umfolozi Service Office) do not have EAP. Two (2) participants, which is nine percent (9%), declared that the Department of Social Development does not have EAP, one (1) participant, which is five percent (5%), said they do not know whether their social service agency has EAP. This means that the Department of Social Development has the support system available for Social Workers and many Social Workers are aware of this assistance. Genly (2016) stated that; "an increasing number of companies are taking steps to reduce stress and burnout". However, many of the Social Workers reported that

this program is not easily accessible. Richards Bay Family Care was reported as not having the Employee Assistance Program by all participants selected from this social service agency.

Even though the Department of Social Development has a designated and working program to assist in employees' wellness, it is not sufficient to entirely meet the needs of Social Workers, hence they described it as ineffective and as having delayed services. Twenty-three (18%), which is five (4) participants, received the services of this program long after requesting. It is also clear that for non-governmental organizations like Richards Bay Family Care do not have EAP, implicating that there are Social Workers who are not receiving support they should get in order to maintain their holistic wellness, however other available support services within social services agencies other than Employee Assistance Program were identified, which were supervision and team building activities. Presented, analysed and interpreted below:

a) SUPERVISION

Supervision appeared to be one of the available services within the social service organization, meeting educational, administrative and support needs of the employees. Mathonsi and Makhubele (2016:49) quoted Skidmore (1995) and Coulshed and Mullender (2006) who argued that Supervision in Social Work is concerned with helping staff members apply their knowledge and skills to do their jobs effectively and efficiently. Employees are the major asset, hence the organization's whole reputation and future success depend on them.

Forty-one percent (41%), which is a total of nine (9) participants, mentioned supervision as an available support service provided by a social service agency to Social Workers /employees. Joseph (2017: 55) reported that the on-going, healthy supervision conveys significant spikes in increased satisfaction and decreased turnover among Social Workers (Barak et al., 2008; Collins, 2008; Farmer, 2011; NCCD, 2006; Smith & Shields, 2013; Them, 2007; Westbrook et al., 2008). Supervision was aligned to its component of support; Social Workers acknowledged that they receive support from supervisors, which is work-related.

All nine participants also reported supervision as insufficient due to various reasons, like other priorities supervisors need to attend to, which compromise the time for good, sufficient and effective supervision. Supervision in social work had been identified to be insufficient. Even Social Work Indaba (2015) also concluded that; while social work supervisors are appointed, they are not available in sufficient numbers to effectively mentor Social Workers and, therefore, become ineffective. Supervision is important to monitor and maintain the wellness of Social Workers and is aimed at promoting good service delivery to clients. Jassen (2010:14) stated that; supervision needs to be focused on nurturing emotional support in helping Social Workers feel appreciated and significant to the organisation in spite of public disapproval, supporting them to cope with stress and negative attitudes. The above presentation of data reports that supervision is recognized as a support system available to assist Social Workers in preventing and coping with burnout, even though it is highlighted to be insufficient. Therefore, the improvement is essential and necessary for effective functioning.

Participant 2: 'Yes, we have supervision which I feel is not sufficient.'

Participant 1: 'We have supervision, but it is mostly focused on work- related issues, like report writing not emotional concerns.'

Participant 14: 'Supervision is not sufficient, because there is no debriefing.'

b) TEAM BUILDING ACTIVITIES

Four (4) participants, which is eighteen percent (18%) of participants, mentioned that their social services organizations offer and promote team building activities. These serve as employee support services and, apparently these activities are usually suggested by the employees - such as birthday celebrations, baby showers, bridal showers and also sports days which are perceived as having the ability to strengthen work relationship and reduce levels of stress. According to Fapohunda (2013:4) team building aims to enhance good communications with team members, to increase productivity and creativity, to achieve better operating policies and procedures, it is also aimed at ensuring clear work objectives and collaborative problem-solving. In line with that, Great-West Life Assurance Company (2016:31) stated that "team building activities build team resilience over time". Data

reveal that few Social Workers consider team building activities as support services and as a burnout coping strategy.

4.2.2. THEME B: KNOWLEDGE OF BURNOUT

This is the second main theme that emerged during thematic data analysis - this theme contained three sub-themes which are: understanding of burnout, sources of burnout and symptoms of burnout, according to Social Workers. These sub-themes are presented, analysed and interpreted below:

4.2.2.1. SUB-THEME B.1: UNDERSTANDING OF BURNOUT

Participants of this study had their own understanding of burnout which probably originated from their perceptions and experience of burnout. This was assessed by the researcher to identify the knowledge of burnout among participants as the subject at hand. Participants defined burnout in diverse ways but containing similar content. In their responses, three aspects of burnout were established as burnout classifications, namely mental exhaustion, physical exhaustion and emotional exhaustion. Montero-Marín, Prado-Abril, Demarzo, García-Toro and García-Campayo (2016) defined exhaustion as “the feeling of not being able to offer any more of oneself at work, as the consequence of a prolonged exposure to excessive demands” Ten (10), which is equal to forty-five percent (45%) of participants, defined burnout as a mental exhaustion; eight (8), equivalent to thirty-six percent (36%), defined burnout as a physical exhaustion; and four (4), which is equal to eighteen percent (18%) of participants, defined burnout as an emotional exhaustion. The following were their responses:

a) Mental/psychological exhaustion

Burnout is a....

Participant 1: ‘terrible stress and lack of mechanism to cope’

Participant 2, 3 and 11: ‘depression and going crazy’

Participant 4 and 5: ‘stress’

Participant 5, 14 and 22: 'Negative stress'

Participant 13: 'psychological problem'

b) Physical Exhaustion

Burnout is a....

Participant 9, 19, and 20: 'Stress and Body torture caused by overworking'

Participant 10: 'Burden on a social worker's shoulder'

Participant 6 and 18: 'Tiredness, discouragement and exhaustion'

Participant 8: 'Silent killer of emotional and physical wellness'

Participant 21: 'Internal pain, unseen and results in death'

c) Emotional Exhaustion

Burnout is a....

Participant 7: 'Not being appreciated'

Participant 12: 'It is boredom'

Participant 17: 'Being short - tempered easily'

Participant 16: 'A state where one feels overloaded, emotionally and psychologically'

The above descriptions of burnout, as classified, complemented the definitions of burnout by Leiter, Bakker and Maslach (2014) who quoted Freudenberger (1970) who had defined job burnout as a “state of mental and physical exhaustion caused by one’s professional life”. Maslach and Jackson (1981) also defined burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind”. In addition, Mäkikangasa and Kinnunenb (2016) argued that; burnout process is assumed to follow specific stages, starting from exhaustion and ending into reduced professional efficacy. Burnout represents a work-related state of ill-being characterized by the symptoms of exhaustion, cynicism, and reduced professional

efficacy. This indicated that according to Social Workers' knowledge and experience, burnout affects the mental well-being/ functioning, it depletes emotions and escalate to affecting the physical and health wellness. In line with their descriptions, Oladele (2009) quoted Igodan and Newcomb (1986), and Fetsch *et al.* (1997) who stated that burnout can manifest as physical, psychological and behavioural changes in body function, attitudes and actions towards others. Furthermore, Barlem, Barlem, Lunardi, Lunardi, Silveira and Bordignon (2014: 80) postulated that; burnout syndrome constitutes a problem of social interest as a result of a long process of exposure to high levels of stress by virtue of different situations which provoke physical, mental and emotional exhaustion. Gerry (2013) states that; a clear sign of burnout is when you feel tired all the time. Exhaustion can be emotional, mental or physical. It is the sense of not having any energy and of being completely spent.

4.2.2.2. SUB-THEME B. 2: SOURCES OF BURNOUT IN SOCIAL WORK

There were common sources of burnout highlighted by participants mostly were in line with those reported by previous studies related to burnout in Social Workers. Ntsoane (2017:113) reported that it has been proven that social work is one of the professional groups prone to burnout, since its members are in the "people business." Govender (2015:17) mentioned that; a study by Alpaslan and Schenck (2012: 374-376) found that "Social Workers work in environments that are characterized by lack of offices, inadequate office equipment, shortage of vehicles, high caseloads and a shortage of staff and, therefore, are prone to burnout". According to NASW (2016:2) prolonged exposure to stress may increase susceptibility to chronic diseases, such as physical and mental health conditions, and reduce the overall quality of life. Family and interpersonal relationships are negatively affected, and the risk of developing physical health problems is increased substantially. Vicarious trauma, long work hours, and compassion fatigue have contributed to social work burnout.

Mathonsi and Makhubele (2016:53) postulated that; "burnout among social work supervisees is caused mainly by abusive supervision, scarce resources, unmanageable workloads, unfair remuneration and counter-productive working conditions of supervisors and supervisees, and unstructured supervision". For this study, sources of burnout in

social work recognized in data were: Insufficient resources, High caseload /workload, work environment, Personal problems and Nature of cases, all of which are presented, analysed and interpreted below:

a) Insufficient Resources

Sixteen (16) participants, which is equivalent to seventy-three percent (73%) of participants, reported insufficient resources as a source of burnout - seemingly lack of resources delays interventions and implementation of relevant services to clients and results in stress and high workload. Inadequate resources such a vehicle to conduct home visits delays services, it paints a bad image about Social Work services, the tasks become incomplete, moreover it may be viewed as incompetence and later backfire. Rousseau and Aube (2010: 325) reported that; lack of resources makes it more difficult for employees to complete their tasks and may limit the influence of social support at work on effective commitment, and lack of job resources is likely to make employees feel frustrated and powerless. The participants, as quoted directly, said:

Participant 17: 'I hardly sleep if I cannot find a placement for children for child protection services.'

Participant 12: 'My challenge as a social worker is lack of resources such as cars - I end up using my personal car for home visits and work - related tasks.'

Participant 14: 'The cause of burnout in social work is insufficient resources to serve the increasing population of the country.'

As the majority of Social Workers mentioned lack of resources as a source of burnout, this indicated that many of them identified it as a source of burnout, and it could also implicate that the population served by social services of UMhlatuze Municipality is high, which results in insufficient resources, it could allude that the social services of uMhlatuze Municipality do not have sufficient resources to enable Social Workers to deliver their services to clients competently and commendably. According to Social Work Indaba 2015, Inadequate and poorly resourced offices, lack of vehicles as well as the

non-payment of danger and rural allowances – in line with the scarce skill status – were raised by Social Workers as concerns.

b) High Caseload/ Workload

Twenty-one (21), which is ninety-five percent (95%) of participants of the study, mentioned that workload is a source of burnout. Participants mentioned that they work overtime without compensation and also work at home trying to cut/ reduce their workload. Social Work Indaba 2015 reported that high caseloads is linked to stress, which adversely lead to depression, hence commonly practitioners are confronted with traumatic situations on the field. Govender (2015) stated that Social Workers in South Africa, generally, deal with over 120 cases at a time (compared to average of 17.8 cases in the UK per family social worker). This leads to high levels of stress and frustration among social work professionals. In support of that point, Galek, and Flannelly, and Greene and Kudler (2011: 636) stated that; “workload has also shown to contribute to burnout in social work”.

Oser et al. (2013: 20) interviewed drug counsellors who identified caseload as a source of burnout. The High caseload result in volumes of paperwork. Joseph (2017: 49) stated that; excessive workloads are believed to start a chain reaction that ultimately leads to feelings of depersonalization and lack of accomplishment, he further reported that in South Africa, the workload of Social Workers appears to be in the extreme, specifically within the NGO sector. According to Narsee (2013) South African child protection Social Workers dealing with foster care could in fact be responsible for as many as 500 cases.

This implicated that caseload or workload is a source of burnout in social work, as many Social Workers reported it to be the source of burnout. This further implied social service agencies within uMhlathuze Municipality may be not having enough Social Workers to serve the population of this area or the society of this area experiences quiet a number of social problems that need Social Workers’ interventions in such a way that current resources turn out to be insufficient.

c) Work Environment

The working environment was identified as a source of burnout in social work by fifty percent (50%) of participants [eleven (11) participants]. Environment was categorized into physical environment and social environment. Physical environment as a physical setting of the work environment and social environment as social interactions. According to Wallace, Lee, and Lee (2010) the relationships between people and work have been recognized as a catalyst for potential problems (Maslach *et al.*, 2001).

Having a pleasant and conducive environment improves work engagement and resilience. The study adopted the ecological perspective as the theoretical framework of the study, since the researcher intended to detect how Social Workers interact with their work environment. Data obtained from participants demonstrated that Social Workers are not interacting well with their environment which is the workplace, hence it was even reported to be one of the sources of burnout, although participants are not interacting well with their environment, they are able to cope with the conditions of their work environment. Therefore, they use coping strategies to survive in their social work practice environment. Teater (2014) stated that; Ecological Perspective was established based on the biological science of ecology, which views all living organisms within their social and physical environments and examines the interactions of people and their environments (Gitterman, 2009).

Physical environment: The physical environment was identified as a stressor by Social Workers. For instance, sharing offices does not sit well for some Social Workers, seemingly the work environment becomes a non-conducive working environment, which compromises and violates the social work principle of confidentiality over clients' meetings and privacy of file, as well as documents of clients. In addition to that, the environment in which Social Workers perform their duties, such as communities and families they visit with work purpose, are a high risk, as three (3), equivalent to fourteen percent (14%) of participants reported that they were attacked and hijacked during home visits. This implicated that Social Workers are not safe in their field of practice.

Social environment: The leading style of the employer may make employees feel like left out in decision –makings. In summary, the working relationship is a social environment of the workplace and could impact negatively or positively. Montero-Marín, Prado-Abril, Demarzo. García-Toro and García-Campayo (2016) quoted Farber (2000) who argued that; burnout reflects a situation of lack of harmony between employee and his/her workplace. Poor working relationship and lack of control and involvement in decision-making is a source of burnout for Social Workers. Furthermore, Calitz, Roux and Strydom (2014: 159) reported that; when employees are active in decision-making, they feel more engaged, which leads to higher satisfaction and lower turnover rates (Peltier & Dahl, 2009:10). Employers, therefore, need to be considerate of their employees by ensuring a good social environment. According to the findings of a study by Gündüza (2011: 1764) with counsellors, it was found that counsellors who get social support suffer less from burnout. Addition to that, according to South African Government news, the effective social work practice cannot take place unless Social Workers are healed from their own scars and receive emotional and trauma counselling.

Participant 4: 'The causes of burnout in social work are the work environment in terms of office space and work relationships which are distorted.'

Participant 8: 'The working relationship between staff and management is a source of burnout.'

d) Low Salaries

Twenty (20) participants, which is ninety-one (91%) of the study participants, mentioned that low salary is a source of burnout among Social Workers. They felt they are being underpaid. Taetske Calitz et al. (2014:164) recommended that better salaries and working conditions are needed to keep Social Workers in the profession. Alpaslan and Schenck (2012: 376), in their qualitative study on *Challenges Related to Working Conditions Experienced by Social Workers Practising in Rural Areas*, reported that; the shortages of Social Workers is caused by inadequate salaries, lowered remuneration ultimately decrease self-esteem and has profound effect on motivation levels and the overall job satisfaction furthermore low salaries place immeasurable strain on family responsibility.

Participant 7: “Earning a disgraceful salary is a cause of burnout.’

It was clear that low salaries in social work were perceived by many as a source of burnout, which implies that Social Workers are not happy with their salaries. This does not only affect them financially, nonetheless psychologically to an extent of burnout.

e) Personal Problems

Many participants did not mention or choose personal problems as a source of burnout in social work practice - only four (4) participants, equivalent to eighteen (18%), mentioned personal problems as a source burnout. Although not many considered their personal problems as a source of burnout, it does not seem like one functions effectively while having serious personal problems like having a sick child, losing a partner, having financial problems and so forth. However, most Social Workers consider only workplace conditions as sources of burnout, and not their personal problems. This ostensibly assumes that the sources of burnout in social work are mostly considered to be coming from the workplace and not from the individual’s side. Social Workers could be possessing strong coping strategies towards their personal problems and low coping strategies towards their work- related problems that serve as sources of burnout in their social work field. Responses of participants on personal problems as a source of burnout include the following:

Participant 7: ‘I can leave my problems at home.’

Participant 11: ‘I can separate my work and my own problems.’

Participant 22: ‘The causes of burnout in social work are personal problems and lack of self-awareness.’

f) Nature of Cases

The cases that Social Workers deal with are also a source of burnout, Social Workers experience secondary trauma through the cases they are dealing with. Twenty- one (21), ninety-five percent (95%) of the participants said ‘yes’ when they were asked if they get affected by the problems of clients. Data indicated that they become overwhelmed by

problem situations of clients and even dream about cases they are working on. Nhedzi and Makofane (2015: 356) stated that; shortage of funding for programmes in organizations, unemployment in families and community income-generating projects, continues to overwhelm Social Workers. Ting, Jacobson, and Sanders (2011: 327) postulated that; Social Workers are affected by exposure to their clients' traumatic life experiences and behaviours. In addition, Galek, Flannelly, Greene and Kudler (2011: 637) said; Secondary Traumatic Stress is the result of indirect exposure to another person's traumatic experiences, such that a helper acquires symptoms that are much like those of the traumatized person he/she is trying to help. The following are responses of Social Workers describing how they get affected by cases they work on:

Participant 4: 'I can relate to it - if the case is about child abuse, I think about my own children really.'

Participant 11: 'I get affected by the cases presented by clients, I even dream about them.'

Participant 7: 'One day I finished a whole bottle of alcohol later after dealing with a critical case at work.'

Participant 8: 'I missed my taxi stop because I was stressed after dealing with a critical case; I was too deep in thoughts in a way that I did not realize I had to get off a taxi.'

Participants 1 and 5: 'The cause of burnout in social work is working with critical cases.'

Participant 6: 'The nature of social work and human problems are the source of burnout as we tend to concentrate more on their problems and neglect our own.'

Social Workers experience secondary trauma with reference to critical and sensitive cases they work on, and they get affected psychologically by those cases. This alludes to the fact that the population of UMhlatuze Municipality receiving social services experience traumatic events in their lives, which even affect those who are serving them. The behaviour of clients was reported by one (1), five percent (5%) of participants, as a source of burnout. Clients were reported to be having high expectations from Social Workers and see them as solutions to many of their problems. According to Limon (2018:9), Social Workers reported that dealing with challenging clients is one of the major

challenges they experience that lead to the increase of stress. This meant the role of the social worker is still not clearly understood by everyone in the society. One participant was quoted directly sharing some expectations of clients:

Participant 17: 'Clients expect too much from us Social Workers and they have a belief that Social Workers are a jacks of all trades in such a way that even questions and concerns that should be addressed by other departments in South Africa are taken to Social Workers, they even request services that are not offered by Social Workers and I think in that way we get extra cases to address and to refer clients.'

4.2.2.3. SUB-THEME B.3: SYMPTOMS OF BURNOUT ACCORDING TO SOCIAL WORKERS

Social Workers reported different symptoms of burnout they identify in themselves. These symptoms articulated by participants fell into emotional, behavioural, psychological and physical symptoms of burnout. Van der Walt (2013:135) stated that; burnout and stress have physical, psychological, emotional and behavioural effects. Symptoms of burnout, according to Social Workers, are presented, analysed and interpreted below.

a) Emotional symptoms

Twelve (12) participants, fifty-five percent (55%) of participants, included emotional symptoms of burnout such as anger, being easily enraged and shouting over minor disputes. McLuckey and Richman (2018) mentioned anger as one of the symptoms of burnout. Being overly sensitive was also included as one of the symptoms of burnout by Social Workers. One participant, quoted directly below:

Participant 8: 'When I am experiencing burnout, I shout at my kids, I heard them talking the other day, saying that: hey, when mom had a bad day at work we see her as she enters the gate and things do not go well for us. I get angry over minor things.'

b) Psychological symptoms

According to data collected, only three (3) participants, fourteen percent (14%), included psychological symptoms of burnout in their list of symptoms of burnout. Impaired thinking such as being forgetful, was reported as a symptom of burnout. One participant quoted directly below, said:

Participant 10: 'I forget the important meetings and appointments when I have work-related stress, and this has happened several times.'

c) Behavioural symptoms

Fourteen (14) participants, equivalent to sixty-four percent (64%) of participants, described their symptoms of burnout with reference to behavioural symptoms such as low-work performance and lack of work engagement. These were highlighted as the major symptoms linked to behavioural symptoms of burnout.

Participant 3: 'I lack in work engagement and performance due to burnout problems.'

Participant 20: 'Due to burnout and not getting help, I now have lapsed cases of foster care placements, which is something that was not happening to me before.'

d) Physical symptoms

Nine (9) Participants, forty percent (41%), included physical symptoms of burnout in their list of symptoms of burnout:

Participant 19: 'I have a back pain problem and fatigue.'

Participant 4: 'I get sick more often, have a headache, I survive with alcodol pain pills, and I always have them in my bag.'

Symptoms articulated by Social Workers validated that they can spot symptoms of burnout in themselves when they identify themselves as having burnout, and furthermore, that they can seek help and apply coping strategies.

4.2.3. THEME C: COPING STRATEGIES

The theme emerged through the thematic data analysis which is the theme that fulfils the overall objective of the study, which is finding coping strategies of Social Workers towards burnout. This theme contains two sub-themes - which are coping strategies of Social Workers towards burnout, and recommendations of preventing burnout. These sub-themes are discussed below:

4.2.3.1. SUB-THEME C.1: COPING STRATEGIES OF SOCIAL WORKERS TOWARDS BURNOUT

The participants shared coping strategies they use to deal with burnout as Social Workers. Da Costa and Pinto (2017: 6) reported coping' has the meaning of 'dealing', 'face', 'overcome', 'cope', 'react or adapt to adverse circumstances'. It emerged in the mid-19th century. It was believed to be a synonym of 'defence', however, from the 20th century it was admitted to be the coping strategy for emotion reaction to situations of stress. The coping strategies that were investigated were those associated with burnout. All 22 (100%) participants shared their coping strategies of burnout. Some of these coping strategies were common amongst participants, such as vacations, alcohol, sleeping pills and gym/exercising. In line with some of these findings is Wilson (2016: 382), who quoted Newell and McNeil (2010), who reported that; workers employ diverse behavioural and physical strategies such as balanced nutrition, exercise, coping skills, spirituality or any other activities that reduce stress.

4.2.3.1.1. POSITIVE COPING STRATEGIES

From the coping strategies that were reported by participants, there were those which were grasped as positive coping strategies that can be recommended to other Social Workers to use in dealing with their own burnout. The following are the coping strategies with the number of participants who felt the same about the coping strategy among the 22 participants.

a) Supervision

Six (6) participants, twenty-seven percent (27%), reported supervision as their coping strategy of burnout. This is a positive coping strategy, because it is recognized and designated formally to support Social Workers. According to Kim, Ji and Kao (2011) Managers and supervisors must play a critical role in supporting their staff and preventing burnout.

b) Meditation

One (1) participant, five percent (5%), reported using mediation as a burnout coping strategy. In fact, mediation is harmless and is reported to be effective by literature, therefore, it is regarded as a good coping strategy.

c) Adaptation

One (1) participant, five percent (5%), said adaptation is an effective coping strategy. The researcher identified it as a positive coping strategy, hence accepting and adapting to the environment reduces the level of frustrations and stress, although this strategy is utilized by few as per data implication.

d) Leisure time with associates

Sixteen (16) participants, equivalent to seventy- three percent (73%), reported coping with burnout by means of leisure time with family or friends. This was mentioned by most of the Social Workers as their coping strategy. They mentioned movies, parties, vacations and self-care activities that make them cope with burnout. In support of this strategy Gibson (2015:96) stated that vacation/ break away recreation literally means to recreate - taking time to enjoy life with family and friends. The interpretation of this finding is that most Social Workers take care of themselves by doing what makes them happy, since this strategy was mentioned by many Social Workers who were under study. This coping strategy serves as a self-care activity. According to Bloomquist, Wood, Friedmeyer-Trainor and Kim (2015: 292), self-care is a protection of oneself against stressors in the field of social work.

e) Annual leave

Eight (8) participants, thirty-six percent (36%), said they take annual leave to cope with work-related burnout. Taking a break from work to relax or do personal things other than work was reported to be a coping strategy of burnout by Social Workers. This is a positive coping strategy as it allows a social worker to rest and gain a strength to work after resting.

f) Church and praying (spiritual belief)

Nine (9) participants, forty-one percent (41%), said they pray to cope with burnout. For spiritual people this is the coping strategy of burnout which makes them gain strength and believe everything will get better. It is a positive coping strategy for those who strongly believe in prayer and church. This means a coping strategy can be linked to a belief system or a religion.

g) Gardening

One (1) participant, five percent (5 %,) of participants, mentioned gardening as a coping strategy of burnout. Gardening is a good coping strategy for those who love nurturing plants.

h) Exercising

Six (6) participants, twenty-seven percent (27%), said exercising is what makes them cope, they become energized. This is a positive coping strategy which is even recommended by NASW (2012:4) who stated that; increased physical activity levels promote Social Workers wellness through reducing negative health risk factors and creating positive biochemical social, and physiological changes (Gillison et al., 2009).

i) Debriefing to other Social Workers

Five (5) participants, twenty-three percent (23%), said debriefing is a coping strategy for them. Debriefing is a process of sharing the event or experience that had been tough with an aim of feeling better. Oriot and Alinier (2017:1) quoted Fanning and Gaba 2007) who defined debriefing as a facilitated reflection encounter based on experiential episode. This

is a good coping strategy as it allows Social Workers to receive support from those who are also Social Workers and are aware of principles of the profession.

j) Taking a break from practicing as a social worker

One (1), equivalent to five percent (5%) of participants, said taking a break from practicing as a social worker is a coping strategy of burnout. This is a good coping strategy if you have a backup plan of finances.

k) Listening to music

One (1), equivalent to five percent (5%) of participants, said listening to music is a coping strategy of burnout. It is a good strategy for those who love music and working on reports while good music plays in low volume can be effective if a person likes music.

l) Seeing a psychologist (work referred or privately)

Two (2), corresponding to nine percent (9%) of participants, said seeing a psychologist is also a good way to cope with burnout as one gets a chance to speak to a professional who will advise them well in order to distress or cope with burnout.

4.2.3.1.2. NEGATIVE COPING STRATEGIES

The researcher identified that among the different coping strategies of burnout mentioned by participants, there were those that are negative coping strategies which pose a danger to Social Workers and have serious consequences, even though they find them effective. According to Banovcinovaa and Baskovaamost (2014: 249) common negative consequences of stress are the decrease in productivity, decrease in quality of customer services, health problems, frequent absence, accidents at work, use of alcohol and drugs. The following are the coping strategies from participants, which were identified to be negative and in line with negative coping strategies.

a) Alcohol

Five (5) participants, twenty-three percent (23%), said they use alcohol as a strategy to cope with burnout. This is regarded as a negative coping strategy since it becomes

addictive and can result in a bad habit of coming to work drunk, then can result in termination of employment.

b) False home visits

One (1) participant, five (5%), shared that pretending to be in the field and to be doing personal things is a good coping strategy to cope with stress and burnout. This was identified to be a negative coping strategy, since if one gets caught it does not end well - a warning can be issued following this kind of behaviour.

c) Sharing work problems and stressful cases with friends, partner or family members

Seven (7) participants, thirty-two (32%), said they share their frustrations with non-Social Workers such as friends and family, and they use this as a coping strategy. This is not a good strategy, since it is unethical according to the social work profession ethics. This practice is not in line with the principle of confidentiality in social work.

d) Eating more (mostly) junk food

Three (3) participants, fourteen percent (14%), said they tend to eat more if they are experiencing burnout, and this serves as their coping strategy. They feel better after eating more, especially junk food. But this is a health threat, hence it can lead to health problems. Therefore, it is regarded as a negative coping strategy.

e) Pain killers, sleeping pills and oversleeping

Nine (9) participants, forty-one percent (41%), said they use pills to sleep peacefully and drink pills like alcodol (pain killers) in order to cope with burnout. This is not a good strategy of coping as it can cause harm in their health and can possibly become addictive.

f) Over shopping

One (1) participant, five percent (5%), said shopping is a good strategy of burnout, and she reported that she over-shops when going through burnout. This is an indication that few Social Workers cope with burnout through over shopping.

g) False sick leave

Seven (7) participants, thirty-two percent (32%), said, they pretend to be sick and take sick leave with an aim of resting, and they regard this a good way of coping with burnout. This, therefore, meant that some Social Workers take leave not because they are sick, but because they are trying to cope. This is a negative coping strategy, because it is deceiving the employer and the consequences for this can never be good even for the medical Practitioner who issued that seek note.

h) Late coming and leaving work early, unauthorized

Four (4) participants, eighteen percent (18%), said they cope with burnout by coming late to work and leaving early without being unauthorized. This act is associated with that of false home visits and meetings in that they pretend to be doing other tasks, and again, this coping strategy is not a good one as consequences can be very bad when the employer decides to issue a warning and summons the employer to a disciplinary hearing.

4.2.3.1.3. IMPLICATIONS OF COPING STRATEGIES

Amongst the coping strategies reportedly being used by participants, most of them were in line with those of Partab (2010:499), who quoted Van Dyk's (2007) research on coping strategies of 193 care givers that alluded the following coping strategies of work challenges: social activities with family and friends, regular physical activities (walking, running, etc.), listening to music, reading, watching movies or playing computer games, rest and sleep, religious activities, attending support groups, relaxation activities (meditation and breathing exercises), eating healthy foods, extra courses and workshops, shopping, alcohol and pills, house chores, bingeing and crying.

EMOTION-FOCUSED AND PROBLEM-FOCUSED COPING

Looking at the coping strategies reported by the findings of the study, two types of coping strategies emerged in the responses of participants. These were: problem- focused coping strategies and emotion-focused coping strategies, which are in line with the transactional model of coping found by Lauzarus and Folkman (1984), as quoted by Schoenmakers, van Tilburg and Fokkema (2015:154) who argued that Problem-focused

coping includes all the active efforts to manage stressful situations and alters a troubled person-environment relationship to modify or eliminate the sources of stress via individual behaviour, whereas emotion-focused coping includes all the regulative efforts to diminish the emotional consequences of events. In addition, Shin, Park, Ying, Kim, Noh, and Lee (2014: 44) argued that emotion-focused coping involves the use of a range of emotions, types of understanding, and expressions, such strategies include wishful thinking, distancing, self-blame, tension reduction, self-isolation, seeking emotional support, reinterpretation, acceptance, denial, and turning to religion.

The following diagram demonstrates emotion-focused coping strategies and problem-focused coping strategies used by Social Workers. It was clear that Social Workers working in social services agencies located within uMhlatuze Municipality are more concerned with taking care of how they feel than approaching the sources of burnout by solving the actual problem(s) that precedes burnout. Therefore, the emotion-focused coping strategies were identified to be more utilized by Social Workers as coping strategies of burnout than problem-focused coping strategies.

Table 6: Emotion-Focused and Problem-Focused Coping Strategies of Social Workers

EMOTION-FOCUSED COPING STRATEGIES	PROBLEM-FOCUSED COPING STRATEGIES
<ul style="list-style-type: none"> • Alcohol • False sick leave • Sharing work problems and stressful cases to friends, partner or family members • Eat more mostly junk food • Pain killers (pills) and sleeping pills • Over shopping • Unscheduled peer debriefing sessions • Oversleeping 	<ul style="list-style-type: none"> • One-on-one supervision • Peer supervision • Consultation • Seeing a psychologist • Taking a break from working as a social worker • Debriefing

<ul style="list-style-type: none"> • Late coming • Switching of phone • Leaving work early, unauthorized • Family support system • Meditation and Self - encourage • Leisure time with associates at own expenses • Annual leave • Church and praying (spiritual) • Gardening • Gym • Taking a break from practicing as a social worker • Listening to music 	
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4.2.3.2. SUB-THEME C.2. SUGGESTIONS OF PREVENTING BURNOUT BY SOCIAL WORKERS

Social Workers made suggestions as per their beliefs of what would be effective in addressing burnout in the social work practice. Amongst those suggestions/recommendations verbalised, two categories emerged concerned with (emotional and psychological well-being) and (environmental and physical well-being) of Social Workers. See the table below.

Table 7: Social Workers’ Suggestions on Dealing with Burnout

EMOTIONAL AND PSYCHOLOGICAL CARE RECOMMENDATIONS	ENVIRONMENTAL AND PHYSICAL CARE RECOMMENDATIONS
<ul style="list-style-type: none"> • Emotional support must be included in supervision sessions • Debriefing sessions • Meditation activities • Referral to a psychologist/ visit 	<ul style="list-style-type: none"> • Sufficient resources • Adherence to stipulated cases per social worker, as the SACSSP articulates (1:60)

<ul style="list-style-type: none"> • Leisure activities outside the work environment • Prevention programs for Social Workers' emotional breakdown • Platform to raise concerns • Awards in a form of incentives • Family day events • One-on-one sessions with Social Workers • More annual leave days • Self-awareness trainings • Performance assessment must include 4s and 5s, which indicates good performance, they can serve as an encouragement • Good performance awards in a form of incentives. 	<ul style="list-style-type: none"> • Fair allocation of resources, rotate resources if necessary • Physical fitness activities • Social work practice must be aligned with social work theory
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These suggestions conveyed that Social Workers believe the social services agencies should play a part in addressing burnout by promoting worker wellness. According to Wilson (2016) social work profession must take preventive stance to educate professionals on burnout, negative effects of job burnout and vicarious trauma. Furthermore, suggestions alluded that Social Workers as employees need to take a part in addressing, preventing and coping with burnout, self-awareness and supervision were included, which requires Social Workers' involvement and participation to be effective as a coping strategy. Jacobson, Rothschild, Mirza and Shapiro (2013: 463) postulated that; to sustain their healthy functioning, Social Workers must adopt self-care practices and utilize supervision, these could be self-reflection and continued self-assessment for risk, and additional strategies to decrease emotional exhaustion, and common symptom are acceptance, active coping, planning, and positive reframing. However, Kimes (2016) argued that; ethically, organizations are obligated to protect employees from harm that results from duties.

With regards to EAP made recommendations, EAP, according to Attridge (2009:383) EAP is a worksite-based program designed to assist organizations in addressing productivity issues and employee clients in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance (Employee Assistance Professionals Association, 2003). Social Workers from Non-government Organizations who participated in the study highlighted that they wish also to have the EAP or at least where they can be referred to for their own assistance. However, Social Workers from the Department of Social Development acknowledged that they have EAP, even though they mentioned it as insufficient and need improvement in terms of services and accessibility. Kimes (2016: 2) postulated that 'burnout is a problem with broad implications in both private and public, therefore organizations that employ Social Workers should be interested in reducing employee stress and burnout, both for ethical and practical reasons.

4.3. NON- VERBAL COMMUNICATION

The researcher was also observing the non-verbal communication during the interviews. The following are the non-verbal communications used by participants. Most participants paid attention to the researcher. The sitting posture and eye contact conveyed that they were focused on the interview. Their frowns, heavy sighs and looking up were mostly used after a question was asked. For instance, the first question was: 'What is it that you like most and dislike most about being a social work?' These were the kinds of questions that made participants to sigh heavily, brush their heads and look up. Denham and Onwuegbuzie (2015) stated that non-verbal communication is also considered to be data during research interviews. In summary, according to the observations of non-verbal communications during the interviews, facial expressions, gestures as well as sitting positions were congruent with the responses of participants. Tecău and Tescaşiu (2015:120) said; "non-verbal data include kinetic (gestures, body movements or postures), facial expressions (gestures, eye contact, and smile), the proxemics (use of interpersonal space to communicate attitudes), chronemic (use of pacing of speech and length of silence in conversation), and paralinguistic (all variations in volume, pitch, and

quality of voice)”. The following are the non-verbal communications that were observed and were common among participants.

TABLE 8: Non- Verbal Cues

Face	Most participants maintained eye contact with the researcher, which meant they paid attention. Other non-verbal cues observed were: heavy sigh, frown smile, calmness, eye movement, silence and looking up during the interviews. These non-verbal communications were not used entirely throughout the interviews, but were applied differently to different questions, this meant questions were interpreted differently by individuals hence there is no specific questions where participants all reacted similarly.
Gestures	Gestures that were observed were also shaking of heads, for instance if the researcher was asked to rephrase the question. This again implied giving attention and served as minimal encouragement. Other gestures were hands on the table and folding of hands, which the researcher interpreted as a participant paying attention to the interviewer.
Sitting postures	The sitting position of participants observed was the lean backward on the chair position which, in the researcher’s interpretation, meant giving full attention to the researcher, lean-forward position, keeping close to the researcher, which again meant giving full attention.

4.4. FINDINGS AND CONCLUSION

Findings revealed that Social Workers have extreme negativity with regards to social work practice. This was the one main reason instigated the researcher to investigate Social Workers’ coping strategies towards burnout, observed back in 2016 when the researcher was in the field of practice. Data obtained shown that their feelings towards the profession were mostly negative. The findings of this study suggested that Social Workers are well-informed with regards to burnout, since they were able to define and highlight its symptoms. Social Workers are experiencing emotional exhaustion and are depleted of

emotions, hence they described their feelings as numbness towards the profession and their work. Emotional exhaustion is a characteristic of burnout. Social Workers seek emotional support as a result they apply emotional- focused coping strategies, which are both positive and negative coping strategies.

Their positive coping strategies were dominated by leisure time, which includes holidays and outings with colleagues, followed by taking annual leave to rest and gain strength. Supervision was also highlighted as a coping strategy and was in third place together with exercising. Their negative coping strategies were dominated by, firstly, pills, sleeping pills and oversleeping, followed by sharing cases to friends, family (breaching confidentiality) in the second place, together with taking false sick leave and, in third place was consuming of alcohol as a coping strategy., which are all not recommended, as they pose threat to lives of Social Workers and service delivery. Social Workers apply few of problem- focused coping strategies which seek to eliminate stressors described as a threat in social work practice. This implicates that problem-focused coping strategies are less applied even though they are strategies that seek to solve problems such as sources of burnout. Effective, preventative and coping strategies are needed, such as positive self-care activities, wellness programs from the employees and employers to keep Social Workers in good state to render competent, relevant and effective services to the society.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter provides the summary of findings, conclusion and recommendations of the study, grounded in data analyzed in the previous chapter. The summary is presented through objectives of the study.

5.1.1. OBJECTIVES OF THE STUDY

The overall aim of the study was to investigate coping strategies of Social Workers towards burnout.

The study mainly aimed at investigating the coping strategies of Social Workers towards burnout through the use of the Ecological Perspective Theory and Transactional Model of Stress and Coping. Social Workers were assessed on how they cope with burnout, which is a condition generated by their social work practice as an environment in this study (Ecological Perspective Theory). A Transactional Model of Stress and Coping was also used to identify kinds of coping strategies applied by Social Workers towards burnout. This objective was met. The findings indicated that Social Workers do have coping strategies they use to cope with burnout. Coping strategies identified from Social Workers were both positive and negative. A risk was identified in negative coping and recommendations were made thereafter, based on that. Data indicated that Social Workers use emotion-focused coping and problem-focused coping strategies and; moreover, data further revealed that more emotion-focused coping strategies are applied by Social Workers which were under the study. The implications of that were that Social Workers are more concerned with the emotional wellness than to directly seek solutions for their sources of burnout. Their description of feelings towards social work was associated with emotional exhaustion which could be the reason they utilize emotion-focused coping strategies as a tool to their emotional wellness. According Shadiya (2015:482) Problem-focused coping is the use of specific activities to get the task accomplished while emotion-focused coping is the use of activities to feel better about the task.

5.1.1.1. To identify common sources of burnout for Social Workers in social service agencies.

This goal was achieved, since data collected and interpreted indicated that common sources of burnout in Social Workers working in social services within uMhlatuze Municipality are:

a) Cases

Cases that Social Workers deal with were identified to be a source of burnout. Critical cases which cause Social Workers to experience secondary trauma and lack of resources, such as finding a placement for a child, were reported to be a source of burnout. Hussein (2018) stated that the more vulnerable and emotional cases are presented by the service users, and that these become more challenging for Social Workers and result in higher emotional fatigue.

b) High workload

High workload causes frustrations, stress and over-working, and it was reported to be the source of burnout. According to Maslach and Leiter (2016:104) “work overload contributes to burnout by depleting the capacity of people to meet the demands of the job”.

c) Insufficient resources

Insufficient resources were mentioned by most Social Workers as a source of burnout. A supporting example was insufficient cars that should enable Social Workers to conduct home visits. As a result of this, they end up not doing thorough assessments, which means they fail to comply with the standards of the profession, and non-compliance with stipulated standards results in warnings and suspension. Lack of resources results in stress of not meeting the needs of the clients and can lead to incomplete task, which can lead to high workload and stress, which may result in burnout.

d) Work environment

Work environment is a source of burnout in Social Workers according to the data attained. Undesirable, limited, non-conducive physical and social environment can lead to a breach of confidentiality, loss of important documents, and distorted working relationships, all which can hinder the quality of services to clients. The data collected and analyzed

demonstrated this, as most of them mention that work environment is a source of burnout. Parola, Coelho, Cardoso, Gea-Sanchez Blanco-Blanco and Stolo (2016:46) postulated that; workplace is seen as hostile and excessively demanding economically, psychologically, emotionally, mentally and as a spiritual exhaustion when it is non-conducive. Furthermore, Shin, Park, Ying, Kim, Noh, and Lee (2014:44) quoted Fuqua and Couture (1986), who reported that human service workplace characteristics are associated with burnout.

e) Low salaries

Social Workers indicated that low salaries are a source of burnout. Apparently, a low salary leads to stress, due to being unable to meet all the needs and wants, causing frustrations on the part of the individual.

5.1.1. 2. To explore Social Workers' coping strategies of burnout

In finding coping strategies of Social Workers towards burnout, data collected indicated that Social Workers use problem-focused coping strategies and emotion-focused coping strategies, but mostly use emotion-focused coping strategies towards burnout. The following are strategies used by Social Workers who are working in social services agencies within uMhlathuze Municipality.

a). Emotion-Focused Coping Strategies

Alcohol, False sick leave, Sharing work problems and stressful cases with friends, partner or family members, Eating more, mostly junk food, Using pain killers and sleeping pills, Over-shopping, Unscheduled peer debriefing sessions, Oversleeping, Late coming, Switching off phone, Leaving work early without being authorized, Family support system, Meditation and Self encouragement, Leisure time with associates at own expense, Annual leave, Church and praying (spiritual), Gardening, Exercising, Taking a break from practicing as a social worker, and Listening to music.

b). Problem-Focused Coping Strategies

The problem-focused coping strategies used by Social Workers of uMhlathuze Municipality are: One-on-one supervision, Peer supervision, Consultation, consulting a psychologist, Taking a break from working as a social worker, and Debriefing. Kakiashvili,

Leszek and Rutkowski, (2013: 410) stated that; It is necessary to identify a source of chronic stress and develop strategies to cope with it by problem – solving skills or by implementing organizational changes. It was clear that Social Workers working in social services within uMhlathuze Municipality prefer emotional wellness than attending/dealing to problems.

c). Negative and Positive coping strategies

Data analyzed indicated that Social Workers use both positive coping strategies and negative coping strategies. Kraemer (2013:9) quoted Sanders *et al.* (2008), who articulated that; “positive coping contributes to improving the situation without causing further harm; while negative coping contributes to future problems and unhealthy outcomes”. Examples of positive coping strategies are: exercise, prayer or meditation, social support, and activities of enjoyment to relieve stress. Examples of negative coping skills would include: excessive use of alcohol or drugs, isolation, and withdrawing from daily activities. It was recognized that Social Workers use different coping strategies towards burnout, and they do not stick to one particular coping strategy.

Negative coping strategies employed by Social Workers of the study which were identified were; Alcohol, False sick leave, Over eating, Pain killers, Sleeping pills and Oversleeping. Late coming and leaving work early, sharing work related challenges and even concerns and frustrations about clients with non-Social Workers. Positive coping strategies that were reported included; exercising, vacations and leisure time, supervision, church and praying, annual leave, debriefing to other Social Workers, taking a break from practicing as a social worker, listening to music, and seeing a psychologist (work referred or privately).

5.1.1.3. To identify strategies that are offered by the organization to deal with burnout of Social Workers.

The burnout coping strategies and programs offered by the social service agencies of uMhlathuze Municipality which were identified were: supervision and team-building activities. However, the concern was that supervision is not sufficient to expand and meet even the emotional concerns of Social Workers, and it is not limited to intervening in Social Workers' personal problems, which adversely affect service delivery. With regards

to EAP, the Department of Social Development has a program designed to assist employees, named Employee Health and Wellness Management Program (EH & WP). However, this was reported to be inadequate to meet all the needs of Social Workers which are associated with stress and burnout. It was then recommended by participants and the researcher that this program should be more visible and accessible. Perhaps, even the evaluation is essential to assess the program effectiveness. Team building activities are good coping strategies of burnout as they strengthen the working relationship (social environment) which is one of the sources of burnout. Therefore, it means organizations that regularly promote and implement team building activities promote employee wellness as well, particularly emotional and psychological wellness.

5.1.1.4. To identify knowledge of burnout from Social Workers

In acquiring the knowledge of burnout, Social Workers were asked to describe burnout from their own understanding. Their knowledge showed that they are aware of burnout as they were able to define/describe it and were also aware of the symptoms of burnout. Burnout was described with words like extreme stress, exceeding coping mechanisms, emotional exhaustion, physical exhaustion, and mental exhaustion. This was in line with the definition of burnout by various authors. The symptoms of burnout reported by Social Workers who were under the study demonstrated that Social Workers are quite aware of burnout and its symptoms - they mentioned emotional, physical, behavioral and psychological symptoms of burnout. Optima Global Health (2013) stated that various physical, psychological, motivational, behavioral and emotional symptoms associated with burnout gradually set in and intensify over time. Social Workers mentioned the following as the symptoms of burnout they identify in themselves and realize they are burning out;

Emotional Symptoms of burnout: anger, outbursts and numbness

Physical symptoms of burnout: backache, headache and fatigue

Behavioral symptoms of burnout: low-work performance and work engagement

Psychological symptoms of burnout: impaired thinking, easily forgetting and missing significant appointments.

5.1.1.5. To get recommendations from Social Workers to address the problem of burnout.

Social Workers made recommendations that will serve as possible solutions towards addressing the problem of burnout, which were: Emotional support must be included in supervision sessions, Debriefing sessions, Meditation activities, Referral to Psychologists/ visit, Leisure activities outside the work environment, Prevention programs for Social Workers' emotional breakdown, Platform to raise concerns, Awards in a form of incentives, Family day events, One-on-one sessions with Social Workers, More annual leave days, Self-awareness trainings, Fair performance assessment, Good performance awards in a form of incentives, Sufficient resources, Adherence to stipulated cases per Social Workers as the SACSSP articulates (1:60), Fair allocation of resources, Rotation of resources if necessary, Physical fitness activities, and the Social work practice must be aligned with Social Work Theory.

5.2. RECOMMENDATIONS

Recommendations are distributed into three: recommendations for Social Workers, recommendations for social service agencies, and recommendations for future research, all of which are listed below.

5.2.1. RECOMMENDATIONS FOR SOCIAL WORKERS

- Social Workers should improve in their self-care activities that will enhance their holistic wellness. Kakiashvili, Leszek and Rutkowski (2013:404) argued that; although the treatment and prevention of occupational burnout primarily lie in the implementation of proper organizational changes, development of proper coping skills by individuals is essential.
- Following that, it was identified in data analysis that most Social Workers do not possess postgraduate qualifications. It is, therefore, recommended that Social Workers should try their level best to study further so that the profession would consist of doctors and professors to occupy effective positions in policy development to advocate for human rights, and to pass knowledge to the next generation.

- It is recommended that Social Workers who identify themselves as having symptoms of burnout seek help.
- Social Workers must share their grievances with the employer about the sources of burnout within the work place. This would implicate that they use problem-focused coping strategies to seek possible solutions for existing problems.
- The social policy on welfare should advocate for all including the service providers Social Workers
- Social Workers should refrain from using negative coping strategies that will eventually impact negatively in their lives.

5.2.2. RECOMMENDATIONS FOR SOCIAL SERVICES AGENCIES

- Social service agencies, specifically Non-Profit Organizations of uMhlathuze Municipality, should be considerate and implement services of the employee assistance program which are effective, convenient and sufficient to Social Workers. Hussein (2018) stated that; high levels of stress which is not managed appropriately, can contribute to burnout and impact negatively to service delivery.
- Social service agencies should constantly maintain the wellness of their Social Workers by providing private sessions where Social Workers would share their concerns, where they would receive psychological help which would also contribute to their holistic wellness.
- It is highly recommended that the Department of Social Development evaluate its EAP effectiveness to ensure that it meets the needs of their Social Workers and sustains their wellness. Preferably, Social Workers should be given a platform to raise their concerns regarding their practice and highlight ways to prevent burnout.
- More social work indabas should be constantly conducted to identify the concerns and needs of Social Workers.

5.2.3. RECOMMENDATIONS FOR FUTURE RESEARCH

- Further research needs to be conducted which will assess the level of job satisfaction among Social Workers following the negativity towards the profession identified among Social Workers.

- The study was based on Social Workers within uMhlathuze Municipality who are working in social services. It is highly recommended that Social Workers of other areas get investigated as well on their burnout coping strategies, because they might be using different coping strategies which are probably more effective and which pose no danger.

5.4. CONCLUSION

The overall objective of the study was achieved, which was to investigate the Social Workers' coping strategies towards burnout. It can be concluded that Social Workers use both positive and negative coping strategies to cope with burnout. It can also be concluded that Social Workers use frequently the emotion-focused coping other than problem-focused coping strategies. They prefer taking care of their emotional well-being than to directly address or raise concerns to relevant authorities to potentially prevent or eliminate the sources of burnout. The reasons for this style of coping were unclear, however being emotionally well could impact positively in service delivery and work engagement, even though it would not eliminate the sources of burnout which need to be attended to.

For Social Workers to cope with work burnout, collaboration between Social Workers and the employers is vital in addressing stress and burnout. Social Workers using negative coping strategies will provide poor and delayed services to the society, leading to the infringement of standards of the practice, which can adversely affect the image and goals of the profession. Social Workers use both negative and positive coping strategies to cope with burnout, however it is advisable that positive coping strategies are employed in dealing with stress and burnout as these strategies help both the individual emotions and wellness. For instance, exercising helps in reducing stress and burnout and, at the same time, it promotes physical wellness of an individual. NASW (2016:4) reported that an increased physical activity level promotes social work wellness by reducing negative health risk factors. In summary, positive coping strategies are highly recommended.

REFERENCES

- Abaulola, T. 2013. *Social services in the field of Terrorism*. Umm- Ac University.
- AbTilib, M.S., Aichin, T. & Hamid, A. A. 2018. *Halal Food Certification and Business Performance in Malaysia*. Singapore: Partridge Publishing.
- Adams, J., & Sheard, A. 2013. *Positive Social Work: The essential toolkit for NQSWs*. Btritan: Critical Publishing Ltd.
- Agbonluae, O.O., Omi-Ujaunbi, G.O. & Mabel, A. 2017. Coping Strategies for Managing Occupational Stress for Improved Worker Productivity. *Ife Psychology* 25 (2), 300-309.
- Akhtar, F. 2012. *Matering Social Work Values and Ethics*. London: Jessica Kingsley Publishers.
- Albulescu, P., Tuser, A., & Sulea, C. 2018. Effective strategies for coping with burnout: A study on Romanian Teachers. *Research Articles*. 16(1) 59-74.
- Alpaslan, N. & Schenck, R. 2012. Challenges Related to Working Conditions Experienced by Social Workers Practising in Rural Areas. *Social Work/Maatskaplike Werk*. 48(4), 367-386.
- Apgar, D. 2016. *Social Work ASWB Bachelors: Exam Guide: A comprehensive Study for Success*. New York: Springer Publishing Company.
- Arishman, H. 2015. *Stress and Your Health from Vulnerability to Resilience*. Chichester: John Wiley and Sons Ltd.
- Attridge, M., 2009. *Employee Assistance Programs: A Research-Based Primer*. *Work and Health Psychology*: <https://www.researchgate.net/publication/229751478>
- Auslander, G.K. 2014. *International Perspectives on Social Work*. New York: Routledge.
- Babbie, E. 2013. *The Basics of Social Research*. 6th ed. Boston: Wadsworth Cengage Learning.
- Babbie, E. 2017. *The Basics of Social Research*. 7th ed. Boston: Cengage Learning.

Bakker, A.B., Albrecht, S.L. & Leiter, M.P. 2011 Key questions regarding work engagement. *European Journal of Work and Organizational Psychology*. 20(1), 4-28.

Banovcinovaa, L., & Baskovaa, M. 2014. *Sources of work-related stress and their effect on burnout in midwifery*. *Procedia - Social and Behavioral Sciences*. 132 (1), 248 – 254.

Barbour, R. 2014. *Introducing Qualitative Research: A student Guide*. 2nd ed. London: Sage Publications Inc.

Barkway, P. 2013. *Psychology for Health Professionals*. 2nd ed. Sydney: Elsevier.

Barlem, J.G.T. Barlem, E.L.D., Lunardi, V.L, Lunardi, G.L., Silveira, R.S., & Bordignon. S.S. 2014. Characteristic signs and symptoms of the Burnout Syndrome Experienced by undergraduate nursing students. *Journal of Nursing and Socio-environmental Health*. 1(1)79-86.

Bates, C., McLuckey, L., & Richman, S. 2018. *Compassion Fatigue/Burnout*. *Cinahl Information Systems, a division of EBSCO Information Services*.

Ben-Zur, H. & Michael, K. 2007. Burnout, Social Support, and Coping at Work among Social Workers, Psychologists, and Nurses. *Social Work in Health Care*. 45(4), 63-82.

Berder, J. 2012. *Advances in Social Work Practice with Military*. New York: Routledge.

Bezeley, P. 2013. *Qualitative data analysis: Practical Strategies*. Los Angeles, London, New Delhi, Singapore, Washington DC: Sage Publication Ltd.

Bianch, R., Schonfeld, I.S. & Laurent, E. 2015. Burnout, Overlap: A Review Clinical Psychology, New York. 36 (1), 28-41.

Bloomquist, K.R., Wood, L. Friedmeyer-Trainor, K. & Kim, H.W. 2015. Self-care and Professional Quality of Life: Predictive Factors among MSW Practitioners. *Advances in Social Work*. 16 (2), 292-311.

Brand-Labuschagne, L., Mostert, K., Rothmann. S.& Rothmann J.C. 2012. Burnout and work engagement of South African blue-collar workers: The development of a new scale. *Southern African Business Review*. 16 (1), 58-93.

- Braun, V. & Clarke, V. 2012. *Thematic analysis*. Washington DC: American Psychological Association.
- Bride, B.E. 2007. Prevalence of Secondary Traumatic Stress among Social Workers. *Social Work*. 52(1), 63-70.
- Brinknorg, H., Michanek, J. & Hesserl, H. 2011. Acceptance and commitment therapy for the Social Workers: A randomized control trial. *Behaviour research and therapy*. 49(1), 389-398.
- Chan, F. 2015. *Counselling Theories and Techniques for rehabilitation and Mental Health Professionals*. 2nd ed. New York: Springer Publishing Company LLC.
- Collins, S. 2008. Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*. 38(1), 1173–1193.
- Creswell, J.W. 2014. *Research Design. Qualitative, Quantitative and Mixed Methods Approaches*. 4th ed. USA: SAGE Publications Inc.
- Da Costa B.R.C. & Pinto, I.C.J.F. 2017. Stress, Burnout and Coping in Health Professionals: A Literature Review. *Journal of Psychology and Brain Studies*. 1(4), 18-24.
- Daniel, J. 2012. *Sampling Essential: A Practical Guideline for making sampling choices*. California: SAGE publications Inc.
- Daniel, P.S., 2011. *Research Methodology*. Delhi: Chowla Offset Press.
- De Vos, A.S., Strydom, H., Fouche, C.B and Delport, C.S.L. 2011. Research at Grass.
- Denham, M.A. & Onwuegbuzie, A.J. 2015. Beyond Words: Using Nonverbal Communication Data in Research to Enhance Thick Description and Interpretation. *International Journal of Qualitative Methods*. 12 (1), 670-696.
- Department of Public Service and Administration* (2019). Circular 13 of 2019.

Department of Social Development, and South African Council for Social Service Professions. 2012. *Supervision Framework for the Social Work Profession in South Africa*. February 2012.

Divakaranachari, P. 2014. *Research Methodology: A guide to Ongoing Research for Scholars in Management*. Asia: Horizon Books.

Dix, D. M. 2017. *The Relationship between Coping Strategies and Burnout for Caregivers of Adjudicated Youth*. *Walden Dissertations and Doctoral Studies*.

Doel, M. 2012. *Social Work: The basics*. New York: Routledge Taylor & Francis Group.

Dorr, J.M. 2014. *Social Work live*. New York: Oxford University Press.

EAPA-SA (Employee Assistance Professionals Association of South Africa) 2011. Employee wellness. *HR Future*. 27(1).

Earle, N. 2008. Social Workers in social change. Human resources development review 2008: Education, employment and skills in South Africa. Cape Town: *HSRC Press* 432-451.

Engelbrecht, L. 2010. Yesterday, Today and Tomorrow: Is Social Work Supervision in South Africa Keeping up? *Social Work/Maatskaplike Werk*. 46(3), 324-342.

Fapohunda, T.M. 2013. Towards Effective Team Building in the Workplace. *International Journal of Education and Research*. 1 (4), 1-12.

Flick, U. 2014. *An Introduction to Qualitative research*. 5th ed. London: Sage Publications Ltd.

Fortune, A.E., Reid, W.J., & Miller, R.L. 2013. *Qualitative Research in Social Work*. 2nd ed. New York: Colombia University Press.

Fournier, P. & Knani, M. 2013. Burnout, Job characteristics and intent to leave, does work experience have any effect. *Journal of Emerging trends in economics and management*. 4(4), 403-408.

- Freeberg, V. V. 2013. *Risks and Supportive Factors of Burnout among School Social Workers in Early Childhood Special Education Setting*. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw,_papers/178.
- Galek, K., & Flannelly, K.J., & Greene, P.B., & Kudler, T. 2011. Burnout, Secondary Traumatic Stress, and Social Support. *Pastoral Psychol.* 60(1), 633–649.
- Gallagher, S., 2012. *Phenomenology*. New York: Palgrave Macmillan.
- Genly, B., 2016. *Safety and Job Burnout: Understanding Complex Contributing Factors*. *Professional Safety*. www.asse.org.
- Gibson, D. 2015. *Effective Help desk specialist skills*. USA: PEARSON.
- Gillispie, D.F. 2013. *Burnout among Social Workers*. New York: Taylor & Francis group.
- Gorard, S. 2013. *Research Design*. Los Angeles: Sage Publications Inc.
- Govender, B. 2015. *The Development of Guidelines for Social Workers Involved in Early Childhood Development within the Department of Social Development*. University of the Western Cape.
- Grbich, C. 2013. *Qualitative Data Analysis: An Introduction*. 2nd ed. London: Sage Publications Ltd.
- Green, R.R. 2010. *Human Behavior Theory and Social Work Practice*. New Brunswick, New Jersey: Transaction Publishers.
- Grove, S.K., Gray, J.R. & Burns, N. 2015. *Understanding Nursing Research: Building Evidence- Based Practice*. 6th Ed. Missouri: Elsevier Saunders.
- Hallway, W. & Jefferson, T. 2013. *Doing Qualitative Research Differently: A Psychosocial approach*, 2nd ed. New Delhi: SAGE Publications.
- Hallway, W. & Jefferson, T. 2013. *Doing Qualitative Research Differently: A Psychosocial approach*. 2nd ed. New Delhi: SAGE Publications.

Hamama, L. 2012. Burnout in Social Workers treating children as related to demographic characteristics work environment and social support. *Social Work Research*. 36 (2), 113-125.

Hambrados-Mendieta, I. & Cosano-Rivas. F. 2011. Burnout, workplace support, job satisfaction and life satisfaction among Social Workers in Spain: A structural equation model. *International Social Work* 56(2)228–246.

Harker, R., Pidgeon, A.M., Klaassen, F. & King, S. 2016. Exploring resilience and Mindfulness as Preventive Factors for Psychological Distress Burnout and Secondary Traumatic Stress among Human Services Professionals. *IOS Press*. 5(1), 631-637.

Heery, E & Noon, M. 2001. *A Dictionary of Human Relations*. Oxford: Oxford University Press.

Hepworth, D.H., Rooney, R.H., Dewberry-Rooney, G., Strom-Gottfried K. & Larsen, J. 2010. *Social Work Practice: Theory and Skills*. 8th ed. Belmont: Brooks /Cole Cengage Learning.

Holland, S., & Scourfield, J. 2015. *Social Work: A very Short Introduction*. Clarendon Street: Oxford University Press.

Huber, P.J. 2011. *Data Analysis: What can be learned from the past 50 years*. Canada: John Wiley and sons.

http://c.ymcdn.com/sites/www.naswnc.org/resource/resmgr/Practice_Resources/NASW-NC_Social_Work_Wellness.pdf, accessed 11 April 2019.

<http://psychologyitbetter.com/transactional-model-stress-coping/> accessed 14 August 2018.

<http://www.communitycare.co.uk/2016/08/05/coping-stress-burnout-social-work/> accessed 20 April 2018.

<http://www.kznworks.gov.za/index.php/regional-offices/south-coast/employee-health-and-wellness-programme-ehwp> accessed 08 April 2019.

https://web.facebook.com/pages/category/Community/Social-workers-for-better-salaries-195306687676828/?_rdc=1&_rdr accessed 09 April 2019.

Hudson, K. 2016. Coping Complexity Model: Coping Stressors, Coping Influencing Factors, and Coping Responses. *Psychology*. 7(1), 300-309.

Hussein, S. 2018. Work engagement, burnout and personal accomplishments among Social Workers: A comparison between those working in children and adults' services in England. *Administration and Policy in Mental Health and Mental Health Services Research*. 45(6), 911-923.

Jacobson, J.M., Ann Rothschild, A., Fatima Mirza, F. & Shapiro, M. 2013. Risk for Burnout and Compassion Fatigue and Potential for Compassion Satisfaction among Clergy: Implications for Social Work and Religious Organizations. *Journal of Social Service Research*. 39(4), 455-468.

Jameson, C. 2016. *Creating a Healthy Work Environment*. San Francisco: Balboa Press.

Jassen, J.T. 2010. Job satisfaction and social rewards in the social services. *Journal of Comparative Social Work*. 1(1), 1-18.

Montero-Marín, J., Prado-Abril, J., Demarzo, M.M.P., García-Toro, M. & García-Campayo, J. 2016. Burnout subtypes and their clinical implications: A theoretical proposal for specific therapeutic approaches. *Revista de Psicopatología y Psicología Clínica*. 21(1), 231-242.

Johnson, G. 2015. *Methods for Public Administrators*. 3rd ed. New York: Routledge.

Joseph, B. & Walker, A. 2017. Employee assistance programs in Australia: the perspectives of organisational leaders across sectors. *Asia Pacific Journal of Human Resources* .55(1), 177–191.

Joseph, D. 2017. *Perceived Contributing Factors Impeding Job Satisfaction of Social Workers in Non-Government Organisations*. University of Stellenbosch. <https://scholar.sun.ac.za>

- Kakiashvili, T., Leszek, J. & Rutkowski, K. 2013. The Medical Perspective on Burnout. *International Journal of Occupational Medicine and Environmental Health*. 26(3), 401 – 412.
- Kemshell, H., Wilkinson, B. & Barker. 2013. *Working with the Risk*. Cambridge: Polity Press.
- Kim, H., Ji, J. Kao D. 2011. Burnout and Physical Health among Social Workers: A Three-Year Longitudinal Study. *Social Work*, 56(3), 258–268.
- Kimes, A.T. 2016. Burnout Rates among Social Workers: A Systematic Review and Synthesis. *Electronic Theses, Projects, and Dissertations*. Paper 398.
- King, N., Harrocks, C. & Brooks, J. 2018. *Interviews in Qualitative Research*. 2nd ed. Sage Publications Inc.
- Kirst - Ashman, K.K. & Hull. G.H. jnr. 2015. *Understanding Generalist Practice*. Brooks/Cole Cengage Learning. Canada.
- Kiteley, R. & Stogton, C. 2014. *Literature Reviews in Social Work*. New Delhi: SAGE Publications.
- Kobus, M., Creswell, J.W., Ebersohn, L., Eloff, I., Ferreira, R., Ivankova, N.V., Jansen, J.D., Nieuwenhuis, J., Pieterse, J. & Plano Clark, V.L. 2016. *First Steps in Research*. 2nd ed. Pretoria: Van Schaik Publishers.
- Koski, D. L.M. 2013. *Early Onset of Social Work Burnout*. Retrieved from Sophia. The St. Catherine University repository website: papers 212.
- Kraemer, M. 2013. *Reactions and Coping Strategies Utilized by Social Workers Following Client Suicidal Behavior*. Catherine University repository website: https://sophia.stkate.edu/msw_papers/213.
- Kumar, C.J. 2008. *Research Methodology*. New Delhi: APH Publishing Corporation.
- Kumar, R. 2011. *Research Methodology*. 5th ed. California: SAGE Publications.

- Kumar, R., 2018. *Research Methodology: A Step by Step Guide for Beginners. 5th ed.* London: Sage Publications.
- Leiter, M., Bakker, A.B., & Maslach, C. 2014. *Burnout at Work: Psychological perspective.* New York: Psychology Press Taylor & Francis Group.
- Limon, E. 2018. Challenges Medical Social Workers Face That Lead to Burnout. *Electronic Theses, Projects, and Dissertations.* 687.
- Limpopo Provincial Government, *Economic Development, Environment & Tourism*, 2012. Employee Assistance Programme Policy.
- Lloyd, C., King, R & Chenoweth, L. 2009. Social work, stress and burnout: A review, *Journal of Mental Health.* 11(3), 255 – 265.
- Loseke. D.R. 2017. *Methodology Thinking: Basic Principles of Social Research Design.* 2nd ed. Lost Angeles: SAGE Publications.
- Mack, J. D. 2012. *Why Social Workers Remain in the Field: An Exploratory Study on the Protective Factors Associated with Social Worker Perseverance.* Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/54.
- Magorosi, L. 2009. Employee Assistance Programmes: Their Rationale, Basic Principles and Essential Elements. *Social Work/Maatskaplike Werk.* 45(4), 343-359.
- Maguire, M. & Delahunt, B. 2017. Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *AISHE-J.* 8(3), 3351- 33514.
- Maiden, R.P. 2014. *Employee Assistance Programs in South Africa:* New York: Routledge.
- Mäkikangasa, A. Kinnunenb, U. 2016. The person-oriented approach to burnout: A systematic review. *Burnout Research.* 3 (1), 11–23.

Manthosi F.L. & Makhubele, J.C. 2016. *Impact of Supervision on Social Worker's Job Performance: Implications for Service Delivery SAAPAM Limpopo Chapter 5th Annual Conference Proceedings 2016*.

Marlow, C.R. & Boone, S. 2011. *Research Methods for Generalist Social Work*. 5th ed. USA Brooks/Cole Cengage Learning.

Marshall, C. & Roseman, G.B. 2011. *Qualitative Research*. 5th ed. USA: Sage Publications Inc.

Maslach, C. & Leiter, M.P. 2016. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 15(1), 103–111.

Matthews, T.D. & Kostelis, K.T. 2011. *Designing and Conducting research in health and Human Performance*. San Francisco: John Wiley & sons.

McCormack, N. & Cotter, C. 2013. *Managing Burnout in the Workplace: A guide for information for professionals*. New Delhi: SAGE Publications.

McKitterick, B. 2012. *Supervision*. New York: Open University Press.

Morgan, B., Bruin, G.P. & Bruin, K. 2014. Operational burnout in the Maslach Burnout Inventory- Student Survey. Personal efficacy versus personal inefficacy. *South African Journal of Psychology*. 44(2), 216-227.

Mouton, J. 2012. *Understanding Social Research*. Pretoria: Van Schaik Publishers.

Mugwagwa, B. 2011. *An Investigation on factors which motivate Social Workers in child welfare to remain in the job for more than three years; University of Cape town: Department of social development*.

Mullens, H. 2012. *Avoid Burnout & Boost Creativity*. Jupiter images Cooperation, a Getty Images Company.

NASW. 2016. *Social Work Wellness Integration of Physical Activity to Promote Health and Wellness among Social Workers*.

National Association for Social Workers, 2012. Social Workers conference, hope conference logo, July 22-25 2012. Marriott Wardman Park Hotel Washington. DC

National Association of Social Workers 2013. Best Practice Standards for Social Work Supervision.

Neeman, M. & Dryden, W. 2013. *Life Coaching: A cognitive Behavioural Approach. 2nd ed.* New York: Routledge.

Neuman, W.L. 2014. *Understanding Research.* London: Pearson.

Newness, K.A. 2011. Stress and Coping Style: An Extension to the Transactional Cognitive -Appraisal Model. *FIU Electronic Theses and Dissertations.* Paper 346.

Nhedzi, F & Makofane, M. 2015. The Experiences of Social Workers in the Provision of Family Preservation Services. *Social Work/Maatskaplike Werk.* 51(1),354-378.

Nicholas, L., Rautenbach, J. & Maistry M. (2010). *Introduction to Social Work.* Claremont: JUTA.

Ntsoane, D.R. *Occupational stress, burnout and work engagement of Social Workers in the Limpopo Province.*

Oladele, O.I. 2009. Job Burnout and Coping Strategies among Extension Agents in South Western Nigeria. *S.Afr. Tydskr.* 38 (1), 15 – 23.

Oliveira, M., Bitencourt, C., Santos, A.C. & Teixeira, E.K. 2015. Thematic Content Analysis: Is There a Difference between the support provided by the MAXQDA and NVivo software. *Research Gate.* 9(1), 72-82.

Oriot, D. & Alinier, G. 2018. *Pocket for Simulation Debriefing in Health Care.* Switzerland: Springer International Publishing.

Oser, C.B., Biebel, E.F., Pullen, E., Kathi, L.H. & Harp, M.A. 2013. Causes, Consequences, and Prevention of Burnout among Substance Abuse Treatment Counselors: A Rural Versus Urban Comparison, *Journal of Psychoactive Drugs.* 45(1),17-27.

Optima Global Health. 2013.

Parola, V., Coelho, A., Cardoso, D., Gea-Sanchez, M., Blanco-Blanco, J. & Stolo, J. 2016. The prevalence of burnout in health professionals working in palliative care: a systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*. DOI: 10.11124/JBISRIR-2016-2633.

Partab, R., 2010. Reflections on Burnout and Self-Care Management in Social Work. *Social Work/Maatskaplike Werk*. 46(4), 496-512.

Pomeroy, E.C. & Garcia, R.B., 2018. *Direct Social Work Practice Skills for Evidence-Based Social Work: A Strength Based Text and Work Book*. New York: Springer Publishing Company.

Portia, D. 2014. *Methodological Practices in Social Movement Research*. UK: Oxford University Press.

Purvanova, R.K. & Muros. J.P. 2010. Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior*. 77 (1) 168–185.

Rabionet, S.E. 2011. How I Learned to Design and Conduct Semi-Structured Interview: An on-going and continues Journey. *The Qualitative Report*.1 (1), 563-566.

Rafael, J.E & Russell, K.S., 2009. *The Practice of Research in Social Work*. 2nd ed. Los Angeles, London, New Delhi, Singapore, Washington DC: SAGE Publications

Ravitch, S.M. & Carl, C.M. 2016. *Qualitative Research Bridging the conceptual, Theoretical and Methodological Research*. London: Sage Publications Inc.

Regehr, C. 2018. *Stress, Trauma and Decision -Making for Social Workers*. New York: Columbia University Press.

Richards, L.2015. *Handling Qualitative Data*. 3rd ed. Singapore: SAGE Publications.

Rohling, L. 2016. *Preventing Burnout: An exploration of Social Workers' Challenges and Coping Strategies*. *Master of social work clinical papers*. Paper 664. http://sophia.stkate.edu/msw_papers/664

Rousseau, V. & Aube, C. 2010. Social Support at Work and Effective commitment to organization: The moderating effect adequacy and Ambient conditions. *The Journal of Social Psychology*. 150(4), 321-340.

Rubin, A. & Babbie, E.R. 2014. *Research Methods for Social Work*. 8th ed. USA: Brooks/Cole Cengage Learning.

Sala, H.J. 2013. *Making your emotions work for you: Coping with stress, avoiding burnout, overcome fear, lack of confidence, feeling inadequate and more*. Marshville: harvest house Publishers.

Salvagioni, D.A.J, Melanda F.N., Mesas A. E, Gonza´lez, A.D., Gabani F.L. & Andrade S.M.D. .2017. *Physical, Psychological and Occupational Consequences of Job Burnout: A Systematic Review of Prospective Studies*. PLoS ONE 12(10): e0185781. <https://doi.org/10.1371/journal.pone.0185781>.

Schaufeli, W. B. 2012. Work Engagement. What Do We Know and Where Do We Go? *Romanian Journal of Applied Psychology*. 14(1), 3-10.

Schoenmakers, E., van Tilburg, T.G. & Fokkema, T. 2015. Problem-focused and emotion-focused coping options and loneliness: how are they related? *Springer Eur J Ageing*.12 (1),153–161.

Schutt, R.K. 2017. *Understanding the Social World: A Research Method for the 21st Century*. Los Angeles, London, New Delhi, Singapore, Washington DC: SAGE Publications Inc.

Shadiya, M. S. B. 2015. Stress and Coping Mechanisms: A Historical Overview. *Mediterranean Journal of Social Sciences*. 6(2), 479-488.

Sharma, R.R. & Cooper, S.C. 2017. *Executive Burnout: Eastern & Western Concepts, Models and Approaches for Miligation*. Bingley: Emerald Group Publishing Limited.

Shaw, I. & Holland, S. 2014. *Doing Qualitative Research in Social Work*. London: Sage Publication Inc.

- Shin, H., Park, Y.M., Ying, J.Y., Kim, B., Noh, H. & Lee, S.M. 2014. Relationships between Coping Strategies and Burnout Symptoms: A Meta-Analytic Approach. *Professional Psychology. Research and Practice*. 45(1), 44–56.
- Silver. C. & Lewins, A. 2014. *Using Software in Qualitative Research a Step by Step Guide*. London: Sage Publications Ltd.
- Smith, L W, 2015. *Compassion Fatigue, Burnout, and Self-Care: What Social Work Students Need To Know* Electronic Theses, Projects, and Dissertations. 206. <https://scholarworks.lib.csusb.edu/etd/206>.
- Smith, M Jeanne Segal, J., Lawrence Robinson, L, & Segal, R. 2018. *HELPGUIDE.ORG. Trusted guide to mental, emotional & social health*. September 2018.
- Social Work Education, 20:6, 659-670, DOI: 10.1080/02615470120089843a*
- South African Council for Social Service Professions. 2010.*
- South African Council for Social Services Profession. www.sacssp.co.za accessed 20 April 2018.*
- Spitzer, H., & Twikirize, J.M. & Wairre, G.G. 2014. *Professional Social Workers in East Africa: Towards Social Development, poverty reduction and Gender Equality*. UK: African Books Collective Ltd.
- Stack, L. 2013. *Get rid of stress and burnout: Boost productivity with Emotional Control*. Highlands: The Productivity Pro Inc.
- Stanley, T. 2018. THE Relevance of Risk Theory to practice: The case statutory social work and the risk radicalisation in the UK. *Health, Risk & society*. 20(1), 104-112.
- Stillion, J.M. & Attig, T. 2015. *Death and Dying, and Bereavement: Contemporary Perspectives, institutions and Practices*. New York: Springer Publishing Company.
- Strauss, A. & Corbin, J. 2015. *Basics of Qualitative Research 4th ed*. USA: Sage Publications Inc.

- Taylor K., A. 2016. Burnout Rates among Social Workers: A Systematic Review and Synthesis' *Electronic Theses, Projects, and Dissertations*. Paper 398.
- Taylor, S.J., Bogdan, R. & De Vault M.L. 2016. *Introduction to Qualitative Research Methods: A Guide Book and Resource*. 4th ed. Canada: John Wiley and Sons.
- Teater, B. 2014. *Social work practice from an ecological perspective. Case studies in social work practice* 3rd ed. Belmont, CA: Brooks/Cole.
- Tecău, A.S. & Tescaşiu, B. 2015. Non-verbal communication in the focus-group. *Economic Sciences*. 8 (57), 120-124.
- Terblanche, L. 2015. Employee assistance programmes explained: wellness-EAP. *Journal of Employee Assistance* 46 (1), 14-16.
- The Great-West Life Assurance Company. 2016. Building Stronger Teams Supporting Effective Team Leaders. www.workplacestrategiesformentalhealth.com.*
- The NASW Insurance Trust 750 First Street, NW, Suite 725 Washington, DC 20002-4241.*
- Thompson, S.K. 2012. *Sampling*. 3rd ed. Hoboken: John Wiley and Sons.
- Uhlaman, W.R., Schutte, J.L. & Yashar, B.M. 2011. *A Guide to Genetic Counselling*. 2nd ed. Hoboken, New Jersey, Canada: John Wiley & Sons Inc.
- Van der Walt, N. 2013. Burnout: when there is no more fuel for the fire. *South African Journal*. 19(3),135-136.
- Van Haugten, R. 2011. *Social Work Under Pressure: How to overcome stress, fatigue and Burnout in the workplace*. Philadelphia: Jessica Kingsley Publishers.
- Wagaman, M.A., Geiger, J.M., Shockley, C. & Segal, E.A. 2015. The Role of Empathy in Burnout, Compassion Satisfaction, and Secondary Traumatic Stress among Social Workers. *Social Work*. 60(3), 201- 209.
- Wallace, S. I., Lee, J. & Lee, S.M. 2010. Coping strategies, and burnout among abuse-specific Counselors. *American Counseling Association*. 47(1),111-122.

Waller, V., Farquharson, K. & Dembsey, D. 2016. *Qualitative Social Research*. Croydon: Sage Publications Inc.

Warden, C.A. & Chen, J.F. 2014. *Quick Research Papers: Writing Effective Research Papers, Proposals and Reporting*. Chicago: Qbook International Inc.

Whittaker, A. 2012. *Research Skills for Social Work*. 2nd ed. Los Angeles, London, New Delhi, Singapore, Washington DC: SAGE Publications.

Wiles, R. 2015. *Qualitative Research Ethics*. London: Bloomsbury Publishing Plc.

Willis, N.G. & Molina, V. 2018. *Self-Care and the Social Worker: Taking Our Place in the Code*. *Social Work*. 64(1), 83-85.

Wilson, F. 2016. Identifying and Addressing Job Burnout and Vicarious Burnout in Social Work Profession. *Journal of Evidence – Informed Social Work*. 13(5), 479-483.

Wonnacott, J. 2012. *Mastering Social Work Supervision*, Philadelphia: Jessica Kingsley Publishers.

www.helpguide.org/articles/stress/burnout-prevention-andrecovery.htm accessed 10 December 2018

www.NASW.InsuranceTrust.org retrieved 11 April 2018.

www.nctsn.org. accessed 09 September 2017.

Zastrow, C. 2013. *Introduction to Social Work and Social Welfare*. 10th ed. Canada: Cengage learning.

ANNEXURE A: LETTER SEEKING PERMISSION DSD

P.O BOX 650

KwaMbonambi

3915

18 October 2017

Mr N.B. Mchunu

King Cetshwayo

Department of Social Development

10 Bronze Street

Empangeni

3880

Dear Sir

REQUEST FOR A RESEARCH STUDY THAT REQUIRES SOCIAL WORKER'S INVOLVEMENT

I kindly request to conduct a research based on burnout amongst social workers working in social service agencies in Kwa- Zulu natal within Umhlathuze municipality. In this study I aim to get techniques and remedies that are/have been used by social workers in dealing with burnout as well as avoiding it. I am hoping to get participants (Social Workers) working in the Department of Social Development in service offices namely Richards Bay, Ongoye and Lower Umfolozi, Therefore I find it necessary that I kindly request an authorization to conduct this study. Participants also include Social Workers from the Non-Profit Organizations located within Umhlathuze Municipality such as SANCA, NICRO, Child and Family Care etc. I am a qualified social worker who is currently doing Masters in Social Work at University of Zululand. My details are as the following:
Name: Fikile Princess Duma SACSSP Reg number 1043941 Cell No. 0717867852 Email address fikilepduma@gmail.com Student No. 201310276 Supervisor Mrs N.B Ndlovu (035 902 6660) email: NdlovuN@unizulu.ac.za.

I will be delighted to receive authorization/permission to conduct this research as I am very keen to conduct it.

Yours Faithfully

Miss F.P. Duma



ANNEXURE B: LETTER OF ACKNOWLEDGEMENT DSD



social development
Department:
Social Development
PROVINCE OF KWAZULU-NATAL

Fax	: (035) 787 0120	HUMAN RESOURCE MANAGEMENT
Telephone/ Ucingo /Telefoon	: (035) 787 0008	10 Bronze Street
Enquiries / Imibuzo / Navrae	: Ms NS Mbokazi	Empangeni
E-mail	: mbokazin@kznsocdev.gov.za	3880
Reference Number:	60212870	

Ms FP Duma
PO Box 650
KWAMBONAMBI
3915

Dear Ms Duma

REQUEST FOR A RESEARCH STUDY THAT REQUIRES SOCIAL WORKERS' INVOLVEMENT

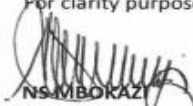
Receipt of your letter dated 12 October 2017 on the above subject is hereby acknowledged.

Kindly be advised that the Department of Social Development is attending to your request. You will be advised of the outcome once finalized.

In the mean time you are requested to provide this Department with your Degree Certificate in Social Work as well as current Registration with South African Council for Social Service Professionals (SACSSP). This is a requirement to ensure that the Departmental Social Workers are interviewed by an eligible person should authority be granted.

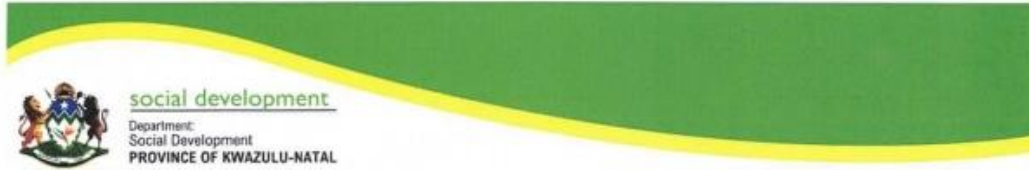
This information should be forwarded to mbokazin@kznsocdev.gov.za for the attention of Ms NS Mbokazi.

For clarity purposes do not hesitate to contact Ms NS Mbokazi on 035 – 787 0008.


NS MBOKAZI
CORPORATE SERVICES MANGER
KING CETSHWAYO DISTRICT

DATE: 26/10/2017

ANNEXURE C: LETTER OF PERMISSION DSD



FAX : 033-264 2075
Telephone/Ucingo/Telefoon: 033 264 2078
Enquiries/Imibuzo/Navrae : Mr. VV Gumede
Email address : velaphi.gumede@kznsocdev.gov.za
Reference/ Inkomba/ Navrae: S6/5/3

HUMAN RESOURCE DEVELOPMENT
174 Mayors Walk Road
Private Bag X9144
Pietermaritzburg
3200

Ms. FP Duma
P.O. Box 650
KWAMBONAMBI
3915

Contact No: 071 786 7852
Email: fikilepduma@gmail.com

Dear Ms Duma

PERMISSION TO CONDUCT RESEARCH IN SERVICE OFFICES UNDER UMHLATHUZE MUNICIPALITY

This matter has reference.

Kindly be informed that permission has been granted by the Head of Department for you to approach social workers in three service offices under UMhlathuze Municipality in the Department for the purpose of conducting research for you to fulfill the requirement of your study.

The permission authorizes you to: -

- (a) Approach and distribute your survey questionnaires to relevant personnel willing to participate in order to solicit information intended for your research; and
- (b) Interview management at their consent deemed relevant to your research project and maintain high level of confidentiality; and
- (c) Share your findings with the Department.

Wishing you success during your research project.

Yours Faithfully

DR ML NGCONGO
CHIEF DIRECTOR: HUMAN RESOURCE MANAGEMENT

DATE: 16/08/2018

ANNEXURE D: LETTER SEEKING PERMISSION AT RBFC

P.O BOX 650

KwaMbonambi

3915

30 October 2018

Richards Bay Family Care

P.O. Box 40690

Empangeni

3900

Dear: Manager

REQUEST FOR THE PERMISSION TO CONDUCT RESEARCH

I kindly request to conduct a research titled "Investigating Social Worker's Coping Strategies Towards Burnout in Kwa- Zulu Natal Within Umhlathuze Municipality". The primary aim of this study is to get techniques / remedies that are used by Social Workers in dealing with their own burnout, research suggest that Social Workers are at the high risk of experiencing burnout due to the nature of their work. The proposed participants of this study are qualified Social Workers practicing as Social Workers with the experience of 2 years and above in the social work practice. Participants are to be selected from various targeted social services organizations such as Department of social Development Service Offices and NGOs such as, SANCA, NICRO, Richards Bay Family Care, Ngwelezane Place of Safety and Mental Health. Therefore, I kindly request that Richards Bay Family Care grant me the permission to conduct this study to their Social Workers as well. I am a qualified Social Worker who is currently doing Masters in Social Work at University of Zululand. My details are as the following: Name: Fikile Princess Duma SACSSP Reg number 1043941 Cell No. 0717867852 Email address fikilepduma@gmail.com Student No. 201310276 Supervisor Mrs. N.B Ndlovu (035 902 6662) email: NdlovuN@unizulu.ac.za.

I will be delighted to be granted permission by Richards Bay Family Care to conduct this research.

Yours Faithfully

Miss Fikile P. Duma



ANNEXURE E: PERMISSION RBFC



Research Permission Request

1 message

Natasha Maritz <rbfc@zwn.co.za>
To: Fikile Princess Duma <fikilepduma@gmail.com>

Mon, 12 Nov 2018 at 07:59

Good Morning Fikile

Our social workers have granted you permission to do research on them. Please could you inform me as to how long you need with each social worker and when you would like to conduct this research so I can set up a time for you as they are busy

Kind Regards

Terrynne Barnard

[Quoted text hidden]

ANNEXURE F: ETHICAL CLEARANCE

**UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE**
(Reg No: UZREC 171110-030)



RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6731
Fax: 035 902 6222
Email: DlaminiA@unizulu.ac.za

ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2018/515			
Project Title	INVESTIGATING SOCIAL WORKERS COPING STRATEGIES TOWARDS BURNOUT IN KWAZULU NATAL WITHIN UMHLATHUZE MUNICIPALITY			
Principal Researcher/ Investigator	FP Duma			
Supervisor and Co-supervisor	Mrs NB Ndlovu			
Department	Social Work			
Faculty	Arts			
Type of Risk	Med Risk- Data collection from people			
Nature of Project	Honours/4 th Year	Master's	<input checked="" type="checkbox"/> x	Doctoral
				Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

- Special conditions:**
- (1) This certificate is valid for 1 year from the date of issue.
 - (2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date- 18 September 2019]
 - (3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
 - (4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

The UZREC wishes the researcher well in conducting research.


Professor Gideon De Wet
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
18 September 2018

<p>CHAIRPERSON UNIVERSITY OF ZULULAND RESEARCH ETHICS COMMITTEE (UZREC) REG NO: UZREC 171110-30</p> <p>21-09-2018</p> <p>RESEARCH & INNOVATION OFFICE</p>

ANNEXURE: G: INFORMATION SHEET

INFORMATION SHEET

Researcher: Fikile Princess Duma

Qualification: Bachelor of Social Work

SACSSP No. 1043941

Cell No.: 0717867852

Masters in Social Work Student

Dear prospective participant, kindly be informed about the research titled "Investigating Social Workers Coping Strategies Towards Burnout in Kwa-Zulu Natal Within Umhlathuze Municipality. A study motivated by the research that suggests; social workers are at higher risk of burnout due to the nature of their work. Data collection of this research is Personal interviews in a mixture of open-ended and closed ended questions, expected to take approximately 40-60 minutes per participant. The researcher will also look at non-verbal communications during personal interviews. The researcher seeks to get participants whom are social workers with a minimum of two years' experience in the social work practice and are working directly with clients.

Participation in this study is absolutely voluntary. The participant's name will not be mentioned anyway in the research document, the researcher will make use of pseudonyms. Confidentiality and anonymity will be applied and ensured. The study has medium risk which is not guaranteed for every participant for instance discomfort and inconvenience. The participant has the right to ask questions related to this study before and after the interview, a right not to answer a question if he/she is not comfortable, a right to withdraw from participating in this study. The participant is requested to sign the interview questionnaire at the end.

Thank You



ANNEXURE H SEMI STRUCTURED INTERVIEW QUESTIONNAIRE: (4pages)

PERSONAL INTERVIEW QUESTIONS

SECTION A: PARTICIPANT BACKGROUND

- 1. How old are you? Gender Agency name
- 2. What is your highest-level Qualification?
- 3. What is your position in this agency?
- 4. How long have you practiced as a social worker?

SECTION B: EXPERIENCE AND KNOWLEDGE

- 5. How would you describe your overall experience as a Social Worker?
.....
.....
- a) What do you like most about being a Social Worker?
- b) What do you dislike most about being a Social Worker?
- 6. How do you feel about being a Social Worker? Choose.
A) Happy B) Sad C) Angry D). Numb E) Excited F) Other
- 7. What do you know about burnout?
.....
.....
.....
- 8. What is burnout to you? Define in your words
.....
- 9. Do you think Social Workers are at risk of experiencing burnout directly YES/NO?.....
 - a) If yes What do you think are the causes of burnout in the social workers?
.....
.....
- 10. In your perception burnout in Social Work Practice is mostly caused by..... Choose
A) Insufficient Resources B) Employee Personal Problems C) Employer/Management.
D)High Caseload /Workload E) Low Salary/Wage F) other.....

11. With what symptoms would you identify yourself as having burnout?

.....
.....
.....

SECTION C: COPING STRATEGIES

12. How do you handle stressful situations at work?

.....
.....

13. What coping strategies do you know that assist in dealing with stress and burnout related to work as a social worker?

.....
.....

14. Which of the following are effective to you in terms of dealing with work- related stress/burnout?

- A) Annual Leave B) Sport and Recreation C) Alcohol D) False Sick Leave to Rest, E) Leisure Time with Associates/Family Members F) Attend Church G) Supervision H) False home visits I) Other.....**

a) How do you cope with work – related stress?

.....
.....

b) What do you do at home after a long stressful day at work?

- A) Sleep Long Hours B) Go out with Friends/Family. C). Drink Wine/Any Alcohol. D) Become Intimate with Partner E) Tell Someone/Colleague About Your Day F) Go to Gym G) Eat More H) Other**

c) How do you handle a high workload?.....

.....
.....

15. What coping strategies do you find effective to you when dealing with your own burnout?

.....
.....

a) What remedy(s) of burnout have you identified individually that assist you if you are highly stressed by your work as the Social Worker?

.....
.....

b) What makes you happy at work?

A) Absence of Manager/Supervisor B) Your Colleagues, C) Work Environment D) Meeting with clients. E) Other

16. What are your challenges as a Social Worker?

.....
.....

a) What is your most effective way of dealing with your challenges?

.....

b) Do you think your work- related problems affect the services you render? YES/NO.....

c) Do you think your personal problems affect the services you render? YES/NO.....

d) Do you think social workers get affected by problems presented by clients?

Explain.....

.....

SECTION D: EMPLOYEE SUPPORT SERVICES

17. What kind of services and programs are available in your work- place that assists in dealing with the issues of stress and burnout in employees?

.....
.....

a) Do you have Employee Assistance Program in your organisation YES/NO?.....

b) How have you utilized these services and programs as an employee?

.....
.....

.....

SECTION E: RECOMMENDATIONS

18. What would you recommend should be implemented as a way to prevent, ease any stress related to work in your work - place and other social services agencies?

.....
.....
.....

19. What prevention majors of burnout do you use and would advise other social workers to use in their Social Work Practice?

.....
.....
.....

Comments

.....
.....
.....
.....

I declare that I was not coerced to participate in this study and I was also informed of confidentiality and anonymity. My name will not be mentioned in this questionnaire and also in the document of the entire study. SignatureDate

ANNEXURE I: LANGUAGE EDIT CERTIFICATE

P. O. Box 7376

EMPANGENI RAIL

3910

05 December 2019

Cell: 072 347 0662

E-mail: MncwangoEM@gmail.com

Confirmation of Editing

This serves to confirm that I proof-read and edited Ms. Fikile Princess Duma's Master's dissertation, titled: 'Investigating Social Workers' Coping Strategies towards Burnout in Kwa Zulu Natal within uMhlathuze Municipality'.



Dr E. M. Mncwango (D. Phil)

ANNEXURE J: TURNITIN REPORT

Investigating Social Workers' Coping strategies towards Burnout in Kwa Zulu Natal within Umhlathuze Municipality

ORIGINALITY REPORT

19%	15%	7%	17%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.dpsa.gov.za Internet Source	1%
2	scholar.sun.ac.za Internet Source	1%
3	Submitted to North West University Student Paper	1%
4	academic.oup.com Internet Source	<1%
5	onlinelibrary.wiley.com Internet Source	<1%
6	www.naswnc.org Internet Source	<1%
7	Submitted to University of Venda Student Paper	<1%
8	Submitted to University of Stellenbosch, South Africa Student Paper	<1%