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Emotional Exhaustion and Workload Demands of Kidney Transplant Social Workers

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This exploratory study examined training issues, emotional exhaustion and workload demands in U.S. kidney transplant social workers. Online survey data were obtained from 91 respondents who represented all 18 End-Stage Renal Disease networks. Findings indicated that the majority of the respondents' employers provided resources for educational training and paid time off associated with these trainings. With regard to hours per week spent on specific job tasks, respondents indicated that pre-transplant activities were the most time-consuming, followed by post-transplant and inpatient work. Generally, emotional exhaustion and workload demands were slightly lower than reported for dialysis social workers. Implications for social work practice and research are discussed.

INTRODUCTION

People with chronic kidney disease (CKD) require a range of psychosocial services and interventions from social work practitioners. These services and interventions help patients manage the physiological and psychological sequelae associated with the disease process. Studies have demonstrated that social work interventions such as counseling and education have a positive effect on patients' psychological well-being and psychosocial adjustment (Beder, 1999; Dobrof, Dolinko, Lichtiger, Uribarri, & Epstein, 2001). The nature of CKD and the invasiveness of a treatment such as transplantation create multiple psychosocial stressors for renal patients, such as cognitive losses, social isolation, bereavement, depression, anxiety, psycho-organic disorders, somatic symptoms, economic pressures, insurance and prescription issues, employment and rehabilitation barriers, mood changes, body image issues, concerns about pain and diminished quality of life (DeOreo, 1997; Katon & Schulberg, 1997; Kimmel et al., 2000; Levenson & Olbrisch, 2000; Mapes et al., 2004; Rabin, 1983; Rosen, 1999; Vourlekis & Rivera-Mizzoni, 1997). Psychosocial factors, such as limited finances, depression, relationship changes and employment concerns, have been shown to result in transplant immunosuppressant medication non-compliance (Russell & Ashbaugh, 2004).

In the case of CKD patients who elect to have kidney transplants, hospital- and clinic-based social workers are central to the provision of transplant-specific education, psychosocial support and case management services. However, these social workers can face many workplace challenges that affect their overall job-related well-being. Some of these challenges may include limited professional autonomy (Kim & Stoner, 2008), large caseloads (Merighi & Ehlebracht, 2004a), ethical conflicts (O'Donnell et al., 2008) and a lack of support for their unique social work role (Um & Harrison, 1998). For instance, studies have reported that social workers are at risk of experiencing high levels

of stress or burnout when they experience role conflict or when their professional role is not recognized (McLean & Andrew, 2000; Um & Harrison, 1998).

EMOTIONAL EXHAUSTION AND WORKLOAD

Studies of emotional exhaustion began with Maslach's (1982) path-breaking research on burnout. In this research, Maslach devised a model of burnout that is comprised of three parts: emotional exhaustion, depersonalization and reduced personal accomplishment. The first component of the burnout model, emotional exhaustion, is characterized by a chronic state of feeling emotionally drained, being physically fatigued and having depleted emotional resources. The second component, depersonalization, is characterized by an inability to form interpersonal connections with others, such as patients, clients and coworkers. The third component, reduced personal accomplishment, is characterized by negative self-evaluations in which a person feels that she or he is incompetent and ineffective. Empirical investigations have shown that emotional exhaustion is a significant predictor of job performance (Wright & Cropanzano, 1998) and commitment to an organization (Cropanzano, Rupp, & Byrne, 2003).

In addition to feeling emotionally exhausted as a result of one's job, a person's perception of her or his workload can also contribute to negative occupational health outcomes. According to Spector and Jex (1998), "workload can be measured in terms of the number of hours worked, level of production, and even the mental demands of the work being performed" (p. 358). Spector and Jex developed a brief workload measure—the Quantitative Workload Inventory (QWI)—that can be used to assess workload in terms of pace and volume. In their meta-analysis of 18 studies used to demonstrate the validity of the QWI, Spector and Jex reported that the QWI is strongly correlated with the experience of role conflict and frustration in one's job. As the professional role and responsibilities of social workers

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begin to be more clearly defined in terms of patient caseloads, involvement in non-clinical activities and job satisfaction (see Merighi & Ehlebracht, 2004a, 2004b, 2004c), the influence of emotional exhaustion and workload on renal social workers' professional practice and occupational well-being merit further investigation (see Merighi & Ehlebracht, 2005).

Currently, little empirical research has been conducted to examine the job roles, occupational well-being and practice expertise of kidney transplant social workers. The proposed study extends Merighi and Ehlebracht's work with dialysis social workers by focusing specifically on social workers employed in kidney transplant facilities. Three research questions guided the proposed study: (1) Do transplant social workers receive concrete support from their employers to engage in job-specific training? (2) To what degree do transplant social workers experience professional autonomy and acknowledgement of their social work role? (3) To what extent do transplant social workers experience emotional exhaustion and workload demands in their day-to-day practice?

METHODS

Study Design

A cross-sectional research design was used to conduct an online survey of social workers employed in kidney transplant facilities across the United States.

Respondents

A sample of 91 respondents was used for this study. The respondents were obtained by generating a list of all U.S. kidney transplant facilities as of April 2007 ($N = 247$). A complete list of these facilities was obtained from the End-Stage Renal Disease (ESRD) Network and cross-checked with facility data maintained by the United Network for Organ Sharing (UNOS). The overall response rate was 37%. The sample consisted of 93.0% Whites, 3.5% African Americans, 2.3% Hispanics/Latinos and 1.2% Asians/Pacific Islanders. The respondents' mean age was 44.6 years ($SD = 11.2$), with an average of 16.8 ($SD = 10.2$) years of social work practice experience, 12.97 ($SD = 8.8$) years of medical social work experience, and 6.34 ($SD = 5.9$) years of transplant social work experience. The majority of the respondents were women (91%) and worked full-time ($M = 38.0$ hours per week, $SD = 10.0$). Kidney transplant social workers from all 18 ESRD Networks are represented in this study.

Measures

A 177-item Kidney Transplant Social Worker Job Survey was used to evaluate renal social work practice in three broad domains: professional development and training, job-related issues and patient care. Both open- and closed-ended questions were used in each of the aforementioned domains. The survey was reviewed by seven expert kidney transplant social workers to enhance its face validity, and pretested with three social workers to assess its ease of use. The two outcome measures for the descriptive analysis in this article include emotional exhaustion and workload, as described in the following paragraphs.

Job-Related Emotional Exhaustion (JEE). The JEE was used to measure how often respondents felt "used up" as a result of their work (Wharton, 1993). This measure consists of six items rated on a 7-point scale, from 0 ("Never felt this way while at work") to 6 ("Felt this way every day"). Sample items included, "I feel emotionally drained from my work," "I feel frustrated by my job" and "I feel I'm working too hard on my job." The JEE total score ranged from 0 to 36, with high scores being indicative of a high level of emotional exhaustion. A mean score of 14.8 ($SD = 7.7$) was obtained from a study of 622 hospital and bank employees (Wharton, 1993). Cronbach's alpha for the current study was 0.94.

Quantitative Workload Inventory (QWI). The QWI was used to measure the pace and volume of work that is associated with the respondent's job (Spector & Jex, 1998). This measure consists of five items coded on a 5-point scale, from 1 ("Less than once per month or never") to 5 ("Several times per day"). Sample items included, "How often does your job require you to work very fast?" "How often is there a great deal to be done?" and "How often do you have more work than you can do well?" The QWI total score ranged from 5 to 25, with high scores corresponding to high workload level. A weighted mean score of 16.5 ($SD = 3.4$) was obtained from 15 studies with 3,728 participants (Spector, n.d.). Cronbach's alpha for the current study was 0.91.

Data Collection Procedure

For this study, the data collection procedure consisted of sending a brief, introductory letter to all 247 kidney transplant facilities in the United States and requesting that the social worker use the enclosed Uniform Record Locator (URL) to access the survey. Because the survey was anonymous, letters were addressed to the "Kidney Transplant Social Worker." In addition, an electronic copy of this letter was distributed via the Council of Nephrology Social Workers listserv, and an announcement about the research was posted on the Society for Transplant Social Workers website. Study respondents were asked to type the URL into their Web browser to access the survey. The first page of the survey consisted of an informed consent document that provided details about the research, risks and benefits associated with participation and a description about the voluntary nature of this project. The survey took approximately 40 minutes to complete. No compensation or incentives were offered in exchange for completing the survey. This study was conducted with institutional review board approval from Boston University.

RESULTS

Overall, the majority of respondents reported that their employers provide resources for professional training, education and travel. Specifically, 60% of employers provide social work-specific in-service training, 89% provide paid education time off, 77% reimburse for educational classes or workshops and 72% pay for work- or education-related travel expenses.

Professional support and autonomy were assessed to gauge the degree to which the respondents believed members of other disciplines recognized their role and contributions to the transplant teams (Table 1). Generally, more than three-fourths of the respondents reported that they were often, very often or always considered an equal partner on the transplant team, respected by other disciplines and able to make autonomous decisions.

Table 1

Kidney Transplant Social Workers' Perceptions of Support for Their Practice

Domain	Percent (%)		
	Rarely, never or sometimes	Often	Very often or always
Are you an equal partner/member of the interdisciplinary team?	25.3	24.2	50.5
Do the physicians/surgeons recognize and respect your social work role?	24.2	22.0	53.8
Are your autonomous decisions respected by the team?	19.8	20.9	58.3
Does your direct supervisor recognize and respect your social work role?	17.6	13.2	69.2
Do you make autonomous decisions regarding your social work practice with patients?	3.3	17.6	79.1

Job demands were examined in three domains: hours per week spent on distinct transplant-related issues; hours spent assisting patients, family members, colleagues and others in a typical workday; and assessment of workload demands. Respondents described time spent per week on specific activities as follows: 19.1 hours on pre-transplant, 6.8 hours on inpatient, 12.7 hours on post-transplant, and 8.1 hours on patient crises. With regard to activities that involve contact with people either in person or by phone, study respondents indicated that they assist an average of 12.8 people in a typical workday.

The QWI was used to measure the pace and volume of work that is associated with the social worker's job on the transplant service. See Table 2 for a breakdown of all six QWI items by response choice. The overall workload demands score for this sample was 18.3 ($SD = 5.1$), which is higher than the aggregate score of 16.5 ($SD = 3.4$) reported by (Spector, n.d.). However, it is nearly equal to or somewhat lower than scores reported by Merighi and Ehlebracht

(2005) in their study of dialysis social workers who work 35 or more hours per week in three distinct settings: private for-profit units ($M = 18.4$, $SD = 4.4$); private nonprofit units ($M = 18.9$, $SD = 4.5$); and public units ($M = 19.9$, $SD = 5.4$).

Table 2

Workload Demands Summary

Domain	Percent (%)
Work very fast at least several times a day	26.4
Have little time to get things done at least several times a day	27.9
Have more work than can be done well at least several times a day	28.9
Work very hard at least several times a day	35.2
Have a great deal to be done at least several times a day	47.3

The JEE was used to measure how often respondents felt "used up" as a result of their work. The mean emotional exhaustion score for this sample was 15.1 ($SD = 9.7$), which is similar to the score of 14.8 ($SD = 7.7$) that was obtained from a study of 622 hospital and bank employees (Wharton, 1993). However, Merighi and Ehlebracht (2005) reported higher scores in their study of full-time dialysis social workers (35 or more hours per week) in three distinct settings: private for-profit units ($M = 15.9$, $SD = 9.0$); private nonprofit units ($M = 16.1$, $SD = 8.1$); and public units ($M = 19.4$, $SD = 8.1$).

DISCUSSION

Few studies have examined the emotional exhaustion and workload demands of social workers in health care settings. The current study provides a descriptive examination of nephrology social workers who comprise a highly specialized area of social work practice in health care. It is encouraging that a majority of employers recognize the importance for kidney transplant social workers to stay current with regard to professional education and training, and value professional development by supporting such endeavors. Further, it is promising that many kidney transplant social workers report that their professional colleagues recognize the value of having a social worker on the interdisciplinary team to assist patients with psychosocial barriers to clinical care outcomes.

It is noteworthy that kidney transplant social workers spend approximately 13 hours per week helping patients who have received a transplant. This time commitment, along with the 8 hours per week spent on patient crises, is important to highlight to kidney transplant programs as they perform job analyses related to kidney transplant team personnel and

determine whether enough social work hours are devoted to kidney transplantation. As the ultimate goal of kidney transplant programs is for patients to live long and healthy lives with the transplanted organ, kidney transplant social workers are spending almost as much time on crises and post-surgical issues as they are on pre-transplant workups. This reality may require a paradigm shift in some kidney transplant programs that may assume the majority of kidney transplant social work tasks involve pre-transplant workups.

The quantitative workload inventory findings suggest that kidney transplant social workers have a faster pace and higher volume of work tasks than other professionals, which is similar to dialysis social workers. This finding suggests that, like dialysis social workers, kidney transplant social workers may be more susceptible to burnout than other professionals. The consequences of burnout in this context consist of negative health outcomes for the social workers, significant financial costs for the transplant program if a social worker quits or calls in sick and, most importantly, possible poor patient outcomes if a skilled kidney transplant social worker is unavailable to assist patients in an optimal manner.

It is encouraging, however, that kidney transplant social workers may have less job-related emotional exhaustion than dialysis social workers. This finding may be explained by the high level of employer investment in professional education and the recognition and support of the interdisciplinary transplant team, all of which help alleviate job-related emotional exhaustion. Future research is needed to explore this multivariate relationship and test whether emotional exhaustion can mediate the relationship between workload demands and occupational outcomes.

The study's limitations include its cross-sectional design, response rate, selection bias and social desirability bias. This study used a cross-sectional design, which is common in survey research studies; unfortunately, it obtained information at one point in time and did not capture social processes or change (Rubin & Babbie, 2005). Social workers may have responded to items based on how they felt the particular day they responded to the survey and the feelings they reported may not be reflective of how they generally feel. The response rate in this study was low, as is typical for mail surveys (i.e., typically 10–50%; Kreuger & Neuman, 2006; Neuman, 2000). It is important to note, however, that the study sample represents approximately one-third of the kidney transplant social worker population in the United States. A social desirability bias may also influence how respondents replied to sensitive items and may have even excluded some from participating in the survey; however, self-report is a common method to collect data. Despite these limitations, this is an important small-scale study of kidney transplant social workers' occupational well-being. As such, this study provides important pilot data for future investigations.

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