



Understanding burnout amongst social workers in Masvingo, Zimbabwe

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Dedication

I dedicate this dissertation to all social workers who have given their lives to the fulfilment of ensuring the wellbeing of people in the community.

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Abstract

Burnout has emerged as a concern among human service workers such as social workers, nurses and doctors. This study was designed to understand burnout amongst social workers in Masvingo, Zimbabwe. This research was motivated by inadequate information regarding burnout amongst social workers, unlike other professions such as teachers. This study contributes to filling the knowledge gap about burnout amongst social workers. The study was designed to understand social workers' experiences of burnout; factors that contribute to burnout; the coping strategies which social workers can use to cope with burnout; and strategies to prevent burnout. Literature was drawn from the macro-economic contexts of neoliberalism and new public management since they have a direct impact on social welfare organisations and on the psycho-social functioning of social workers on a day-to-day basis.

The study was framed by the job demands resource model of burnout and ecological-systems theory. The job demands resource model was crucial in explaining the development of burnout that is through excessive job demands, and lack of availability of resources. The ecological-systems theory was also appropriate because I wanted to understand how social workers experience burnout and this theory helps to understand burnout from multi-systemic levels. A qualitative research method was used. In-depth interviews were conducted with fifteen participants from three non-governmental organisations with five participants from organisation C, four from organisation B and six from organisation A. The interviews were conducted during the Covid-19 pandemic, hence the regulations which were put in place by the government were maintained. Due to this pandemic some of the interview sessions were diverted to individual zoom calls. With the participants' permission, the sessions were tape-recorded.

The material was analysed according to the descriptive research design. The themes that emerged related to factors that predispose social workers to burnout, which include: high workload, the influence of Covid-19, lack of resources and lack of organisational support, and top-down bureaucratic supervision that minimised autonomy on the job. The study concluded that high workload was the major factor which exposed social workers to burnout. Self-care measures and social support strategies emerged as burnout coping strategies that social workers can utilise. Based on the study findings appropriate recommendations are made at personal, organisational and political levels to deal with the effects of burnout and to prevent burnout. Recommendations for further research are also made.

Declaration

I declare that this research study is my own original work. I acknowledged and referenced the work of others in the project.

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CHAPTER ONE:INTRODUCTION OF THE STUDY

1. Introduction

Burnout can be described as a specific form of cumulative stress reaction that occurs due to long term exposure to work stressors (Demerouti, Bakker, Nachrener and Schaufeli, 2001). Since Freudenberger's pioneering academic work on burnout in the 1970s, which was followed by Maslach and Jackson in 1982, who created the widely used Maslach Burnout Inventory as a measure of burnout, the phenomenon has been extensively investigated (Lizano, 2015). Maslach and Leiter (2017) state that the first scientific studies on burnout appeared in the United States in the middle of the 1970s, and it wasn't until the 1980s that they expanded to other first-world countries like Canada and Britain and were translated into other languages (Maslach and Leiter, 2017). Maslach argued that burnout was experienced by human service workers including teachers, nurses, doctors as well as social workers (Lizano and Mor Barak 2013). However, Korunka, Tement, Zdrehus, and Borza (2010) reveal that employees from other occupational groups and levels are also affected by burnout. This study provides an insight on the problem of social workers' burnout. It describes the impacts of burnout in social workers and coping mechanisms that social workers might employ to deal with burnout.

This chapter introduces the aim of the study, which was to understand burnout among social workers in Masvingo, Zimbabwe. The chapter explains the rationale for the study, the research problems, the main aim and objectives, and the value of the study are outlined. Definition of key terms is also outlined and I also provided a brief presentation of the contents of the study.

1.1. Rationale for the study

According to Lizano (2015), research into job-related burnout was first conducted in the human services industry as a result of efforts to identify the issue that affected people who were overworked and exhausted. According to Lizano (2015) helping professions are affected by the burnout syndrome due to the fact that the professions are characterized by high emotional demands related to the severity of problems that they deal with and the demands of their jobs, which may take a toll on individuals and result in emotional exhaustion (Hasenfeld 2010).

Lizano (2015) laments that “Social work researchers seem to be lagging in the area of burnout as no statistics on the rates of stress and burnout among human service workers exist” (p. 6). Furthermore, according to Kimes (2016), the lack of knowledge and hesitation in the documentation of the issues relating to burnout among social workers has severe repercussion because it affects the achievement of desirable outcomes for the people that social workers

engage with, social workers' relationships with colleagues as well as the overall organizational performance.

Chitura and Chitura (2014) argue that the problem of mass migration of nurses to developed countries has left a vast burden on the remaining workers as they have to endure high workloads due to the subsequent understaffing, which in turn causes burnout. This is a common problem across regional burnout research. Bhebhe, Kepekepe and Karedza (2017) indicate that issues of role ambiguity and workload are major precursors to burnout among teachers in Zimbabwe, where they have to take up various roles. Teachers have to assume the role of a counsellor, administrator, and disciplinarian, among other roles, which leads to emotional exhaustion (Bhebhe et al., 2017). I preferred to focus on burnout in Zimbabwe, since burnout research in Zimbabwe has particularly focused on nurses and teachers, with limited documentation on the profession of social work. Similar to regional and international research, factors such as high workload, lack of organizational support, employment setting, among other organizational stressors and demographic factors such as age, gender and the level of education have been found to be related to burnout among workers. For instance, Sibanda, Mambende and Maunganidze (2017), argued that age is a significant burnout precursor. This is shown by the findings of their research on Zimbabwean nurses, which revealed a relationship between aging and the burnout features of emotional exhaustion and depersonalization. Sibanda et al. (2017) maintain their claim that environmental limitations and resource availability may affect how people adapt to stresses, and that aging may serve as a biological marker of the body's deteriorating capacity to withstand stress in old age. One can argue that age can be related to burnout for instance, young employees, for instance, might experience significant pressure at work and likely family disputes, which could be a risk factor for burnout, however they may be able to handle the stress. Because older people are better able to adapt to the demands and requirements of their jobs, burnout may begin to decrease with age. However, older workers' ability to adjust to pressures tends to deteriorate, which raises the threat of burnout.

Gender is also considered as a factor of burnout. Males and women are exposed to work-related and non-work-related stressors differently, with men often reporting better working conditions and lower workload demands, according to Marchand, Blanc, and Beauregard (2018). It is a norm that women look after children, do the cooking and a lot of house duties, which are not carried out by men. The duties of women are more since they are the primary care providers in the family. This together with the burdens of work may lead to burnout. Burnout has serious consequences because it affects both the worker and the people that social workers interact

with, as mentioned by Bhebhe et al. (2017). It is therefore imperative to understand burnout and develop strategies to reduce and prevent burnout among social workers in order to maximize service delivery. The study added new knowledge on the burnout phenomenon among social workers, in Masvingo, Zimbabwe.

Social workers can adopt different coping strategies to reduce burnout. Having social support involves having a larger perspective and a positive self-image through having friends, family, organisational support and other people. Social support is very crucial when one undergoes burnout. Dix (2017) notes that appreciation from the agency whether financially or verbally can help mitigate and prevent burnout among workers as this boosts feelings of accomplishment in the worker. Burnout risk is increased by workload, long hours, time constraints, role conflicts, and insecurity. In order to mitigate the negative repercussions of burnout on social workers, the organization must provide social support. Effective interventions must be focused on minimizing burnout and associated health issues that may improve social support perception, lessen stress from conflicting tasks, and promote social workers' autonomy. To reduce burnout among social workers in the workplace there is need for organizational social support, organizational appreciation and job autonomy that can increase a sense of belonging. Interpersonal interactions at work can be a cause of stress, but when there is excellent interpersonal communication and perceived social support, the negative impacts of stress can be decreased, according to Hombrados-Mendieta and Cosano-Rivas (2013). Rohling (2016) argue that social support provided by managers can lessen feelings of burnout and that its absence can be perceived as a source of job stress. Hence, social worker's perceptions and experiences of burnout, and their views on how social support can mitigate the effects of burnout was investigated in this study.

Self-care is the individual practice of health management without the aid of a professional worker. Self-care can help in reducing burnout among social workers. According to Quinn-lee, Olson- McBride and Unterberger, (2014) engaging in spiritual activities is a self-care measure which is an effective coping strategy that can be utilized by workers afflicted by the burnout syndrome. A person can practice meditation, mindfulness, and relaxation practices to help them concentrate their thoughts and find peace of mind as a spiritual activity as part of a self-care plan to lessen burnout. Keeping a journal that helps to express feelings and recording progress can also help in reducing burnout. These measures allow an individual to reflect on herself/himself by looking at the challenges and pressure that one could be facing at work which could lead to burnout.

Wagaman, Geiger, Shockely and Seagan (2015) argue that there is need for social workers to detach from emotional investments in people to avoid burnout as workers become frustrated when things do not go their way. This, however, is a controversial issue as a social work does call for empathetic entry into people's lives. Sewpaul and Henrickson (2019) argue that detachment and non-involvement are Western notions, derived from positivist values of science, while Bauman (1993) questions the feasibility of emotional non-involvement, and the separation of the personal and professional self. Regarding the call for the separation of the personal from the professional. Bauman (1993) reflected

It does not always feel like that at all, not all stains incurred on the job – ‘in the course of the role performance’ – stay on the work clothes alone. Sometimes we have the unsavory feeling of some of the mud spilling on our body, or the fatigues sticking to our skin too tight for comfort; they cannot be easily peeled off and left behind the locker [...] away from mere ‘role-playing’, we are indeed ourselves (p. 19).

There is need to practice emotional intelligence when working with people, which calls for investments in relationships and the social work processes, without becoming attached to the outcomes of such investments. This means social workers realizing that they have control over processes alone, not over their outcomes (Sewpaul, 2021). These are the fine lines of difference that I explored in understanding burnout among social workers, particularly focusing on the influence of social support and self-care as coping strategies.

1.2. Research problem

In Zimbabwe research on burnout among social workers has been given limited focus. A few studies on the burnout phenomena that were done in Zimbabwe looked at various helping professions including nursing and education rather than just social workers. Chitura and Chitura (2014) conducted a study on the burnout syndrome among Zimbabwean nurses working in an intensive care unit. A study by Bhebhe et al. (2017) on the factors that contribute to burnout among public sector employees did not include social workers because it was primarily concerned with teachers.

There is no published research on the factors that pre-dispose social workers to burnout or the factors that prevent or mitigate the effects of burnout among social workers. This shows a gap in burnout research in Zimbabwe, as there is no documented research on burnout among social workers. However, in sub-Saharan Africa and other European countries there are studies of

burnout among social workers which have been carried out. Kheswa (2019) conducted a study that was primarily concerned with the causes and effects of burnout and work-related stress on the wellbeing of social workers in the Eastern Cape Province of South Africa. The results of the study confirmed that social workers attributed their work-related stress to lack of resources such as transport, computers and inadequate emotional support from their supervisors and this led to burnout. Writing about the impact of neoliberalism and new public management on social work in the South African context, Dlamini and Sewpaul (2015) highlight these factors, in addition to political interference, as deterrents to job satisfaction and to increased worker frustrations. These studies helped me to understand the concept of burnout from a different perspective.

A study on burnout and engagement among fourth-year social work students at the University of Pretoria was conducted by Le Roux, Steyn, and Hall (2018). Burnout was prevalent among black students from lower-income homes, as well as students from rural and township regions, according to the study's findings. This study was important because it allowed me to assess if social work students' experiences are comparable to those of social workers who are currently employed in the field. Research on stress and burnout among social workers during the Covid-19 pandemic was conducted in Romania by Dima, Schmitz, and Simon in 2021. The results from the study pointed out that organizational support and developing self-care plans protected social workers against burnout. Kimes (2016) notes that "Social work as one of the most stressful professions, thus social workers are at a high risk of experiencing burnout" (p. 7). Therefore, the core purpose of the study was to understand burnout among social workers particularly focusing on the influence of social support and self-care to mitigate the effects of burnout. Given that there is limited research related to burnout among social workers in Zimbabwe, the study makes an important contribution to filling this knowledge gap.

1.3. Aim of the research

The aim of the study was to understand the impact of burnout amongst social workers, perceptions and experiences of burnout, particularly focusing on the influence of social support and self-care in mitigating the effects of burnout.

1.3.1. Research objectives

- To understand social workers' perceptions and experiences of burnout.
- To understand social workers' views regarding how work, personal and environmental circumstances might predispose them to burnout.

- To explore social workers' views regarding the influence of social support and self-care in preventing burnout as coping strategies.

1.4. Value of the study

Although few efforts have been made to promote peoples' welfare, social workers are at the forefront of this movement. This study was crucial to the social workers because it helped them assess their knowledge with the concept of burnout and the characteristics that make them vulnerable to it. The study also indicated how Covid-19 affected social workers, and this can add to the body of knowledge on pandemic-related difficulties. The study was not specifically designed to understand the impact of Covid-19 on social workers. But as the study was conducted during the pandemic it emerged as a major preoccupation of social workers. The study also revealed possible strategies that can be utilised by social workers in coping with the burnout syndrome. Lizano and Mor Barak (2013), indicate that few studies on burnout propose actionable solutions to the burnout syndrome. Therefore, the study aims to add on the notion of burnout among social workers and the coping strategies which can be used to prevent and cope with burnout.

The research is important to management boards of social work organisations as it provides mitigating and prevention strategies of burnout that might be implemented to educate organizations that employ social workers. Lizano, Godoy and Allen (2019) note that it is imperative for human service organisations to ensure the well-being of workers as a strategy for quality service delivery to people that social workers work with and communities, and this can be done through efforts to understand factors that affect workers well-being.

1.5. Definition of key terms

1.5.1. Burnout

According to Maslach and Leiter (2016), burnout is a psychological illness that develops as a delayed reaction to ongoing interpersonal pressures at work. According to the World Health Organization (2016), burnout is a syndrome that is thought to be caused by ongoing workplace stress that has not been effectively managed.

1.5.2. Social work

The International Association of Schools of Social Work and the International Federation of Social Workers (IFSW) give the definition of social work, which was defined as follows in 2014:

... a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (IASSW/IFSW, 2014).

1.5.3. Social worker

A social worker can simply be defined as one who practices social work, as defined by country and/or regional specific requirements. Dhavaleshwar (2016), states that a “social worker is a professional who works with people to help themselves, so that people can manage their daily lives with dignity and respect” (p. 2).

1.5.4. People that social workers engage with

These are individuals or service users whom social workers engage with, who are in need of their help or assistance. Both the 2014 Global Social Work Definition and the IASSW’s 2018 Global Social Work Statement of Ethical Principles do not use the concept “client”, in an attempt to create a paradigm, shift towards more egalitarian relationships between social workers and the people that they engage with. While not without controversies, I have, in this study, used the concept “service user” interchangeably with “people that social workers engage with.”

1.6. Presentation of contents

I have introduced the topic of understanding burnout among social workers in Masvingo, Zimbabwe, in this chapter. I have outlined the purpose of the study, the research problem, the main goal of the research, and the study's objectives. I also explained the value of the research and lastly the definitions of the key words used in the research.

Chapter two focuses on literature on burnout amongst social service professionals drawing insights from the global, regional and local levels. It covers issues related to the definition of

burnout, its causes and symptoms as well as its effects on job performances, and strategies in preventing burnout. It also highlights literature on the inter-relationship between personal and structural factors in predisposing workers to burnout. Neoliberalism and New Public Management (NPM) are also explained as these have an impact on social workers and social welfare organisations.

The research paradigm, research design, study sample/participants, data collection procedures, reliability and validity of the study, methods of data analysis, ethical consideration, as well as study limitations, are all covered in Chapter three's discussion of research methodology.

Chapter four presents and discusses the findings of this study on understanding burnout among social workers. The demographic profile of the participants and the themes that emerged from their responses were included in the subsections of the chapter, which are informed by the analysis and discussion that were conducted with reference to the research question and the body of literature associated with the study.

In chapter five the major findings of the study are provided. The major conclusions of the study are provided as well as the recommendations on the strategies that can be put in place in reducing and preventing burnout among social workers, and recommendations for further research.

CHAPTER 2: LITERATURE REVIEW

2. Introduction

This chapter focuses on literature on burnout amongst social service professionals drawing insights from the global, regional and local levels. Views from different scholars were used to broaden the understanding of the phenomenon of burnout amongst social workers and applied during the entire study. Theoretical framework is explained in this chapter. It also covers issues related to the definition of burnout, its causes and symptoms as well as its effects on job performances, and strategies in preventing burnout. Three components, including emotional exhaustion, depersonalization, and decreased personal achievement, make up the dynamic idea of burnout. Depending on the type of work one does as well as developmental requirements, one may be subjected to the form of burnout. Therefore, burnout can be construed in the form of a matrix between exposure, personal response as well as available support. The literature highlights the inter-relationship between personal and structural factors in predisposing workers to burnout. Neoliberalism and New Public Management (NPM) constitute the macro-economic contexts that have huge impacts on social welfare organisations, social workers and the constituencies that they serve (Dominelli, 1996; Sewpaul and Holscher, 2004; Sewpaul, 2015).

2.1. Theoretical framework

The job demands resource model of burnout and the ecological systems theory guided the study. Demerouti, Bakker, Nachreiner, and Schaufeli (2001) initially published the job demands resource model in an effort to understand the causes of burnout, according to Schaufeli and Taris (2013). According to Demerouti et al. (2001), the development of burnout is caused by two factors: the presence of excessive job demands and a lack of job resources. According to Demerouti et al. (2001), job demands are defined as the physical, social, or organisational aspects of a job that involve physical effort and may cause exhaustion, for instance high work load (Schaufeli and Bakker 2004). Whereas job resources are described as the features of the job that help a worker reach their goals, such as job autonomy and social support (Lizano et al., 2019).

The model predicts that the presence of employment resources also mitigates the adverse effects of job demands as highlighted by Schaufeli and Taris (2013). The job demands-resources model of burnout was refined by Schaufeli and Bakker (2004) by integrating the

psychologically beneficial component of job engagement (Schaufeli and Taris, 2013). According to Lizano et al. (2019), the updated job demands-resources model now incorporates the concept of engagement, which is a state of fulfilment and happiness at work. This study is based on the idea that job expectations and job resources are precursors to burnout among employees.

According to Schaufeli and Taris (2004), the job demands theory assumes that any job demands and job resources can have an impact on a worker's welfare and health rather than being limited to any particular job demands or job resources. Similar to this, Lizano et al. (2019) observe that job requirements and resources vary depending on the setting. This is crucial to the study since it explores the causes of burnout in social workers from various social work contexts and areas. The flexible nature of the theory allows for various factors to be explored in explaining burnout. Crawford, Lepine and Rich (2010) argue that a huge scope of the job demands-resources model of burnout can be tailored to an assortment of job settings, therefore it has guided a wide range of burnout research in investigating the causes of burnout among workers (Schaufeli and Taris, 2014). The theory is relevant to the research as it explains the expansion of burnout indicated by excessive job demands and absence of resources and availability of job resources which can mitigate burnout.

The study also employed ecological systems theory which was developed by Bronfenbrenner 1977. According to Bronfenbrenner (1979) the ecological systems theory explains how the development of humans can be influenced by the environmental systems. The ecological approach presupposes that during the course of a person's life, they aim to maintain a decent level of fit with their surroundings (Gitterman and Germain, 2008). This also applies to social workers as they work with people, they encounter stress and also due to the environment they will work in which can lead to them experiencing burnout, hence they need some coping strategies. When people feel that their environment is not giving them the resources they need because those resources are unavailable, inaccessible, or non-existent, and they think and feel that they lack the resources, strengths, or capacity to grow and develop, they may feel stressed.

In this study it is selected as a way of understanding burnout among social workers using the microsystem, the mesosystem and the macrosystem levels in Bronfenbrenner's ecological theory as cited by Guy-Evans (2020). The first level of his theory is the microsystem. It suggests that the immediate environment and family have an impact on an individual. In this case, social workers are at risk of burnout because of the environment they will be working in

and lack of family time because of the nature of their job. Family time and support are important to an individual as one can manage to confide in them when facing challenges hence, lack of this can contribute to one experiencing burnout. Lack of family support was discussed by Kimes (2016) who indicates that social workers are likely to experience burnout if they lack support system against the work stressors from their family and friends. Hence, part of their needs will not be fulfilled if they lack family support and time, thus leading to burnout.

The mesosystem is the second level, which explains that the interactions between an individual with the peers or workmates also affect an individual. If the working environment is not supportive for social workers or maybe there are a lot of conflicts with the workmates and supervisor it can lead one to encounter burnout. Social support system from the supervisor and co-workers is very crucial as it helps one to cope with burnout (Wacek, 2017) hence the mesosystem level explains of interactions of an individual with the surrounding people as a factor which can affect social workers, leading to experiencing burnout.

Bronfenbrenner's ecological theory also talk of the macrosystem as another level. The macrosystem includes a pattern that spans the other three layers, including ways of life, resources, and other systems that are integrated into each of the other systems (Bronfenbrenner, 1979). The macrosystem includes broad socio-economic and political factors that impact the development and functioning of local communities, families and individuals. Looking at the situation of social workers in Zimbabwe, they lack enough resources (i.e., community resources, airtime, transportation) to carry out their duties due to high inflation rate, hence the country remains under-resourced (Beardsworth, Cheeseman and Tinhu, 2019). Resources are an important factor which help social workers to carry out their duties hence leading to social workers experiencing burnout. Social workers in Zimbabwe are not completely recognized as a result of the country's political and economic past, and these political and economic challenges are what mostly drive social workers to leave Zimbabwe (Masuka, 2015). The macroeconomic context of neoliberalism and NMP have impacts on the resource availability of social welfare organisations, and on the functioning of social workers. Therefore, Bronfenbrenner's (1979) ecological theory is suitable for investigating and understanding social workers' experience of burnout due to lack of resources, family support, personal stress and organisational support against broader socio-economic and political contexts.

2.2 The impact of neoliberalism and new public management on social work

New Public Management (NPM) emerged as the gold standard for administrative change and while it has achieved some commendable results, it has also led to adverse consequences (Knafo, 2020, p. 781). This strategy was used to reform government because it was believed that private-sector ideas would be more effective than government management of social services. NPM advocates for approaches that effectively contribute toward the de-professionalisation of social work practice (Dominelli, 1996). In the same vein, the neoliberal approach propels the idea of expanding individual liberties, providing the right or individualism as opposed to collectivism in the implementation of social welfare programmes. This ideological shift to NPM and the neoliberal model brought about changes in many organisational contexts, policy making, programme development and broader social services reform (Sewpaul and Holscher, 2004). NPM has been recognized as the cornerstone in reforming public sector policies and programs, with proponents of the concept arguing that it is a more efficient and effective way to achieve the results (Lapiente and Van de Walle, 2020). On the other hand, this ideological shift has also burdened social workers, as efficiency is taken to mean doing more with lesser resources within the shortest periods of time (Dlamini and Sewpaul, 2015).

Both neoliberalism and NPM apply contractually which specifies performance required as well as principles to be applied (Besley and Peters, 2006). Neoliberalism and NPM brought about change and control over the functions of social workers and of welfare. As noted by Sewpaul and Henrickson (2019) the South African Council for Social Service Professions has changed from a one-page Course of Conduct to a 68-page document that combines a Course of Conduct, a Code of Ethics and Rules for Social Workers, with warnings about potential outcomes if the code is not followed.

Neoliberalism views the responsibility of the state as limited to providing an institutional structure for service delivery, whilst the private sector is key in-service delivery. Harvey (2010) defines neoliberalism as "a theory of political economic practices that contends that the best way to advance human well-being is to liberate individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade" (p. 361). New Public Management is defined as a way of organizing institutions in the public sector and various levels of government. The term was initially used by academics in the UK and Australia to describe procedures put in place in the 1980s as part of

an initiative to make the government more "business like" and effective by adopting private sector management methods. (Alonso, Clifton, and Díaz-Fuentes, 2015). NPM changes mainly focused on the importance of customers or service users to the public sector, much as how the private sector emphasises customer service (Brinkerhoff, and Brinkerhoff, 2015). The core values, principles and strategies of NPM do not cohere with the social work profession, which sees people as active agents in their own lives and calls for empowerment and liberation via the use of participatory strategies. In 2014 the IASW and IFSW adopted the following definition: "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing" (IASW and IFSW, 2014).

2.2.1. Neoliberalism, NPM and Flexibility of Social Work Services

The combination of neoliberalism and the subsequent NPM model, led to local agencies having greater flexibility in how they provided programs and services. Batley and McCourt, (2012) state that NPM makes room for experimentation with decentralized service delivery models. This has had wide ranging impacts for social work practice, first this meant that social welfare and development programmes could be developed and implemented at a local level, specifically focusing on the local context. This meant that the needs of the local people were more likely to be recognised and met, within the programming framework. Second, the decentralised service delivery model also promoted participation at grassroots level (Côté and Simard, 2012). This has led to beneficiary participation being a key concept in social work practice. Under the framework produced by NPM, social workers have become more and more reliant on social capital in the delivery of social services. However, in as far as flexibility is concerned, the NPM model is regarded as having stifled the flexibility of social workers in practice. This is due to the fact that NPM requires that social workers to go through numerous request and approval processes, which at times are tedious and time consuming.

Flexibility is linked with the deregulation of social services from state control. Harvey (2010) and Alonso, Clifton, and Díaz-Fuentes (2015) state that under the view of neoliberalism, the state's role is to create and uphold an institutional structure that is conducive for the implementation of activities as opposed to being the sole service provider. This has contributed

to the state abdicating some of its major responsibilities towards people, with decreased investments in health, welfare and education (Sewpaul and Holscher, 2004; Sewpaul, 2015). Dlamini and Sewpaul (2015) highlight the negative impacts of neoliberalism and NPM even within the public sector, and they describe how social workers are often used by politicians seeking to advance their political agenda. This is more notable during elections, whereby social workers are used for household analysis or means testing, and often deliver promises which are never to be fulfilled. Social workers were undermined by government officials, and were often ordered around, with resistance to orders often being met with threats to job security, which left many social workers silenced. On a constructive note, Dlamini and Sewpaul (2015) describe the potential positive outcome of social workers' willingness to engage in a politics of resistance to neoliberal and NPM impositions.

2.2.2 Neoliberalism, NPM and Financial Control

Furthermore, the concept of financial control and value for money analysis is one of the positive impacts of NPM to social work and social welfare. Andrews and Van de Walle (2013) state that these concepts led to a shift from haphazard programming which does not take into account of the inputs invested in the programme to a manner of programming in which the relationship between the inputs and the output is analysed. This has led to social workers striving to address social problems in the best possible ways, and to make efficient use of the resources available to them. The use of local resources has been promoted through this approach. In terms of financial control and value for money analysis, the NPM model did not only improve organisational efficiency, rather it has also improved accountability in social work and social welfare (Healy, 2009). The tracking of budgets and expenditure significantly closed loopholes, which often facilitated corruption at the expense of the intended beneficiaries. In this regard one may argue that the NPM model led to greater beneficence among the intended beneficiaries in social welfare programmes. Nevertheless, Dlamini and Sewpaul (2015) indicate that the application of bureaucratic systems to social work has not been a smooth process. This has made it more difficult for social workers to access resources, as they would have to go through a tedious process, seeking approval for the use of resources from management. As cost-saving and profit are the goals of neoliberalism and NPM, they often lead to delays in service delivery, and social workers are often perceived as wasting money when seeking to provide comprehensive services.

Furthermore, the financial control systems, applied to the social work profession, have led to social workers working with minimal resources. The value for money analysis implemented in most social work programmes implies that in order for one to score high on this benchmark, they would have to do more with less resources. This inevitably places the burden on social workers who would have to stretch whatever little resources they have to do as much work as possible (Dominelli, 1996; Holscher and Sewpaul, 2006). A study by Dlamini and Sewpaul (2015) indicates narratives from social workers highlighting the lack of resources and poor working conditions as a key challenge in their profession (p. 470). One person stated that, “there’s just too much on our plate” highlighting the high work burden social workers face. This has been linked to the prevalence of burnout among social workers, as their working conditions become stressful. Furthermore, with the value for money analysis at play social workers are often restricted as to the amount of time and resources that can be used to assist one any given person, family or community, which creates ethical dilemmas for them. It is challenging for a social worker to know that due to constrained resources and managerial restrictions they cannot help people to the best of their ability. This challenge further degenerates into difficulties in the retention of social workers, as they perceive the working environment as uncondusive (Holscher and Sewpaul, 2006). This is particularly a challenge in countries where the ratio of the people that social workers work with is high.

2.2.3. Impact of Neoliberalism and NPM on Performance Measurement in Social Work

NPM is laden with defining and setting objectives as well as continuous monitoring of performance. The objectives set under the NPM model had to be specific, measurable, attainable, realistic and time referenced “SMART” (Apostolopoulou and Chatzimentor 2021). The setting of SMART objectives provides a frame of reference upon which programme performance is to be measured and this has been particularly instrumental in the assessment of social welfare programmes. Picciotto (2020) states that performance benchmarks, have become commonplace in social work practice, and this has helped public managers in assessing the performance of social programmes. This has converged with the concept of results-based management, which places emphasis on the measurement of outcomes, rather than the simple reporting of activities. Romanov (2008) states that the measurement of outcomes and impacts is regarded as the key in attaining a candid view of the overall impact of projects on the intended beneficiaries. In this regard, one may argue that the NPM has been instrumental in the development of project management tools in social work and social welfare. However, this has

created a challenge for social workers in practice. Social workers are more concerned with the process of assisting users and the quality of services rendered. On the other hand, performance indicators are usually quantitative, hence in contradiction with practice ideals.

2.2.4. The Practical Implications of NPM and Neoliberalism

A study by Dlamini and Sewpaul (2015) highlights the reality of neoliberal and new management ideals in practice. The study shows that with neoliberal and NPM influences in social work the profession had become laden with bureaucratic control, hierarchical supervision and absence of professional autonomy. Social workers in the study asserted that the new managerial practices put pressure on them, at the same time they reduced efficiency in working and took away room for autonomy in social work practice. This is due to the fact that bureaucratic practices under the NPM introduced concepts of standardized practice, hierarchical request processes which often take time and stall progress in social work. Under the framework of the NPM social workers were undermined, and were often threatened by management and at times politicians. Timor-Shelvin (2021) and Dominelli (1996) highlight that NPM led to the overinvestment of social workers' time in paperwork, and bureaucratic tasks, as opposed to interface with users.

Neoliberal theory promotes the idea that markets are efficient and that they should be used in as many and varied situations as feasible (Ornellas, Engelbrecht and Strydom, 2020). "Neoliberalism argues that the social good will be maximized by increasing the reach of market transactions, and it strives to bring all human behaviour into the realm of the market," according to Harvey (2010, p. 2). As a result, social welfare and, by extension, social work are frequently viewed as examples of government overspending, and neoliberalism supports shifting such expenditure to the market, where it is claimed that service delivery would be more efficient.

In the belief that as the state's financial obligations decrease, lower tax rates result, which is good for economic growth and that the resulting economic benefits will trickle down to the poor and reduce inequality, neoliberal ideals aim to reduce the reach and scope of the state, increase deregulation, and promote private enterprise (Gatwiri, Amboko, and Okolla, 2020). In many nations, rather than alleviating poverty, there appears to be an increase in inequality. Case in point, the implementation of Economic Structural Adjustment Programmes in most developing countries such as Zimbabwe, led to severe declines in the social service delivery structure, and some countries are yet to recover from this (Mavunzi, 2015). The elimination

of inequalities, evades neoliberalism, rather inequalities become wider which contradicts social work practice and social welfare ideals which seek to eradicate inequalities.

The macro-economic contexts of neoliberalism and NPM has direct impacts on social welfare organisations and on the psycho-social functioning of social workers on a day-to-day basis, as discussed below.

2.3. Dimensions of Burnout

Sibanda, Mambende and Maunganidze (2017) indicate that burnout is categorized by three dimensions as coined by Maslach and Jackson (1982). These include emotional exhaustion, depersonalization and diminished personal accomplishment at work (Montero-Marin and Garcia-Campayo, 2009).

a. Emotional Exhaustion

The burnout factor of emotional exhaustion is regarded as the most critical dimension, according to Kim and Stoner (2008). A worker who is emotionally burdened, overworked, and weary can suffer emotional exhaustion both during and after work, according to Sibanda et al. (2017). According to Montero- Marin and Garca-Campayo (2009), a worker's feeling that they are no longer emotionally capable of participating because they are physically exhausted is another sign of emotional tiredness.

b. Depersonalisation

The second dimension of depersonalization, according to Serin and Balkan (2014), is a situation where a person is apathetic toward work, which results in loss of interest in work. A depersonalized worker develops negative attitudes and feelings toward individuals who social workers work with (Montero-Marin and Garca-Campayo, 2009)

c. Reduced Personal Accomplishment

Kim and Stoner (2008) define reduced personal accomplishment as a process whereby a worker is generally dissatisfied with their work accomplishments. Workers negatively view their ability to accomplish tasks or work together with colleagues and people who social workers engage with. Serin and Balkan (2014) posit the burnout dimension of reduced personal accomplishment impedes a worker's progress at work.

According to Koustimani, Montgomery, and Georganta (2019) burnout is a psychological condition marked by emotional tiredness, cynicism, and a decrease in personal accomplishment. Although there are connections between burnout and mental health issues

including despair and anxiety, their degree is still unknown. Many academics contend that since studies have consistently revealed a medium-to-high association between burnout and depression, this would suggest a relationship and that burnout might not be a separate psychological condition but rather a component of depression (Bianchi, Schonfeld and Laurent, 2015). Long-term anxiety may cause psychological distress that interferes with daily functioning and may be a risk factor for burnout (Cole, Walter, Bedeian, and O'Boyle, 2012). According to Vasilopoulos (2012), participants who expressed a lot of social anxiety levels reported high burnout levels as well. Thus, one can say that burnout can be related to misery and anxiety as they all lead to reduced personal achievement, depersonalization as well as emotional fatigue amongst all workers, including social workers.

2.4. Signs and Symptoms of Burnout

According to Bhebhe, Kepekepe and Karedza (2017) a worker suffering from burnout can be identified by detachment and loneliness; they feel helpless, trapped and defeated. Schaufeli and Bakker (2004) indicate that a burnt worker feels tired and drained and is often negative about almost everything at work. Employees suffering from burnout may reject responsibilities and can take longer to have work done (Kimes, 2016; Lizano, 2015). Such employees tend to isolate themselves as they feel frustrated. They may report late for work and leave work early (Bhebhe, et al., 2017). These results are from a study they conducted in Marondera in Zimbabwe targeting 6 secondary school teachers in which 167 were females and 126 were males. From their study females showed a higher rate of burnout, especially the married ones who had to balance work and household responsibilities.

2.5. Social Workers' Perceptions and Understanding of Burnout

Ledingham (2015) indicates that there is a general scarcity of research on employees' perceptions concerning burnout. A study consisting of 42 doctors was carried out in Worcester Hospital, Western Cape in South Africa. 81% of the respondents' showed signs of clinical burnout while 31% showed high rate of burnout. Ledingham (2015) suggests that mental health practitioners' perceptions on burnout reveal that workers are generally biased when it comes to their own symptoms of burnout. The workers showed an illusion of control, self-blaming and self-stigmatization as signs of burnout. Putnik, de Jong, and Verdonk (2011) further suggest that despite their training, most mental health professionals are unaware of their own burnout symptoms. This might be because they deceive themselves into believing that they are

resistant since they are skilful, which makes it difficult for them to evaluate themselves (Ledingham, 2015)

Putnik et al (2011) stated that it is difficult for workers to address the issue of burnout if they do not recognise the symptoms. The same view was shared by Ledingham (2015) who posits that social stigma of burnout is where a worker is perceived to be at fault if he or she is experiencing burnout. Based on the results of his study, Ledingham (2015) came to the conclusion that most workers view burnout as their own fault and hence avoid seeking help and hiding their symptoms out of fear of being judged as weak.

2.6. Social Workers' Understanding of Burnout

Some researchers, as discussed above, argue that most workers do not categorize themselves as experiencing burnout; rather they notice that they feel overwhelmed, drained, and overworked among other things. Other studies reflect more direct awareness of burnout among workers. A study by Kruse, Chapula, Ikeda, et al. (2009) among health workers in Zambia with 483 participants, with 478 of these being females, indicates that workers are generally aware of the burnout phenomenon and can identify its symptoms as well as the risk factors. Kruse et al. (2009) postulate that workers acknowledged burnout as a result of long shift hours, work load and low remuneration which pushed workers to take up second jobs as the salary was too little to survive on, which then promoted more exhaustion on the part of the worker. In such a case NPM comes into play as it supports the notion of more work without salary increase, it aims at meeting targets not looking at the available resources.

Quinn-lee et al. (2014) conducted a study at a hospice in England with 296 respondents through a questionnaire and open-ended interviews. According to the study, social workers are aware of the idea of burnout. According to Quinn-lee et al. (2014), social workers reported that work-related issues such work load, disagreements with service provider's families, and organizational politics such as unclear roles are drivers of burnout and have an impact on their work and daily activities. According to Quinn-lee et al. (2014) some of the social workers indicated that organizational politics, like not taking into consideration the workers concern by the management and strained relationships with supervisors were major stressors on the job.

2.7. Factors that Predispose Social Workers to Burnout

The risks of burnout for social workers are highlighted in this section. Environmental influences, personal issues, and work-related factors have been classified into three groups. In order to identify factors that lead to burnout among social workers, I investigate each category.

2.7.1. Work Related Factors

Workplace pressures are the primary causes of burnout, according to numerous research (Wacek, 2017; Compton, Galaway and Cournoyer, 2004). Different variables contribute to burnout among social workers since experiences with burnout vary depending on the variety of social work contexts (Wacek, 2017). According to Cahalane and Sites (2008), however, some of the often-cited working conditions include inadequate pay and a lack of resources to satisfy the requirements of the individuals that social workers assist. Wacek (2017) states that “factors related to the work environment can be dissected into subjective factors and concrete factors” (p. 11). He goes on to say that “subjective factors being work life mismatch, lack of coping, poor understanding of roles, work pressure, lack of support and conflict with service users and families, whereas concrete factors are indicated as stemming from the place of work and abuse by service users” (ibid). The study carried out was a systematic review focusing on the causes of burnout in social workers using the previous information on the causes of burnout. Each of the aforementioned characteristics is assessed in this study for its applicability as a precursor to work place burnout.

a. Workload

The main risk of burnout for social workers, according to Kulkarni, Bell, Hartman and Herman-Smith (2013), is the worker's perception that their workload is unreasonable. Too much work causes people to have bad attitudes toward the people they work with, provide impersonal services, and become emotionally exhausted (Compton et al., 2004). Maslach (2005) defined emotional exhaustion as ‘the direct component of the burnout syndrome where one feels that their emotional resources are depleted’ (p. 397). A study by Craig and Sprang (2010) on 532 participants, 34% of whom were men and 65% of whom were women, indicated that employees who work with a lot of people who have post-traumatic stress disorder (PTSD) or other trauma-related difficulties have higher rates of burnout.

Counselors who work with higher proportions of traumatized or high-risk clients’ manifest higher rates of burnout than those who work with lower proportions of these clients (Lawson and Myers, 2011). Despite the fact that the first institution for social work training opened its

doors in 1964, social work is still regarded as a new profession in Zimbabwe (Dziro, 2013). In this case, the issue of burnout increases amongst social workers as they are not fully recognised. The World Health Organisation (2010) recommends that there should be more workers so that the tasks will be evenly shared among the staff. High workloads are caused by lack of labour force, and poor time management among other reasons. The high workloads affect the short and long-term health of the employees. Neoliberalism and NPM however go against the recommendations of the World Health Organisation as they favour meeting targets and value for money.

b. Lack of organizational support

Burnout among employees is strongly correlated with the amount of support received from co-workers and managers (Hamama, 2012). According to Barford and Whelton (2010), the Maslach burnout inventory's emotional tiredness component is influenced by social support as well as work and personality. Lower degrees of burnout are experienced by workers who have supporting co-workers and managers, and conversely when the management and co-workers are not supportive, the level of burnout is higher (Kim and Stoner 2008). According to Compton et al. (2004), strained and competitive relationships with co-workers can lead to increased stress for employees, which is a significant factor in worker burnout among human service professionals.

Strong working connections with co-workers and superiors are essential because they offer the social worker support in talking about and receiving feedback from their experiences (Wacek, 2017, Compton et al., 2004). When employees receive organisational support, they are more motivated and committed to the company (Chang and Wei, 2008). Higher job satisfaction is associated with supportive supervision (Cole et al., 2012). Studies have repeatedly demonstrated a beneficial relationship between employment resources and work engagement, such as social support from co-workers and superiors (Bakker and Leiter, 2010). However, Kulkarni, Bell, Hartman and Herman-Smith (2013) argue that organizational support is not related to how workers experience burnout. NPM does not allow for organizational support as it demands results despite the poor working conditions and limited resources of the organization.

c. Lack of job autonomy

Burnout has also been connected to a lack of job autonomy (Compton et al., 2004; Wacek, 2017). According to Wacek (2017), job autonomy is the degree of control an employee has over their work schedule and tasks. According to Serin and Balkan, a lack of workplace

autonomy decreases personal success and generates emotions of depersonalization in employees (2014). Additionally, according to Lizano and Mor Barak (2012), a lack of control over one's environment at work, including the ability to make decisions, leads to burnout. The burnout component of personal accomplishment is intimately tied to the absence of job autonomy (Maslach, 2005) which results in a worker feeling like a failure, viewing their work adversely, and generally becoming unhappy with their work (Serin and Balkan, 2014)

Burnout and a lack of job autonomy are both linked to workers' sentiments of underestimation. In their study, Gibbons, Murphy, and Joseph (2011) discovered a link between burnout and social workers' opinions about the worth of their line of work. They add that one factor contributing to the high levels of burnout among social workers is the fact that the value they think the profession of social work deserves does not line up with the value others place on it. The burnout component of personal accomplishment, in which the practitioner has a poor opinion of their work and is generally unsatisfied with it, might be related to feelings of undervaluation. Maslach (2005) in his study in Nigeria showed that personal traits contributed to the way teachers perceived their work. The outcomes of this study suggest that both teacher burnout and effective teaching share a number of characteristics. Furthermore, highly motivated educators frequently love what they do and their learners, making them less prone to experience burnout (Maslach and Leiter, 2005)

Exceptionally prescriptive codes of conduct in social work, which deny autonomy, is difficult and contributes to burnout in social workers because they need to work with caution so that they would not be called up for disciplinary action. Sewpaul (2015) argues that with prescriptive codes of conduct that are aligned with NPM practices, and their accompanying disciplinary structures and processes, social workers are often reluctant to rely on their own professional judgments, and that they turn to these codes to determine how to perform their day-to-day tasks. Social workers need to be creative and innovative as they strive to help people to the best of their ability but with the set of rules it becomes difficult for them to do their work.

d. The helping relationship

According to Compton et al. (2004) the helping relationship between a practitioner and individuals whom they work with is a key contributor to burnout, due to the continual emotional engagement with people with various problems over a long period of time. Rohling (2016) asserts that frequent emotional release and bearing of other people's difficulties leads to emotional exhaustion. The constant exercise of empathy and concern for other people can be

stressful on a service provider, according to Lizano, Godoy and Allen (2019). Therefore, social workers' preoccupation with helping others solve their problems may result in them running a risk of experiencing burnout.

Furthermore, Kulkarni et al. (2013) postulate that the helping process may result in secondary traumatic stress (STS), which is defined by Lawson and Myers et al. (2011) as a situation where a worker exhibits symptoms similar to post traumatic stress disorder (PTSD) due to exposure to the individual's trauma. Likewise, Sprang, Craig and Clark, (2011) indicate that secondary traumatic stress predisposes social workers to burnout since the field is characterized by exposure to the trauma of others as the symptoms co-relate with the burnout dimension of emotional exhaustion. These are results from the study that they carried out with 669 professionals across the country (California, Arizona, New York, Florida, Kentucky, and Texas).

2.7.2. Personal Factors Leading to Burnout

Various demographic factors have been found to be interrelated with burnout, for instance age, marital status, gender, and personality traits (Van Tonder and Williams, 2009). Similarly, Liebenbeg, Coetzee, Conradie, and Coetzee (2018) argue that contextual (work related) and individual factors both contribute to burnout. On the other hand, Kimes (2016) indicates that the prevailing attitude amongst researchers is that work situations and intrapersonal relations in the workplace have stronger relationship with burnout. Therefore, burnout is considered a social rather than an individual phenomenon (Lizano and Mor Barak, 2013). Nevertheless, there are studies that show that personal factors or a correlation between personal factors and work conditions contribute to burnout among workers as shown by the results of Rohlings' (2016) study using a systematic review of previous literature. When an employee is satisfied, he/she has better working average hours which allows the individual to sleep enough, eat on time and thus reduce the risk of burnout. Demographic factors are explored in order to investigate whether they have a bearing on the degree of burnout among human service workers and specifically social workers.

a. Personal stress

Personal stress can be a contributory factor to burnout among workers. Khamisa, Peltzer, Ilic and Oldenburg (2017) indicate that personal stress experienced by a worker at home, which may have stemmed from fights with family members or a loved one's poor health contributes to burnout. This is because added emotional stress from home coupled with work related

stressors, such as massive work load, unsupportive supervisors and co-workers promote chronic stress which graduates to burnout (Ganster and Rosen, 2013). In addition, Wang, Chang, Fu, and Wang (2012) in their study which consisted of 1,332 individuals from Liaoning Province, China posits that personal stress among nurses interferes with work, where some nurses no longer take work in a serious manner and take more sick leave than usual due to the increased stress which affects the emotional exhaustion component of burnout. Social workers are also prone to personal stress which can interfere with their work. Lizano et al. (2019) explain that social workers make investments in people whom they work with, which puts them at risk of burnout. Such circumstances, together with personal stress only intensify the level of burnout among social workers. From the above, it is evident that personal stress promotes burnout, especially when the worker is already stressed on the job.

b. Age

Age serves as a contributory factor to burnout experiences among workers. Lizano et al. (2019) state that although individual factors are regarded as less impactful in the growth of burnout, age has been generally found in some studies as a precursor to burnout. For instance, Hamama (2012) suggests that younger workers under the age of 30 are likely to experience burnout as compared to their older counterparts, based on his study which had 126 social workers. This may be due to the fact that older employees are perceived to be more mature, stable and balanced in terms of work and life. Furthermore, Hamama (2012) reiterates that older workers have better financial position, stronger family support systems and have longer experience in life in general. This puts them in a better position and at a lower risk of burnout as compared to younger workers who might not cope with the pressures from work.

In contrast, other researchers such as Alacacioglu, Yarusen, Dirioz, Oztop and Yilmaz (2009) contest that older persons are more likely to experience burnout, especially depersonalization. Furthermore, Van Tonder and Williams (2009) totally rule out age as a factor as they specify that there is no substantial relationship between the two variables. The study had 59 participants from the Gauteng Province and only 3 of these were below 25 years, and from findings the group did not show any signs of burnout. Therefore, there are conflicting ideas on whether age is a noteworthy factor in investigating factors that predispose social workers to burnout.

c. Family relationships and family status

Burnout is also impacted by family dynamics and family status. According to Compton et al. (2004), a worker's support network consists of their family and friends. Positive relationships between a worker's family and friends might serve as a buffer against burnout. However, if the

worker's relationships with family and friends are disrupted, this increases the risk that they will experience burnout because they won't have a support network to help them cope with the professional pressures that cause burnout (Compton et al., 2004, Kimes, 2016, Rohling, 2016). Additionally, family status is linked to social workers' burnout. Hamama (2012) postulates that unmarried social workers usually report higher rates of burnout as compared to their married counterparts, as they lack the emotional support which is provided by spouses of those who are married or attached. Furthermore, Hamama (2012) states that married workers' spouses or loved ones share the emotional and financial burden the worker experiences, this therefore lessens the stress hence lessens the chances of experiencing burnout. This evidently shows that lack of family and spousal support contributes to burnout among social workers. The findings of the study showed that there is link between having a good support system and burnout. It must be noted that Hamama's (2012) conclusion differs from that of Bhebhe et al, (2017) who found higher rates of burnout among married women, as discussed earlier on in this chapter.

d. Recognition and validation

According to Fernet, Austin, Trépanier, and Dussault (2013) self-determination theory (SDT) proceeds with the notion that people have fundamental psychological requirements for autonomy, competence, and relatedness. These psychological requirements' fulfilment can be thought of as psychological resources that motivate, guide, and maintain human behaviours (Gagne and Deci, 2005). Psychological factors such as seeking recognition and validation and a worker's lack of understanding regarding personal limitations, strengths and weaknesses put practitioners at risk of burnout (Compton et al., 2004).

Additionally, Lizano et al. (2019) point out that although social workers typically enter the field with the aim of assisting people, some do so with inflated expectations of the results of their efforts in order to gain approval or experience a sense of fulfilment. Social workers consequently become disappointed when the expectations are not met. Wacek (2017) explains that such unrealistic expectations result in burnout as disillusionment fuels feelings of lack of accomplishment, where the worker negatively views their work and generally feels dissatisfied with their accomplishments (Maslach 2005). Therefore, a worker's personal expectations of the helping process or the profession in general put them at risk of burnout. This is from study carried out in Nigeria which showed that the personal traits contribute to how one perceives their work; there are certain traits that attribute to efficiency and effectiveness in employees (Maslach, 2005).

e. Level of education

Level of education is another factor related to burnout amongst human service workers (Hamama 2012, Kimes, 2016). According to Hamama (2012) workers who have achieved higher qualifications and knowledge, experience higher levels of burnout as they feel unopposed or overqualified for their job or the tasks being given to them, which promotes boredom and frustration which can result in depersonalization and feelings of lack of accomplishment. This is supported by Mehasi and Sumailo (2016) who indicated that the most experienced scholars are at risk of burnout than scholars with less experience. Findings from their study show that less qualifications mean less responsibility as compared to more qualifications. Similar to the other demographic factors aforementioned, there is slight knowledge and research done on these aspects in order to establish whether they are major contributory factors or not.

2.7.3. Environmental Factors

This section presents on environmental factors that contribute to burnout amongst workers basing on studies conducted elsewhere and literature from various scholars.

a. Sexism

Societal factors such as sexism have been found to be correlated to burnout among workers. For instance, Compton et al. (2004) indicate that gender discrimination on the job has been researched in society and social work. Sexism influences unequal salary levels, promotions, assignments, influence and power on the job (Hamama, 2012). Sexism influences burnout as those who are on the receiving end (women in most cases) as they become powerless and hopeless, and end up resenting their work. Therefore, social factors contribute to burnout as women's work experiences differ from their male counterparts. As noted by Templeton, Bernstein, Sukhera, Nora, Newman, Burstin, and Guille (2019) they differ in that they may lack role models, deal with issues unique to dual-career couples, accept having only a limited number of years for childbearing, experience pay inequality, receive fewer promotions to leadership positions, deal with conscious and unconscious biases, and encounter higher rates of sexual harassment. Furthermore, they claim that a 2017 survey of 15,000 doctors from 29 different specialties revealed that self-reported burnout was experienced by 48 percent of doctors whom identified as women and 38 percent of doctors whom identified as men.

b. Practice setting

Place of employment is another risk factor to burnout among human service workers (Savaya, 2014, Quinn-lee, Olson- McBride and Unterberger, 2014). Neoliberalism and NPM come to

into play in contributing to the risk factors to experiencing burn out. Dlamini and Sewpaul (2015), in the study they carried out in a local public service agency in the Ethekwini region of South Africa, concluded that NPM and neoliberalism contributed to the oppression of social workers. Savaya (2014) reiterates that the place of employment and abuse by service users are contributory factors to the three dimensions of burnout.

Dlamini and Sewpaul (2015) found that lack of resources and poor working conditions affected social workers ability to reach their targets. They argued that the shortage of resources created division, tension, fighting and an unacceptable atmosphere among the social workers. The push for targets from management in the face of diminished worker autonomy and limited resources can contribute to burnout. The lack of resources makes it very hard for social workers to respond to emergency situations. Detailing the influence of neoliberalism and new managerialism, Holscher and Sewpaul (2006) stated that “social workers in post-apartheid South Africa battle with diminishing resources in relation to increasing numbers of service users, spreading our professional time and resources of financial and material aid increasingly thinly” (p. 174). Due to the poor pay and working conditions in both urban and rural areas, social workers from all backgrounds in Zimbabwe travel abroad in search of better pay and working conditions (Alpaslan and Schenck, 2012; Holscher and Sewpaul, 2006). According to Howe (1996), managerial control has caused social work to move away from deep work and toward surface work, and Dominelli (1996) speaks about the de-professionalization of social work. Both factors have adverse impacts on the worker and the people served.

In addition, Quinn-lee et al. (2014) suggest that social workers who work in hospitals show particularly high levels of burnout. This could be as a result of the social workers having to deal with individuals who are in severe mental and physical suffering, which causes them to become emotionally and physically exhausted (Alkema, Linton and Davies, 2008). Similarly, Quinn-lee et al. (2014) reiterate that it is usually difficult for hospice social workers to process the number of admissions, number of deaths and increased paperwork all at once which results in emotional exhaustion as well as depersonalization where the worker becomes cynical and exhibits negative behaviour toward service users (Wacek, 2017, Rohling, 2016)

Additionally, according to Quinn-Lee et al. (2014), several employees admitted that they occasionally developed a cynical attitude about the manner in which the deceased's family grieved their loved one or against a co-worker who passed away because the individual needed more special care. This indicates that the place of work is a major contributor to burnout.

However, Kulkarni, Bell, Hartman and Herman-Smith (2013) indicate that the degree of burnout emanating from the place of work varies from field to field. It is evident that work related factors such as huge workload, lack of organizational support and lack of autonomy are the major contributors to burnout among workers, which is also the common standing amongst researchers (Lizano, et.al 2019, Van Tonder and Williams 2009, Kimes 2016)

c. The impact of Covid-19 on social workers

Covid-19 is an environmental factor which came as a shock amongst people world-wide and it affected people negatively. Covid-19 has affected a number of social workers' well-being and this has hindered their ability to help the society. Social workers have a lot of responsibilities that they carry out which can include group therapy, case management, solving problems, development of policies and also community mobilisation (Walter-McCabe, 2020). During the Covid-19 pandemic social workers were crucial since the level of mental health problems increased amongst people due to the fear of the pandemic (Usher, Bhulla and Jackson, 2020). However, one can note that, social workers were also affected by the pandemic as they were trying to assist people who they work with. According to Banks, Cai, de Jonge, Shears, Shum, Soboan, Strom, Truell, riz, and Weinberg (2020), social workers reported having difficulty managing everyday tasks, attending to the needs of the people they work with, and addressing the variety of social justice concerns the epidemic entailed. A study of the ethical dilemmas and difficulties that social workers encountered during COVID-19 in several nations was conducted by Banks et al. in 2020. Some of the challenges which Banks et al, (2020) identified are discussed below.

a) Using the phone or the internet to keep in touch with one another while respecting their privacy and confidentiality and acting with honesty, empathy, and trust.

During the time that Covid-19 was serious social work offices were closed because of the regulations which were set so as to protect people. A number of social workers operated from home using online platforms. This led to difficulties in maintaining confidentiality and also it was difficult for people who work with social work to trust them.

b) Resources were stretched and some were unavailable

The people that social workers often work with i.e., those who are already vulnerable, marginalized, and who live in poverty, substandard housing, and unhygienic conditions were severely struck by the pandemic's effects. The closure of many services made it difficult for

people in the community to get the services from social workers. Some of the people even lost their relatives because they relied on donor funding which social workers provided for them.

Besides, social workers having a bigger role in assisting communities during Covid-19, they were also at risk of infection from this pandemic. The epidemic worsened social workers' stress levels as they juggled their professional responsibilities with personal reality, raising the risk of burnout (Holmes, Rentrop, Korsch-Williams and King, 2021). Continued experience to work-related stress has an impact on social workers' well-being especially psychologically and this can lead to chronic illness and burnout among social workers (Magnavita, Chirico, Garbarino, Bragazzi, Santacroce and Zaffina, 2021). The nature of providing human services can lead to emotional and empathetic engagement with different groups of people, hence, it can be argued that the pandemic also affected social workers. The findings of a study on resilience and stress in frontline social workers during the COVID-19 pandemic in Singapore conducted by Seng, Subramaniam, Chung, Syed Ahmad, and Chong (2021) and other studies suggest that resilience and organizational support were protective factors to mitigate frontline social workers' psychological distress during the COVID-19 pandemic. Resilience training can help social workers avoid burnout and maintain their careers. Studies on burnout in social workers in Spain increased over the period of Covid-19 (Sánchez, Barrera-Algarín, Seller and Sarasola, 2019). Social workers in Spain during the most difficult time of the pandemic concentrated their roles and duties on promoting the welfare of the most vulnerable citizens, such as those who could not meet their basic needs, those who were homeless, at risk of social exclusion, those who were living alone, those who required social and medical support, the elderly, or those who required long-term care. On a social level, they gave the support needed to keep a substantial number of people safe and integrated; however, this had unintended consequences, one of which was the potential emergence of burnout syndrome.

2.8. The Influence of Social Support and Self-Care in Preventing Burnout

As it has been noted in the preceding section there are various work-related, personal and environmental factors that can trigger burnout. There are also factors that can help social workers to cope with burnout which include the influence of social support and self-care in preventing burnout.

2.8.1. Self-care measures

A vital survival skill for social workers is self-care. It refers to routine behaviours and actions that social workers might adopt to lessen stress and preserve and improve their health and wellbeing.

a. Spirituality and Exercise

Quinn-lee et al. (2014) postulated that ‘engaging in spiritual activities is an effective way to mitigate burnout that can be utilized by workers afflicted by the burnout syndrome’ (p. 220). Lizano et al. (2019) similarly note that spirituality among social workers is a key strategy that aids the attainment of higher levels of worker well-being, some of the spiritual activities include meditation, praying and worshipping and this is based on research which had 133 participants.

Furthermore, exercise has also been noted as an effective measure to prevent burnout (Compton et al., 2004) as it allows one to unwind and release stress thereby reducing burnout. Compton et al. (2004) further reiterate that the aforementioned preventive measures address burnout symptoms effectively as they focus on the stressors at an individual level.

b. Self-reflection

As a preventative technique for dealing with burnout, workers can also adopt self-reflection, which is the practice of consciously focusing on one's own thoughts, feelings, actions, and behaviours. Compton et al. (2004) indicate that it is imperative that workers set realistic goals, that are achievable and abstain from unreasonable expectations of feeling like it is their responsibility to solve all the problems of people who they work with which may not transpire as expected and subsequently result in depersonalization and emotional exhaustion on the part of the worker.

Wagaman et al. (2015) indicate that there is need for social workers to detach from emotional investments in service users in the helping process in order to avoid burnout as workers become frustrated when things do not go their way. Therefore, it is clear that employees must use emotional intelligence when interacting with other people in order to prevent developing emotional attachments when providing assistance. According to Coleman (2022) emotional intelligence is the capability, skill, or self-perceived ability to recognize, evaluate, and control one's own emotions as well as those of others and of groups. It is not possible to not get emotionally attached to a person who the social worker is working with but through use of emotional intelligence one is able to separate themselves from the individual by managing their emotions. According to Reamer (2014) social workers need to become more resilient when it comes to their involvement with people they work with.

c. Training and mentoring programs

Training and mentoring programs have been another method that has been found to be an effective self-care measure to mitigate burnout among workers (Wyman, 2014). According to

Khamisa et al. (2017), teaching employees coping skills to help them deal with work-related stress is successful because it empowers individuals to take responsibility of their lives rather than turning to harmful coping mechanisms like excessive drinking and drug addiction. Similarly, Quinn et al. (2014) argue that workers should be informed about the warning signs and symptoms of burnout as well as coping mechanisms to enable early identification of the syndrome and minimize harmful effects on the worker.

Lack of effective coping strategies, as noted by Dix (2017) can be detrimental to the worker's health and work ethic which can eventually affect the organization's integrity due to the grossly incompetent work of a worker who is affected by the burnout syndrome. Also, the organizations can employ the use of employee wellness policies which are defined as ready tailored to the workers' needs according to Coulter, Mallett and Singer (2018). They further state that wellness helps people become more productive as they focus on the employee's health such as team building exercises or trips as well as fitness challenges.

2.8.2. Social support measures for survivors of burnout

There are various social strategies that can be utilised to assist survivors of burnouts. These are discussed in detail in this section.

a. Organisational social support

Wyman (2017) indicates that organizations should take responsibility for creating a work environment that does not stimulate burnout among workers and structures that help workers cope with burnout on the job. According to Kim and Stoner (2008) social support is the exchange of resources or supportive interactions between informal and formal connections (2008). For instance, Wacek (2017) posits that 'social support systems and support networks act as a buffer to burnout among workers as well as a coping mechanism to workers inflicted by the burnout syndrome' (p. 814).

Wacek (2017) further reiterates that 'social support from supervisors and co-workers helps workers cope with burnout as they are able to share their problems with their fellow workers and receive feedback on how to cope' (p. 814). Social support significantly influences the relationship between burnout and job stress, according to the job demands-resources model of burnout; nevertheless, when social support is scarce, social workers experience higher degrees of burnout on the job (Kim and Stoner 2008). Therefore, this reveals that social support is crucial in helping workers cope with burnout and also works as a preventative measure to burnout among human service workers and specifically social workers.

b. Organisational appreciation and job autonomy

Organizational appreciation which is the recognition and enjoyment of the good qualities of someone or something is another social support measure that can also reduce burnout among employees. Dix (2017) notes that appreciation from the agency whether financially or verbally can help mitigate and prevent burnout among workers as this boost's feelings of achievement in the worker, which is the direct contradictory of the burnout component of lack of achievement as indicated by (Lizano 2015). However, Khamisa et al. (2016) argue that financial appreciation may not be viable in resource scarce countries such as South Africa and Zimbabwe, therefore such interventions may not be appropriate in some instances. In addition, an increase in autonomy which refers to increased responsibilities, accountability among other unmentioned roles or duties awarded to a worker can be another burnout coping and prevention strategy as suggested by Wacek (2017). The job demands-resources model of burnout states that a worker has more control over decision making, tasks and schedules on the job which can reduce burnout among workers as they are less frustrated with their work (Lizano et al., 2019) thereby assisting in significantly reducing burnout. This empowers social workers and grant them a sense of autonomy and agency in the face of the onslaughts of neoliberalism and NPM.

2.9. Chapter Summary

In summation, this chapter has unveiled the Job Demands-Resources and Neoliberal approach as the theoretical and conceptual frameworks from this study on understanding burnout amongst social workers. More so, it provided the definition of burnout, its symptoms, effects as well as possible support mechanisms for workers. Though promising, literature gaps were identified in terms of understanding the concept of burnout amongst social workers in private voluntary organisations, an area which is covered through the findings of this study.

The next chapter details the research methodology adopted for this study in the quest for improved knowledge on the social phenomenon of burnout amongst social workers in the context of Zimbabwe.

CHAPTER THREE:RESEARCH METHODOLOGY

3. Introduction

This chapter describes the methodology that was used in the study. I used the qualitative method. In-depth interviews were done amongst the social workers in Masvingo, Zimbabwe. In this chapter the research approach, research design and sampling strategies are outlined. Ethical considerations and the trustworthiness of the study are highlighted. The option of using a specific strategy is driven by the intent as well as the goals of the research. The overall intent of the research was to understand burnout amongst social workers in Zimbabwe.

3.1. METHODOLOGY

3.1.1. Research method

Research method is the term used to describe the plan used to carry out the study. It includes comprehensive plans for the steps that will be done to carry out the study. The nature and procedures used in data collection, data processing, and the degree to which results can be generalized, according to Creswell (2014), are all impacted by the research method or approach. Research methods are mainly polarized between qualitative and quantitative research. The table below shows the difference between qualitative and quantitative research.

Table 1: Quantitative versus qualitative research

Qualitative	Quantitative
<ul style="list-style-type: none">• It is a flexible research method• Uses open-ended questions• Data is analysed during and after data collection• It makes the researcher part of the study (reality)• Research is exploratory	<ul style="list-style-type: none">• Fixed research method• Uses closed questions• Data is analysed after collection• The researcher is set apart from reality.• Research is conclusive

The present study used the qualitative research method which according to Creswell (2014), is an approach for focusing on exploring and how phenomena is constructed in social settings and the subjective interpretations of the explored phenomenon. In this case, qualitative

approach was employed as I sought to obtain in-depth data on social workers' experience of burnout Zimbabwe. This was done through drawing inspiration from Sarantakos (2013) who avers that "qualitative research provides an opportunity for phenomena to be explored in real world situations" (p. 6). I felt it real whilst the participants were explaining their experiences of burnout. This is because qualitative research focuses on using words and observations to represent reality and makes an effort to characterize individuals in their natural environments (Kelly, 2017).

3.1.2. Research design

Research design is a set of logical procedures and enables one to obtain evidence to determine the degree to which a theoretical hypothesis is correct and it provides a context for collection and analysis of data (Kelly, 2017). Descriptive research design was instrumental in capturing data from the social workers working from the three different organisations used, and in the analysis of the data. I used a descriptive research design because it provides straightforward descriptions of experiences and perceptions (Sandelowski, 2010). Especially looking at the issues of burnout among social workers in Zimbabwe little is known, hence the use of the design enabled me to capture and describe the voices of social workers. Bradshaw, Atkinson and Doody (2017) suggest that this design recognises the subject nature of the problem and the experiences of the participants.

3.2. Sampling procedures

3.2.1. Target population

All individuals or objects that one seeks to understand are referred to as the target population (Creswell, 2014). Due to Zimbabwe's severe social worker deficit, the elderly and country's most vulnerable children are at risk (Muridzo, Chikadzi and Kaseke, 2018). 945 social professionals were registered with the Council of Social Workers (CSW) in 2016, according to the National Association of Social Workers in Zimbabwe (NASW-Z) (Makaripe, 2016). The study targeted social workers registered with the CSW. The study was oriented towards gathering the perceptions of social workers working at ICOD Zimbabwe, Bhaso and Caritas Masvingo. I recruited social workers from three organisations because these organisations work hands on with the community and also I wanted to gather different experiences of burnout amongst the social workers. The study targeted social workers who had three years and above

of work experience as a social worker. A brief description of the organisations is explained below. To ensure confidentiality and anonymity the organisations will be referred to as A, B and C.

Brief description of organisation C

Organisation C was a Christian based organisation which is under the Roman Catholic Church. This organisation responds to humanitarian crisis such as natural disasters, conflicts and the effects of climate change. Without regard to race or religion, it also helps the vulnerable and poor. According to this organisation, development enables the world's poorest individuals to realize their full potential. During the time of the interview, the organisation was focusing on responding to Covid-19, hence it was providing food hampers for the people in the community as well as livelihood activities so that people could earn a living during this pandemic.

Brief description of organisation A

Organisation A was not a Christian based organisation. The organisation is a HIV and AIDS Service Organisation which runs different projects in support of people infected and affected with HIV. It specialises in the following areas: improving and expanding HIV treatment, improving prison health, improving reproductive health, empowering adolescent and young people living with HIV, strengthening community systems and building resilience.

Brief description of organisation B

Organisation B was not a Christian based organisation. The organisation mainly focuses on empowering, promoting and protecting the rights of women including young women with disabilities, facing gender-based violence and girl children living with HIV and AIDS. The organisation creates platforms for engagement, advocacy, networking and capacity building.

3.2.2. Sample size

Sample size is defined by Noble and Smith (2015) as the number of elements chosen from the population from which perceptions are drawn. I targeted 15 participants, five from each organisation because each organisation had a limited number of social workers registered with the CSW. The sample size was chosen in order to maintain the study's feasibility therefore, the focus of the investigation was not on projecting the findings to a wider population. Qualitative

research is concerned with obtaining rich, in-depth information, rather than numbers. The data, must thus be analysed in context.

3.2.3. Sampling method

Convenience sampling was found to be more convenient for the research because the issue of Covid-19 led to some workers being retrenched and others were working from home, hence, the researcher was provided with social workers who were readily available. According to Bhattacharjee (2012), convenience sampling is a method where a sample is taken from the available population. The social workers in these organizations were easily accessible, as some of the participants were interviewed using online platform and also the organisations had granted permission for the research to be conducted.

Potential disadvantages such as gathering false data using this method of data collection was likely to be faced (Jager, Putnick and Bornstein, 2017) however, I created a welcoming environment for the participants to make them feel comfortable and ready to explain their experiences with burnout. The easy accessibility of the participants might have led to gathering of false information however, I interviewed participants who had three years and above of work experience and who registered with the CSW. The selection was based on the main criteria for inclusion which were: registered social workers with the board in Zimbabwe; those with at least three years working experience because they have experience in the field of social work; and those who were willing to participate in the study.

3.3. Data collection

I used an interview guide (See Appendix 1) to collect data as well as a digital voice recorder from the selected social workers in the Masvingo Province. Babbie (2010) suggest that interviews are face to face contact between the researcher and the respondent. I used this research instrument because it generally ensures greater data accuracy, achieves high response rate, and allows further probing and clarification and data collection is immediate and current. The other advantages of interviews are that the researcher is able to recognize and respond to non-verbal cues as well as the opportunity to ask more questions. Due to Covid-19 regulations I managed to do face-to-face interview with eight participants and I interviewed seven participants online since the social workers were working from home.

The interviews were carried out during Covid-19 pandemic, hence the regulations were maintained. However, because of the regulations some of the interview sessions were conducted via individual zoom calls. Given that English is a widely used spoken language, all of the interviews were conducted in it. Since voice recording captures the exact words of the interview and the questions that were asked, it was implemented. For more thorough examination, the captured data was converted into written form. The data was protected, and only my supervisor and I had access to it.

In research on sensitive topics such as burnout and Covid-19 issues, I ensured that the participants were comfortable. I allowed the participants much power in deciding the pace of the interview as the issue of burnout led to some of the participants being emotional. Since, the interviews were conducted during the period of Covid-19, eight of the participants were interviewed at their workplace. The potential disadvantage of the face-to-face interview was that I put myself and the participant at risk of Covid-19. However, the regulations were observed and amongst the participants I interviewed face-to-face no one contracted the pandemic after the interview. The potential disadvantage I could also face was the cost of moving from one organisation to another, but however the organisations are located in Masvingo where I am located in hence it was affordable.

The interviews took place between 14 March and 30 June 2022. The duration of the zoom interviews and in-person interviews with each participant ranged from 45 to 50 minutes. I thanked each participant for participating in the study.

3.4. Data analysis

Thematic content analysis was used to analyse the data because the majority of the information was qualitative in nature. According to Sutton and Austin (2015), thematic data analysis entails logically and methodically converting the acquired data into codes before classifying them into themes. Themes were developed in correspondence with the responses gathered from the data collection process. A theme can be defined as gathering something which is important about the data concerning the research questions and also has same level of patterned response or meaning to the data set (Braun and Clarke, 2012). Braun and Clarke (2012) provide a six-phase guide which is useful for analysis namely:

- **Familiarization**

I familiarized with the written texts together with the recorded file observing for patterns and meaning. In this stage, I acquainted myself with the data by analyzing the recorded facts repeatedly.

- **Generating of initial codes**

This is the second phase of analysing data. I managed to organize the transcripts from the recordings, and went through them very carefully. I used different colours to differentiate potential codes for a potential theme.

- **Searching for themes**

The data was developed into themes which were in line with the responses from the participants. The process gave me an opportunity to identify important data to be organized into meaningful themes.

- **Reviewing themes**

I modified the themes to ensure that the data was coherent and gathered the data that was relevant to each theme.

- **Defining themes**

In order to conduct a more thorough analysis of the data, I searched for patterns, categories, subjects, and comparisons as well as revisited the initial coding. I was able to recognise and name the themes, which gave them deeper significance.

3.5. The trustworthiness of the study

Credibility, transferability, dependability, and confirmability are important factors that determine if a research study is trustworthy. A study's level of confidence in its data, interpretation, and techniques used to maintain its quality is referred to as its trustworthiness (Connelly, 2016). By documenting the interviews and giving the analysis procedures in sufficient detail for the reader to assess the research's veracity, the interviews were done precisely, consistently, and thoroughly. The key components of trustworthiness are explained below:

- **Credibility**

Credibility, according to Moon, Brewer, Januchowski-Hartley, Adams, and Blackman (2016), examines how thoroughly the researcher has followed the established procedure when doing subjective research. The data was collected directly by the researcher. To ensure the credibility of the data I compared with other sources. I also used my skills as a social worker such as listening, building rapport and created a friendly environment to ensure that participants gave their points openly. I also had a field journal to document the research process. I used it to remember some of the details of the participants interviewed face-to-face. Due to the fact that the interviews were done online the verbal cues were difficult to identify. I listened carefully during the interview and the interviews were successful. As interviewing is an art which requires great skill, I struggled with the first two interviews. Intensive supervision in which I had the opportunity to reflect on, and improve my interviewing skills made a huge difference in the quality of data obtained. Fortunately, given the flexibility of qualitative research, I was able to go back to my initial participants to collect some of the missing data, and to explore some of the issues more in-depth.

- **Transferability**

In the study, it was discovered that detailed explanations of the outcome, supported by verifiable direct quotes from the participants, had an impact on followers' abilities to judge the outcome's transferability. While the data cannot be generalised due to the small sample size, they may be transferable to social workers employed in similar settings.

- **Dependability**

To ensure dependability, I described the research processes which include the details of the research questions, research designs and the researcher's role in the interview was described in detail. Participation was voluntary and clarification of the interview process was conducted.

- **Confirmability**

I managed to transcribe the recorded data after each interview. I ensured that the participants' opinions were taken into consideration without discrimination and the intrusion my own views and experiences.

3.6. Limitations of the study

Qualitative research is time-consuming, can be expensive and generates large volumes of data. This challenge was largely overcome by getting in contact with the organisation (See Appendix

2) reflecting gatekeeper consent obtained to conduct the study) to ensure the availability of the participants so as to reduce unnecessary transport expenses. Although conducting the interviews and doing the transcripts were time consuming, this provided the depth of information needed to answer the research questions, and familiarity with the data. Familiarity with the data helped me make judicious choices of what to include in the study, given that I had large volumes of data. Given the sensitive nature of the research topic, another possible potential limitation of the study includes researcher and/or participant bias. Participants might not have been comfortable to talk about issues that they believed could have placed them in a negative light. Although I ensured that the setting was appropriate and comfortable for the participants, I cannot rule out this possibility. As a social worker myself, my work experiences in Zimbabwe might have influenced some of my engagements with the participants. I tried to remain aware of this during the interviews, listened carefully to the participants and did not interject their responses with my own experiences.

3.7. Ethical Considerations

An ethical framework is a set of values that has the power to fundamentally alter previous decisions and behavior (Johnstone, 2011). The University Research Ethics Committee at UKZN granted its approval for the study (See Appendix 3). I ensured confidentiality and informed consent during the research so as to avoid infringing the rights of the participants. Ethical considerations in the research included informed consent, confidentiality, management of information, and anonymity in the reporting of the data.

Informed Consent

Informed consent ensures that participants fully understand the implications of their participation in the research and that they know their rights in relation to participation and issues of confidentiality and anonymity (Creswell, 2009). Informed consent also serves to protect researchers from later accusations by study participants (Madhushani, 2016). Participants were issued informed consent forms (See Appendix 4); replying to the email served as their agreement to participate.

Confidentiality and Anonymity

The collected data was kept safe and confidential. Participants were given pseudonyms to safeguard their identity. Bogdan and Bilken (2006) emphasize that it is crucial to safeguard the identity of the person from whom you collect information. During data collection, the

participants names did not appear on any tapes or transcripts. The summary of the participants' profile is reflected in chapter four.

Management of information

According to Kumar (2011), managing information is a technique to organize the control and delivery of data. The research's data collection was done under tight confidentiality guidelines. Devices and tapes were kept in a locked cabinet that I was the only one that can open. Access to the information was limited only to my supervisor.

3.8. Summary of the chapter

This chapter presented the methodology used in conducting the study. The chapter presented the theoretical framework, target population along with the sample size and the sampling techniques used in conducting the study. Ethical considerations made in conducting the study were presented including the management of the data obtained, and the potential limitations of the study. The following chapter presents the analysis and discussion of the results.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4. Introduction

Data presentation, analysis and discussion of the findings are presented in this chapter. The findings of the study are presented in the form of written text and tables. The analysis and discussion is done with reference to the research question and the body of literature related to the study, which informs the subsections of the chapter which include the demographic profile of the participants and the themes that emerged from the participants' responses. This is foregrounded by providing brief vignettes of each of the participants with the use of pseudonyms. The participants of the research were interviewed from three non-governmental organisations in Masvingo.

4.1. Brief description of the study participants

Respondent 1:

Lisa was a 36-year-old female of the Roman Catholic Church. She was married with three children aged six, three and one year seven months. At the time of the interview, she was employed at organisation C for five years, but had a total of six years of experience as a practising social worker. She was interviewed at her place of work.

Respondent 2:

Portia was a 30-year-old female of the Roman Catholic Church. She had one child aged six years, but single. At the time of the interview, she was employed at organisation B for five years, which was her first job. She was interviewed at her place of work.

Respondent 3:

Caroline was a 34-year-old female of the Faith Apostolic Church. She was married with one child aged four years. At the time of the interview, she was employed at organisation A for three years and had a total of seven years of experience as a practising social worker. She previously worked at a different organisation. She was interviewed using the online platform because she was working from home due to COVID-19 restrictions which affected the organisation.

Respondent 4:

Queen was a 34-year-old female of the Roman Catholic Church. She was married with three children aged nineteen, fifteen and three years. At the time of the interview, she was employed for three years at organisation A and had a total of five years of experience as a practising social worker. She was interviewed at her place of work.

Respondent 5:

Eunice was a 38-year-old female of the Methodist Church in Zimbabwe. She was married with three children aged eight, four and one year six months. At the time of the interview, she was employed for four years at organisation B and had eight years of experience as a practising social worker. She was interviewed using online platform since she was appointed to be working from home as the organisation wanted to limit the number of workers at the office.

Respondent 6:

Takudzwa was a 32-year-old male of the Zimbabwe Assemblies of God in Africa. He was married with two children aged seven years and two years old. At the time of the interview, he was employed at organisation C for five years, with a total of six years of experience as a practising social worker. He was interviewed using online platform because of the COVID-19 regulations. At his organisation all the workers were asked to work from home since the office could not accommodate a lot of workers.

Respondent 7:

Shantel was a 26 years old female of the Roman Catholic Church. She was married with one child aged two years. At the time of the interview, she was employed for four years at organisation C, which was her first job. She was interviewed using online platform because she was working from home.

Respondent 8:

King was a 26 years old male of the Faith Apostolic Church. He was not married and did not have any children. At the time of the interview, he was employed at organisation C for four years, with a one-year prior experience as a practising social worker. He was interviewed using online platform because he was working from home.

Respondent 9:

Rachel was a 31 years old female of the Methodist Church in Zimbabwe. She was not married and didn't have any children. At the time of the interview, she was working at organisation A for three years, with a total of five years of experience as a practising social worker. She was interviewed at her place of work.

Respondent 10:

Tatenda was a 33 years old female of Christian Church in Zimbabwe. She was not married and didn't have any children. At the time of the interview, she was working at organisation A for four years and that was her first job ever since she finished studying social work. She was interviewed at her work place.

Respondent 11:

Peter was a 34-year-old male of the Roman Catholic Church in Zimbabwe. He was married with three children aged ten years, six years and one year old. At the time of the interview, he was working at organisation B for ten years and had three years of experience as a practising social worker in another organisation. He was interviewed at his work place.

Respondent 12:

Ruth was a 33-year-old female of Christian Church in Zimbabwe. She was not married and didn't have any children. At the time of the interview, she was working at organisation A for four years and that was her first job ever since she finished studying social. She was interviewed at her work place.

Respondent 13:

Tendai was a 28-year-old female of the United Methodist. She was not married and didn't have children. At the time of the interview, she was employed at organisation B for three years, but had a total of four years of experience as a practising social worker. She was interviewed using online platform since she was working from home due to COVID-19. The number of people working at the office had reached the covid regulations set by the government.

Respondent 14:

Rudo was a 30-year-old female of the Church of Christ. She was not married and didn't have any children. At the time of the interview, she was employed for four years at organisation A and also had a total of six years of experience as a practising social worker. She previously worked at a different organisation for two years. She was interviewed at her place of work.

Respondent 15:

Kudzai was a 34-year-old female of the Roman Catholic Church. She was not married and didn't have children. At the time of the interview, she was employed at organisation C for five years, with a one-year prior experience as a practising social worker. She mentioned that previously she was employed at a different organisation. She was interviewed using online platform because she was working from home.

All the participants voluntarily consented to participate in the study and spoke easily and freely during the interviews. Some of the participants showed gratitude as they felt that they had an opportunity to share their experiences in the field of social work. They felt affirmed and validated by someone wanting to listen to their stories, found the interview therapeutic in some ways, and hoped that the study would contribute to some change in the life of social workers. As will be noted from the vignettes, six participants were recruited from organisation A, four from organisation B, and five from organisation C.

4.2. Biographical profile of the study participants

This section analyses the biographical profiles of the study participants. Table 1 reflects the age and gender of the participants.

Table 1: Gender and age of the study participants

N = 15

Age	Gender		Total
	Female	Male	
26 – 29	2	1	3
30 – 34	8	2	10
35 – 38	2	0	2
Total	12	3	15

The total number of the study participants was 15, with 12 females and three males. The males who participated were from the three different organisations that the research was carried out in. The presence of a number of females in the study is reflective of the fact that social work is a largely female-dominated profession in Zimbabwe as men do masculinity duties. This is in line with Marchand, Blanc, and Beauregard (2018) who state that men and women are exposed to different job opportunities. Social work is viewed as a job which does not require a lot of

energy (Marchand, 2018) hence, this has led to a number of social workers experiencing burnout since much attention is not given to them by organisations. The ages of the participants ranged from 26 to 38 years, with the majority belonging to the 30–34-year group.

Table 2: Marital status, number of children N =15

Number of participants	Number of children	Marital status	
		Married	Single
Lisa	3	✓	
Portia	1		✓
Caroline	1	✓	
Queen	3	✓	
Eunice	3	✓	
Takudzwa	2	✓	
Shantel	1	✓	
King			✓
Rachel			✓
Tatenda			✓
Peter	3	✓	
Ruth			✓
Tendai			✓
Rudo			✓
Kudzai			✓
Total		8	7

Eight of the participants indicated that they were married and had children and seven indicated that they were not married. Of those who were unmarried only Portia had a child. From the results of this study, there were no notable differences in the experiences of burnout amongst those who were married or single. This is in discordant with the literature as Hamama (2012) states that married workers' spouses or loved ones share the emotional and financial burden the worker experiences, this therefore lessens the stress hence lessens the chances of experiencing burnout.

Table 3: Working experience and duration of employment at the current organisations of the study participants N = 15

Work experience	Years	Total
	3 – 5 years	8
	6 – 10 years	7
Total		15
Duration of employment at the current organisation		
	3 – 5 years	13
	6 – 10 years	2
Total		15

The table above shows distribution of the study participants’ experience in the field of social work and their length of experience at their current organisation. The distribution shows that eight participants had 3 – 5 years’ experience in the field of social work, and seven had experience ranging from 6 – 10 years. This distribution shows that the majority had ample experience in the field of social work, which the participants could draw on in sharing their perceptions and experiences of burnout.

The table also shows participants duration of employment at their current organisation. The findings showed that 13 participants had 3 – 5 years of experience working at the organisation and two had 6 – 10 years. The explanation of the finding that only two people had 6 – 10 years of experience at the current employment could be related to high staff turnover of social workers. Social workers also choose to migrate to more developed countries where there are better working and living conditions. This is a common trend in the African continent as indicated in the literature review. The labour migration of social workers poses a threat to the social work profession because the migration of senior social workers results in a limited number of experienced social workers to mentor newly qualified social workers (Bhebhe et al., 2017).

4.3. The level of understanding on burnout among social workers

This sub-section explores the study participants' understanding on how burnout manifests and if they had any experience of burnout. Themes in this sub-section include: manifestation of burnout, and social workers' experience with burnout. To lend credibility to the findings, I use thick description of data, reflecting the voices of the participants.

4.3.1. The manifestation of burnout

When asked about their understanding of the manifestation of burnout, most of the participants could give a clear description on how burnout manifests among social workers. Most of the participants highlighted that burnout manifests due to imbalance of life, high workload, stress, fatigue and exhaustion on the job. Moreover, the participants could also point out the effects of burnout either at work or issues which are not related to work

Caroline stated:

Burnout manifests differently in different people. I believe that feeling almost tired and frequent headaches is a sign of burnout ... and muscle pain. Usually it can affect your performance, you can start being poor in your performance and sometimes withdrawn.

Eunice stated:

Burnout personally I think it manifests when there is no balance between your own personal life and social life. It is based on lack of balance and eventually I think your body and mind really will not go on, burnout can get to an extent that the brain can shut down because there is a constant ignoring of what is happening around the balance of social and work life.

Shantel stated:

OK, burnout manifests easily as social workers. Burnout is very common in our social work field due to stresses associated with our job and this affects a lot of social workers' personal life. One can have headaches, fatigue when experiencing burnout, lack of sleep, feeling exhausted with work. Prolonged emotional exposure through talking to clients can also affect social workers.

The above findings are congruent with the literature, which highlights that burnout can manifest due to being emotionally overstrained, overworked and emotionally exhausted (Sibanda et al., 2017). Similar to the findings in a study by Kruse et al. (2009) among social

workers in Zambia, workers identified burnout as a result of long shift hours, workload which subsequently promoted more exhaustion on the part of the worker. This shows that social workers understand the manifestation of burnout as a result of high workload, imbalance of life and being overstrained. Unlike the findings of Putnik, de Jong and Verdonk (2011) and Ledingham (2015) that mental health practitioners were unable to recognise the symptoms of burnout and were unwilling to acknowledge their experiences of burnout on account of stigma and the need to show that they needed to be in control, the participants in this study easily identified common characteristics of burnout. This might be linked to them identifying the structural dimensions in the aetiology of burnout, rather than them seeing burnout as a personal failure, as discussed in the next section.

4.4. Social workers' experiences with burnout

When asked about their experiences with burnout, 12 of the participants stated that they experienced burnout at some point in their working experience and that it was difficult to run away from since social workers work with a diverse range of people with complex life challenges. Some of the participants further explained how they felt when they experienced burnout and they cited some of the causes of burnout and one of the frequent responses was COVID-19. However, they also stated ways in which they managed to cope with burnout.

Takudzwa indicated:

During the first lockdown when I was working from home it was a bit of a challenge for me to concentrate because having a high load of work, I was also supposed to provide care to family members who were at home, so it was also another burden to me and it led to burnout.

Shantel indicated:

I am a community development social worker in Beitbridge District, due to pressure at work I can say most of the time I ended up forgetting about my personal life and trying to balance with my family was very difficult so I started to have headaches because I couldn't handle my work. I was overwhelmed with my work and I ended up being emotionally drained and wasn't able to keep up with my life as well as life demands.

Rachel indicated:

This happened during the time of COVID-19. So, since as an organization we had to put the needs of the target we are supposed to meet. One of my colleagues was affected by Covid-19,

so he was not coming to work. So, which means at the district we were working I was left alone and I had a bigger number to achieve during a short period of time, so I had to work from Sunday to Monday without resting. We are not supposed to work on weekends, but I had to so as speed up my work. I think I had two months working every day without any day off. So, I lost a lot of weight, I was stressed, so it's something that led me to burnout because I over worked those two months.

The above responses of social workers' experiences with burnout reveal that social workers in Zimbabwe are of the view that unfavourable working conditions are the major sources of burnout. However, such working conditions were exacerbated as a result of COVID-19 pandemic which affected social workers on a global level . The above findings show that social workers are aware of burnout symptoms and can identify that they are experiencing burnout. This is in contrast with the findings in the literature review that, social workers cannot identify burnout symptoms in themselves (Putnik et al., 2011). The findings of this study cohere with the findings of Kruse et al. (2009) in the Zambian context that health workers were aware of burnout, and could identify both the symptoms and risk factors.

4.5. Factors that pre-dispose social workers to burnout

This subsection explores the themes that emerged when the participants were asked to identify the work conditions and personal factors that might contribute to social workers experiencing burnout. The interview questions were quite broad and general therefore the participants could identify these working conditions and personal factors that can expose social workers to burnout.

4.5.1. Work related factors that expose social workers to burnout

Themes emerged when the participants were asked about the work-related factors that expose social workers to burnout. All of the study participants highlighted high workload as the main burnout trigger. Due to Covid-19 the majority of the participants mentioned that the workload increased because of the restrictions which were put in place by the government. It was difficult for the participants to meet the people they worked with in time because they had to group them in smaller numbers which led to higher workloads, hence not meeting the expected organisational targets. The participants also mentioned that after the regulations of the pandemic were revised, they managed to visit the people they work with so as to reach their target, but this increased their work as well. It can be noted that that high workload was one of

the leading factors which led to burnout among the participants. Another common factor highlighted by eight of the study participants was low remuneration and lack of adequate resources. They indicated that the salaries that they get and the amount of work they do at the organisation do not match, and therefore it leads to stress. A good salary influences behaviour in the job market and is crucial for retaining employees in their current roles., yet caring professionals such as social workers and nurses are given low wages (McHugh, 2014). These professions are also more female dominated professions which play a role in them being undervalued and under-paid. Three of the study participants indicated pressure from the supervisors as work-related factors that predisposed them to burnout. Five of the participants noted that their organisations employed fewer social workers and hence they had to assume greater responsibilities at the organisation.

i. High workload

Caroline said:

Heavy workload on a person, you have a lot of work to cover with a little time and you will be one and stressful work demands like high demands from your supervisor, it contributes to burnout.

Similarly, Tendai stated:

I will also go back to high workload as it gives social workers pressure to reach their target.

Rudo also said:

High workload can also lead to burnout. You want to do everything for yourself, you are not giving other people duties. One can end up being stressed yet home circumstances might also be triggering and at the end you are not able to meet the target that you're supposed to meet.

The above findings are congruent with the findings in the literature review where the major burnout risk is the worker's view that their workload is irrational (Kulkarni et al., 2013). Similarly, when the workload is too large it leads to negative attitudes towards the individuals whom they work with, impersonal services and emotional exhaustion (Compton et.al, 2004), therefore leading to burnout. The participants as they mentioned about high workload being a major factor leading to burnout, seven of the participants indicated that they once experienced burnout due to high workload.

Caroline voiced out her experience of burnout due to high workload. She said:

Ok, the other time I was working at this other organisation the workload was too much to handle. My supervisor was very demanding and you could not satisfy her so it was a very difficult situation for me. I had to work extra hard and we could work on Saturday and Sunday so as to meet the deadline. This affected me so much as it strained me and I could not manage to be there for my family hence, I ended up being burnout.

Similarly, Eunice also voiced out that:

At some point when I was starting my career and you don't know whether to say no when you are given a task and, in the end, it means one part of your life is lacking. I was not be able to fulfil some of the duties around my life. I didn't know how to say no to my supervisor. I didn't know how to tell them that my workload was too much which meant that I would take long hours working on cases. I didn't have time to rest eventually one week I couldn't open my eyes, I felt like I was having a stroke my body and mind was tired and I felt very unmotivated to do anything that is when I realised that I am facing burnout.

According to Bove and Pervan (2013) excessive workload is one of the causes of burnout among all social workers. Therefore, from the findings it is evidenced that the participants experience burnout due to high workload and this has been a leading factor of burnout amongst social workers. Linked to the high workloads was the unrealistic demands on the part of supervisors that the participants felt they could not challenge.

ii. The influence of Covid-19

As the research was carried out during the pandemic of Covid-19, the pandemic added to social workers' stress levels as it was difficult to work during this time hence, leading to social workers experiencing burnout. Nine of the participants voiced out that working during the time of the pandemic was stressful and it also increased their workload as they had to have a small number of people per group, and more groups to conduct. This is in line with the literature. Weinberg (2020) argued that social workers reported that during Covid-19 social workers were struggling to manage daily work routines, meet the needs of the people they work with because the workload was difficult to meet. From the findings of the study participants mentioned that they feared to work during this time since they would also contract Covid. The participants when asked about the influence of Covid-19 on social workers, mentioned their own experiences.

King stated that:

I have 500 beneficiaries at the district that I work in, so when Covid came it had a lot of restrictions and I was unable to move around to inquire what beneficiaries could want such as food and agricultural inputs for them to be able to farm. It was extremely challenging because all of our projects are based on families being able to produce their own food. So, the restrictions that came with travelling and having 25 people per group was challenging because I had to go to the society several times. The workload was now excessive for me and I ended up being in fear of contracting the pandemic because my movements from point A to B were too much.

However, even though the pandemic made it difficult for social workers to engage with their beneficiaries, they had to suggest some coping strategies to reach out to the people they worked with.

King said that:

So, what we ended up doing in order to reach out to the beneficiaries, was to take young people who volunteered to go around and deliver food at people's homes because we could not reach our targets. Also, the pandemic increased the number of people who wanted assistance, I cannot tell the exact number because the numbers were fluctuating unexpectedly.

Amongst the nine participants who found it difficult to work during Covid-19 pandemic, one of them indicated that working from home was very difficult because some of the responsibilities she had were supposed to be done at the office and in the community.

Rachel indicated that:

Working from home is difficult because it's something new. We're used to working at the office where there is enough space being able to do everything we can. The challenges that we are facing from working from home is being able to meet with our beneficiaries. Most of our programs we have are awareness campaigns. We have about 6400 beneficiaries but for our district every year I have a target of 2000 beneficiaries. So, right now we are not able to meet with most of our beneficiaries, so our work is being dragged a bit and it stresses me a lot to think that some of my beneficiaries are not receiving the assistance they need from us.

Rachel's narrative implies the experience of an ethical dilemma in relation to social work's mandate to provide services in the face of a pandemic that impacted service provision. The pandemic, according to the participants, increased the workload of social workers and it was difficult to meet the targets as well. As the workload was increasing the risk to experiencing

burnout was also increasing. Constant experience of work-related stress has an impact on social workers' well-being which can contribute to burnout (Magnavita, et al., 2021). However, the pandemic did not affect social workers' work only but it also affected their personal life as they were living in fear of contracting Covid-19 as reflected in the narrative of King and of others discussed below. One of the participants mentioned that she once contracted Covid-19 as did her family.

Peter when asked how the pandemic influenced him personally, highlighted that:

Covid-19 it did influence me personally. Some negative and some positive. But the negative part is that I feared it because I thought I was going to contract COVID-19 or I would die from poverty since we had reduced the way we worked and the salary was reduced. The positive side is that I could do my work and personal things that I could not do during working days and also it gave me more time to spend with my family and it's something that I don't usually have when I'm at work.

Queen stated that:

Covid has affected me and all the family members. All of us we contracted it at one point so yeah, we could not go to work. Yeah, we just did the normal things and basics since it was not severe. I started to live in fear because I thought that if I go back to the community, I was going to have it again. So, basically, I can say the pandemic stressed me because I started to think of myself as well as the people that I work with.

These findings are supported with the literature as the pandemic brought increased levels of stress to social workers juggling their professional roles and their personal realities, increasing the risk of burnout (Holmes, et al., 2021). The Covid-19 pandemic constituted a risk which needed attention and it produced high demands and transformative changes in practice as social workers had to work from home, doing virtual calls instead of going to the community, this placed some social workers at risk of burnout (Bohman, Dyrbye, Sinsky, Linzer, Olson, Babbott and Murphy, 2017). The pandemic brought novel challenges to social workers as it was something new which no one had experienced before. When asked how they managed to cope with the pandemic, some of the participants indicated that it was very difficult to work in this situation, but they had to try to reach out to the community, with King's organisation having included volunteers in service provision.

Caroline said that:

It was very difficult for me to work in this scenario but I had to cope with the situation and reach out to the people I work with. So, I could attend to very urgent cases and I addressed these cases physically. I remember one of the urgent issue I had to attend was of a family which did not have food. So, I had to go there to see the situation so that I could add them on the beneficiaries that my organisation was helping.

Coping with Covid-19 was very difficult but social workers sacrificed themselves so as to assist in a time of great need. It is evidenced from the findings of the study that Covid-19 was a serious pandemic which people feared and it increased the rate of burnout among social workers. But the pandemic helped social workers to achieve some of their goals of ensuring well-being of the people they worked with. Moreover, it introduced social workers to technology as the participants had to use online platforms to communicate with the people they worked with. This is supported by Berzin, Singer and Chan (2021) who argued that the pandemic brought social work closer to the goals of integrating innovative technologies in practice.

iii. Lack of resources

Four of the participants indicated that lack of resources can contribute to social workers experiencing burnout. Eunice said:

I think when there are no adequate resources it is difficult to carry out duties. Social workers need to be equipped with a lot of resources that can help them to do their work. Social workers need transport to transport them from one area to another, they need airtime to contact people they work with as well enough stationery to document information of the people they work with.

Similarly, Takudzwa said:

Even more cases than the available resources also lead to burnout. Social workers will end up being forced to balance the little available resources for a relatively large group of clients.

Rachel also indicated:

Lack of resources can also be a factor. Maybe you want to achieve the goal you want to help the client, but you don't have enough resources to be able to help. One can be stressed and it is something that came contribute to experiencing burnout.

Kudzai highlighted that:

During Covid-19 there was an increase of people who wanted social workers' assistance. As an organisation we had a target of 700 young adults so we had to be placed in groups so as to reach out to these young adults. However, since the number was increasing the organisation could not provide all of us with transport to go to our designated areas, so sometimes we had to give each other chances and also for us to get in contact with the people we work with to come for sessions we needed airtime. The amount of money needed to buy airtime to make phone calls was excessive so some of us we had to use our own funds.

Rudo highlighted that:

The issue of lack of resources stressed me and my workmates. We had to use our own funds yet our salaries had been reduced and we were at high risk of experiencing burnout. Some of my colleagues had to look for better job offer because of this issue, but personally I felt like I could not.

The above findings support the literature of the study where lack of job resources contributes to burnout. These resources include transport, airtime to call people who social workers work with and also WIFI especially the time the social workers were working from home due to the pandemic. The participants also explained the time they faced resource constraints at their organisation. The absence of resources makes it very hard for social workers to respond to emergency situations. Detailing the impact of neoliberalism and new managerialism, Hölscher and Sewpaul (2006) stated that “social workers in post-apartheid South Africa battle with diminishing resources in relation to increasing numbers of service users, spreading our professional time and resources of financial and material aid increasingly thinly” (p. 174).

Social workers across the spectrum in Zimbabwe migrate internationally in search of better incomes and working environments, as these are dismal in urban and rural areas (Alpaslan and Schenck, 2012). Most of the study participants stated low remuneration as a factor related to burnout, however the concept was not explored in the literature due to the fact that most of the findings are predominantly from Europe. Amongst Zimbabwean social workers, a key driver for migration to UK is that of the limited job opportunities and inadequate salaries in social work (Bartley, Beddoe, Fouché and Harington, 2012). Therefore, this shows that social workers in Africa, Zimbabwe to be particular are generally under-paid, which is a source of burnout.

iv. Lack of organisational support

From the findings some of the participants also mentioned of lack of support from the organisation. This is in line with the literature of the study where level of support from supervisors is closely related to contributing to burnout amongst social workers (Hamama, 2012). According to Compton et al. (2004), contentious and competitive relationships with co-workers can lead to increased stress for employees, which is a significant factor in worker burnout among human service professionals. Strong working relations with co-workers and superiors are essential because they offer the social worker support in talking about and receiving feedback from their experiences (Wacek, 2017)

Caroline, who had seven years of experience as a social worker, spoke of her experiences of burnout. She said:

My supervisor was very difficult to impress and you could not satisfy her so it was a very difficult situation for me. She was not supportive in my work, she always had something negative to say about my work. This led me into experiencing burnout.

Queen said:

The fact is, if you there is no support in your organization and you can also suffer, work can be difficult if you do not have a referral pathway where you can refer some of the cases that is if it's not there.

However, Queen stated that she, personally, had never had any experience of lack of support from the organisation.

She said that:

It is very fortunate that my organisation is very supportive. My organisation supports us and most of the time we do wellness programs and team building sessions which motivates us and also reduce work stress.

Therefore, from the study findings it can be evidenced that high workload, lack of resources, poor salaries and lack of support from the supervisors can contribute to social workers experiencing burnout.

4.5.2. Personal factors that predispose social workers to burnout

When asked to identify personal factors that predispose social workers to burnout, some of the participants indicated various factors such as personal stress; two of the participants indicated

lack of family support and home circumstances. Unlike any of the other participants, Lisa stated that personal factors were not related to burnout and reiterated that only work-related factors were sources of burnout. Factors such as lack of time management and attachment with people who social workers work with were mentioned as personal factors contributing to burnout. Among the 15 participants no one indicated that they had experienced lack of family support, but they also gave their own experiences of the personal factors that exposed them to burnout and how they managed to cope with the situations.

a. Lack of family support

Caroline was one of the participants who mentioned that lack of social support as a factor which can contribute to social workers experiencing burnout.

She stated that:

Ok I can identify lack of social support, if no one believes in your work that you do especially your friends relatives and spouse it can later lead to burnout. I am very lucky that the time I experienced burnout I had support from my friend. My friend was my counsellor, my emotional supporter, she could support me and encourage me not to quit, I was ready to quit but she encouraged me and supported me, she also helped me to talk to my husband because he wasn't understanding the situation, I was in.

Eunice also indicated:

If a social worker doesn't have support at home or people that they can be able to share with even with emotional and social things I think it can contribute to burnout. The time I experienced burnout, I could not talk to my family but I managed to approach my pastor. He helped me to walk through things to value myself before anything and eventually I started to be more confident, and tried not to take on too much and I think that was the first step I used in addressing the issue of burnout.

Similarly, Kudzai mentioned that:

Family support probably you are married your husband doesn't understand your work that sometimes you have to go to the field. Maybe you might go to the field for two to three days without coming back home and this might then lead the husband not supporting the work. So, family support is something which is very important for one to have so that he or she would not have burnout issues. Personally, my family understands my working conditions so they support all the time and the time I was burnout they were very supportive.

The findings above are congruent to the findings in the literature review that lack of family support can contribute to social workers experiencing burnout. Lack of family support was discussed with Kimes (2016) who indicates that social workers are likely to experience burnout if they lack support system against the work stressors from their family and friends. It can be noted that the participants during the time they experienced burnout they had support from their family members and friends and that this helped them to reduce burnout. From the results of this study, there were no notable differences in the experiences of burnout amongst those who were married or single. Amongst the participants no one mentioned that he or she personally lacked social support. This might be related to the sensitivity of the issue and the need to save face during the interview.

b. Personal stress

Furthermore, personal stress was mentioned as a factor contributing to burnout among social workers, with five of the participants having shared their experiences with this.

Tendai stated:

Personal stress can also lead to burnout when one is not able to balance family and work then you end up not giving each adequate time. I once experienced stress due to overthinking of the pandemic. I tended to forget about my profession and be rude to my client. I later realised that I am experiencing burnout because I started to have continuous headaches and my stress levels were high.

Peter indicated:

You have a member of the family, for instance, who is disabled and needs to be looked after. Hence, personal stress can also contribute to burnout since one would want to execute the duties of looking after the family member alongside work pressure. Recently I had to provide for my relative who was affected with Covid-19. It was difficult for myself and family because life was not balancing due to the pandemic since some of the days, I was working from home my salary was reduced. I was stressed with this matter because the medication was very expensive and I had to balance with my work. I was stressed to an extent of experiencing burnout which was one of the issues I never expected it will happen to me.

The findings are in line with literature as personal stress was also mentioned as a factor leading to burnout. Khamisa et al. (2017) indicate that personal stress experienced by a worker at home, which may have stemmed from conflicts with family members or a loved one's poor health contributes to burnout. This is because additional emotional stress from home, coupled with

work related stressors, such as massive workload which one cannot balance with family it then graduates to burnout (Young, Scheman and Mille 2013). Emerging factors that were introduced such as poor time management and attachment with people who social workers work with are also personal factors which were absent in the literature.

4.6. Burnout coping strategies

In this subsection, self-care measures and social support strategies are explored in order to find out how social workers reduce or prevent burnout. Self-care measures included activities and practices that social workers can engage in on a regular basis to reduce stress and maintain and enhance health and wellbeing. Social support strategies were the assistance and protection given by others.

4.6.1. Self-care measures

When asked to pinpoint the self-care measures that can be utilised by social workers in order to reduce burnout, the participants managed to identify spiritual activities, hobbies, counselling, training and mentoring programs. Three of the study participants were unable to provide any self-care measures to reduce burnout, while twelve of them managed to highlight the coping strategies they used.

i. Engaging in hobbies and exercises

Queen said:

We are encouraged to find something that calms you. You need to know yourself better. What makes you happy? What calms you that is if you know what calms you. If singing calms, or playing the music that you like. If running or jogging makes it easier, go for that jog. These can help one to cope with burnout. The last time I experienced burnout I had to see a counsellor because I was failing to cope so well. The counsellor also encouraged me to do some exercises and to read novels so as to keep my mind occupied.

Rachel indicated:

One can also engage in reading novels, exercising like jogging, listening to music, just finding something that makes you relax. I think those are the things that one can use to cope with burnout. When I experienced burnout, I had to consult my supervisor. I told her that the workload was not working for me so she encouraged me to rest and do some hobbies that could refresh my mind, hence I had to start watching movies since I was given some days to rest.

Similarly, to the above, Tendai said:

Reading journals or novels to entertain themselves. Well yeah and they should also engage in exercising and they should have hobbies. These can reduce burnout among social workers. The time I experienced burnout I was given some off days so that I could manage my health. When I felt that I was better, I then went back to work and tried to manage the pressure so that I would not undergo breakdown again.

The findings above indicate that engaging in exercises and hobbies were identified as self-care measures that social workers can use to prevent burnout. This supports the literature review where exercise has also been noted as an effective measure to prevent burnout (Compton et al., 2004) as it allows one to unwind and release stress thereby reducing burnout.

ii. Spiritual activities

Spiritual activities were also indicated as a self-care measure to prevent social workers from experiencing burnout and Peter mentioned how the church helps him when he experiencing some challenges.

Peter said:

Yeah, indeed, religion can play a very pivotal role. People look up to religion or after churches for counselling services, for psychosocial support. A number of issues can actually help them when they stand out, and I think when one participates well in church activities or religious activities, their belief system, they will be influenced in a positive way to the extent that burnout can be reduced. Personally, I am a Catholic and I look upon my church. I get counselling service, for psychosocial support from the priest whenever I go and talk to him about the challenges I will be facing.

Rudo stated:

I can also talk of spiritual activities. Personally, I go to church and I have realized that my church is very helpful when it comes to dealing with problems. If I go and have a talk with my pastor, he is so helpful like at the end of the day I can feel relieved about the whole situation that I might be having.

Similarly, Kudzai said:

Personally, if I am to encounter a situation of burnout I would talk of spiritual activities. I'm a Catholic, so I would use my church I will talk to the priest and he can be someone who can like

do counselling to me or I can start participating in church like singing, joining the choir. It is something that I have used before and it made me feel like a born again Christian and I managed to cope with my issues.

The findings on spiritual activities helping social workers to cope with burnout are in line with the literature review. Quinn-lee et al. (2014) postulated that engaging in spiritual activities is an effective way to mitigate burnout that can be utilized by workers afflicted by the burnout syndrome. Lizano et al. (2019) similarly note that spirituality among social workers is a key strategy that aids the attainment of higher levels of worker well-being. The participants were Christians of different denominations but, the majority of the participants were Catholics, perhaps reflecting the bias of the inclusion of one Catholic organisation in the study. The participants felt that religion plays a role when one is experiencing burnout, since one can talk to the pastor and get some advice or joining the church choir was also helpful in managing stress levels. Most Zimbabweans are Christians, statistics estimate that 74.8% identify as Protestant (including Apostolic – 37.5%, Pentecostal – 21.8% or other Protestant denominations – 15.5%), 7.3% identify as Roman Catholic and 5.3% identify with another denomination of Christianity (Evason, 2017).

iii. Training and mentoring

The findings of the study also indicated that training and mentoring can play a role in reducing burnout among social workers. Four of the participants stated how training and mentoring helped them at the times they experienced burnout.

Peter highlighted:

Uhm, I think what I can regard best is a number of trainings by social workers with their colleagues so that they are equipped with the knowledge information in the skills in terms of how they can cope on how they can manage burnout when they come across such and also the ability and capability of managing their family. It's unfortunate that my organisation does not provide any trainings that can help workers to reduce burnout, but personally I have attended a training program which was for men in the field of social work. This program helped so much as we discussed ways to cope with burnout.

Rudo said:

I can also talk of trainings; organizations should engage workers into training programs on probably how to handle work when it is difficult for them. These trainings have been done before at my organisation, and I have been part of the programs. At my organisation we have

a big target, hence for one to be in burnout it is easy because a few social workers are employed. Hence, these programs help me a lot because it gives me time to reflect on myself and work.

Similarly, Kudzai stated:

I can also talk about training and mentoring. Organizations should make sure that people have the ability to go to mentoring programs, training programs. Hence one should just make sure that he or she has managed to join one or two and learn some of the things which are talked about in this kind of gatherings. I have managed to be part of a training program during Covid-19. We were trained on how to manage pressure since a lot of cases had been reported on burnout among social workers especially during this pandemic.

The above findings are congruent to the literature review, which highlights that mentoring and training programs can be used as a self-care measure to reduce burnout. According to Khamisa et al. (2017), teaching employees coping strategies to assist them deal with work-related stress is effective because it empowers individuals to take control of their lives rather than turning to harmful coping mechanisms like excessive drinking and drug addiction. Quinn et al. (2014) argued that workers should be informed of the symptoms and indicators of burnout as well as coping mechanisms because early identification of the syndrome can help to lessen its detrimental effects on the worker. It is heartening to note that some of the participants had the opportunity to be part of the training and mentoring programs.

4.6.2. Social support strategies

When asked to indicate social support strategies that can be used to reduce burnout among social workers, the participants identified counselling, support from the organisation, case conferences and reasonable workloads.

a. Organisational support

Queen said:

Support from the organization. Our organisations support us, they can even most of the times do wellness programs, team building sessions. Yeah, that's the support we get from our organizations. The time I was experiencing burnout I had support from my supervisor. She encouraged me to rest and she did some follow ups on me to check if I was coping.

King also highlighted:

I think organizational support especially support from the supervisor. I think organizations should offer services to employees such as counselling as it helps in relieving stress. Review meetings also helps so as to find the problems that workers are facing. Our organisation provides counselling services for its workers and the employees have the opportunity to talk to the counsellors without any costs. I have attended one of the counselling sessions before, and this was the time I was having a lot of work I couldn't manage to balance, hence I had to talk to someone.

Similarly, Tatenda stated:

I think social workers really need social support systems from the organization because maybe the working conditions might be affecting them. Support is needed from the supervisors from the organizational departments that are responsible for that. At my organization my supervisor provides support that employees need and I remember that at some other time I was not able to manage the caseload I had. My supervisor is the one who helped to meet the target so as to reduce pressure that I was facing.

The above findings are congruent with the literature review's findings that social support from managers and co-workers helps employees deal with burnout because it allows them to discuss their issues with one another and get advice on how to handle them (Wacek, 2017).

b. Counselling

Counselling was identified by the participants as a social support strategy that reduces burnout among social workers.

Portia highlighted:

Counselling is very important and we are very lucky that our organization provides us with counselling. We have a counsellor in the organization who comes once per week, so when one feels pressure, he or she can go and see the counsellor and talk. I have attended some counselling sessions before because I could not manage to balance my work, it really helped me to talk to the counsellor.

Similarly, Tatenda said:

I think there is need to provide social workers with free counselling services. As social workers, we need counselling so if we are provided with free counselling services, if I am experiencing burnout, I know I have someone to consult that can help me. I remember the time I experienced

burnout, I managed to cope very well because I had support that was needed at that time. Actually, to me it was more of a counselling session that was provided by my colleague.

The findings above indicate that counselling was a social support strategy which can reduce burnout among social workers. This is was a ne emerging factor which was not mentioned in the literature review.

c. Reasonable workload

Reasonable workload was a new emerging factor identified by the participants. Due to neoliberalism and NPM social workers tend to face increased workloads, hence the participants identified reasonable workload as a social support strategy which can reduce burnout among social workers.

Shantel stated:

Organizations should provide workers with reasonable workloads for example, employing one worker in a district is so challenging. The workload is too much for one person, at least they should employ 4 or 5 social workers. By so doing it reduces the workers caseloads.

Rudo indicated:

A reasonable workload can also help in reducing burnout among social workers. In this case I think organizations should employ a lot of social workers or they can even take in assistant workers who can help other social workers, especially when it is time to go into the field.

Similarly, Kudzai said:

I can talk about maybe reasonable workload like what I said before that some people have high workload. People need reasonable workloads. The government needs to employ more social workers so that they share responsibilities. For example, if dealing with the big number like maybe probably 50 adolescents, it is going to be very difficult for one to talk to them because these people have attitudes, they are very difficult to talk to, so I can say maybe reasonable workload.

Therefore, it can be evidenced that a reasonable workload was a support strategy which can help to reduce burnout among social workers.

d. De-briefing

De-briefing was also identified as social support strategy that can be used reduce burnout among social workers.

Takudzwa stated:

One of the working strategies I can say is de-briefing. This is whereby a social worker, let's say after maybe completing a task they are given a platform to brief achievements and failure and this makes them to feel relieved.

Tatenda highlighted:

I think social workers need de-briefing sessions whereby we meet with other social workers from different organizations and we share our experiences. We share what we think we can do to solve what we face as social workers, if we do de-briefing sessions and share our experiences, we also share solutions at the same time, I think that's one of the things that can help social workers to cope with burnout.

The findings above indicate that social support strategies are key in reducing burnout among social workers. With failure to provide social support, social workers are at higher risk of burnout. This is consistent with the job demands-resources model of burnout, which claims that social support is crucial in regulating the link between burnout and job stress, but that when social support is few, social workers experience higher levels of burnout at work (Kim and Stoner, 2008).

4.7. National policies on burnout prevention

When asked to suggest policy measures on a national level that can be put in place in addressing burnout among social workers, the participants provided various strategies. The common strategy that was mentioned was the recognition of social workers in Zimbabwe as they are important in helping to enhance the wellbeing of people.

Lisa stated:

Social workers are not recognized in Zimbabwe, they do not have that support, so maybe if we get support from the government, which will be great. We are not seen by the government so I think social workers should be recognized.

King highlighted:

I think on national level, maybe the government needs to view social workers as important and also employ a lot of social workers.

Similarly, Peter said:

A more strong and robust Council of social Workers that is also supportive of the social workers that are working on the ground. Without that support, I think we see a lot of social workers suffering from burnout and also at the end of the day, this actually affects the quality of the services that they provide and ultimately the challenges or the problems.

The findings above indicate that social workers in Zimbabwe are not recognised as important since the majority of the participants indicated that this is why burnout increases among social workers. Ngomane (2010) highlighted that Zimbabwean qualified social workers are shunning the profession and either leaving the country to practise elsewhere or changing professions because they are not recognised as important and it has led to high risk of burnout. Social work in Zimbabwe was slow to gain recognition due to economic and political history of Zimbabwe and it is still under-valued (Beardsworrth, Cheeseman and Tinhu, 2019). On top of these conditions, Chogugudza (2018) noted social, political and economic difficulties as the main push factors for migration of social workers from Zimbabwe, with a major factor being lack of recognition. These sentiments are congruent with the literature review that burnout in Zimbabwe focused on teachers and nurses, not giving much attention to social workers. Social work researchers seem to be lagging in the area of burnout as no statistics on the rates of burnout among human service workers exist (Lizano and Mor Barak, 2015).

4.8. Chapter summary

This chapter presented, analysed and discussed the findings of the study. The findings indicated that social workers are knowledgeable of the manifestation of burnout and the factors that predispose social workers to burnout. The chapter also highlighted the social workers views regarding self-care and social support strategies that can be used to prevent or reduce burnout among social workers. The following chapter presents the major conclusions reached from the study findings and recommendations.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5. Introduction

The major findings of the study are presented in this chapter. Conclusions of the study are provided as well as the recommendations on the strategies that can be put in place in reducing and preventing burnout among social workers. Recommendations on areas that need further research on burnout among social workers is also included. The chapter concludes with a summary

5.1. Summary of the study findings

This study was framed by the job demands resource theory and the ecological systems theory. The job demands resource theory aims to understand the precursors of burnout (Schaufeli and Taris, 2013). The ecological systems theory aims to understand how humans can be influenced by environmental systems (Bronfenbrenner, 1977). The main aim of the study was to understand burnout amongst social workers in Zimbabwe. Job demands resource theory was appropriate because I wanted to explore burnout among social workers and this theory explains the development of burnout by excessive job demands, lack of resources and availability of resources which can mitigate burnout.

Lizano et al. (2019) argue that job resources are the features of the job that aid a worker reach their goal such as job autonomy and social support. Some of the participants reported that as their supervisors adopted a top-down approach, they social workers could not carry their duties freely, and was denied autonomy. This contributed to burnout amongst the social workers because they had to carry out their duties in time regardless of having high workloads. Social workers require job autonomy for them to execute their duties freely without facing any challenges. Therefore, it can be summarised any job demands and job resources can affect the worker's wellbeing and health (Schaufeli and Taris, 2004)

The ecological theory was also appropriate because I wanted to understand how social workers experience burnout and this theory explains the effects of the environment on humans hence this can be a root cause of burnout amongst social workers. The objectives of the study were to understand social workers' perceptions and experiences of burnout, understand the views of social workers regarding how work, personal and environmental circumstances might

predispose them to burnout and to understand social workers' view regarding the influence of social support and self-care in preventing burnout as coping strategies.

The study findings support the wide body of research that reflects the negative impacts of neoliberalism on social welfare and social work. New public management has contributed to the de-professionalisation of social work practice (Dominelli, 1996). In the same vein, the neoliberal approach propels the idea of expanding individual liberties, providing the right or individualism as opposed to collectivism in the implementation of social welfare programmes. Neoliberalism and NPM brought about change and control over the functions of social workers and of welfare. Therefore, the macro-economic contexts of neoliberalism and NPM has direct impacts on social welfare organisations and on the psycho-social functioning of social workers on a day-to-day basis. It can also be summarised that due to neoliberalism and NPM social workers in Zimbabwe struggle to have enough resources (i.e., transport, airtime, WIFI) to carry out their duties. The dire situation that social workers face is also being experienced in other African countries. Emphasising on the impact of neoliberalism and new managerialism, Holscher and Sewpaul (2006) stated that “social workers in post-apartheid South Africa battle with diminishing resources in relation to increasing numbers of service users, spreading our professional time and resources of financial and material aid increasingly thinly” (p. 174). This situation has influenced the migration of a number of social workers in order to have better working conditions.

Neoliberalism and NPM brought about change and control over the functions of social workers and of welfare. Social workers are now at risk of burnout due to the increased workload they are facing. Increased workload can be influenced by lack of resources as one cannot manage to undertake his/her duties in time. It can be summarised that high workload was one of the factors which contributed to burnout amongst social workers. Having a high workload has burdened social workers, as they aim to be more efficient yet with lesser resources and within a shortest period of time (Dlamini and Sewpaul, 2015).

I used the qualitative research method, which is preferred in research that sought to discover in-depth data and describe people in their natural situations (Kelly, 2017). Fifteen participants from three non-governmental organisations participated in the study with five participants from organisation C, four from organisation B and six from organisation A. I conducted the interviews during the Covid-19 pandemic hence, the regulations which were put in place by the government were maintained. Due to this pandemic some of the interview sessions were

diverted to individual zoom calls. The length of each interview varied with the participants, but each session took between 30 to 50 minutes.

From the study findings it can be concluded that social workers have knowledge on burnout phenomenon. The majority of them managed to give details about the manifestation of burnout and also their experiences with burnout. Secondly, the study findings also indicate that in Zimbabwe, burnout is an issue of concern amongst social workers which has not been given much attention hence, the need to be addressed. Social workers working in various sectors including non-governmental organisations experience burnout.

The study exposed that Covid-19, personal factors and organisational factors pre-dispose social workers to burnout. However, the findings of the study indicated that organisational factors were the main burnout triggers amongst the participants. Work related factors such as high workload and lack of resources (i.e., airtime, transport, WIFI) were the common organisational factors that contributed to social workers experiencing burnout. Low remuneration was also highlighted as an emerging factor linked to social workers experiencing burnout.

The study findings indicated that Covid-19 had a great influence on the work-related factors that expose social workers to burnout as it changed a number of issues in the organisations. Due to the pandemic some of the social workers were working from home, the workload increased because the regulations limited social workers' ability to handle different cases and the pandemic also led to some social workers being retrenched since organisations could not afford paying them. Lack of organisational support also led to burnout among social workers. Personal factors were also found to be related to burnout. Personal stress was found to be the common factor which contributes to burnout among the social workers. However, support from family, friends and colleagues helped mitigate some of the effects of burnout.

The study findings indicate that Covid-19, personal factors and organisational factors are related to burnout among social workers. Hence self-care measures and social support strategies are imperative in dealing with burnout among social workers. The study findings revealed that self-care measures such as engaging in hobbies and exercises, spiritual activities, training and mentoring are crucial in helping social workers to cope with burnout and prevent it as well. Social support strategies such as organisational support, counselling, reasonable workload and de-briefing are important in reducing and preventing burnout among social workers.

5.2. Major conclusions of the study

The major conclusions of the study emerged from the themes which were discussed in the study findings. This is explained below in sub-themes.

5.2.1. Participants' understanding of burnout

The study concluded that social workers have much knowledge on burnout syndrome as they managed to give detailed information regarding their experiences with burnout, this tallies with the findings of Kruse (2009) who indicates that social workers are aware of burnout. From the study findings, the participants indicated that they can manage to identify burnout in themselves, this is in contrast with Putnik et al. (2011) who assert that social workers do not recognise the symptoms.

The study also concluded that burnout is an issue among social workers in Zimbabwe which has not been given much attention, yet it affects social workers. Therefore, the study concludes that there is need of paying attention to burnout among social workers in Zimbabwe so as to reduce its risk among social workers.

5.2.2. Link between Covid-19 and workload

The study was not designed to understand the impact of Covid-19. However, given that the interviews were conducted during the pandemic; they reflected the social workers' concerns about the impact of the virus on them and their work. The study concluded that Covid-19 had a direct impact on social workers' working conditions as it increased their workloads as well as stress, thus contributing to burnout. This coheres with Weinbeig's (2020) argument that during Covid-19 social workers were struggling to meet daily work routines, meet the needs of the people they work with because the workload had increased. People were in need of social workers' assistance during this pandemic, and ensuring that people got the required assistance they wanted was difficult for social workers to handle. Participants related job-related factors and fears of being infected with Covid-19 on the job as inducing stress and burnout.

High workload has been established as a major factor which exposes social workers to burnout. The study concluded that when a social worker's workload is too large one can have negative attitudes towards achieving her goals. This tallies with the job-demand resource theory since the availability of job resources moderates the negative impacts of job demands (Schaufeli and Taris, 2014). This creates a state of positivity and fulfilment on the job amongst social workers.

Ensuring that people can be assisted in the face of high workloads and lack of resources is difficult and produces ethical dilemmas and stress for social workers, which might lead to burnout. Covid-19 had an impact on social workers' daily routines, linked with high workloads, constraints on the number of people that they could work with at any given time, and balancing their duty to provide services against their fears of them and their families becoming infected

The study concluded that in order to reduce and prevent burnout amongst social workers a reasonable workload was an emerging factor which the participants identified as crucial. Due to neoliberalism and NPM social workers tend to face increased workloads, hence the participants identified reasonable workload as a strategy which can reduce burnout among social workers.

5.2.3. Personal stress

Personal factors also have a bearing on burnout, however, the study concluded that work related factors have a greater impact and bearing on burnout. Primary and secondary data indicate that there is correlation between personal stress and the onset of burnout among social workers (Martínez-López, Lázaro-Pérez and Gómez-Galán, 2021). The study concludes that personal stress creates the pre-condition for burnout to occur, in that social workers will be exposed to stressful environments at multiple levels. In this study, participants focussed far more on work related factors as precipitants to burnout. While they identified familial and personal factors as contributing to burnout, they did not report personally experiencing family and personal challenges. As reflected in the analysis chapter, this might be related to participant bias as they might not have wanted to discuss challenges that they thought might place them in a negative light.

5.2.4. Job autonomy

Lack of job autonomy was an important theme, as some of the participants indicated that supervision was a top-down approach. It can be concluded that lack job autonomy was a factor which contributed to social workers experiencing burnout. Social workers need to be free to raise their concerns and ideas in their work places regardless of the working positions they have. According to Lizano and Mor Barak (2012), a lack of control over one's environment in the workplace, including the ability to make decisions, leads to burnout. The lack of job

autonomy is closely related to the burnout dimension of personal accomplishment as coined by (Maslach, 2005), this entails a worker feeling as a failure and views work negatively and generally becomes dissatisfied with their work (Serin and Balkan, 2014).

5.3. Coping and preventing burnout among social workers

The study concluded that self-care measures can be used to reduce burnout amongst social workers. Self-care measures that helped other social workers in reducing burnout included engaging in hobbies and exercises, spiritual activities, being part of training and mentoring programs. Social support strategies were also suggested to be useful in preventing and reducing burnout among social workers. The study concluded that organisational support, counselling, reasonable workload and de-briefing are crucial in reducing burnout among social workers.

5.3.1. Spiritual activities

Spiritual activities have been established as a major self-care measure which social workers can use to prevent and cope with burnout. It can be concluded that the participants were Christians of different denominations, but the majority of the participants were Catholics, perhaps reflecting the bias of the inclusion of one Catholic organisation in the study. The participants felt that religion plays a role when one is experiencing burnout, since one can talk to the pastor and get some advice or joining the church choir was also helpful in managing stress levels. This tallies with Quinn-lee et al. (2014) who postulated that engaging in spiritual activities is an effective way to mitigate burnout that can be utilized by workers predisposed to burnout. Lizano et al. (2019) similarly note that spirituality among social workers is a key strategy that aids the attainment of higher levels of worker well-being, with spiritual activities including meditation, praying and worshipping.

5.3.2. Reasonable workload

The study concluded that reasonable workload was a major social support strategy which reduces and prevents burnout among social workers. All the participants mentioned that high workload was the main burnout trigger. Employing more social workers was suggested as the best way to reduce high workload. It can also be concluded that linked to the high workloads was the unrealistic demands on the part of supervisors that the participants felt they could not challenge. Hence supervisors played a role in social workers experiencing burnout as their demands increased social workers' workload, and reduced their sense of autonomy. It can be

concluded that with failure to provide social support, social workers are at higher risk of burnout. This tallies with the job demand-resources model of burnout, which contends that social support is crucial in regulating the link between burnout and job stress, but when social support is scarce, social workers experience greater levels of burnout. at work (Kim and Stoner 2008).

5.4. Recommendations of the study

Based on the study findings on understanding burnout among social workers in Zimbabwe, the following are the recommendations of the study.

- The National Association of Social Workers, as a representative body for social workers, should engage with the government and relevant stakeholders in addressing social workers' working conditions, particularly social worker ratio with the number of people they work with in Zimbabwe. The government should also recognise the importance of social workers in the community, hence by so doing it can reduce burnout among social workers. This tallies with Bess and Collins (2014) who argue that since a social worker enhances the general well-being of people there is also need to recognise their importance in the society so as to reduce stress amongst them.
- Social workers should have the courage to collectively approach managements in request of resources so as to limit some of the challenges they face individually. Organisations should ensure that the workplace provides adequate resources for social workers so as to address the issues of the people they work with, without facing any constraints. This is in line with Dlamini and Sewpaul (2015), who states that it is the ethical responsibility of social workers to challenge structural situations in the workplace for their own wellbeing and satisfaction, and for the betterment of the people and communities that they engage with. Social workers need to reclaim their professional spaces to render the best possible services, and to engage people in the most empowering and liberating ways possible (Sewpaul and Larsen, 2014)
- Organisations that employ social workers and other human service workers must adopt organizational policies and measures that prevent burnout among workers. Organisations must also set up work structures that that assist workers to cope with burnout, such as, counselling services, time off, stress management training and wellness programs in the workplace. According to Bray (2016) workplace wellness

programs can produce less absenteeism of workers, higher productivity, worker satisfaction and retention.

- Organisations must measure that enhance job autonomy to reduce related occupational health issues amongst social workers. Social workers also need to freely raise their ideas in their working environment without being controlled and told what to do all the time. This tallies with Lizano et.al (2019) who indicates that revised job resources such as job autonomy can produce a state of positivity and fulfilment on the job amongst workers. Job autonomy can improve the social worker's function within the organisation, lower absenteeism, boost retention, and raise the calibre of services provided to the service user, while job discontent could have the reverse effect (Farmer, 2011)

5.5. Recommendations for further research

Drawing from the data gathered from participants, the study proposes areas for further research regarding burnout amongst social workers. The areas are recommended with the idea that they will be instrumental in shaping narratives on social worker burnout in the country, and may consequently add to the knowledge base of social work.

- The implications of the emerging pandemic Covid-19 amongst social workers in Zimbabwe

While not specifically related to the study design, the study uncovered Covid-19 and its effects on social workers to be a major concern. Given the small-scale nature of the study, I could not deal with the full-scale implications of Covid-19 on the welfare sector and for social workers, in particular. Therefore, there is need to investigate the impact of Covid-19 as this pandemic involved a lot of social workers in the field who had an aim of helping the community. This is in line with Usher et.al (2020) who argues that during the Covid-19 pandemic social workers were crucial since the level of mental health problems increased amongst people due to the fear of the pandemic. The issue of Covid-19 led social workers to face a number of ethical issues as it was difficult to execute their work during the pandemic. Upholding the principle of respect for people's rights and dignity was a challenge because social workers did not manage to meet people directly or to see their faces, it was also a challenge to improve and change people's inadequate living conditions (International Federation of Social Workers (IFSW), 2022). Hence, I recommend that the issue of Covid-19

and social workers should be focused on so that probably there can be a continuation of the development of a more detailed ethical guidance for social workers and their employers, as well as to create spaces for peer support and learning in relation to tackling ethical dilemmas in practice (IFSW, 2022).

- Exploring the impact of supervision on social worker's job performance in Zimbabwe

Job satisfaction influences employees to execute their duties with greater commitment, dedication and enthusiasm. A number of factors contribute to satisfactory job performance amongst social workers. Strolin, McCarthy and Caringi, (2007:12) argue that organisational factors such as autonomy, influence over decisions affecting the job, flexibility, caseload size, supervision and professional development opportunities influence social workers' job satisfaction over time. Supervisory factors are defined as the causes of turnover that stem from insufficient supervisor support and competence. Supervision has effects on how social workers engage with their work. Lack of job autonomy is a factor which can influence the social workers satisfaction at a workplace. When an intermediate social worker begins to gain autonomy, they may feel ambivalent about their work as they possess more confidence to execute their required tasks (Chibaya, 2018). Supervision is usually a top-down approach and it does not allow workers to voice their opinions and concerns. Akkenson and Canavess (2017) acknowledge that hierarchical organisational structures do, of necessity, exist. However, this does not have to translate into non-egalitarian relationships. It is important that leaders be caring and skilled to ensure supervision is done well, and that they execute their intended functions with respect for fellow workers. If supervision does not allow social workers to have a voice in their work it makes it difficult for them to perform their duties in the required manner. Supportive, developmentally oriented supervision of social workers is imperative since it positively influences job performance.

- Understanding the impact of social worker to service user ratio

According to Giese (2010) a high percentage of social workers cannot cope with the demands arising from unmanageably high workloads. This has negatively impacted the health of social workers, who work in emotionally demanding and difficult spaces. In the provision of social services, the level of human resources is one of the most important determinants of effectiveness and impact (GSSWA, 2019). The Global Social Service Workforce Alliance (GSSWA), whose key mandate is workforce development and strengthening, is actively advocating that nation states consider contextual realities in developing reasonable social-

worker to population ratios. If one has a ratio of workforce to service user which is favourable it reduces the negative effects which one might face. Therefore, a study should be carried out in order to understand the social worker to service user ratio in Zimbabwe and how these ratios affect services in different fields of social work.

5.6. Conclusion

In this chapter I have summarised the study, drawn out the major findings and conclusions and I made recommendations that are appropriate and relevant to the study. The objectives of the study, namely to understand social workers' experiences of burnout, understand the views of social workers regarding how work, personal and environmental circumstances might predispose them to burnout and to understand social workers' views regarding the influence of social support and self-care in preventing burnout as coping strategies have been met.

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7. Appendices

Appendix 1: INTERVIEW GUIDE FOR THE PARTICIPANTS INTRODUCTION

The interview guide is divided into two sections, the first section is for the biographical details and the second section for the area of exploration in the interview. The interview will be conversational in nature, with the use of open-ended questions to encourage participants to engage freely.

SECTION A: BIOGRAPHICAL DETAILS

1. Gender
2. Age
3. Marital status
4. Number of children
5. Ages of children
6. Religion- explore details
7. Length of experience as a social worker
8. Duration of employment in current organization

SECTION B: AREAS OF EXPLORATION

1. What are your roles and responsibilities in your organization?
2. What is it about your work that you find most rewarding?
3. How has Covid-19 influenced what social workers do?
4. Has Covid-19 influenced your work personally? If so, how?
5. How do you think burnout manifests?
6. Have you had experiences with burnout? Tell me about it.
7. What work conditions do you think can contribute to social workers experiencing burnout?

Prompts: The nature of social work, High work load, Lack of job autonomy, Lack of support from supervisor and colleagues

8. What personal factors can you identify, which can result in social workers experiencing burnout?

Prompts: Family awareness of the nature of the job, family support, home circumstances, self-esteem, personal stress

9. What self-care measures can social workers use to prevent or reduce burnout?

Prompts: Self-reflection, training and mentoring programs, work family balance, engaging in exercises, hobbies, engaging in spiritual activities.

10. What social support strategies would you suggest to cope with burnout?

Prompts: Counselling, organizational support, supervision (explore nature and type of supervision), case conference, reasonable work load, wellness programmes.

11. What policy measures on a national level do you think should be put in place in addressing burnout among social workers in Zimbabwe?

12. Do you have any additional comments on issues we have discussed that can help me understand further the factors related with burnout among social workers in Zimbabwe.

Appendix 2: Approval letters from the three organisations



23/06/2021

Dear Sir/Madam

REF: **RESEARCH APPROVAL LETTER - KUMBIRAI P ZENDA**

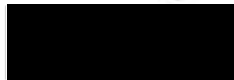
The above matter refers:

Institute for Community Development in Zimbabwe (ICODZIM) has granted **KUMBIRAI P ZENDA (Registration number 221117417)** permission to carry out her study (The influence of Social Support and Selfcare on Burnout among social workers in Masvingo, Zimbabwe) at our organisation as part of her fulfillment of her studies at your university.

All the information obtained at our organization should remain confidential and all the participants should also remain anonymous.

Thank you

Yours sincerely



Talent Maposa
Directors





23/06/2021

Dear Sir/Madam

REF: **RESEARCH APPROVAL LETTER - KUMBIRAI P ZENDA**

The above matter refers:

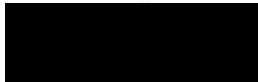
Batanai HIV and AIDS Service Organization (BHASO) has granted **KUMBIRAI P ZENDA (Registration number 221117417)** permission to carry out her study (The influence of Social Support and Selfcare on Burnout among social workers in Masvingo, Zimbabwe) at our institution as part of her fulfillment of her studies at your university.

All the information that she will obtain at our organization should remain confidential and also the participants should remain anonymous.

My contact details are: Simbarashe Mahaso- smahaso@bhaso.org - +263 773 498 431

Thank you

Yours sincerely



Simbarashe Mahaso
Chief Operations Manager

Caritas Masvingo

P.O. Box 403
14 Hofmeyer Street
Masvingo
Cell: 0772 246 176
Email: lilysaringo@gmail.com



23/06/2021

Dear Sir/Madam

REF: RESEARCH APPROVAL LETTER- KUMBIRAI P ZENDA

The above matter refers

Caritas Masvingo has granted **KUMBIRAI P ZENDA** (Registration number **221117417**) permission to carry out her study (The influence of Social Support and Self-care on Burnout amongst Social Workers in Masvingo, Zimbabwe) at our institution as part of her fulfillment of her studies at your University.

All the information that she will obtain at our organization should remain confidential and also the participants should remain anonymous.

My contact details are: Lilian Jongwe - lilysaringo@gmail.com - +263772246176

Thank you

Yours sincerely

Lilian Jongwe

Coordinator

Appendix 3: Ethical clearance form



03 November 2021

Kumbirai Petronella Zenda (221117417)
School Of Applied Human Sc
Howard College

Dear KP Zenda,

Protocol reference number: HSSREC/00003564/2021
Project title: Understanding burnout amongst social workers in Masvingo, Zimbabwe
Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 25 October 2021 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL** with the following condition:

1. The use of photographs and video recording is not permitted.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

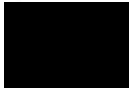
This approval is valid until 03 November 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hialele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 200 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/research-Ethics>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

Appendix 4: Informed Consent form

CONSENT FORM

NAME OF PARTICIPANT.....

1. TITLE OF THE STUDY

Understanding burnout amongst social workers in Masvingo, Zimbabwe.

2. AIM OF THE STUDY

The purpose of the study is to understand the influence of social support and self-care on burnout among social workers at Bhaso, Child Line and the Department of Social Services in Masvingo Province, Zimbabwe.

3. PROCEDURES

I understand that in the study I will participate in a face-to-face interview with the researcher. I also take note that I will be asked questions on my level of understanding on the factors that contribute to social workers experiencing burnout.

4. RISK AND DISCOMFORT

I take note that questions on burnout may invoke feelings of emotional or psychological discomfort. I also understand that in the event that feelings are evoked, I can withdraw from the study at any time, with no negative consequences or I can reschedule an interview with the researcher.

5. BENEFITS

I take note that participating in this study is voluntary. Therefore, I will not receive any direct benefit, either monetary or other forms. However, I take note that my participation will help improve the effectiveness of social work service delivery and general well-being of social workers.

6. RIGHTS AND PARTICIPATION

I understand that I have the right not to answer any question and I also have the right to seek clarity on matters that I do not understand during the interview. I also understand that I have the right to withdraw from the interview at any time.

7. DISSEMINATION OF FINDINGS

I take note that the research finding of the study will be used for academic purposes and if I want the report of the findings. I am allowed to request a copy from the researcher. I also understand that a copy of the research project will be available at our organization and the University of KwaZulu-Natal.

8. CONCLUSION

I have read and understood the details of the study. I freely agree to participate in this study

.....

.....

Signature of participant

Date