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## Emotional Exhaustion and Workload Demands In Renal Social Work Practice

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*This study examines the degree to which renal social workers experience emotional exhaustion and workload demands as a result of their professional practice in dialysis units. Mail survey data from a national sample of 809 respondents were used to make comparisons based on private versus public facility classification and level of involvement in specific job activities. Findings indicated that the respondents' level of involvement in counseling, clerical and insurance activities was significantly related to their self-reported levels of emotional exhaustion and workload. Implications for social work practice and research are discussed.*

**Key words:** *emotional exhaustion; workload; dialysis; social work practice*

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People with chronic kidney disease (CKD) require a range of psychosocial services and interventions from renal social workers. These services and interventions help patients to manage the physiological and psychological sequelae associated with the disease process. Renal social workers are central to the provision and management of psychosocial services for patients undergoing renal replacement therapy (Beder, 1999; Dobrof, Dolinko, Lichtiger, Uribarri, & Epstein, 2001; McKinley & Callahan, 1998; McKinley, Schrag, & Dobrof, 2000). Some of the primary interventions offered by social workers include patient and family education, supportive counseling, crisis intervention, provision of information and community referrals, interdisciplinary care planning and collaboration, and patient advocacy (Dobrof et al., 2001; McKinley & Callahan, 1998; MccKinley et al., 2000; Russo, 2002). These interventions help renal patients to cope with the mental health consequences that are often associated with a diagnosis of CKD (Beder, 1999; Furr, 1998; Hailey et al., 2001; Illiç, Djordjeviç, & Stefanoviç, 1996; Kimmel, 1992; Kimmel, Weihs, & Peterson, 1993; Peterson et al., 1991), and they help to promote long-term compliance with treatment. Studies have demonstrated how social work interventions such as counseling and education have a positive effect on

patients' psychological well-being and on their psychosocial adjustment (Beder, 1999; Dobrof et al., 2001).

Social work services, as described in the original 1976 Medicare mandate (Department of Health, Education, and Welfare, 1976) consist primarily of counseling-based activities. These activities are becoming more difficult to provide, in part because of the workload associated with large patient caseloads, nonclinical duties imposed by employers, and the complex medical and mental health needs of patients. According to the Medicare mandate:

Social services are provided to patients and their families and are directed at supporting and maximizing the social functioning and adjustment of the patient. . . . The qualified social worker is responsible for conducting psychosocial evaluations, participating in team review of patient progress and recommending changes in treatment based on the patient's current psychosocial needs, providing casework and groupwork services to patients and their families in dealing with the special problems associated with ESRD [End Stage Renal Disease], and identifying community social agencies and other resources and assisting patients and families to utilize them. (Sec. 405.2163b)

In order to assist patients in accordance with this Medicare mandate, social workers must have adequate time and resources to provide those patients with

psychosocial support services. Social work practitioners who work in dialysis settings possess specialized knowledge of the psychological and emotional aspects of disease and illness (Callahan, 1998; Rosen, 1999). But this specialized knowledge is not being used to full advantage when their day-to-day responsibilities include doing numerous clerical tasks, arranging patient transportation and travel, dealing with billing issues, and verifying patients' insurance.

### ***Emotional Exhaustion and Workload***

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

In addition to feeling emotionally exhausted as a result of one's job, a person's perception of her or his workload can also contribute to negative occupational health outcomes. According to Spector and Jex (1998), "workload can be measured in terms of the number of hours worked, level of production, and even the mental demands of the work being performed" (p. 358). Spector and Jex developed a brief workload measure—the Quantitative Workload Inventory (QWI)—that can be used to assess workload in terms of pace and volume. In their meta-analysis of 18 studies to demonstrate the validity of the QWI, Spector and Jex reported that the QWI is strongly correlated with the experience of role conflict and frustration in one's job. As the professional role and responsibilities of social workers begin to be more clearly defined in terms of patient caseloads, involvement in nonclinical activities, and job satisfaction (see Merighi & Ehlebracht, 2004a, 2004b, 2004c), the influence of emotional exhaustion and workload on renal social workers' professional practice and occupational well-being merit further investigation.

### ***Hypotheses***

This study examined the influence of emotional exhaustion and workload on renal social work practice. Four research hypotheses were developed to test the relation of these outcome measures to facility classification and three specific job activities.

*Hypothesis 1:* There will be a difference in the level of emotional exhaustion reported by full-time (35 or more hours per week) and part-time (20-34 hours per week) social workers by facility classification (private for-profit, private nonprofit, public).

*Hypothesis 2:* There will be a difference in the workload level reported by full- and part-time social workers by facility classification.

*Hypothesis 3:* For full- and part-time renal social workers, there will be:

- a) a negative relation between level of involvement in clinical activities and emotional exhaustion after controlling for the effect of caseload size;
- b) a positive relation between level of involvement in clerical activities and emotional exhaustion after controlling for the effect of caseload size; and
- c) a positive relation between level of involvement in insurance activities and emotional exhaustion after controlling for the effect of caseload size.

*Hypothesis 4:* For full- and part-time renal social workers, there will be:

- a) a negative relation between level of involvement in clinical activities and workload level after controlling for the effect of caseload size;
- b) a positive relation between level of involvement in clerical activities and workload level after controlling for the effect of caseload size;
- c) a positive relation between level of involvement in insurance activities and workload level after controlling for the effect of caseload size.

## **METHODS**

Dillman's (1978) total design method was used to conduct a mail survey of renal social workers employed in dialysis units throughout the United States and the US territories.

### Respondents

A sample of 809 respondents from all 50 states, American Samoa and Puerto Rico was used for this study. The respondents were obtained by generating a list of all dialysis units that were in operation throughout the United States in October 2002 ( $N = 4,199$ ), and selecting a stratified random sample of 1,500 units. The strata used to develop the sampling frame consisted of end stage renal disease (ESRD) network number and zip code. The overall response rate was 54.4 percent, after adjusting for surveys that were returned due to incorrect address information ( $n = 7$ ), or social workers who called the authors to indicate that they worked at more than one dialysis unit and received the survey at more than one location ( $n = 8$ ).

The sample consisted of 80.0 percent European Americans, 8.9 percent African Americans, 4.4 percent Hispanics/Latinos, 1.8 percent Asians/Pacific Islanders, and 4.9 percent Mixed Heritage/Other. The respondents' ages ranged from 23 to 72 years ( $M = 44.9$ ,  $SD = 10.9$ ), and their social work practice experience ranged from 1 month to 35 years in nephrology settings ( $M = 6.4$  years,  $SD = 5.9$ ) and from 5 months to 45 years in all practice settings ( $M = 14.9$  years,  $SD = 9.3$ ). The majority of the respondents were women (87.1 percent), had a master's degree in social work (95.4 percent), had a social work license (77.7 percent), worked for private, for-profit dialysis facilities (72.2 percent), and earned \$40,000-\$49,999 per year (37.5 percent). The length of time with their current employer ranged from 1 month to 31 years ( $M = 5.4$  years,  $SD = 5.5$ ), and approximately one half of the study respondents (52.5 percent) worked for only one dialysis unit (31.7 percent worked for two units, 11.4 percent worked for three units, and 4.4 percent worked for four or more units). All participants volunteered to participate and were treated in accordance with the guidelines on evaluation and research described in the National Association of Social Workers (NASW) Code of Ethics (NASW, 1999).

### Measures

A 245-item Nephrology Social Worker Job Survey was used to evaluate renal social work practice in three broad domains: (1) professional development and training, (2) dialysis unit issues, and (3) patient care. Each domain contained open- and closed-ended questions that assessed the job-related attitudes and behaviors of the respondent. Two of the outcome measures used in this study, i.e., emotional exhaustion and workload, are described below.

*Job-Related Emotional Exhaustion (JEE).* The JEE was used to measure how often respondents felt "used up" as a result of their work (Wharton, 1993). This measure consists of six items that are rated on a seven-point scale, from zero (never felt this way while at work) to six (felt this way every day). Sample items include "I felt emotionally drained from my work," "I feel frustrated by my job," and "I feel I'm working too hard on my job." The JEE total score ranges from 0 to 36, with high scores being indicative of a high level of emotional exhaustion. A mean score of 14.8 ( $SD = 7.7$ ) was obtained from a study of 622 hospital and bank employees (Wharton, 1993). Cronbach's alpha for the current study was 0.91.

*Quantitative Workload Inventory (QWI).* The QWI was used to measure the pace and volume of work associated with the respondent's job (Spector & Jex, 1998). This measure consists of five items that are coded on a five-point scale, from one (less than once per month or never) to five (several times per day). Sample items include "How often does your job require you to work very fast," "How often is there a great deal to be done," and "How often do you have more work than you can do well?" The QWI total score ranges from 5 to 25, with high scores corresponding to high workload level. A weighted mean score of 16.5 ( $SD = 3.4$ ) was obtained from 15 studies with 3,728 participants (Spector, n.d.). Cronbach's alpha for the current study was 0.90.

### Data Collection Procedure

The total design method uses a systematic approach that maximizes the response rate for mail surveys. For this study, the data collection procedure consisted of five sequential steps: (1) sending an introductory letter, addressed to "Renal Social Worker," to 1,500 randomly selected dialysis units; (2) sending a study packet that contained an implied consent letter, the Nephrology Social Worker Job Survey, and a postage-paid return envelope; (3) sending a reminder postcard; (4) resending the study packet to all 1,500 dialysis units; and (5) sending a thank-you postcard. To maintain the respondents' anonymity, study packets were resent to all 1,500 dialysis units and tracking numbers were not used on the surveys. Study respondents were asked to complete the survey and return it in the prepaid envelope only if they agreed to the conditions of the study as outlined in the implied consent letter. No compensation or incentives were offered in exchange for completing the survey.

### Statistical Analyses

For the purpose of this study, a part-time employee was defined as a person who worked between 20 and 34 hours per week, and a full-time employee was defined as a person who worked 35 hours or more per week. Work activity data for social workers who reported working fewer than 20 hours per week were removed from this study. One-way analysis of variance was used to test for differences in the social workers' reported level of emotional exhaustion and workload by facility classification (private for-profit, private nonprofit, and public) and employment status. Partial correlations were computed to examine the association between the social workers' reported level of emotional exhaustion and workload and their level of involvement in specific job activities, controlling for the effect of patient caseload size. In this study, social workers reported the number of hours they typically spent per week in nine specific work domains: counseling, psychosocial assessment, insurance-related tasks, patient billing, clerical tasks, patient charting, patient education, arranging patient travel and unit management. These hourly data were converted to a percentage of total time worked per week.

## RESULTS

### Emotional Exhaustion and Workload by Facility Classification: Hypotheses 1 and 2

Hypotheses 1 and 2 predicted that both part-time and full-time social workers would report different levels of emotional exhaustion and workload based on how their facility was classified. These predictions were not supported. Although workers in public facilities, in general, reported higher levels of emotional exhaustion and workload as compared to their counterparts in private facilities, the main effects for the facility comparisons were not significant. Table 1 summarizes emotional exhaustion and workload scores by facility classification.

**Table 1. Emotional Exhaustion and Workload Scores by Facility Classification and Employment Status ( $N=385$ )**

Facility Classification	20-34 hours/week	35+ hours/week
	<i>M (SD), n = 307</i>	<i>M (SD), n = 278</i>
<b>Emotional Exhaustion</b>		
Private, for-profit	15.0 (7.8)	15.9 (9.0)
Private, nonprofit	14.7 (7.9)	16.1 (8.1)
Public	14.8 (6.4)	19.4 (8.7)
<b>Workload Scores</b>		
Private, for-profit	17.8 (4.9)	18.4 (4.4)
Private, nonprofit	17.1 (4.7)	18.9 (4.5)
Public	19.2 (4.2)	19.9 (5.4)

### Emotional Exhaustion and Job Activities: Hypothesis 3

Partial correlations were computed to examine the association between emotional exhaustion and nine job activities, while controlling for the effect of patient caseload size. All three predictions for Hypothesis 3 were supported for both full-time and part-time workers. Table 2 provides a summary of the correlations between all nine work activities and emotional exhaustion by employment status. As predicted, full- and part-time social workers who spent more time doing counseling reported less emotional exhaustion, and those who spent more time doing insurance and clerical activities reported more emotional exhaustion. Also, part-time employees who spent more time doing psychosocial assessments and providing patient education felt less emotionally exhausted, and those who spent more time doing patient billing felt more emotionally exhausted. For full-time employees, the more a social worker was involved in patient education, the less she or he reported feeling emotionally exhausted.

**Table 2. Partial Correlations Between Level of Job Activity Involvement Per Week and Emotional Exhaustion by Employment Status, Controlling for Patient Caseload Size ( $N=562$ )**

Activity	Emotional Exhaustion	
	20-34 hours/week <i>n = 298</i>	35+ hours/week <i>n = 264</i>
Counseling	-.291**	-.310**
Psychosocial assessment	-.137*	-.022
Insurance	.139*	.217**
Patient billing	.151*	.007
Clerical tasks	.215**	.221**
Patient charting	-.108	-.052
Patient education	-.215**	.189**
Patient travel	.091	.071
Unit management	.111	-.028

\*  $p < .01$ , one-tailed.

\*\*  $p < .001$ , one-tailed.

### Workload and Job Activities: Hypothesis 4

Only one of the three predictions for Hypothesis 4 was supported for both full- and part-time employees using partial correlations that held patient caseload size constant. Specifically, there was a negative relationship between providing counseling services and workload level—that is, as involvement in counseling activities increased, the level of self-reported workload level decreased. No relationship was established between performing clerical activities and self-reported workload level. In regard to insurance activities, a positive relationship was found between the time spent assisting patients with insurance issues and workload for only

part-time employees. In addition, part-time employees who have a higher level of involvement in doing psychosocial assessments and providing patient education reported a lower workload level. Table 3 provides a summary of the correlations between all nine work activities and workload by employment status.

**Table 3. Partial Correlations Between Level of Job Activity Involvement Per Week and Workload by Employment Status, Controlling for Patient Caseload Size** ( $N=562$ )

Activity	Workload	
	20-34 hours/week n = 298	35+ hours/week n = 264
Counseling	-.204**	-.181*
Psychosocial assessment	-.156*	-.007
Insurance	.198**	.069
Patient billing	.089	.012
Clerical tasks	.089	.131
Patient charting	-.062	-.053
Patient education	-.151*	-.102
Patient travel	.039	.114
Unit management	.079	.024

\*  $p < .01$ , one-tailed.

\*\*  $p < .001$ , one-tailed.

### Discussion

Few studies have examined the emotional exhaustion and workload demands of social workers in health care settings. The current study provides a preliminary examination of renal social workers who comprise a specific area of social work practice in health care, and the factors associated with experiencing high or low levels of emotional exhaustion and workload. In this study we found no differences in self-reported emotional exhaustion or workload based on the type of facility that employed the social worker—i.e., private for-profit, private nonprofit, and public (see Hypotheses 1 and 2). Although workload demands and emotional exhaustion were slightly greater for social workers employed in public dialysis facilities, these differences were not sufficient to reach statistical significance. Future research needs to examine potential factors that may be unique to public facilities and that may cause social workers to experience negative health consequences related to their job.

Some of the most noteworthy findings in this study consisted of the associations between the social workers' emotional exhaustion (Hypothesis 3), workload (Hypothesis 4), and three specific job activities—providing counseling to patients and family members, performing clerical tasks, and assisting patients with

insurance issues. For full- and part-time renal social workers, as the time spent counseling or providing education increased, feelings of emotional exhaustion decreased. These relationships may be indicative of the fact that providing education and direct counseling to patients and family members are activities that are commensurate with the professional training and education of master's-level social workers. There were also significant positive correlations between emotional exhaustion and the amount of time full- and part-time social workers spent doing insurance and clerical tasks. These tasks are not central to the education and training of professional social workers, and they may cause social workers to perceive their job as emotionally draining. Given the adverse outcome associated with performing insurance and clerical tasks at a high rate, additional studies are needed to explore how extensive involvement in nonclinical tasks is related to job attrition.

The association between workload and job activities varied greatly for part- and full-time workers (Hypothesis 4). For social workers in both employment status groups, an increase in time spent doing counseling was associated with a decrease in their workload level. Contrary to our predictions, performing clerical tasks was not significantly related to workload level for full- and part-time employees. Further, only part-time workers reported a positive relation between involvement in insurance activities and assessment of workload. This outcome may be attributed to the greater amount of time that full-time social workers have to pursue and solve patient insurance problems, while part-time workers may experience constraints due to their work schedule.

The study findings provide a solid foundation upon which social workers can advocate to change current dialysis unit policies, procedures and practices that undermine their occupational well-being. These advocacy efforts are central to maintaining a well-trained and healthy workforce, and they can be used to inform revisions to the Federal Register so that social workers responsibilities on dialysis units will be in accordance with their professional training and education. One area in need of additional research is the effect of patient acuity and comorbidities on social workers' assessments of their workload and management of emotions in the workplace.

### Summary

This investigation explored emotional exhaustion and workload demands in the context of renal social work practice. The following is a summary of findings for each of the four research hypotheses tested in this study:

- *Hypothesis 1 (not supported)*. There was no significant difference in the level of emotional exhaustion reported by full- or part-time social workers who were employed in private for-profit, private nonprofit, or public dialysis facilities.
- *Hypothesis 2 (not supported)*. There was no significant difference in the level of workload reported by full- or part-time social workers who were employed in private for-profit, private nonprofit, or public dialysis facilities.
- *Hypothesis 3 (supported)*. For full- and part-time social employees: (a) the more time social workers spent on clinical activities, the less they reported feeling emotionally exhausted; (b) the more time social workers spent on clerical activities, the more they reported feeling emotionally exhausted; and (c) the more time social workers spent on insurance activities, the more they reported feeling emotionally exhausted.
- *Hypothesis 4 (partially supported)*. For full- and part-time social employees, the more time social workers spent on clinical activities, the lower they rated their overall workload. For part-time workers, the more time they spent on insurance activities, the higher they rated their overall workload. No significant correlations were found between workload and performing clerical activities for full- or part-time workers.

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