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Emotional Burden and Coping in Social Work Practice

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Abstract

Social work is widely recognized as a profession characterized by high emotional demands, repeated exposure to human suffering, and substantial organizational pressure. The present study examines emotional burden, coping strategies, and perceived institutional support in social work practice on the basis of an online survey conducted via Reddit and other online platforms. A total of 109 participants from different fields of social work and related psychosocial practice took part in the study. The design combined qualitative content analysis with standardized self-report indicators of subjective exhaustion and institutional support.

The findings show that emotional exhaustion was widespread across the sample, with nearly half of the participants reporting high levels of exhaustion. The most salient forms of burden were client-related strain, experiences of powerlessness, time pressure, and bureaucratic demands. With regard to coping, collegial exchange emerged as the most frequent functional strategy, while emotional distancing was the most prominent dysfunctional pattern. A differentiated analysis further indicated that dysfunctional coping became more prevalent as exhaustion levels increased. In addition, perceived institutional support showed a clear inverse relationship with emotional exhaustion: lower levels of support were associated with markedly higher exhaustion scores.

The study suggests that emotional strain in social work should not be understood merely as an individual problem of resilience or self-care, but as a structurally mediated occupational phenomenon shaped by the interaction of relational demands, organizational conditions, and coping processes. The results underline the importance of institutional support, reflective spaces, and sustainable working conditions for the prevention of chronic exhaustion in social work practice.

Keywords: social work; emotional exhaustion; burnout; coping; institutional support; qualitative content analysis; occupational stress; online survey

Introduction

Social work is a profession with persistently high emotional demands because practitioners regularly engage with crisis, trauma, social inequality, and complex client situations under conditions of limited time and institutional resources. In this context, emotional exhaustion represents a central occupational risk rather than an exceptional phenomenon. Recent research indicates that social workers are particularly affected by high workload, role strain, administrative burden, and insufficient organizational support, all of which are associated with burnout and turnover-related outcomes (Györi et al., 2024; Ratcliff, 2024).

A useful theoretical point of departure is the burnout concept. The World Health Organization classifies burnout in the ICD-11 as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed and describes it through three dimensions: exhaustion, mental distance or cynicism, and reduced professional efficacy (World Health Organization, 2019). In psychological literature, emotional exhaustion is commonly regarded as the core dimension of burnout, especially in human service professions characterized by prolonged interpersonal and emotional strain (Maslach et al., 2001).

To explain the emergence of such strain, the Job Demands–Resources framework is particularly relevant. This model assumes that burnout-related outcomes become more likely when job demands such as emotional labor, time pressure, bureaucracy, and role conflict

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outweigh available resources such as social support, supervision, and organizational stability (Bakker & Demerouti, 2007, 2023). This perspective is especially suitable for social work, where demanding client contact and structural constraints often converge in everyday professional practice (Györi et al., 2024).

At the same time, occupational strain is shaped not only by objective demands but also by how professionals respond to them. Coping therefore constitutes a central analytical category. In social work, coping may take more functional forms, such as collegial exchange, supervision, or physical activity, but it may also become dysfunctional, for example through withdrawal, emotional distancing, or cynical attitudes under chronic stress conditions (Ratcliff, 2024; Andersen et al., 2025).

Against this background, the present study examines emotional burden and coping in social work practice by combining qualitative category-based analysis with standardized indicators of subjective exhaustion and perceived institutional support. It focuses on four deductively defined domains: forms of emotional burden, exhaustion intensity, coping strategies, and institutional support. The study aims to identify the most salient forms of emotional burden, to analyze differences in coping depending on exhaustion level, and to examine how perceived institutional support relates to emotional exhaustion. In doing so, it contributes to a more differentiated understanding of how subjective strain, coping behavior, and organizational conditions interact in contemporary social work.

2. Theoretical Framework

The present study is grounded in three complementary theoretical perspectives: burnout theory, the Job Demands–Resources (JD–R) model, and coping theory. Together, these frameworks provide a coherent basis for analyzing how emotional burden emerges in social work, how it is processed by professionals, and why organizational conditions matter for the development of exhaustion.

First, burnout theory offers the basic conceptual lens for understanding emotional depletion in helping professions. Burnout is commonly defined as a work-related syndrome characterized by emotional exhaustion, depersonalization or cynicism, and reduced professional efficacy (Maslach et al., 2001). In social work, this framework is especially relevant because professional practice is often shaped by sustained exposure to suffering, emotional labor, and moral responsibility. Emotional exhaustion is particularly important, as it is widely regarded as the central component of burnout and reflects the subjective experience of being overextended and depleted by one's work demands (Maslach et al., 2001). This understanding is also consistent with the ICD-11 classification, which conceptualizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed (World Health Organization, 2019).

Second, the JD–R model explains how burnout-related strain develops under specific workplace conditions. According to this model, all occupations are characterized by a particular configuration of job demands and job resources. Job demands include those physical, psychological, social, or organizational aspects of work that require sustained effort and are therefore associated with physiological or psychological costs. Job resources, by contrast, refer to those

aspects of work that help achieve goals, reduce demands, or stimulate growth and engagement (Bakker & Demerouti, 2007, 2023). In the context of social work, typical demands include time pressure, emotional labor, bureaucratic requirements, role conflict, and confrontation with clients' trauma and crisis. Resources include collegial support, supervision, autonomy, and stable institutional structures. The model is highly suitable for the present study because it allows emotional exhaustion to be interpreted not as an isolated individual weakness but as the likely outcome of a structural imbalance between high demands and insufficient resources. Recent research on social workers supports this assumption and shows that profession-specific working conditions are closely linked to burnout and turnover-related outcomes (Györi et al., 2024).

Third, coping theory complements burnout and JD–R approaches by focusing on the active responses of professionals to experienced stress. Following the transactional perspective of Lazarus and Folkman (1984), stress is not understood solely as an objective property of the environment but as the result of an ongoing transaction between external demands and individual appraisal. Coping refers to the cognitive and behavioral efforts used to manage demands that are perceived as taxing or exceeding available resources. This perspective is important for the present study because social workers do not respond uniformly to strain. Some rely on more adaptive forms of regulation, such as social exchange, reflection, movement, or cognitive reframing, whereas others increasingly use distancing, withdrawal, cynicism, or avoidance under chronic pressure. Coping therefore functions as a mediating process between burden and psychological outcome.

A further theoretically relevant construct is perceived institutional support. Although coping is often discussed at the individual level, current research increasingly emphasizes that the management of emotional strain depends substantially on organizational resources. Supportive leadership, autonomy, recognition, and accessible structures of reflection can buffer the effects of emotional demands, whereas low support intensifies exhaustion and reduces the likelihood of sustainable coping. In this sense, institutional support can be understood as a critical job resource within the JD–R framework and as a contextual condition that shapes whether coping remains functional or becomes defensive and dysfunctional over time. Recent evidence suggests that organizational strategies and supportive workplace conditions can reduce burnout risk in emotionally demanding professions.

On this basis, the present study assumes that emotional burden in social work emerges from the interaction of high emotional and organizational demands, limited institutional resources, and varying coping responses. The deductive categories used in the analysis reflect this framework directly: forms of emotional burden represent core job demands, coping strategies represent regulatory responses to these demands, and perceived institutional support reflects a central job resource. Subjective exhaustion, finally, is treated as the key outcome variable that expresses the cumulative effect of these interrelated processes. The theoretical framework therefore allows the findings to be interpreted not only descriptively, but also in relation to broader models of occupational stress and burnout in human service professions.

3. Method

This study employed a qualitative design with standardized elements to investigate emotional burden, coping strategies, and perceived institutional support in social work practice. The approach combined qualitative content analysis with descriptive quantitative indicators derived from self-report scale items.

The dataset comprised 109 participants working in different areas of social work and related psychosocial fields. Recruitment and data collection were conducted fully online through Reddit, other online platforms, and social media. Participants voluntarily completed an online survey consisting of closed and open-ended questions on emotional burden, coping, and perceived institutional support. The study is based on a cross-sectional online survey design and should therefore be interpreted as exploratory. Due to online recruitment and voluntary participation, the sample does not claim representativeness.

Data collection was carried out through an online survey consisting of both closed and open-ended questions. Participants provided sociodemographic information and rated their subjective exhaustion on a five-point scale from 1 to 5. Perceived institutional support was also assessed on a five-point scale. In addition, participants answered open-ended questions on emotional burden, coping, and institutional conditions in their professional practice.

The qualitative material was analyzed using deductive qualitative content analysis according to Mayring (2022). Based on the research question and theoretical framework, four analytical domains were defined in advance: forms of emotional burden, subjective exhaustion intensity, coping strategies, and institutional support. Coping strategies were further differentiated into functional and dysfunctional forms.

The closed-ended items were analyzed descriptively using frequencies, percentages, means, and standard deviations. In addition, comparative pattern analyses were used to examine the relationship between exhaustion, coping, and perceived institutional support.

Because the study relied on online recruitment and self-report data, limitations include self-selection effects and restricted generalizability. At the same time, the online format enabled access to professionals from different practice settings and facilitated open responses on emotionally sensitive experiences. Participation was voluntary and anonymous, and all data were analyzed in anonymized form.

4. Results

The results are presented in four steps: sample characteristics, subjective exhaustion, forms of emotional burden, coping strategies, and perceived institutional support.

4.1 Sample Characteristics

The sample consisted of 109 participants from different fields of social work and related psychosocial practice. Table 1 summarizes the main sociodemographic and professional characteristics.

Table 1: Sample characteristics (*N* = 109).

Variable	Category	n	%
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Gender	Male	32	29.4
	Female	74	67.9
	Diverse	3	2.7
Age	20–29	21	19.3
	30–39	38	34.9
	40–49	29	26.6
	50+	21	19.3
	Field of work	Youth welfare	34
	Clinical/psychiatric services	18	16.5
	School social work	22	20.2
	Counseling	20	18.3
	Other	15	13.8
Professional experience	< 2 years	17	15.6
	2–5 years	31	28.4
	6–10 years	28	25.7
	> 10 years	33	30.3

The sample was heterogeneous with regard to age, work setting, and years of experience. Youth welfare constituted the largest professional subgroup, followed by school social work and counseling.

4.2 Subjective Exhaustion

Participants reported a generally elevated level of emotional exhaustion. The mean exhaustion score was $M = 3.33$ ($SD = 1.02$), indicating an overall moderate to high burden.

Table 2: Distribution of subjective exhaustion.

Exhaustion score	Interpretation	n	%
1	Hardly exhausted	6	5.5
2	Slightly exhausted	18	16.5
3	Moderately exhausted	34	31.2
4	Strongly exhausted	36	33.0
5	Extremely exhausted	15	13.8

Only a small proportion of respondents described themselves as hardly exhausted, whereas nearly half of the sample fell into the upper range of the scale. Altogether, 46.8% reported high exhaustion levels (scores 4–5), while only 22.0% fell into the lower range (scores 1–2). This suggests that emotional strain was not limited to isolated cases but represented a broader pattern across the sample.

4.3 Forms of Emotional Burden

The qualitative coding revealed several recurring forms of emotional burden. Because multiple categories could be assigned to individual cases, percentages exceed 100%.

Table 3: Forms of emotional burden and mean intensity.

Category	n	%	Mean intensity (1–5)
Client-related burden	87	79.8	4.4
Powerlessness	82	75.2	4.3
Time pressure/work intensification	76	69.7	4.1
Bureaucratic demands	70	64.2	3.9
Role conflicts	61	56.0	3.8
Team conflicts	38	34.9	3.5

Two findings are particularly notable. First, client-related burden was the most frequent category and also showed the highest mean intensity. Second, experiences of powerlessness were nearly as frequent and almost equally intense. The combination of emotional proximity to clients' suffering and the perception of limited ability to effect

meaningful change therefore appears to represent the core burden pattern in the dataset. Time pressure and bureaucratic demands also played a major role, pointing to the importance of organizational and structural stressors in everyday practice.

Qualitative responses supported this pattern. Participants often described emotionally demanding client work as exhausting in itself, but even more burdensome when accompanied by institutional limitations, lack of time, or insufficient options for intervention. Powerlessness was frequently framed not simply as an individual feeling, but as an experience produced within organizational and systemic constraints.

4.4 Coping Strategies

Coping strategies were differentiated into functional and dysfunctional forms. At an overall level, functional coping was more frequent than dysfunctional coping.

Table 4: Coping strategies (*multiple coding possible*).

Strategy	n	%	Classification
Collegial exchange	71	65.1	Functional
Emotional distancing	64	58.7	Dysfunctional
Supervision	52	47.7	Functional
Sport/physical activity	49	45.0	Functional
Cognitive reframing	44	40.4	Functional
Withdrawal/avoidance	33	30.3	Dysfunctional
Cynicism	29	26.6	Dysfunctional
Mild substance use	12	11.0	Dysfunctional

The most common coping strategy was collegial exchange, indicating that social support among colleagues played an important protective role. At the same time, emotional distancing was reported very frequently, which suggests that many professionals attempted to regulate strain by reducing emotional proximity to their work. This is analytically important because emotional distancing may provide short-term relief while also pointing to an erosion of emotional involvement under chronic stress conditions.

Other functional strategies, including supervision, sport, and cognitive reframing, were also common, but the data simultaneously showed a relevant presence of withdrawal, cynicism, and mild substance-related regulation. Thus, the coping profile of the sample was mixed rather than uniformly adaptive.

4.5 Coping by Exhaustion Level

A more differentiated picture emerged when coping was examined in relation to exhaustion.

Table 5: Coping type by exhaustion level.

Exhaustion level	Functional coping (%)	Dysfunctional coping (%)
1-2	85	15
3	68	32
4-5	42	58

A clear gradient can be observed. In the low-exhaustion group, functional coping clearly predominated. In the moderate group, functional coping remained more frequent, although the proportion of dysfunctional coping increased noticeably. In the high-exhaustion group, the pattern reversed: dysfunctional coping became more common than functional coping. This suggests that coping does not remain stable across levels of burden. Rather, increasing exhaustion

appears to be associated with a shift toward less adaptive regulatory patterns.

4.6 Perceived Institutional Support

Perceived institutional support was assessed on a five-point scale and showed an overall rather critical distribution. The mean support value was $M = 2.62$, indicating relatively low institutional support in the sample.

Table 6: Perceived institutional support and mean exhaustion.

Support rating	n	%	Mean exhaustion
Very poor	21	19.3	4.4
Poor	33	30.3	3.9
Moderate	28	25.7	3.3
Good	20	18.3	2.8
Very good	7	6.4	2.2

The results indicate a clear inverse relationship between perceived support and emotional exhaustion. Respondents who perceived institutional support as very poor reported the highest exhaustion values, whereas those with very good support showed the lowest exhaustion levels. More than half of the sample rated institutional support as poor or very poor, while only a comparatively small proportion described it as good or very good. This suggests that emotional burden in social work is not merely a consequence of demanding client contact, but is closely tied to the institutional environment in which this work takes place.

Taken together, the results show that emotional exhaustion in social work is shaped by both relational and organizational burdens. Client-related suffering and powerlessness emerged as the most salient forms of emotional burden, high exhaustion was linked to a greater prevalence of dysfunctional coping, and low institutional support corresponded with markedly higher exhaustion levels. These findings point to the importance of understanding emotional strain in social work not only as an individual experience, but also as a structurally mediated occupational phenomenon.

5. Discussion

The present study examined emotional burden, coping strategies, and perceived institutional support in social work practice. Overall, the findings indicate that emotional exhaustion in social work is not a marginal phenomenon, but a widespread occupational reality shaped by both relational and organizational pressures. Three findings were particularly salient: first, high levels of emotional exhaustion were common across the sample; second, client-related burden and powerlessness emerged as the most pronounced forms of stress; third, coping patterns and exhaustion varied systematically with perceived institutional support. These findings suggest that emotional strain in social work should be understood as a multidimensional phenomenon situated at the intersection of professional commitment, structural constraints, and psychological regulation.

5.1 Emotional Exhaustion as a Structural Occupational Condition

One of the most important findings of the present study is the overall level of reported exhaustion. With a mean exhaustion score of 3.33 and nearly half of the sample located in the high-exhaustion range, the results indicate that

emotional depletion is not limited to a vulnerable minority but represents a broader occupational condition within social work. This finding is highly consistent with burnout theory, which conceptualizes emotional exhaustion as the core dimension of burnout, particularly in human service professions characterized by sustained relational and emotional demands (Maslach et al., 2001). It also corresponds to the ICD-11 classification, which defines burnout as a consequence of chronic workplace stress that has not been successfully managed (World Health Organization, 2019).

The significance of this finding extends beyond the descriptive level. In social work, emotional exhaustion is particularly consequential because the profession depends not only on technical competence, but also on emotional availability, interpretive attentiveness, and sustained relational presence. When exhaustion becomes chronic, the worker is not simply tired in a general sense; rather, the professional basis of care itself is weakened. Emotional exhaustion therefore affects not only the well-being of practitioners but potentially the quality and continuity of professional intervention. In this sense, exhaustion should be interpreted not as a private problem of overwork alone, but as a condition with direct implications for service quality, professional identity, and organizational sustainability.

5.2 Client Suffering and Powerlessness as the Core Burden Nexus

The qualitative findings show that the two most salient burden dimensions were client-related strain and powerlessness. This combination is theoretically revealing. Social work is a profession that brings individuals into sustained contact with trauma, deprivation, neglect, crisis, and chronic instability. Such client-related burden is emotionally taxing in itself. However, the present findings suggest that the decisive factor is not merely exposure to suffering, but the experience of such suffering under conditions of limited efficacy. Practitioners do not only witness distress; they frequently confront situations in which the demand to help exceeds the realistic scope of action available within institutional settings.

This helps explain why powerlessness emerged as one of the most frequent and intense categories. Powerlessness should not be reduced to a fleeting emotional reaction. Rather, it appears as a structurally generated affective state that arises when professional responsibility is high but control over outcomes remains limited. Social workers are often expected to stabilize crises, support complex life situations, and mediate systemic deficits without possessing the authority or resources necessary to transform the underlying conditions. Under these circumstances, emotional burden becomes intensified by the gap between professional aspiration and practical possibility. Recent research similarly indicates that profession-specific working conditions, difficult client constellations, and organizational limitations are strongly associated with burnout and turnover intention among social workers.

This finding is especially important because it highlights the moral dimension of occupational burden. Powerlessness in social work is not merely stressful because it produces frustration; it is stressful because it undermines agency in a profession built around helping, advocacy, and relational efficacy. When practitioners repeatedly experience that they cannot help in the way they consider professionally

necessary, the result is not only strain but also a more profound erosion of professional meaning.

5.3 Organizational Demands: Time Pressure, Bureaucracy, and Role Strain

The results further show that time pressure, bureaucratic demands, and role conflicts were central burden categories. This underscores that emotional exhaustion in social work cannot be adequately explained solely through the interpersonal intensity of client work. It is equally shaped by the formal organization of practice. Bureaucracy and workload are not merely external irritants added to otherwise meaningful work. Rather, they often transform the structure of work itself by displacing time, attention, and energy away from direct relational engagement and toward administrative maintenance.

From a theoretical perspective, this finding fits closely with the Job Demands–Resources model. Job demands such as emotional labor, role conflict, and administrative overload increase the probability of strain when they are not sufficiently balanced by resources such as time, support, and autonomy (Bakker & Demerouti, 2007, 2023). In the present study, bureaucratic pressure appears especially relevant because it may intensify a sense of professional fragmentation. Practitioners may feel that they are no longer able to work in accordance with the relational and ethical logic of the profession, but are instead forced to navigate procedural requirements that compete with the actual needs of clients.

This tension is highly relevant for understanding emotional burden. Work becomes particularly exhausting when practitioners are not only overloaded, but also alienated from what they regard as the meaningful core of their profession. In such situations, exhaustion is not merely energetic but existential in tone: workers may continue functioning outwardly while inwardly experiencing a loss of connection to the values that originally motivated their professional engagement.

5.4 Coping Under Conditions of Chronic Strain

The analysis of coping strategies reveals a complex picture. On the one hand, functional coping strategies such as collegial exchange, supervision, physical activity, and cognitive reframing were widely reported. This suggests that many practitioners actively attempt to regulate burden and maintain professional functioning. On the other hand, emotional distancing, withdrawal, cynicism, and mild substance-related regulation were also present to a considerable degree, especially among those with high exhaustion scores.

The relationship between exhaustion and coping is particularly revealing. As exhaustion increased, dysfunctional coping became more frequent and eventually exceeded functional coping in the highly burdened group. This finding suggests that coping cannot be understood as a stable personal resource that remains intact under all conditions. Rather, coping itself is affected by chronic stress exposure. Individuals who are severely exhausted may no longer have sufficient psychological energy, reflective distance, or emotional flexibility to rely consistently on more adaptive forms of regulation.

This shift should be interpreted carefully. Dysfunctional coping strategies in this context are not simply signs of poor individual choices; they often represent defensive attempts

to preserve basic functioning under cumulative overload. Emotional distancing, for example, may initially serve as a necessary protective mechanism in response to repeated confrontation with suffering. Cynicism may function as a form of psychic shielding, especially in settings where seriousness and emotional intensity are chronically overwhelming. Withdrawal may reflect an effort to prevent further depletion when internal resources are already exhausted. The problem arises when such strategies become habitual, because then they can gradually undermine empathy, relational presence, and professional commitment. Thus, the coping findings support a dynamic interpretation: social workers do not merely “have” coping strategies, but move through different regulatory modes depending on the intensity and duration of burden. This makes it essential to understand coping not as an isolated individual variable, but as a process embedded in wider institutional and occupational conditions.

5.5 The Protective Role of Collegial and Institutional Support

One of the clearest findings in the study is the inverse relationship between perceived institutional support and emotional exhaustion. Participants who rated institutional support as very poor reported the highest mean exhaustion, whereas those reporting very good support had the lowest exhaustion scores. This gradient is analytically crucial because it indicates that emotional burden in social work is not simply the inevitable outcome of difficult client work. Rather, the extent to which burden becomes exhausting appears to depend strongly on the organizational environment in which it is processed.

Institutional support may include formal supervision, accessible leadership, organizational reliability, role clarity, opportunities for reflection, and a general sense of recognition and containment within the workplace. Within the JD–R framework, such support functions as an important job resource that can buffer the effects of high demands. The present findings are strongly in line with recent evidence showing that supportive work environments and organizational interventions can reduce burnout risk in human service settings.

At the same time, the prominence of collegial exchange as the most frequent coping strategy points to the centrality of peer support. This is a highly relevant finding. Colleagues appear to function not merely as sources of emotional comfort, but as a crucial medium for collective processing, meaning-making, and professional validation. In emotionally demanding professions, collegial exchange may help transform diffuse burden into shared and interpretable experience. It therefore has both an affective and a cognitive function. Where institutions fail to provide adequate formal support, collegial networks may partially compensate. Yet the data also suggest that such informal support has limits and cannot fully replace broader organizational containment.

5.6 Implications for Theory and Practice

Theoretically, the study supports an integrative understanding of emotional burden in social work. Burnout theory helps explain the centrality of exhaustion, the JD–R model clarifies the structural relation between demands and resources, and coping theory highlights the regulatory processes through which burden is managed or defended against. The findings suggest that these perspectives are not competing explanations, but mutually reinforcing.

Emotional exhaustion emerges where high emotional and organizational demands meet insufficient resources, and coping strategies mediate how this imbalance is lived at the psychological level.

Practically, the results suggest that responses to social worker exhaustion should not be limited to exhortations toward individual self-care. Although self-care and reflective coping remain important, they are insufficient when structural demands remain unchanged. A narrowly individualized discourse risks obscuring the institutional production of strain. If social work organizations wish to address exhaustion seriously, they must strengthen supervision, improve leadership responsiveness, reduce unnecessary administrative load, clarify roles, and create stable spaces for collegial reflection. Otherwise, professionals may be tacitly expected to compensate psychologically for conditions that are structurally dysfunctional.

The findings also imply that support measures should be introduced early, before high exhaustion levels become chronic and dysfunctional coping patterns consolidate. Once cynicism, distancing, and withdrawal become normalized, the professional cost may extend beyond personal distress to include reduced empathic engagement and diminished service quality. Prevention is therefore likely to be more effective than later-stage individual repair.

5.7 Limitations and Future Research

Several limitations should be acknowledged. First, the study relied on online recruitment via Reddit, social media, and other online platforms, which makes self-selection effects likely. Participants with stronger stress experiences may have been more inclined to participate. Second, the design was based on self-report data, which introduces the usual limitations of subjective assessment, including response bias and individual differences in scale interpretation. Third, the study used descriptive and category-based analyses rather than inferential statistical testing, so the findings should be interpreted as exploratory rather than causal.

Nevertheless, the study also has clear strengths. The combination of qualitative material and standardized indicators made it possible to connect experiential depth with patterned comparison across a relatively broad sample. This design is particularly suitable for examining occupational strain in a way that preserves both subjective nuance and structural visibility.

Future research could build on these findings in several ways. Longitudinal designs would be especially useful for investigating how exhaustion and coping develop over time. Comparative studies across different fields of social work could clarify whether certain institutional settings are particularly burdening or protective. In addition, mixed-methods studies with validated burnout and coping measures could deepen the empirical analysis of the relationships identified here. Finally, more research is needed on the organizational conditions under which collegial exchange, supervision, and institutional support become genuinely protective rather than merely symbolic.

5.8 Conclusion of the Discussion

In sum, the findings indicate that emotional exhaustion in social work is best understood as a structurally mediated occupational phenomenon rather than a purely individual problem of resilience. The core burden pattern identified in

this study consists of client-related suffering, powerlessness, time pressure, and bureaucratic demands. Coping strategies vary systematically with exhaustion level, and institutional support appears to play a substantial protective role. Emotional strain in social work therefore emerges not simply because the work is emotionally demanding, but because emotionally demanding work is frequently carried out under conditions of limited support and constrained agency. A serious response to this problem must therefore address both the inner experience of practitioners and the organizational structures within which that experience is produced.

6. Conclusion

The findings suggest that emotional exhaustion in social work is best understood as a structurally mediated occupational phenomenon rather than merely an individual problem of insufficient resilience. Client-related suffering, powerlessness, time pressure, and bureaucratic demands emerged as the central burden dimensions, while lower institutional support was consistently associated with higher exhaustion. At the same time, coping patterns shifted with increasing strain, with dysfunctional strategies becoming more prevalent under high exhaustion. Overall, the study underscores that emotional burden in social work arises at the intersection of relational demands, organizational constraints, and limited professional agency.

Conflict of Interest

The author declares no conflict of interest.

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Ethics Statement

The study was conducted in accordance with ethical standards for social science research. Participation was voluntary and anonymous, and no personally identifiable information was collected. Formal ethical approval was not required in accordance with applicable institutional guidelines for anonymous online surveys.

Informed Consent Statement

Informed consent was obtained from all participants prior to participation via the online survey.

Data Availability Statement

The data that support the findings of this study are not publicly available but are available from the author upon reasonable request.

Author Contributions

The author was solely responsible for the conceptualization, methodology, formal analysis, writing, and revision of the manuscript.

AI Use Statement

AI-assisted tools were used to support language formulation and structural organization during manuscript preparation. All conceptual decisions, data interpretation, and final revisions were performed by the author.

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