Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

11-20-2025

Hospice Clinical Social Workers' Perceptions on Reducing Burnout Through Empowerment and Self-Care Practices

Chasity Johnson
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Social Work Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Chasity Johnson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Curtis Davis, Committee Chairperson,
Social Work Faculty

Dr. Shonda Lawrence, Committee Member,
Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

Hospice Clinical Social Workers' Perceptions on Reducing Burnout Through Empowerment and Self-Care Practices

by

Chasity Johnson

MSW, Johnson C. Smith University, 2022

BA, Johnson C. Smith University, 2019

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Impact Leadership in Social Work Administration

Walden University

November 2025

Abstract

Burnout is common among hospice clinical social workers due to the emotionally demanding nature of the profession and heavy caseloads. This study explored how hospice clinical social workers perceive the role of empowerment and self-care practices in reducing burnout. The qualitative design used semi-structured interviews with ten hospice clinical social workers. Thematic analysis identified five categories: indicators of burnout, team-based/relational support, systemic and workload pressures, organizational culture, and values and professional identity. The themes that emerged from the five categories were emotional, physical, and professional; interdisciplinary support and supervisory support; workload and organizational demands; organizational challenges and policy limitations; workplace culture and values in hospice work; and resilience and professional growth. The findings suggest that empowerment practices and consistent self-care support reduce burnout and strengthen workers' ability to provide quality care. Hospice organizations can use these insights to enhance workplace conditions and foster positive social change by prioritizing the emotional, mental, and physical well-being of clinical social workers.

Hospice Clinical Social Workers' Perceptions on Reducing Burnout Through

Empowerment and Self-Care Practices

by

Chasity Johnson

MSW, Johnson C. Smith University, 2022

BA, Johnson C. Smith University, 2019

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Impact Leadership in Social Work Administration

Walden University

November 2025

Dedication

This research study is dedicated to my fellow social workers who have encountered burnout and sought guidance from their organization to feel empowered and supported.

Acknowledgments

I want to express my sincere gratitude to my committee members, Dr. Curtis Davis and Dr. Shonda Lawrence, for their unwavering support and encouragement throughout my academic journey. To my parents, siblings, and children, who have shown me unwavering love and support throughout my academic career, enabling me to achieve all my goals, I am genuinely grateful. To Samele, Kylee, Jewell, Lakayla, Julie, Branden, and Jessica, I am deeply grateful for the incredible friendships I have formed during my doctoral journey—your support, laughter, and solidarity have made the most challenging moments more bearable.

Table of Contents

List of Tables v

Chapter 1: Introduction to the Study 1

Introduction 1

Background 3

Problem Statement 6

Purpose of the Study 7

Research Question 12

Theoretical Framework for the Study 13

Nature of the Study 14

Definitions 14

Assumptions 16

Scope and Delimitations 17

Limitations 17

Significance 18

Summary 19

Chapter 2: Literature Review 20

Introduction 20

Literature Search Strategy 24

Theoretical Foundation 25

Empowerment Theory Description, Origin, and Assumptions 25

Organizational Empowerment/Individual Self-care Practices 26

Previous Empowerment Theory Application 27
Empowerment Theory Rationale and Relationship with Current Study 30
Conceptual Framework 31
Literature Review Related to Key Variables and/or Concepts 32
Burnout 34
Hospice 36
Clinical Social Workers 39
Self-Care Practices in the Workplace 42
Summary 44
Chapter 3: Research Method 46
Introduction 46
Research Design and Rationale 46
Role of the Researcher 47
Methodology 49
Population 50
Participant Selection Logic 53
Instrumentation 54
Procedures for Pilot Study 55
Procedures for Recruitment, Participation, and Data Collection 55
Data Analysis Plan 58
Issues of Trustworthiness 60
Ethical Procedures 61

Summary 64
Chapter 4: Results 65
Introduction 65
Setting 66
Demographics 66
Data Collection 67
Data Analysis 68
Evidence of Trustworthiness..71
Credibility 71
Transferability.. 71
Dependability.. 71
Confirmability.. 72
Results..72
Section 1: Indicators of Burnout 74
Section 2: Team-Based/Relational Support 75
Section 3: Systemic and Workload Pressures 76
Section 4: Organizational Culture.. 77
Section 5: Values and Professional Identity 77
Summary 79
Chapter 5: Discussion, Conclusions, and Recommendations 81
Introduction..81
Interpretation of the Findings..82

Findings Relevant to Empowerment Theory 84

Limitations of the Study...85

Recommendations..87

Recommendations for Practice 87

Implications...88

Methodological, Theoretical, and/or Empirical Implications 89

Conclusion 90

References..91

Appendix A: Interview Questions 104

List of Tables

Table 1. Categories, Themes, and Codes 74

Chapter 1: Introduction to the Study

Introduction

Since the early 20th century, social work has played an indispensable role in the psychosocial aspects of healthcare in the United States (National Association of Social Workers [NASW], 2016). Hospice social workers play a significant role in advocating for patients and their families (Rector, 2023). In hospice care, psychosocial needs include social and emotional support, coping with anxiety and depression, managing grief, and preparing for end-of-life. While providing invaluable assistance, the emotionally demanding nature of this profession can be physically and emotionally exhausting. Healthcare professionals who provide hospice and palliative care are often overworked and exhibit symptoms of burnout (Essary et al., 2020). Immersive care involves dealing with continuing patient mortality and occasional suffering. The emotionally demanding nature of hospice care is one of the reasons that clinical social workers may develop burnout.

Burnout may develop over time due to hospice professionals being exposed to emotionally demanding circumstances, as well as the expression of empathy and compassion (Scanlon et al., 2024). Rector (2023) found that working in hospice care was demanding, unpleasant, and led to burnout; for some organizations, this was exacerbated by a lack of essential resources. Experienced social workers may develop coping mechanisms, but they are not immune to compassion fatigue or burnout; in fact, the long-term emotional toll of their profession often leads to burnout (Social Professional Institute, 2024). Burnout or compassion fatigue can occur when one is confronted with ill

and/or dying patients (Scanlon et al., 2024). Helping those who are unable to help themselves, such as those with terminal illnesses, is a unique duty of hospice professionals (Rector, 2023). My study aims to address burnout concerns faced by hospice clinical social workers due to organizations' failure to adopt resources that support self-care and foster empowerment. Burnout levels from managing the emotional demands of this profession and feeling less empowered continue to rise in hospice organizations due to the lack of resources and awareness on encouraging the incorporation of self-care practices. Because hospice clinical social workers are vital to each hospice patient's care plan, they must receive support and the necessary resources to prevent burnout. Hospice clinical social workers maintain emotional hurdles when demonstrating compassion, conducting difficult conversations, guiding families through complex relationships, and dealing with the emotional anguish involved with end-of-life care and grieving family members. Being consistently exposed to death and witnessing grief, on top of dealing with the burdens of organizational culture and systemic workload pressures, if there becomes a shortage in hospice clinical social workers from severe burnout, this will create a burden on the patients and families, as there would be a decline in care, emotional support, and access to resources. This would cause patients and families to experience stress on top of the end-of-life pressures and grief they must endure.

The emphasis on hospice clinical social workers is critical, as more research should be conducted to highlight the critical function of clinical social workers in the hospice profession. As their role has been underrecognized in providing comprehensive

care towards the end of life for patients, this study is to shed light on the emotionally demanding nature of managing their patients end of life, grieving family members, burdens of organizational culture, and systemic workload pressures, as most hospice research is traditionally emphasized on the nurse centric and medical outcomes rather than social work outcomes. By conducting a research study on hospice clinical social workers, researchers can provide data to hospice organizations on how to properly support their clinical social workers. This research study will also shed light on the challenges that hospice clinical social workers face on a daily basis in this profession. This study will help advocate for equity and access to resources, which can reduce burnout and foster empowerment, while ensuring that patients and families receive the best care. Ultimately, the purpose of this study is to provide future evidence that will help shape the development of training programs/interventions, policies, and improve professional performance. The findings from this study will help hospice organizations create a supportive work culture that recognizes self-care and empowerment as integral components of ethical social work practice, while also ensuring that hospice clinical social workers can provide the best possible care to patients and their families.

Background

Hospice clinical social workers are expected to understand the complex emotional and psychosocial needs of terminally ill patients and their grieving families. In addition to providing counseling and connecting families with resources, hospice clinical social workers also offer grief support to patients and their families to help them navigate the emotional and psychosocial challenges posed by the patient's illness (Hospice Social

Workers – What Are They & What Do They Do, n.d.). According to Shalev et al. (2023), social workers often must balance conflicting needs, such as attending family meetings, coordinating discharge planning, and providing service coordination. When patients are admitted to hospice due to a terminal illness, clinical social workers prioritize helping the patient and their family by offering grief support, facilitating access to community resources, assisting with advance care planning, and providing emotional support—all while advocating for their needs during the final stages of life. Given the lack of scheduled self-care time, long work hours, heavy caseloads, and the challenge of prioritizing one's own needs over other commitments, such as family or household tasks, it is assumed that hospice clinical social workers may struggle to incorporate time for self-care practices outside of work. According to Lehto et al. (2020), hospice can be extremely demanding due to high patient acuity, high caseloads, the need to support distressed families, and the processing of grief brought on by frequent encounters with patients dying. This study educates hospice organizations on the importance and benefits of incorporating access to self-care practices in the workplace, demonstrating that doing so will foster a sense of empowerment among hospice clinical social workers by enhancing their professional performance and reducing burnout. Self-care practices can significantly aid in maintaining your mental and physical well-being, which in turn can reduce the effects of burnout for hospice clinical social workers. With Kanter's (1993) structural empowerment theory, this study aims to provide new knowledge that will help educate clinical social workers and hospice organizations about the benefits of implementing self-care practices in the workplace. According to Kanter's (1993) theory,

clinical social workers feel more empowered. They can take better care of themselves when they have access to essential organizational structures, including resources, information, support, and opportunities for growth. In other words, the organization's structure is crucial in empowering clinical social workers to prioritize their well-being and to perform their professional duties effectively.

To achieve the goal of this study, I conducted individual semi-structured interviews with participants who hold a master's degree in social work, have obtained a clinical licensure (LCSW) from the Association of Social Work Boards, and have experience in hospice care. This allowed for an examination of the clinical social workers' perspectives on the impact that self-care and empowerment practices have on reducing burnout, as well as how, if at all, their hospice organization empowers them and reduces burnout in the absence of these practices.

This study is anticipated to provide fresh perspectives highlighting the value of self-care practices in reducing burnout and fostering empowerment. This study demonstrated that to reduce burnout, clinical social workers need supervisors/leaders to integrate self-care practices into their hospice organization. Improving the perceptions and beliefs regarding the reality of self-care is necessary for positive social change. The social work philosophy emphasizes that organizations should promote self-care practices to support their clinical social workers (Gushwa, n.d.). According to Addai Duah (2024), servant leadership attributes such as empowerment and growth opportunities uniquely assess leadership behaviors that are linked to staff and patient retention and commitment in today's healthcare environments. Clinical social workers' perceptions of their

organization's comprehension of empowerment and self-care practices represent the research gap.

The expected results indicate that burnout and a lack of self-care practices harm the professional performance and retention of hospice clinical social workers. This integration will promote social change by fostering better working conditions, including enhanced mental wellness programs and improved professional performance. In addition to reducing burnout, self-care practices offer supplementary benefits, including promoting the development of boundaries, enhancing self-awareness and self-analysis, fostering resilience and adaptive coping, and promoting a healthier work-life balance. By advocating for the inclusion of self-care in the NASW Code of Ethics and outlining its benefits, I aim to raise awareness among hospice organizations regarding the importance of integrating self-care practices. According to the NASW (n.d.) Code of Ethics, self-care is a key component of moral and professional excellence.

Problem Statement

For patients, researchers, and healthcare professionals to communicate effectively and create clearly defined lines of responsibility, it is essential to describe the characteristics, causes, and effects of self-care (Martínez et al., 2021). The importance of self-care in social work emphasizes how self-care practices can help hospice clinical social workers maintain emotional and mental equilibrium. By addressing the burnout of hospice clinical social workers, the causes and effects of burnout on social workers' mental health and professional performance can be better understood. Working with vulnerable patients at the end-of-life and grieving families can lead to burnout amongst

hospice clinical social workers. The prevalence of burnout among social workers highlights that 75% of social workers have suffered from burnout during their employment, according to the Casebook Editorial Team (2024).

The role of self-care in preventing burnout highlights the importance of incorporating self-care practices that can mitigate burnout and associated mental health risks. Empowerment and self-care practices outline the pathway to professional proficiency, as noted in the National Association of Social Workers (2021). Contributing factors to burnout in hospice clinical social workers include the specific stressors that exacerbate burnout, such as the emotionally demanding nature of this profession. The ethical obligations of hospice organizations in support of self-care practices suggest that hospice organizations must provide self-care resources for their professionals, in accordance with moral and caring norms. The need for further research on self-care and empowerment in hospice care highlights a gap in the literature, specifically regarding the perceptions of clinical social workers on empowerment and self-care as a means of reducing burnout. Implications for hospice organizations conclude by emphasizing the importance of implementing self-care practices within hospice care to reduce burnout and enhance professional performance and overall well-being.

Purpose of the Study

Insufficient resources, support, and excessive tasks can cause feelings of inadequacy or a loss of control (Social Work Institute, 2024). Burnout has a profoundly detrimental influence on the emotional and mental well-being of hospice clinical social workers and their professional performance. Despite the National Association of Social

Workers ' (2021) strong support for self-care practices as an authorized way to counteract these obstacles, practitioners claim they are not gaining the necessary skills to implement self-care (Griffiths et al., 2019). Given the emotionally demanding nature of their profession, hospice clinical social workers should have access to resources to help reduce burnout, foster empowerment, and improve their professional performance. Self-care practices aim to reduce burnout brought on by hospice clinical social workers managing the emotionally demanding nature of their profession, which includes grieving the loss of their patients. This qualitative study examined how self-care practices are implemented in hospice organizations to reduce burnout and how hospice organizations utilize self-care as a means of supporting their clinical social workers. Educating hospice organizations on the adverse impacts of burnout and the need for resources and support for self-care practices is the intended positive influence I hope to achieve. By educating hospice organizations on how clinical social workers can better serve their patients and achieve improved professional performance when their self-care is prioritized, this study will have a positive impact on social workers by fostering social change, as their mental health will be improved.

As I investigated the lived experiences of hospice clinical social workers to comprehend the phenomenon of burnout, this suggests that my research is appropriate for a basic/generic qualitative approach. This approach enhanced the understanding of clinical social workers lived experiences with burnout and how their hospice organization has empowered them through self-care practices. I aim to raise awareness among hospice organizations that employ social workers about the detrimental effects of rising burnout

and its impact on the professional performance of clinical social workers. According to Martínez et al. (2021), the potential of self-care extends across multiple disciplines, underscoring its complexity in the context of the rising prevalence of chronic and communicable diseases. Additionally, I aim to raise awareness on the benefits of incorporating self-care as a means of empowerment. My topic is well-suited for a qualitative approach because I examined the lived experiences of clinical social workers dealing with burnout and how they perceive the advantages of implementing self-care practices in hospice organizations to reduce burnout. My ontological premise is that hospice clinical social workers frequently suffer from high levels of burnout because of the emotionally demanding nature of their profession, which entails frequent interactions with patients who are terminally ill and families who are experiencing grief and pain.

Burnout among mental health social workers is a significant social problem (Kelly & Hearld, 2020). Hospice organizations can reduce burnout by implementing interventions emphasizing self-care practices to empower clinical social workers. Further research is needed to apply and adapt existing research on resilience-building techniques to emerging self-care practices (Riegel et al., 2021). Some examples of interventions that could be implemented to provide access to self-care practices and resources include establishing team-building activities that may foster a sense of belonging, offering emotional support through counseling or other mental wellness programs, and implementing recognition/appreciation tactics. The burnout that comes with caring for individuals who are dying and their families who are grieving can be significantly reduced by incorporating these tactics. There is an urgent need for research on how

severe mental illness affects symptom awareness and insight, as well as interventions that encourage self-care (Riegel et al., 2021). Encouraging clinical social workers to take mental health days is another potential intervention that could be employed, although it may require some time to develop. This intervention can help address perception issues. In essence, this intervention would treat mental health as a significant component of overall health by enabling individuals to actively prioritize by taking time off to engage in stress-reduction, relaxation, and recharge activities. This can significantly alleviate the stress brought on by the burnout that is associated with caring for terminally ill patients who are near the end of life and their grieving families.

Interventions for self-care are crucial when individuals lack access to health-promoting interventions or have concerns about the medical system (Martínez et al., 2021). Epistemology focuses on presumptions about the relationship between the researcher and the topic under investigation. The theory of knowing that is incorporated into the theoretical perspective and, thus, into the methodology, which is defined as *"a way of looking at the world and making sense of it,"* is known as epistemology (Al-Ababneh & Mukhles, 2020). Participant interviews were essential to this study, as they enabled me to gain a deeper understanding of the perspectives surrounding the study's goal. By applying the principles of epistemology, a researcher can comprehend the data retrieved from the interviews and ascertain whether the interview data are socially constructed interpretations of experiences. This aids in the creation and interpretation of interview questions, as well as the analysis of data. Observing behaviors during research interviews is essential because it presents a more thorough comprehension of a

participant's thoughts and feelings than what they express explicitly in their words. Researchers can gain a deeper understanding of interviewees by observing the participants' body language, facial expressions, and the intrinsic features of video communication channels, which affect the capacity (Daft & Lengel, 1986; Kvale & Brinkmann, 2009).

Additionally, contextual information and nonverbal clues were recorded, highlighting subtleties or discrepancies that are not immediately obvious from spoken responses alone. As a result, the research findings will be more valid and comprehensive. Reflectiveness examined the interviewees' emotions to understand how this may impact the findings. Using this strategy, researchers can critically examine their biases and assumptions. Because self-care is a widely accepted practice that social workers teach their patients and are taught when they obtain their degrees, it is considered that self-care practices should be incorporated into any organization that employs clinical social workers, based on the study topic under examination. Organizations may not be aware of specific professional prerequisites that impact social work practices because many social workers operate in environments that are not primarily social work organizations (NASW, n.d.). The goal was to connect with participants who have earned a master's degree in social work, obtained a clinical licensure from the Association of Social Work Boards, and have experience in hospice care. I contacted participants through social media platforms to recruit hospice clinical social workers to participate in the study. To assist clinical social workers in navigating the emotionally demanding nature of the profession and reducing burnout, individual semi-structured interviews were employed to

facilitate dialogue regarding hospice clinical social workers' experiences with burnout, self-care practices, and empowerment strategies.

Research Question

While social work is a therapeutic, inspiring, and fulfilling career, there are times when it can be emotionally demanding and challenging. Therefore, self-care practices can help clinical social workers reduce burnout resulting from the emotionally demanding nature of their profession. Because professional self-care adherence is difficult to quantify, social workers and organizations should aspire to sustain and accomplish it (NASW, n.d.). Hospice organizations that employ clinical social workers should consider the potential causes of burnout when working with patients nearing the end of life and their grieving families. Many social workers, particularly licensed social workers, struggle with burnout, a prevalent and persistent social issue (Pittman, 2025). Self-care practices are essential for the emotional, physical, and mental well-being of clinical social workers, as well as the quality of care they provide to patients and their families. Well-being refers to experiencing positive feelings, such as contentment and happiness, and avoiding negative feelings, including sadness and worry. It also encompasses a sense of life satisfaction and healthy functioning, all of which are widely accepted as components of well-being, according to the CDC (2022).

Organizations can achieve several goals by implementing interventions that support self-care practices, thereby reducing burnout and enhancing a sense of empowerment. The research question that will be studied is *"How do clinical social workers in hospice perceive the role of empowerment and self-care practices in reducing*

burnout?" To gather data through thematic analysis, I interviewed participants who have earned a master's degree in social work, obtained a clinical license from the Association of Social Work Boards, and have experience in hospice care. Through these interviews, participants shared their experiences of how, and whether, their hospice organization incorporates self-care practices to reduce burnout while also integrating empowerment strategies to enhance professional performance. I categorized each participant's experience by identifying categories, themes, and codes from their responses.

Theoretical Framework for the Study

A logical connection between the conceptual theory that underpins this research study is Kanter's (1993) theory of structural empowerment, which indicates that professionals feel empowered when they have access to resources, support, and opportunities for growth within their organization. This leads to improved professional performances and a reduction in symptoms of burnout. Structural empowerment theory is pertinent to this research study because it enabled me to explore how hospice organizations implement self-care practices and foster empowerment with their hospice clinical social workers through resources and interventions. Over the past three decades, it has been demonstrated that several job-related factors significantly impact the well-being of clinical social workers, including professional performance and burnout. Several models in the current literature on burnout begin with the premise that job strain results from a disruption of balance between the resources available to employees and the emotionally demanding nature of their profession.

Nature of the Study

To address the research question in this Qualitative study, the specific research design employed a basic/generic qualitative research study, following Ellis and Davis' (2023) qualitative research design, and then analyzed the collected data using Braun and Clarke's (2006) thematic analysis process. To conduct my study, I recruited participants who have earned a master's degree in social work, obtained a clinical license from the Association of Social Work Boards, and have experience in hospice care. Having a master's degree and clinical licensure often provides clinical social workers with the advanced knowledge, skills, and experience required for specialized roles within hospice care, so it is crucial to ensure that study participants meet the specific eligibility requirements. Interviewing protocols for hospice clinical social workers were developed to achieve the study's objective. Semi-structured interview questions were used in individual interview sessions to address my research question. Interviews were conducted with ten hospice clinical social workers. This qualitative study has explored burnout among hospice clinical social workers by drawing on their perspectives and lived experiences. The high prevalence of burnout among clinical social workers is attributed to the emotionally demanding nature of their profession, which leads to elevated levels of burnout, and is addressed in this qualitative study.

Definitions

Access to information: Having access to information that can be used effectively in professional performance, such as understanding the objectives, standards, and

technical processes of your organization to comprehend better how your role fits into the mission of the organization (Alés & Ramos, 2014).

Burnout: Being emotionally, physically, psychologically, and spiritually drained by one's work experiences (Malakh-Pines & Aronson, 1988).

Clinical social worker: A clinical social worker is a social worker who evaluates, diagnoses, treats, and prevents behavioral and mental health problems (NASW, n.d.-b).

Empowerment: Empowerment refers to the ability and capacity to overcome obstacles and challenges by adopting constructive approaches (McCarthy & Freeman, 2008).

Emotional challenges: Emotional challenges refer to difficult circumstances or emotions that require considerable effort and determination to manage or overcome (Collins, 2020).

Emotionally demanding nature: Certain careers inherently have high emotional demands, characterized by demanding requirements, significant emotional investment, or jobs where employees frequently suppress their feelings (*"Safework NSW Tip Sheet 5,"* n.d.).

Hospice: Hospice is a specialized type of care for individuals with an incurable illness who are nearing the end of their lives and wish to receive end-of-life care at home or in a specialized care facility (Harris-Kojetin et al., 2016).

Hospice social workers: Patients with a prognosis of 6 months or less are personally cared for by hospice social workers (Head et al., 2019).

Opportunity: Access to opportunities enables growth in a role within the organization by allowing individuals to learn new skills. Workshops, trainings, or taking on more responsibility are examples of opportunities. Individuals with access to opportunities feel valued, motivated, and committed to their work (Ramos & Alés, 2014).

Resources: This term refers to the access to resources that enable an individual to perform their job within an organization. Resources are any assistance that makes an individual's work easier (Ramos & Alés, 2014).

Self-care practices: Self-care refers to the capacity to maintain healthy interpersonal relationships and acquire and practice self-care concepts. Self-care encompasses ongoing practices that promote and maintain a healthier lifestyle (Orem, 1970).

Support: Friends, family, and leaders can offer guidance, critique, and encouragement as forms of support. Individuals who receive support feel more confident and valuable (Ramos & Alés, 2014).

Traumatic experiences: Individual demands and obstacles regarding their views about safety, justice, and self-worth are impeded by traumatic experiences. Life-threatening circumstances or circumstances that exceed a person's ability to cope are examples of traumatic experiences (Ries & Schwan, 2023).

Assumptions

I have investigated the experiences of hospice clinical social workers who assist in navigating the emotional challenges associated with end-of-life care in this basic/generic qualitative research study. The first assumption for this study is that

participants will be candid about how their hospice organizations have empowered them through self-care practices. My second assumption is that a high proportion of participants will report having little time for self-care due to the emotionally demanding nature of their profession. My final assumption is that if hospice organizations adopted self-care practices, participants would report reduced burnout symptoms.

Scope and Delimitations

The sample for this study was limited to hospice clinical social workers who have earned a master's degree in social work and obtained a clinical licensure (LCSW) from the Association of Social Work Boards. This limited the generalizability of the findings to other social work fields and those with different educational and licensure backgrounds. Due to the limited and non-random sample size, the results of this study cannot be generalized to larger groups. The limitations of my study include its limited scope, which focuses on social workers with similar educational backgrounds. Because of this, I have examined more homogeneous data, allowing me to understand better the opportunities and unique challenges that social workers with comparable educational backgrounds face.

Limitations

The findings may not be pertinent to social workers in other fields or specialties, as shown by the sample, which exclusively included clinical social workers in hospice settings. My study is tied to a specific emotional environment by focusing on the care that hospice clinical social workers provide for their patients nearing the end of life and their grieving family members. However, this may not accurately represent the experiences of

social workers in other fields, which have different professional roles, requirements, and emotional challenges. The limitation to social workers with master's degrees and clinical licensure is noted, which further narrows the scope and raises the possibility that the findings may not apply to those with other training or licensure backgrounds.

Significance

The significance of this study lies in the need to determine whether hospice organizations empower their clinical social workers through self-care practices and, if so, whether these practices lead to a reduction in burnout among hospice clinical social workers. The study's conclusions can help hospice organizations understand how self-care practices may reduce burnout symptoms that hospice clinical social workers experience from managing the grief and loss of their patients and the grief of the patients' families. The emotional challenges faced by hospice clinical social workers, for example, can be reduced through self-care practices that incorporate professional structure, purpose-driven work, and organizational support networks. Practice is significantly impacted by the importance that self-care and vulnerability play in emotional health (Scanlon et al., 2024). If clinical social workers can create and sustain a balance in how they care for themselves within the workplace, they will have access to practices that enhance their resilience against burnout. By promoting the importance of self-care practices and ethically advocating for hospice clinical social workers, I have highlighted that their mental health is as vital as the communities they serve, thereby contributing to positive social change. This supports the National Association of Social Workers (2021) belief in the value and dignity of every individual. Hospice organizations should be aware

of the detrimental effects of burnout on clinical social workers. Clinical social workers' conditions can be improved by employing self-care practices to address burnout.

Summary

My research study aimed to explore the lived experiences and perspectives of hospice clinical social workers, to understand how they integrate empowerment strategies through self-care practices to mitigate burnout resulting from the emotional demands of the hospice clinical social work profession. Through this study, I highlighted the importance of self-care practices and their benefits from the participants' perspectives. I also provided hospice organizations with valuable insights on supportive practices and interventions for their clinical social workers, aimed at reducing burnout and improving professional performance.

Chapter 2: Literature Review

Introduction

Self-care should be carefully examined to maintain balance and assist others (Ratcliff, 2024). The professional performance and the mental, physical, and emotional well-being of hospice clinical social workers may be compromised by burnout. Additionally, dealing with patients near the end of life and grieving families may cause occupational stress from increased levels of burnout that are not being managed. The emotionally demanding nature of clinical social work contributes to increased physical, psychological, and emotional fatigue. By implementing practices such as self-care to promote empowerment and reduce burnout resulting from the emotionally demanding nature of this work, hospice organizations can sustain the social work ideology. Self-care has several positive impacts, including increased well-being and decreased rates of illness, mortality, and medical expenses (Riegel et al., 2021). Examining the prevalence of burnout and how self-care practices and empowerment strategies can help hospice clinical social workers experience reduced symptoms of burnout is the specific issue of this study. Clinical social workers who experience burnout often suffer from emotional, mental, and physical fatigue. When clinical social workers are exposed to emotionally demanding challenges, they are susceptible to physical, psychological, and emotional fatigue due to a lack of resources. Professional settings that are poorly managed and organized can have a negative impact, deplete their psychological resources, and cause fatigue rather than elevating them (Edú-Valsania et al., 2022). The well-being of clinical social workers, as well as their professional performance, is negatively impacted by

burnout. Given the emotionally demanding nature of their profession, hospice clinical social workers should have access to resources and support systems to help them reduce burnout.

Hospice clinical social workers who receive resources from their organizations that encourage self-care practices are less likely to display burnout symptoms. Professionals' emotional resources, which the absence of reciprocity with clients, coworkers, managers, and organizations can deplete, can lead to persistent emotional fatigue (Edú-Valsania et al., 2022). To reduce burnout and ensure that hospice clinical social workers feel empowered, hospice organizations should adopt self-care practices, as this qualitative study has examined. This study examined the relationship between self-care practices and burnout reduction among clinical social workers employed in hospice organizations in the United States. I targeted the South Carolina and North Carolina populations for recruitment; however, participation from other regions will also be accepted. Using a qualitative interview approach, I investigated how self-care practices reduced burnout in hospice organizations to uncover whether clinical social workers feel empowered by their organization. By understanding the relationship, clinical social workers can improve their mental health through tailored interventions and support strategies, such as self-care practices. The ability of clinical social workers to perform their duties efficiently can be severely impacted by burnout, which can lead to long-term occupational stress and mental fatigue.

Self-care practices, including mental health days, team-building activities, and wellness programs, can be employed to combat the increased levels of burnout. Ignoring

burnout can also lead to physical health problems, including heart disease, high blood pressure, and chronic fatigue, as well as long-term impacts like despair and anxiety in social workers (Maddock et al., 2023). One of the factors contributing to the high frequency of emotional demands of this profession is working with heavy caseloads. These conditions may significantly exacerbate clinical social worker burnout. According to Santos (2023), burnout symptoms were present in 62% of hospice social workers. These findings confirm previous research indicating that burnout remains a significant issue for clinical social workers. Clinical social workers are prone to burnout due to their heavy caseloads and the pain their families experience when a loved one dies. Therefore, it is essential to implement best practices, such as self-care. Researchers found that clinical social workers are at significant risk of burnout because of factors like heavy caseloads, inadequate levels of support, and witnessing mortality and human suffering. The extent to which self-care and other interventions can be tailored, their effectiveness evaluated, and hospice organizations' comprehension of how this practice lowers burnout have not been discussed. While burnout is a serious concern, little is known about which specific self-care practices are most effective in reducing burnout. Edú-Valsania et al. (2022) mention that three distinct strategies are used to reduce burnout:

- Cognitive techniques are designed to help individuals rethink and reorganize their perception and response to stressful or challenging events, enabling them to manage these situations more effectively. People view things subjectively, individually, and hence, biasedly, which makes this kind of technique helpful.

The goal of cognitive strategies is to recognize and correct flawed perceptions, thereby affecting the feelings and actions they evoke.

- Physiological deactivation strategies: These techniques teach individuals how to relax and manage the elevated physiological activity and anxiety triggered by stressful stimuli.
- Instruction in good lifestyle practices, such as exercise, a well-balanced diet, and adequate sleep, can all help reduce burnout symptoms. This could impact the well-being, professional performance, and healthcare resources of clinical social workers, so more research into self-care practices for hospice social workers is essential.

The study's introduction, problem, purpose, research question, significance, and definition terms can be found in Chapter 1. The literature review is presented in Chapter 2, providing a concise overview of the existing research, identified knowledge gaps, key conclusions, and supporting evidence. Understanding why things are the way they are in the social world and why individuals behave in specific ways is improved by a qualitative approach (Al-Ababneh & Mukhles, 2020). The methodology, which includes information on the research design, data collection instruments, participants, and ethical considerations, is covered in Chapter 3. The results and an interpretation of the findings are presented in Chapter 4. A review of the literature, its limitations, and implications for further research are presented in Chapter 5.

Literature Search Strategy

Because library databases provide targeted, trustworthy, and extensive sources of scholarly literature, access to these databases is essential for research. ProQuest, Sage Journals, Google Scholar, and the Walden University Library are the databases and search engines I used. When using search engines and library databases, it is essential to employ key phrases, as they reflect the primary ideas of your study and enable accurate searches and rapid access to relevant data. Keyword searching, which involves entering terms that reflect the main idea of the problem at hand, is the method used. More pertinent results are produced because the database can identify articles with precise words.

Clinical social workers, burnout, self-care, patients, vulnerable populations, hospice, empowerment, and *resources* were some of the keywords used. When using the remaining search databases, I employed a range of search terms, including *burnout* AND *hospice*, *clinical social workers in hospice* AND *self-care*, *clinical social workers* AND *self-care*, and *hospice empowerment* AND *self-care in clinical social workers*. The Walden University Library and ProQuest databases were searched iteratively using the following terms: *clinical social workers, burnout, patients, vulnerable populations, hospice, empowerment*, and *resources*.

I concentrated on using reflexivity to examine my prejudices and presumptions regarding my personal experiences as a clinical social worker in hospice. By exercising flexibility, I modified my strategies to gain fresh information. My research study is independent and not funded by a German scholarship. My university supports this

research through departmental resources, not a dedicated scholarship program. As there was a lack of recent research and dissertations, it was helpful to review each study and note the important sources employed. Additionally, I discovered more literature by conducting a comprehensive literature review and searching through more extensive databases, rather than relying solely on Google Scholar.

Theoretical Foundation

Empowerment Theory Description, Origin, and Assumptions

Kanter’s theory of structural empowerment was developed in 1977, building on the fundamental frameworks of power, information, assistance, resources, and advancement opportunities. This study drew on the structural empowerment theory developed by Rosabeth Moss Kanter in 1993. Instead of focusing solely on personal traits or psychological aspects, this theory emphasizes how organizational structures and regulations can either support or hinder employee empowerment. According to Kanter (1993), employee performance, motivation, and overall organizational effectiveness are greatly impacted by empowering organizational structures and providing access to opportunities, resources, information, and support. Kanter’s theory hypothesized that workplace structures have a greater impact on the employees’ attitudes and behaviors than individual traits or socialization experiences, making them essential to employee empowerment. The theoretical propositions of the structural empowerment theory explain that organizational structures and policies—rather than unique traits or skills—are the cornerstones of empowerment. According to the fundamental tenets of Kanter’s structural theory of empowerment, individuals respond logically to circumstances that they

encounter on their own. Specific policies are in place that empower workers; they are more likely to be satisfied with their work and believe they are producing high-quality outcomes. Kanter’s 1993 theory of structural empowerment posits that access to knowledge, resources, support, and growth opportunities is crucial, and that organizational structures and policies—rather than individual characteristics—are the primary forces behind employee empowerment. Employee well-being is greatly impacted by workplace conditions and structures, according to Kanter’s 1993 theory of structural empowerment. Empowering structures can reduce burnout and boost job satisfaction. Companies can reduce burnout levels and enhance professional performance by providing workers with access to necessary tools, knowledge, and support.

Organizational Empowerment/Individual Self-Care Practices

Individual self-care and organizational empowerment are inextricably linked, despite their opposing viewpoints. Organizational empowerment focuses on staffing, caseload redistribution, leaders who value social work, and professional development opportunities. This is supported by the study’s theoretical framework, which emphasizes how opportunities and resources facilitate psychological empowerment and reduce burnout. The theoretical basis of this research reveals how growth opportunities and supportive resources promote organizational empowerment. The participant interviews reflected the importance of cooperative peer support networks, encouraging leadership teams, equitable caseload management, and professional development opportunities. Individual self-care advocates the use of personal routines to reduce burnout. These habits include exercising, vacations, and setting boundaries. Self-care practices are

coping mechanisms, but they do not address the underlying issues that contribute to burnout. According to this study, organizational variables are more important than individual self-care, as workplace concerns that lead to burnout cannot be effectively addressed using this strategy. The study's theoretical framework only provides partial support for individual self-care. Kanter's empowerment theory emphasizes the importance of support systems and organizational structures. The participants' interviews provided examples of personal self-care in their daily routines, which are primarily concerned with reducing burnout and restoring balance in one's health.

Previous Empowerment Theory Application

In numerous studies, researchers have connected burnout to Rosabeth Kanter's (1993) theory of structural empowerment, which emphasizes access to opportunities, resources, and power. It has been discovered that although a lack of empowerment leads to an increased risk of burnout, an empowered workplace tends to reduce it. Research studies have primarily focused on workplace empowerment, organizational outcomes, and the impact of structural components on employee satisfaction, utilizing Kanter's (1993) theory of structural empowerment. While many studies link Kanter's (1993) theory to burnout and self-care, there is a notable lack of research on applying this concept in the field of social work. Numerous nursing studies have employed Kanter's theory to investigate the impact of structural empowerment on nurses' professional satisfaction, well-being, organizational commitment, and retention. Although quantitative studies are more common, some qualitative research has examined how globally educated nurses perceive access to structural empowerment. Suhermin (2019) found that

empowerment encourages workers to take on more responsibility by enhancing their operational methods to meet company objectives. According to Suhermin's (2019) research, structural empowerment could enhance psychological empowerment.

Conversely, psychological empowerment could strengthen organizational commitment. The mediation analysis in this study revealed that psychological empowerment fully mediated the relationship between nurse commitment and structural empowerment. Furthermore, the study found that empowered nurses experienced greater autonomy and responsibility in making decisions about how to approach specific organizational tasks.

Kanter's 1993 theory was applied in another study by Valdez et al. (2019) to determine the degree of workplace empowerment, burnout, and professional satisfaction among nursing faculty members at Oman College of Health Sciences. Kanter's (1993) theory of structural empowerment in organizations posits that resources, growth-supporting opportunities, access to educational materials, and both formal and informal power can all promote employee empowerment, leading to favorable organizational outcomes, such as job satisfaction and reduced employee stress and burnout. According to Kanter, structural empowerment offers a valuable framework for understanding concepts related to unfavorable workplace behavior. Valdez et al. (2019) used a quantitative design to conclude the extent of the relationship between empowerment, job satisfaction, and burnout among nursing faculty members in Oman. According to this quantitative study, teaching is more of a calling than a vocation. However, in making that assumption, it is essential to consider the amount of effort clinical social workers invest

in their daily work, how their efforts enhance performance and empowerment, and how their daily tasks ultimately contribute to stress and burnout. According to the study, having access to resources refers to the capacity to obtain the required supplies and guidance, which entails receiving direction and input from team members and supervisors to enhance work and results. Valdez et al. (2019) found that the degrees of burnout, job satisfaction, and empowerment among faculty members are all in the moderate range.

Using a mixed-methods approach, Franque (2024) investigated burnout among learning designs and performance improvement among clinical social workers. A survey measuring job satisfaction, burnout, and support was completed by fifty-three learning clinical social workers. According to the research study data, ineffective leadership, back-to-back meetings, long work hours, and an inability to step away from one's work were the primary reasons for workplace burnout. According to the research study, employers and employees can prevent or mitigate workplace burnout by understanding the factors that contribute to it. The results of this study are consistent with Kanter's (1993) theory regarding the significance of peer and superior mentoring as a support system for burnout. According to the results of this qualitative study and data gathered, burnout negatively affected participants' job satisfaction and professional efficacy.

Gold's (2021) study sought to ascertain whether there was a relationship between psychiatric registered nurses' intention to leave within the first 2 years of working in inpatient psychiatric settings and their leadership empowerment behavior. Second, the intention of psychiatric registered nurses to quit during the first 2 years of practice was associated with RN demographics and leadership empowerment behavior. Establishing a

setting that encourages staff input, feedback, supplying data, and including policies to help make the best decisions and handle clinical problems (Kanter, 1993). Gold (2021) discovered that fostering autonomy and job satisfaction requires a structural element in the workplace, such as having access to learning and professional development opportunities. Gold (2021) found a negative correlation between the intention to depart and leadership empowerment behavior. The study's main conclusions are consistent with the research on leaders' favorable correlations with empowering practices. The results also align with Kanter's (1993) findings, which suggest that work behaviors, such as employee turnover and retention rates, are more significantly impacted by access to empowerment frameworks than by personal or professional traits.

Empowerment Theory Rationale and Relationship with Current Study

Examining the prevalence of burnout and how self-care practices and empowerment strategies can help clinical social workers in hospice organizations experience reduced burnout is the specific issue addressed in this study. My research will focus on burnout, characterized by a decline in professional performance and emotional fatigue resulting from the emotionally demanding nature of this profession, as well as other stressors, such as heavy caseloads. Clinical social workers, like healthcare professionals, are more likely to experience chronic stress that contributes to burnout because they deliver services in demanding and complex environments (Ratcliff, 2024). The structural empowerment theory developed by Rosabeth Moss Kanter in 1993 will serve as the framework for my research. This theory will support the idea that clinical social workers will feel empowered and supported if hospice organizations establish

work environments that provide resources, such as self-care practices and support systems. This will improve clinical social workers' professional performance levels while reducing any signs of burnout. The structural empowerment hypothesis is relevant to this study because it suggests that providing clinical social workers with access to opportunities, knowledge, resources, and support can enhance job satisfaction and reduce burnout. It implies that a positive work atmosphere, which empowers clinical social workers, may enhance their professional performance and mitigate the detrimental effects of untreated burnout. Leading the self-care research effort, enhancing conceptual clarity, and encouraging interdisciplinary collaboration guided by a common goal to fill knowledge gaps are the Center's objectives (Riegel et al., 2021). By filling in a knowledge gap on how clinical social workers perceive self-care practices in reducing burnout and whether this approach is successful, the research topic will expand on existing literature. If this approach succeeds, many self-care practices can be examined that clinical social workers in hospice believe will improve their professional performance and reduce elevated burnout levels. By offering the experiences of clinical social workers in hospice care, this literature will supplement existing research by shedding light on what interventions are and are not effective. This will help to inform hospice organizations about the most effective self-care practices to utilize.

Conceptual Framework

Burnout is a condition resulting from chronic occupational stress that is not recognized as a medical issue but is characterized as an occupational phenomenon. Anadkat and Joshi (2023) argued that prolonged sensitivity to stress leads to workplace

burnout. Clinical social workers who experience burnout often report emotional fatigue and a decline in professional performance. Hospice organizations and clinical social workers must address this issue through practices such as support networks, interventions, and self-care strategies. The structural empowerment theory is a suitable framework for the present research study because it clarifies how untreated burnout can be exacerbated by occupational stress resulting from a lack of resources and support. Providing clinical social workers with access to tools such as self-care practices and interventions can help reduce burnout, according to Kanter's 1993 structural empowerment theory. In today's world, burnout has emerged as one of the most significant psychosocial occupational hazards, resulting in substantial costs for both individuals and organizations (Edú-Valsania et al., 2022). To provide hospice patients with comprehensive psychosocial and emotional support, clinical social workers must be able to access and mobilize resources, information, and support from their organization. This is known as the structure of power.

Literature Review Related to Key Variables and/or Concepts

This literature review focuses on burnout, with subheadings highlighting key themes, including burnout among clinical social workers in hospice settings and self-care practices, to provide a comprehensive overview of the existing literature. The literature indicates that emotional fatigue and a decline in professional performance resulting from untreated and elevated levels of burnout are common characteristics of occupational stress. The body of research on hospice clinical social workers who are suffering from burnout is expanding due to the emotionally demanding nature of their profession, their

exposure to upsetting circumstances, and their need for support. Gallagher and Cooper (2023) argued that social workers are increasingly working in end-of-life environments, and while they are frequently knowledgeable about self-care, how does this change when they deal with patients' death and dying daily? In this section, I have reviewed the literature on burnout among clinical social workers in hospice care. The literature was obtained from peer-reviewed journals published in the previous 5 years. This review makes it abundantly clear that further research is necessary, even as academics attempt to implement interventions such as self-care practices to mitigate burnout levels. During end-of-life care, clinical social workers in hospice attend to the psychological needs of patients and their families. As change agents for individuals, families, and communities, Gallagher and Cooper (2023) argued that having social workers in leadership roles who have received training and practice in individualized interventions and focus on social justice issues could be the perfect setting for these clinical social workers. When working with patients nearing the end of life, clinical social workers offer a unique set of skills. As a result, the requirements and coping mechanisms of clinical social workers may differ from those of other social work specialties. To reduce burnout, clinical social workers in hospice care must be provided with the support and resources they need to process and manage their emotions. Power et al. (2021) argued that clinical social workers in hospice offer their patients a variety of tangible and intangible services, considering that they frequently spend their days listening to their patients' and their families' lives.

Burnout

The first seeds were sown in 1974 when Herbert Freudenberger, an American psychologist, created the word *"Burnout"* for use in scholarly settings (Lubbadeh, 2020). The literature on burnout explains that this condition can result in chronic or extreme stress, which can affect an individual's physical, mental, and emotional well-being, manifesting as symptoms of fatigue. Edú-Valsania et al. (2022) identified burnout syndrome as an individual's gradual reaction to ongoing work stress that may eventually develop into a chronic condition, altering their health. Occupational stress, often work-related, is commonly associated with burnout. Edú-Valsania et al. (2022) found that burnout has emerged as a significant psychological risk factor in modern society, resulting in substantial expenses for individuals and organizations. Lubbadeh (2020) found that job burnout is a distinct work-related stress condition characterized by cynicism, professional inefficacy, and emotional fatigue. Various conditions, such as heavy caseloads, unclear expectations, and a lack of support, can cause burnout in the workplace. When work and professional environments are poorly managed and organized, Edú-Valsania et al. (2022) found that workers may experience adverse effects that deplete their psychological resources and fatigue them, rather than energizing them. Chronic burnout is characterized by an imbalance between work and life, difficulty managing stress, and a lack of effective coping mechanisms. Burnout is seen as a severe condition, yet it is not a mental health disorder. Turner (2019) argued that burnout is a unique phenomenon in the occupational context, as defined in the 11th Revision of the International Classification of Diseases (ICD-11). Edú-Valsania et al. (2022) discovered

the significant detrimental effects burnout has on workers' personal and professional lives, as well as the economies and public health of the most affected nations. In the absence of intervention, burnout can become a significant risk factor for mental health issues like anxiety, stress, and depression. Awa et al. (2009) found that the negative consequences of burnout have prompted demands for intervention programs that seek to improve employees' quality of life while also preventing organizational losses. Burnout is a significant condition, and it is essential to recognize its symptoms, including feeling exhausted, difficulty concentrating, feeling disconnected from work responsibilities, and experiencing a sense of unfulfillment. Organizations should routinely evaluate their employees' well-being both quantitatively and qualitatively, using it as a crucial performance metric, as Shanafelt and Noseworthy (2017) argue.

Various conditions, such as heavy caseloads, unclear expectations, and a lack of support, can cause burnout in the workplace. According to Schaufeli et al. (2009), *"job burnout"* is a long-standing social issue with various definitions that differ depending on the timeframe, researchers, nation, and language. Lubbadeh (2020) found that employee burnout has been associated with poor professional performance, absenteeism, and attrition at the organizational level. When dealing with burnout, various strategies can be employed, including self-care, seeking expert assistance, setting boundaries, and engaging with others. Lubbadeh (2020) found that burnout has been linked to several physical and mental health issues, including headaches, Type 2 diabetes, cardiovascular problems, insomnia, melancholy, and anxiety, according to several studies. The study's conclusions by Edú-Valsania et al. (2022) demonstrated that individuals become

emotionally fatigued, cynical about their performance, and exhibit a lack of personal accomplishment due to excessively demanding work schedules, high expectations, and the need to prove their worth in the position.

Hospice

A specialized type of medical treatment known as hospice care offers consolation and assistance to patients with life-threatening conditions who have 6 months or less to live. In Hospice, patients with life-limiting illnesses get care from medical, spiritual, and psychological specialists to lessen their suffering (Casarett & Quill, 2007; Linton & Feudtner, 2008). Tobin et al. (2022) argued that the primary goal of early hospices was to provide cancer patients with the best possible holistic palliative and end-of-life care. This goal was established when the contemporary hospice movement began in 1967, with Dame Cicely Saunders founding St. Christopher's Hospice in South London. Hospice's mission is to enhance the quality of life for patients and their families by delivering compassionate care as they approach the end of life. This care should prioritize symptom control, pain management, and emotional support over curative treatments. In a qualitative study, Tenzek et al. (2022) collected data on hospice practitioners' attitudes regarding language about end-of-life (EOL) to identify opportunities and obstacles for creating a communication trajectory that leads to a positive death experience for clinical social workers. Medical experts comprise a hospice organization, including doctors, nurses, social workers, and chaplains. (Tenzek et al., 2022) argued that to achieve a timely engagement of EOL conversations for all healthcare clinical social workers, more efforts should be made to recognize the value of reconstructed advance care planning, the

use of various media as an educational tool, and coping mechanisms for clinicians. The hospice philosophy is keeping patients comfortable in their homes while managing their pain symptoms. A systematic review by Tobin et al. (2022) found that research shows that some groups—the elderly, members of ethnic minorities, those with non-cancer illnesses, those residing in rural areas, and those living in areas of social deprivation—continue to have unequal access to hospice care.

Access to compassionate care at the end of life, reduced pain and suffering, and emotional support are all advantages of working with a hospice organization. According to Tobin et al.'s (2022) findings, the hospice movement continues to face challenges in achieving equitable access for all, necessitating the development of innovative and collaborative services to address the varied needs of the entire community. Papworth et al. (2023) found that numerous studies have examined the well-being of hospice clinical social workers. Still, the results vary, and the material has not yet been reviewed and synthesized. Studies have suggested that additional qualitative research is needed on this subject.

Papworth et al. (2023) argued that low psychological well-being among healthcare workers affects patient treatment quality, cost, and safety, as well as staff absenteeism and sickness rates. Clinical social workers in hospice may encounter stressors such as death anxiety, which is brought on by constantly encountering death, having to deliver devastating news to patients/families, and witnessing patient suffering. A comprehensive review was conducted by Papworth et al. (2023) to characterize and synthesize the current literature's findings on the variables associated with the

psychological health of employees providing care in hospice settings. The findings will strengthen my research by demonstrating that coping with heavy caseloads and the emotionally demanding nature of this profession might lead to increased levels of burnout. According to Papworth et al. (2023), compelling evidence links hospice staff members' psychological well-being to heavy caseloads. Moody (2022) found that stress negatively impacts the health and welfare of hospice clinical social workers, affecting their ability to care for patients. To build support for clinical social workers to thrive in a profession that relies on their nurturing, it is essential to thoroughly understand their workplace environment. Ablett and Jones (2006) argued that more qualitative research is needed to enable hospice clinical social workers to discuss their experiences and coping strategies.

Another quantitative investigation was conducted to examine well-being and turnover intention at baseline and 3 months. Schneider et al. (2022) argued that poor patient care is associated with high turnover, low well-being, and burnout among hospice clinical social workers. However, there has not been much research on this topic, specifically regarding hospice interdisciplinary team members, such as social workers and chaplains. Burnout is prevalent in hospice and contextualizes the way clinical social workers provide services. The need for this research is indicated by the alarmingly high rates of burnout and poor well-being reported among health professionals in various care settings. To gather data for the study, researcher-initiated surveys were employed. According to Schneider et al. (2022), the baseline well-being levels of hospice patients

declined over 3 months, indicating a decline in professional performance due to a higher risk of burnout among the hospice interdisciplinary team.

Clinical Social Workers

Clinical social workers in hospice care support patients and their families in navigating end-of-life care by providing them with advocacy, counseling, and emotional support. Social workers directly support and advise dying individuals and their families about decisions they should make during the patients' final days, especially in hospitals, hospices, and nursing homes, as argued (Curd & Hong, 2023). Clinical social workers also help patients and their families access resources and make difficult decisions, thereby enhancing their quality of life. Clinical social workers in hospice conduct comprehensive assessments to determine the patients' and families' practical, emotional, and social requirements. Curd and Hong's 2023 study offers encouraging early evidence that social workers who struggle with anxiety, depression, and mental health issues are likely to see improvements in their mental health and professional performance if they are assisted in reducing burnout, emotional fatigue, and raising feelings of personal accomplishment. Understanding participant experiences is essential in research because it affects the validity and quality of the results. Curd and Hong (2023) employed bivariate and multiple regression analyses to examine the life experiences of rural clinical social workers in hospice settings, aiming to understand the correlation between stress, burnout, anxiety, depression, and mental well-being among 121 social workers. A substantial proportion of social workers reported having mild to severe anxiety, depression, and mental health issues, citing data from Curd and Hong (2023). This study suggests that

social workers' perceptions of stress are likely a universal risk factor for mental health conditions such as depression and anxiety. Supporting and elevating the voice of clinical social workers in hospice on the interprofessional team, assessing resource barriers to improve hospice social work interventions, improving the quality of life for dying individuals, educating hospice administrators on the best ways to support clinical social workers in hospice, and implementing policy changes to gain access to caregiver resources at the end-of-life are several recommendations for hospice social work practice, research, and policy based on these findings.

Jang et al. (2024) conducted a study investigating the successes and challenges faced by clinical social workers in hospice care to offer solutions for improving the roles of social workers. Research consistently emphasizes the critical and often overlooked role of clinical social workers in hospice care. Ten clinical social workers who had been employed at hospice organizations for more than five years were selected via reputational case sampling, as reported by Jang et al. (2024). Two focus group interviews were conducted to gather the data, and a thematic analysis was employed. As this study has demonstrated, institutions must provide the necessary resources and structure to support clinical social workers' responsibilities and overall success in hospice care. The results of the Jang et al. (2024) study suggest several institutional support options, including hiring more hospice social workers, developing professional programs and community resources, improving methods for measuring success, and improving competency through training and supervision. Depending on the hospice agency, the complexity of the situation, and the available resources, a social worker's caseload may vary in terms of

quantity. Stanley and Sebastine (2023) found that various work-related factors contribute to social workers' burnout and stress. A full-time hospice social worker typically has a caseload of nearly forty patients. Heavy caseloads can cause stress and burnout for social workers. Stanley and Sebastine's (2023) study, which included 73 social workers from two cities in South India, examined burnout symptoms, perceived social support, and work-life balance.

The design used was a quantitative cross-sectional design. The researchers used surveys to collect data, and the core manifestations of variables were measured using three standardized instruments. Stanley and Sebastine's (2023) findings revealed that respondents experienced low levels of social support, a poor work-life balance, and significant degrees of burnout. Based on specific sociodemographic characteristics, no discernible variations were observed in the study's significant variables. Work-life balance and social support were identified as essential indicators of burnout. It is suggested that maintaining a healthy work-life balance and prioritizing self-care to promote overall well-being should be key themes in future research. Nonphysical suffering, according to Rattner and Cait (2023), is suffering that has an emotional, psychological, social, spiritual, or existential component. Clinical social workers in hospice often deal with patients who are experiencing end-of-life, which can lead to nonphysical forms of suffering. The systemic obstacles social workers encounter while delivering treatment may result in unmet patient needs, even if the study acknowledges that they are skilled in assisting patients with nonphysical suffering. This competency has not been adequately represented in the existing literature. The survey by Rattner and Cait

(2023) also highlights the strain that social workers may experience due to the psychosocial focus of their profession, which involves alleviating patients' non-physical suffering. In hospice, clinical social workers encounter many difficulties, such as emotional exposure to loss and suffering, which can result in burnout and compassion fatigue. Due to heavy caseloads and intricate practical requirements, Rattner and Cait (2023) found that hospice and palliative care teams lacked specialist social workers and had insufficient time to address patients' non-physical suffering. According to the findings of Rattner and Cait (2023), social workers may feel a psychological responsibility to alleviate their patients’ nonphysical pain due to the focus of their employment. As a result, they must emphasize self-care and seek out support networks.

Self-Care Practices in the Workplace

Self-care is the proactive measures individuals take to maintain and enhance their physical, mental, and emotional well-being. It includes a range of activities that prioritize one’s well-being and health. Depending on each person’s needs and preferences, self-care is a customized, continuous process. Cole et al. (2024) found that self-care education often overlooks how to apply these practices in the workplace, particularly in light of heavy caseloads and scarce resources. Maintaining a healthy lifestyle is essential for promoting overall well-being. Given the profession’s emotionally and physically demanding nature, clinical social workers should prioritize self-care to avoid burnout, preserve their well-being, and deliver high-quality patient care. Cole et al. (2024) examined healthcare social workers' perceptions of self-care. Healthcare social workers participated in semistructured virtual interviews. This study supports the notion that

burnout, characterized by emotional exhaustion, cynicism, and diminished professional efficacy, can result from the demanding nature of social work, which frequently exposes practitioners to trauma and challenging circumstances. According to Cole et al. (2024), burnout, fatigue, and professional stress have all increased among social workers. By emphasizing self-care practices, social workers can set a positive example for their patients and demonstrate the importance of prioritizing their own well-being.

According to the findings of Cole et al. (2024) study, workplace self-care is comprised of three main strategies: (a) individual strategies, which are characterized by self-control and strong peer support networks; (b) intrapersonal strategies, which are characterized by advocacy, activism, and formal supervision; and (c) institutional strategies, which are characterized by ethical organizational cultures that place a high value on social work and improvements in mental health. According to social work ethics, self-care is crucial for maintaining competence and preventing harm to oneself and others. Professionals who provide essential social services often encounter stress while supporting individuals facing various issues, as noted by Rodríguez-Ramos et al. (2025). Self-care is crucial for preventing the negative impacts of specific working conditions, even though it is often viewed as a personal responsibility. Rodríguez-Ramos et al. (2025) conducted a qualitative study aimed at creating a new tool to evaluate social workers' self-care barriers and their relationships with self-compassion and self-care behaviors. Activities and interventions that put your physical, mental, and emotional health first include self-care. According to the findings, personal self-care negatively predicted uncompassionate responses (Rodríguez-Ramos et al., 2024).

Setting limits, taking frequent breaks, practicing mindful stimulation, and partaking in activities that promote physical and mental health are all examples of professional self-care that prioritize your health and, as a result, increase productivity and job satisfaction. A study by Clark et al. (2024) examined the higher risk of burnout and secondary traumatic stress disorder among child welfare social workers. The conclusions of this study lend support to the notion that organizations hiring social workers should provide more information about self-care. Although self-care may help counterbalance and safeguard the well-being of child welfare workers, further research is needed to comprehend these connections fully. In their 2024 study, Clark et al. surveyed 305 child welfare social workers and supervisor professionals to examine the prevalence of self-care and its associations with secondary traumatic stress, burnout, and compassion fulfillment. Workplace self-care has been stated to have a significant positive impact on employees' well-being and productivity. Clark et al.'s (2024) results indicate that a child welfare professional's well-being is positively correlated with the frequency and amount of self-care they practice.

Summary

This literature review examined how researchers have explored and investigated the topic of burnout and self-care. According to the literature, future research should incorporate qualitative approaches to gain a deeper understanding of the problems faced in practice (Stanley & Sebastian, 2023). Qualitative research designs should be employed when the objective is to investigate, comprehend, and gain a profound understanding of a phenomenon. Future research should also examine the readiness to use self-care

practices, which can reduce the severity of psychological difficulties such as burnout and secondary traumatic stress (Turhan & Genc, 2022). While expanding knowledge on this phenomenon is essential, I also discussed characteristics that affect this population's mental and physical health when burnout persists, and self-care practices are neglected. Additionally, this discussion on the impact of self-care will also contribute to social change. This could lead to the development of new policies, interventions, and guidelines to reduce burnout among hospice clinical social workers and enhance their mental health, overall well-being, and professional performance.

Although research on burnout and self-care among clinical social workers in hospice care has been conducted, a knowledge gap still exists, underscoring the need for a comprehensive analysis of these variables. Studies have not examined the lived experiences of clinical social workers in hospice care, addressing the effectiveness of self-care practices, feelings of empowerment, and the reduction of burnout. This research study aims to close the knowledge gap by collating the lived experiences of hospice clinical social workers and investigating the impact of self-care on reducing burnout, as well as how their hospice organization fosters empowerment. This chapter covers the research design, methods, data analysis strategy, validity threats, and ethical protocols of my study. In Chapter 3, the research gap will be investigated to improve hospice organizations' understanding of the relationship between burnout reduction and self-care practices.

Chapter 3: Research Method

Introduction

This Qualitative study explored how self-care practices are utilized in hospice organizations to reduce burnout and how these organizations use self-care practices to empower their clinical social workers. The basic premise is that high levels of job burnout are caused by employees' misalignment or imbalance with the six organizational factors: overload, control, reward, community, fairness, and values (Lubbadeh, 2020). This chapter outlines the qualitative approach and procedures employed in conducting this research. I reviewed the study's research design and justifications. I have specified the target population and outlined the sampling methods utilized to recruit participants. Additionally, I described and provided information on the reliability and validity of the data collection. I then provided a data analysis plan, and finally, I discussed threats to authenticity.

Research Design and Rationale

My research study will follow a basic qualitative research design, which is ideal for gathering meaningful dialogue, as it can also be cathartic. The research question for this study is, *"How do clinical social workers in hospice settings perceive the role of empowerment and self-care practices in reducing burnout?"* Burnout is a condition resulting from chronic stress from work that is classified as an occupational phenomenon rather than a medical concern. A qualitative research approach was used to collect data from hospice clinical social workers regarding their lived experiences with burnout, using a phenomenological design. Data were collected via semistructured interviews and

analyzed using thematic analysis. The study explored how hospice clinical social workers perceive reducing burnout through self-care practices and empowerment. For exploratory research, primarily when little is known about a topic such as this one, a basic/generic qualitative approach was most useful; therefore, it was appropriate for this study. The basic/generic qualitative approach was also chosen because it allows participants to share their authentic expressions while clearly describing their thoughts and ideas. Semistructured interviews with a phenomenological design were used to understand each participant's lived experience with reducing burnout through self-care practices and empowerment. A thematic analysis was chosen as the data analysis method because it enables the systematic discovery and interpretation of patterns and themes within the participant responses. This approach supported the study's goal of providing informative insights into the participants' perspectives by identifying similarities in how hospice clinical social workers describe their experiences with empowerment and self-care as practices for reducing burnout.

Role of the Researcher

As the researcher, one of my responsibilities is to discover what other individuals believe about the topics relevant to social issues that can be investigated to influence social change. With qualitative research being a continuous process, unforeseen things can happen. Therefore, researchers must anticipate such problems and take steps to intervene (Taquette & Borges da Matta Souza, 2022). Conducting the study enables a researcher to work on the project, collecting, organizing, and evaluating data, which in turn allows the researcher to investigate possible solutions to the problem mentioned. The

researcher is responsible for finding or validating evidence-based information that can help the world or society (Ulz, 2022). Researchers have a significant impact on improving society and advancing and validating the welfare of individuals. Utilizing data collection tools is crucial for researchers, as it facilitates the research process. Empirical conclusions cannot be drawn by researchers who are unwilling to trust the evidence that is provided. As a researcher, it is your societal duty to ensure that the work you publish benefits society and does not harm the environment or other individuals (Ulz, 2022). The researcher assumes full responsibility for the study, including all its constituent parts, such as the problem, methodology, research question, and purpose. Data are often collected using surveys, questionnaires, interviews, or observations.

Being a researcher can be rewarding because it helps bring about the necessary societal change. The ethical integrity of the research, which is closely related to its scientific value, is the researcher's responsibility (Taquette & Borges da Matta Souza, 2022). As a social worker, I believe it is essential to advocate for everyone. Supporting your beliefs and working to effect change. I have had the luxury of getting to know many social workers, and regardless of their chosen field, I hear two words repeatedly. In social work, the terms' *burnt out'* and '*self-care'* are often used. Social workers listen to their clients or patients to learn about their traumatic experiences and attempt to improve their well-being. Prior studies on burnout have focused on human service occupations, such as teaching and nursing, which are considered the most vulnerable to burnout. Burnout, however, affects people across various occupations and is not limited to social care workers (Lubbadeh, 2020). Managing the lives of clients or patients while also listening

to a variety of experiences can be overwhelming. I wanted to take this opportunity to draw attention to this critical issue because the mental health of mental health professionals is vital. I was eager to interview participants and to learn more about their experiences and how they believe caring for themselves at work might enhance their emotional well-being and professional performance as hospice clinical social workers. As the researcher for this study, I believe it is crucial to primarily discuss my understanding of social work rather than discussing my own experiences working as a social worker. In essence, interviewer bias occurs when the interviewer's personal traits significantly influence the outcome of the interview (Lal & Benkraouda, 2024). As previously stated, my experience and personal beliefs on this topic will not be acknowledged or shared to avoid bias in my research. I want all participants to feel comfortable discussing this topic using their own opinions and experiences.

Methodology

As the sole researcher for this study, I was aware that my values and professional experiences would influence my perspective on conducting this investigation. I know firsthand the emotional intensity and organizational challenges that arise in the hospice field, as I am employed as a hospice clinical social worker. My perspectives may be beneficial because they will help me connect with the participants more effectively. However, sharing my experiences or imposing my beliefs on the participants could be viewed as researcher bias. I intend to continue being cautious so that participant interviews yield raw data, rather than what I had envisioned. I have maintained the trustworthiness and credibility of this study by employing reflexive tactics to ensure that,

as the researcher, I remain grounded in the participants' actual experiences rather than my own, and I have been upfront and truthful about my perspective.

Population

The target audience of this study includes participants who have earned a master's degree in social work and hold a clinical licensure (LCSW) issued by the Association of Social Work Boards. The Bureau of Labor Statistics (n.d.) estimates that there are approximately 137,000 licensed social workers, including those in hospice care, actively providing care across the United States. However, exact numbers for clinical social workers working exclusively in hospice care are difficult to pinpoint.

Sampling Method

I employed purposive sampling to recruit participants who closely matched the traits relevant to my research topic. Because this sampling technique aligns with my research topic and enables me to find participants with similar traits and experiences, it is the most appropriate for my study. The generalizability of this sampling technique is reduced by its lack of randomization (Andrade, 2020). Although hospice is the study's primary emphasis, the data collected offer insights that can be applied to other social work fields, as burnout can occur in any context. My research can provide thorough justifications and illustrations that pinpoint trends applicable to various social work contexts. My study's results can help other social work organizations develop interventions to assist their professionals better.

According to Campbell et al. (2020), purposeful sampling is a process that enhances the rigor and reliability of the data and findings by better matching the sample

with the research's goals and objectives. I recruited participants for this study through social work groups on social media.

Inclusion Criteria

All participants are U.S.-based clinical social workers with licensure. Participants are based in the United States because U.S. research advances global understanding, enables direct observation of social work practices in the U.S. context, including its unique challenges and successes, and informs the development and improvement of social work policies and programs at the national level, which in turn helps to identify the best interventions and services. Participants must have a master's degree in social work, have completed the Association of Social Work Boards competency exam, and have hospice-level social work experience. My study has no age limit, preferred gender, or time limits for work experience; individuals are welcome to participate if they meet eligibility requirements.

Sample Size

The sample size for this study will comprise interviews with up to 10 licensed clinical social workers in hospice care, or until data saturation is achieved. When no new themes emerge from the data, data saturation will have been reached. When participants begin to provide similar responses, the researcher recognizes that sufficient data have been collected to generate fresh insights on the topic of the study. In qualitative research, interviewing ten or fewer participants may be enough to reach data saturation.

Recruitment

Following approval from the Walden University Institutional Review Board (IRB), the study was announced on social media platforms, including Facebook and LinkedIn. Social work groups on Facebook and LinkedIn provide access to hospice clinical social workers in the United States, providing valuable perspectives. I intended to use the Social Work Registry maintained by the Association of Social Work Boards, which offers a searchable database of social workers who have obtained their clinical licensure by state. I planned to use this database to verify participants' credentials and ensure that each participant meets the eligibility requirements. When recruiting, clinical social workers were asked to provide their clinical licensure number. The state licensing board assigns social workers a unique identification number known as their clinical licensure number, which certifies their ability to practice in that state.

Recruiting participants through social media avenues and through hospice organizations would not result in any monetary gain. I requested permission from the administrators of the social media groups and hospice organizations to post about my study. Most social work Facebook and LinkedIn groups require members to follow group guidelines and authenticate their identities as social workers, which includes submitting verification of degrees and/or a clinical license. Hospice organizations also ask clinical social workers to present proof of their social worker credentials before hiring. I provided information on the study's eligibility, my contact at Walden University, and an invitation to participate, stating that participation is optional and will not cause harm to myself or others, while also outlining the study's objectives and goals. Once the invitation is

accepted, an informed consent statement is issued, which includes information about the survey, time obligations, and data dissemination. If a respondent did not meet the eligibility requirements but expressed an interest in participating, they received a virtual thank-you card acknowledging their willingness to participate. Following the interviews, participants received a virtual thank-you card to the email address they provided, thanking them for their participation in the study.

Participant Selection Logic

Participants in this study are master level social workers who have obtained their clinical licensure. I intended to contact U.S. hospice organizations, specifically in the South Carolina and North Carolina regions, by sending out invitations to participate. Additionally, I intended to connect with Walden University to engage with other social workers who may specialize in the field of social work and meet the requirements for participation, as well as reach out to social work groups on social media platforms for potential involvement. To establish eligibility, clinical licensure was confirmed, provided by the Association of Social Work Boards. I planned to recruit participants for this study until data saturation was achieved. The specific procedures for identifying, contacting, and recruiting participants include posting a social media flyer on platforms such as Facebook and LinkedIn. Flyers were also sent directly to potential participants who met the inclusion criteria based on the educational criteria posted on their professional LinkedIn accounts. Once potential participants confirmed their interest in participation, informed consent was provided to their email address. Once a participant responded to the email with *"I consent,"* a schedule was established. Once the interview was

scheduled, I emailed a confirmation with the date, time, and meeting ID if being conducted virtually. If participants requested to meet in person, I would secure office space to conduct a discreet and private interview session.

Instrumentation

Interviews were conducted in person or virtually to gather data for this study. Participants answered twenty semistructured interview questions. Interviews involved delicate and emotional topics; therefore, resources from the National Alliance on Mental Illness (2022) were accessible. In qualitative research, validity requires ensuring that the findings are reliable. Peer debriefing was utilized to establish validity. This allowed me, as the researcher, to receive feedback from experts or colleagues, gaining additional perspectives and reducing researcher bias. Triangulation increases the validity and credibility of the conclusions by combining data from multiple sources and employing cross-validation practices. This study was able to incorporate a wide range of perspectives because it entailed interviews.

Conducting interviews is a key data collection approach for my study as it allowed me to collect in-depth responses from participants, obtain an enhanced understanding of their experiences/perspectives, and acknowledge that some individuals function better alone than with others. I intended to use the NVivo software system for my study, which is a qualitative data analysis (QDA) tool used by researchers to examine qualitative data, including interviews. I can manage, arrange, and analyze audio data more effectively to find themes, patterns, and insights. I played the role of the primary interpreter, utilizing NVivo to carefully review each code and compare it to the

transcripts, making edits to ensure accuracy. I included manual hand-coding as a second precaution to double-check the software's recommendations. NVivo was designed to facilitate the management of a large dataset. Microsoft Word was used to create a manual codebook. In contrast, NVivo coding was used to create another. Using a codebook allowed me to apply the codes consistently and transparently.

Procedures for Pilot Study

Two of my coworkers were recruited to conduct a pilot study at my workplace. I provided copies of the invitation and informed consent to my practice participants once they consented to participate. Both practice participants received a pamphlet outlining the ethical guidelines to help them understand the study's procedures. I was able to conduct both interviews over 2 days and receive prompt feedback from both practice participants. Four interview questions focused on self-care and burnout were asked of the participants in the practice. My pilot research study and my major research study are similar as they use similar concepts and variables. There is also an association with the study's methodology, such as conducting interviews. The participant requirements for my primary and pilot research will remain equivalent. IRB approval (#08-15-25-1182880) received on August 15, 2025.

Procedures for Recruitment, Participation, and Data Collection

This basic/generic qualitative study employed a semi-structured interview method to gather participant data and address the research topic. In a semistructured interview, I will pose twenty interview questions to ten hospice clinical social workers until data saturation is achieved. A phenomenology design will be employed to explore the lived

experiences of the participants while also incorporating a thematic analysis to interpret the patterns and themes across participant responses. Data saturation occurs when no new themes emerge from the data. When participants continue to respond in similar ways and no new information emerges, the researcher knows that sufficient data have been acquired to produce a new understanding of the research topic.

The research question to be investigated is: How do clinical social workers in hospice settings perceive the role of empowerment and self-care practices in reducing burnout? Participants in this study must be clinically licensed and have a master's degree. To guarantee the integrity of the study, it is essential to confirm that prospective participants fulfill the eligibility requirements. My inclusion criteria were clearly stated, including details regarding the exclusion and inclusion of my study. My recruitment materials clearly stated the fundamental eligibility conditions for screening potential participants. By asking each participant for their clinical licensure identification number, I verified eligibility. It is necessary to have a master's degree to practice as a clinical social worker. Nonetheless, because social workers can only receive a clinical license after receiving a master's degree in social work, proof of a master's degree was not required.

Twenty interview questions were asked in a one-on-one interview session to gather data on how hospice organizations implement self-care practices to empower clinical social workers and reduce burnout. Below are examples of open-ended interview questions that cover empowerment, burnout, and self-care strategies. I planned to employ

these interview questions to demonstrate how the research would explore participants' lived experiences.

1. Describe how your organization responds when you require support.
2. Describe a situation or time when you felt empowered by your organization. And what impact did it have on your professional performance?
3. How do you believe your role as a clinical social worker may lead to stress or burnout?
4. What organizational elements, such as caseloads and a lack of resources/support, could contribute to burnout? Why do you believe this is happening?
5. How can your organization promote a healthy work environment for you and your coworkers?
6. Does your organization support your self-care needs? If not, what adjustments can be made to address this issue?
7. What tools and resources does your organization offer to empower you via self-care? If none, why?

To ensure a diverse and representative sample, I planned to recruit clinical social workers from hospice organizations across the South Carolina and North Carolina regions. The goal was to contact hospice organizations in these regions to inform them about the research study and to distribute pamphlets outlining the study's purpose and how potential participants may participate. In addition to reaching out to Hospice organizations, I utilized social media platforms to post pamphlets about my research study and to connect with social workers from my alma mater's social work master's

program. Following each interview, participants will receive a debriefing that includes thorough explanations of the study's goals and methods, information on when study results will be accessible, and chances for questions and closing remarks.

The researcher collected data for this study. The frequency of data collection involved interviewing a maximum of two participants per day, with each interview lasting between 45 minutes and 60 minutes. After each interview, I reviewed the recording and transcribed the interview. This process was planned to take up to a week to complete. Interviews were recorded using the recording feature on the video conference software. Participants exited the study by volunteering to participate in a member-check-in/debrief that would take up to 20 minutes to present the raw data, findings, and interpretations to the original participants to confirm their accuracy and validity.

Data Analysis Plan

Coding is assigning codes, words, or phrases to identify patterns in statistical data. Because coding is widely employed in qualitative research, researchers can gain a deeper understanding of iteration as a component of the analytical process by examining how coding is applied in various projects (Locke et al., 2022). My study used inductive coding, allowing me to generate codes directly from the data. This strategy is appropriate when researchers are exploring a new topic, an under-researched topic, or when they are interested in discovering new themes and patterns in the data. During different phases and cycles of the analysis process, researchers work with data to create codes. This practice typically occurs at the beginning of the analysis process. Still, it can also take place later when codes are created by reading and labeling specific data that has been rearranged

through earlier cycles and strategies (Locke et al., 2022). Qualitative data analysis involves interpreting and understanding the collected qualitative data. Computer-assisted qualitative data analysis software (CAQDAS) is a technology that researchers can use to create qualitative research projects, according to Bryda and Costa (2023). For this study, I utilized the NVivo software system. NVivo is a specialized CAQDAS software that enables the management of intricate qualitative data, the identification of themes, and the visualization of results. I identified, investigated, and reported topics within the data set from this study using thematic analysis, which helped identify and interpret themes within the qualitative data.

The first stage in using the thematic analysis approach involved becoming familiar with the data, which entailed reviewing field notes, transcripts, and other qualitative materials to gain a deeper understanding of the information contained within. Generating initial codes by finding key terms related to the research question is the second step in applying the thematic analysis approach. Conceptualizing codes in this way leads to an understanding of how they might be used to generate repeated performance of analytical methods and, by participating in interactivity, keep analyses dynamic and active (Locke et al., 2022). By combining the codes into groups, the third step of the thematic analysis approach enables me to begin identifying recurring themes. I started examining the themes in the fourth stage of the thematic analysis approach to ensure they accurately represent the information presented by the data. In the fifth stage of applying the thematic analysis approach, I began by identifying and labeling themes, providing a succinct and understandable explanation of the significance and connection

between the data and the research question. In the sixth stage of applying the thematic analysis approach, I clearly and succinctly presented the results, including details on the identified themes, corroborating evidence, and data interpretations. This approach contributed to the researchers' and audience's understanding by clarifying the significance of the findings.

Issues of Trustworthiness

Credibility is the reliability associated with the research findings (Holloway & Wheeler, 2013; Macnee & McCabe, 2008). A peer review was conducted, soliciting feedback from other scholars with specific experience in the field to bolster my credentials. Transferability, the interpretive counterpart of generalizability, refers to the degree to which the results of qualitative research may be applied to different respondents in other settings or situations (Bitsch, 1970; Tobin & Begley, 2004). Transferability enables the researcher to provide evidence that the study's findings can be applied to various research projects. A detailed study description demonstrates transferability, including details on the sample, data collection methods, and data analysis methods. Participants' evaluation of the study's findings, interpretations, and suggestions considering the information obtained from study informants is known as reliability (Cohen et al., 2011; Tobin & Begley, 2004). I demonstrated my trustworthiness by employing strategies to ensure saturation, including data triangulation. To ensure dependability, a thorough and transparent analytical method was used, including careful recording of every stage of data processing and interpretation. The data sections were analyzed repeatedly to generate categories and codes, which were then evaluated and

refined throughout the transcripts to ensure correctness. Cross-validation ensured that themes reflected the trends of numerous respondents by compensating for differences. As Tobin & Begley (2004) stated, confirmability is *"concerned with establishing the data and interpretations of the findings that are not figments of the inquirer's imagination but are derived from the data"* (p. 392). To ensure confirmability, I extracted themes and categories from the respondents' data using descriptive coding and recorded the data in an understandable coding scheme, such as NVivo.

Ethical Procedures

The IRB process, which evaluates a study for participant risk and ethical issues, was completed before this research study could move forward. After agreeing to participate, participants provided their email addresses to receive the informed consent. The informed consent form included information on the study's goal, time constraints, and data distribution. Privacy concerns are one of the ethical issues I considered. I reassured my participants that any information discussed during the interview would be kept confidential and used solely for data collection purposes, as the interviews would be recorded. I reassured them that their data would be preserved and safeguarded, their identities would not be disclosed, and their jobs would not be affected.

On August 15, 2025, I received IRB approval (#08-15-25-1182880). On August 16, 2025, the study flyer was posted on social media platforms, including Facebook and LinkedIn, for recruitment purposes. This study adhered to the ethical guidelines for all human participants. Before scheduling and participating in the interview, each participant received an informed consent form via email, which explained the study's goals,

methodology, potential risks, and benefits. All participation was voluntary, and participants were advised to withdraw at any time without penalty. Adults aged 21 and above are eligible to participate in this study and interview process. Participants were asked to participate in a 45–60-minute interview, and their rights and privacy were protected by ensuring that the consent form explicitly specified their autonomy and confidentiality, and that the data were securely stored on a flash drive. I ensured that confidentiality in this study was upheld by protecting and securing all data sources on a secure flash drive. I also ensured that confidentiality was upheld by conducting each interview in a private office that consisted only of the interviewer and the interviewee. No participants experienced any emotional, psychological, or physical harm throughout the study.

During the recruitment process, an ethical concern I experienced was the participants' hesitation about sharing their licensure numbers due to discomfort. This created fear that their identity, employer, or professional standing may be revealed. To ensure this topic was addressed, the study limited the collection of identifiable information and clarified that licensure data would be used solely for verification purposes. I also explained that all data would be stored securely and would remain confidential. The second ethical concern raised during the recruitment process was that potential participants might misrepresent themselves to participate, as many did not meet the inclusion criteria, had not read the details in the flyer, and expressed an interest in participating in exchange for compensation. Concerns were addressed by verifying that

potential volunteers' credentials and job history on LinkedIn met the inclusion criteria before providing informed consent.

During the recruitment process, some potential participants expressed interest only in participating for compensation. As the researcher, I informed any potential participant that there would be no monetary gain from participating in this study. The screening method used to determine eligibility requirements was practical because it ensured that only qualified individuals participated in this study. After confirming participants' eligibility to participate, I emailed the consent form, and everyone who participated responded with *"I consent"* after reviewing and agreeing to participate.

All the data gathered for this study would be considered confidential rather than anonymous because each participant provided identifying information, such as their professional background and license number. To maintain confidentiality, the final data set does not include participants' license numbers or professional background information, except that they are hospice clinical social workers. To safeguard the confidentiality of participants' data, all data are stored on a password-protected computer and flash drive that only the researcher and committee may access. No tangible records were collected during this study; all submissions were made electronically. Data will be stored for 5 years following the completion of the research study. This will allow all digital files to be permanently destroyed, while any physical documents will be shredded. As previously stated, only the researcher and committee members will have access to any documents or data related to this study until the data are removed within 5 years.

Summary

This study used a generic/basic qualitative approach to understand how clinical social workers interpret their experiences with burnout through self-care practices. My research aimed to investigate the possible links between self-care practices, empowerment, and burnout reduction among clinical social workers in hospice settings. I used the NVivo software system to evaluate themes in the data. The study's findings will be applied to improve organizational policies and training programs and may also inform the development of interventions for social workers in hospice care. By offering evidence-based guidance for policy development, the results of my study may help ensure that policies remain effective in enhancing employee morale, engagement, and retention. Initiating training programs that better equip clinical social workers with the skills they need to manage their job obligations effectively and possess the knowledge to utilize effective burnout management practices may be facilitated by my research. Ultimately, my research could inform the development of new or existing strategies/interventions. My study will help investigate the efficacy of existing interventions and enable more effective approaches by examining the need for new or enhanced self-care practices, utilizing new data and insights. As I gather my data and present the interpreted findings of the study, Chapter 4 will feature the completed study's results, datasets, analysis, reliability, and evidence.

Chapter 4: Results

Introduction

The purpose of this study was to explore how hospice organizations utilize self-care practices to reduce burnout and promote empowerment amongst clinical social workers, while highlighting the benefits and challenges of doing so. To achieve this goal, the study posed the following research question: How do clinical social workers in hospice perceive the role of empowerment and self-care practices in reducing burnout?

This study employed a semi-structured interview approach to gather insights from ten hospice clinical social workers, aiming to understand the significance and benefits of access to self-care practices within their hospice organization. Recruitment for participants employed a purposive sampling approach, based on meeting the specified inclusion criteria. For this research study, the inclusion criteria included participants who had earned a master's degree in social work, obtained a clinical licensure (LCSW) from the Association of Social Work Boards, and were employees at a Hospice Organization located in South Carolina or North Carolina; however, participants from other regions were also accepted. Chapter 4 addresses the data analysis process, data collection procedures, study limitations, and additional protocols. In the results section, I have detailed the study's sample, presented the data findings, and drawn conclusions based on the research question. At the end of this section, a summary is provided to cover all the concepts mentioned in this chapter.

Setting

This section focuses on the personal and organizational conditions that affected interviewees' responses. Participants noted structural barriers that reflect organizational conditions. Having limited staffing was an organizational condition, with Participant 1 stating, *"It is only two full-time social workers, me and my coworker, and then it is one part-time social worker",* which created room for little coverage and heavy caseloads. Participants were also frustrated by not acquiring the necessary help or training from their supervisor, who lacked social work knowledge. Participant 7 noted, *"My supervisor was a nurse, and I do not like the idea of a nurse supervising a social worker because they are just set on treating, treating, treating, and we do not do that."*

Both organizational and personal conditions shape participants' experiences. Personal grief was mentioned by participant three, who quotes that *"I got into hospice because of my sister, she passed."* Participant 9 noted that having faith helps to maintain resilience: *"Faith is a huge thing for me…. I pray, meditate, isolate, and recalibrate,"* highlighting how personal conditions can serve as an example of how coping strategies and life events can combine with organizational structures to influence burnout.

Demographics

Demographic data were not collected to maintain the privacy and anonymity of the study participants. This research study focuses on in-depth participant perspectives rather than demographic comparison. This study focused on the subjective experiences of hospice clinical social workers, rather than how those experiences differ by age, gender, or years of experience. This is because the study examined how these professionals

perceived burnout reduction, empowerment, and self-care practices. The data collection methods used in this study included semistructured interviews, a thematic analysis, a phenomenological design, and a qualitative approach. Instead of extrapolating the results to other demographic groups, these approaches aimed to gain a deeper understanding of the lived experiences of hospice clinical social workers.

Data Collection

Upon receiving IRB approval (#08-15-25-1182880) on August 15, 2025, the study was posted on social media sites, including Facebook and LinkedIn, on August 16, 2025. The Facebook groups that were used to recruit participants were, Black Girls in Social Work, Hospice Social Worker Support Group, Social Work Resources & Support, North Carolina Social Workers, Successful Black Social Workers, Hospice Social Workers, South Carolina Social Workers, Social Work World Group, National Association of Black Social Workers, Charlotte Area Nacro Social Work Network, Clinical Social Workers Association, and Social Work Hospice & Palliative Care Networks. The LinkedIn groups used to recruit participants were Hospice Network, Hospice Development Professionals, Hospice Care and Hospice Industry, Social Work Forum, Social Workers, Network of Medical Social Workers, Social Work Network, and Home Health and Hospice.

During August 2025, ten interviews were completed. Twenty semistructured interview questions were used to gather participants' viewpoints and experiences. As part of the recruitment procedure, each participant received a copy of the brochure containing all the study details. Interested participants would provide their email address to obtain

the consent form. Although some participants willingly disclosed their clinical licensure numbers, others were hesitant to do so. I attempted to confirm licensure status through state licensure lookup systems to ensure accuracy. Some participants' data did not load through the licensing site but was successfully retrieved in most cases. Participants used their recorded job history on professional networking sites, such as LinkedIn, to verify their licensing status. This procedure respected individuals' requests not to publicize license numbers while validating each participant's professional credentials.

Following signing the consent form, participants received a Zoom link with the interview time and date. The recruitment flyer outlined the study's inclusion criteria to collect a purposive sample of hospice clinical social workers interested in participating. After receiving the flyer, ten hospice clinical social workers who responded volunteered to participate in the study. Two volunteers declined to participate after learning that the study would not provide compensation. Recruiting participants and conducting interviews each took a week. The interviews lasted up to 40 minutes. The recording feature provided by Zoom was used to capture the audio for each interview and retrieve the transcripts.

Data Analysis

The descriptive coding method, as proposed by Ellis and Davis (2023), helped pinpoint and organize codes from the participants' responses. The thematic analysis approach, as outlined by Braun and Clarke (2006), was employed to identify emerging themes. This approach was applied after the initial coding step was completed. The two-stage data analysis strategy employed both descriptive coding and theme analysis. Descriptive coding, as the first-cycle method, was utilized to simplify key themes from

participant responses. Some examples of the labels that emerged from the data were (*caseload*, *leadership*, and *coping strategies*). While remaining consistent with the participants' original language, this strategy allowed for the organization of large amounts of qualitative data into digestible topical categories. Codes were updated in a codebook, polished for consistency and clarity, and consolidated where they overlapped.

After the initial coding, the dataset was assessed using the six-phase theme analysis methodology developed by Braun and Clarke (2006) to identify broader patterns in the participants' experiences. Familiarizing oneself with the data, creating preliminary codes, searching for topics, evaluating themes, defining and identifying key points, and preparing the final report were the six stages. After carefully classifying the codes produced by the descriptive coding approach into possible themes, they were assessed for coherence with the data. To ensure they appropriately reflected the data set, themes were modified after each theme was developed and given a name indicating its component. Themes were ultimately integrated to provide dialogue that addresses the research goals of the study and emphasizes the participants' diverse yet related experiences. Braun and Clarke (2006) developed a six-phase paradigm for the thematic interpretation of information. Descriptive coding and familiarization were followed by classifying the codes into broader categories that represented concepts shared by all participants. These categories were combined into themes that indicated patterns of meaning relevant to the study's goals. *Organizational demands*, for instance, included categories such as *high caseloads*, *documentation burdens*, and *staff shortages*, all of which complemented the overarching theme of *organizational challenges* as an indicator of burnout. The subject of

supervisory support was formed by grouping codes such as *supportive supervisor*, *team collaboration*, and *mentorship* under the category of *team-based/relational support*. The theme of *resilience and professional growth* was informed by concepts such as *prayer*, *spiritual grounding*, and *faith as coping mechanisms*, which evolved into the category of spiritual resources.

Participants' quotes were used to highlight the significance of these concepts and provide examples. One participant highlighted the strain of organizational pressures by stating, *"Some days it is not the patients that wear me out—it is the documentation and policies that make me feel like I cannot breathe."* Another clarified, *"My team is what keeps me here, and we rely on one another during difficult times,"* illustrating the safeguarding effect of workplace assistance. Although many interviewees cited organizational pressures and caseload as major drivers of burnout, one person minimized these issues. *"The paperwork does not bother me—I just see it as part of the job,"* this participant stated. *"The most difficult aspect for me is bearing the emotional burden of my patients' stories."* As some participants listed organizational challenges as a stressor, this participant identified that the emotional strain from this profession is the leading cause of burnout.

The study avoided overgeneralization and ensured that themes accurately captured participants' perspectives by including both common and uncommon experiences. This strategy enabled the analysis to progress beyond simple descriptive codes and toward more nuanced interpretive themes by utilizing participant statements and contrasting examples, which added depth and complexity to the findings.

Evidence of Trustworthiness

Credibility

Credibility was established by providing participants a safe space to share their experiences. As the researcher, I remained engaged throughout the entire interview. Ahmed (2024) states that persistent observations, triangulation, and engagement are needed to establish credibility.

Transferability

Transferability requires detailed interviews to provide in-depth responses. Transferability was achieved by providing detailed descriptions of the data related to the participants' experiences and perspectives, as described by Ahmed (2024). The audience can comprehend the results by using direct quotes to illustrate the themes and patterns that surfaced from the data. In the findings, the audience can read direct statements from the participant interviews to know how the themes are relevant to the participants' lived experiences. Quotes reveal diverse perspectives and shared experiences, including high caseloads, inadequate PTO, and reliance on organizational support.

Dependability

Dependability is defined by a growing audit trail that offers comprehensive verification according to Ahmed (2024). To ensure reliability, a thorough and transparent analytical method was employed, including careful documentation of every stage of data processing and interpretation. The data sections were repeatedly analyzed to produce categories and codes, which were evaluated and refined throughout the transcripts to

ensure accuracy. Cross-validation ensured that themes accurately reflected the trends of multiple respondents by accounting for individual differences and variations.

Confirmability

Member checking, journaling, and peer debriefing are methods for achieving confirmability, as noted by Ahmed (2024). Several approaches were used to boost confirmability. During member check-ins, four individuals offered to evaluate summaries of collected data, interpretations, and findings. Each of the four stated that the results truly reflected their personal experiences. Two of my colleagues provided feedback at different stages in the coding process. This tactic was important because peer debriefing generates further perspectives that strengthen the study's validity and reliability. As I completed the data collection and analysis process, I kept a reflective journal, recording potential researcher bias and analytical findings. Combined, these strategies ensured the results were reliable and based on the participants' real-world experiences.

Results

This study aimed to answer the following research question: How do clinical social workers in hospice perceive the role of empowerment and self-care practices in reducing burnout? Interviews with the participants yielded 10 transcripts from 10 participants working in hospice settings in South and North Carolina. The results of this chapter are presented in five overarching categories: (a) indicators of burnout, (b) team-based/relational support, (c) systemic and caseload pressures, (d) organizational culture, and (e) values and professional identity. Each section contains themes that are broken down into codes. The study aimed to facilitate one-on-one interviews with master-level

social workers who have obtained their clinical licensure to collect their perspectives and analyze their perceptions of the role of empowerment and self-care practices in reducing burnout.

Section 1 will review the themes and codes related to the indicators of burnout. Burnout indicators are the early warning signs that someone may be experiencing burnout. These can be behavioral, physical, or emotional changes that indicate a person's capacity to manage is being overwhelmed by continuous stress. Section 2 will review the themes and codes related to team-based/relational support. Relational support, also known as team-based support, refers to the assistance and connection that employees receive from coworkers, managers, and interdisciplinary team members at work. This typically includes opportunities for hospice social workers to discuss challenges with colleagues, seek guidance from managers, collaborate in multidisciplinary meetings, or establish informal peer connections through team lunches and group chats.

In Section 3, the systemic and caseload pressures will be examined. Hospice social workers' daily responsibilities are influenced by organizational and structural demands, commonly referred to as *"systemic and caseload pressures."* In Section 4, Organizational culture will be examined. *"Organizational culture"* refers to the shared values, practices, behavior, and leadership styles that shape the workplace and influence how employees see their roles. The organizational culture of hospice social workers was shaped by how leadership engaged with staff, the level of respect accorded to the social work position, the fairness of job distribution, and the overall atmosphere of cooperation within interdisciplinary teams. Section 5, *"Values and Professional Identity,"* will be

reviewed. The term *"values and professional identity"* refers to the individual beliefs, ideals, and sense of direction that shape hospice social workers' impressions of and performance in their roles. Table 1 presents a visual representation of the categories, themes, and codes derived from the participant interviews.

Table 1

Categories, Themes, and Codes

Categories	Themes	Codes
Indicators of Burnout	Burnout: Emotional, Physical, and Professional Exhaustion	Fatigue; Lack of sleep; Irritability; Anger; Bitterness; Snappiness; Frustration; Emotional withdrawn; Detachment; Dread of work; Reduced motivation; Compassion fatigue; Vicarious grief; Loss of purpose
Team-Based/Relational Support	Interdisciplinary Support	Peer venting; Supportive coworkers; Affirmations; Hospice group chats; Team Building Activities; Debriefings; Chaplain/Social Work collaboration; Church/Spiritual Relationships
	Supervisory Support (Inconsistent)	Empowering leadership; Supportive supervisors; Dismissive supervisors; Favoritism; Harassment; Leadership emphasized nurse-dominated perspectives; Lack of mentorship; Isolation as sole Social Worker
Systemic & Workload Pressures	Workload & Organizational Demands	High caseloads; Dual roles; Excessive travel; Documentation burdens; Redundant Assessments; Insurance demands; On-call demands; Family crisis; Unsafe/unsanitary home environments
	Organizational Challenges & Policy Limitations	Profit-driven/Capitalist Hospice Models; Lack of mental health days; Limited PTO; Low Pay; Inconsistent access to employee assistance programs; Inadequate staffing; Coverage gaps; Unsafe/Unrealistic Policies; Conflicting leadership directives
Organizational Culture	Workplace Culture: Empowerment vs Undervaluation	Undervalued; Favoritism; Exclusion from decision-making; Lack of Advocacy; Lack of Appreciation Incentives; Interdisciplinary overlap; Poor communication; Empowerment from being heard/valued; Respect/Recognition from colleagues; Appreciation events/Social Work Month recognition
Values & Professional Identity	Values in Hospice Work	Hospice work is meaningful & emotionally demanding; Advocacy for staff, patients and families; Integrity in practice; Authenticity in interactions; Healthy boundaries; Empathy; Compassion; Resilience; Patient-and- family centered focus
	Resilience & Professional Growth	Continuous learning; Supervision; Training courses; Recognition for retention; Faith/Spirituality as a source of resilience & purpose; Exercise; Vacations; Affirmations;

Section 1: Indicators of Burnout

Indicators of burnout emerged across participants' in-depth interviews, expressed through emotional, physical, and mental strain. While several reported physical fatigue and indications of stress, many others talked about feeling emotionally distant from

patients, being irritated, and exhausted. For example, Participant 8 mentioned, *"I feel burnout at work all the time… fatigue, I find myself very sleepy and irritable."* Participant 9 mentioned, *"I notice my attitude change, I become agitated, stop wanting to go to work, put things off, and talk less in meetings."* Participant 9 described how *"burnout... impacted my ability to do my job effectively."*

Section 2: Team-Based/Relational Support

Team-based/relational support played a key role in how participants managed the emotional toll of hospice care. Many participants' sources emphasized the importance of interdisciplinary teams, supervisors, and coworkers as places for support, guidance, and emotional release. Participant 1 declared, for instance, *"I believe my supervisor is really supportive… she always tells me to let her know if I am overwhelmed."* Participant 3 declared, *"We have a group chat with coworkers where we can vent and encourage one another, which really helps."* Informal resources, such as team activities and chaplain debriefings, were also cited as crucial for building a sense of community and alleviating feelings of isolation.

In contrast, when interpersonal support was scarce or nonexistent, participants felt alienated, separated from decision-making, or undervalued by nurse-dominant leadership styles. Participant 2 declared, *"Leadership is very centered around nursing perspectives... social workers were kind of put to the side,"* implying that leadership styles are centered around the medical field and do not incorporate attributes regarding the social work field. Hospice clinical social workers are being excluded from decision-making opportunities, which creates a sense of reduced motivation and decreased

opportunities for growth. When hospice clinical social workers share ideas but believe their employer is uninterested, they get disempowered and perform poorly. Exclusion from decision-making decreases empowerment and increases burnout by limiting the autonomy of hospice clinical social workers in decision-making. This undermines empowerment by suggesting that hospice clinical social workers' contributions are not valued, leading to decreased motivation, professional performance, increased stress, and frustration. As time passes and these concerns remain unresolved, hospice clinical social workers may experience burnout. These experiences demonstrate how team-based support reflects an organization's culture and helps prevent burnout. While its presence promotes resilience and professional performance, its absence causes stress and emotional tiredness.

Section 3: Systemic and Workload Pressures

Participants typically attributed burnout to structural pressures and stress, such as complex documentation, lengthy travel times, and heavy caseloads. Participant 0 claimed, for example, that *"the caseloads were too much, it can be challenging to keep up when caring for 40 or more patients simultaneously."* Participant 3 stated, *"It wasn't just the visits—it was the paperwork, implying that you would be typing late into the night when you returned home."* These in-depth interviews demonstrate how structural pressures limited time for rest, self-care, and meaningful patient interaction. However, several people did not regard the job as insurmountable. Participant 5 demonstrated how responsive leadership helped to reduce systemic pressures by stating, *"I had many patients, but I felt like my leadership worked with me when I asked for help."* The lack of

organizational response hindered the empowerment of hospice clinical social workers by diminishing their autonomy and ability to manage self-care practices. Participants expressed concerns about heavy caseloads and complex documentation, while their replies indicate that having minimal organizational support hindered their sense of empowerment. Given that their concerns regarding workload and inadequate support were not addressed, the autonomy of hospice clinical social workers to practice self-care and preserve their well-being was reduced.

Section 4: Organizational Culture

Organizational culture influenced participants' daily experiences, particularly their leadership attitudes and knowledge of social work tasks. Participant 6 stated, *"It was very much an unprofessional style of leadership."* Other participants mentioned unfair situations and experiences with their leadership team. Participant 6 said, *"There was no respect for social workers."* According to Participant 2, *"Leadership was very nurse-centric … social workers were kind of put to the side."* Others highlighted inequalities in interdisciplinary interaction. However, very few participants mentioned more positive cultures. *"Our leadership really tried to recognize us,"* Participant 4 stated, *"They embraced PTO and celebrated Social Work Month."* These contradicting accounts demonstrate how, depending on the leadership style, the organizational culture may either empower or marginalize employees.

Section 5: Values and Professional Identity

Participants discussed the connection between their personal values and the shaping of their professional identity. Some participants mentioned that being an

advocate, compassionate, and demonstrating honesty were contributing factors to their professional identity in the hospice field. *"Even though I was burnt out, I tried to remind myself why I was there—for the patients and families,"* Participant 1 mentioned. This was echoed by participant 7, who stated, *"My values and faith guided me; I knew my purpose even when leadership failed."* These principles frequently served as protections and clarified the goal of hospice care. Inconsistencies between organizational realities and values caused disenchantment at the same time. According to Participant 2, *"It felt like money mattered more than people... that goes against everything I believe as a social worker."* These testimonies demonstrate how differences in business culture and ideals aggravated participants' burnout symptoms. Hospice clinical social workers employed values to protect their well-being as they navigated the challenges of their profession. By advocating for themselves, hospice clinical social workers effectively communicated their needs and established boundaries to manage their heavy workload. They sought out resources for self-care, which collectively contributed to their sense of empowerment.

Hospice clinical social workers demonstrating compassion helped guide their approach to themselves and others. This value shaped how hospice clinical social workers treated themselves and their patients. This principle helped hospice clinical social workers realize their limitations by establishing boundaries without feeling guilty and accepting that they could not accommodate every demand. Hospice clinical social workers maintained autonomy and emotional resilience despite little organizational support by emphasizing compassion as a value. Honesty was a value that allowed hospice clinical social workers to speak and communicate openly about their concerns and

stressors. Honesty fosters openness between organizational leaders and their colleagues. In addition to safeguarding their emotional well-being and sense of empowerment, this value allowed participants to set reasonable expectations. Individuals can take charge of decisions that impact them by being open about their limitations, burnout, and needs for resources, such as self-care. Being honest also allowed participants to maintain their independence, which, in certain situations, improved their working relationships. Even in organizational settings that were insufficient in addressing the needs of hospice clinical social workers, these values worked together as guiding principles, helping participants set realistic limits, preserve their autonomy, and practice self-care to reduce burnout.

Summary

The study results indicate that hospice clinical social workers perceive self-care and empowerment as essential for reducing burnout, even if both are impacted by organizational culture as much as by individual effort. This research study examines the relationship between personal effort and organizational culture, and its findings underscore the importance of empowering clinical social workers and promoting self-care practices. Hospice organizations must prioritize the well-being of their hospice clinical social workers to ensure that they have a safe means of communication, manageable workloads, and access to the necessary resources to receive emotional support. Individual effort also includes hospice clinic social workers' personal responsibility for establishing boundaries and advocating for patients' needs. When hospice groups encourage empowerment, their efforts are supported rather than disregarded. The results reveal that hospice clinic social workers can exhibit professional competence and reduced burnout

by establishing a positive organizational culture. Participants reported that using self-care practices such as paid time off, therapy, exercise, meditation, setting boundaries, and receiving support from family or their religion to preserve their well-being. The participants emphasized that self-care was no longer sufficient when faced with systemic barriers to their work, such as heavy caseloads, a lack of mental health days, staffing shortages, and profit-driven leadership, which hindered their efforts to provide adequate care. Organizational validation, which included role recognition, decision-making involvement, and responsive leadership, encouraged empowerment and individual resiliency. Burnout was lower among social workers who found a balance between personal coping, relational support, and organizational activities, including gratitude, teamwork, and flexible scheduling.

Furthermore, professional ideals strengthened resilience, helping individuals to reframe challenges and set more strict boundaries. When clinical social workers begin to feel devalued and disconnected, and self-care is viewed as a personal responsibility without organizational support, they are more likely to experience burnout. In conclusion, it was found that prioritizing the well-being of clinical social workers is essential for organizational policy and program improvements. Chapter 5 presents interpretations of the study’s findings, discusses prospective areas for further research, and outlines the implications for constructive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study examines how hospice organizations implement self-care practices to mitigate burnout and foster empowerment among hospice clinical social workers, highlighting the benefits and challenges associated with this approach. This study aimed to gain a deeper understanding of hospice clinical social workers' perspectives on the importance of empowerment and self-care in mitigating burnout. As patients and their families approach the end of their lives, hospice clinical social workers offer them emotional and psychological care. Hospice clinical social workers are frequently subject to burnout, which manifests as high levels of stress, compassion fatigue, and organizational pressure due to the demands of their profession. Although social work theory typically encourages self-care, there is a limited understanding of how social workers apply self-care practices. This study aimed to close a gap in the literature by assessing the lived experiences of hospice clinical social workers and offering examples of how personal coping mechanisms and organizational systems might either prevent or exacerbate burnout.

The study’s goal was to provide hospice organizations with recommendations on how to best promote well-being by highlighting the most durable and significant sources of support. According to hospice clinical social workers, self-care practices and empowerment are essential for reducing burnout, but they are only effective when company culture supports them. The participants listed PTO, therapy, boundaries, and church or family support as coping strategies, while collaboration and peer relationships

were identified as essential forms of relational support. Organizations that offered flexibility, recognition, and responsive leadership could reduce burnout; nevertheless, burnout increased when self-care was viewed as solely the individual's responsibility. Two professional characteristics that assisted clinical social workers in reframing challenges and developing resilience were compassion and advocacy. The findings suggest that reducing burnout requires a balance between organizational and individual support. The merging of these approaches would give hospice clinical social workers a sense of purpose and autonomy.

Interpretation of the Findings

Edú-Valsania et al. (2022) found a favorable correlation between burnout and job demands, specifically emotional exhaustion. This aligns with my findings, which show that working in high-demand sectors, such as hospice care, can lead to burnout; therefore, it is critical to have self-care practices in place. To feel empowered, clinical social workers must have access to knowledge, support, employment-related resources, and opportunities for professional growth (Edú-Valsania et al., 2022). This aligns with my findings, which support those of Papworth et al. (2023) in their analysis. Participants in this study cited heavy caseloads as a source of burnout. According to Papworth et al. (2023), there is strong evidence that hospice social workers with heavy caseloads have poor psychological health. Poor psychological health, including symptoms like emotional exhaustion, diminished motivation, and feeling overwhelmed, has been validated by the participants in this study. This aligns with my findings, which confirm the link between

poor working relationships and team-based/relational support, which leads to burnout symptoms.

An antagonistic work culture, poor communication, a lack of acknowledgment, and inadequate leadership support are examples of poor working relationships presented in this study. Papworth et al. (2023) found a negative correlation between psychological well-being and poor workplace relationships, which is consistent with this conclusion. Despite their underappreciated status, social workers are essential members of the hospice team, as noted by Jang et al. (2024). Hospice leadership, according to survey participants, is mainly focused on nursing perspectives, but it should be broadened to include social work culture and philosophy. Hospice social workers oversee between 30 and 50 cases simultaneously (Jang et al., 2024). This aligns with my findings, which indicate that the shortage of staffing professionals can be challenging for clinical social workers in maintaining their caseloads. According to my study, participants who mentioned having heavy caseloads and a shortage of staffing professionals were the primary cause of burnout.

According to Cole et al. (2024), participants confirmed that having a support system was a form of self-care. Regarding transdisciplinary support, participants in my study mentioned that having supportive leadership and coworkers helped to reduce burnout and functioned as a type of self-care. Affirmation and validation experiences served as self-care strategies to enhance professional efficacy and mitigate negative emotions associated with their work. This aligns with my findings, which show that using affirmations and receiving acknowledgement from hospice organizations, such as

supporting Social Work Month, increases professional efficacy and reduces burnout. According to Cole et al. (2024), professionals were penalized by their organizational leaders when they requested to use their paid time off (PTO), as they were held accountable for establishing their own coverage, which created stress for them. Participants in my study also mentioned that they were forced to seek coverage or return to work with large caseloads due to staffing shortages, which adds to our understanding of the issue.

Findings Relevant to Empowerment Theory

Kanter's Structural Empowerment Theory (1993) emphasizes the necessity of having access to opportunities, information, resources, and support to develop employee empowerment, which is significantly reflected in the study's findings. If hospice organizations implemented supportive measures such as caseload redistribution, paid time off, and team-building activities, participants would report a sense of reduced burnout symptoms and increased feelings of resilience and empowerment. These findings support Kanter's structural empowerment theory, which posits that professionals must have access to adequate resources to experience a sense of empowerment. The results of this study will add fresh perspectives to the current literature.

According to Suhermin's (2019) research, structural empowerment may lead to increased psychological empowerment. Consider how psychological empowerment connects to the findings of the current study. Participants said that planning to distribute the caseload evenly, enhancing leadership training, and providing peer support systems are some organizational strategies that can help reduce burnout. According to Suhermin

(2019), when conditions are created to give employees a sense of empowerment, they are more likely to be satisfied with their work and believe they are providing good results. Being recognized by leadership and included in decision-making processes represented Kanter's idea of access to information and opportunity, as these factors increased social workers' perceptions of their professional value and impact within their organizations.

Hospice clinical social workers, working in profit-driven or nurse-dominant organizations, felt alienated, undervalued, and marginalized. This supports the idea put forth by Kanter that environments that lack empowerment limit employees' potential to thrive. According to this paradigm, the findings indicate that empowerment is both a structural and personal experience, with organizational practices either supporting or hindering social workers' ability to care for themselves and maintain their well-being. The evidence supports this view, demonstrating that burnout and empowerment are intricately linked in hospice settings and cannot be adequately handled by separate tactics.

Limitations of the Study

This study had limitations, including issues with the Microsoft Teams virtual conference platform. The Zoom transition occurred due to problems with the recording feature in Microsoft Teams during the early stages of data collection. The second limitation was that working in hospice, social workers can hold different licensures, such as Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), and Licensed Independent Social Worker (LISW). The training, knowledge, and clinical responsibilities of hospice clinical social workers may vary according to their

professional license, which includes LCSW, LMSW, and LISW. The study's conclusions may not apply to all hospice clinical social workers, as it focused on LCSW social workers. The patterns observed in this population may not accurately represent those of hospice clinical social workers with other credentials, as variations in licensure could influence how each experiences burnout. Because the study only examines one type of licensing, it may overrepresent the perspectives of LCSWs while underrepresenting those with LMSW and LISW credentials. Different license types may suggest disparities in task scope and access to organizational resources, which can limit the generalizability of the findings.

The third limitation was that a portion of the participants' data did not load through the licensing site to confirm credentials, but was successfully retrieved in most cases by accessing participants' LinkedIn accounts to verify previous employment, which is required for social workers to maintain licensure. The fourth limitation pertained to the researcher's positionality, specifically the ongoing labor needed to analyze participants' in-depth interviews as a practicing hospice clinical social worker, without introducing biases or personal experiences. The last limitation would be that demographic data were not obtained for this study because the variables were not theoretically or analytically pertinent to the study's objectives. Rather than examining how demographic data shaped participants' perspectives, the study focused on understanding hospice clinical social workers lived experiences and how they perceive empowerment and self-care practices within their organization to reduce burnout. Including demographic factors in this context may have led to assumptions or implications that extend beyond the study's research

question. In future studies, incorporating demographic data may enhance the study's findings by allowing researchers to determine whether empowerment and self-care practices vary across different demographics. These limitations highlight issues with recruiting, data collection, and verification that may have impacted the scope and generalizability of the results.

Recommendations

Future studies should consider several factors related to burnout, self-care practices, and the empowerment of hospice clinical social workers. The recruiting pool should be expanded beyond state or licensure limits to enhance generalizability and capture a broader range of viewpoints. Building direct collaborations with hospice organizations or professional associates may lower recruiting obstacles while enhancing the relevance, validity, and applicability of the findings. Future studies using demographic data should carefully investigate potential disparities between subgroups.

Recommendations for Practice

The findings provide hospice organizations with recommendations for reducing burnout among clinical social workers. Hospice organizations must establish wellness programs, implement caseload redistribution, adjust staffing levels, and provide access to mental health days, rather than continuing to define self-care as solely the responsibility of participants to address structural issues within their organizations. Empowerment strategies that should be emphasized in leadership training include active listening, acknowledging the outstanding professional achievements of social workers, and ensuring their involvement in decision-making. Interdisciplinary teams should also

establish peer support systems, such as regular debriefings and team-building activities, to mitigate isolation and enhance collaboration. The conclusions of this study emphasize the need for systemic organizational changes to support empowerment and sustainability. These include establishing supportive supervision, acknowledging social workers as essential team members, and promoting licensure-based remuneration plans. Establishing minimum staffing levels, ensuring equitable compensation, and providing adequate resources for sustainable caseloads will also help hospice social workers become more resilient and experience less burnout. These tactics enhance staff well-being and raise the standard for hospice care delivery.

Implications

On several levels—individual, familial, organizational, and policy/societal—the results of this study support social change. At the individual level, clinical social workers may experience improved well-being and reduced symptoms of burnout when they feel empowered and supported by their organization and have adequate measures in place for self-care practices. Having access to support can help hospice clinical social workers maintain resilience and compassion. Interventions like mindful practices and resilience training programs, including meditation, stress-reduction courses, or access to counseling services, may help hospice clinical social workers reduce burnout and develop sustainable self-care routines. Hospice clinical social workers benefit from fewer crises and emotionally demanding caseloads when implementing family-inclusive wellness initiatives, such as caregiver support groups. This is because it allows families to share their experiences with others and support them in their grieving process.

Supportive leadership, fair caseloads, and well-defined procedures for implementing self-care practice can help hospice organizations create long-lasting working conditions at the organizational level. Implementing these strategies can enhance staff retention and foster cross-disciplinary collaboration. Hospice clinical social workers will receive a fair distribution of caseloads if caseload monitoring methods are implemented. Having sustainability in this profession can be further strengthened by implementing staff wellness programs that include paid and protected mental health days.

The results of this study emphasize the critical importance of acknowledging the input that hospice clinical social workers provide to the team at the societal and policy levels. Hospice care can become more sustainable and of higher quality overall if policies and regulations are in place to support equitable caseloads, fair wages, and adequate mental health days. Employee assistance programs that support crisis interventions, work-life balance, and overall well-being should be supported by all hospice organizations. Hospice clinical social workers are empowered by these techniques, enhancing workforce sustainability and providing institutional safeguards.

Methodological, Theoretical, and/or Empirical Implications

The advantages of using semistructured interviews as a data collection method are highlighted in the study. This data collection method is best for recording the lived experiences of hospice clinical social workers. It provides a starting point for discussing sensitive topics such as burnout and self-care. Using a basic/generic qualitative approach and incorporating an interview method highlights the benefits of using semi-structured interviews, which can provide data that survey-based methods may overlook. This

highlights the importance of qualitative methodologies in advancing knowledge in the field of social work research. The findings of this study complement Kanter's' Structural Empowerment Theory' (1993). This demonstrates the importance of crucial resources, assistance, learning, and recognition in reducing burnout and enhancing social workers' resilience. By demonstrating that organizational structures effectively instill empowerment, rather than it being a merely human attribute, this expands the application of empowerment theory to the hospice context. The study addresses a gap in the literature on hospice and clinical social work. It contributes to the dearth of research on hospice social workers by illustrating how organizational, relational, and interpersonal factors affect burnout.

Conclusion

According to this study, reducing burnout amongst hospice clinical social workers requires individual practices for self-care and empowering techniques. While essential, personal resilience strategies such as establishing boundaries, seeking therapy, and taking breaks are not enough to sustain long-term well-being. Hospice organizations can reduce burnout amongst hospice clinical social workers by providing them with equitable caseloads, decision-making opportunities, and authentic acknowledgment for their contributions to the field. Self-care practices and empowerment are linked behaviors that, when supported by organizational commitment, strengthen end-of-life care for patients and their families while maintaining the wellness of clinical social workers.

References

Ablett, J. R., & Jones. (2006, December 14). Resilience and well-being in Palliative Care Staff: A qualitative study of hospice nurses' experience of work. *Psycho-oncology, 16*(8), 733-40. https://doi.org/10.1002/pon.1130

Addai-Duah, E. (2024). *Impact of leadership characteristics of empowerment and support of employee growth on job commitment and turnover intent of nurses in Ghana* (Doctoral dissertation, Walden University). Walden University ScholarWorks.

Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.4965351

Al-Ababneh, M. M. (2020). Linking ontology, epistemology and research methodology. *Science & Philosophy, 8*(1). http://dx.doi.org/10.23756/sp.v8i1.500

Anadkat, K., & Joshi, M. (2023). A comprehensive literature review on Understanding job burnout: Causes, consequences, and prevention strategies. *International Journal of Interdisciplinary Organizational Studies, 18*(1). https://doi.org/10.5281/zenodo.8112961

Andrade, C. (2020, December 17). The inconvenient truth about convenience and purposive samples. *Indian Journal of Psychological Medicine, 43*(1), 86-88 https://doi.org/10.1177/0253717620977000

Awa, W. L., Plaumann, M., & Walter, U. (2009, May 20). Burnout prevention: A review of intervention programs. *Patient Education and Counseling, 78*(2), 184–190. https://doi.org/10.1016/j.pec.2009.04.008

Bitsch, V. (1970, January 1). *Qualitative research: A grounded theory example and evaluation criteria.* AgEcon Search. https://ageconsearch.umn.edu/record/59612

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brinkmann, S., & Kvale, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Sage.

Bryda, G., & Costa, A. P. (2023). *Qualitative research in the digital era: Innovations, methodologies and collaborations*. *Social Sciences, 12*(10), 570. https://doi.org/10.3390/socsci12100570

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020, June 18). Purposive sampling: Complex or simple? research case examples. *Journal of Research in Nursing: JRN*. https://pubmed.ncbi.nlm.nih.gov/34394687/

Casarett, D. J., & Quill, T. E. (2007, March 20). "I'm not ready for hospice": Strategies for timely and effective hospice discussions. *Annals of Internal Medicine*. https://pubmed.ncbi.nlm.nih.gov/17371889/

Casebook Editorial Team. (2024, August 26). *Social worker burnout rate: Stats and tips*. Casebook. https://www.casebook.net/blog/social-worker-burnout-rate-stats-and-tips

Centers for Disease Control and Prevention. (2022, August 3). Well-being concepts. *Centers for Disease Control and Prevention*.

https://archive.cdc.gov/www_cdc_gov/hrqol/wellbeing.htm

Clark, S. L., Miller, B., Akin, B., Wright, K. C., Byers, K., Carr, K., & Hunt, M. K. (2024, January 27). Full article: Exploring the relationships between self-care and well-being outcomes among child welfare professionals. *Journal of Public Child Welfare*. https://www.tandfonline.com/doi/full/10.1080/15548732.2024.2306151

Cole, R., Fantus, S., Hawkins, L., & Chakraborty, P. (2024, November 20). *Professional self-care in social work practice: A new conceptual framework*. *Social Work, 70*(1), 31–38. https://doi.org/10.1093/sw/swae049

Collins. (2020, February). *Emotional challenge. In Collins English Dictionary.* https://www.collinsdictionary.com/us/dictionary/english/emotional-challenge

Contextual factors. OMERACT. (n.d.). https://omeract.org/glossary/contextual-factors/?utm_source=chatgpt.com

Curd, J., & Hong, M. (2023, September 26). Exploring the lived experiences of rural hospice social workers in navigating "Cracked" systems. *Journal of Social Work in End-of-Life & Palliative Care*. https://pubmed.ncbi.nlm.nih.gov/37750970/

Daft, R. L., & Lengel, R. H. (1986). Organizational information requirements, media richness, and structural design. *Management Science, 32*(5), 554–571. https://doi.org/10.1287/mnsc.32.5.554

Different types of bias in research (n.d.). *CASP*. https://casp-uk.net/news/different-types-of-research-bias/

Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022, February 4). Burnout: A review of theory and measurement. *International Journal of Environmental Research and*

Public Health. https://pmc.ncbi.nlm.nih.gov/articles/PMC8834764/

Ellis, J. L., & Davis, H. L. (2023). Strengthening the choice for a generic qualitative research ... *Qualitative Report*. https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=5474&context=tqr

Essary, A. C., Lussier, M., Stone, N., Volk-Craft, B., & Hamilton, G. (2020, March 14). Reflections on the integration of a narrative medicine and mindfulness program in hospice and palliative care. *Progress in Palliative Care*. https://static1.squarespace.com/static/5ebbbb948bf7835fcbe67b02/t/62313c62140e301cfa8451e8/1647393891388/EssaryLussier.pdf

Franque, M. (2024, June 24). Burnout in learning design and performance improvement professionals . *ProQuest*. https://repository.lib.fsu.edu/islandora/object/fsu:954536/datastream/PDF/view

Gallagher, S., & Cooper, L. (2023). Self-care methods of social workers working in end-of-life care. *Aotearoa New Zealand Social Work*. https://anzswjournal.nz/anzsw/article/view/1059

Gold, T. K. (2021). Leadership empowerment behavior and psychiatric nurses intent to leave. *Scholarworks*. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=12559&context=dissertations

Griffiths, A., Royse, D., Murphy, A., & Starks, S. (2019). Self-care practice in social work education: A systematic review of interventions. *Journal of Social Work Education*. https://www.researchgate.net/publication/331084208_Self-

Care_Practice_in_Social_Work_Education_A_Systematic_Review_of_Interventions

Gushwa, M. (n.d.-a). Self care: Toward a model of ethical self-care for social workers. *Social Work Today Magazine*. https://www.socialworktoday.com/archive/Fall22p6.shtml

Hansung , K., & Stoner, M. (2008, October 12). Full article: Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. *Administration in Social Work*. https://www.tandfonline.com/doi/full/10.1080/03643100801922357

Harris-Kojetin, L., Sengupta, M., Park-Lee, E., Valverde, R., Caffrey, C., Rome, V., & Lendon, J. (2016, February). *Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014* (Vital & Health Statistics: Series 3, No. 38). National Center for Health Statistics. https://stacks.cdc.gov/view/cdc/157096

Head, B., Peters, B., Middleton, A., Friedman, C., & Gunman, N. (2019). *Results of a nationwide hospice and palliative care social work job analysis. PedMed.* https://www.tandfonline.com/doi/full/10.1080/15524256.2019.1577326

Holloway, J., & Wheeler, S. (2013, May 9). Qualitative research in nursing and healthcare. *Nurse Researcher*. https://pubmed.ncbi.nlm.nih.gov/27702197/

Hospice Social Workers (2025, August 28). *What are they & what do they do? Samaritan*. https://www.samaritannj.org/hospice-care/what-is-hospice-care/hospice-team-members/hospice-social-worker/

Jang, S. M., Lim, J.-W., & Choi, J. E. (2024, December 1). Achievements and barriers in hospice and Palliative Social Work Practice: A qualitative study. *Journal of Hospice and Palliative Care*. https://pmc.ncbi.nlm.nih.gov/articles/PMC11646818/

Kanter, R. M. (1977, January 1). Men and women of the corporation: Free download, borrow, and streaming. *Internet Archive*. https://archive.org/details/menwomenofcorpor00kant

Kanter, R. M. (1993). *Men and women of the corporation* (2nd ed.). Basic Books.

Kelly, R., & Hearld, L. (2020, March 18). Burnout and leadership style in behavioral health care: A literature review. *The Journal of Behavioral Health Services & Research*. https://www.researchgate.net/publication/340008968

Lal, N., & Benkraouda, O. (2024, December). Exploring the implementation of AI in early onset interviews to help mitigate bias. *AlphaXiv*. https://www.alphaxiv.org/abs/2501.09890

Lehto, R. H., Heeter, C., Forman, J., Shanafelt, T., Kamal, A., Miller, P., & Paletta, M. (2020, August 24). Hospice employees' perceptions of their work environment: A FOCUS Group Perspective. *MDPI*. https://www.mdpi.com/1660-4601/17/17/6147

Linton, J., & Feudtner, C. (2008). What accounts for differences or disparities in pediatric palliative and end-of-life care? A systematic review focusing on possible multilevel mechanisms. *Pediatrics*. https://pubmed.ncbi.nlm.nih.gov/18762528/

Locke, K., Feldman, M., & Golden-Biddle, K. (2022). Coding practices and iterativity:

Beyond templates for analyzing qualitative data. *Organizational Research Methods*. https://www.researchgate.net/publication/373359389_Coding_Practices_and_Iterativity_Beyond_Templates_for_Analyzing_Qualitative_Data

Lubbadeh, T. (2020). job Burnout: A general literature review. *International Review of Management and Marketing*. https://www.researchgate.net/publication/341112394_Job_Burnout_A_General_Literature_Review

Macnee, C. L., & McCabe. (2008, January 1). Understanding nursing research: Using research in evidence-based practice. *AbeBooks*. https://www.abebooks.com/9780781775588/Understanding-Nursing-Research-Reading-Using-0781775582/plp

Maddock, A. (2023, October). The relationships between stress, burnout, mental health and well-being in social workers. *British Journal of Social Work*. https://www.researchgate.net/publication/375553845_The_Relationships_between_Stress_Burnout_Mental_Health_and_Well-Being_in_Social_Workers

Malakh-Pines, A., & Aronson, E. (1988). Career burnout: Causes and cures. *APA PsychNet*. https://books.google.com/books/about/Career_Burnout.html?id=cvRGAAAAMAAJ

McCarthy, V., & Freeman, L. (2008). A multidisciplinary concept analysis of empowerment: Implications for nursing. *ProQuest*.

https://www.proquest.com/openview/991fd0624f7ee1360debea7a4a1d66a1/1?pq-origsite=gscholar&cbl=11511

Moody, C. D. (2022, April 26). Exploring the impact and lived experiences of hospice staff working in end-of-life care: An interpretative phenomenological analysis (IPA). *SageJournals*. https://www.researchgate.net/publication/360219978_Exploring_the_Impact_and_Lived_Experiences_of_Hospice_Staff_Working_in_End-of-Life_Care_An_Interpretative_Phenomenological_Analysis_IPA

National Association of Social Workers (n.d.). NASW standards for clinical social work in social work practice. *National Association of Social Workers*. https://www.socialworkers.org/Practice/Practice-Standards-Guidelines

National Association of Social Workers (2016). NASW standards for social work practice in health care settings. *National Association of Social Workers*. https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Social-Work-Practice-in-Health-Care-Settings

National Association of Social Workers. (2021*). NASW Code of Ethics: Self-care and cultural competence* [PDF]. https://www.socialworkers.org/LinkClick.aspx?fileticket=UyXb_VQ35QA%3D

National Alliance on Mental Illness. (2022, September 4). *National Alliance on Mental Illness (NAMI).* https://www.nami.org/

Orem, D. E. (1970, January 1). Nursing: Concepts of practice. *Internet Archive*. https://archive.org/details/nursingconceptso00dort

Papworth, A., Ziegler, L., Beresford, B., Mukherjee, S., Fraser, L., Fisher, V., O'Neill, M., Golder, S., Bedendo, A., & Taylor, J. (2023, December 1). Psychological well-being of Hospice Staff: Systematic Review. *BMJ Supportive & Palliative Care*. https://spcare.bmj.com/content/13/e3/e597

Pittman, A. S. (2025, February). Perceptions of coping capacity and burnout among psychiatric social workers. *ProQuest*. https://www.proquest.com/openview/3fafde47bc395178966d369afc66de28/1?pq-origsite=gscholar&cbl=18750&diss=y

Power, J., Crane, A., & Booker, M. (2021, July 1). Hospice social workers: The personal death experience. *Journal of Social Work Education and Practice*. http://www.jswep.in/index.php/jswep/article/view/115/110

Ratcliff, M. (2024, March 29). Social Workers, burnout, and self-care: A public health issue. *Delaware Journal of Public Health*. https://pmc.ncbi.nlm.nih.gov/articles/PMC10987033/

Rattner, M., & Cait, C.-A. (2023, November 10). Nonphysical suffering: An under-resourced and key role for hospice and palliative care social workers. *Journal of Social Work in End-of-Life & Palliative Care*. https://pubmed.ncbi.nlm.nih.gov/37948164/

Rector, C. R. (2023, December). Exploring the experiences of hospice human service professionals caring for terminally ill patients. *ProQuest*. https://scholarworks.waldenu.edu/dissertations/15236/

Riegel, B. J., Dunbar, S. B., Fitzsimons, D., Freedland, K. E., Lee, C. S., Middleton, S.,

Stromberg, A., Vellone, E., Webber, D. E., & Jaarsma, T. (2021, April). Self-care research: Where are we now? Where are we going?. *International Journal of Nursing Studies*. https://pubmed.ncbi.nlm.nih.gov/31630807/

Ries, M., & Schwan, S. (2023, December). Experiencing places of historical significance: A psychological framework and empirical overview. *ScienceDirect*. https://www.sciencedirect.com/science/article/pii/S027249442300227X

Rodríguez-Ramos, P. A., Aguilera-Ávila, L., & Gonzalez-Mendez, R. (2024, December 9). Development and validation of the barriers to professional self-care scale (BPS-CS). *Oxford Academic Social Work*. https://academic.oup.com/sw/article-abstract/70/1/69/7919697

SafeWork NSW. (2024, January 25). Workplace stress. *SafeWork NSW*. https://www.safework.nsw.gov.au/safety-starts-here/mental-health-at-work-the-basics/workplace-stress

Santos, C. (2023, May). AN EVIDENCE-BASED INTERVENTION TO ADDRESS BURNOUT AMONG HOSPICE NURSES. *ScholarWorks*. https://scholarworks.calstate.edu/downloads/g732dh87k

Scanlon, H., Latchford, G., & Allsop, M. (2024, February 19). "So being here is. . . I feel like I'm being a social worker again, at the hospice": Using interpretative phenomenological analysis to explore social workers' experiences of hospice work. *Palliative Medicine*. https://pubmed.ncbi.nlm.nih.gov/38372027/

Schaufeli, W. B., Letter, M. P., & Maslach, C. (2009, June 19). Burnout: 35 years of research and practice. *Emerald Insight*.

https://www.wilmarschaufeli.nl/publications/Schaufeli/311.pdf

Schneider, C., Bristol, A., Ford, A., Lin, S.-Y., Brody, A. A., & Witkoski-Stimpfel, A. (2022, February 14). A pilot observational exploratory study of well-being in hospice interdisciplinary team members. *The American Journal of Hospice & Palliative Care*. https://pubmed.ncbi.nlm.nih.gov/35164534/

Shalev, D., Robbins-Welty, G., Ekwebelem, M., Moxley, J., Riffin, C., Reid, M., & Kozlov, E. (2023, September 20). Mental health integration and delivery in the hospice and palliative medicine setting: A national survey of clinicians. *ScienceDirect*. https://www.jpsmjournal.com/article/S0885-3924(23)00713-3/fulltext

Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *ScienceDirect*. https://psnet.ahrq.gov/issue/executive-leadership-and-physician-well-being-nine-organizational-strategies-promote

Social Work Institute (2024, June 14). Identifying and combating burnout in Social Work: Causes and solutions. *Social Work Institute*. https://socialwork.institute/practicum-and-supervision/combating-burnout-social-work/

Stanley, S., & Sebastine, A. J. (2023, September 20). Work-life balance, social support, and Burnout: A quantitative study of social workers. *Sage Journals*. https://journals.sagepub.com/doi/10.1177/14680173231197930

Suhermin, S. (2019). Applying the Kanter empowerment theory to improve

organizational commitment. *CORE*. https://core.ac.uk/download/pdf/288223932.pdf

Taquette, S. R., & Borges da Matta Souza, L. M. (2022, March 8). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods*. https://www.researchgate.net/publication/359087278_Ethical_Dilemmas_in_Qualitative_Research_A_Critical_Literature_Review

Tenzek, K. E., Grant, P. C., Depner, R. M., Levy, K., & Byrwa, D. J. (2022, July 21). Clinician communication in hospice: Constructions of reality throughout the end-of-life process. *Safe Journals*. https://pubmed.ncbi.nlm.nih.gov/35861222/

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing, 48*(4), 388-396. https://doi.org/10.1111/j.1365-2648.2004.03207.x

Tobin, J., Rogers, A., Winterburn, I., Tullie, S., Kalyanasundaram, A., Kuhn, I., & Barclay, S. (2022, June 1). Hospice care access inequalities: A systematic review and narrative synthesis. *BMJ Supportive & Palliative Care*. https://spcare.bmj.com/content/12/2/142

Turhan, Z., & Genc, E. (2022, September 28). Social Workers' participation in self-care practices: A literature review. *Sosyal Politika Çalışmaları Dergisi*. https://dergipark.org.tr/en/pub/spcd/issue/72723/1039204

Turner, A. (2019, May). The World Health Organization officially recognizes workplace 'burnout' as an occupational phenomenon. *World Health Organization*.

https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon

U.S. Bureau of Labor Statistics. (2025, August 28). Social Workers. *U.S. Bureau of Labor Statistics*. https://www.bls.gov/ooh/community-and-social-service/social-workers.htm

Ulz, J. (2025, August 25). Roles and responsibilities of a researcher. *Researcher.Life*. https://researcher.life/blog/article/roles-and-responsibilities-of-a-researcher/

Appendix A: Interview Questions

1. Can you describe a time when you experienced burnout at work? What were the main causes, and how did it affect you?
2. How has burnout impacted your day-to-day performance and relationships at work during that time?
3. Have you ever had to take time off or make significant adjustments due to burnout? What prompted that decision? How do you feel about mental health days and why?
4. What early warning signs do you notice in yourself that indicate burnout may be developing?
5. When you feel burnout creeping in, what immediate steps do you take to address it?
6. What personal habits or strategies help you stay motivated and empowered during challenging or high-pressure moments?
7. Can you share an example of a time when your coping strategies helped you overcome a difficult work situation?
8. Do you believe personal and work-related self-care should be approached separately, or do you see them as interconnected? How do you manage both in your day-to-day life?
9. From your perspective, what are the main organizational causes of burnout in your workplace?
10. How have your workload, access to resources, and the level of leadership support impacted your experiences of burnout?
11. What organizational challenges have you noticed that might be causing burnout among employees?
12. Can you share a time when you asked for support related to burnout? How did your organization respond?
13. What support mechanisms or programs has your organization implemented to help prevent or address burnout? How effective do you find them?
14. In your opinion, what qualities or practices define an empowering workplace culture that helps prevent burnout?
15. How do you communicate your needs for support or resources when you start feeling overwhelmed, and how has your organization responded to those communications?
16. Can you describe a time when leadership actions either helped prevent burnout or contributed to it? What impact did that have on you and your team?
17. What role do peer relationships and team dynamics play in helping you manage or reducing burnout?
18. How do you incorporate self-care practices into your daily routine to manage the emotional demands of hospice social work and reduce the risk of burnout?
19. How do you manage the demands of your job while maintaining your mental and emotional well-being? What kinds of support from your organization would help you achieve this balance more effectively?
20. Why do you believe hospice organizations should prioritize self-care practices for their staff, and how do you think this can help reduce burnout and foster a sense of empowerment?