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Emotional Burnout Among Social Work Students In Clinical Field Work Setting – Insights From An Unexplored Phenomenon.

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Abstract: Social Work education, in general demands intensive academic engagement coupled with emotionally challenging field work experiences, particularly within medical and psychiatric settings. This study explores the nature, prevalence, and determinants of emotional burnout among postgraduate social work students undergoing clinical fieldwork training in Chennai. This study used a qualitative research design and data were collected from 30 female MSW students through semi-structured interviews and focus group discussions. Major findings of the study revealed higher levels of emotional exhaustion, anxiety, intrusive thoughts, physical decline, absenteeism, and reduced academic performance among the respondents. Key stressors include exposure to trauma and critical incidents, inadequate supervision, role ambiguity, and personal vulnerabilities. Students also reported changes in identity expression, diminished self-esteem, and difficulty in managing their emotions during the field work hours and the impact continued even after signing out the clinical agency. This study highlights significant gaps in extending emotional support to students within social work training programs.

Index Terms - Emotional exhaustion, Emotional burnout, Personal vulnerabilities etc.

I. INTRODUCTION

Social work education is widely acknowledged as a discipline that is intellectually enriching and at the same time psychologically taxing. The curriculum is highly interesting that students navigate a complex intersection of theoretical instruction, skills-based learning, and professional socialization. Compared to other professional programs, social work education offers an intensive field practicum wherein students engage directly with vulnerable populations, thus experiencing multifaceted psychosocial, medical, and psychiatric challenges. Although this experiential component is integral to the development of clinical competence in the chosen field, it also exposes MSW students to emotionally charged environments that may heighten their susceptibility to psychological strain.

Students specializing in Medical and Psychiatric Social Work in their PG are particularly exposed to high-intensity practice settings involving terminal illness, acute psychiatric crises, substance use disorders, chronic health conditions. Given their limited professional experience and immatured coping mechanisms, these students may be disproportionately vulnerable to emotional exhaustion, secondary traumatic stress, compassion fatigue, and professional burnout. The combination of persistent clinical exposure, intensive client interaction, and emotionally laden casework can significantly influence and interfere in students' emotional/psychological well-being and academic performance.

Despite the centrality of field-based learning in social work curriculum, the emotional and mental health challenges faced by students during clinical placements remain insufficiently recognized and empirically examined—particularly within the Indian context. So far, existing literature has primarily emphasized academic stressors, yet there is limited exploration of how fieldwork demands, documentation burdens, and stringent report submission timelines may compound the risk of burnout. This study seeks to address this lacuna by interrogating the nature, extent, and manifestations of emotional burnout among social work students in medical and psychiatric settings. Furthermore, it aims to delineate early indicators of emotional distress and propose evidence-informed strategies to strengthen institutional support, enhance student resilience, and foster sustainable professional well-being within social work education.

II. PROBLEM STATEMENT

Although social work education integrates experiential learning as a pedagogical cornerstone, the emotional outcome of such training—particularly within medical and psychiatric settings—remain insufficiently discussed, documented and most frequently ignored/less addressed. Social work students are routinely exposed to cases involving acute psychological distress, chronic illness, trauma, and end-of-life care, often without the benefit of fully developed coping mechanisms or sustained supervisors' support, both in the agency and in the college, owing to the continuous workload. This immersive clinical engagement, coupled with academic pressures such as examinations, fieldwork documentation, and stringent reporting deadlines, creates a multidimensional burden that places students at heightened risk for emotional exhaustion, compassion fatigue, and burnout. Existing research has primarily focused on the psychological well-being of practicing professionals, leaving a critical gap in understanding how burnout develops during the formative stages of professional identity construction. The absence of systematic inquiry into this issue limits the ability of educational institutions to develop responsive support systems, thereby potentially compromising both student well-being and the quality of client care. This study, therefore, seeks to examine the nature, determinants, and extent of emotional burnout among social work students undergoing medical and psychiatric field practicum.

III. SCOPE OF THE STUDY

This study focuses on assessing emotional burnout among postgraduate social work students specializing in Medical and Psychiatric Social Work. The scope encompasses students currently engaged in clinical field placements across hospitals, mental health institutions, rehabilitation centers, and community-based psychiatric programs. The research study is confined to examining emotional burnout within the context of field practicum demands, including direct client interaction, case management responsibilities, exposure to distressing clinical narratives, and the academic requirements associated with field documentation and reporting.

The study does not extend to evaluating burnout among practicing social workers, students in non-clinical specializations, or those engaged in purely community-development or administrative placements. Additionally, the research does not attempt to diagnose psychiatric disorders but rather focuses on identifying indicators of emotional distress, perceived stress levels, and contributory factors related to the academic-clinical interface. The findings are intended to inform educational institutions, field supervisors, and curriculum designers regarding the need for structured emotional support mechanisms and evidence-based interventions to enhance student resilience and promote sustainable professional development.

IV. REVIEW OF LITERATURE

Burnout has long been recognized as a significant psychosocial concern within helping professions. The concept was first introduced by Freudenberger (1974), who observed a progressive decline in the motivation and performance of health centre employees, accompanied by emotional depletion and cognitive fatigue. Building on this foundation, Maslach and Jackson (1981) conceptualized burnout as a multidimensional construct comprising *emotional exhaustion*, *depersonalization*, and *reduced personal accomplishment*. These dimensions remain central to contemporary burnout research.

In parallel, Figley's (1995) work on *secondary traumatic stress* and *compassion fatigue* demonstrated that repeated exposure to others' trauma can precipitate emotional distress among professionals in caregiving roles. This theoretical trajectory is further supported by frameworks such as Hobfoll's (1989) Conservation

of Resources Theory, which posits that burnout arises from prolonged demands that exceed an individual's psychological and emotional resources.

Burnout in Health and Social Care Professions

Extensive international research confirms high burnout prevalence among helping professionals. Mental health workers frequently report emotional exhaustion, role stress, and reduced well-being. A recent Indian study on mental health professionals (2024) revealed significant correlations between burnout, perceived stress, and lower quality of life, emphasizing that even trained practitioners struggle with the emotional burden of clinical work. These findings imply heightened vulnerability among trainees who have less experience and underdeveloped coping strategies.

Studies during the COVID-19 pandemic further highlighted the psychological burden on frontline workers, with more than half reporting extremely high risk of compassion fatigue (India, 2022). Although not student-specific, these findings illustrate how trauma-intensive, high-pressure environments—similar to medical and psychiatric social work settings—can exacerbate burnout.

Burnout Among Students in Clinical Training

A growing body of literature suggests that burnout is not limited to seasoned professionals but is increasingly prevalent among students in clinical disciplines. Research among nursing and medical students consistently documents elevated levels of exhaustion, disengagement, and academic stress. For instance, a study of nursing students in Udupi ($n = 266$) found 61.7% experiencing high burnout, with similarly high rates of emotional exhaustion and disengagement. A 2023 study among nursing students in Bangalore reported comparable levels of stress and burnout, indicating systemic pressures across healthcare-related programs. Internationally, Harr et al. (2020) observed that social work trainees exhibit significantly higher emotional exhaustion during practicum periods than during classroom-based coursework. Knight (2013) similarly documented symptoms of secondary traumatic stress among students exposed to crisis-oriented or high-acuity cases during field placements. Research from Australia (Barlow et al., 2020), the UK (Grant & Kinman, 2014), and South Asia (Chandra & Sahu, 2022) reinforces the global prevalence of burnout among social work students, with contributory factors including emotionally intense client interactions, insufficient supervisory support, and inadequate institutional coping frameworks.

Indian Context and Gaps in Literature

Within India, empirical work on burnout among social work students remains limited. Studies indicate that trainees often face challenges such as inadequate supervision, emotional overload, and lack of institutional support systems (Reddy & Poornima, 2018). Evidence from related professions, such as nursing and frontline mental health workers, suggests that students undergoing field training in medical and psychiatric environments are at considerable risk of emotional strain.

Further support for this emerges from Novyk and Mazur (2021), who demonstrated that emotional burnout in social workers is strongly associated with feelings of professional inadequacy, identification with clients' distress, and unsuccessful communication experiences—factors that are likely magnified during student training. High levels of frustration, anxiety about professional competency, and reduced self-confidence were also reported, which mirror the challenges commonly experienced by trainees in India's clinical settings.

Indian studies related to emotional burnout among students working in mental health field Relevant Data and Findings from Indian Studies

Study / Population	Key Findings / Statistics	Relevance to Social Work Students (esp. medical/psychiatric)
Academic burnout among undergraduate nursing students (South India, Udupi; sample n = 266)	61.7% of participants had high academic burnout, 62% had high emotional exhaustion, and 65% reported high disengagement.	Nursing students — like social work students in clinical training — balance academic learning and emotionally charged clinical exposure. These high burnout rates suggest that similar risks may exist for social work trainees, especially those in medical/psychiatric placements.
Exploring Burnout among Nursing Students in Bangalore (2023 survey of 237 nursing students)	The study documented significant levels of exhaustion and disengagement among nursing students in Bangalore.	Confirms that burnout is not isolated — even in urban/South India — across health-care-education students. Suggests systemic stressors (workload, clinical settings, social pressures) that could equally affect social work clinical trainees.
A comparative study of stress, burnout, quality of life and coping among mental health professionals (India, 2024)	Among mental health professionals (including psychiatric social workers), burnout and perceived stress were high. Burnout was significantly correlated with poorer quality of life (QOL) and lower coping skills.	Even qualified professionals in mental health struggle with burnout — this implies that trainees (with less experience and coping mechanisms) may be even more vulnerable. Highlights the real consequences of burnout: compromised well-being and possibly reduced quality of care.
Perceived stress, burnout and compassion fatigue among frontline health workers during COVID-19 pandemic (India, 2022; sample n = 79 frontline health workers)	51.9% reported “extremely high risk” of compassion fatigue; burnout was a significant predictor of compassion fatigue.	Though this is about frontline health workers — not students — it demonstrates how high-stress, trauma-intensive medical environments contribute to burnout and compassion fatigue. For social work students exposed to medical/psychiatric trauma during clinical training, these findings suggest a realistic risk.
Psychological problems and burnout among medical professionals in India (India, 2018)	A significantly large proportion of doctors experienced stress, depression, and burnout.	Medical-psychiatric settings in India are evidently stressful for professionals. For social work students training in these settings — often as observers, supporters, or intern-counselors — the same environments might contribute to early burnout, even before they begin full-time practice.

Summary and Identified Gap

Collectively, the literature underscores that burnout is a pervasive issue across helping professions and is increasingly evident among students in clinical training programs. However, despite the emotional intensity of medical and psychiatric field placements, research focusing specifically on social work students—particularly within the Indian context—remains sparse. Existing studies point to significant stressors including exposure to trauma, academic workload, limited supervision, and role ambiguity. Yet, there is inadequate understanding of how these factors intersect to shape emotional burnout during the formative period of professional development.

The present study seeks to address this gap by systematically examining the emotional burnout experienced by social work students during medical and psychiatric field practicum, with the aim of informing more effective institutional support mechanisms.

V. RESEARCH METHODOLOGY

Research Design

This study employed a qualitative research design to explore the lived experiences of postgraduate social work students undergoing clinical field placements.

General objectives of the Study

1. To explore the prevalence of emotional burnout among social work students in clinical training.
2. To identify the stressors contributing to burnout in medical and psychiatric field placements.
3. To examine the impact of burnout on students' academic performance, mental health, and professional outlook.
4. To suggest institutional strategies to prevent burnout and promote resilience among social work students.

Population and Sample

The study population comprised postgraduate social work students enrolled in the second year of the Master of Social Work (MSW) programme. A total of 30 female students from two colleges in Chennai, currently engaged in medical or psychiatric clinical field placements, were selected through purposive sampling. Identity of the college is kept confidential as per the students request.

Data Collection Tools

- Semi-structured interviews: Individual interviews lasting 45–60 minutes were conducted to elicit in-depth narratives on students' clinical experiences, perceived stressors, coping behaviours, and manifestations of emotional burnout.
- Focus group discussion: Two focus groups comprising 6–8 participants each were facilitated to capture shared perceptions, peer influences, and collective coping mechanisms within the cohort.

Ethical Considerations

Informed consent was obtained from all participants, and strict confidentiality was maintained throughout the study. Participation was voluntary, and respondents were informed of their right to withdraw at any stage without consequence. To protect identity, the names of both students and their respective institutions were anonymised upon their request, and all references to college names were withheld to ensure privacy.

VI. DISCUSSION

The findings of this study provide significant insights into the emotional burnout experienced by social work students undergoing clinical training, particularly in medical and psychiatric settings. The discussion below is organized in line with the study's objectives, enabling a clear understanding of the prevalence, contributing stressors, impacts, and institutional strategies required to support student well-being.

6.1. Prevalence of Emotional Burnout Among Social Work Students in Clinical Training

The results indicate that emotional burnout is highly prevalent among postgraduate social work students engaged in clinical placements. Nearly all participants reported persistent emotional exhaustion, aligning with earlier research by Maslach and Jackson (1981), who identified emotional exhaustion as a core component of burnout. The students' reports of feeling "drained," "lost," or "mentally depleted" after field visits reflect the early onset of burnout identified by Freudenberger (1974).

"One of the respondents, Ms. X shared that feeling drained means, dropping down in bed immediately on her return from field work with no further energy to continue her personal work or eat dinner. On almost all her field workdays, she skips dinner. Some days she reports even sleepless nights and sometimes she is too tired to even reply to her parents. She uses the phrase - My body is too tired and wants to sleep badly, but my brain is relaying the scenes from the field work, and the interaction with the traumatized clients. Sleepless nights and nightmares are very common during the field work in the second year which was not the case in her first year field work working in an NGO". .

Table No- 1: Manifestations of Emotional Burnout

Theme	Subthemes / Manifestations	Illustrative Description (Qualitative Style)	No. of Respondents
Physical Exhaustion & Decline	Exhausted throughout the day	Participants described persistent tiredness, feeling drained from morning to night.	26
	Falling frequently sick	Respondents reported weakened immunity and recurring health issues attributed to stress.	18
	Weight loss	Some experienced unintended weight loss due to poor appetite, skipped meals or low energy.	14
Emotional Strain & Psychological Distress	Low mood	Many expressed a sense of heaviness, sadness, or emotional numbness.	27
	Feeling tensed	Participants reported being constantly on edge or unable to relax.	18
	Low self-esteem	Several respondents described doubting their abilities and feeling inadequate.	20
	Anxiety	Respondents experienced varied racing thoughts, worry and fear of underperforming, in other words fell prey for performance anxiety.	26
Work-Related Impact	Absenteeism	Participants reported avoiding work or taking frequent leave due to emotional strain.	22
	Low commitment to work	Many felt detached or disengaged from their work responsibilities.	28
	Reduced performance & productivity	Respondents noted they were unable to function at their previous capacity.	29

Data Source: Primary Data

Across interviews and reflective journals, participants consistently described emotional burnout as an experience that seeped into both their work and personal lives. A dominant theme was persistent exhaustion, with many respondents expressing that they felt “tired from the moment they woke up,” signalling how deeply burnout had permeated their day-to-day functioning. This overwhelming sense of fatigue was echoed by a large portion of participants, making exhaustion one of the most striking manifestations.

Another recurring experience was frequent illness. Participants narrated how falling sick had become “almost routine,” suggesting a weakened physical state that paralleled their emotional strain. Many connected this to a drop in immunity caused by prolonged stress.

Feelings of low mood appeared as a common emotional experience. Respondents described this as “a constant heaviness,” “a dullness that never lifts,” and an inability to feel motivated or joyful. Alongside this emotional weight, several participants reported unexplained weight loss, which some attributed to skipped meals, reduced appetite, or simply “not having the energy to eat.”

A significant proportion of participants spoke about being in a constant state of tension, describing it as “always being on edge” or “living in a pressure cooker.” This emotional tension was often linked with low self-esteem, with respondents expressing doubts about their competence, worth, and ability to cope.

Burnout also manifested behaviorally through absenteeism. Several participants admitted to avoiding field work, taking frequent leave to the college next day, or “not having the strength to show up.” This avoidance behavior stemmed largely from the emotional load they were carrying.

Anxiety emerged as another strong subtheme. Participants described racing thoughts, difficulty concentrating, and a constant fear of underperforming. This anxiety contributed to a broader pattern of low commitment to work, with respondents feeling detached, disengaged, or no longer finding purpose in their tasks.

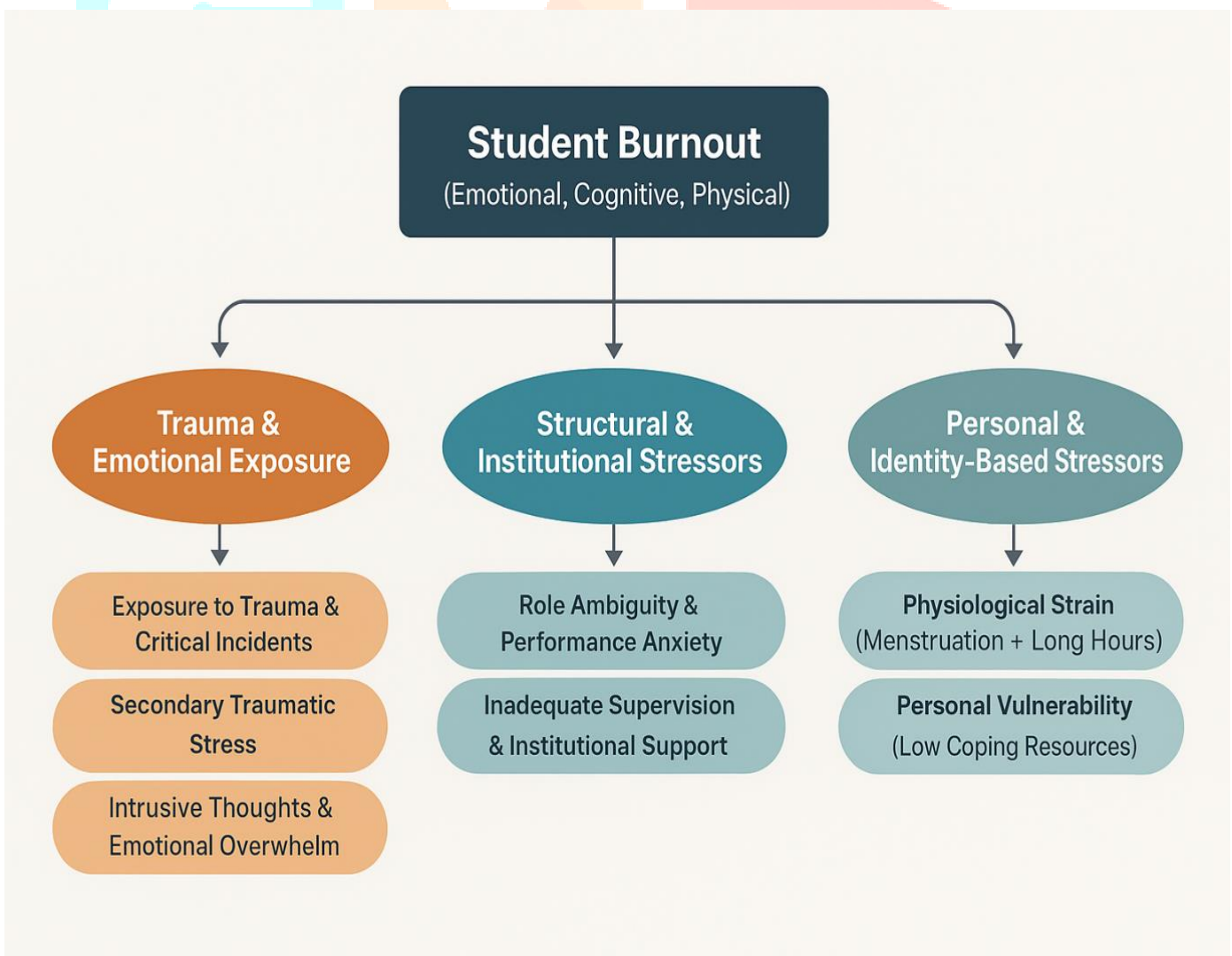
Perhaps the most significant theme was a noticeable decline in performance and productivity. Many participants reflected on how their output had deteriorated despite putting in effort, often saying, “I just can’t function like I used to.” This decline reinforced their self-doubt and intensified their sense of burnout.

Notably, the prevalence appears higher among students placed in psychiatry, oncology, and trauma-related departments, echoing global studies that link clinical exposure with increased secondary traumatic stress (Figley, 1995). The limited professional experience of students, combined with emotionally intense practice environments, places them in a uniquely vulnerable position, reinforcing burnout as not merely a professional issue but a student-level phenomenon that warrants academic attention.

6.2. Stressors Contributing to Burnout in Medical and Psychiatric Placements

The study highlights several high-intensity stressors that significantly contribute to student burnout. The factors are listed in the thematic table presented.

Figure No: 1 – Thematic representation of Students’ Emotional Burnout



Data Source: Primary Data

a. Exposure to Trauma and Critical Incidents

Students frequently encountered cases involving suicide attempts, terminal illness, psychosis, substance dependence, domestic violence, and child abuse. Such exposure—without adequate coping resources—generated intrusive thoughts, fear, and emotional overwhelm, consistent with the literature on secondary traumatic stress (Stamm, 2010).

b. Role Ambiguity and Performance Anxiety

Students expressed uncertainty regarding their roles as “learners” versus “helpers,” a finding that aligns with Lloyd et al. (2002), who emphasize the stress produced by unclear professional boundaries. The fear of making mistakes in high-stakes clinical scenarios further intensified anxiety.

c. Inadequate Supervision and Institutional Support

A notable stressor was the lack of consistent and reflective supervision, echoing concerns raised by Reddy and Poornima (2018) regarding the Indian fieldwork context. Students often felt unprepared, unsupported, and unsure of how to interpret or process traumatic cases. The respondents felt that supervision and guidance is given by both the faculty coordinators and agency supervisors, yet the respondents were unable to handle the emotions of the patients, thus affecting their overall mental health. Though the respondents shared that they are initially unable to realize the anhedonia, they later feel the emotional impact affecting their overall wellbeing, which is often ignored by faculty supervisors.

d. Personal and Gender-Specific Stressors

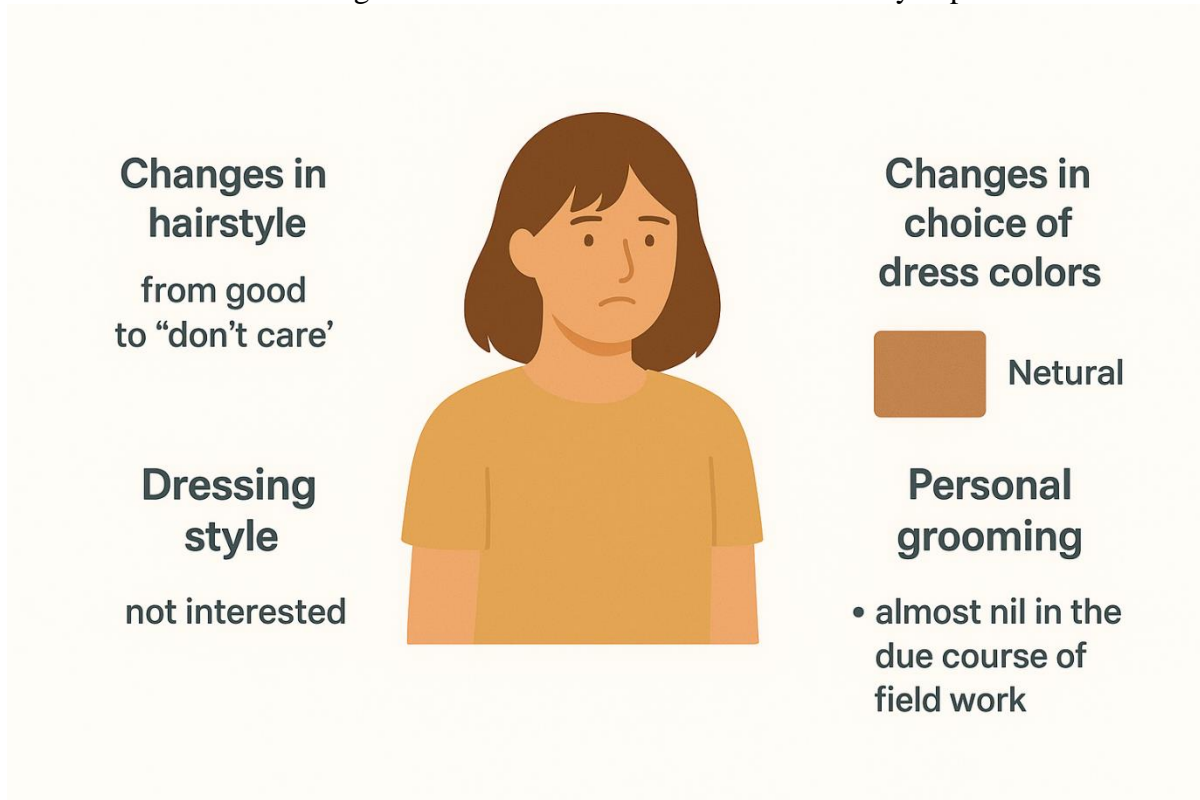
Some female participants reported heightened struggles during menstruation, particularly when assigned to long clinical hours, indicating the interplay between physiological and emotional demands.

Together, these stressors demonstrate that burnout arises not from a single factor but from a convergence of emotional exposure, structural deficiencies, and personal vulnerabilities.

Several students reported experiencing noticeable shifts in their personal presentation following their fieldwork in clinical settings. These changes included alterations in hairstyle, a shift in preferred dress colours, reduced interest in dressing well, and a significant decline in personal grooming. Students attributed these changes to diminished motivation and enthusiasm, which they linked to the emotional strain and anticipatory stress they felt at the start of each fieldwork day.

Additionally, some respondents explained that they consciously avoided wearing traditional accessories such as flowers and bangles and even refrained from polishing their nails. They perceived that such adornments might draw unnecessary attention or potentially trigger patients within the mental health care environment. This indicates how the clinical context influenced not only their professional behaviour but also their personal identity expressions.

Figure No: 2 – Illustration – Personal identity expressions



Source: Primary Data. – Data as shared by the respondents.

6. 3. Impact of Burnout on Academic Performance, Mental Health, and Professional Outlook

The study shows that emotional burnout has multi-dimensional consequences for students.

a. Academic Impact

The respondents reported difficulty concentrating, reduced motivation, and challenges completing assignments after emotionally intense field days. These findings echo Jacob et al. (2019), who noted the correlation between academic stress and emotional exhaustion among students in helping professions. Few students even reported failing in academics.

Many students have reported that they were unable to concentrate in their class test and their academic performances have considerably gone down compared to their first hour. Since the curriculum has concurrent field work – two days of field work amidst three theoretical days, the students were unable to cope with the growing demands of record writing, managing the emotional and psychological stress from the clinical exposure. Switching to academics on alternate days seem to be taking a set back on the academic days and the respondents reported it was a tight rope walk balancing both academics and field work. Most of them, about 1/3rd reported very low academic performance in par with the earlier grades/academic performance.

b. Mental Health Consequences

The respondents during the interview shared the emotional burnout manifested through symptoms such as sleep disturbances, irritability, excessive worry, and feelings of hopelessness. The emotional spillover from field experiences into personal life indicates a lack of emotional boundaries and coping resources. Sleep disturbances and nightmare were noticed among almost all the respondents.

c. Professional Identity and Career Intentions

Some participants reported doubts about pursuing a career in medical or psychiatric social work, mirroring findings by Schaufeli and Enzmann (1998), who note that burnout can lead to detachment from one’s professional role. Students feared that continuous exposure to suffering without support might lead to long-term emotional harm.

Overall, the impacts suggest that burnout at the training stage may influence not only immediate academic and mental health outcomes but also the future workforce capacity of the profession.

6.4. Institutional Strategies to Prevent Burnout and Build Student Resilience

The findings underscore the urgent need for systematic reforms within social work education. Based on student experiences and existing literature, several strategies emerge:

a. Strengthening Field Supervision

Mandatory reflective supervision—involving case debriefing, emotional processing, and guided reflection—should be integrated into all field placements. Effective supervision has been shown to reduce burnout and enhance emotional regulation (Knight, 2013).

b. Integrating Wellness and Self-Care Modules into the Curriculum

Students expressed the need for practical training on mindfulness, grounding techniques, journaling, emotional first aid, and stress-management frameworks. Programs aligned with Trauma-Informed Care principles (SAMHSA, 2014) may help reduce secondary traumatic stress.

c. Establishing Peer Support Systems

Peer-led group circles and structured debriefing spaces can reduce isolation and facilitate emotional processing, supporting findings from collegial support models in mental health professions (Newell & MacNeil, 2010).

d. Creating Policies for Fieldwork Safety and Emotional Protection

Universities should develop policies outlining maximum exposure thresholds, mandatory breaks, and protocols for intense trauma cases. Additionally, fieldwork agencies should be oriented on ethical responsibilities toward students.

e. Sensitization and Capacity-Building for Faculty and Field Instructors

Training educators to recognize early signs of burnout can prevent escalation and ensure timely interventions. Implementing these strategies can promote student resilience, emotional competence, and professional sustainability, ultimately strengthening the quality and stability of the social work workforce.

VII. MAJOR RESEARCH FINDINGS

The analysis revealed four dominant themes:

1. Emotional Exhaustion

All the participants expressed their view that the initial emotional exhaustion was marked by feeling tired, low energy level, marked by feeling of lost. Since the participants were girls, they even shared that the field work during the monthly periods were

- Students frequently reported feeling “drained” after long days in psychiatric wards or oncology departments.
- Many described difficulty separating academic learning from emotional exposure.

2. Role Ambiguity and Performance Anxiety

- Students expressed uncertainty about their roles during fieldwork—whether as observers, learners, or practitioners.
- Fear of making mistakes while handling sensitive cases contributed to stress.

3. Secondary Traumatic Stress and Compassion Fatigue

- Witnessing trauma (suicide attempts, terminal diagnoses, abuse cases) left students with intrusive thoughts and sleep disturbances.
- A sense of helplessness was reported when students felt powerless to bring immediate change in clients’ lives.

4. Coping Mechanisms

- Reliance on peer support emerged as the most common coping strategy.
- Some students practiced journaling, meditation, or prayer to manage emotional strain.
- Institutional supports such as structured supervision were described as inconsistent or absent.

VIII. DISCUSSION

The findings highlight that social work students face burnout patterns similar to professionals, but with added challenges of academic stress, limited experience, and inadequate coping mechanisms. The role ambiguity experienced by students is consistent with earlier research (Lloyd et al., 2002), which links unclear professional boundaries to heightened stress. Moreover, the lack of structured supervisory and debriefing mechanisms in Indian fieldwork programs exacerbates students' vulnerability to secondary trauma. Burnout among students not only impacts their mental health and academic performance but may also lead to disillusionment with the profession, raising concerns about long-term workforce sustainability in social work field.

IX. RECOMMENDATIONS

1. **Strengthening Field Supervision:** Regular reflective supervision, is done regularly, but the emotional support should be given more emphasis in all fieldwork programs.
2. **Wellness Programs in Curriculum:** Integrating stress management, mindfulness, and self-care modules into social work education.
3. **Peer Support and Group Debriefings:** Creating formal peer-support circles where students can share experiences safely.
4. **Policy-Level Changes:** Universities and accrediting bodies should recognize burnout as a critical issue and mandate protective measures in field placements.
5. **Faculty Sensitization:** Training field instructors and faculty to identify early signs of burnout among students.

X. CONCLUSION

Burnout among social work students in clinical settings is an under-recognized yet urgent concern. This study reveals that exposure to emotionally charged environments during field training significantly impacts students' psychological well-being, academic engagement, and professional identity.

As these students represent the future of the social work profession, it is imperative to establish institutional safeguards, curriculum reforms, and support mechanisms to mitigate burnout. Nurturing resilient and emotionally healthy students will ultimately ensure a stronger, more sustainable social work workforce.

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