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Work Overload, Less Autonomy, and Fewer Promotional Opportunities are related to Emotional Exhaustion in Iowa's Peer Support Workforce



Emotional exhaustion, a key component of burnout, has negative outcomes for both peer support workers and their organizations, including reduced job satisfaction and increased turnover (Lombardi et al., 2025). According to Li-Sauerwine et al. (2020), workers experience burnout when they report feeling emotionally exhausted at least once a week (Li-Sauerwine et al., 2020).

While it seems reasonable to assume that using one's lived experience to help others with their mental health or substance use challenges would increase their emotional exhaustion, empirical evidence suggests peer support workers do not experience emotional exhaustion more often or intensely than other behavioral health professionals (O'Connor et al., 2018; Ostrow et al., 2022; Park et al., 2016).

Several studies have found that employees who report greater autonomy, or feeling a sense of control over their work, are less likely to experience burnout, including feeling emotionally exhausted (Häusser et al., 2010; Pomaki et al., 2004; Rafferty et al., 2001). Moreover, social service employees who reported a better workload and more organizational support, such as supportive supervision, professional development opportunities, and promotional opportunities, reported less emotional exhaustion (Pomaki et al., 2004).

The impact of organizational factors on burnout is an emerging area of research in peer support. Ostrow et al. (2022) found that peer support workers who reported greater work overload and less control over their workload (low autonomy) experienced higher levels of emotional exhaustion. Additionally, Abraham et al. (2022) reported that role clarity, but not the quality of their relationship with their supervisor, was associated with less emotional exhaustion in peer support workers.

In the only longitudinal study on peer support workers, Park et al. (2016) reported that burnout remained stable over a 12-month period, and the number of hours spent providing direct services did not predict emotional exhaustion.

Research Questions

- How many of Iowa's peer support workers experience burnout?
- Is work overload, job autonomy, supervisor support, professional development, and promotional opportunities related to emotional exhaustion?

Hypotheses

Based on the Demand-Control-Support model (Johnson & Hall, 1988), we anticipated that work overload (demand) and reduced autonomy over job scheduling and duties (control) would be associated with higher emotional exhaustion. We expected that supportive supervision and having opportunities for professional development and promotion (support) would be related to experiencing less emotional exhaustion.

Methods

We surveyed all peer support employees in Iowa in 2024. The final sample consisted of 180 employees with lived experience who provided direct support or services to their peers. **Table 1** summarizes participants' demographic characteristics, and **Table 2** summarizes participants' employment characteristics. Most participants had a degree (53%) and completed specialized training through the IPWC (75%).

To measure burnout (see **Figure 1**), we used the abbreviated emotional exhaustion subscale of Maslach's Burnout Inventory (Maslach & Jackson, 1981; Riley et al., 2017). We asked peer support workers how often they experienced the following: "I feel emotionally drained from my work." "I feel fatigued when I get up in the morning and have to face another day on the job." and "Working with people all day is really a strain for me."

We used validated 3-item scales to measure work overload (Caplan et al., 1975; see Figure 2 for items), autonomy (Price & Mueller, 1986; Figure 3), professional development opportunities (Althauser & Kalleberg, 1981; Figure 4), and promotional opportunities (Price & Mueller, 1986; Figure 5). We developed and validated a nine-item scale to measure the quality of supervisory support (see Figure 6 for the items).

Data Analysis

We calculated percentages for each variable (Figures 1–6). Then, we used linear regression (Table 3) to determine which organizational factors (work overload, autonomy, professional development, promotional opportunities, and supervisor support) explained peer worker emotional exhaustion.

Results

Descriptive Statistics

The mean for emotional exhaustion was 2.31 ($SD = 1.43$) on a scale ranging from 0 to 6. About 13% of Iowa's peer workers reported experiencing emotional exhaustion at least once a week (**Figure 1**). An additional 18% felt exhausted a few times a month. Overwhelmingly, peer support workers reported feeling supported by their supervisor (**Figure 4**). See **Figures 1-6** for details on peer support workers' responses to the items in each scale.

More than 30% of Iowa's peer support workers experience emotional exhaustion a few times a month or more.

Predictors of Emotional Exhaustion

We found that work overload ($p < .001$), lower autonomy ($p < .001$), and fewer promotional opportunities ($p = .005$) predicted emotional exhaustion (**Table 3**). Quality supervision and professional development opportunities did not predict emotional exhaustion. Overall, organizational factors accounted for approximately 30% of the variation in emotional exhaustion among Iowa's peer support workers.

Discussion

To answer our first question, we found that more than 30% of Iowa's peer support workers experienced burnout. The mean for emotional exhaustion among Iowa's peer support workers was comparable to the mean in Ostrow et al.'s sample of certified peer support workers.

We found that work overload and less autonomy were the strongest predictors of higher emotional exhaustion. Additionally, peer workers who perceived more promotional opportunities were less emotionally exhausted. Surprisingly, neither quality supervision nor professional development opportunities predicted emotional exhaustion. This finding is not consistent with Edwards and Solomon's (2023) results, although they examined the relationship between supervision and job satisfaction and retention, not exhaustion.

Recommendations

To reduce emotional exhaustion among your staff, consider the following activities.

Emotional Exhaustion

- Assess their emotional exhaustion using the items in this report.
- Create safe, structured opportunities to discuss emotional exhaustion, such as reflective team meetings, debriefs, or anonymous pulse surveys.

Workload

- Incorporate emotional exhaustion metrics into staffing decisions, such as caseload limits, task

pacing, and time allocation for direct services versus administrative duties.

- Allow for and encourage schedules that include protected time for decompression, such as transition periods between direct services.
- Collaborate with peer support workers to identify tasks that could be simplified or automated.
- Use regular check-ins or self-report tools to monitor workload levels and identify when peer support workers are approaching unsustainable thresholds.

Autonomy/Control

- Identify ways to enhance peer support workers' control over their schedule, job tasks, and other factors that impact them. Providing autonomy to peer support workers is one way for organizations to demonstrate trust and value in the contributions of peer support workers.
- Offer peer support workers choices in how they structure their day or approach documentation-within reasonable boundaries.
- Provide supervisors with tools to foster autonomy (e.g., set goals, schedule, delegate, and monitor task completion).

Opportunities for Promotion

- Develop structured career ladders that recognize lived experience as a valuable asset and provide clear paths for advancement.
- Co-create opportunities for promoting peer support workers.

References

- Abraham, K. M., Erickson, P. S., Sata, M. J., & Lewis, S. B. (2021). Job satisfaction and burnout among peer support specialists: The contributions of supervisory mentorship, recovery-oriented workplaces, and role clarity. *Advances in Mental Health*, 20(1), 38-50. <https://doi.org/10.1080/18387357.2021.1977667>
- Caplan, R. D., Cobb, S., and French, J. (1975). Relationship of cessation of smoking with job stress, personality, and social support. *Journal of Applied Psychology* 60 (2), 211-19.
- Edwards, J. P., & Solomon, P. L. (2023). Explaining job satisfaction among mental health peer support workers. *Psychiatric Rehabilitation Journal*, 46(3), 223–231. <https://doi.org/10.1037/prj0000577>
- Häusser, J. A., Mojzisch, A., Niesel, M., & Schulz-Hardt, S. (2010). Ten years on: A review of recent research on the Job Demand–Control (–Support) model and psychological well-being. *Work & Stress*, 24(1), 1–35. <https://doi.org/10.1080/02678371003683747>
- Johnson, J. V., & Hall, E. M. (1988). Job strain, workplace social support, and cardiovascular disease: A cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health*, 78(10), 1336-1342.
- Li-Sauerwine, S., Rebillot, K., Melamed, M., Addo, N., & Lin, M. (2020). A 2-question summative score correlates with the Maslach Burnout Inventory. *Western Journal of Emergency Medicine*, 21(3), 610–617. <https://doi.org/10.5811/westjem.2020.2.45139>
- Lombardi, B., Krueger, D. K., Gaiser, M. G., & Spence, N. (2025). Retaining peers in the behavioral health workforce: Factors associated with peer recovery support specialists' intent to remain or leave current position. *Psychiatric Rehabilitation Journal*, 48(3), 171–181. <https://doi.org/10.1037/prj0000633>
- Maslach, C., & Jackson, S. E. (1981). *Maslach Burnout Inventory*. Mind Garden, Inc., ©1981. <https://www.mindgarden.com/117-maslach-burnout-inventory-mbi>
- O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74–99. <https://doi.org/10.1016/j.eurpsy.2018.06.003>
- Ostrow, L., Cook, J. A., Salzer, M., Pelot, M., & Burke-Miller, J. (2022). Predictors of work life burnout among mental health certified peer specialists. *American Journal of Orthopsychiatry*. 92(6), 673–680. <https://doi.org/10.1037/ort0000645>
- Park, S. G., Chang, B. H., Mueller, L., Resnick, S. G., & Eisen, S. V. (2016). Predictors of employment burnout among VHA peer support specialists. *Psychiatric Services*, 67(10), 1109–1115. <https://doi.org/10.1176/appi.ps.201500239>

Pomaki, G., Maes, S., & Ter Doest, L. (2004). Work conditions and employees' self-set goals: Goal processes enhance prediction of psychological distress and well-being. *Personality and Social Psychology Bulletin*, 30(6), 685–694.
<https://doi.org/10.1177/0146167204263970>

The IPWC at the [National Resource Center for Family-Centered Practice](#) is a project of the University of Iowa's [School of Social Work](#).

Rafferty, Y., Friend, R., & Landsbergis, P. A. (2001). The association between job skill discretion, decision authority, and burnout. *Work and Stress*, 15(1), 73-85.
<https://psycnet.apa.org/record/2001-11505-00>

Riley, M. R., Mohr, D. C., & Waddimba, A. C. (2017). The reliability and validity of three-item screening measures for burnout: Evidence from group-employed health care practitioners in upstate New York. *Stress and Health*, 34(1), 187–193.

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Table 1 <i>Demographic Characteristics (N=180)</i>		
	Number	Percent
Age		
18-24	5	2.8
25-34	24	13.3
35-44	44	24.4
45-54	56	31.1
55-64	41	22.8
65+	10	5.6
Gender identity		
Man	29	16.1
Woman	146	81.1
Prefer to self-describe	5	2.8
Education		
No high school or GED	1	0.6
High school or GED	28	15.6
Some college	55	30.6
Associate degree	34	18.9
Bachelor's degree	49	27.2
Graduate degree	13	7.2
Attended college		
No	29	16.2
Yes	151	83.8
Racial identity		
American Indian or Alaska Native alone	3	1.7
Black or African American alone	6	3.3
Hispanic or Latino alone	7	3.9
More than one race	5	2.8
Native Hawaiian or Pacific Islander alone	1	0.6
White alone	158	87.8
Armed services		
No	167	92.8
Yes	13	7.2
Lived experience		
An adult in recovery from a mental health challenge alone	30	16.7
An adult in recovery from a substance challenge alone	3	1.7
A parent or caregiver of a child with a behavioral/mental health challenge alone	16	8.9
An adult in recovery from a mental health and a substance use challenge	43	23.9
An adult in recovery from a mental health challenge and a parent or caregiver of a child with a behavioral/mental health challenge	36	20.0
An adult in recovery from a substance use challenge and a parent or caregiver of a child with a behavioral/mental health challenge	52	28.9

Table 2 <i>Employment Characteristics (N=180)</i>		
Serve . . .		
Adults - People with a mental health or a substance use challenge	149	82.8
Families - Parents of a child with a behavioral health challenge	31	17.2
Employed in a peer-run organization or program*		
No	83	46.1
Not sure	73	40.6
Yes	24	13.3
Years employed		
Less than 1 year	37	20.6
1 – 2 years	73	40.6
3 – 4 years	25	13.9
4 – 5 years	10	5.6
More than 5 years	35	19.4
Type(s) of IPWC training completed		
Family peer support specialist	34	18.9
Peer support specialist	86	47.8
Recovery coach	35	19.4
Did not complete an IPWC training	43	23.9
Job level		
Direct service position	152	84.4
Management position**	28	15.6
Hours worked per week		
Part-time (Less than 30 hours)	56	31.1
Full-time (30 or more hours)	124	68.9
Hourly wage		
Less than \$15.00	15	8.3
\$15.00 to 17.49	61	33.9
\$17.50 to 19.99	45	25.0
\$20.00 to 24.55	12	6.7
\$25.00 or more an hour	6	3.3
Prefer not to answer	41	22.8
Health insurance		
No	84	46.7
Yes	96	53.3
*Peer-run programs were defined as those in which peers oversee operations and hold leadership positions, and most staff and volunteers identify as peers with lived experience.		
**Managers may also provide direct service.		

Table 3
Multiple Linear Regression Predicting Emotional Exhaustion

	Unstandardized Beta	SE	Standardized Coefficients Beta	t	Sig.
Work overload	0.46	.10	.31	4.48	<.001
Autonomy	-0.49	.14	-.26	-3.46	<.001
Supervisor support	0.12	.12	.08	1.05	.30
Professional growth opportunities	-0.10	.14	-.06	-0.73	.47
Promotional opportunities	-0.31	.11	-.22	-2.88	.005

Figure 1

How Often Iowa's Peer Support Workers Report Experiencing Emotional Exhaustion (Percentages)

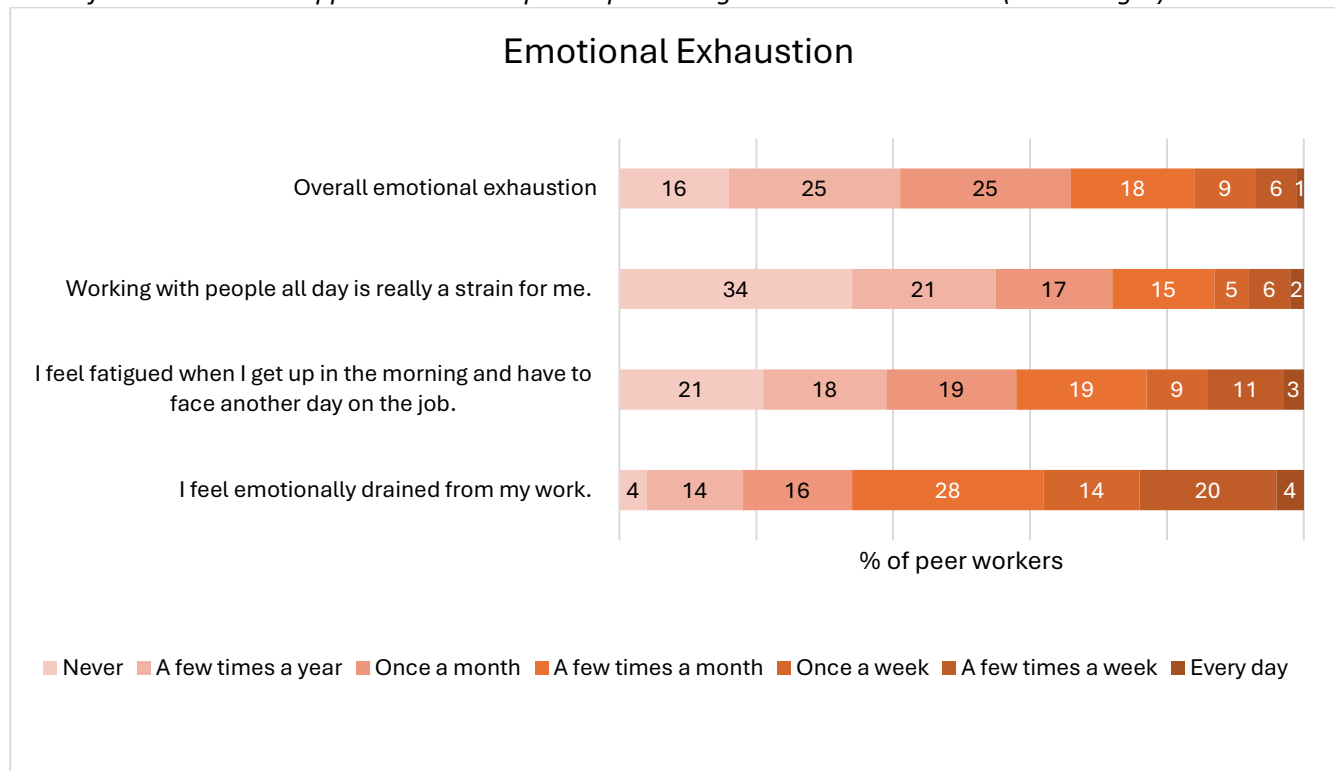


Figure 2

Iowa Peer Support Workers' Perception of Work Overload (Percentages)

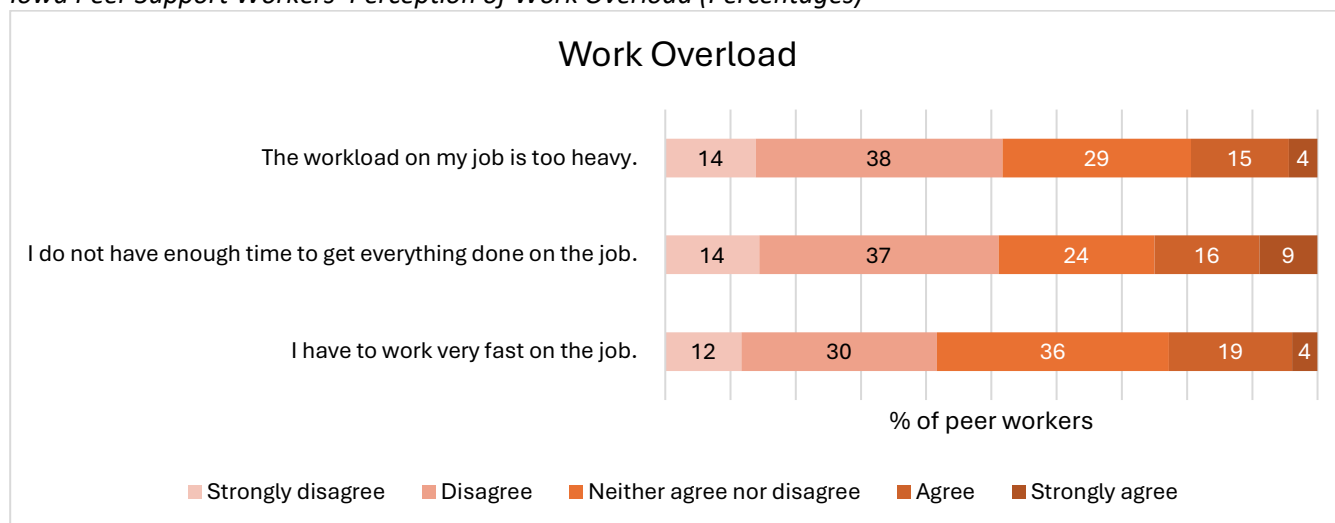


Figure 3

Iowa Peer Support Workers' Perception of Autonomy (Percentages)

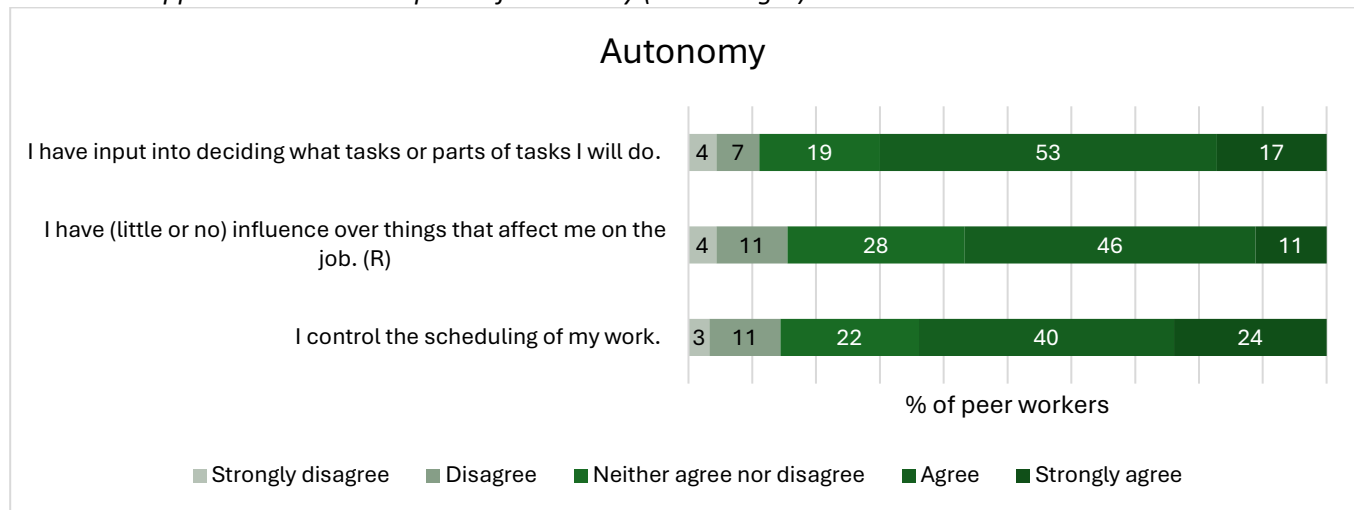


Figure 4

Iowa Peer Support Workers' Perception of Professional Growth Opportunities (Percentages)

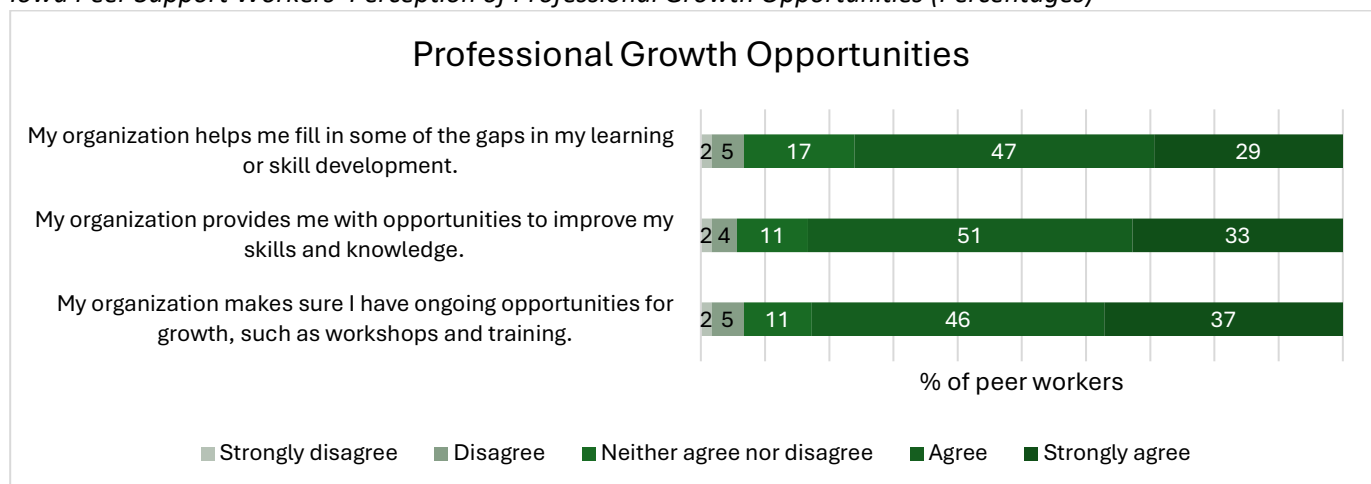
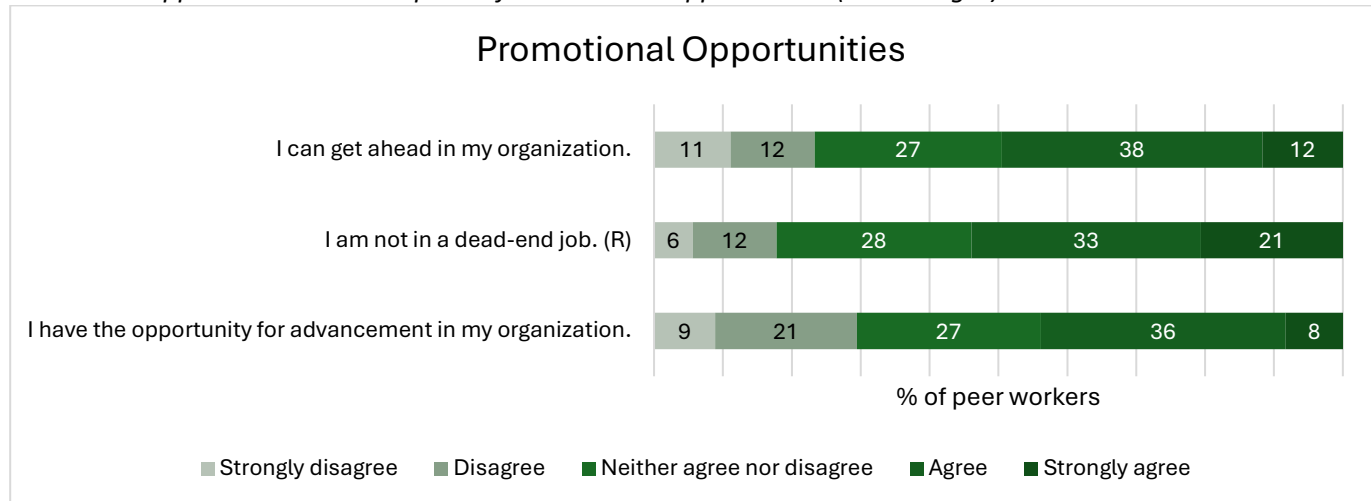


Figure 5*Iowa Peer Support Workers' Perception of Promotional Opportunities (Percentages)***Figure 6***Iowa Peer Support Workers' Perception of Supervisor Support (Percentages)*