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Self-care, Burnout, and Compassion Fatigue, among Child Welfare Workers

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SELF-CARE, BURNOUT, AND COMPASSION FATIGUE
AMONG CHILD WELFARE WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Angelica Castro Castrejon

June 2020

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ABSTRACT

Child welfare is recognized as a stressful and overwhelming career the demands of which can result in poor retention and high turnover. Many factors contribute to the high turnover including, high caseloads, unmanageable administration requirements, challenging clients, and increasing amount of paperwork. Thus, this study aimed to explore child welfare social workers' understanding of burnout and compassion fatigue, its effects on their work, and how self-care is integrated into their daily practice to reduce burnout and compassion fatigue. The study used qualitative methods to explore burnout and compassion fatigue among seven child welfare social workers employed by a large child welfare agency in Southern California, and a conventional content analysis resulted in the identification of several themes that included the perception and effects of burnout and compassion, preventative actions, and self-care.

The results showed experienced child welfare social workers share similar perceptions of the effects burnout and compassion fatigue has on their practice, including emotional exhaustion and job dissatisfaction. The results also showed they integrate self-care practice in their practice to lessen the effects of burn out and compassion fatigue. In addition, experienced child welfare social workers prioritized their overall wellbeing over their job duties or other stressful factors on the field, to prevent burnout and compassion fatigue in order to perform effectively on the job. The finding suggests that child welfare social workers

benefit from integrating self-care in their practice and prioritizing their personal wellbeing from the start of their career helps to overcome barriers and challenges over time.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES	viii
CHAPTER ONE: ASSESSMENT	1
Introduction	1
Research Focus and/or Question	1
Paradigm and Rationale for Chosen Paradigm.....	3
Literature Review	5
Challenges of Child Welfare Workers	6
Burnout and Compassion Fatigue.....	7
Self-care.....	9
Theoretical Orientation.....	11
Potential Contribution of the Study to Micro and/or Macro Social Work...	12
Summary	13
CHAPTER TWO: ENGAGEMENT.....	14
Introduction	14
Study Site	14
Engagement Strategies for Gatekeepers at Research Site	15
Self-Preparation.....	16
Diversity Issues.....	16
Ethical Issues.....	17
Political Issues	18

The Role of Technology in Engagement.....	19
Summary	19
CHAPTER THREE: IMPLEMENTATION	20
Introduction	20
Study Participants.....	20
Selection of Participants	21
Data Gathering	22
Phases of Data Collection.....	24
Data Recording.....	24
Data Analysis.....	25
Termination and Follow Up.....	27
Communication of Findings and Dissemination Plan.....	27
Summary	27
CHAPTER FOUR: EVALUATION.....	29
Introduction	29
Data Analysis.....	29
Data Interpretation	30
Perception and Effects of Burnout and Compassion Fatigue.....	33
Preventative Actions by Child Welfare Social Services Practitioners	34
Self-care.....	37
Perceptions of Barriers that Prevent New Child Welfare Social Workers from Self-care Practices.....	39
Discussion	41
Summary	45

CHAPTER FIVE: TERMINATION AND FOLLOW UP	46
Termination of Study.....	46
Dissemination Plan	46
Ongoing Relationships with Study Participants.....	47
Implications for Practice, Policy, and Future Research.....	47
Summary	49
APPENDIX A: INTERVIEW QUESTIONS	50
APPENDIX B: INFORMED CONSENT AND IRB APPROVAL.....	52
APPENDIX C: LETTER FOR PARTICPATION	55
REFERENCES	57

LIST OF TABLES

Table 1. Demographic Characteristics of Study Sample	31
Table 2. Themes and Sub-Themes Related to Findings	32

CHAPTER ONE

ASSESSMENT

Introduction

Chapter one highlighted the research focus and the paradigm used in the study. The literature review provided an overview of research studies that previously explored the terms self-care, burnout, and compassion fatigue in child welfare. The studies highlight the effect burnout and compassion fatigue has on child welfare social workers and gives insight as to self-care. The studies highlight on self-care and whether the practice of self-care can increase a child welfare social workers overall wellbeing to increase their productivity at work. Further, the theoretical orientation of the study was chosen, and the chapter concluded by providing an explanation of the study's contribution to micro and macro social work practice.

Research Focus and/or Question

The research focus of this study explores the practice of self-care among experienced child welfare social workers and the value self-care practice has on reducing and coping with the risks of burnout and compassion fatigue through their career as child welfare social workers.

Child welfare work is a challenging profession for a variety of reasons, including the emotional nature of the work, the severity and complexity of cases, and the increasingly high workload and organizational demands

(Salloum et al., 2015). The role of a child welfare social worker is to ensure safety to the most vulnerable children, therefore placing significant pressure to perform at an exceptional level. However, the high expectations placed on child welfare social workers result in high levels of stress and decreased job satisfaction generally described as burnout and compassion fatigue.

Burnout and compassion fatigue have increasingly become an issue in the social work profession, specifically with child welfare social workers. Burnout is defined as a psychological process encompassing attitudinal (perceptive) and emotional (affective) responses to both work and personal experiences (Font, 2012). Compassion fatigue is defined as psychological distress and posttraumatic stress symptoms resulting from helping clients who have been exposed to trauma (Salloum et al., 2015). The demands and pressures for a child welfare social worker are increasingly overwhelming. The excessive workloads caused by substantial caseloads, limited contact with the clients served, overwhelming paperwork and poor working conditions are examples of stressful aspects of the job (Levin, 2003). Additionally, child welfare social workers are constantly exposed to child abuse, unsafe environments, hostile clients, and unrealistic deadlines that are harmful to their overall wellbeing. The exposure to constant trauma and stress increases the risks of experiencing negative emotions and distress.

The practice of self-care may reduce the stress experienced by the child welfare social workers. Self-care focuses on one's own wellbeing and

health, including mental, emotional, and physical health. The concern with excessive workloads and demands places restrictions on child welfare social workers to practice self-care to help cope with the demands and experiences of the job. The research study focused on self-care practices among experienced child welfare social workers to show if the ongoing practice of self-care reduced burnout and compassion fatigue. Lee (2018) describes self-care as a behavior that supports a person's health and well-being. Self-care might include activities that individuals engage in to feel satisfaction about oneself such as a hobby, spending time with family, or vacationing. Additionally, self-care can include taking care of basic functions such as sleep, diet, and exercise.

Child welfare workers experience high levels of stress due to the high demand of the job, specially working with vulnerable families, children, and persons with significant trauma, and pressure to perform an exceptional level to meet organizational goals and needs. Therefore, the practice of self-care by child welfare social workers is important. The practice of self-care may include managing work and personal life stress that includes having coping strategies to avoid experiencing severe symptoms of burnout or compassion fatigue, which most likely results in depleted mental and physical health of a person.

Paradigm and Rationale for Chosen Paradigm

This study was conducted using a post-positivism paradigm because of its objective approach and use of qualitative data. In post positivist research,

the researcher committed to gathering qualitative data in a naturalistic setting in order to understand an objective reality (Morris, 2014). In a post-positivist approach the researcher focused on a specific area then gathered information to give a more in depth understanding of the research focus by gathering information from the key players and literature.

The post-positivism approach was most appropriate to study the research problem as the study focused on child welfare social worker's self-care strategies among experienced child welfare social workers to prevent burnout and compassion fatigue. The goal of the study involved gathering information from experienced child welfare social workers to identify what worked for them as child welfare social workers to continue to work and provide service to their communities. Child welfare agencies experience high turnover and poor retention due to the high levels of stress and workload. The researcher aimed to understand the perspective of experienced child welfare social workers of burnout and compassion fatigue, and the practice of self-care strategies they integrated in their practice, if any, to cope with the effects of burnout and compassion fatigue, to determine if the practice of self-care contributed to their overall wellbeing and job satisfaction throughout their careers as child welfare social workers.

The study explored whether the practice of self-care decreased symptoms of severe stress and lack of satisfaction within experienced child welfare social workers by exploring their experiences at work and personal life

including, coping strategies, perspective of self-care, experiences with secondary trauma and clients, and their overall experiences as a child welfare social worker.

The data for the research was collected using a qualitative approach. The paradigm allowed the information gathered from the child welfare social workers analyzed in an objective manner, for it to potentially be used for future reference, to increase awareness of the importance of self-care practice among child welfare social workers and the association with risks of burnout and compassion fatigue.

Literature Review

The literature review is an overview of the child welfare social work profession, including the demands and challenges encountered by child welfare social workers on a daily basis, and the risk of burnout and compassion fatigue experienced by the social workers due to the high demand and challenges of the work, ultimately leading to increased levels of turnover. Although, there is a wealth of information of the difficulties related to child welfare social work, child welfare social workers have continued their careers despite the difficulties and stressors. An overview of self-care helped identify and understand if the inclusion of self-care in child welfare practice decreased turnover, and how self-care practice aided child welfare social workers in their practice to maintain their health and wellbeing to perform at their best when providing services to vulnerable children and families. The literature review

examined self-care, burnout, and compassion fatigue in child welfare social work.

Challenges of Child Welfare Workers

Child welfare social workers have demanding jobs. A report of the challenge's social workers encounter in child welfare and job demands included increasing paperwork, unmanageable caseloads, and issues with problematic clients, as well as shortage of staff and a decrease in adequate supervision (Kim & Stoner, 2008). Child welfare workers deal with multiple challenges on a daily basis from hostile clients to organizational demands, which creates stress and feelings of dissatisfaction. A study that examined the factors associated with 300 public child welfare workers, reported that work-related stress highly contributed to job burnout and had an impact on participants' overall well-being. Further, the study emphasized that child welfare workers are more susceptible to traumatic events, therefore, increasing the risk for post-secondary/vicarious trauma (Donohue-Doh et al., 2018).

The combination of work-related strain and exposure to traumatic events places significant pressure and stress on child welfare workers, which ultimately affects their overall wellbeing. Social workers deliver a wide range of vital services and play a critical role in protecting the health and well-being of the most vulnerable members of society (Kim, Ji, & Kao, 2011). The challenges child welfare social workers encounter impacts the system as a

whole. The difficult and challenging experiences by employees can negatively affect the services offered to client populations, and the challenging experiences in the workplace can “pose a hazard” to children and families (Donohue-Dioh et al., 2018). Child welfare social workers that experience increasing pressure and stress because of the high caseloads, lack of support, and demanding timelines, may develop negative feelings toward their job, ultimately affecting their overall job performance.

Burnout and Compassion Fatigue

Burnout refers to a “syndrome characterized by emotional exhaustion, depersonalization and reduced feelings of personal accomplishment that results as a consequence of chronic exposure of work with populations which are vulnerable and/or suffering” (Salloum et al., 2018, pg.54). Additionally, constant exposure to high work demands and pressure at work can create a negative attitude, lack of motivation to work, or physical distress, which hinders a person’s ability to work at their optimal potential. Research shows that stress and burnout play a significant influence in the development of both physical and psychological illness (McFadden et al., 2015). Child welfare social workers are more susceptible to burnout due to their job responsibilities. The continuous stress to meet deadlines, high expectations from management and work overload increase the risks of burnout. Further, “left unresolved, increased burnout has the potential to influence the quality of care provided by workers, including impairing workers decision making about child risk,

reducing job satisfaction, and increasing staff absenteeism and turnover” (Salloum et al., 2015, pg. 54).

It is evident that the constant challenges child welfare social workers face on the job impact their overall wellbeing both professionally and personally. Maslach (1998) wrote “burnout is a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism, and detachment from the job, and a sense of ineffectiveness and failure” (Pg. 68). Child welfare social workers are expected to meet mandates at the state and county level and most importantly to ensure the most vulnerable population is safe from abuse and neglect. It is suggested that social services workers are unreasonably impacted by bureaucratic processes, resource limitations and losses, and the hostile political climates (Donohue-Doh et al., 2018). The amount of pressure, expectations and responsibility over time results in burnout.

Burnout and compassion fatigue share similar outcomes in that they can produce feelings of helplessness, loneliness, anxiety, and depression (Conrad & Kellar-Guenther, 2006). However, they are different, as Conrad & Kellar-Guenther (2006), explain burnout is a result of excessive and continuous levels of job stress compared to compassion fatigue, which can emerge suddenly without warning. Child welfare social workers are continuously exposed to traumatic events related to child abuse that directly

effects their overall wellbeing. Radey and Figley (2007) explain social workers take on their clients' problems leading to mental, physical, and emotional exhaustion and feelings of hopelessness and disconnection from others.

The majority of child welfare social workers pursue the profession to help others and to make a difference in their communities. The commitment to the profession and desire to help others heightens the likelihood a social worker will experience compassion fatigue. Social workers empathize and connect with clients daily, exposing their vulnerabilities and emotional wellbeing. It is important for social workers to develop rapport and empathize with clients. Yet, as their hearts go out to clients through constant compassion, their hearts are more likely susceptible to fatigue (Radey & Figley, 2007). The distress associated with repeatedly taking on their client's problems and exposure to traumatic events, can affect their ability to function at work and home.

Self-care

The term self-care covers a variety of activities an individual may engage in with the purpose of managing their physical and emotional health (Salloum et al., 2015). Child welfare social workers experience an array of stressors in the workplace. Child welfare social workers that have worked a long time in the field of social work most likely experience burnout and compassion fatigue during their careers. The never-ending stressors and responsibilities, including exposure to secondary trauma, exhausts a person.

Lee and Miller (2013) explain that self-care offsets work-related stress, and research shows that self-care promotes resilience in social workers. It is important that social workers, specifically child welfare social workers adopt methods of self-care to cope with the emotional and mental pressures related to their work. According to Miller et al. (2018), evidence suggests that self-care can alleviate challenges afflicting the child welfare workforce. Additionally, Salloum et al. (2015) concluded social workers who practiced self-care experienced increased levels of compassion satisfaction and lower levels of burnout. A study with 786 master of social work practitioners found that participation in self-care activities that included five different types of self-care domains, physical, professional, emotional, psychological and spiritual self-care were associated with lower burn-out (Salloum et al., 2015).

As social workers experience exhaustion in their emotional resources, they risk developing negative and cynical attitudes towards people they are helping (Salloum et al., 2015). Self-care practice in child welfare social workers is critical in order to reduce the risks of burnout and compassion fatigue as it affects the system as a whole, including families and children. The impact of staff turnover could be immense for the organization, remaining staff and the clients. The consequences of increased turnover may include an increase in workload on remaining staff (intensifying the potential for burnout), increased financial stress on organizations, and decreased availability and quality of services provided to children and their families (Salloum et al., 2015). Self-

care practice can promote retention and help alleviate the challenges affecting the child welfare workforce (Donohue-Dioh et al., 2018). The study focus aimed to explore self-care strategies that support and contribute in decreasing the risks of burnout and compassion fatigue among experienced child welfare social workers. The information gathered supports the concept of self-care and that integrating self-care practice can potentially decrease the risk of burnout and compassion fatigue among child welfare social workers. The researcher focused continue to study the connection between burnout, compassions fatigue, and self-care in child welfare by interviewing child welfare social workers employed by a child welfare agency for at least five years or more.

Theoretical Orientation

The study examined the theory related to burnout and compassion fatigue, to provide a framework to understand each term as it related to the study. The term burnout was introduced to refer to a phenomenon observed among human service workers who dealt with emotionally challenging individuals (Kim & Stoner, 2008). According to theoretical frameworks of burnout, burnout is a key mediator of the relationship between chronic job stressors and various attitudinal outcomes (Kim & Stoner, 2008). The multidimensional theory of burnout outlines three core dimensions of burnout experience, Maslach (1998), explained the multidimensional theory in terms of three core components: emotional exhaustion, depersonalization, and reduced personal accomplishment. According to the theory, burnout is a stressful

experience intertwined in a framework of varied social relationships, and involves the person's conception of both self and others (Maslach, 1998).

Compassion fatigue is a term developed by traumatologist Charles Figley to describe, "The stress resulting from helping or wanting to help a traumatized or suffering person (Conrad & Keller-Guenther, 2006).

Compassion fatigue is experienced due to stressors that result in emotional reactions including incidences of sadness and depression, sleeplessness, and general anxiety. The stress process framework can be used to understand the term compassion fatigue. The process of social stress can be seen as combining three major conceptual domains, the source of stress, the mediators of stress, and the manifestation of stress (Lieberman et al., 1981).

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

The information and data gathered from the study contributed to social work at a micro and macro level. The overall wellbeing of a child welfare social worker affects the child welfare system as a whole, therefore, the identification of methods of self-care practice that promote job satisfaction are important. At a micro level, individuals and families are potentially affected as they depend on the social worker to assist them, however, a child welfare worker experiencing burnout or issues with emotional and mental stress, the client may receive inadequate care from the social worker.

At a macro level, the information can contribute to improve the child welfare organization by identifying areas of needs, and potential changes in the policies, programs, and practice. The organization could encourage and promote self-care practice by providing trainings on addressing burnout and compassion fatigue, to encourage child welfare social workers to reflect on their own wellbeing and take the necessary steps to address the stressors directly affecting them.

Summary

The research focus explored the experiences of veteran child welfare social workers with burnout, compassion fatigue, and their perception of the practice of self-care to enhance their overall wellbeing in order to efficiently work and practice social work overtime. An explanation about the rationale of using the post-positivist paradigm for the study was provided, as well, a literature review that provided information as to child welfare social work, burnout, compassion fatigue, and of the practice of self-care. The theoretical orientation identified an explanation as it applied to the study. Lastly, the researcher gave a description of how the studies potential contribution to micro and macro social work.

CHAPTER TWO

ENGAGEMENT

Introduction

In chapter two, an overview of the study site is provided, as well as the engagement strategies utilized with gatekeepers. Issues with diversity, ethics, and politics within the study were addressed, and the role of technology in the study.

Study Site

The study site utilized for the study involved a large child welfare agency in Southern California County. The agency serves individuals, families and children. The study participants are child welfare social workers employed the child welfare agency. The role of the child welfare agency is to protect children and youth from abuse and neglect, and collaborate with families, young adults, and communities to secure safety, permanency, and well-being. The agency collaborates with service providers that work directly with the clients to monitor progress and ensure there is consistency. The agency serves families and children that reside in within the large Southern California County that is made up of several cities. The agency divides in four regions, each servicing families and children within their jurisdiction.

The clients served are children ranging from infancy to eighteen years of age, and adults of all ages. The agency provides referrals to services including individual and family counseling, parenting educating, inpatient and outpatient substances abuse treatment, anger management, and domestic violence program for victims and perpetrators.

Engagement Strategies for Gatekeepers at Research Site

The researcher directly contacted the study participants by in-person contact and provided the participants with a verbal explanation of the research study. The researcher explained that the study involves an interview which would take place afterhours and not during their worktime. The researcher prepared a letter with detailed information about the study and provided the letter to the study participants. The letter included the purpose of the study to obtain information to understand their perspective of self-care practice, and their experiences of burnout and compassion fatigue as veteran child welfare social workers and whether the practice of self-care is effective in decreasing the risks of burnout and compassion fatigue. Further, the letter included advantages of practicing self-care. The participants were provided with a sample of the questions that were asked during the interview with the study participants. A follow-up telephone call was placed to the study participants after their agreement to participate in the study to schedule a date and time for the interview, which took place during their time off of work.

Self-Preparation

Self-preparation involved a review of literature gathered prior to communicating and connecting with the study participants. Research journals were utilized to document used to document and keep a record of the information obtained, as well as documentation of reflections. The researcher had a clear understanding of the research focus and the structure required to gather information for the study. In addition, the study participants were clear about the research focus and the purpose for the study.

The researcher was aware of the limitations. Such as, availability of the study participants as they dealt with excessive demands at work, which heightened the likelihood of declining to participate in the study. In addition, time constraints the study participants had which resulted in postponing interviews and being limited with time during interviews.

Diversity Issues

The research focus is a topic constantly discussed within the child welfare system, as there appears to be high rates of burnout and compassion fatigue that lead to high turnover. The reaction to the research topic from management compared to line workers is dissimilar, as management positions tend to focus more on the policies and programs of the organization whereas child welfare social workers are at the frontlines, experiencing the direct impact of compassion fatigue and burnout from the high demands of an extremely stressful and emotional job. Further, the researcher had to be

mindful that the study participants could be reluctant or unavailable to participate because of factors related to work or personal life, that could ultimately impact the engagement process. The researcher was considerate of the participant's time and availability and allowed the participant to choose the time and place to complete an interview.

Ethical Issues

The research study was submitted to Institutional Review Board (IRB) to approve that the research project did not present potential harm. The study participants were provided with informed consent document including the length of time the interview took. The researcher informed the participants that their personal information including name and responses are not made available to the public. The information is confidential by keeping all documents, journals, and records, safely stored. Further, the researcher informed the participants that the information gathered during the study was erased when the study was completed. Further, the researcher reassured the study participants that their responses would not be used against them or affect their employment, as fear of retaliation from management was considered, if negative information is provided about the agency.

Further, the direct relationship with the agency and researcher could have resulted in an ethical issue as the researcher could influence the study participant's responses if there was an established relationship. Therefore, the

researcher considered conducting the research at a different study site where she was not employed.

Political Issues

A political issue that occurred is the issue of power between the researcher and study participant. The researcher provided a clear explanation of the study and the participant's role in the study, to prevent any issues. Further, the study risked drawback from the agency and study participants, as the study addressed stressors that child welfare social workers experience working at the agency that could result in resignation or cynical feelings about the job.

In order to address the issues, the researcher explained the purpose of the study to explore the benefits of self-care in order to decrease burnout and compassion fatigue. The researcher emphasized that the study explored studies and methods of self-care and the positive effects the practice of self-care has on helping professions, to encourage social workers to continue to utilize self-care to decrease burnout and compassion fatigue. The researcher emphasized that the study could benefit the child welfare agency by assisting in identifying employee's needs of self-care, and the employees understanding of burnout and compassion fatigue as it relates to their careers and personal life. With the information, the agency could assist employees by providing resources on self-care, burnout and compassion fatigue.

The Role of Technology in Engagement

The role of technology is important in the engagement process. The researcher needs to build a foundation of trust and commitment to the project with the research site gatekeepers and study participants (Morris, pg. 88, 2013). This was carried out by contacting gatekeepers through in-person contact and telephone calls. Other forms of communication included the use of communication software.

Summary

Chapter two provided an overview of the study site and study participants, including any barriers. The chapter included a brief summary of the researchers plan to implement the research study. Diversity, ethical, and political issues were discussed, as well as the role of technology in the research study.

CHAPTER THREE

IMPLEMENTATION

Introduction

The chapter provided an explanation of study participants, selection of participants and data gathering. A detailed description of the study participants was discussed as well as the specific strategy used to select the participants. The data collection is explained as well as the style of analysis used in the study. Lastly, the plan for termination, follow-up, and distribution of the study was discussed.

Study Participants

Participants in the study include veteran child welfare social workers at a large Southern California County. The agency serves children, families, and individuals. The services offered by the study participants include interventions for individuals, families, and children that include resources, support, and education. The study participants included a minimum of at least seven child welfare social workers employed with the agency for at least five years in their current positions. The child welfare social workers were female and male between the age of twenty-five and fifty-five years old. They obtain college degrees in the field of social work or psychology.

Selection of Participants

Study participants were selected by using purposive sampling. The primary goal of purposive sampling is to identify study participants who will give the most complete data about the study focus (Morris, 2014). Through sampling intensity, participants with five or more years of experience working as a child welfare social worker at the agency were selected. The purpose of sampling intensity is to identify cases that are good examples of the phenomena being studied and offer rich information on its manifestation (Morris, 2014).

Veteran child welfare social workers that had worked for at least five years at the agency were selected. The selection of the participants sought to identify participants that would provide specific data related the research focus of self-care, compassion fatigue, and burnout. A child welfare social worker who worked at the agency for a few months could not benefit the study, as the information provided could lack rich information due to their level of experience being new employees.

The child welfare social workers were contacted in-person and telephone. They were provided with details of the research focus which included the purpose of the study and the process of the study. The child welfare social workers were asked to participate in the study. They were selected based on the number of years they worked at the agency, with minimum years being at least five.

Data Gathering

Data was gathered using a qualitative approach through in-person interviews. A qualitative approach gathers information about people's thoughts, attitudes, and roles, to help create an in depth understanding of a topic. The focus of the interviews was to gather information from veteran child welfare social workers to obtain their perspective on burnout, compassion fatigue, and self-care, to understand how they manage to continue their careers in a work environment with the reputation of being rigorous, stressful, and emotionally exhausting. Further, the information aimed to gather information about the child welfare agency's role in the social workers overall wellbeing.

The participant understood the research study as initial contact with the study participant included explaining the process and ensuring they understood the purpose of the study. The types of questions included in the interview included open-ended questions that focused on the research topic, helped build rapport such as demographic and general questions, that sought consistency in the responses, and clarification questions. An example of questions included in the interview are: What is your understanding of compassion fatigue? Have you ever experienced compassion fatigue? If yes, how did you cope? What is your understanding of burnout? Have you ever experienced burnout? If yes, how did you cope? How do you leave your work at work? Please specify. Do you monitor your emotional reactions at work? If

yes, please specify. What signs or behavior do you notice social workers present at your agency that show they may be experiencing burnout or compassion fatigue? What is your understanding of self-care? What specific methods of self-care do you practice at work or outside of work? If yes, please specify. If no, how do you cope with the demands of work and life? How has the practice of self-care helped your overall wellbeing at work or outside of work? Are there barriers or factors that prevent you from practicing self-care? If yes, how were you able to overcome barriers/factors that prevented you from self-care? How has your agency supported your self-care practice? If yes, please specify. If no, what would need to be different at your agency that would support your self-care and wellbeing? What issues do you think new social workers encounter that prevent them from self-care practice? What would you suggest to a new social worker about self-care practice? (See Appendix A)

The process of interview involved building rapport. The process of building rapport included letting the person know the purpose of the interview, allowed them to ask questions, and consideration of their time. Additionally, the participants were provided with informed consent. The study participants were given notice prior to scheduling an interview, to prevent any distractions or disruptions in their life. Additionally, the researcher was mindful of the possibility of encountering issues with study participants if they were

experiencing extreme compassion fatigue or burnout, as their responses could only provide negative feedback.

Phases of Data Collection

The phases of data collection involved the interviews with the participants, a review of the data, and completing a reflection of the data. The interview is divided into phases that build comfort and familiarity. The phases include engagement, development of focus, maintaining focus, and termination (Morris, 2014). The engagement phase began with introducing the study topic and gaining formal consent. The study participant were general questions such as age, gender, and experience as a child welfare social worker. After learning specific information about the study participant, the researcher asked the participant about their understanding of burnout and compassion fatigue, and their personal experiences, if any, with coping or dealing with burnout and compassion fatigue. Further, the researcher asked the participant about self-care practice and asked the participants to share their experiences with self-care including the benefits. At the conclusion of the interview, the researcher provided the study participant with contact information for any questions or concerns.

Data Recording

Research, reflective journals, and technology were used to record data. Research journals recorded interactions with child welfare social workers and

document reflections and thoughts of the data gathered. The purpose of the reflective journal is to record rationales for the research plan as well as sampling, data collection, and analysis decisions made as the study proceeds (Morris, 2014). During the interview, a voice recorder, notepad, and pen were used to capture the conversation. The interviewees were informed of the recording by recorder and note taking prior to starting the interview and asked to sign the consent, if they agreed. The research journals were used to organize the data collected. Notes of the recording and documentation gathered the identifying information, key points and phrases, and reactions. The interviews were organized by date and time. Each method of data collection had its own file/folder to ensure notes were not mixed or misplaced.

Data Analysis

The method of analysis used was qualitative analysis, which interpreted the data gathered in words such as interviews and documents. A bottom up approach analyzed the qualitative data gathered during the study. Four staged of synthesis were used: open coding, axial coding, selective coding, and conditional/consequential matrix (Morris, 2014). The use of open coding included: social workers, methods of self-care, position within the agency, and outcome of practicing self-care. The second part included the axial coding to make a connecting between the open codes gathered from narratives created from interviews. With axial coding, the information gathered from the key players was used to make connects between the specific categories and the

dimensions. For example, social workers with less experience disclosed feeling overwhelmed due to high caseloads and unrealistic expectations and others reported manageable stress with the same amount of caseload, but there was a difference in job satisfaction. The four quadrants' included stress, support, burn out, and self-care.

Selective coding involved the development of a theory with the information gathered from open coding and axial coding. A specific way to proceed with selective coding involved the researcher to identify a core category. For example, in the specific research study, the selective coding involved showing the similar experiences shared by veteran social workers in child welfare agency while working in emergency services unit. The chart showed the different areas of a social workers lives that are negatively and positively affected, and showed themes shared by social workers while working in child welfare. In the last stage, the researcher made a statement about how the specific theory fits at a micro and macro level. A matrix was used to state whether the theory fits. It is an opportunity to show how the theory is applied at a micro and macro level. For instance, at an individual level the researcher focused on the social worker experiences of feeling overwhelmed, unhappy, to feeling satisfied when caseloads are distributed and managed appropriately. At an organizational level, the organization was the child welfare agency. It included the ideas of the agencies focus to reduce turnover, burnout and compassion fatigue.

Termination and Follow Up

The child welfare social workers were acknowledged for their participation through a follow-up in person conversation. Additionally, the child welfare social workers were given a note thanking them for their time and patience, as well contact information if they have questions or concerns related to the research study. Contact information was provided to all participants to ensure an open line of communication if they had questions or concerns.

Communication of Findings and Dissemination Plan

The findings of the study were presented by preparing a report to present to the study participants. The report was provided to the participants by forwarding a copy of the report either electronically or mail. The study results of the study can also be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after June 2020.

Summary

The chapter discussed the implementation process of the research study. The chapter provided information of the study participants and the selection method. Further, the chapter discussed the method of data gathering, including data recording and data analysis. The chapter concluded

with discussion as to termination, follow up plan, and dissemination of the research study.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four describes the evaluation of the data gathered. Interviews were completed with seven child welfare social workers using audio recording, then the interviews were transcribed and coded using convention content analysis (Hsieh & Shannon, 2005). Themes and categories were created to filter the findings, and the data was interpreted. A discussion of implications related to micro and macro practice is outlined. The chapter concludes with a summary.

Data Analysis

The study aimed to explore methods of self-care among experienced child welfare social workers and how self-care is integrated into their daily practice to reduce burnout and compassion fatigue. Further, to explore the child welfare social workers understanding of burnout and compassion fatigue and the effects it has on their practice. The study was conducted with only the viewpoint of child welfare social workers with five years or more of experience. The participating child welfare social workers were asked demographic questions and fourteen open-ended questions. The responses retrieved from the interviews were analyzed using a bottom-up approach using open coding. Through open coding similar categories were identified in the interviews, then an additional analysis using axial coding identified specific subjects between the categories. The

researcher organized the top subjects into related themes referred to as content analysis.

Data Interpretation

The study includes qualitative data of seven child welfare social workers from in-person interviews conducted by the researcher. The experience of the child welfare social workers ranged from six to twenty-two years. The participants included five females and two males. Three participants identified as Hispanic, two identified as Caucasian, one identified as Mexican, and one as Latina. The participants ranged in age from thirty-four years old to fifty-five years old ($M=44.5$, $SD=14.84$). Three participants had a bachelor's degree and four had master's degree. One participant had six years of experience, five participants had twelve to thirteen years of experience, and one participant had twenty-two years of experience. All seven participants held the same job title of Social Services Practitioner III (Refer to Table 1 below).

Table 1.
Demographic Characteristics of Study Sample

	N (%)	M	S.D.
Age		44.5	14.84
Sex			
Male	2 (4.5%)		
Female	5 (60%)		
Race/Ethnicity			
Caucasian/White	2 (4.5%)		
Hispanic/Latino	4 (5.5%)		
Other	1 (4%)		
Education			
Bachelor's 1	3 (5%)		
Master's 2	4 (5.5%)		
Years of experience			
5-11	1 (4%)		
12-17	5 (6%)		
18-24	1 (4%)		
Years working at current agency			
5-11	1 (4%)		
12-17	5 (6%)		
18-24	1 (4%)		

Through content analysis of the data collected, the researcher identified three themes that include the perception and effects of burnout and compassion, preventative actions, and self-care. The sub-themes include the perspectives of child welfare social workers of each theme that describes the effects on their overall practice, which include emotional and physical exhaustion, negativity, boundaries, supportive relationships, emotional awareness, and time-off. The themes and subthemes are described in Table 2 below.

Table 2. Themes and Sub-Themes Related to Findings

Themes	Sub-Themes
Perception and effects of burn-out and compassion fatigue	<p>Emotional and physical exhaustion.</p> <ul style="list-style-type: none"> • Overwhelmed and stressed. <p>Negative outlook of job.</p> <ul style="list-style-type: none"> • Excessive complaints about workload. • Consider career change or have changed roles within the child welfare department.
Preventative actions by child welfare social services practitioners	<p>Boundaries</p> <ul style="list-style-type: none"> • Avoid discussing work outside of work. • Avoid over exceeding themselves. They are aware they are expendable and the work is never ending. • Limit their expectations at work and understand there are high caseloads, unrealistic demands, and difficult cases. They avoid focus on things they cannot control at work. <p>Supportive Relationships</p> <ul style="list-style-type: none"> • Develop supportive relationship with supervisor. • Positive working relationships with coworkers to process experiences at work.
Self-care	<p>Emotional awareness</p> <ul style="list-style-type: none"> • Prioritize emotional and mental wellbeing over work and other stress related factors • Take breaks while at work <p>Time-off</p> <ul style="list-style-type: none"> • Engage in self-satisfying activities while away from work to refocus and rejuvenate. • Plan activities for self or family and follow through with plans.

Perception and Effects of Burnout and Compassion Fatigue

The participants were asked of their understanding of compassion fatigue and burnout. The perception of burnout and compassion fatigue among the seven participants were similar. The participants identified emotional and physical exhaustion and negative outlook on work as two common behaviors they perceive as burnout and compassion fatigue. The participants explained that burnout and compassion fatigue are common factors individuals experience working in child welfare, and the negative effects burnout and compassion fatigue have on practice.

For instance, one participant explained, “My understanding of compassion fatigue is when you hear other’s people traumatic experiences and after listening to them all day, you reach a point where you are exhausted. You’re just drained.” (Participant Interview 1, March 2020). The participant further stated, “Burnout is when you’re overwhelmed with work to the point where you can no longer function. You are knocked down because you are exhausted mentally, emotionally and physically. You’re just done with all the crap from work.” (Participant 1). Another participant explained, “Compassion fatigue is when you give so much of yourself to others that you have nothing left for yourself to take care of yourself. You are emotionally drained.” (Participant Interview 2, March 2020).

Six of the participants described burnout as being extremely exhausted and experiencing negative feelings toward work. For example, a participant

shared that “You hate your job, not getting support you need. When someone is complaining, and feel like they’re not being heard. Burnout is more complaints, complaints, about the job or about their supervisors or there is favorites (Participant Interview 7, March 2020). Another participant explained that burnout is “where you are physically and mentally exhausted, to the point where you can’t properly function at work, you can’t stay focused, you lose desire to work. I’m so exhausted you lose the desire to work” (Participant Interview 3, March 2020).

Three participants shared social workers consider a change of career or have changed role in child welfare due to effects of burnout and compassion fatigue. For example, one participant shared after experiencing burnout he/she realized it was time to use his/her expertise elsewhere. “I needed a break from emergency response. It was too much. You haven’t seen your kids, this contact isn’t documented, case management is demanding. The high expectations from management adds to burnout. So, I switched position and that helped (Participant Interview 5, March 2020). Further, another participant stated, “I changed positions within the agency. It was one specific case that I remember I was done and needed to leave. I knew I was done. I know this is going to sound bad but I was like, thank God because I wanted out (Participant Interview 6, March 2020).

Preventative Actions by Child Welfare Social Services Practitioners

The participant’s shared their experiences with burnout and compassion fatigue, and the coping mechanisms utilized in their practice to address the

negative effects of burnout and compassion fatigue. The common methods participants reported that help prevent burnout and compassion fatigue at work were setting boundaries and supportive relationships with supervisors and coworkers. The participants explained they set boundaries by not discussing work outside of work, avoid exceeding themselves, as they are aware they are expendable, limit their expectations at work, and are realistic about the high demands of the job including high caseloads, unrealistic demands, and difficult cases. Additionally, they avoid focusing on things that are out of their control at work. For example, a participant shared:

This job can take a toll on you if you let it. I learned that I need to set boundaries and stick to them, and take time off when needed.” The participant further stated, “I have learned to just let things go. Leadership do not value us because we are all replaceable. If I quit today or tomorrow, my cases would be divided up and the county would continue. I use self-talk and talk about it with others and I understand that if I wasn’t there, there is always plan B. I don’t place myself as being arrogant or self-absorbed as I can be replaceable” (Participant 2).

Another participant shared:

I reassure myself that you’re only one person. You did the best you can, you know, make sure that I can go home and comfortably sleep at night. I took time off and I just relaxed. I did not think about work. I said, they did this to me, they got me to the point where I got so many cases or so many

bad things that I just could not take it, and so I was like, let them deal with it. You know they can be replaced so why am I going to wear myself out over a job” (Participant 3).

Further, a participant added:

I set up better boundaries. I started setting up better boundaries with work and learning how to leave things at work instead of taking it home with me. Physically leaving work at work like not taking work home with you or like trying to not think about those things at home” (Participant 6).

Participants shared supportive relationships with supervisors and coworkers help deal with effects of burnout and compassion fatigue. Through positive relationships at work, they process their experiences and feel comfortable to seek assistance from supervisors when they feel exhausted or stressed. For instance, a participant stated:

I cope by taking time off, asking a supervisor to give me a break with assignments or changing assignments, go to a different unit. I experienced a time when burnout was high. I applied to other jobs, but I realized that grass is not always greener on other side. I was able to change functions, take a break, and I always have support. Supervisor helped by minimizing work. Stress is a part of the job. So, I just stay positive” The participant added, “I have my group of friends that I talk to and joke with. We go out to lunch, or just talk in the office. It’s good to waste the time too (Participant 1).

Another participant reported, “I talk to other coworkers. I find things to get me distracted. Like maybe your peers they can give you ideas of how to push through whatever it is you’re trying to get through” (Participant 4). Additionally, a participant added, “There’s a particular supervisor that is kind of mentor to me. I go to her for a reality check. It helps me snap out of it, get priorities straight. I don’t take work home,” the participant further stated, “I vent to my coworkers, go to lunch with coworkers, have a laugh here and there” (Participant 2).

Self-care

All participants shared they integrate self-care in their practice at work and outside of work to cope with the stressors and demands of the job. The participants shared self-care is a necessary practice for their overall wellbeing and practice. The common practices of self-care at work include prioritizing their overall wellbeing and taking breaks. The common practice of self-care outside of work, include taking time off by engaging in self-fulling activities with self, family and/or friends, and following through with plans.

Four participants reported self-care means prioritizing their own emotional and mental wellbeing, and taking necessary breaks at work. For example, a participant reported:

I do practice self-care because I have done this long enough to know you have to take care of yourself first. I will take a quick break at work to not think about work. I will literally sit there to prepare for next tasks. I am trying to practice mindfulness, seeing where I am at mentally so I can go

to next tasks at hand. Give myself quick little breaks at work, reading, being there, eating, and clearing out energy so I can go do the next thing (Participant 5).

Another participant shared:

I've been here a long time so I mean now at this point, like if I have doctor's appointments, I tend to skip out on them, but now I don't miss them. I do what I need to do because this place will always be here. It's not worth your health (Participant 4).

Furthermore, two participants added taking necessary breaks at work:

At work, if you do lunch, if you are able to walk from your desk and get out of the building, to eat, whether you're going out or whether you brought your food, get the hell of the building, get some sun. Go sit in your car, listen to music or something, but get away from your desk. That is one of the things I tell new workers like do not work through your lunch. I know 15-minute breaks are not always the easiest thing to do but that is what you do at work" (Participant 6).

Another participant stated:

Spacing out at work, prioritizing, so I'm getting small victories in the bag to kind of get me going. It is easier to move on. I procrastinate really badly so get a foot in the door to say I am okay, get on the roll. Also, taking a breather" (Participant 2).

Three participants shared they integrate self-care practices outside of work by taking time off work to engage in satisfactory activities to refocus and rejuvenate, and plan activities for self and/or spend time with family.

For example, one participant reported, “At home, I go watch my grandkids play ball or watch them play at home. That relaxes me believe it or not. I really like to bake as well. I take vacations with my husband so we spend time together. The greatest thing is spending time with my family” (Participant 7). Another participant shared they practice self-care by “taking time off, spending time with my family. I do not talk to work with my family and I do fun things with them. I like to take random trips with my family like out of town” (Participant 1).

Further, a participant shared, “I do self-care. I take my weekends, you know like my Fridays, and my weekends to take advantage and make the most of life what I want to be doing. I do that by traveling, going to concerts, and consuming adult beverages” (Participant 3).

Perceptions of Barriers that Prevent New Child Welfare Social Workers from Self-care Practices

While the study focused primarily on experienced child welfare social workers, and their perception of self-care practices on their own practice to help reduce burnout and compassion fatigue. The participants were also asked about their perception on issues new child welfare social workers encounter that prevent them from self-care practices, and what they would suggest to new social workers about integrating self-care in their practice.

Six out of seven participants reported new social workers overload themselves by working unnecessary hours and taking on too many tasks, to prove they can meet the demands of the job. All participants reported new social workers work in a culture of fear for at least one year because they need to meet probationary deadline. The following are examples of participant's statements referring to reasons new social workers fail to practice self-care:

Well, you're on probation for one year. You want to show you are dedicated and a team player and you want to help others. However, you fear if you make mistakes or do not do something that involved overtime, you are not going to make probation. Then the amount of work they receive, so they are not able to take care of themselves because they are trying to prove they can do this job (Participant 3).

Two participants added:

"I think people work many overtime hours and they lack time management skills. I think new workers get overwhelmed with the work and they cannot manage" (Participant 1).

"Feeling like they have to do these things because they're going to get fired because they're on probation. A lot of them function from a place of fear. They don't function from a place of I want to learn" (Participant 6).

Further, a participant stated:

Well, they have a full year of probation hanging over their head and it is grilled in your head in induction that you can be sued or fired. Therefore,

that culture of fear really is destructive if you are afraid to do your job.

They get overloaded with work and if they express frustration then their told they should have better time management (Participant 2).

As to suggestions for new social workers about self-care practice, the majority of participants reported they would encourage new social workers to take the time to practice self-care by doing things they enjoy, taking time off work, and prioritizing their overall wellbeing over work. The following are statements referring to suggestions about self-care for new social workers:

“I would tell them to take time for themselves. Do not stress working overtime, it will be there next time. You will always have work to do. Health comes first” (Participant 7).

“They have to, have to, practice self-care. This job will make you feel you’re always doing something wrong and its taking care of yourself that you learn not to take this job seriously, and not to personalize it so much because it does that to you” (Participant 5).

“Do your 40 hours. The work is always there, no matter how many hours you take overtime, do something creative outside of work, exercise, whatever it may be, spend time with your family, and meet peers that have a good sense of humor because work can always get a little crazy” (Participant 4).

Discussion

The participants provided their understanding of burnout and compassion fatigue, and the effects each term had on their careers. The participants shared

their experiences with burnout and compassion fatigue and practices they adopted throughout their careers to reduce burnout and compassion fatigue. Additionally, the participants shared methods of self-care they integrated in their practice. All the participants acknowledged that self-care practice is essential in reducing burnout and compassion fatigue in child welfare, and added self-care contributed to longevity as child welfare social workers.

As the participants shared their knowledge and experiences, it became evident that the participants shared common perceptions of burnout and compassion fatigue, and agreed that burnout and compassion fatigue have an effect on their child welfare practice. The two terms simultaneously integrated in the practice of the participants, as they reported similar experiences with burnout as compassion fatigue. The themes that emerged when describing the effects of burnout and compassion fatigue were extreme emotional and mental exhaustion and having a negative outlook about the job. This finding is similar to Conrad & Keller-Guenther (2006) who reported burnout and compassion fatigue creating feelings of hopelessness, loneliness, anxiety, and depression, and compassion fatigue, which all may be a contributing factor to burnout. Additionally, a study by Kim and Stoner (2008) showed that burnout intercedes the relationship between social workers' perceived role stress and the intention to resign suggesting that child welfare social workers are increasingly prone to experiencing high levels of stress and job dissatisfaction. Therefore, child welfare organization should closely examine their approach to increasing job autonomy and support to social

workers in effort to reduce burn out and compassion fatigue to prevent high turnover.

It became clear that participants developed ways to overcome the effects of burnout and compassion fatigue over time by setting boundaries and having supportive relationships at work. Although, the specific boundaries implemented and the importance of relationships differed between participants, the findings suggest that child welfare social workers decrease the negative effects from burnout and compassion fatigue by understanding the direct impact on their practice and prioritizing their wellbeing by setting boundaries and seeking support from supervisors and coworkers. These findings align with Chenot, Benton, & Kim (2009) as well Smullens (2012) who found that supervisor support and peer support significantly and positively relate to retention. Furthermore, they found that individuals that practice self-care such as firm boundaries are more likely to remain in the field.

Interestingly, the participants linked self-care to boundary setting and supportive relationships, which supports the study's purpose to explore methods of self-care practice. Other researchers have found that social workers attained balance, job satisfaction, self-actualization as well as fulfillment and purpose with work by utilizing coping strategies. The strategies include applying investigative and relational skills, accepting the risks and challenges, finding purpose, expecting the unexpected, realistic expectations, reaching competence and confidence, seeking support from others and supervision, having a meaningful

life outside of work, processing trauma, and learning about self and self-awareness (McFadden, Campbell, & Taylor, 2015).

To reiterate, self-care was a significant factor in the study. All the participants practiced self-care to reduce the effects of burnout and compassion fatigue. The perception of self-care had a positive impact on child welfare social workers because it was used to combat the stressors and demands of the job. Child welfare social workers perceived self-care as a means to prioritize their overall wellbeing both professionally and personally by taking care of their physical, mental, and emotional needs over work demands or other negative factors. The findings are similar to several studies that found social workers who engaged in appropriate self-care practices experienced high levels of compassion satisfaction and lower levels of burnout (Salloum et al., 2015). Studies with other social services workforce populations found that promoting healthy self-care practices can help in decreasing professional burnout, increasing effectiveness in professional practice, and increasing perceptions of professionalism, among other positive effects (Miller, Donohue-Dioh, Niu, & Shalash, 2018). This suggest that implementation of self-care practice in the job can help reduce negative emotions, job dissatisfaction, and stress. Child welfare social workers are more likely to perform more effectively and efficiently when they implement self-care in their practice.

Summary

The chapter highlighted the analysis process used for the data collected. The demographic information for the participants was presented. The themes identified to support child welfare social workers perspective of burnout and compassion fatigue, and self-care methods was also presented. The perception of what prevents new social workers from self-care practice was also discussed.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Chapter five presents the termination process implemented by the researcher. The chapter outlines the process the researcher used to communicate the study findings to the study participants, the termination of the study, and the ongoing relationship with the study participants.

Termination of Study

Prior to termination, the researcher thanked the participants for their time and patience to participate in the study. The participants were provided with the researchers contact information if they had questions or concerns related to the research study. Further, the participants were informed that the findings of the study would be available and the link to the study was provided.

Dissemination Plan

The finding of the study was provided to California State University, San Bernardino. The researcher explained the study was influenced by the significance the research topic has on child welfare. The researcher acknowledged that the contribution from experienced child welfare social workers helped identify the strengths of the study. The study findings were communicated to the participants by verbally informing them that the study could be accessed through the California State University, San Bernardino ScholarWorks website (<http://scholarworks.lib.csusb.edu>) after June 2020. The researcher will

communicate to the study participants in person upon the study being approved and published on the ScholarWorks website.

Ongoing Relationships with Study Participants

Since the researcher is employed at the same agency of the participants, a relationship will be maintained with the participants. The researcher explained to the participants that she can answer questions or discuss with them any questions or comments they may have after they review the study. She communicated to the participants that she is available via email, person, and telephone for any follow up after-hours.

Implications for Practice, Policy, and Future Research

The study provides several implications for the child welfare profession and child welfare social workers. First, it is clear that child welfare is a stressful and demanding job that requires individuals to work efficiently and effectively as they work with the most vulnerable population. It is evident that the high demands result in increased stress, exhaustion, and dissatisfaction of job. The study found that understanding the demands of the job and prioritizing personal wellbeing from the onset help social workers overcome barriers overtime. For example, experienced social workers shared new social workers focus on meeting every demand at work, work excessive hours, and neglect self-care to meet unrealistic demands hastening the process of burnout and/or compassion fatigue. It is evident that new social workers should be encouraged to incorporate

self-care in their practice from the start. This could mean taking their lunch break, seeking help from a coworker, or taking a day off. New social workers can take advantage of the findings to recognize the importance of integrating self-care in their practice. A prior study opposes there are some strategies social workers can use to lessen the chances of being directly impacted from the consequence of caregiving. The strategies include increasing resiliency, self-care strategies, social support from others, development of caregiving skills, and conflict resolution (Adams, Boscarino, & Figley, 2008).

Further, child welfare agencies should encourage self-care and have resources available that enhance and support self-care, and that also emphasizes the practice of self-care to new workers. The agency supervisors can implement self-care practice in case supervision, unit meetings, and office to encourage all level social workers to practice safe-care. Additionally, the agency can introduce the importance of self-care during trainings for new social workers, and provide experiences from experienced child welfare social workers to give perspective to the new workers. Prior studies found that child welfare agencies are responsible in promoting the well-being of staff and play an important role in initiating wellness initiatives. Initiatives could include comprehensive staff trainings related to self-care, as part of orientation and in professional development. Also, supervision could include focus on self-care and the use of self-care/wellness accountability groups for team development (Miller et al., 2018). Additionally, a study by Kim and Stoner (2008) found managers and

supervisors need to focus on creating organizational strategies for decentralized and supportive working environment.

Future studies should include new child welfare social workers to get a better understanding of the study topic. By comparing responses and experiences of both experienced and new social worker a clearly understanding of how integrating self-care practice is similar or different based on demographics and factors. The study could be of use to inspire child welfare social workers, to be mindful of self-care practice, and to learn to integrate self-care in their daily life and practice. The study demonstrates how self-care can support child welfare social workers overcome the stressful demands of the job, while staying committed to the profession. Furthermore, the study communicates the need for further researcher on integrating self-care practice in child welfare practice to help reduce turnover.

Summary

The chapter outlines the communication method used to communicate the findings of the study to the participants, the termination of the study, and the ongoing relationships with the study participants, and dissemination plan. The chapter concluded with a brief discussion and implications of findings.

APPENDIX A
INTERVIEW QUESTIONS

Questionnaire for Research Study

Demographics

- 1) What is your current age?
- 2) What is your gender?
- 3) What is your current position at the agency?
- 4) How long have you been employed at the agency?
- 5) How long have you been working in the child welfare field?
- 6) What is your current level of education?

Self-care, Burnout, and Compassion fatigue

1. What is your understanding of compassion fatigue?
2. Have you ever experienced compassion fatigue? If yes, how did you cope?
3. What is your understanding of burnout?
4. Have you ever experienced burnout? If yes, how did you cope?
5. How do you leave your work at work? Please specify.
6. Do you monitor your emotional reactions at work? If yes, please specify.
7. What signs or behavior do you notice social workers present at your agency that show they may be experiencing burnout or compassion fatigue?
8. What is your understanding of self-care?
9. What specific methods of self-care do you practice at work or outside of work? If yes, please specify. If no, how do you cope with the demands of work and life?
10. How has the practice of self-care helped your overall wellbeing at work or outside of work?
11. Are there barriers or factors that prevent you from practicing self-care? If yes, how were you able to overcome barriers/factors that prevented you from self-care?
12. How has your agency supported your self-care practice? If yes, please specify. If no, what would need to be different at your agency that would support your self-care and wellbeing?
13. What issues do you think new social workers encounter that prevent them from self-care practice?
14. What would you suggest to a new social worker about self-care practice?

Developed by: Angelica Castro Castrejon

APPENDIX B
INFORMED CONSENT AND IRB APPROVAL



College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the practice of self-care implemented by child welfare social workers, to understand how the methods are seen as effective in decreasing the risks of burnout and compassion fatigue. The study is being conducted by Angelica C. Castrejon, a graduate student, under the supervision of Dr. James Simon, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore methods of self-care among child welfare social workers.

DESCRIPTION: Participants will be asked demographic and open-ended questions about their use of self-care methods and understanding of burnout and compassion fatigue.

PARTICIPANTS: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 30 to 60 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Simon at (909) 537-7224 (email: james.simon@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after June 2020.

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Angelica Castroton

Proposal Title: Self-Care, Burnout and compassion fatigue among child welfare social workers.

SW1969

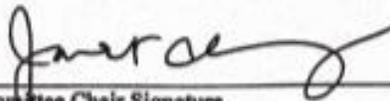
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- Approved
 To be resubmitted with revisions listed below
 To be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- Faculty and Investigator (Student) signature missing
 Missing informed consent Debriefing statement
 Revisions needed in informed consent Debriefing
 Data collection instruments revision
 Agency approval letter missing
 CITI missing
 Revisions in design needed (specified below)



Committee Chair Signature

6/17/2019

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX C
LETTER OF FOR PARTICPATION



College of Social and Behavioral Sciences
School of Social Work

Date

Dear Staff Member,

My name is Angelica Castrejon. I am a graduate student at California State University, San Bernardino conducting a research project. The purpose of the study is to explore methods of self-care among child welfare social workers, how the methods of self-care help, and how the methods of self-care can help reduce the risks of burn out and compassion fatigue. I am requesting your participation in the study, which involves an interview that will take approximately 30 to 60 minutes. Your participation is voluntary and ultimately your choice. If you are interested in participating, please contact me at (760) 587-3010 or email 003048018@coyote.csusb.edu.

Thank you for your time.

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REFERENCES

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006) Compassion fatigue and psychological distress among social workers: a validation study. *American Journal of Orthopsychiatry*, (76) 103-108.
- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2008) The compassion fatigue scale: Its use with social workers following urban disaster. *Research on Social Work Practice*, (18) 238-250.
- Chenot, D., Benton, A.D. and Kim, H. (2009).The influence of supervisor support, peer support, and organizational culture among early career social workers in child welfare services, *Child Welfare*, 88(5), pp. 129-48.
- Conrad, D. & Keller-Guenther, Y. (2006). Compassion fatigue, burnout, compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, (30) 1071-1080.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative health research*, 15(9), 1277-1288.
- Kim, H. & Stoner, M. (2008) Burnout and turnover intention among social workers: effects of role stress, job autonomy and social support. *Administration in social work*, 32(3) 5-25.
- Levin, A. G. (2003). Profession at risk: why are so many workers leaving the field of child welfare? Exploring the relationship between diversity, inclusion, supervisory support, stress, job satisfaction and intention to leave among public child welfare workers. Retrieved from ProQuest.

- Lieberman, M.A., Menaghan, E.G., Mullan, J. T., & Pearlin, L. I. (1981). The stress process. *Journal of Health and Social Behavior* (22) 337-356.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Series in applied psychology: Social issues and questions. Professional burnout: Recent developments in theory and research* (p. 19–32). Taylor & Francis.
- McFadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: individual and organizational themes from a systematic literature review. *British Journal of Social Work* 45, 1546-1563.
- Miller, J. J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. *Children and Youth Services Review*, 84, 137–142.
- Morris, T. (2013) Practice informed research methods for social workers. San Bernardino: Teresa Morris.
- Radey, M. & Figley, C. R. (2007) The social psychology of compassion. *Clinical Social Work Journal* 35, 207-214.
- Salloum, A, Kondrat, D., Johnco, C., & Olson, K. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review* (49) 54-61.
- Smullens, S. (2012). What I wish I had known: burnout and self-care in our social work profession. *New Social Worker*, 19(4), 6-9.