SELF CARE AND BURNOUT AMONG CHILD WELFARE WORKERS DURING THE CORONAVIRUS PANDEMIC

Stephanie Carranza
California State University - San Bernardino

Claudia Castillo
California State University - San Bernardino

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DURING THE CORONAVIRUS PANDEMIC

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Stephanie Carranza

Claudia Castillo

May 2022

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May 2022

Approved by:

Brooklyn Sapozhnikov-Levine, Faculty Supervisor, Social Work

Armando Barragán, M.S.W. Research Coordinator

ABSTRACT

The study was designed to explore associations between burnout and self-care practices among child welfare social workers and how they were impacted during the Coronavirus pandemic. The researchers completed a qualitative study with research participants by completing interviews via Zoom. All research participants composed of current and former child welfare social workers. Through the data gathered, the researchers found that there were no associations between burnout and self-care practices during the pandemic. It was concluded that burnout has remained consistent regardless of self-care practices prior and during the Coronavirus pandemic.

DEDICATION

We would like personally thank our families for their ongoing support through graduate school and not allowing us to give up on our goals. We love and appreciate you all.

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CHAPTER ONE

PROBLEM FORMULATION

Child welfare is an incredibly difficult job in the field due to the demanding nature of the work. Child welfare workers are exposed to high work demands and job stress which can lead to social worker burnout (Lizano & Mor Barak, 2012). Burnout, according to Font (2012), is defined as, "a psychological process comprising attitudinal (perceptive) and emotional (affective) responses to both work and personal experiences" (p. 637). It is important to understand different aspects of the job, as they can contribute to burnout. These attributes include but are not limited to the following: high caseloads, long work hours, low wages, and unsupportive management. Because burnout rates among child welfare social workers are high, the quality of the work being performed is compromised. As a result, the population served is negatively impacted causing social workers to be unable to perform the responsibilities of the job efficiently (Font, 2012).

Due to child welfare being a difficult field in social work, self-care practices are constantly promoted among child welfare agencies. Self-care practices include acts that enrich your well-being (Miller, Donohue-Dioh, Niu, Shalash, 2018). Self-care practices can help reduce stress caused by the workplace. As Miller, et al. (2018) stated, self-care may diminish the distress caused by the complex duties of a child welfare worker. It is essential for social workers to value the importance of self-care as it can help prevent and/or alleviate symptoms of burnout.

The dynamics of the world changed significantly due to the Coronavirus Pandemic (COVID-19). Governments ordered communities to self-quarantine and utilize social distancing measures to prevent the spread of the virus which impacted daily living (Lades, Leonhard K, Laffan, Kate, Daly, Michel, & Delaney, Liam, 2020). Schools and businesses were shut down abruptly and while many were left unemployed, essential workers were obligated to continue working. Essential workers, such as child welfare workers job duties were impacted as a result. Measures such as working from home were put in place and other functions of the job were affected. It is unknown if the changes negatively or positively impacted child welfare workers self-care practices and levels of burnout during the COVID-19 pandemic.

Significance of the Project for Social Work Practice

At the macro and micro levels, the most notable consequences caused by burnout include high turnover rates and a decrease in personal self-care and well-being, which may result in familial and/or marital issues. According to Font (2012), "Annual worker turnover in child welfare agencies averages between 20 and 40 percent nationally, costing agencies both financially, through recruitment and training costs, and qualitatively, through having an inexperienced workforce, staff shortages, and discontinuity in the relationship between caseworkers and families" (p. 636). Due to lack of support at the management level social workers are ultimately left with no option but to resign their positions. In addition, this

causes children and families to have constant disruptions throughout the course of their case as they are involuntarily being assigned to new and inexperienced workers which places child welfare social workers and child welfare agencies at higher risk of liability when critical incidents occur, such as child fatalities.

As previously mentioned, lack of practicing adequate self-care may result in high burnout rates. Miller, and colleagues (2018), conducted a study of child welfare workers and their self-care practices. The study found social workers self-care practices are ineffective. Although, public child welfare agencies promote self-care to prevent worker burnout, agency policies regarding vacation time are stringent. Not only do agencies require vacation notices months in advance and place contingencies on requested time off, agencies are also known to overload staff with tasks to complete prior to their scheduled time off, therefore, making it more troublesome for workers to take time off and practice self-care. As a result, self-care practices are jeopardized and can impact personal relationships. Subsequently, causing stress within interpersonal relationships and can be magnified due to high stress in the workplace (Jayaratne, 1986). Life outside of the work environment can be negatively impacted due to the high demands of the job and agencies strict policies.

Purpose of the Study

The purpose of the study is to investigate if/how the Coronavirus pandemic may have had an impact on those who work in public child welfare

agencies. The research question for this study is: During the COVID-19

pandemic, how has self-care and burnout changed among child welfare workers?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The field of child welfare is challenging due to its high work demands. Child welfare social workers face an immense amount of stress due to the high demands of the profession which can cause high turnover rates, a decrease in personal self-care and well-being, and other long-term emotional impacts.

The literature review will discuss employment characteristics, retention rates, and the impact of lack of self-care. The literature review will discuss the correlation between the lack of self-care and burnout among child welfare workers. In addition, the theories guiding conceptualization are the following: the role stress theory, person environment fit theory, and the multidimensional theory of burnout. The researchers will examine how these theories are relevant in the child welfare profession.

Employment Characteristics

Within any large or small child welfare agency, there are many roles and functions that are necessary to ensure continuum of care for minor dependents. To members of the public, social workers are perceived as single function occupations, when in reality, there are a wide variety of roles in the social work profession. It is important to note that within a large child welfare agency, social workers play different roles to ensure child safety. Some of those are the

following; investigative social workers, court dependency social workers, continuing services social workers, placement social workers, medically fragile social workers, court services social workers, and non-minor dependent social workers. Although there are many personal development opportunities within child welfare agencies, it is known to be difficult to either promote or transfer to a new position. According to the article, *Burnout in Child Welfare; The Role of Employment Characteristics and Workplace Opportunities,* there are "four work-related needs: achievement, autonomy, affiliation and power" (Font, S., 2012, p. 638). It is important for child welfare social workers to not only feel acknowledged but also to know they have opportunities for advancement and growth. However, the lack of the abovementioned work-related needs causes social workers to question their abilities to perform well which could result in burnout.

The social work profession is predominantly viewed in a negative light by the public and when members of the public are brought to the attention of the child welfare system, they are often dissatisfied. Generally, members of the public are involuntarily referred, and child welfare workers must work with their resistance. According to the article, "in child welfare, where client involvement is often involuntary and public discourse about the field is primarily negative, agency recognition of achievement and dedication may be particularly important…those working with vulnerable or stigmatized populations tend to feel unappreciated and unrewarded for their work" (Font, S., 2012, p. 639). In addition to child welfare social workers lacking acknowledgment and recognition for ensuring child safety within their communities, they also do not receive praise,

support, or acknowledgement from their superiors. Minor modifications such as words of encouragement, support, and understanding could significantly impact a social worker's overall satisfaction and job performance.

Not only do child welfare agency workers work with dangerous populations but they also complete home visits, at any given time of the day, to ensure the well-being of children who reside with parents/caregivers who are struggling with mental health disorders, have extensive criminal history such as issues related to domestic violence, have a history of substance abuse, and gang affiliations (Ellett, A., Ellis, J., Westbrook, T., Dews, D., 2007). Child welfare social workers risk being assaulted by members of the community due to their role. Unlike law enforcement agencies, social workers are not trained in defensive tactics nor do they carry a weapon for personal safety and protection. It is also the norm in child welfare for social workers to complete home visits unaccompanied by a colleague due to limited staff and because it is frowned upon by managerial staff.

<u>Retention Rates</u>

It is not uncommon for child welfare social workers to end their careers early due to but not limited to, the following reasons: high caseloads and high work expectations, lack of support by management, and high levels of stress working with vulnerable populations. As noted in the article, *Retention of Child Welfare Workers: Staying, Strategies, and Supports*, "although people enter the field with a desire to improve the well-being of children, youth and families, the high turnover rate seems to indicate that employees' vision of helping to

strengthen families may not be able to withstand the realities of work" (De Guzman, A., Craver-Roberts, T., Leake, R., Rienks, S., 2020, p.61).

It is common that child welfare agencies take advantage of their employees and have no regard of their employees when they are assigned an unmanageable workload, which ultimately leads to low retention and high turnover rates. According to the article, *Child Welfare Reform: The Role of Federal Court Oversight in Child Protective Service Workers' Caseloads,* "high caseloads have been linked with workers leaving the child welfare system. A large body of literature suggests that caseload size contributes to child welfare workers' decisions related to retention and turnover" (Lee, J. Y. 2021, p. 156). Further, the article stated when workers have high caseloads it is likely workers will leave their position or make mistakes that can harm children leaving the agency at risk (Lee, J.Y. 2021). When workers have a wealth of experience in child welfare, they are more likely to remain employed due to job security, health insurance benefits, and becoming complacent with the work environment. As child welfare workers continue to build their experience and remain employed for several years for an agency, they start to become comfortable and accept the status quo of the occupation. However, inexperienced and younger child welfare workers who often have a higher education, do not remain employed for a long period of time as they have access to more employment options. According to the Anne E. Casey Foundation (2018), "Some child welfare agencies see 90% of their staff depart over the course of a year." As previously mentioned, it is predominantly new workers who leave their positions to seek new job

opportunities. Child welfare organizations take on financial burdens when employees are constantly leaving their positions. The Annie E. Casey Foundation (2019), indicated the average cost of one child welfare social worker who leaves the organization can cost up to $54,000.

Rather than organizations solely focusing on retaining new employees, another essential function and focus should be to ensure the needs and satisfaction of long-term employees as they are more prone to remaining with the organization for years and are also more likely to retire from the organization. Giving long term employees incentives such as pay increases, more paid time off, and acknowledgment/support, would create an optimistic and desirable work environment. When workers are not satisfied with their employer due to lack of support, they are likely to perform mediocre work or have excessive absences due to feeling overwhelmed and continuously having thoughts of resigning. According to the Anne E. Casey Foundation (2019), there are four approaches that can be taken by organizations to ensure worker retention, "conducting annual surveys, hosting focus groups and retention interviews, recognizing the trauma and emotional challenges that come with the job, and paying attention to employee subgroups"(para.3). In summation, child welfare organizations benefit from having employees who are content with their role in order to prevent critical incidents with a child in care or in an investigation and to ensure quality work is being produced by its employees.

Supervisor support, or lack of, has a direct impact on both new and old employees and their decision to leave a child welfare organization. Supervisors

who make it a point to provide their employees with adequate guidance in order to prevent them from getting lost in the demands of the job, is essential in the child welfare profession, and therefore should not be overlooked (Chen, S. & Scannapieco, M., 2010). Supervisors play an essential role in retention rates and ensuring their employees feel satisfied and supported.

Impact of Lack of Self Care

Although child welfare is a helping profession, it is seldom rewarded or praised by the public. Child welfare social workers are often exposed to trauma and may experience vicarious trauma at a comparable rate to other known stressful occupations such as law enforcement, or those in the medical field. According to the article, *The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers,* trauma has been identified in helping fields such as child welfare and has been described as having feelings of "psychological distress" and feelings of "posttraumatic stress symptoms" due to working with clients who have experienced trauma (Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. 2015). It is important to understand the negative impacts to the community that could result if child welfare workers do not practice self-care on a routine basis. This is because social workers would eventually begin to complete mediocre work due to the high workloads and unreasonable expectations to complete the work. When less attention is focused on ensuring child safety in the field, due to constantly having to manage several responsibilities, the more prone social workers are to make mistakes that could impact the life of a child. Not only are social workers having to deal with the

stress of liability if a critical incident surfaces on their open investigation or case, but they also must deal with the pressure from managerial staff to meet deadlines timely or else they are told they will be written up for failure to do so. This becomes an issue when workers attempt to practice proper self-care because they are unable to take time off routinely. It is known that practicing proper self-care would mitigate burnout and stress associated with this line of work (Miller, Donohue-Dioh, Niu, Grise-Owens, & Poklembova, 2019).

Some studies suggest engaging in self-care practices may decrease the effects of burnout in social workers. Miller et al. (2018), concluded that "workers who engaged in apposite self-care experience higher levels of compassion satisfaction and lower levels of burnout" (p.138). Self-care practices can look different for many individuals. To some it can be working out, participating in leisure activities, going on a trip, journaling, etc. No matter what self-care activity a person partakes in, the impact is significant and could alleviate some level of stress and prevent burnout. Words of acknowledgment in a high stress workplace can go a long way yet this continues to be uncommon among the child welfare profession. If child welfare organizations placed more attention on ensuring social workers were practicing adequate self-care while on the job, they would feel they are being cared for by their organization. If these organizations made it a point to ensure social workers left work timely, took their lunch and breaks throughout the workday, and showed compassion for all their work efforts, social workers would feel appreciated rather than unappreciated, overwhelmed, and overworked.

Theories Guiding Conceptualization

Researchers have found some theories that apply to this area of interest included but not limited to, role stress theory, person environment fit theory, and multidimension theory of burnout. These theories are guiding the research as they are explaining the correlation between stress and burnout. This research project will be discussing the lack of self-care and the correlation with burnout among child welfare workers. These theories relate to the research project because they will help explain behaviors among child welfare workers and their levels of stress while at work.

According to role stress theory, individuals have a variety of high demand roles in their personal and professional lives (Nordenmark, 2004). Similarly, child welfare social workers must take on a wide range of responsibilities. A common misconception of child welfare workers is that they only complete child removals and work specifically with children. However, this is not the case. To name a few, child welfare social workers complete some of the following tasks/roles: an unfathomable amount of paperwork, Court report writing, consulting with managerial staff and legal representatives, provide resources to families, provide transportation services, supervise visitations, complete safety and risk assessments, generate case plans for families, and participate in child and family team meetings. In addition, social workers must also collaborate and complete joint assessments with law enforcement and medical professionals. Nordenmark (2004), indicates taking on multiple roles creates an interference among the different roles which could lead to feeling fatigue and overwhelmed. The role

stress theory is fitting for child welfare social workers due to the multiple roles they fulfill on a daily basis which could eventually result into burnout.

The authors, Edwards, J. R., Caplan, R. D., & Van Harrison, R. (1998), indicate that the "the core premise of person environment fit theory is that stress arises not from the person or environment separately, but rather by their fit or congruence with one another" (p. 2). As expected, when beginning a new career, individuals experience a honeymoon phase and normally have an optimistic and eager attitude. Over time, characteristics of the work environment begin to take a toll and these same individuals who were once optimistic, develop a cynical attitude about their job. Comparably, child welfare social workers begin their careers ready to ensure child safety and to ensure the preservation of families. However, they quickly realize the reality of the profession and its unfeasible expectations. When this happens, individuals begin to feel burnt-out and overwhelmed due to constantly working in this type of environment.

The multi-dimensional theory of burnout "conceptualizations burnout in terms of its three core components: emotional exhaustion, depersonalization, and reduced personal accomplishment" (Maslach, 1981, p. 69). Maslach continues on by explaining the three core components of the multi-dimensional theory. First, emotional exhaustion, which is described as an inability to perform the job requirements due to employee's feeling enervated. Second, depersonalization is when an individual becomes detached from their occupation due to continuous negative thoughts and exhaustion. Lastly, reduced personal accomplishment is when individuals feel they are no longer efficient in the

workplace (Maslach, 1981). All of the components of the multi-dimensional theory of burnout are applicable to child welfare workers. As previously mentioned, child welfare is one of the most difficult fields in social work. Working in child welfare can take a toll on one's physical and mental health throughout a social worker's career and if mental health symptoms are ignored, social workers eventually experience all three components of burnout, per the multidimensional theory.

CHAPTER THREE

METHODS

Introduction

This section will explain the methods employed for this qualitative study. The researchers sent emails to ten possible participants, requesting their participation in the research study. Out of the ten possible participants, the researchers received a response from six participants indicating they were willing to participate in an interview. The researchers made arrangements with the participants to complete the interview via Zoom, in an effort to prevent any possible health risks due to the Coronavirus pandemic. Participants composed of six current and former child welfare social workers.

This section will discuss the study design used to explore themes of burnout and self-care practices among child welfare social workers and if/how they were impacted during the COVID-19 pandemic as well as how participants were selected, the data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The study design that was selected is exploratory as a better understanding of the problem was needed. The researchers aimed to explore burnout and self-care practices among child welfare social workers and if/how they were impacted during the COVID-19 pandemic by conducting open ended

semi structured interviews with participants. Questions were designed to explore associations between self-care, burnout, and COVID-19. Some of the questions asked during the interview are as follows: Have you experienced burnout while working as a child welfare social worker? Has this changed since COVID-19 began, if so how? How often do you practice self-care? How has COVID-19 impacted your self-care practices? Do you believe you would have lower levels of stress and burnout if you practiced regular self-care? The interview process ranged from 30 minutes to one hour with each participant.

Sampling

The researchers utilized a nonprobability snowball sampling in the study. They emailed child welfare social workers who they have a personal relationship with and requested their participation in the study. The goal was to obtain a total of five to ten research participants.

Once the participants were identified the researchers emailed each participant a Zoom link that directed them to initiate the interview with the researchers. Participants also received an informed consent form via email. The researchers received a 60% response rate. The participant interviews composed of four females and two males ranging from age 30 to 58 years old. Ninety percent of the participants identified themselves as Hispanic, while 10 percent identified as Caucasian. The average amount of years employed as child welfare social workers was twelve years.

Data Collection and Instruments

The researchers utilized ordinal measures to determine levels of satisfaction by integrating scaling questions into the interview being conducted with the participants. For example, they asked participants how satisfied they were with their self-care practices (very satisfied, satisfied, mutual, unsatisfied, and very unsatisfied). The researchers also asked participants scaling questions regarding stress levels, support levels etc. The researchers also used nominal measures. Examples of the nominal variables that were used are the following: name, gender, level of education, job title, ethnicity, type of self-care practices (exercise, reading, family time, vacations, etc.), and duration of employment as a child welfare social worker. Furthermore, they asked participants open-ended questions to follow-up regarding specific experiences the participants have had pertaining to their self-care practices, or lack of, their experiences with burnout, service delivery, and stress. These questions were formulated as a result of the researchers' experiences as well as what the literature explains with an aim of exploring any relationship between lack of self-care practices and burnout in the climate of the coronavirus pandemic.

Protection of Human Subjects

The risks of participation in the study were possible discomfort when answering questions. However, participants had the right to skip questions and terminate their participation at any time during the interview. There were no direct benefits to the participants.

Participants and their responses were kept confidential as the researchers transcribed and coded the responses gathered from the interview. Identifiable information was also safeguarded. No data will be presented in a format that would allow the identity of a participant to be discovered. Information is stored on a Google drive through the researchers California State University, San Bernardino account. The data will be destroyed 3 years after the project ends.

Procedures

The data was completed using a qualitative study through interviews with the research participants. Per the textbook, *Social Work Research and Evaluation: Foundations of Evidence Based Practice*, "qualitive data analysis is a process that involves coding the data set dividing the text into small units (phrases, sentences, or paragraphs), assigning a label to each unit, and then grouping the codes into themes (Grinnell, R. M., & Unrau, Y.A., 2013, p.708). The researchers transcribed and coded the interviews in order to identify themes, and connected the responses given by the participants in effort to answer the research question.

The researchers then color coded the themes noticed regarding burnout, stress, lack of support, lack of self-care practices, high caseloads etc. They then made connections and compared any reoccurring or consistent themes found within the data. After identifying themes, the researchers broke them down and identified all sub-themes such as the following: gender, race, position title, and years of experience, in order to determine whether they had a direct correlation with burnout among child welfare social workers. The researchers were

cognizant of any unexpected themes that may have emerged from the interviews

as the responses gathered from the research participants conveyed new

information that the researchers were not aware of through their personal

experiences as child welfare social workers.

CHAPTER FOUR

EVALUATION

Data Analysis

The participant interviews composed of four females and two males ranging from age 30 to 58 years old. Ninety percent of the participants identified themselves as Hispanic, while 10 percent identified as Caucasian. The average amount of years employed as child welfare social workers was twelve years. Four participants obtained their bachelor's degree in social work or a related field (Social and Behavioral majors). Two participants have their master's degree in social work.

The following themes emerged from the interviews completed: burnout, service delivery pre/post COVID-19, high caseloads, lack of support, self-care practices pre/post COVID-19.

Burnout

The participants were knowledgeable about the topic of burnout and its effects. For example, participant one defined burnout as, "feeling overwhelmed, tired, angry, on edge, ambivalent, and finding less and less pleasure in what you do." Participant four explained burnout for them was, "Not being able to maintain healthy boundaries with work, such as continuing to work even after my shift is over just to make sure the work is done." It is evident that the participants awareness and knowledge of burnout speaks to its prevalence in the child welfare profession.

<u>Service Delivery Pre/Post COVID-19</u>

A significant theme discussed during the interviews was service delivery pre and post COVID-19. When the researchers asked participant five about service delivery pre COVID-19, they responded, "I'm not able to spend a lot of time with my clients because of how much work I have to do in a day which causes me stress because I'm not doing a good job servicing my clients and I'm not able to thoroughly assess for child safety." Participant one expressed, "I'm not as compassionate with clients and I rush them when I speak to them because I have so much work to do and don't have time to stay on the phone listening to them ramble on."

When asked about service delivery during COVID-19, participant five stated, "Nothing has changed since the pandemic started, we continued to service our clients as before." Participant one indicated they have been "more available" to their clients as they have been able to "work from home full-time" which has made it made it more convenient to complete a majority of the work via telephone versus in-person. However, they mentioned this new process has affected the rapport building process with their clients and they no longer meet in-person, as they did prior to the pandemic.

The responses showed that the pandemic did not negatively impact all participants service delivery following the pandemic. To some participants the service delivery remained the same while others described an improvement in their service delivery due to the pandemic.

High Caseloads

High caseloads was a prominent theme that emerged from the interviews with the participants. All six participants expressed their concerns with high caseloads. Participant two specifically reported, "When you have a caseload of 50 referrals and 30 plus cases but per policy the average referral load is twelve per month and the average caseload is twenty with the expectations and demands remaining the same by supervisors and managers." Participant three expressed, "I had to take a leave of absence to focus on my mental health that's how high my caseload was."

The findings that emerged from the participants regarding high caseloads show the mental burden faced by child welfare workers and the direct correlation it has with burnout.

Lack of Support Pre/Post COVID-19

When we questioned participants about their thoughts regarding the support they receive within their agency, they all reported they do not receive any support. Participant four said, "There has never been much support within the agency and now with COVID-19 the situation has only become worse. They do not want to provide us with essential work materials required to complete the job and we have to pay out of pocket for these things." Participant five stated, "There have been no changes as my agency continues to show little to no support."

It is evident from the responses received that public child welfare agencies lack adequate support for their employees which directly impacts their thoughts and attitudes towards the job. This could also correlate with burnout but it does

not appear that there were any changes regarding the amount of support received pre and post the pandemic.

<u>Self-Care Practices Pre/Post COVID-19</u>

Half of the research participants indicated they participated in self-care practices often while the other half reported they practice self-care sometimes. Participants expressed the COVID-19 state mandates such as lockdowns directly affected their self-care practices as they were unable to participate in their self-care routines. When asked how COVID-19 has impacted their self-care practices, participant one said, "I'm painstakingly more stressed out because I have a young child at home and COVID scares the crap out me but things like going out on the weekends are now more stressful and less relaxing than they used to be." Participant four said, "Honestly for me the pandemic has actually been a blessing in disguise, it has reminded me that I must take care of myself. Because of it (pandemic) I began to practice self-care."

Furthermore, participant three expressed frustration regarding the pandemic and not being able to practice self-care. They said, "It was annoying that I was expected to continue working and exposing myself to the virus but yet I couldn't use my time off to exercise outside or go to the gym which was hard to process and accept.

While most participants struggled with being able to practice their normal self-care practices due to the restrictions placed as a result of the pandemic, the experiences of another social worker's self-care practices were positive as they were able to prioritize their self-care during the pandemic.

Summary

Chapter 4 discussed the execution of the study. The researchers discussed the implementation methods, the study design, data collection, sampling, data analysis, and the protection of human subjects. This chapter also discussed how the researchers gathered their research participants, what they did with the information gathered, and the importance of finding themes and subthemes within the data in an effort to explore whether there was a relationship between self-care, burnout, and the COVID-19 pandemic.

CHAPTER FIVE

DISCUSSION SUMMARY/CONCLUSION

Discussion Summary

In reviewing the data obtained, the researchers found that the most common theme mentioned by the participants was high caseloads, which was expected. During the interviews conducted, all participants essentially reported having an unrealistic caseload while also having to meet managerial expectations causing them to feel the effects of burnout. It appears self-care practices and burnout has not significantly changed among the participants in this study during the COVID-19 pandemic. Participants expressed that regardless of their regular self-care practices, burnout has remained consistent due to demanding nature of the job.

Researchers found that although the COVID-19 pandemic brought relief to some participants, such as being able to work from home full-time, it also brought additional stressors to participants such as lack of proper rapport building with children and families they service, and lack of accessible work materials while working from home. Another unexpected response gathered from the data was that ten percent of the participants reported improving their self-care practices during the pandemic, whereas the remainder of the participants reported being unable to participate in their normal self-care practices.

<u>Areas to Improve</u>

Although the researchers gathered significant information from this study, they acknowledge there were areas to improve within the study. Some of the necessary improvements include a more diverse sample as not all race/ethnicities were properly represented. The researchers also did not gather data from newly hired child welfare workers as the average years of experience was twelve years. In addition, the researchers would like to obtain data from more male participants as their insight is underrepresented in child welfare.

<u>Implications for Micro and Macro Practice</u>

The researchers found that managerial support is essential for child welfare social workers to provide quality service delivery and to increase worker longevity among child welfare agencies. Minor changes such as acknowledging social workers for their work and showing them more empathy would improve the overall moral of the work environment. Managerial support should promote essential self-care practices such offering additional paid time off, reduced memberships for physical activities, ensuring staff leave from work on time, and provide easier access to mental health services. Creating a positive work environment would assist with increasing retention rates and would help reduce the effects of burnout among child welfare agencies.

The implications for macro practice include an ongoing concern for child welfare agencies low retention rates. If child welfare agencies continue to struggle with maintaining educated and experienced staff, they will continue to experience high turnover rates. As previously mentioned, child welfare agencies

will also continue to lose money from training new staff members who will eventually not remain employed over a long period of time. It is also important to consider changes being made to current policies that are mindful of staff members and their mental well-being. However, it is very common for policy makers and managerial staff to forget what is happening in the field when modifying and creating policies for practice.

<u>Termination and Follow-Up</u>

Research participants were provided with a debriefing statement at the end of the interviews in addition to resources which included but were not limited to, self-care resources and mental health services. Research participants were informed they would be able to access the results of this study in the California State University, San Bernardino Pfau Library Database. The participants were also informed their recorded interviews and transcriptions were destroyed upon completion of the study.

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

May 5, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-171

Brooklyn Sapozhnikov Claudia Castillo, Stephanie Carranza

CSBS - Social Work, Users loaded with unmatched Organization affiliation.

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Brooklyn Sapozhnikov Claudia Castillo, Stephanie Carranza:

Your application to use human subjects, titled "Self-Care and Burnout Among Child Welfare Workers" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does

not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the Project Restart and Continuity Plan**.**

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.

- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-171 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair

CSUSB Institutional Review Board

ND/MG

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine burnout and self-care practices among child welfare social workers. The study is being conducted by Stephanie Carranza and Claudia Castillo, graduate students under the supervision of Dr. Brooklyn Sapozhnikov-Levine, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore associations between burnout and self-care practices among child welfare social workers and how they were impacted during the COVID-19 pandemic.

DESCRIPTION: Participants will be asked questions regarding the experience in child welfare, self-care practices, and burnout.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be destroyed once study has been completed.

DURATION: The interview will take between 20 to 30 minutes to complete.

RISKS: The risks of participation in the study will be possible discomfort in answering questions asked. However, you will have the right to skip questions and terminate your participation at any time during the interview.

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. Brooklyn Sapozhnikov-Levinevia email at

Brooklyn.Sapozhnikov@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library

ScholarWorks database

(http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino

after July 2021.

****

****

I agree to have this interview be audio recorded: _____ YES   _____ NO

I understand that I must be 18 years of age or older to participate in your study,

have read and understand the consent document and agree to participate in your

study.

Place an X mark here

Date

APPENDIX C

INTERVIEW QUESTIONS

DEVELOPED BY STEPHANIE CARRANZA AND CLAUDIA CASTILLO

INTERVIEW QUESTIONS

Age:

Gender:

Ethnicity:

Current Position/Title:

What is your level of education?

How long have you worked in child welfare services?

Brief Description of duties:

What do you like the most about your job? Why?

What do you like least about your job? Why?

Are you satisfied with the work that you do? Why or why not?

Do you feel your work is meaningful? Why or why not?

Do you feel personally accomplished? If so, how?

Do you feel that has changed within the last year? Why or why not?

Do you feel your job duties are stressful? Why or why not?

How do you practice self-care?

How often do you practice self-care? (very often, often, neither, sometimes, not at all)

How has COVID-19 impacted your self-care practices?

Do you believe you have enough paid time off (sick time, vacation time) to be able to practice good self-care?

Do you feel you have adequate support within the agency you work for?

Has this changed during COVID-19? (increased or decreased, explain)

Who is your support system and type of support do they provide? Please explain.

Do you feel you receive adequate support from supervisors and/or managers?

How has that changed within the last year during COVID-19?

How would you describe burnout?

Have you experienced burnout while working as a child welfare social worker?

If so, what does this look like for you?

What causes burnout for you?

How often do you feel burnt out?

Has this changed since COVID-19 began? If so, how?

Do you currently feel emotionally exhausted? If so, please provide an example.

Do you believe having more paid time off would help you practice better self-care?

Do you believe not practicing self-care has caused you to feel burnt out?

Do you believe you would have lower levels of stress and burnout if you practiced regular self-care?

Has your service delivery been affected due to your level of burnout and stress? If so, how?

Has your service delivery changed since COVID-19 began? If so, how?

APPENDIX D

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was designed to explore associations

between burnout and self-care practices among child welfare social workers and

how they were impacted during the COVID-19 pandemic. The researchers are

interested in assessing current child welfare social workers self-care practices

and how/if it affected burnout levels during COVID-19. This is to inform you that

no deception is involved in this study. Thank you for your participation. If you

have any questions about the study, please feel free to contact Brooklyn

Sapozhnikov-Levine at Brooklyn.Sapozhnikov@csusb.edu.

Please feel free to utilize these self-care resources if you believe you are

experiencing burnout by clicking the links below;

http://socialwork.buffalo.edu/resources/self-care-starter-kit/introduction-to-self-

care.html

https://socialworklicensure.org/articles/self-care-tips/

https://online.simmons.edu/blog/self-care-for-social-service-professionals/

If you're suffering from anxiety or depression, please seek out a mental health

professional. If you're feeling suicidal, call the National Suicide Prevention

Lifeline for help at: 1-800-273-8255

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ASSIGNED RESPONSIBILITES

This was a two-person project where authors collaborated throughout.

However, for each phase of the project, certain authors took primary

responsibilities. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Stephanie Carranza and Claudia Castillo

2. Data Entry and Analysis:

Team Effort: Stephanie Carranza and Claudia Castillo

3. Writing Report and Presentation of Findings:

a. Introduction and Literature:

Team Effort: Stephanie Carranza and Claudia Castillo

b. Methods:

Team Effort: Stephanie Carranza and Claudia Castillo

c. Results:

Team Effort: Stephanie Carranza and Claudia Castillo

d. Discussion:

Team Effort: Stephanie Carranza and Claudia Castillo