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# OCCUPATIONAL STRESS IN CHILD PROTECTION SOCIAL WORKERS

by Kristina M. Narcum

#### A Thesis

Submitted in partial fulfillment of the requirements of the Master of Arts in School Psychology Degree of The Graduate School at Rowan University April 22, 2005

Approved by

Date Approved  $\frac{5}{03}/05$ 

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#### **ABSTRACT**

# Kristina M. Narcum OCCUPATIONAL STRESS IN CHILD PROTECTION SOCIAL WORKERS 2004/2005

Dr. John Klanderman and Dr. Roberta Dihoff Master of Arts in School Psychology

The purpose of this study is to examine if social workers in a child protection agency report greater levels of stress than individuals working in other professions. Paper-and-pencil versions of the Pressure Management Indicator (PMI) questionnaire were distributed to all participants as a measure of occupational stress. Participants' responses were analyzed using an independent samples *t*-test to examine whether there was a statistically significant difference between the responses of the two groups. There were significant findings in nine out of twenty-four subscales of the PMI. The results from these areas show that the social workers feel more insecure about the stability of their organization, feel more anxious, and they have less energy and feel more tired when compared to those in other professions. Further, social workers report greater pressure as a result of workload, organizational climate, personal responsibility, home/work balance, and daily hassles. The results also show that social workers utilize social support more than other types of employees. Implications of the results are discussed.

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"Whether you believe you can do a thing or not, you are right."
-Henry Ford

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#### CHAPTER ONE – THE PROBLEM

#### Need

Many employees undergo stress as a normal part of their jobs, but some experience it more severely than others. Job stress can affect individuals physically and psychologically. Physical symptoms include headaches, stomach problems, sleep disturbances, chronic fatigue, muscle aches and pains, and chronic mild illnesses. Some long term physical symptoms include hypertension, heart disease, ulcers, and strokes. Psychological symptoms include forgetfulness, anger, frustration, anxiety, irritability, and depression. On a more long term basis, job stress can result in serious depression, suicidal behavior, alcoholism, substance abuse, and "burnout" (Cahill, Landsbergis, & Schnall, 1995).

Occupational stress can lead to extensive absenteeism and diminished productivity. For employers, the effects of stress on employees can be very costly in compensation claims, health insurance, and direct medical expenses (Cahill et al., 1995). The Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses classifies occupational stress as "neurotic reactions to stress." There were 3,418 such illness cases in 1997. The median absence from work for these cases was 23 days, more than four times the level of all nonfatal occupational injuries and illnesses. And more than two-fifths of the cases resulted in 31 or more lost work-days, compared to one-fifth for all injury and illness cases (Webster & Bergman, 1999).

Stress and burnout for social workers and those in the healthcare profession have received increasing attention in the literature. Most writers suggest that social work is a

highly stressful occupation, with stress deriving in particular from role conflict between client advocacy and meeting agency needs (Lloyd, King, & Chenoweth, 2002). Other sources of stress in social in social work are high caseloads, increasing accountability, poor supervision, excessive overtime, high job demand, low job control, and lack of input into decisions.

When social workers find themselves stressed out and overwhelmed, the impact is vast. Consider a situation where a child welfare worker carrying a caseload of onehundred children at risk for child abuse and/or neglect is suffering the symptoms of stress. After a year of two to three day stints of calling out sick, the worker is finally ordered by a physician to take a leave of absence. Those one-hundred children are now vulnerable and are not getting the supervision that they need. The cases sit, unattended, for a few months while only the immediate crises are handled on an as-needed basis. In an effort to remedy this problem, the worker's caseload is now dispersed among other workers in the office, further increasing their caseloads and taking valuable time away from their existing clients. Conditions have worsened for many of the families as their needs have been ignored and no services have been provided. The children and families are now exposed to someone else who will know the most sensitive and private details of their lives. Children learn to distrust the workers. Parents have lost the respect for the authority of the agency – after all, they haven't heard from anyone in months. In the meantime, another worker is feeling stressed out and overburdened and the cycle is about to begin again. Although this scenario is hypothetical, it is quite common and all too real to many child welfare workers who serve at-risk children.

The researcher of the present study has been employed as a social worker for a child welfare agency for almost five years. Talk of "stress" and employees being on "stress leave" has been a constant theme throughout the five years. Workers are constantly ill and many of them are taking prescription medications for psychological troubles, such as depression, or for physiological symptoms, such as stomach problems. It has been observed that this theme is unique to this profession compared to other jobs held by the researcher. Further, friends and family in other professions do not report this focus on stess to the same degree. In a profession that is established to help and serve others, it is detrimental to all involved for social workers to be enduring such stress. Therefore, there is a need to examine this trend as realized by the researcher.

#### Purpose

The purpose of this study is to examine if social workers in a child protection agency report greater levels of stress than individuals working in other professions. Specifically, the study will look at a sample of workers who are employed by the New Jersey Division of Youth and Family Services (NJ DYFS). A stress index questionnaire will be given to the DYFS employees, as well as to individuals working in other non-related professions in order to determine if the DYFS employees suffer greater levels of stress.

#### Hypothesis

It is proposed that the DYFS child protection workers will show greater levels of stress than those working in other, non-related professions. All subjects will be given a comprehensive occupational stress questionnaire to complete on their own. The researcher will then collect the completed questionnaires and score them according to the guidelines of the test makers. The DYFS workers' scores will then be compared to the

scores of the subjects in other professions to distinguish if the DYFS workers show greater levels of occupational stress.

#### Background

Information about the Division of Youth and Family Services can be found on the DYFS Web site (www.state.nj.us/humanservices/dyfs). The Division of Youth and Family Services is New Jersey's child protection/child welfare agency. The mission of DYFS is to ensure the safety, permanency, and well-being of children and to support families. DYFS is responsible for investigating allegations of child abuse and neglect and if necessary arranging for the child's protection and the family's treatment. In 2002, there were over 3,400 staff and thirty-two district offices to handle referrals and investigations statewide. The number of staff and offices continues to grow each year, with the increasing population and need for such services in New Jersey.

In addition, DYFS operates a 24-hour hotline to receive reports of suspected child abuse and neglect during evening, weekends, and holidays. This Office of Child Abuse Control (OCAC) is linked with a statewide network of Special Response Unit (SPRU) workers who respond to emergency reports. Each year DYFS provides services and support to over 75,000 children and families through 900 community agencies. These groups provide hundreds of programs including parenting skills, respite care, counseling, and homemaker services.

If a child has been harmed or is at risk of harm, DYFS may ask the family court to place the child in foster care. If the family court determines a child can not be safely returned home from foster care, DYFS will begin adoption planning. Adoption services are provided by six regional Adoption Resource Centers (ARCs). Through its licensing

unit, DYFS also conducts safety inspections of programs such as child care centers, foster and adoptive homes, children's group homes, juvenile shelters and residential facilities.

In addition, it investigates complaints and conducts Child Abuse Record Information

(CARI) background checks to ensue the safety and well-being of children in these programs.

The most important responsibility for DYFS is receiving, responding to and investigating allegations of suspected child abuse or neglect. Each year since 1993, the Division has received more than 67,000 requests for intervention and services. These numbers include referrals for child abuse/neglect, family problems, juvenile problems, adoption and others. DYFS also provides social services, either by direct provision or through referral to community providers, in family situations where child maltreatment has been substantiated and/or where family disorganization requires intervention.

A statewide network of 32 local District Offices delivers the Division's protective services/family support services. On any given day, DYFS staff in these offices provides services to almost 50,000 children and their families. In addition, the DYFS Institutional Abuse Investigation Unit (IAIU), comprising a central administrative/screening unit and four regional investigative offices, responds to allegations of abuse/neglect of children in out-of-home facilities and foster homes and takes action, as necessary, to ensure the safety of these children.

Full-time DYFS workers in the District Offices are contracted to work a 35-hour week, Monday through Friday, from 9:00 am to 5:00 pm; however, most occasionally work evenings and some even work on weekends. Evening work is often required if an emergency situation that began during work hours has not been resolved by the end of the

work day. For example, if a referral requiring an immediate response is forwarded to a District Office at the end of the day, a worker must begin the investigation at that point. Further, if a worker needs to remove a child from a home, there is a lengthy process that follows which includes pursuing parental consent or notifying the parents of a court hearing, seeking a new home for the child, and having the child examined by a physician prior to placing the child in the new home. These steps are often the cause of very late work hours for DYFS workers. It is not uncommon for a DYFS worker to wait 2 to 4 hours in a hospital emergency room in order to have a child medically examined and cleared for placement. Another cause for evening work is planned visits to a family or foster home where the family members are only available to meet with the worker during evening hours. Further, workers often work evenings in order to meet paperwork or court ordered deadlines. Weekend work is not as common as late evening work; however, DYFS workers will work weekends in order to catch up on paperwork or meet a deadline.

Excessive overtimfor DYFS workers is one contributing factor of st ress. Another major contributor of stress for DYFS workers is the high number of cases that they carry, along with an increased sense of accountability. This was made evident in January 2003 with the highly publicized death of a 7-year-old Newark, NJ boy who had been supervised by DYFS. Then several months later, in October 2003, four boys who had been adopted by a Collingswood, NJ DYFS-approved foster family were found starving, extremely malnourished, and underweight. The public's attention immediately shifted towards the caseworkers and it become evident to the state and to the rest of the country that NJ DYFS was in need of reform. Jones and Kaufman (2003) published an article in the New York Times which claimed that the caseworker of the 7-year-old Newark boy

was carrying a caseload of over 100 children at the time of the boy's death. Nevertheless, by the time the four starving Collingswood boys were discovered, the public wanted caseworker accountability and several workers and supervisors were fired. Besides the public pressure, it is extremely difficult for DYFS workers to effectively manage their current caseloads without exhausting themselves. I is a constant struggle for DYFS workers to do the best they can for the children and families that they serve and to meet the demands of the agency.

Other sources of stress for DYFS workers are frequent crisis situations that they must diffuse, dealing with violent or hostile clients, experiencing the death of a child, and lack of support and recognition from management. Further, on a daily basis, DYFS caseworkers are exposed to numerous types of child abuse and neglect that the general public gasps at. They are in the most dangerous neighborhoods and in the most wretched homes. They see terrible harm done to children of all ages and they are the people who are responsible for putting the pieces back together for many broken children and families.

#### Definitions

The following statements define the author's interpretations of common terms used in this thesis.

The terms caseworker, worker, social worker, child protection worker, and child welfare worker may all be used interchangeably. They all refer to the same type of employee.

The term "occupational stress" is being used to refer to stress that is caused by jobrelated issues, rather than by issues in other areas of one's life. The author will also refer to it as, simply, "stress." Both terms refer to the emotional and physiological reactions to job stressors.

The term "burnout" is a severe form of chronic stress that seriously affects ones work and personal life. It is used to describe a deeper level of stress.

#### Assumptions

The author assumes that all subjects who complete the stress questionnaire are doing so with the same level of interest. It is also assumed that, although the sample size may be small, it will be effective for the purpose of this study.

#### Limitations

The study is limited in that it only includes samples from DYFS workers in the southern portion of New Jersey. The findings may not be able to be generalized for social workers in other areas of the country. Further, the non-social worker participants were chosen due to the accessibility of the author.

#### Summary

Chapter Two will include a comprehensive review of the literature that is relevant to the current study. The author will discuss findings from other researchers who have studied a related topic. In Chapter Three the author will detail the design of the study, and the results will be presented in Chapter Four. In Chapter Five, the author will provide a summary and discussion, along with some brief conclusions and suggestions for future research.

#### CHAPTER TWO – REVIEW OF RESEARCH

#### **Introduction**

In Chapter Two, the author will present a review of the literature as it pertains to the present study. First, the author will present other's findings on why occupational stress research is important, including some important statistical information and background. The following section will discuss some factors that contribute to occupational stress, as it has been discussed in the literature. Next, the author will present the literature on burnout, including how it is related to job stress and what factors may contribute to it. The author will then look at some findings on how to alleviate stress and burnout in the workplace, and the final section of the chapter includes three noteworthy studies that are closely related to the present study.

#### Some findings on why occupational stress research is important

Much of the research on occupational stress focuses on the possible causes of stress and different ways to alleviate it. Researchers aim at targeting the causes of stress so that it can be reduced and employees can me more productive. Cahill, Landsbergis, and Schnall (1995) report that job stress has been estimated to cost American industry \$150 billion per year in absenteeism, diminished productivity, compensation claims, health insurance and direct medical expenses. They suggest that stressed workers smoke more, eat less well, have more problems with alcohol and drugs, have more family problems, are less motivated on the job, have more trouble with coworkers, and have more physical illnesses. Therefore, they stress the importance of reducing high strain jobs in order to create a healthier and more productive job force.

Occupational stress is not just an American phenomenon. Community Care, a magazine printed in the UK for social care professionals, published an article on June 3, 2004 entitled, "Social workers come first in stress league." The article reports the findings of a recent study which found that front-line social workers have topped the table of the most stressed out professionals in the UK. Of 25,000 individuals across 26 professions, social workers were the most psychologically stressed, had the third worst level of physical health, and the fifth lowest level of job satisfaction. The study, carried out by business psychology company Robertson Cooper, suggests that the most stressful jobs involved direct contact with the public in emotionally intense situations under strict professional rules. The same periodical published an article written by Shirley Kumar on June 10, 2004. Kumar referenced the Robertson Cooper study and offered several reasons why social workers are the most stressed professionals in the UK. She suggested that a drive towards e-government, a fear of violence from clients, and unmanageable workloads and staff shortages are just some of the reasons. Kumar included information from the Employers' Organization (EO) in her article. The EO, which represents local authorities, warns that stress is the single most important cause of sickness absence in local government, which averages 10.7 days an employee a year. The average in the private sector is 7.2 days an employee. Occupational Health, a monthly UK magazine, published an article in August 2004 reporting the findings of an annual absence survey done by the Chartered Institute of Personnel and Development (CIPD). The survey found that 2003 absence levels rose slightly higher than 2002 levels, particularly stress-related days off. Stress was the biggest cause of long-term absence for non-manual employees, and the fourth biggest cause for manual staff. The main causes of stress-related absence

were workload, management style/relationships at work, organizational changes, and pressure to meet work targets.

Social work as an occupation is potentially very stressful due to the nature and organizational structure of the work (Cherniss, 1980). In 1994 John Walker, a former social worker, made legal history when the High Court ruled that Northumberland County Council of the UK was responsible for his two nervous breakdowns by exposing him to impossible workloads (Dyer, 1994). Bennet, Evans, & Tattersall (1993) studied three groups of social workers to examine sources of stress, coping strategies, and stress outcomes, and they found the measure of mental distress was substantially higher than norms for any other occupational group. Similarly, Bradley and Sutherland (1995) found higher levels of ill health for social workers in comparison with those in other occupations.

In the area of child protective services (CPS) there is an ongoing crisis and at its center is the issue of high employee turnover. At the same time that reports of child maltreatment are steadily increasing, high turnover of CPS workers places significant work overload on those who must cover their own plus departing worker caseloads (Anderson, 2000). Staff working with the public sector report that stress is the biggest single factor affecting their decision to leave (Coffey, Dugdill, & Tattersall, 2004). Salovitz and Keys (1988, as cited in Anderson, 2000) reported that New York City CPS workers were leaving at a rate of 75% per year. Factors contributing to staff turnover include: stressors originating in the individual worker, requirements of the job itself, and the work environment (Anderson, 2000).

#### Factors that contribute to occupational stress

Job stress research is part of a larger stream of research on life stress that posits that "stressors" give rise to feelings of "stress", which, in turn, contribute to psychological distress and physical illness (Marshall & Barnett, 1993). Research has shown that there are three critical factors promoting negative stress in the work environment (Olofsson, Bengtsson, & Brink, 2003). The first deal with employees' lack of confidence in their ability to deal with work demands. The second concerns lack of personal control and the third factor concerns social support. Aspects of low social support include employees' feeling of exclusion from the group and their lack of confidence in coworkers, and that competence and experience are not noticed and respected, as shown through support and feedback from supervisors (Cohen & Wills, 1985).

Karasek, Baker, Marxer, Ahlbom, and Theorell (1981) proposed that, rather than job stress or lack of job satisfaction, it is "job strain" that leads to negative health consequences, and that job strain results when individuals are in jobs with a combination of heavy demands and little decision latitude or control to moderate the resultant stress. Cherniss (1980) found that one of the major stresses faced by nurses, social workers, teachers and poverty lawyers in their first jobs after training was the burden of being responsible for others, and of feeling inadequate to the task because of inadequate or irrelevant training and lack of resources with which to address the problem. Courage and William (1986) describe how certain situations can increase child welfare worker stress. On the one hand, workers must deal with children in acute distress and danger who are victims of violence. At the same time, they must confront perpetrators of violence who often display anger and hostility toward the worker.

Pines and Kafry (1978) propose that social workers are a rather homogeneous group, emotionally, whose sensitivity to clients makes them vulnerable to work stress. They suggest the very attributes that make people interested in social work are also the attributes that make them more sensitive to the many emotional pressures involved in the work. They conducted a study to investigate the various stresses inherent in social service work. "Tedium" – the general experience of physical, emotional, and attitudinal exhaustion – was proposed as the dependent variable in the work sphere of social service professionals. Using the concept of tedium as a basis, two general sources of stress were suggested: internal and external. Internal sources are intrinsic properties of the work conditions, such as pressures imposed on the cognitive capacity and decision-making mechanism of the individual as well as those imposed on the individual's sense of meaningfulness and achievement. External sources are properties of the work environment, such as work relations, work sharing, support from co-workers, the availability of time out periods, and feedback from supervisors and c lleagues.

The researchers hypothesized that the external-social aspects of the work would be more significantly correlated with tedium than would the internal aspects. Results showed that internal characteristics proved to be less correlated with tedium and more with various indices of job satisfaction. External characteristics were all found to be significantly correlated with tedium and work satisfaction. On the whole, the external work characteristics were more significant correlates of tedium than the internal factors, suggesting that social workers may be more than normally sensitive to people as sources of both emotional stress and support (Pines & Kafry, 1978).

Lloyd, King, and Chenoweth (2002) examined several sources of stress and stress outcomes that are experienced by social workers. They made a similar suggestion to that of Pines and Kafry (1978) that social work philosophy and values may make it an inherently stressful occupation. They also suggested status and autonomy as sources of social work stress, as well as organizational structure and climate. They find that organizational factors, such as work pressure, work load, role ambiguity, and relationship with supervisor are primary predictors of stress and burnout.

Dillon (1990) suggested that social workers often have little control over whom they see, the nature and length of contact with clients, the range of expert functions they will be requested to carry out, and the value placed on their work by others. According to Dillon (1990), others misinterpret social work as just being nice or doing the common sense things that anyone can do. Further, the fact that social workers' knowledge base has been largely taken from that of allied fields means that their unique contribution to the team is not always clear and understood (Lloyd et al., 2002).

Rushton (1987) questioned whether people who are vulnerable to depression choose social work rather than another occupation because, unconsciously, they wish to work through personal problems by helping others. He also suggests that because social workers are taught to be non-judgmental in their relationships with clients, they might find it hard to admit that the personalities and attitudes of clients make effective service response difficult or impossible. As a result they may persevere and assume personal responsibility for failure. Rushton (1987) also suggests that the work carried out by social workers is problem centered and often involves choosing between unsatisfactory alternatives, which contributes to feelings of stress. Further, he states that there is often

confusion about roles and tasks within social work itself and with how to demonstrate effectiveness.

Siebert (2004) talks about "compassion fatigue" as a factor that impairs helping professionals. She suggests that caregiving professionals are vulnerable to compassion fatigue because of who they are and what they bring to their work. She states that researches in this area believe that in understanding and experiencing their clients' worlds, caregiving professionals are exposed to their clients' trauma. She claims that empirical studies have found that many caregiving professionals have experienced trauma in their own lives and that this trauma may be activated in the countertransference with clients, leaving the professional vulnerable to impairment. Wright (2004) offers some examples of compassion fatigue as it is talked about by those in helping professions: "No energy for it anymore;" "emptied, nothing left to give;" "too many questions and no answers;" "why am I doing this?" Wright (2004) acknowledges that *compassion fatigue* is a more pleasant way of describing *burnout*.

Storey and Billingham (2001) conducted a research project that aimed to seek out how individual social workers perceived, responded to and were affected by stress, and they also investigated stress in relation to social work. A wide range of issues to explore emerged including: demographic details; location of stress; levels of stress; sources of stress; effects of stress on the service provided by social workers; job satisfaction; health issues; levels of support received in the workplace; and opinions on strategies used to alleviate stress. The research project was undertaken in a Social Services Department which included rural and urban settings. A questionnaire was completed by 34 social workers. The findings indicated that work life was indeed rated most frequently as the

most stressful area of life. As regards to the perceived level of stress, the majority of respondents perceived "high" or "very high" levels of stress at work. All 34 respondents reported the lack of resources as the main source of stress. In relation to job satisfaction the results show that when respondents report being very satisfied with their job their level of stress fell to between the two scores of "just right" and "high". Thus when respondents reported being very dissatisfied, their level of stress increased. A similar pattern was evident between the level of stress and the perceived effects of the service that social workers provided; 28 respondents indicated that stress greatly impaired the quality of services provided. Further, a pattern appears to emerge between the levels of support received from colleagues and the level of stress. The higher the level of support from supervisors and level of stress. Similarly, when respondents reported receiving higher levels of support from supervisors they had, on average, higher job satisfaction.

Job satisfaction has been found to correlate with stress (Hodson, 1991). *Job* satisfaction is defined as a positive emotional state resulting from the appraisal of one's job situation and is linked with the characteristics and demands of one's work (Arches, 1991). In empirical work on job satisfaction, studies have positively linked job status, control over decision making, financial rewards, and challenging job duties to job satisfaction. Pay and promotional opportunities have been found to be correlated with job dissatisfaction (Gellis et al., 2004).

The literature links job satisfaction with role conflict and role ambiguity. It is not uncommon for social workers to have different perceptions and expectations of their roles than those of the organization (Acker, 1999). Jones (1993) makes a distinction between

role conflict and role ambiguity. Role ambiguity refers to a situation in which the role expectations are unclear. In role conflict, an individual is sent messages to fulfill two or more roles that are incompatible or in conflict with one another. Role stress occurs when a role contains excess expectations – that is when there are too many things to do.

Harrison (1980) studied child protection workers and found that "workers need to be fairly clear about what is expected of them in fulfilling their role in order for them to feel good about their work" (p.41).

It has also been suggested that geography can play role in how stressful one's social work job is. Gellis, Kim, and Hwang (2004) examined the differences among NY State community mental health case managers working in urban and rural settings in their perceptions of job-related stressors. The study also investigated the intensity and frequency of occurrence of job stress among the sample. Urban-based case managers reported higher overall job stress, higher intensity, and greater frequency of lack of organizational support than did their rural counterparts. Urban case managers attributed greater job stress intensity and frequency than did rural workers to stressors relating to coordinating service activities. They also attributed greater stress to internal agency factors. The higher the levels of job stress, particularly the recurring perception of lack of organizational support, the lower the level of job satisfaction scores were for both groups.

Anderson (2000) suggests that low pay and long hours at potentially hazardous work, agency and community resources inadequate to client needs, the threat of legal liability, and the investigator vs. helper role conflict all contribute to job stress. But most workers agree that "knowing a child may be seriously injured or neglected, or even die, if the

worker misjudges the parents' capacity to care for the child" is the their greatest burden (Davoren, 1975, p. 39, as cited in Anderson, 2000).

#### "Burnout"

The discovery of burnout is rather recent (Söderfelt, Söderfelt, & Warg, 1995).

Freudenberger (1974) is usually given credit for first using the concept of "burnout" in a human services setting. Social workers are considered an occupational group at above-average risk of burnout (Jayaratne & Chess, 1984). Poulin and Walter (1993) conducted a longitudinal study on social worker burnout and they found that job stress was the strongest predictor of burnout. They also found burnout to be associated with a number of organizational, client, and personal variables.

Burnout is a particularly serious feature of chronic stress and one that can impair the human service worker's effectiveness (Collings & Murray, 1996). Daley (1979) defines burnout as a reaction to job-related stress that varies in nature with the intensity and duration of the stress itself. He says that it may be manifested in workers' becoming emotionally detached from their jobs and may ultimately lead them to leave their jobs altogether. Dane (2000) suggests that the chronic and acute nature of many child abuse cases can be a strong factor in worker burnout. Worker's who feel the clients' problems are unsolvable may also feel that their interventions are futile and meaningless, leading to erosion of self-esteem and sense of professional efficacy (Dane, 2000).

Christina Maslach (2003) is one of the pioneering researchers on job burnout, and the author of the Maslach Burnout Inventory (MBI). She describes job burnout as a psychological syndrome that involves a prolonged response to stressors in the workplace. Specifically, it involves the chronic strain that results from an incongruence between the

worker and the job. Maslach and her colleagues began studying the problem of job burnout with extensive interviews of workers in many human service occupations, and then developed a multidimensional model of the burnout phenomenon. The three key dimensions of burnout as a response to stress are an overwhelming emotional exhaustion, feelings of cynicism and detachment from the job (depersonalization), and a sense of ineffectiveness and lack of personal accomplishment. This multidimensional model goes beyond the individual stress experience (exhaustion) to encompass the person's response to the job (cynicism) and to him- or herself (feelings of inefficacy). Maslach suggests that the cynicism dimension represents a basic hallmark of the burnout experience – the negative, callous, or excessively detached response to other people and other aspects of the job. The exhaustion dimension represents the basic stress response and it shows a positive correlation with workload demands and with stress-related health outcomes. According to Koeske and Koeske (1989), emotional exhaustion represents the essence of burnout.

Maslach states that the three dimensions of burnout are related to workplace variables in different ways. In general, she states that exhaustion and cynicism tend to emerge from the presence of work overload and social conflict, whereas a sense of inefficacy arises more clearly from a lack of resources to get the job done. The model suggests that effective interventions to deal with burnout should be framed in terms of these three dimensions.

Patton and Goddard (2003) investigated the incidence of burnout and psychological distress in personnel who work directly with the unemployed. The primary goal of the study was to establish levels of psychological distress and burnout in Queensland,

Australia "Job Network" case managers. A similar, national study had been conducted in 1999 shortly after the Australian government had privatized unemployment services. The government claimed that the newly privatized service had resulted in a more personalized service being delivered to the unemployed than had been available when the service was delivered by the Australian public service. The results of the initial study showed higher levels of emotional exhaustion and increasing levels of depersonalizing behavior. Therefore, Patton and Goddard deduced that the initial study may have been premature; their study was completed three years after the unemployment service was privatized. In their study, 152 case managers providing intensive assistance to the unemployed completed the 12-Item General Health Questionnaire (GHQ-12) and the MBI. Of the 152 case managers, 48% endorsed responses indicating psychological distress, and on emotional exhaustion, the core dimension of burnout on the MBI, the mean for the case managers was significantly higher than that published for other human service workers. The researchers also found that case managers who considered that they were putting more into their work than they were getting back were reporting significantly more psychological distress and significantly higher burnout than did case managers who believed that the work environment was more equitable.

Much of the research on burnout among professional helpers has assumed that excessive workload contributes to burnout (Koeske & Koeske, 1989). Koeske and Koeske (1989) conducted a study of social workers in the Pittsburgh, PA area to determine exactly how workload contributes to burnout. They found that demanding workloads were associated with burnout under certain conditions. The most critical condition was low social support, particularly low coworker support. A secondary

condition was a perception of being ineffective with clients. They also demonstrated that work stress mediates the impact of work demands on a vulnerable social worker's risk of burnout. That is, work load results in burnout if and only if it produces stress.

#### The effects of stress and burnout on the individual

VanItallie (2002) makes a distinction between "healthy" and "pathologic" responses to stress. He states that everyday interaction of people with their environments inevitably exposes them to stress. He suggests that to develop properly, we require such exposure on a continuing basis. Stress can lead to illness when the stress system becomes overactive. He suggests that the body's stress system was not meant to be activated for prolonged periods of time. When it remains overactive, it leads to wear and tear that render the individual more vulnerable to disability and disease. Auerbach, Quick, and Pegg (2003) also acknowledge that appropriate levels of reactivity to situational stressors serve important adaptive functions, but they go on to say that chronically high levels of stress are associated with decrements in learning and performance, poor psychological adjustment, and poor physical health. In general, high levels of job have been associated with a range of negative outcomes including poor health, decreased job efficiency, and increased employee turnover (Auerbach et al., 2003).

Janet West (1997), a play therapist for children, maintains that professionals working with traumatized children may be adversely affected and experience disturbances in eating and sleeping. She states that they may see potential abuse lurking everywhere and feel at risk of physical and professional attack from adults' intent on discrediting them and the children. West (1997) identifies three main issues that affect professionals working with abused children. The first is the adult's revulsion about what has happened

to the children. She finds that coming to terms with neglect is not easy. Coming to terms with physical, sexual, and emotional abuse is more difficult and most individuals are repulsed. She goes on to say that coming to terms with more extreme forms of abuse such as involvement in pedophile rings, in pornography, and in Satanist abuse is even more difficult. The second issue is the residue within the individual from childhood and family life, and from their role as parents. West (1997) believes that these experiences are part of a person's conscious and unconscious and may adversely impinge on professional work with children. The third issue identified by West (1997) concerns the phenomenon of counter transference. One aspect of the counter transference is when the situation and feelings transmitted by the child create, in the adult, the sorts of feelings that actually belong to the child.

Other concerns expressed by West (1997) are when professionals involved in child protection get to a point when they cannot feel anything and when they experience isolation. One form of isolation that she discusses stems from the confidential nature of child protection work. Everyday events may appear insignificant compared with the feelings experienced during work and professionals may cut themselves off from social and family interchange.

The work done by social workers vicariously exposes them to trauma through the trauma of their clients (Nelson-Gardell & Harris, 2003). Researchers have begun investigating the extent of trauma histories in professionals such as social workers and therapists due to concerns that the personal abuse histories of these professionals may lead to experiencing trauma symptoms, countertransference, vicarious traumatization and burnout as a result of continued exposure to traumatic material (Follette, Polusny, &

Milbeck, 1994). Stevens and Higgins (2002) conducted a study to explore the degree of burnout and trauma symptoms, personal histories and coping strategies reported by those who work with maltreated children and their families. Workers reported high levels of emotional exhaustion and depersonalization, and a low to moderate sense of personal accomplishment. Family background characteristics predicted the occurrence of maltreatment and current adjustment, and a personal history of maltreatment predicted current trauma symptoms, but not burnout.

Nelson-Gardell and Harris (2003) suggest that some workers are at risk for experiencing secondary traumatic stress (STS). They found that personal experience of childhood trauma in the form of child abuse and neglect increases a child welfare worker's risk of STS. Those affected by STS experience intrusive symptoms, changes in world view, and physiological reactions paralleling those of the primary trauma victims. STS results from listening, day in and day out, to the traumas of others. Nelson-Gardell and Harris (2003) suggest that child welfare workers, through their work, expose themselves to the sordid details of the awful things some adults do to children. They propose that the empathy used by the workers to build relationships with the children is the conduit for the stress suffered by the workers. STS is a reaction in a person who has empathetically listened to the bad things that have happened to other people.

Regehr, Hemsworth, Leslie, Howe, and Chau (2004) found that child welfare workers may experience symptoms of post-traumatic stress as a result of exposure to critical events such as child deaths, traumatic deaths of adult clients, threats of violence against themselves and assaults against themselves. Symptoms include avoidance, dissociation, and sleep disturbances.

Jayaratne, Chess, and Kunkel (1986) studied the effects of burnout on child welfare workers. Seventy-five female child welfare workers and their husbands participated in the study of burnout and the effects of work stress on family relations. The results indicated that greater feelings of burnout in workers were associated with their depression, anxiety, and irritableness. In addition, these individuals were also likely to report low marital satisfaction.

#### Ways to alleviate job stress and burnout

Smith (2001) conducted interviews with three social workers for a stud inquiring into social workers' experiences of stress. He suggested that the participants valued the chance to be able to talk about what had happened to them and how they had been affected by it. He concluded that agencies simply need to make a space in which to listen to the impact of distress and disturbance experienced by social workers.

Davis-Sacks, Jayaratne, and Chess (1985) note that a common recommendation for reducing burnout is to increase the amount of social support that workers receive from their supervisors and coworkers. They conducted a study in which they compared the effects of social support from supervisors, coworkers, and spouses on instances of burnout and other job-related mental health variables among child welfare workers. The study also compares workers' preferences for talking with each of these three sources of support following major job-related stress. The findings of their study suggest that social support from supervisors and spouses is associated with low levels of burnout and mental health problems resulting from job stress. There was a lack of significant associations between coworker support and the measured symptoms of job-related stress. The authors conclude that it would be most beneficial for agencies to design programs aimed at

increasing social support from supervisors. Azar (2000) also acknowledges the important role that supervisors play in making the job easier for those who work with abused and neglected children and their families. She suggests that supervisors should hold more flexible and realistic assumptions for their workers, as workers should do for the families that they work with.

Samantrai (1992) investigated factors that influenced the decision of social workers with Master of Social Work degrees (MSWs) to leave public child welfare jobs. In interviewing two groups of MSWs, those who had left and those who decided to stay, two factors were found to distinguish the two groups. The first factor was lack of flexibility in job assignments. Those who quit reported that there was no viable alternative within the department when they burned out in their program area. The decision to quit was made when there was no hope of change. The second factor was their relationship with their immediate supervisor. As long as the supervisor was experienced as supportive and treating the participants as professionals, all other conditions could be tolerated by the workers. The author proposes that agencies must pay attention to supervisors and supervisory styles. Further, it is suggested that workers should routinely be offered diverse work assignments, and movement from one program area to another should be made flexible.

#### <u>Specifically related/noteworthy studies</u>

Youngson (1993) investigated the levels of personal, interpersonal and professional stress that are often found in professionals working in the area of ritual abuse. A questionnaire was sent to all 120 members of the Ritual Abuse – Information Network and Support (RAINS) group and seventy-one completed questionnaires were returned.

Social workers of ritually abused children represented 41% of those surveyed. In the area of "changes in behavior, emotional, and physical health", 97% of respondents showed some negative change after starting work in the field of ritual abuse. Statements frequently reflecting negative change concerned: sleeping pattern and nightmares; loss of appetite; psychosomatic symptoms such as headaches, nausea and indigestion; and changes in affect such as feeling increased anxiety, anger, depression and sadness. In the area of "changes in interpersonal life and relationships" 54% of the respondents spent less time in social activities. Fifty-six respondents were in partnerships, and of those 56 (50%) had experienced some or serious difficulties in the relationship since beginning work in ritual abuse and 38% had experience sexual difficulties during this time. In the area of "support and supervision", 41% of respondents felt that they still did not have the support and supervision that they needed. In the "safety and intimidation" part of the survey, respondents were asked if working with ritual abuse had made them worry more about their own safety or that of their families and friends. Eighty-six percent of respondents said it has. The author concluded that professional work in the area of ritual abuse frequently gives rise to significant levels of personal and interpersonal stress among workers.

Marshall and Barnett (1993) conducted a study of occupational stress and health among 403 women, aged 25 to 55, who were employed as social workers in the Boston, MA area. Respondents were asked to describe their jobs and then their jobs were coded into one of three categories for licensed practical nurses (LPNs) and into one of nine categories for social workers. For the purpose of their published paper, they selected eight specialties to examine in detail. Those specialties included 285 respondents and are

as follows: (1) protective, foster care, and adoption social workers; (2) psychiatric social workers; (3) medical social workers; (4) social service social workers; (5) school social workers; (6) social workers working with the elderly; (7) LPNs in hospitals; and (8) LPNs in nursing homes. They assessed job strain using subscales of the Job Role Quality (JRQ) measure. Psychological distress was assessed by the depression and anxiety subscales of the Symptom Checklist-90-R (SCL-90-R). General physical health was assessed by a single item with five possible responses.

The researchers examined the eight different specialties for variations in overload, decision authority, challenge, and helping others. In the area of overload, the eight occupational specialties varied significantly. Protective social workers reported significantly greater overload than did LPNs in hospitals or nursing homes, psychiatric social workers and social workers working with the elderly or in social service agencies. Decision authority also varied significantly among the eight specialties. School, medical and psychiatric social workers, social workers in social service agencies and LPNs in nursing homes had significantly greater decision authority, compared to LPNs in hospitals and protective service workers. In the area of challenge, school and medical social workers, and social workers in social service agencies, reported significantly greater rewards from challenge than did protective workers and LPNs in hospitals and nursing homes. Most respondents found that helping others was a considerable or extremely rewarding part of their jobs, however, protective workers reported significantly lower rewards from helping others than did workers in all other specialties. Marshall and Barnett (1993) hypothesized that workers in occupational specialties with high job strain would be more likely to report poorer health. They found that protective social workers

and hospital LPNs are at risk for poorer health due to high overload and low challenge.

Further, in the area of overload by helping others, protective social workers are at risk for poorer health.

Jayaratne and Chess (1984) conducted a somewhat similar research project to that of Marshall and Barnett (1993) that yielded similar results. They compared job perceptions of family service workers, community metal health workers, and child welfare (protective services) workers. The authors compared respondents' self-reports of job satisfaction and burnout, as well as a variety of organizational variables related to stress and strain. Analyses were based on data collected from a national survey of the National Association of Social Workers (NASW) membership in 1981. The authors hypothesized that similar types of stress would be experienced by social workers in different settings, but that what would vary is the amount of stress attributed to various job characteristics. They also hypothesized that the overall stress experienced by child welfare workers would be considerably higher than that experienced by other mental health workers. The study resulted in several observations. First, child welfare workers did indeed report higher levels of stress than their colleagues in community mental health and family services agencies. In three facets of the job - role conflict, value conflict, and challenge - the child welfare workers reported significantly poorer scores than their colleagues. Second, although child welfare workers had the smallest average number of cases, these workers considered their caseloads to be too high. The authors concluded that the data suggests that a universal approach aimed at reducing stress and increasing job satisfaction will be inefficient and of minimal value. Rather, the design of intervention programs must be conducted within each setting, paying attention to the nuances of the particular group.

#### Summary

In reviewing the literature, it is evident that there are many different ways to look at the problem of stress in social work. Some researchers chose to tackle the problem of why social work is a stressful occupation; others looked at the outcomes of stress and how it affects employees. Many have also tried to find ways to reduce stress and burnout for social workers. One thing is clear after reviewing the literature: Social workers are stressed out. They were stressed out in the '70s and they are still stressed out in 2004. Although there is a plethora of significant findings on this phenomenon, stress and burnout for social workers still remains a problem. It is possible that while researchers are plugging away at finding a solution to the problem, no one in the profession is paying attention.

## CHAPTER THREE - DESIGN OF STUDY

This study examines the occupational stress levels of child protection social workers compared to those in other occupations. This chapter describes the sample, measure, design, hypothesis, and type of analysis used.

## Sample

Subjects that participated in this study were distinguished by their profession. The first group of subjects consisted of 31 social workers employed by NJ DYFS. These subjects were obtained via interoffice letters placed in the mailboxes of the workers by the researcher, as the researcher is also employed by NJ DYFS. All social workers were employed in the southern region of the state, serving both urban and rural areas. Seven of the social worker participants were male and 24 were female; they ranged in age from 24 to 55.

The second group of subjects consisted of 36 individuals employed in other, non-social work occupations and these individuals were recruited by the researcher. This group includes coworkers of friends and family members of the researcher. All subjects in this group were employed in southern NJ. Twenty of the participants were male and 16 were female; they ranged in age from 22 to 68. Employees from this sample included teachers, probation officers, carpenters, laborers, salespersons, a stock broker, a registered nurse, and several other types of occupations.

## Measure

The Pressure Management Indicator (PMI, Williams & Cooper, 1996) was used to measure levels of occupational stress. Permission to use the survey was granted to the

researcher by the publisher, Resource Systems, of Harrogate, England. The PMI is a 120-item self-report questionnaire developed from the Occupational Stress Indicator (OSI, Cooper, Sloan, & Williams, 1988). The PMI is said to be more reliable, more comprehensive, and shorter than the OSI. It provides an integrated measure of the major dimensions of occupational stress using 24 subscales. The outcome scales measure job satisfaction, organizational satisfaction, organizational security, organizational commitment, anxiety-depression, resilience, worry, physical symptoms, and exhaustion. The stressor scales cover pressure from workload, relationships, career development, organizational climate, managerial responsibility, personal responsibility, home demands, and daily hassles. The moderator variables measure drive, impatience, control, decision latitude, and the coping strategies of problem focus, life work balance, and social support (Williams & Cooper, 1998).

The PMI was tested on large group of people (n = 4,946) working in a wide variety of jobs in private- and public-sector organizations in the United Kingdom. The test is shown to be reliable, with all subscales but one (daily hassles, 0.64) showing correlations greater than 0.70. The PMI is also shown to be a valid instrument. All outcome and stressor measures are positively correlated.

The PMI has been used in several published research studies. Bellman, Forster, Still, and Cooper (2003) used the PMI to measure social support and sources and outcomes of occupational stress in a sample of 204 Australian managers from various companies.

Cottrell (2002) used the PMI to examine stress and job satisfaction in community mental health nurses in a semirural area of North Wales. Kirkcaldy and Shephard (2001) used

the PMI to study occupational stress, work satisfaction, and health among the helping professions.

## <u>Design</u>

This study falls in the category of descriptive quantitative research. Specifically, it is survey research. Subjects received the paper-pencil version of the Pressure Management Indicator (PMI) either by office mail or in person by the researcher or by a friend/family member of the researcher. A cover letter which explained the research project was attached along with a consent form to be signed by all participants. If the packet was hand delivered by the researcher or a friend/family member of the researcher, the packet was collect and returned in the same way. Those packets placed in office mailboxes were collected by hand or via interoffice mail. Once all of the surveys were competed and returned, the data was entered into SPSS for analysis.

## **Hypothesis**

The Null Hypothesis  $(H_0)$  was that there was no difference in reported stress levels of social workers versus those in other occupations.

The Alternative Hypothesis (H<sub>1</sub>) was that there was a difference in the reported stress levels of social workers compared to those subjects in other occupations.

### Analysis

Data was entered into SPSS and was analyzed using an independent samples *t*-test to determine whether there was a statistically significant difference between the scores of social workers versus other types of employees in each of the 24 subscales of the PMI. The dependent variable is stress level and the independent variable is occupation type.

# <u>Summary</u>

This chapter presented the basic design of the study including the sample, measure, hypothesis, and the type of analysis that was used. In the following chapter, the results of the study are offered. The findings are discussed in detail in Chapter Five.

## **CHAPTER FOUR - RESULTS**

The author hypothesized that DYFS child protection workers would show greater levels of stress than those working in other, non-related professions. Of the twenty-four subscales included in the PMI, there were significant differences between the two groups of employees in nine areas. These findings are presented below.

Out of the nine outcome scales, there were significant differences in three areas. NJ DYFS workers had significantly lower scores on the outcome scale that measured job security and stability ( $t_{65}$ =-2.593,  $p \le .012$ ). This difference can be seen in Figure 4.1.

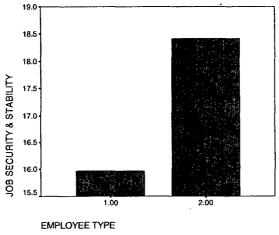


Figure 4.1 (1=DYFS, 2=Other)

In the scale that measured state of mind, DYFS workers also scored significantly lower than those in other occupations ( $t_{65}$ =-2.632,  $p \le .011$ ). This difference is evident in Figure 4.2. There was also a significant finding in the level of physical energy experienced by the two groups ( $t_{65}$ =-2.603,  $p \le .011$ ). NJ DYFS workers had lower scores in this area as

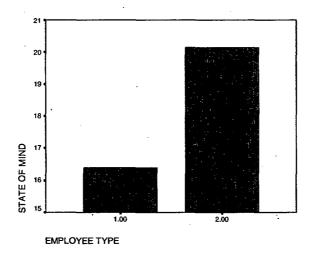
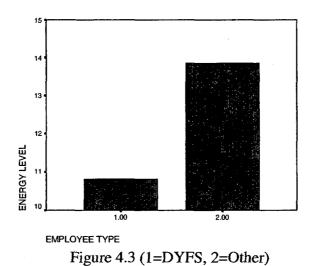


Figure 4.2 (1=DYFS, 2=Other)

well (see Figure 4.3). There were no significant differences between the two groups in the areas of job satisfaction, organization satisfaction, organization commitment, resilience,



confidence level, and physical symptoms.

There were significant differences in five out of the eight stressor scales. DYFS employees scored higher in the area of workload pressure (see Figure 4.4). This area

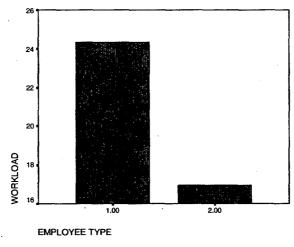
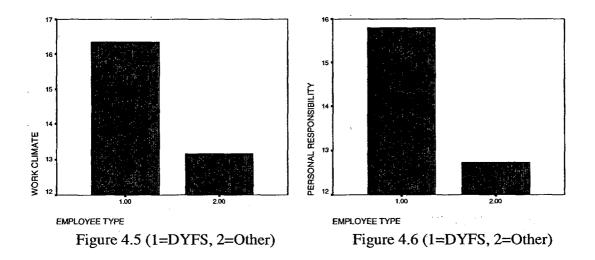


Figure 4.4 (1=DYFS, 2=Other)

produced one of the most significant findings of the study ( $t_{65}$ =4.568,  $p \le .000$ ). DYFS workers also reported greater levels of pressure from the work climate ( $t_{65}$ =3.216,  $p \le .002$ ) and from personal responsibility ( $t_{65}$ =3.147,  $p \le .002$ ). The difference in reported pressure from work climate is shown in Figure 4.5 and the varying levels of pressure from personal responsibility are shown in Figure 4.6. There was a significant



difference in reported pressure from the home/work balance ( $t_{65}$ = 2.186, p  $\leq$  .032). Once again, DYFS workers showed greater levels of pressure in this area (see Figure 4.7). A

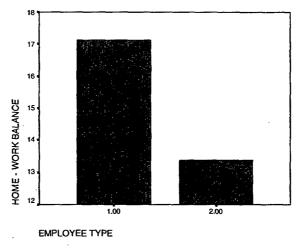


Figure 4.7 (1=DYFS, 2=Other)

final stressor that the two groups significantly differed in was the pressure that is felt from the daily hassles of the workplace (t65=3.865, p≤.000). As can be seen in Figure 4.8, DYFS workers reported higher levels of stress in this area. There were no significant

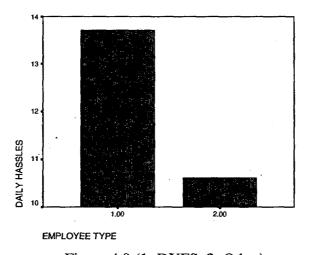


Figure 4.8 (1=DYFS, 2=Other)

differences between the two groups in reported pressure felt from work relationships, recognition, and managerial role.

There were no significant findings in the moderator variables which measured drive, impatience, control, and decision latitude. Of the moderator variables that measured the

coping strategies of problem focus, life work balance, and social support, there was a significant difference in the reported levels of social support utilized by the two groups  $(t_{65}=2.694, p \le .009)$ . DYFS workers reported greater use of social support than other types of employees (see Figure 4.9).

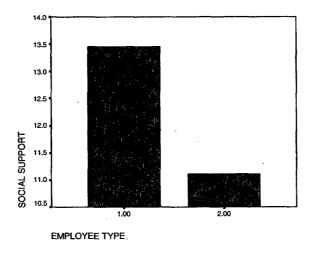


Figure 4.9 (1=DYFS, 2=Other)

## **Summary**

The author hypothesized that DYFS workers would show greater levels of occupational stress than individuals employed in other occupations. Of the PMI's twenty-four subscales which provide an integrated measure of the major dimensions of occupational stress, there were significant findings in nine areas. The results from these areas show that DYFS workers feel more insecure about the stability of their organization, feel more anxious, and they have less energy and feel more tired. Further, DYFS workers report greater pressure as a result of workload, organizational climate, personal responsibility, home/work balance, and daily hassles. The results also show that DYFS workers utilize social support more than other types of employees. The findings are discussed more extensively in the following chapter.

#### CHAPTER FIVE - SUMMARY AND CONCLUSIONS

The current research project began with a discussion on the need to conduct such a study. The author spoke of the constant theme of "stress" in the NJ DYFS offices and of coworkers constantly being ill and on "stress leave." Some effects and outcomes of occupational stress were briefly described, including the effects that job stress can have on the individual employee and on organizations as a whole. The author presented the damaging consequences that stress can cause for those involved in child protective services as a whole including the workers, children, and families. The purpose of the study was detailed, along with the author's hypothesis that DYFS workers would show greater levels of stress than those employed in other types of occupations. Some background on DYFS was provided, along with the author's definitions of some commonly used terms throughout the paper. Chapter One concluded with the assumptions and limitations of the study.

In Chapter Two, the author presented a review of the literature as it pertains to the current study. Some findings on why occupational stress research is important were discussed. It was suggested that stressed out employees are less healthy and less productive. Previous research found that job stress has been extremely costly to American industry due to absenteeism, diminished productivity, compensation claims, health insurance, and direct medical expenses (Cahill et al., 1995). The research posited that the lead cause of employee absenteeism and turnover is stress. It was proposed that social work is inherently stressful due to the nature of the work and that, in child protective services, this causes a dangerous pattern where at the same time that reports of

child maltreatment are steadily increasing, high turnover of caseworkers places significant work overload on those who are brave enough to remain (Anderson, 2000). The following section of the chapter presented factors that contribute to occupational stress such as work environment, sense of personal control, social support, personal responsibility, workload, and job satisfaction. The concept of "burnout" was also discussed, along with the effects of stress and burnout on the individual. Ways to alleviate job stress and burnout were discussed next, and the chapter ended with a review of three specifically related studies. Youngson (1993) found that professional work in the area of ritual abuse frequently gives rise to significant levels of personal and interpersonal stress among workers. Marshall and Burnett (1993) found that protective social workers are at risk for poorer health due to high overload and low challenge.

Jayaratne and Chess (1984) found that child welfare workers reported higher levels of stress than their colleagues in community mental health and family service agencies. They also found that child welfare workers considered their caseloads to be too high.

Chapter Three described the sample, measure, design, hypothesis, and type of analysis used in the study. The Null Hypothesis (H<sub>0</sub>) was that that there was difference in reported stress levels of social workers versus those in other occupation. The Alternative Hypothesis (H<sub>1</sub>) was that there was a difference in the reported stress levels of social workers compared to those in other occupations.

In Chapter Four, the author presented the results of the study. It was reported that that there was a significant difference between the DYFS child protection workers and the other employees in nine out of twenty-four subscales of the PMI. The author showed

the varying levels reported by both groups in several figures displayed throughout the chapter.

### **Discussion**

Overall, the results of the study were somewhat surprising, as it was expected that there would be more significant differences between the two groups among the twenty-four subscales of the PMI. It is beneficial to examine each of the subscales as described by the makers of the PMI, Williams and Cooper (1996), in order to determine possible explanations for the findings.

The first nine subscales of the PMI are considered to be outcome scales.

Measurement of "job satisfaction" is meant to reflect how satisfied someone feels about the type of work they are involved in. There was no significant difference between the two groups in this area. An obvious explanation for this finding is that DYFS workers do feel satisfied with the type of work that they do; the nature of the job is to protect children from harm and that in itself is very rewarding and satisfying. Gellis et al. (2004) reported that challenging job duties and financial rewards are positively linked to job satisfaction. Accordingly, most DYFS workers, including the author, persevere many of the frustrations of the job because the pay is substantial. Further, DYFS workers' job duties are oftentimes very challenging.

Measurement of "organizational satisfaction" is supposed to show how satisfied someone feels about the way an organization is structured and the way it works. There were no significant findings in this area. One possible explanation for this result is that DYFS was undergoing a major restructuring at the time that the surveys were distributed. This may have contributed to the findings in several ways. First, there was a mass hiring

of new staff, thus many of the DYFS surveys were completed by newer workers who had not yet experienced the frustration involved in the constant, seemingly haphazard changes and last minute restructuring that the organization had been imposing on the more seasoned workers for many years. Second, some of the recent changes appear very promising and unlike any seen in the past by the experienced workers, thus possibly causing them to feel more positive and hopeful about the organization than they had in the past.

The measurement of "organizational security" is meant to reflect how secure someone feels about the stability of their organization and level of job security. There was a significant difference between the two groups in this area, with DYFS employees showing lower reported levels of security. This was a surprising finding since DYFS workers are civil service employees and it is very difficult to be fired from one's position. Further, the agency is the only one of its kind in the state and there is almost no chance that it will be dismantled any time soon. Perhaps the major change that the agency is going through is causing some employees to question its stability. "Organizational commitment" is the next area measured by the outcome scales and it is supposed to reflect how committed a person is to their organization and the extent to which they feel that work improves the quality of their life. There was not a significant difference between the two groups in this area. This is not an unexpected finding since child protective workers are usually very committed to the children and families that they serve.

The next three outcome scales fall into the category of "mental wellbeing."

Measurement of "state of mind" is meant to show how satisfied an individual feels about

their state of mind. DYFS workers scored significantly lower in this area, suggesting that they feel more anxious. This finding is in agreement with previous research done by Youngson (1993) where social workers of abused children reported increased feelings of anxiety and depression after beginning work in the child abuse field. Measurement of "resilience" is meant to reflect one's ability to bounce back from setbacks or problems. The difference between the groups was not significant in this area. This is not surprising since resilience seems to be a personality trait and should remain constant no matter what occupation one is in. "Confidence level" is a measure of the extent to which someone feels settled or worried. There was no significant difference between DYFS workers and other types of employees in this area. This was surprising to the author considering the significant finding in the area of anxiety; worry seems like a natural precursor to anxiety. However, in the PMI survey, the questions that address the issue of "confidence level" are geared toward assessing one's personal attributes and not necessarily how their job affects them (i.e., "...would you describe yourself as someone who is bothered by their troubles or a 'worrier'?").

The final two outcome scales of the PMI measure physical symptoms and energy level. "Physical symptoms" refers to how calm a person feels in terms of physical tension or other uncomfortable sensations. The two groups did not significantly differ in this area. "Energy level" refers to the amount of energy and vitality someone has before they feel tired and worn out. DYFS workers scored significantly lower in this area, indicating that they have less energy and feel more tired than individuals in other job types. Siebert (2004) wrote about the exhaustion often felt by those in a helping profession, which she calls "compassion fatigue." Wright (2004) also studied compassion fatigue and found that

helping professionals talk about having no energy and often feel empty, with nothing left to give.

The next eight areas addressed by the PMI are considered to be stressor scales and they measure possible sources of pressure. As previously stated in Chapter Four, there were significant differences between the two groups of employee types in five out of the eight areas. Measurement of "workload" is meant to reflect the amount or difficulty of work that one has to deal with. DYFS workers scored significantly higher in this area, indicating that they feel more pressure from workload. The two groups produced dramatically different scores in this area ( $t_{65}$ =4.568, p ≤ .000) which was not surprising since previous studies showed that workload is major factor for social workers (Dyer, 1994; Kumar, 2004; Lloyd et al., 2002). Measurement of "relationships" is reflective of how well one gets along with the people around them at work. There was no significant finding in this area. According to Davis-Sacks et al. (1985), there is no significant association between coworker support and job-related stress, however support from supervisors is associated with mental health problems resulting from job stress.

"Recognition" as a source of pressure refers to the extent to which people feel they need to have their achievements recognized. There was no significant difference between the two groups in this area. Measurement of "organizational climate" is meant to reflect the pressure one feels from the atmosphere within the place of work. DYFS workers scored significantly higher in this area, indicating that they feel more pressure from the work atmosphere. This finding is consistent with previous research that suggests work environment is a source of stress for social workers (Lloyd et al., 2002).

Pressure from "personal responsibility" refers to taking responsibility for managing

other people. DYFS workers also scored significantly higher in this area. This finding is in agreement with previous research conducted by Cherniss (1980) who found that one of the major stresses faced by social workers and others in the helping profession is the burden of being responsible for others. Measurement of "managerial role" is meant to reflect the pressure felt from being responsible for managing and supervising other people. There was no significant difference between the two groups here, which is not unexpected since only three DYFS supervisors participated in the study.

The next source of pressure measured is "home/work balance" which refers to "switching off" from the pressure of work when at home, and vice versa. DYFS workers had significantly higher scores in this area. Consequently, Cahill et al. (1995) suggested that stressed workers have more family problems. West (1997) discussed how child protection workers are at risk for isolation from their family since everyday events may appear insignificant compared with the feelings they experience during work. Pressure from "daily hassles" is the final area covered by the PMI's stressor scales. This refers to the day-to-day irritants and aggravations in the workplace. DYFS workers scored significantly higher in this area. This was an expected finding considering the nature of child protection social work. Accordingly, Lloyd at al. (2002) and Pines and Kafry (1978) suggest that social work philosophy and values make it an inherently stressful occupation.

The PMI survey includes moderator variables that measure drive, impatience, control, and decision latitude. There were no significant differences between the two groups in any of these areas. "Drive" refers to one's desire to succeed and achieve results. "Impatience" refers to one's pace of life and one's ability to cope with the need for

urgency. It appears to the researcher that these areas are more representative of personality traits and it was not expected that one's job type would impact the results. "Control" is reflective of the extent to which one feels able to influence and control events; and "decision latitude" refers to the extent to which someone is able to exercise discretion in their job. It is surprising that the two groups did not significantly differ in their responses to these two areas, considering previous research by Dillon (1990) who suggested that social workers often have little control over their job functions. Further, Rushton (1987) proposed that social workers are often forced to choose between unsatisfactory alternatives, which contributes to feelings of stress.

The PMI moderator variables also measure the coping strategies of problem focus, life/work balance, and social support. "Problem focus" means the extent to which people plan ahead and manage their time to deal with problems. There was no significant difference between the two groups in this area. Once again, this is not surprising, since this seems to be a personal attribute that would remain stable no matter what type of job a person has. "Life/work balance" refers to the extent to which a person is able to separate home from work and not let things get to them. The two groups did not differ in this area either, which is unexpected considering that DYFS workers scored significantly higher in the area of "home/work" balance. An explanation for this is that the survey's questions in the area of "life/work balance" were geared towards assessing personal attributes (i.e., "Keep calm under pressure."), whereas the questions in the "home/work" section were more circumstantial (i.e., "Pursuing a career at the expense of home life."). "Social support" is reflective of the help people get by discussing problems or situations with other people. DYFS workers scored significantly higher in this area. Similarly, Smith

(2001) found that social workers value the chance to be able to talk about what happened to them during a stressful situation and how they had been affected by it.

It is relevant to mention how unexpectedly difficult it was for the researcher to obtain DYFS participants for this study. Forty of the surveys were left for DYFS workers prior to the researcher leaving for a two week long training. Upon the researcher's return, only nine surveys had been completed. Some DYFS workers even returned incomplete surveys, noting that they were "too busy" or "too overworked" to find the time to complete the survey. It is possible that the findings were not more significant because the more stressed out workers did not complete the survey, while the not-so-stressed-out workers did. Further, as mentioned above, many of the surveys were completed by newer DYFS workers who had not experienced some of the stress that the more seasoned workers are accustomed to.

### Conclusions

Overall, it can not be concluded that DYFS child protection workers showed greater levels of stress than those working in other professions. However the findings do indicate that, compared to those employed in other types of jobs, DYFS workers:

- Feel more insecure about the stability of their organization.
- Feel more anxious.
- Have less energy and feel more tired.
- Feel more pressure as a result of workload.
- Feel more pressure as a result of work environment.
- Feel more pressure as a result of personal responsibility.
- Feel more pressure as a result of the home/work balance.

- Feel more pressure as a result of daily hassles at work.
- Utilize more social support.

## Suggestions for future research

Future studies of a similar nature should include a larger sample of both types of employees. In addition, they should include a broader variety of professions in the "other" group. It would also be beneficial for researchers to look into some effective ways of combating the pressure that is felt by child protection workers in the areas that yielded significant findings, especially pressure from workload and from daily hassles.

When social workers are overwhelmed from pressures at work, they are not the only ones who suffer. The children and families who they serve are ultimately the ones who are at a loss. It is important to consider the greater impact that one overworked, stressed out social worker can have on the system as a whole. Child protection workers are constantly being reminded of how they are changing lives everyday. It would be interesting to look into the actual consequences that can occur in the child welfare system when one worker is significantly overburdened. Perhaps then the "powers that be" will finally take notice and provide some much needed solutions to this age-old dilemma.

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