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COMPASSION FATIGUE, BURNOUT AND SELF-CARE STRATEGIES
AMONGST LOS ANGELES COUNTY CHILD WELFARE WORKERS

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

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

by
Chigolum Ugoeze Anene

June 2018

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ABSTRACT

Child welfare social workers have extremely demanding jobs, which may often lead to burnout and compassion fatigue. The purpose of this research study was to explore self-care methods implemented by child welfare social workers, the methods that work best for them and the ways in which these practices assist in preventing and reducing the risks of compassion fatigue and burnout. This research study also explored the ways in which child welfare social workers have been able to cope and prevent compassion fatigue and burnout. This research study utilized a qualitative, exploratory research approach. Face-to-face interviews with fifteen participants were taken place at two Department of Children and Family Services (DCFS) offices. These interviews took place at various times and days.

One major key finding from this study was the need for improvement in organizational support. Another key finding was the importance of self-care when coping with the daily stressors in the workplace and the ways in which self-care provides an outlet for preventing compassion fatigue and burnout. Participants all had different forms of self-care that worked best for their own wellbeing. It was determined that self-care strategies effectiveness depended on each individual's response to the approach. Determining the best ways for social workers to cope with traumatic experiences in the workplace allows for administration to strengthen policies, such as ongoing training and supervision, while also being

aware of the signs that child welfare social workers may display when they are experiencing compassion fatigue and burnout.

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To my research advisor, Dr. Janet Chang, I thank you for serving as a source of guidance throughout this research process. Your dedication has taught me the importance of pushing myself to my full potential.

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Lastly, to all of the faculty and staff in California State University, San Bernardino's Master of Social Work program, I thank you all for providing me with

the necessary tools and resources to further my knowledge and become an awesome social worker.

DEDICATION

I dedicate my research to my supportive mother, Dr. Nkem Anene. Her inspiring attitude has continuously motivated and guided me throughout my educational journey. It is with joy, to thank her for her immense encouragement and without her, I would not be where I am today. Throughout my journey of this Master's degree, you have provided me with unconditional love, time and resources. You have instilled in me the value of education and set a good example of how working hard will take you places. I am truly grateful for everything you have done in my life. Your support has made a crucial difference and I thank you for reminding me that God would not give me anything that I cannot handle. Here's to you my African Queen.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

In the social work profession, more specifically with child welfare social workers, the occurrence of compassion fatigue and burnout has become an increasing problem over the years. Compassion fatigue is defined as an emotional strain that takes place when a professional worker is exposed to and working with individuals who are currently suffering from the consequences of traumatic events (Cox, Tice, & Long, 2015). Professional workers may also experience burnout, which is described as emotional exhaustion, depersonalization, and/or reduced feelings of accomplishment due to nontraumatic, yet stressful work conditions such as long work hours and an overwhelming caseload (Sprang, Craig, & Clark, 2011). This issue has resulted in numerous measures that social workers have taken in order to come to terms with compassion fatigue and burnout. Seventy-three percent of clinical social workers have thought of leaving social work or their current position due to issues they face in the workplace (Lloyd, King, & Chenoweth, 2012). Child welfare social workers are constantly exposed to instances of child abuse and endangerment, domestic violence, and other high-profile cases, which reveals the harmful effects to their wellbeing, professional effectiveness, and why many would choose to leave their current positions (Sprang, Craig, & Clark, 2011).

Due to the demanding workload faced by child welfare social workers, a question that may come about is whether they are able to incorporate self-care practices in order to cope with their daily work experiences. Self-care can potentially combat burnout and compassion fatigue, while also easing a social worker's level of stress. Research has demonstrated that self-care is a very important aspect for professionals and that learning and practicing self-care techniques can assist a professional in dealing with stress in a more improved manner (Williams et al., 2010).

The experience of burnout and compassion fatigue by child welfare workers also affects the child welfare system as a whole and has implications on both the macro and micro level. Individuals and families are highly dependent on social workers to assist in maintaining and enhancing their wellbeing, but due to social workers own issues of dealing with stress from overwhelming caseloads, traumatic events, and difficult clients they are likely to receive inadequate care. With clients receiving insufficient care, it leads to them mistrusting the system (Kim & Stoner, 2008). In regard to the macro level, these issues may not only take place within a single agency, but on a larger scale. Organizations, such as DCFS, can initiate assessments of their current policies, programs, and practices that could be affecting the social workers. These organizations can ensure that administrators acquire training on burnout and compassion fatigue and are able to intervene sufficiently with social workers when necessary (Dombo & Gray, 2013). In addition, these agencies can actively become involved in improving

problematic structural and societal components. Some of the ways organizations can engage in this change is by continuously fostering self-care in practice. An example of fostering self-care in social work practice is by creating peaceful spaces for social workers as an outlet for reflection and meditation (Dombo & Gray, 2013).

Purpose of the Study

The purpose of the current research study was to explore the methods of self-care implemented by child welfare social workers while also understanding the ways in which these methods are seen as effective in reducing the risks of compassion fatigue and burnout. The study also proposed to identify systems and potential strategies that organizations, such as DCFS can incorporate in order to help in possibly preventing and actively intervening on the current issues. A potential strategy that could be incorporated is an employee assistance program (EAP), which is a program that targets to assist employees who are facing hardship in the workplace (Hosford-Lamb & Jacobson, 2008). Addressing the issues of this study is also necessary because it allows for alleviation of other issues, such as the quality of services social workers can provide and the high turnover rates.

This research study incorporated a qualitative exploratory approach with fifteen interview participants. A qualitative exploratory approach was determined to be the best fit for this study due to its flexibility and feasibility. The study also allowed for a better understanding of social worker perceptions and views

regarding compassion fatigue and burnout in the workplace and ways in which self-care practices are utilized to reduce risks.

Many studies have aimed to determine the predictors of compassion fatigue and burnout, while other studies have explored the need for self-care strategies utilized in the workplace. Although there has been research in regard to these issues, personal information involving firsthand accounts of how these self-care strategies actually make a difference is limited. It is necessary to understand their viewpoints in such a situation because social workers can also be at a risk and just as vulnerable as their clients (Hosford-Lamb & Jacobson, 2008). Thus, this research study explores the ways in which self-care strategies have helped child welfare workers lower the risks of burnout and compassion fatigue while also determining which methods they have found to be most effective in lowering these chances.

Significance of the Project for Social Work

It is important to understand the significance of compassion fatigue and burnout on social workers in the field of child welfare due to the demanding nature of the field. Burnout and compassion fatigue not only have physical, but mental and emotional effects on an individual (National Association of Social Workers (NASW), 2008). The NASW's (2008) mission emphasizes the importance of protecting social workers and the practice of social work. In other words, it is crucial to support the wellbeing and health of child welfare workers

because without them, communities would not be able to receive the quality of services that they require.

Regarding policy, this study is fundamental to social work practice because it may provide other DCFS offices and other child welfare agencies with ways in which administration can evaluate policy regarding decreasing turnover rates, while also incorporating self-care strategies in the workplace. A small quantity of individuals entering the child welfare field have been prepared through educational readiness, while many have not (Barth et al., 2008). This demonstrates the need for agencies to put policies in place to address this issue. By addressing the issue at hand, they are able to increase the rates of those who are knowledgeable of the field and also provide strategies towards preventing and coping with burnout and compassion fatigue in the workplace.

The generalist intervention process was also taken into consideration in this research study. More specifically the assessment of self-care strategies incorporated and discovering how these methods lower the risk of compassion fatigue and burnout. In addition, exploring this study may help agencies become more aware of the effects of burnout and compassion fatigue in order to possibly implement additional programs to address these concerns. Child welfare agencies, such as DCFS are generally lacking in resources due to financial cuts (California Department of Social Services, 2015). Due to this lack in resources, services are jeopardized; thus, commitment from administrative systems is crucial.

Furthermore, the findings from this study has a significant impact for social work practice as a whole because it leads to possible studies and research in regard to how to reduce the likeliness of compassion fatigue and burnout in child welfare workers, while also determining what self-care methods work best. Child welfare social workers continuously work in a challenging field. In order to improve their lives and the lives of their clients, necessary changes must be made. On the basis thereof, the research question this current study addresses is as follows: In what ways do self-care strategies assist child welfare social workers in lowering the risks of burnout and compassion fatigue?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter develops and provides a general analysis of ongoing studies that explores compassion fatigue, burnout and self-care methods amongst child welfare social workers. The need of self-care for child welfare workers are addressed, followed by the gaps and limitations in literature. Conflicting findings and support for the study are also discussed in additional subsections. Furthermore, Watson's Theory of Human Caring and Multidimensional Theory of Burnout are included due to the nature of the child welfare workers.

Need of Self-care for Child Welfare Workers

Enhancing self-care methods in child welfare social work practice is crucial in ensuring the wellbeing of clinical social workers and also guarding against compassion fatigue and burnout (Williams et al., 2010). Child welfare social workers are exposed to a great deal of trauma throughout their daily work experiences. Due to the traumatic events they are exposed to, many social workers willingly leave their positions. It is necessary for social workers to practice ways of coming to terms with the stress of work conditions in order for them to succeed in their profession. The practice of different self-care methods would assist in this process because social workers will be given the opportunity to reflect on their work, while also coming to terms of why situations within the

communities they serve take place the way that they do. Self-care also contributes to the efforts individuals and organizations, such as DCFS take towards contributing to their wellness and reduction of stress (Bloomquist et al., 2015). It is also important to understand that administrators must also take into consideration of their roles of improving policies that would address child welfare worker's needs. This improvement of policies can be implemented through the process of training, education and recruiting (Barth et al., 2008). Therefore, social support from administrators regarding self-care assists in reducing the negative effects, such as compassion fatigue and burnout that social workers face in their professions (Kim & Stoner, 2008).

Gaps in Literature and Limitations

According to research studies, there is evidence that compassion fatigue and burnout are found in child welfare social work settings (Newell & MacNeil, 2010). However, there are gaps in determining what are perceived as the most effective approach towards preventing and managing compassion fatigue and burnout. Although there has currently been insufficient literature to address these gaps, it has been acknowledged that social workers often enter their professions unaware of the possible stress that comes from child welfare (Bloomquist et al., 2015). Therefore, administrators and leaders in the social work profession should consider educating child welfare workers on the warning signs, crucial components, and symptoms that are linked to compassion fatigue and burnout, while also providing approaches towards self-care as a preventive action.

Although there are studies that acknowledge the issues of compassion fatigue and burnout in the field of social work, it is also important to take note of limitations that are considered in conjunction with self-care. Due to limited research on determining the most effective approach towards preventing and managing compassion fatigue and burnout, it is often difficult to fully represent the value of self-care to social workers and whether implementing methods in their daily schedules are achievable. It would be of great value to explore the circumstantial elements that may affect a social worker's quality of life in addition to self-care approaches and outlooks (Bloomquist et al., 2015).

Conflicting Findings

Literature has shown that there is a reasonable relationship between practicing self-care methods, such as spirituality and religion, in managing stressful situations in the work place (Sprang, Craig, & Clark, 2011). Conversely, in a study that examined 317 individuals, found that religion did not influence compassion fatigue (Robert et al., 2003). This demonstrates that further investigation of self-care methods must be analyzed in order to determine whether they are effective in lowering the risks of compassion fatigue and burnout.

Support for the Proposed Study

Current literature has aimed to explore aspects of compassion fatigue and burnout without taking into consideration its direct effect on child welfare social workers. For example, most studies regarding burnout and stress aim to

investigate groups or disciplines separately. That is, examining groups, such as therapists, operators, and counselors or disciplines, such as psychology and social work (Sprang, Craig, & Clark, 2011). This highlights the importance of further expanding on child welfare workers in regard to compassion fatigue, burnout and incorporation of self-care methods. By doing so, it now only allows for better understanding of the population involved, but also the implications it has towards social work practice.

Williams et al. (2010) also studied the perspectives of self-care methods and acknowledged that individuals who were able to implement strategies of self-care were able to cope with anxiety and stress. They were also able to recognize that there must be a sense of balance in the social workers life when working with clients because without it, it can possibly impair our interaction when working with clients daily. Support regarding future exploration was also shared as an interest by researchers because it is necessary to explore effective self-care techniques for professionals and ways in which they can utilize these approaches in practice (Williams et al., 2010). Williams et al. (2010) were able to benefit from different approaches towards self-care and were able to manage daily stressors in their own lives that translate to their professional work experiences.

Building from Prior Studies

As mentioned previously, this research study aimed to explore ways in which self-care strategies assists in lowering the risks of burnout and

compassion fatigue amongst child welfare social workers. There is very limited information regarding the most effective self-care methods in addressing and preventing burnout and compassion fatigue and the value that social workers place on self-care. This study aimed to build from additional research that has shown the connection between compassion fatigue and burnout amongst social workers. This was done by utilizing in-depth interviews that were administered on social workers who work in child welfare departments.

Theories Guiding Conceptualization

Watson's Theory of Human Caring

Watson's (2008) Theory of Human Caring is used to conceptualize and address the ideas in this research study by addressing aspects of compassion fatigue. Some of the key ideas mentioned by Watson includes: a relative caring for others one and oneself, reflection/meditation approach, and personal caring relationships in regard to multiple levels. This theory is significant regarding the study of child welfare workers because Watson's theory examines ways in which professionals are able to cope with compassion fatigue in order to further advance their success in the workplace. Watson's theory on human care is acknowledged in this study because it represents the consciousness in both the social worker and client. In other words, everyone is taken into consideration and elements of self-care are incorporated within practice (Watson, 2008).

Multidimensional Theory of Burnout

The Multidimensional Theory of Burnout is also used in conceptualizing the ideas of this study. According to the theoretical framework of burnout, burnout is an essential intermediary of the connection between recurrent stressors of the job and several outcomes, such as compassion fatigue (Kim & Stoner, 2008). This Multidimensional Theory of Burnout, which is fundamental to that of Maslach and Jackson's (1981) ideology of burnout also consists of three factors which includes: depersonalization, personal accomplishment, and emotional exhaustion. These factors share a significant relationship with that of this study because they represent how a social worker may be feeling when experiencing burnout in the work place. By understanding these aspects, it allows for better understanding of how this issue can be addressed because each factor is perceived differently.

Summary

This chapter incorporates an analytical overview of current theories and research in relation to compassion fatigue, burnout and the incorporation of self-care in child welfare social work practice. Self-care strategies should always be included in the social work field. Child welfare workers can prevent burnout and compassion fatigue through self-care practices provided by themselves or the organization. Although there must be an increase in education around the practice, social workers are able to benefit from self-care. Determining the best self-care methods and whether they reduce the risks of compassion fatigue and

burnout varies to each social worker. This study aimed to explore these variations. Watson's Theory of Human Caring and the Multidimensional Theory of Burnout both assist in emphasizing the significance of compassion fatigue and burnout in the social work field, while also showing the depth of understanding how a professional worker may feel when experiencing these issues. The objectives of this research study aided in demonstrating how self-care strategies lower the risks of compassion fatigue and burnout by providing insight from experienced child welfare workers in the field and ways to assist future workers and organizations during practice.

CHAPTER THREE

METHOD

Introduction

The following chapter will consist of structured details of how the study was achieved. In additional subsections the study design, sampling data, data collection and instruments, procedures, protection of human subjects' consent and statements, and data analysis are also discussed.

Study Design

The overall purpose of this study was to explore and examine strategies used by child welfare workers to prevent the risks of compassion fatigue and burnout in their field of work. Child welfare workers are known for their high caseloads and high-profile cases, which are well-known for causing burnout and compassion fatigue. This study took a qualitative exploratory approach, due to the limited research provided regarding the most effective methods of preventing compassion fatigue and burnout from the outlook of a child welfare worker. By examining social workers' perspective of the issue, there were reveals of new viewpoints that were not explored in past research. This qualitative exploratory study also incorporated in-person interviews with open-ended questions as a form of data collection.

Incorporating a qualitative exploratory approach with in-person interviews provided the benefit of receiving detailed information regarding a participant's

thoughts, impressions and personal feelings. In-person interviews as a form of data collection rather than focus groups or questionnaires, was also beneficial for the research study because it allowed for participants to not alter their opinions based on the group and clarifications on ambiguous answers. Furthermore, in-person interviews allowed for the unveiling of additional information on the practice of self-care in reducing and preventing the risks of compassion fatigue and burnout.

Although there were methodological strengths to using in-person interviews, it had its limitations. In general, in-person interviews can be time-consuming. As mentioned before, child welfare workers are known for their excessive demands in the workplace. This can cause time constraints, which caused for some individuals to choose not to participate in the research study or hurry through the interview in order to fulfill their demanding work duties. Furthermore, due to the limitations of this design it is not generalizable and only applies to the specific context being addressed.

The research study aimed to address the following research questions:

1. What type of self-care strategies do child welfare social workers implement in their daily lives?
2. In what ways do self-care strategies assist child welfare social workers in lowering the risks of burnout and compassion fatigue?

Sampling

The current research study incorporated a non-probability quota sampling technique. This sampling technique was chosen due to its flexibility with working with the desired population. The research population for the study included social workers ages 35-65 who have been in the child welfare field for a minimum for five years. Child welfare workers ages 35-60 were chosen due to the millennial generation having higher turnover rates in the workplace. This target population was used to draw conclusions as to what the millennial generation can incorporate when working and becoming accustomed to the field of child welfare.

The child welfare workers were selected from two Los Angeles County offices. These DCFS offices were chosen due to having the largest Service Planning Area (SPA) in Los Angeles County (California Department of Social Services, 2015). This represents an area with high service needs not only for clients, but child welfare workers as well. DCFS' research department were contacted regarding requesting consent for carrying out the study. Furthermore, 15 child welfare social workers who met the sampling criteria participated in the in-person interviews.

Data Collection and Instruments

As mentioned before, in order to collect qualitative exploratory data, research was collected through face-to-face interviews. Participants were also informed that the interview was recorded. Prior to beginning the interviews, participants' demographic information, such as their employee status, education

level, age, gender, and ethnicity origin were collected. It is also important to determine the number of years that they have been in the child welfare field.

During the interview several questions were asked in order to explore the self-care strategies utilized by child welfare social workers to lower the risks of compassion fatigue and burnout. The interview questions were influenced by a detailed analysis of the literature. It also featured open-ended questions in order to form detailed feedback from child welfare workers. Some of these questions included the type of self-care strategies that social workers use in their daily lives, the effectiveness of the self-care methods used and the ways in which self-care strategies assist in preventing and reducing the risks of burnout and compassion fatigue. Furthermore, these questions were prepared in clear and concise language in order to reduce the possibility of misconception.

Procedures

Participants were selected from two DCFS offices in Los Angeles County. A flyer and email were sent out stating the aim and objectives of the research study. The flyers and emails also included proposed dates and times for face-to-face interviews. Individuals who choose to take part in the study were informed of consent and additional details.

The researcher sought approval from DCFS' research department in order to receive permission to carry out the study. Immediately approval was granted, an announcement was made at employee meetings at both offices to give more information regarding the proposed research study and to answer any questions

for individuals who may be interested in participating. Additional flyers and a sign-up sheet with the proposed dates were also provided.

Upon participating, social workers received informed consent forms and meeting rooms were reserved for the interviews at both offices. The interviews lasted anywhere from 10-25 minutes based on the amount information participants chose to disclose. Prior to beginning the interview, the researcher requested permission from the participants to record the interview in order to assist in transcription. Information regarding the purpose of the study was again presented and individuals were also informed that there was minimal discomfort and risks from participating in the study. Participants also had the option to ask any questions prior to beginning. Participants were notified when the interview and audio recording began. At the end of the study, the participant was thanked for their role in the study and allowed to ask any additional questions that they may have.

Protection of Human Subjects

The confidentiality and anonymity of the study participants were protected. Participants' email, phone numbers, and names were safeguarded and not disclosed at any point or connected to the data. This information was protected by securely storing the information where it cannot be exposed. Each participant received a pseudonym in order to ensure confidentiality in the study. As mentioned before, an email was sent to employees in regard to informed consent and the purpose of the research study. The informed consent form was

developed in order to explain that the study involves research, to explain the rights of the participants, and an agreement to be involved in the study. The informed consent also explained how participants were protected in the study. Individuals who chose to participate, were informed that they have the ability to withdraw from the study without penalty and their participation is completely voluntary. This allowed for individuals to not feel as though they were coerced or forced into completing the research study. After the interview, there was also a debriefing portion of the study. Participants had the ability to receive the researcher's contact information in case of any additional questions or concerns regarding the study.

Data Analysis

Data was analyzed using SPSS on Windows software and through a thematic approach. Descriptive statistics of age, gender, education level and employee status were conducted. As mentioned before, the interviews from the study were recorded. After the interview, each audio recording was transcribed. During the transcription process, the researcher was involved in expanding on and interpreting the major themes of the interviews.

Data from this study was analyzed incorporating Neuman's (2006) qualitative data techniques. The first technique is conceptualization which consists of refining concepts in order to measure variables (Neuman, 2006). In other words, by using this technique the researcher can organize data according to the research question. The open coding technique was used to discover the

themes from each interview. These themes include child welfare jargon used by participants and self-care strategies implemented. The axial coding technique was used to reassess the data to determine if any other major themes came about. The selective coding stage was used to examine all data in order to compare it to past literature and findings. Thus, allowing for leads in the advancement of new ideas.

Summary

This chapter contained the methods approach towards addressing this study. The qualitative exploratory study identified social workers between the ages of 35-65 who have been in the child welfare field for a minimum of five years. There will be a total of 15 non-random participants for the research study and face-to-face interviews were incorporated. Furthermore, Neuman's qualitative data analysis techniques were used in order to get a better understanding of the data gathered in the proposed study.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the demographics and information shared by child welfare social workers interviewed for this study. Significant findings in regard to perceptions and coping strategies of burnout and compassion fatigue, the best self-care methods practice and advice given to new child welfare social workers were also shared when interviews were conducted.

Presentation of the Findings

Demographics

For this study, there was a sample population of 15 child welfare social workers who completed the interview. Of the participants, 2 of them were men who made up 13.3% of the population, while women made up 86.7% of the sample size. In regard to ethnicity, the sample size was relatively diverse. This group included 26.7% of Caucasians, 33.3% of African Americans, 26.7% Hispanics, and 13.3% of Armenians.

The median age of those who participated in the study was 46. The oldest person who participated in the study was 65 years old, while the youngest who participated was 27 years old. In regard to the age groups of 20-30, there was 2 participants. Regarding the age group of 31-40, there was 3 participants. The

study included 1 participant in the age bracket of 41-50, 7 participants in the age group of 51-60 and 1 participant in the age group of 61-70.

Of the participants, 7 participants (46.7%) had obtained a bachelor's degree, 7 participants (46.7%) had obtained a master's degree and 1 participant (6.7%) had obtained a doctorate level degree. Regarding their current staff positions, 2 participants (13.3%) had identified themselves as a CSW I, 3 participants (20%) identified themselves as a CSW II, and 10 participants (66%) identified themselves as a CSW III. In regard to how long they have been working at DCFS, 5 participants have been working at DCFS between 1 and 5 years, 4 participants have been with DCFS between 6 and 10 years, 1 participant has been with DCFS between 11 and 15 years, 2 participants have been with DCFS between 16 and 20 years, and 3 participants have been with DCFS between 21 and 25 years.

Perceptions of Compassion Fatigue and Burnout

The participants were asked of what their perceptions were on compassion fatigue and burnout. All participants were familiar with the terms of compassion fatigue and burnout and recognized that they were both crucial issues in child welfare sectors due to what employees were exposed to on a daily basis. Of all the participants, 33% of participants (5 participants) stated that compassion fatigue and burnout are caused by lack of support by the agency, while 13% of participants (2 participants) mentioned that compassion fatigue and burnout is caused by not being able to handle the workload given to them. One

participant shared that some social workers “manage their cases better than other...But you have to figure out a way to deal with it or you’re going to end up quitting” (15, personal interview, February 2018). In other words, finding necessary coping strategies will assist in preventing leaving the jobs.

Nine participants (60%) mentioned that they perceived compassion fatigue and burnout as affecting those who are new in the field of social worker. For example, one participant who has been with DCFS for 21 years, claimed that “I have a really strong work ethic due to being a baby boomer... millennials that are coming in [to DCFS] are overwhelmed by the amount of work that we have to do” (18, personal interview, February 2018). Another participant, who has been in the field for 24 years, stated that many new social workers thinking can best be interpreted as “going along with the lines of what they anticipated when they came into the field as opposed to what they got” (12, personal interview, February 2018). In other words, many social workers came into the field with a predetermined outlook on the child welfare but received something different than they anticipated.

Coping Strategies

Of the 15 participants interviewed, 13 participants (86%) have been unaffected by compassion fatigue, while only two participants (13%) have ever been affected. In regard to the two participants (13%) who have experienced compassion fatigue, both shared that they have found ways of coping with the stress in the work place through therapy. One participant who has been with

DCFS for 8 years claimed that therapy was helpful because “I was able to get my frustration out without affecting with my ability to deal with my clients...You get very frustrated with parents who don’t want to work, learn or get their kids back” (I4, personal interview, February 2018).

In regard to the 13 participants (86%) unaffected by compassion fatigue, 5 participants (38%) stated that they have not been affected by compassion fatigue because they see social work as a calling and/or passion. For example, one participant who has been with DCFS for 5 years stated that “I feel like it’s a calling and because I love what I do...My gratification is being able to work with these clients...The majority of working with these clients is already about showing compassion” (I12, personal interview, February 2018). Two participants (15%) claimed that they have not been affected by compassion fatigue due to being aware of what they were coming into. In other words, being aware of the high caseloads and crisis situations that may come about prepared them in avoiding compassion fatigue. Furthermore, of the 13 participants, all participants (100%) stated that they have been able to prevent it by seeking supervision when necessary.

These results differed compared to those who have experience burnout, whereas 8 participants (53%) have been affected by burnout and 7 participants (46%) have not been affected by burnout. Of the 8 participants who have experienced burnout, 4 participants (50%) stated it was due to increase in caseload. As mentioned by one participant who has been with DCFS for 7 years:

We had 38 clients each... When you talk clients that's kids so you're dealing with a mom, dad, doctor, schools, teachers, the foster parents...it's not just one contact a month, you're looking at 20 per person per child and I don't think that's taken into consideration (I1, personal interview, February 2018).

This demonstrates how an extensive caseload has an effect on how social workers are able to cope with the workplace. Of the 8 participants affected by burnout, 2 participants (25%) claimed that they did not have good supervisors, which lead to burnout due to having to do everything on their own. One participant who has been with DCFS for 21 years, mentioned that "supervisors also have a busy schedule, so supervision is often rushed. Their schedules can be just as busy as ours at times" (I7, personal interview, February 2018). In regard to the 8 affected by it, 2 participants (25%) mentioned that they cope with it by going to therapy/counseling. 4 participants (50%) claimed that they have been able to cope by venting to coworkers, friends and family. While the other 2 participants (25%), stated that they have been able to cope by taking days off of work.

Seven participants shared that in order to prevent burnout to seek supervision. One participant emphasized the importance of supervision by mentioning that "I have been blessed to have good supervisors since I've been with DCFS... they supported me because it has truly been an emotional journey with some of the cases we receive...Supervisors really are helpful" (I11, personal

interview, February 2018). Of the 7 participants unaffected by burnout, 1 participant (14%) claimed that they are unaffected by it due to not being in the field long enough to experience burnout. As mentioned by a participant who has been in the field for 5 years “I honestly I have never experienced burnout...maybe it’s because I’m still new. I know other CSW I’s in my position who also don’t feel burned out either” (13, personal interview, February 2018).

Self-care Methods

All 15 participants shared that they practiced self-care when dealing with daily stressors in the work place. Seven participants (46%) practiced self-care in the work place by taking a break from their desk by getting fresh air, walking around the building, or going to get coffee to feel rejuvenated. As mentioned by one participant:

While at work I’ll maybe stop, get out of the office, go grab a cup of coffee and come back...I take a little quick break and get back to it...These breaks are definitely helpful because it lets your brain rest for a while (16, personal interview, February 2018).

Four participants (26%) stated that they practice self-care in the work place by taking lunch breaks outside of the office, in which they are able to talk about their cases with coworkers and gain helpful tips on how to address certain situations. For example, one participant who has been with DCFS for five years, mentioned that:

I make sure that at least once or twice a week I get away from my desk at lunch because it's very easy to develop a bad habit of staying at your desk during lunch and just eating your lunch as you work...once you start that, it's kind of a downhill spiral after that (I2, personal interview, February 2018).

This demonstrates how some social workers find it effective to leave the office as an attempt to de-stress. Two participants (13%) stated that when managing daily stressors in the work place they were able to practice self-care by reading books or magazines non-related to work as an attempt to clear their minds, while the other 2 participants (13%) stated that they practiced self-care in the work place by resting their head on their desks for a short period of time. Furthermore, participants shared uniform responses in that their self-care methods in the work place differed from outside the workplace.

When participants were asked which self-care method worked best for them, 9 participants (60%) stated that they used spending time with family and friends as a form of self-care in order to catch up with each other while also sharing the daily stressors of the work week. For example, one participant mentioned that:

Spending time with family is always nice. Sometimes it's needed to just have your mind on something totally different rather than work... my family is also very supportive, which is why I would see them as my greatest self-care (I13, personal interview, February 2018).

Eight participants (53%) mentioned that they go to the gym regularly as a form of self-care and 5 participants (33%) practice religion as a form of self-care by attending church and/or praying. Four participants (26%) stated that therapy/counseling has been crucial in their daily lives. As mentioned by a participant who has been with DCFS for 21 years, "Therapy is essential. I think honestly the only reason I've been able to stay in this department 21 years is because I go to therapy every week...The one's not going to therapy are the one's getting burned out" (18, personal interview, February 2018). Two participants (13%) shared that sleeping has been the most effective form of self-care because they do not get enough sleep during the week when considering their responsibilities of taking care of their families.

Advice for New Child Welfare Social Workers

When participants were asked what advice they would give to new child welfare who may be dealing with stress in the workplace there were a variety of responses. Nine participants (60%) emphasized the importance of establishing a positive support system in and/or outside of the workplace. As mentioned by one of the participants, "Surround yourself with positive people who give you honest and good feedback...And to also be patient with the process...It's going to be very difficult, but as you gain more experience the load will feel a little bit lighter" (17, personal interview, February 2018). Forty-six percent of participants interviewed shared that new child welfare social workers should seek supervision from their supervisor or a seasoned worker in the case that the

supervisor becomes too busy or is lacking in the support that is needed. Five participants (33%) shared that new social workers should put themselves first when they start to feel stress. As mentioned by one participant who has been with DCFS for 13 years “I would say you need to take care of yourself first...Make sure you get sleep, rest, pray, and eat well because those things are ideal” (I14, personal interview, February 2018). Four participants (26%) advised that new social workers practice patience when dealing with stress in the work place Two participants (13%) mentioned that new child welfare workers should use therapy as an outlet to express their feelings.

Summary

In summary, this chapter highlighted the demographics and specific information shared by the participants. This information presented by the 15 participants in the interview featured the major and minor findings of the perceptions and coping strategies of burnout and compassion, while also discussing the most effective self-care strategies. In addition, recommendations by the 15 participants were given in order to assist new child welfare social workers.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the significant findings addressed in the Results chapter. Discussion of limitations of the research study, recommendations for the practice of social work, its policies and research will also be highlighted. Furthermore, a conclusion will summarize the key aspects of what the study aimed to address and emphasis on how these findings should be taken into consideration in the field of child welfare and the social work field as a whole.

Discussion

This research study was able to address four key findings when exploring compassion fatigue, burnout, and self-care. These major findings can be collaborated with current literature to support the ways in which this issue can be explored within the agency.

Formal Agency Support

The study identified the need for development and improvement of agency support systems for child welfare social workers in order to have better performance in the work place and reach a level of job satisfaction. This aligns with the findings of Kim and Stoner's study (2008), in that an agency's job resources, such as job autonomy and social support has a crucial effect on turnover rates and burnout. Kim and Stoner (2008) were also able to suggest that

being involved in an agency that offers high a support system assists in the likeliness of the social worker staying with the agency. Furthermore, the need and improvement of agency support systems was also consistent with that of Barth et al. (2008) in that when measuring job satisfaction amongst child welfare social workers handling several ongoing cases, there was significant association between organizational issues and support policy implementation.

The Support of Supervisors

Having the support of supervisors and gaining from their knowledge and experience was also highlighted as a major finding in this research study. This finding is in agreement with the literature of the National Survey of Child and Adolescent Well-Being (NSCAW) in that the quality of supervision that a social worker receives from their supervisors is the strongest predicament of satisfaction and ability to experience burnout and compassion fatigue (Barth et al., 2008). The effectiveness of supervision practice can best be described as providing support on an emotional level and providing knowledgeable advice, while also taking into consideration of what was received by the social worker (Barth et al., 2008). In regard to the participants of this research study, child welfare social workers absorbed the knowledge they received from their supervisor through acknowledgement of the time spent with them and their gratitude towards being a sense of support in the field. It is significant to be aware of time spent with supervisors. Barth et al. (2008) study also concludes

that social workers need a minimum of two hours per week of supervision that is conducive and supportive to their work as a child welfare social worker.

Effectiveness of Informal Support

Another significant finding of this research was the importance of having informal support systems within and outside of the organizations when dealing with stress in the workplace and implementing self-care. Informal support systems in the workplace are identified as those who have been in the field for many years and is generally open when social workers aim to seek advice. Informal support systems outside of the workplace are best described as friends, family, and other social workers in comparable or different agencies. This key finding aligns with Bloomquist et al. (2015) in that social workers who practiced self-care through the means of venting to co-workers and those they share a substantial relationship with, were likely to safeguard against burnout and compassion fatigue compared to social workers who kept to themselves. Support from peers is highly effective when dealing with daily stressors in the work place in that a social worker is provided with support professionally, socially and emotionally (Lloyd, King, & Chenoweth, 2012). Family and friends are also seen as informal support systems in that they are not always seen in the formal setting. Furthermore, this form of support usually knows the social worker on a deeper and personal level, which allows the social worker to feel more comfortable sharing their ongoing struggles in the work place.

Self-care in Preventing Compassion Fatigue and Burnout

The last key finding of this study was the use of self-care as a mechanism for coping with and preventing compassion fatigue and burnout. All participants found that implementing self-care is critical to one's well-being within and outside of the organization. This aligns with the findings of Bloomquist et al. (2015) in that self-care methods, such as engaging in spirituality was found to provide social workers with the support needed to cope with strenuous experiences in the workplace and prevent burnout. Participants often mentioned therapy as a beneficial self-care method that all social workers should incorporate. This is consistent with the study finding of Williams et al. (2010) finding that incorporating therapy in a professional's daily life, more specifically therapeutic mindfulness exercises, lead to self-awareness and being in-tune with one's work environment. In regard to exploring self-care practices in this research study, each participant shared how the methods best suited their needs when reducing stress in the workplace. Self-care methods were best demonstrated as being multi-purposeful in that they have several functions but do not generally have the same effect on all individuals. For example, Williams et al. (2010) on the perspectives of self-care methods, it was suggested that spirituality had very little effect on those who do not normally practice any form of religion compared to those who do. Furthermore, determining which self-care methods is most beneficial to one's self will allow for the possibility to cope with anxiety and stress that comes from the workplace (Williams et al., 2010).

Limitations

In regard to the limitations of this study, distinct aspects should be considered. This study had a sample size of 15, in which 13 of the participants were women. These women are not capable of representing the viewpoints of all women working in DCFS in Los Angeles County. In addition, due to the lack of men in this study, it is not possible for the 2 participants to represent the outlooks of male child welfare social worker working for DCFS. As mentioned previously, only two DCFS offices in Los Angeles County were interviewed for this study as opposed to the 17 other offices within Los Angeles County. Another limitation of this research study was the lack of presence of CSW I's and CSW II's as opposed to CSW III's present in this study. In DCFS, CSW III's tend to have been with the agency longer, which created a shift in their opinions as to how to manage compassion fatigue and burnout compared to social workers who have been with the organization for 5-10 years and have yet to find ways to cope with it or have yet to experience both phenomena's.

Recommendations for Social Work Practice, Policy and Research

Based on the major findings of the research study, child welfare social workers long for ways in which they are able to receive the necessary support within the agency to address their needs, while also having effective approaches towards coping and preventing compassion fatigue and burnout in the field of child welfare. Without these things, they have no other choice, but to create their own ways of handling compassion fatigue and burnout, but their way may not

always be effective. On a micro level, it is recommended that child welfare social workers remind themselves of the core values they have as social workers. Most importantly, they must remember the values of service and the significance of human relationships. These core values are most important in that social workers have a responsibility to provide service to others above their own self-interest and that relationships built on a strong foundation are able to act as an instrument for change (NASW, 2008). These values can easily be corrupted and affect the work that social workers have with their clients, when they are unable to find ways of coping and preventing compassion fatigue and burnout. Furthermore, when social workers are unable to provide quality services to their clients, it creates a sense of distrust and can likely leave a client with a negative perspective of how they view social workers.

Another suggestion that should be taken into consideration is the importance for child welfare social workers to have supervisors they are able to meet regularly. Unfortunately, some agencies do not provide opportunity for child welfare social workers to have direct access to supervisors when they need it most. In addition, without access to these supervisors, child welfare social workers are unable to receive extensive supervision which leaves clients in a place of not receiving the support and care that they need (Service Employees International Union (SEIU), 2009).

On a macro level, action must be taken within the agency and state in order to address the needs of child welfare social workers who are suffering due

to the traumatic experiences they endure. It is recommended that organizations reduce the caseloads of child welfare social workers. According to the NASW (2008), 90% of states have reported that retaining social workers are difficult due to the high workload and lack of sufficient training. It is suggested that administrators strengthen current training programs and policies, such as their Children Social Worker Core Academy by including recommendations from other child welfare social workers who are currently working in the organization. Having these recommendations would be a significant tool when assisting new social workers because they are provided with insight from those who are currently engaging in practices they are preparing to take on. Providing regular ongoing training for supervisors in addressing the needs of social workers should also be considered when creating change within the agency. By doing this, supervisors are always up to date on the ways they are providing support needed for their workers. In addition, ongoing training for child welfare social workers would also be helpful in that they are constantly gaining more knowledge in the field of social work and finding the ways in which they can improve their practice in the workplace.

In understanding the effectiveness of organizational support on staff, there is limited information that can support the change amongst child welfare social workers (SEIU, 2009). Agencies, such as DCFS should measure the effectiveness of these changes made to trainings through survey and questionnaire tools, which are to be completed by child welfare social workers

and supervisors to receive the necessary feedback on how to improve future trainings.

Conclusion

This study explored the ways in which self-care reduced the risks of compassion fatigue and burnout, while also exploring the needs of improvement within child welfare organizations, more specifically DCFS. All participants highlighted the ways in which self-care has assisted within and outside of the organization while also discussing the ways in which DCFS can improve to prepare new workers, and reducing turnover rates. This research study hopes to help social workers who are interested in child welfare and give insight as to how they can prepare, while also giving child welfare agencies understanding of the hardships that social workers face in order to provide a more balanced work environment.

APPENDIX A
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the methods of self-care implemented by child welfare social workers while also understanding the ways in which these methods are seen as effective in reducing the risks of compassion fatigue and burnout. The study is being conducted by Chigolum Anene, a graduate student, under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

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

DESCRIPTION: Participants will be asked about demographics and several open-ended questions on their current use self-care methods.

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

DURATION: It will take 20 to 60 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants.

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

CONTACT: If you have any questions about this study, please feel free to contact Dr. Chang at (909) 537-5184.

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 2018.

I agree to be tape recorded: YES NO
 This is to certify that I read the above and I am 18 years or older.

_____ Place an X mark here _____ Date

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX B
INTERVIEW GUIDE

Interview Guide for Research Study

Demographics

1. What is your current age?
2. What is your ethnicity?
3. What is your gender?
4. How long have you been working in the child welfare field?
5. What is your current staff position?
6. What is your current level of education?

Self-care, Burnout and Compassion Fatigue Questions

1. What are your perceptions on compassion fatigue?
2. Have you ever been affected by compassion fatigue?
 - If yes, in what way and how were you able to cope with it?
 - If no, in what ways have you been able to prevent it?
3. What are your perceptions on burnout?
4. Have you ever been affected by burnout?
 - If yes, in what way and how were you able to cope with it?
 - If no, in what ways have you been able to prevent it?
5. How do you practice self-care when dealing with daily stressors in the work place?
6. Do your self-care methods differ outside of the workplace?
7. What self-care methods work best for you overall?
8. What advice would you give to a new child welfare worker who may be dealing with stress in the workplace?

Developed by: Chigolum Anene

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL

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

Researcher(s) Chigolun Anene
Proposal Title Compassion Fatigue, Burnout and Self-Care Amongst
LA County Child Welfare Social Workers
SW 1826

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

Proposal is:

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

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)

[Signature]
Committee Chair Signature

1/16/2018
Date

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

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