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Sandina Begic
Boise State University

Jennifer M. Weaver
Boise State University

Theodore W. McDonald
Boise State University

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Sandina Begic
Center for Health Policy
Boise State University

Jennifer M. Weaver*
Department of Psychological Science
Boise State University
jenniferweaver@boisestate.edu

Theodore W. McDonald
Department of Psychological Science
Boise State University

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Abstract

The overarching goal of this study was to understand the context of home visitor secondary traumatic stress and burnout, and how this might affect intention to quit among home visitors, particularly focusing on potential risk factors and supportive strategies identified by the home visitors. All home visitors providing services in the state in which the research was conducted (N = 27) completed a structured interview and a quantitative survey at two time points, 6 months apart. Results indicated that more than two-thirds of the home visitors experienced either medium or high levels of secondary traumatic stress and burnout over the course of the study. Approximately one quarter of home visitors indicated thinking of leaving their present position. Qualitative data indicated that risk factors associated with burnout included those related to both direct and non-direct services. Risk factors associated with secondary traumatic stress included traumatic stress of families, inability to recognize one's own experiences of secondary traumatic stress, and unhealthy work culture. In terms of protective factors, home visitors strongly emphasized the importance of having a supportive supervisor who they could trust and communicate with openly.

Keywords: secondary traumatic stress, home visitors, burnout

Home visiting programs have existed in the United States for many years; the earliest documented home visiting services were offered at least 130 years ago (Charity Organization Society, 1883; cited in Sweet & Appelbaum, 2004; see also Wasik, 1993). Yet, it was not until the 1980s that rigorous evaluations of the benefits of home visiting programs began to surface (e.g., Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds, Henderson, Tatelbaum, & Chamberlin, 1986). In 2010, home visiting programs serving pregnant women and new mothers and their children were significantly expanded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funded through the Patient Protection and Affordable Care Act (PPACA, 2010) (Adirim & Supplee, 2013). Consequently, hundreds if not thousands of new home visitors have likely been hired throughout the country (Adirim & Supplee, 2013).

The training of home visitors can be extensive and costly (Azzi-Lessing, 2011), making retention a key issue for local implementing agencies (LIAs). For a variety of reasons, including relatively poor compensation, working with highly stressed families, and high demands with few resources, turnover tends to be high among home visitors (Gill, Greenberg, Moon & Margraf, 2007; Lee et al., 2013; Wasik, 1993). Some factors causing the high turnover are believed to be secondary traumatic stress (STS) incurred by working with traumatized families (Osofsky, 2009) and burnout from emotional exhaustion (e.g., Gill et al., 2007; Lee et al., 2013). In this exploratory study, we utilized a mixed methods approach to document the prevalence of STS, burnout, and intention to leave one's job among home visitors providing MIECHV-funded services in one Northwest state over the course of 6 months and to identify aspects of the position that may act as risk or protective factors for these workers.

STS, Burnout, and Intention to Quit

Also called compassion fatigue or vicarious stress (Bride, Radey, & Figley, 2007; Jenkins & Baird, 2002), STS is described as a common result of working with traumatized others, and has been documented in therapists, social workers, first responders, nurses, and others in helping professions—including home visitors (Beck, 2011; Boscarino, Figley, & Adams, 2004; Cornille & Meyers, 1999; Figley, 1995; Lee et al. 2013). It has been maintained that because people in human service professions work so closely with traumatized others, they come to share much the same burdens from the trauma as the traumatized victims themselves (Bride et al., 2007). Osofsky (2009) argued that those who work with traumatized infants and children may be particularly at risk for STS, as they may feel compelled to "rescue" the infant or child to protect him or her from traumatic circumstances, a feeling that may ultimately increase the likelihood that the person experiencing STS withdraws from the case or leaves his or her position.

Often linked to STS but conceptually distinct, burnout has been studied intensively in the organizational, social science, and health science literatures. Characterized by an enduring emotional response to chronic stressors in a professional setting, burnout is conceptualized as having three dimensions: exhaustion (emotional, physical, or both), inefficiency (also known as professional efficacy), and cynicism (also known as depersonalization) (Lee et al., 2013; Schaufeli & Bakker, 2004). In the context of home visiting, burnout has been reported to be caused by job and role strain, workload and time pressure, and lack of supervisory support (Lee et al., 2013). Like STS, burnout is understood to affect professionals' intention to leave their jobs and turnover (Leiter & Maslach, 2009; Linzer et al., 2015; Schaufeli & Bakker, 2004).

Studies on home visiting have consistently reported turnover rates to be high (e.g., Korfmacher, O'Brien, Hiatt, & Olds, 1999; Wasik, 1993; Wasik & Roberts, 1994). Exactly how staff turnover affects service delivery is not known (Gill et al., 2007), however, at the very least, it likely incurs cost to the LIA (through recruitment and training expenses) and some disruption in services to families assigned to home visitors who quit or are otherwise terminated. The literature seems surprisingly sparse on the factors that influence home visitors' intentions to leave their organizations (turnover intentions) or to actually leave those organizations.

Risk and Protective Factors for Home Visitors

In addition to documenting the prevalence of STS and burnout among this population of home visitors, we also sought to understand the risk and protective factors these workers experienced as part of their job. With regard to risk factors, we explored several potential characteristics of the job, the families, and the home visitors themselves that may serve to exacerbate or differentiate home visitors' experience of STS, burnout, and intention to quit. In terms of protective factors, our attention was particularly focused around the workplace environment. Although there is a growing body of research on STS and burnout among workers in the human services field (e.g., Boyas & Wind, 2010; Leiter, Gascon, & Martinez-Jarreta, 2010; Lizano & Mor Barak, 2012), there is a lack of research on protective factors that may mitigate risks for STS and burnout (Gupta, Paterson, Lysaght, & von Zweck, 2012; Halbsleben & Buckley, 2004; Herbert & Dudley, 2009) and just how these protective factors may vary across different groups of workers (Boyas, Wind, & Ruiz, 2015; Green, Albanese, Shapiro, & Aarons, 2014). Because working in the home visiting field often means working with high-need families while being relatively poorly compensated and having limited resources, it seemed imperative to understand whether and to what extent a supportive work environment may act as a protective factor that could mitigate the prevalence of STS and burnout.

Reflective Supervision. Reflective supervision (RS) is considered by many to be an integral part of interventionist work (Minnesota Association for Infant & Early Childhood Mental Health, n.d.; Paulsen, Boller, Hallgren, & Esposito, 2010; Watson, Neilsen Gatti, Cox, Harrison, & Hennes, 2014). There is a growing literature that suggests that RS may have a positive effect on job satisfaction and job stress among early childhood workforce, such that interventionists who receive regular RS experience a reduction in job-related stress (Watson & Neilsen Gatti, 2012; Watson, Neilsen Gatti, Cox, Harrison & Hennes, 2014). We specifically queried home visitors about their experiences with RS to determine whether they felt it to be a helpful exercise that mitigated the negative effects of working with high-need families.

Workplace Supportiveness. Firth, Mellor, Moore, and Loquet (2004) have found that supervisor support can reduce job stress and intention to leave one's job among workers in the service industry. In recent years, several studies have examined how perceived support from one's supervisor may mediate the prevalence of STS, burnout, and intention to leave one's job among human services workers (Boyas, Wind, & Kang, 2012; Firth et al., 2004; Lee et al., 2013;

Leiter, et al., 2010; Swanson & Power, 2001; Yoo, 2002). However, to our knowledge, there are no studies that have explored whether and exactly how perceived support from one's supervisor may act as a potential protective factor among individuals working in the home visiting field.

Humor. In preliminary, anecdotal conversations with home visitors, the importance of humor in the workplace was frequently emphasized as a mechanism for dealing with daily work stressors such as working with families with high needs and balancing the desire to help while maintaining professional boundaries. Indeed, the positive effects of humor on job satisfaction and wellbeing (Martin, 1996; Mesmer-Magnus, Glew, & Viswesvaran, 2012), including burnout (e.g., Abel, 2002; Gupta et al., 2012; Talbot, 2010), are well documented. We are, however, not aware of studies examining how humor may act as a protective factor among home visitors.

Current Study

The overarching goal of this study was to understand the context of home visitor STS and burnout, and how this might affect home visitors' intention to quit, particularly focusing on potential risk factors and supportive strategies identified by the home visitors themselves.

1. What are the levels of STS, burnout, and intention to quit one's job in this population of home visitors? This question was explored through the use of qualitative data.
2. How do factors related to the families (percent of families with high needs on one's caseload and caseload size), satisfaction with the workplace (pay, resources, institutional culture, supportive work policies), the supervisor (quality of RS, supportive supervisor, perceived supervisor's sense of humor), and the home visitors themselves (sense of humor) relate to home visitors' reports of STS, burnout, or intention to quit? This question was explored through the use of quantitative data.
3. What are home visitors' perceptions of risk factors and how do these relate to STS and burnout? This research question was explored through qualitative data.
4. How do workplace supportiveness, RS, and use of humor act to mitigate the negative effects of working in a high stress profession? This research question was explored through qualitative data.

To address these questions, we collected data at two time points, 6 months apart, from all eligible home visitors situated within 10 different LIAs.

Method

Participants and Data Collection Timeline

Sampling was not utilized in this study due to the small size of the home visiting program in the state in which it was completed. All 27 eligible home visitors were invited to participate. Their characteristics are presented in Table 1. No incentives for participation were offered. All data collection procedures were approved by the authors' institutional review board. Quantitative data were collected in December 2015 (Time 1) and July 2016 (Time 2). Qualitative interviews were completed in November-December 2015 (Time 1) and May-June 2016 (Time 2).

Measures

The quantitative measurements of the key constructs were collected using the following instruments. All surveys were administered via an online survey platform (Qualtrics).

STS and Burnout. STS and burnout were measured using the ProQOL scale (Stamm, 2010). The STS and Burnout subscales of the ProQOL include 10 items each with responses scored on a 5-point scale ranging from 1 = Never to 5 = Very often. Following the tool developer guide, the raw STS and burnout scores were converted to t-scores and coded following the tool-specific guidelines as low (less than or equal to 43), medium (between 44 and 56), or high (57 or above). The Cronbach's alpha for the STS scale was 0.90 and for the Burnout scale it was 0.80.

Intention to Quit. Intention to Quit was measured with a two-item scale from the organizational literature (Firth et al., 2004). The first item, using a 5-point scale ranging from 1 = Rarely or Never to 5 = Very often, asks, "How often do you think of leaving your present job?" The second item, using a 5-point scale ranging from 1 = Very unlikely to 5 = Very likely, asks, "How likely are you to look for a new job within the next year?" (Cronbach's alpha = 0.86).

Reflective Supervision. RS was measured using the Supervisory Working Alliance Inventory-Trainee (SWAI-T) (Efstation, Patton, & Kardash, 1990). It contains 19 items on two scales (Rapport [12 items] and Client Focus [7 items]) rated on a 7-point scale ranging from 1 = Almost never to 7 = Almost always. It includes items such as, "I feel comfortable working with my supervisor," and "My supervisor helps me talk freely in our sessions." Alpha reliability coefficients were 0.97 for the Rapport scale and 0.95 for the Client Focus scale.

Supervisor's Supportiveness. Perceived support from one's supervisor was measured with a subscale of the Workplace Scale consisting of three items rated on a 5-point scale ranging from 0 = Not at all to 4 = Very much (Firth et al., 2004). It addresses the degree to which one's supervisor goes out of her way to support the home visitor, the ease with which the home visitor can talk about job-related problems with her supervisor, and the level to which the home visitor can rely on her supervisor when things get tough at work (Cronbach's alpha = 0.87).

Supportive Work-Life Policies. Perceived supportive work-life policies was measured with a single item rated on a 5-point agreement scale (low to high), adopted from the Work-Life Support Index (Civian, Richman, Shannon, Sandee, & Brennan, 2008). This item asks whether an individual's organization has policies that are supportive of personal family responsibilities.

Humor. Home visitors' use of humor was measured with the Coping Humor Scale (Avolio, Howell, & Sosik, 1999) that consists of five items rated on a 4-point agreement scale (low to high). This scale includes self-descriptive statements such as "I often lose my sense of humor when I'm having problems" (Cronbach's alpha = 0.79).

Perceived sense of humor of the supervisor was measured with a 5-item scale (Avolio et al., 1999), rated on a 4-point scale (0 = Not at all to 4 = Frequently, if not always). Items include queries about supervisor's use of humor in stressful situation (Cronbach's alpha = .90).

Length of Time Working with MIECHV Families. Length of time home visitors spent working with MIECHV families at the time of survey completion was measured with a single open-ended item asking them to indicate the length of time working with MIECHV families.

Percentage of Families with High or Special Needs. Percentage of families with high or special needs was measured with a single open-ended item asking home visitors to indicate what percentage of families on their current caseload were families with high or special needs.

Satisfaction with Employment Situation. Home visitors' satisfaction with their employment circumstances was measured with four items rated on a 7-point satisfaction scale (low to high) developed by the researchers. These items measured their satisfaction with pay, caseload size, availability of resources, and the overall institutional culture at the workplace.

Interview Protocol. The qualitative data were collected in in-depth semi-structured individual interviews (for interview protocol see Appendix A). Nearly all topics that were measured using the quantitative tools described above were also explored in individual interviews. Two primary topical categories that were explored in these interviews were: i) potential risk factors for STS, burnout, or both (including caseload size, geographic region, and percentage of families served with high or special needs), and ii) potential protective factors that may lower the risk of experiencing STS, burnout or both (including RS, perceived support from one's supervisor, perceived supportive work-life policies, perceived job flexibility, use of humor by the home visitor, and perceived sense of humor of the supervisor, among others).

Data Analysis

All quantitative data were entered into SPSS and subjected to simple statistical analysis to document the prevalence of the three key constructs and factors associated with each.

The qualitative data gathered through personal interviews were analyzed using the framework method of analysis (Gale, Heath, Cameron, Rashid, & Redwood, 2013). Once transcribed, each interview was organized and manually coded for preset and emerging themes by at least two members of the research team to increase analytical rigor. The coded data were then used to start mapping emerging patterns in home visitors' experience of STS and burnout. Due to the small sample size, the research team determined that ascribing quotes to individual home visitors may

compromise their anonymity. Thus, instead of creating a list of individual home visitors, assigning a pseudonym to each, and identifying which quote came from which home visitor, the researchers used the more general language such as "one home visitor."

Results

Levels of STS, Burnout, and Turnover Intentions

Preliminary analyses suggested no statistical differences between the Time 1 and Time 2 survey data, so we present them here in a combined fashion. Analyses of the survey data were undertaken to determine the levels of STS, burnout and intention to quit. Descriptive results are presented in Table 2. We also report, in Table 3, the percentages of home visitors who could be classified as having low, medium or high levels of STS and burnout, which indicate that more than two-thirds experienced either medium or high levels of STS (69.0%) and burnout (73.8%).

When asked how often, if ever, they thought of leaving their present position, almost half of the home visitors selected rarely or never as their response (47.6%), with nearly 29.0% indicating having such thoughts occasionally (19.0%) or sometimes (9.5%). Just under one-quarter indicated thinking about leaving their present position fairly (14.3%) or very (9.5%) often. A majority (52.4%) of the home visitors reported being very unlikely (40.5%) or unlikely (11.9%) to look for a new job within the next year and approximately one-fifth expressed being likely (2.4%) or very likely (19.0%) to do so; the remaining respondents (26.2%) indicated being unsure about looking for a new job within the next year. On average, the home visitors expected to work six-and-a-half years for their present organization (ranging from zero to 35 years).

Factors Associated with STS, Burnout and Turnover Intentions. We examined whether factors related to the families, satisfaction with the workplace, the supervisor, and the home visitors themselves were associated with home visitors' reports of STS, burnout, and intention to quit. Descriptive statistics and correlations for these variables are presented in Table 4. Results suggest that home visitors who had worked with MIECHV families for a longer length of time had higher levels of STS, burnout and intention to quit. Also negatively related to these outcomes were the home visitors' satisfaction with pay and the institutional culture. The home visitors' perceptions of their relationship with their supervisor, including the supervisor's sense of humor, were also consistently related to STS, burnout and intention to quit.

Home Visitor's Perceptions of Risk Factors

To address our third research question, we next turned to the qualitative interview data to examine what risk factors home visitors themselves identified in their daily work, and how they perceived these risk factors to relate to STS, burnout and intention to quit.

Risk Factors Associated with STS. In speaking of STS, home visitors often expressed having difficulties coping with so-called 'normalized' trauma, encountered frequently in their work with families. Many felt that some families accepted traumatic experiences as "just part of life," internalizing them to such an extent that living in "this culture of abuse," to borrow from one home visitor, simply became a part of their personal culture. Clearly struggling with accepting this notion, one home visitor stated,

> I definitely have had some clients tell me some fairly traumatic things that have happened to them, kind of the sad part with some of the clients though is that to them it's very nonchalant, like, "Oh yeah, I was abused." or "Oh yeah my foster dad used to molest us." Stuff like that to them is like, "Yeah, that just happens."… And for us it's kind of hard to think that to them that's normal behavior. Or that my boyfriends used to hit me and that's just how things were.

Accepting that some clients experienced emotional or physical abuse within their relationships as something that is "not a big deal" was difficult for many to process without being personally affected. One home visitor noted how "hard" it was to process "that people have to live with trauma," thinking that "they've always had 'normal' relationships." Several home visitors struggled connecting with or "reaching" families due to the severity of their traumas. Describing how challenging it was for her to witness what a young mother had to deal with on a regular basis, one home visitor verbalized her emotional struggle by explaining:

> Sometimes I cry on the drive home. It's hard that people have to live with that kind of trauma. They think they've always had 'normal' relationships or write things off as him being [of a particular cultural background] or just like their dads but really it is abuse. So that culture of abuse is hard.

In speaking of risk factors and STS, the home visitors' inability to recognize changes in their own emotional and physical wellbeing stemming from their work emerged as a significant factor. As one home visitor explained, "I would be the type of person that would be the last to know that I was experiencing secondary trauma. I'm not really good at recognizing that in myself."

Paralleling the survey results, several home visitors also discussed how their ability to process the trauma of the families was affected by the lack of adequate RS, an unsupportive supervisor who was unwilling or unable to acknowledge that the home visitor was experiencing vicarious trauma, or unhealthy work climate. Noting how she often felt isolated and unsupported by her supervisor, one home visitor described the effect the unhealthy work environment had on her, "I'm so tired of arguments, and I'm so tired of fighting. I just, and I rack my brain over how I contribute to it, what should I do, and I think, I'm just not gonna talk to anybody."

The absence of adequate RS was noted as a risk factor by several home visitors, particularly those whose RS provider was also their administrative supervisor. They felt cautious about sharing any negative emotions they may experience in response to their work with high-need families because they feared that sharing such emotions in a RS session could spill over into their performance evaluation at the administrative level. It also became apparent that the RS sessions were not always fully utilized as intended (in some cases these sessions were used more for case management purposes, not as genuine reflection), which is most likely due to the fact that the person who was responsible for RS also acted as the administrative supervisor.

Risk Factors Associated with Burnout. Because the home visitors frequently expressed a dichotomy between direct services and all other aspects of home visiting, the risk factors and stressors associated with burnout were grouped accordingly.

Risk Factors Associated with Direct Services. The risk factors named with some frequency included caseload size, family characteristics and lack of family buy-in and follow-through.

Contrary to expectations, very few home visitors felt that their caseload size was too large or overwhelming. In fact, the vast majority felt that it was just right, several noting that having a sufficiently large caseload size was good because it kept them busy. One home visitor even stated that she liked carrying a larger caseload because it kept her from thinking about other families. Overall, caseload size on its own was not perceived as a major risk factor; however, having a large caseload size with families with complex, high, or multiple needs was identified as something that could be emotionally taxing and lead to burnout. One home visitor elucidated,

> I did have one family that had diagnosed mental illness. Kids weren't hers, they were her fiancés who was still married to the ex-wife and there was a lot of "Oh, my gosh – you know, how do we deal with this?" Do you call this person mom? And so, that was the family where the kids went back to mom. So, she was just really hard to work with because there were people in and out of the house all the time, stealing things. Her husband was picking up people on the side of the road…bringing them to their house to live because they didn't have anywhere to live… It was kind of scary for those kids…I would come back and go "what am I going to do? How do we change their perception of safety and what's important?" So, that was kind of overwhelming.

The importance of having a healthy balance between high need and more functional families, especially if carrying a full caseload, was repeatedly stressed. The home visitors explained that high need families typically demand more time, resources, and creative thinking on the part of the home visitor while simultaneously trying to complete the planned activities.

Another major stressor associated with direct services that can lead to the experience of burnout among home visitors was the perceived lack of family buy-in and follow-through. Most home visitors discussed how working with families that lacked motivation to make changes in their lives and the lives of their children was very frustrating. In the words of one home visitor,

> [T]hey kind of depend more on you as an educator to bring them up and raise them to, um, to raise their children correctly and to have those opportunities so I have some families that are not really interested in coming out of that situation and it's kind of hard for me to pull them out if they don't want to be pulled out. So some of the challenges are making sure that I'm providing all the tools that they need to survive or to become independent and some of the families that I have, it's kind of hard because they're not interested or they're not, um, trying hard enough.

The home visitors frequently discussed how rewarding and satisfying it was to see progress in families. They felt that all their hard work was worthwhile if the families made even the smallest progress to better their lives and the lives of their children. Because this intrinsic reward appeared to be a major motivator for so many home visitors, having families who were showing little to no interest in bettering their lives was experienced as particularly demoralizing.

Risk Factors Associated with Aspects of Home Visiting Other Than Direct Services. Most home visitors experienced providing direct services to families as the most enjoyable part of their work. While recognizing that their duties cannot be limited to direct services only, they often felt overwhelmed and burned out by other aspects of home visiting, including completing paperwork, attending meetings and trainings, and engaging in outreach and recruitment-related activities. One home visitor illustratively used the term "paperwork burnout" to explain how her experience of burnout was related to ancillary activities, and added, "but as far as working with the families, not so much." Although most home visitors expressed a need for topic-specific training in areas related to mental health and domestic violence, among others, they were not happy about being required to attend meetings and trainings they did not perceive to be particularly useful.

Model-specific requirements, including collecting an overwhelming amount of data and completing the expected number of home visits, were experienced as unrealistic. The home visitors felt that funders and model developers placed more importance on form completion and data collection than meeting the needs of the families. As one home visitor explained,

> I think another thing that I probably get conflicted with is the data. Are we helping the families or are we helping [funders'] research? Like, I'm conflicted between that sometimes, and [supervisor] always has to remind me, "If we want our money we have to help the research." And I'm thinking if we don't help the families the research isn't gonna look good at all. It's not gonna show improvement. So I'm just conflicted there.

A major risk factor identified by a number of the home visitors was related to several aspects of the work culture, including a sense of isolation expressed by members of home visiting teams housed within a larger organization, disconnect due to a lack of communication with upper management, and the supervisor's lack of understanding of home visiting. In fact, two of the three home visitors who terminated their employment between the first and the second interview clearly articulated that they decided to leave because they felt unsupported, alienated, and generally misunderstood by both their direct supervisor and upper management.

Intention to Quit. When asked what factors would lead them to consider quitting their job, the home visitors frequently discussed negative changes in work culture, unsupportive supervisors and co-workers, low pay, poor benefits including reduced flexibility, and compromised professional efficacy and interests. One home visitor detailed her experience with high-needs families and programmatic demands as a reason to contemplate quitting her job,

> Yeah, um, sometimes it is really hard to come into work, and usually it's on a week where my families have been really high need, or there's been a lot going on just in the program in general. Um, but it never gets past the thinking stage or, 'Oh God, why do I have to go to work today?' stage.

Interestingly, whereas only two home visitors identified concerns about their caseload size becoming unmanageable as a hypothetical factor that might lead them to think about leaving their position, a number of home visitors reported that overwhelming ancillary activities such as planning and paperwork could lead them to consider quitting their job.

Home Visitors' Perceptions of Protective Factors

Home visitors commented extensively on the factors that helped to mitigate the negative effects of working in a high stress profession. They emphasized the importance of having a supportive supervisor, which often included having opportunities for RS and the use of humor.

Supportive Supervisor and RS. The home visitors strongly emphasized the importance of having a supportive supervisor with whom they can communicate openly without worrying whether what they say could lead to penalties, particularly in those programs in which the administrative supervisor and the RS provider were the same person. In situations in which the supervisor was able to create a work environment that felt comfortable, having the same person provide both types of supervision was not perceived as a concern (still most home visitors noted that having periodic RS with a neutral RS provider, preferably a mental health specialist, would be desired). One home visitor who reported experiencing burnout remarked,

> The stresses with the clients are going to ebb and flow continually, but if I were to feel really supported and nurtured, that would help offset that. That makes a big difference on how you can handle that or not, whether you can just try to take care of yourself and feel like you're taken care of here too, or whether you just reach a breaking point.

Conversely, those home visitors who reported feeling well supported by their supervisor and other coworkers were much more likely to report low levels of STS and burnout. Indeed, most home visitors came to appreciate the value of RS, when performed well, in allowing them to be more reflective in their work with the families, gaining a different perspective on a situation that initially seemed overwhelming, reducing feelings of isolation, and helping with processing their own emotions related to both professional and personal life. In the words of one home visitor,

> I think [RS] is almost required to be able to work with the high needs clientele that we do work with…to have an ability to talk through the stuff that's really stressful. Just like any other emotion. You bottle it up and it doesn't work. If you bottle up what you're stressed out about with a family, you end up not being as effective in dealing internally as well as with the family. Yeah, I definitely think it's a requirement.

Although formal RS was mostly experienced as beneficial, the real value of reflective practices was experienced during informal reflective sessions with other members of the team (the RS provider, the administrative supervisor, or other home visitors), which typically occurred right after a difficult visit. Home visitors experienced these sessions as more valuable than the formal RS because they occurred more frequently and at times when they really needed them.

Supportive Work-Life Policies. Supportive work-life policies named with some frequency included flexibility, "open door" policy, availability of work-related resources including a work phone, benefits, the ability to work part-time if desired, no-overtime policy, and sufficient time allowed to build up one's caseload.

Flexibility was perhaps the most important work-life policy, particularly for those home visitors who had children themselves. Some even named this as one of the key reasons they stayed in their jobs in spite of poor pay and high level of stress. They appreciated the ability to flex their schedules, attend their children's school events and doctor's visits when needed, without experiencing penalties. Flexibility was offered by all LIAs, with an understanding that the home visitors could flex their schedules as long as their work performance did not suffer.

Generous benefits, including paid leave, personal days off, and sick leave were also important because they offered home visitors a sense of having adequate resources to maintain a healthy work-life balance. Some home visitors valued the ability to work less than full time, with a few considering leaving their jobs because of the inability to work part time. Some LIAs had a firm policy preventing home visitors from working overtime, a policy that may help minimize burnout caused by working evenings or weekends and spending too much time away from home.

Coping Strategies and Use of Humor. In addition to these protective factors, the home visitors named several coping strategies and self-care tactics they used to manage the stress of working in the home visiting field including teaching oneself to compartmentalize, setting boundaries, using humor to deal with challenging situations, and using drive time to decompress.

Teaching oneself to compartmentalize was mentioned as a key coping strategy the home visitors used in response to recognizing that they were experiencing signs and symptoms of STS or burnout, such as withdrawing, not being fully present with family members, and engaging in unhealthy eating habits. One home visitor shared that she had to actually tell her work to stay at work in order not to take it home, "You stay here until tomorrow, I'm going home." She explained how "saying that out loud and going home" made the burden feel "a little lighter." Another coping strategy,

setting boundaries, was something that a number of home visitors struggled with even though they fully recognized the importance of setting clear boundaries in managing stress. One home visitor noted that she was finally able to "take a step back and realize that anything [she does] for [the families] is better than what they were getting before."

Many home visitors reported using humor as a coping strategy to relieve the stress of working with families with complex needs, with some explaining that it frequently came down to either crying or laughing. They also noted the importance of having a supervisor and coworkers who appreciate the use of humor to lighten a difficult situation. As one home visitor explained,

> That is one of the fun things about this work environment, it is not always serious and if something does get serious, someone will all of a sudden flip something and make everyone laugh, it's really fun to kind of break the tension that way.

Although they recognized the value of humor in dealing with stress, the home visitors also noted that the humor needs to be measured and apt especially when used in the presence of the clients.

Discussion

Research on home visitors suggests that turnover tends to be high (Gill et al., 2008; Lee et al., 2013; Wasik, 1993). STS incurred by working with traumatized families (Osofsky, 2009) and burnout from emotional exhaustion (e.g., Gill et al., 2007; Lee et al., 2013) are believed to be related to high turnover rates that have been observed in this field. In this exploratory study, we utilized a mixed methods approach to address four research questions related to home visitors' levels of STS, burnout and intention to quit, the situational factors related to these outcomes, and the home visitors' perceptions of risk and protective factors within their workplace.

Results of a survey administered to the state's population of home visitors suggest that mean levels of STS and burnout were in the medium range. Overall prevalence rates show that more than two-thirds experienced either medium or high levels of STS and burnout. These results parallel those obtained in other studies conducted with professionals working in highly stressful jobs (e.g., Beck, 2011; Cornille & Meyers, 1999; Linzer et al., 2015). With such high levels of STS and burnout, it is surprising that the home visitors' reports of intentions to quit were relatively low, with half of the home visitors reporting never or rarely thinking of leaving their job. Such a finding may speak to the protective factors, which may have helped to mitigate feelings of STS and burnout, a topic that we further explored in interviews with the participants.

Using data obtained through surveys, we were also able to explore how situational factors may impact home visitors' well-being (e.g., Lee et al., 2013; Linzer et al., 2015). Results suggest that there are several key factors which may contribute to the home visitors' feelings of STS and burnout. First, it appears that the longer the home visitors work with MIECHV families the more at risk for developing STS and burnout they are. This finding corresponds to those obtained in other research with home visitors, which suggest that length of time working as a home visitor is associated with higher emotional exhaustion and lower job satisfaction (Sukhdeep, Greenberg, Moon, & Margraf, 2008). Additional notable factors that may lead to the experience of STS, burnout, and ultimately desire to quit one's job are unhealthy and insufficiently supportive institutional culture, including inadequate pay and benefits, and negative working alliance with one's administrative supervisor and RS provider. In a recent study with Early Head Start workers, West and colleagues (2018) also observed that greater job withdrawal was associated with low satisfaction with benefits and perceived lack of supervisor's concern with one's safety. One unique aspect our study's findings was the specific tie between the home visitors' STS, burnout, and intention to quit and their perception of the alliance they have with their supervisor, suggesting that this relationship may be pivotal for understanding home visitors' well-being.

Through qualitative interviews we explored two research questions, one related to home visitors' perceptions of risk factors in their jobs that contribute to STS and burnout and the other related to factors they perceived to mitigate these risks. Few studies have specifically queried these areas with home visitors, thus making this a useful contribution to the literature.

Key findings from the interviews regarding risk factors and STS centered around home visitors' inability to reconcile the "normalization" of trauma in the families they served, the level of trauma suffered by their clients, and an unhealthy work climate. These themes were consistent with the survey findings, but add depth to how they are understood. For

example, home visitors who felt they could not openly communicate with their supervisor were more likely to "bottle" their emotions, which over time led to elevated stress levels, withdrawal, and at times even self-isolation. This was particularly problematic in those teams in which the RS provider was also the administrative supervisor. In such situations, the lack of trust on the part of the home visitors was linked to the concern that the supervisor could use what was disclosed during the reflective time for administrative purposes, potentially leading to negative performance evaluations.

Risk factors related to burnout fell within the domains of direct services and those related to the workplace and ancillary activities. Factors relate to direct services included lack of family buy-in and follow-through and family characteristics. Specifically, it was the mix of high/lower needs families on one's caseload, not the number of families served per se, that was associated with the experience of burnout. When home visitors had relatively few high-need families, they found their caseloads manageable. However, having the combination of a large caseload with a large number of high-need families resulted in greater experience of burnout.

Risk factors characterized as not related to direct services included required paperwork and trainings and issues around work culture and unrealistic program expectations. Poor work culture was identified as a significant stressor that may directly lead to the experience of burnout or exacerbate the experience of burnout stemming from other stressors. Managing direct services and indirect activities was challenging enough; however, trying to achieve these duties in an unsupportive environment was associated with a greater likelihood of the experience of burnout.

The last research question addressed in the present study was how factors associated with workplace supportiveness, reflective supervision, and the use of humor may mitigate the negative effects of working in a high stress profession. As has been suggested in the discussion of risk factors, the situation of having a supportive workplace environment and supervisor was seen as paramount to mitigating the stresses of the job. Most home visitors appeared to feel comfortable conveying to their supervisors that they were starting to feel overwhelmed. To be able to effectively manage the inherent work stress, the home visitors needed to feel appropriately supported by the agency, be able to work fairly independently, have adequate pay and benefits, and be provided with clear policies about interaction with families. Although having a healthy dose of flexibility and independence was experienced as a protective factor, having too little structure (e.g., the absence of clear regulations prohibiting overtime and a lack of guidance on contact with clients outside of work hours) may quickly become a risk factor.

Having a supportive work environment was also closely related to several coping strategies that were instrumental to managing and mitigating the experiences of STS and burnout. These included learning how to effectively compartmentalize and set clear boundaries. Although some home visitors had prior experience with using these coping strategies, most expressed being thankful for having a supportive supervisor, who was able to recognize when they were struggling and either use humor to lighten the heavy emotional burden stemming from their work with families in need or help them realize that taking time off for self-care, setting clear boundaries, and compartmentalizing are strategies they should not feel guilty about using.

Study Limitations and Future Directions

This research is considered to have a number of strengths; however, there are some limitations as well. These include its descriptive and exploratory nature and the relatively short duration of the project. Due to the state's very small population of home visitors, the researchers were limited in their ability to conduct more sophisticated statistical analyses. However, gathering qualitative data from 27 home visitors is seen as a strength of the study, as qualitative data provide a depth and breadth that is unique for studies on home visitor stressors. In addition, the limited timeframe may have led us to underestimate levels of STS, burnout and intention to quit in this population. It may be that it takes longer than a year for STS and/or burnout to develop. These problems could not be overcome given the funding parameters of this project.

The knowledge obtained through this study can be used in future work to guide a larger investigation of how workplace culture and policies may relate to STS, burnout, and turnover. Specifically, it might be useful to model how STS and burnout may mediate interaction between length of time working with families, institutional culture, and pay and intention to quit one's job, and identify points where additional supports or interventions could be most beneficial.

Conclusions and Recommendations

In conclusion, some recommendations for "best practices" in terms of supporting home visitors and improving retention may be gleaned. First, the "culture" of home visitors' workplace seemed extremely important to the participants in the study; those who perceived having a supportive and positive work culture reported on how valuable it was, and those who perceived having a non-supportive and negative work culture made clear how difficult it made their work and how unpleasant it made their lives. Therefore, striving for a healthy workplace culture seems highly important if LIAs wish to do their best to prevent turnover and offer the best quality services to the families enrolled in their programs.

In terms of RS, home visitors often noted that in order for RS to "work," it needed to be done "well." Specifically, RS sessions should not be "pushed" or repeatedly rescheduled. They should be provided in accordance with model regulations (or more frequently if needed), and should take place in a private location, free of other distractions. Sessions that occur for shorter periods (e.g., a half-hour) but more frequently (e.g., weekly) were often reported as being preferable to a single, longer monthly session, as they provided more opportunities for home visitors to reflect on situations that developed in their work with families in a timelier fashion. Additionally, a theme emerged suggesting that the reflective supervisor be different from the administrative supervisor or a mental health professional unassociated with the organization be made available to the home visitors on an as-needed or regular basis (e.g, every other month).

Finally, there should be a concerted effort to educate the home visitors about the purpose and value of the large amount of data they are required to collect. If the home visitors do not understand the value of the data, they may perceive it as an unnecessary and burdensome part of their job that only interferes with their ability to establish rapport with families they serve.

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