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**Work experiences of rural social workers in the United States**

### Abstract

Rural social workers face unique challenges and opportunities as they seek to address the needs of rural Americans. Using social media, rural social workers in the U.S. were recruited to describe their characteristics and explore factors related to their job satisfaction, burnout, and organizational commitment. Analyses included univariate descriptive statistics, bivariate correlations, and multiple regression. The sample ( $N = 192$ ) represented 146 counties in 36 states. Participants tended to be White, female, MSW-degreed direct-service providers. Participants were moderately satisfied with their organizational environments and workloads. Age, being Black, and working in settings other than child welfare were most strongly related to satisfaction with workload. Personal burnout scores were highest followed by work-related and client-related burnout. Age and not working in child welfare were most strongly related to lower burnout scores. Being Black and having more tenure in one's current job were associated with less client-related burnout. Participants indicated moderate levels of commitment to their organizations, with higher salaries and more tenure being the most strongly associated factors. Future research is necessary to examine more closely the work experiences of rural social workers who are younger, identify as racial or ethnic minorities, and employed in child welfare settings.

**Keywords:** Rural social work; work experiences; job satisfaction; burnout; organizational commitment

### **Introduction**

Since its inception, the social work profession has been devoted to improving the lives of vulnerable and oppressed individuals and groups. Rural residents in the United States (U.S.) are one such group who experience oppression and vulnerability. Rural communities face several challenges including persistent poverty (United States Department of Agriculture [USDA], 2018); limited access to healthcare (Health Resources and Services Administration, 2017; North Carolina Rural Health Research Program, 2017; Rural Health Information Hub, 2017); various physical and mental health disparities (Befort, Nazir, & Perri, 2012; Dawson, 2017); rising crime (Dawson, 2017); increasing abuse and neglect of children and women (Administration for Children and Families, 2010); and reduced educational resources (Showalter, Klein, Johnson & Hartman, 2017).

Contextual factors of rural life, such as geographic isolation and rugged individualism, have both positive and negative impacts on social workers who address these pervasive social problems (Author, under review). The assets of rural communities formed by contextual factors are pronounced and allow social work practitioners unique opportunities to help clients (Scales, Streeter, & Cooper, 2013). However, challenges also exist for social workers serving rural areas including ethical issues related to confidentiality and dual relationships (e.g., Humble, Lewis, Scott, & Herzog, 2013); few practitioners and agencies to provide services (e.g., Battista-Frazee, 2015; Whitaker, Weismiller, Clark, & Wilson, 2006); addressing a multitude of social issues requiring a generalist perspective (e.g., Humble et al., 2013; Riebschleger, 2007); minimal access to supervision, training, and peer networks (e.g., Allan et al., 2008; Gifford, Koverola, & Rivkin 2010; Gillham & Ristevski, 2007; Sprang, Clark, & Whitt-Woosley, 2007); and meager salaries and few advancement opportunities (e.g., Mackie & Lips, 2010; Yankeelov, Barbee, Sullivan &

Antle, 2009), among others. Based on previous research, these challenges often lead to lessened job satisfaction, increased burnout, and decreased organizational commitment, impacting the recruitment and retention efforts of human service organizations (Authors, 2017).

Rural communities, people, and issues are understudied in all disciplines (Thomas, Lowe, Fulkerson, & Smith, 2011; Scales et al., 2013), including social work (Slovak, Sparks, & Hall, 2011). Further, while their role is critical, rural social workers and their work experiences have not received much attention in previous research (Brown et al., 2017; U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2005). The purpose of this article is threefold. First, a descriptive overview of the rural social workers from a U.S. sample will be provided. Next, the extent of job satisfaction, burnout, and organizational commitment among these social workers will be addressed. Finally, demographic and work factors associated with job satisfaction, burnout, and organizational commitment among rural social workers will be explored.

## **Background**

### ***Defining rural America***

For rural researchers, educators, and policymakers, likely the most onerous matter is the definition of “rural” because at the federal government level, there are several definitions of rural. While covering legislative action in 2013, the Washington Post investigated this very topic and found that, indeed, there were 15 active definitions of rural with the USDA owning 11 of them (The Washington Post, 2013). These definitions are intentionally developed for the purposes of allocating funds to particular areas of the country (The Washington Post, 2013). However, prominent government-supported websites that regularly handle rural matters – USDA, Health Resources & Services Administration (HRSA), and Rural Health Information

Hub for example – narrow the definitions to three or four most often used, which are outlined in Table 1 (HRSA, 2018; Rural Health Information Hub, 2018; USDA Rural Information Center, 2016).

*<Insert Table 1>*

Each of these definitions serves a purpose for users and has strengths and weaknesses, respectively. Nonetheless, the U.S. Census Bureau provides a palatable and interesting story map of rural America based on the 2010 Census. Based on these data, approximately 19 percent of the U.S. population was considered rural, which is about 60 million people, and about half of them live in the Southern region of the country (U.S. Census Bureau, 2010a).

While the government definitions are helpful in research, Daley (2010) suggests that “absolute numbers do not give us a good picture of the community because communities are very complex entities composed of a number of elements...both absolute and relative measures to accurately reflect the type of variables critical to social work with rural populations” are needed (p. 2). Recognizing historical, environmental, and cultural characteristics helps to contextualize communities and provides essential background for those interested in learning about, helping, and building the capacity of rural communities (Daley, 2010).

### ***Rural social work practice***

Minimal research exists regarding the profile of rural social workers. In a survey of social workers from mostly rural states, Mackie (2008) found that participants were mostly White females who earned a master’s degree. Past studies have found that being raised in a rural area influenced social workers to practice in rural settings (Mackie, 2007; Mackie, 2012; Mackie & Simpson, 2007). Further, rural practitioners were likely exposed to rural social work curriculum

or completed a field placement at a rural agency (Keane, Smith, Lincoln, & Fisher, 2011; Mackie, 2007; Manahan, Hardy, & Macleod, 2009; Whitford, Smith, & Newbury, 2012).

All social workers must consider the characteristics, assets, and needs of the communities they serve, utilizing the person-in-environment perspective, and adapt their practice accordingly (Zastrow & Kirst-Ashman, 2016). Rural social workers, like their urban counterparts, are faced with understanding the contextual factors of rural life and must incorporate that knowledge into helping clients, whether they be individuals, organizations, or communities. Rural social work is more than community-based work – it means understanding and working with rural individuals *and* with rural communities (Daley, 2010; Ginsberg, 2011; Scales et al., 2013). As Daley (2010) notes, this includes helping rural people who might also be found in urban and suburban areas due to relocation or the change and growth of an area.

Populations within rural communities vary – presenting rural social workers with the challenge to competently and sensitively work with clients from diverse backgrounds (Davenport & Davenport, 2008). In addition to “traditional” rural community members, rural communities have seen an influx in refugee placements and increase in migrants from Mexico, Central America, and South America (Davenport & Davenport, 2008).

Rural communities and their residents have many strengths as Scales et al. (2013) shares. Rural communities take pride in tradition as well as the people around them – friends, family, and neighbors. Residents of rural areas are often connected in many ways – for example, the preacher might also be the football coach – and because of this, they have strong ties and come to each other’s aid in times of hardship and need. In many cases, both individual-level and community-level problems and needs can be quickly addressed because resident-leaders and local organizations have substantial influence without wading through bureaucracy (Scales et al.,

2013). These are assets from which social workers practicing in rural areas can draw to help clients and communities.

Sometimes, however, the assets can result in professional problems and ethical dilemmas for rural social workers. Ruralness and the close-knit environments where there are no strangers can make maintaining confidentiality, avoiding dual relationships, and preserving appropriate boundaries incredibly difficult and sometimes impossible (Werrbach, Jenson, & Bubar, 2002). Other issues that rural social workers must navigate include gaining trust and acceptance into the community and building credibility with residents (Shields & Kiser, 2003). Because there are fewer helping professionals like social workers than in more populous areas, the approach of helping oneself and looking out for family and friends is imperative. This way of life, coupled with the concept of rugged individualism – people should not turn to the government for help – can create friction between social work agencies, clients, and their families (Bazzi, Fiszbein, & Gebresilasse, 2017; Scales et al., 2013).

Geographic isolation can also be a major obstacle for rural social workers and their agencies. Depending on the definition of “rural” utilized, there are many locations in the U.S. where people are great distances from metropolitan areas and places that have easy access to resources. For rural human service organizations specifically, service areas can be quite large – one study found that service areas in their sample were about 49 square miles (Neuhoff & Dunckelman, 2011). Thus, travel is necessary to access and deliver services, either by the practitioner or client, and because of the financial costs associated with travel (e.g, gas, vehicle expense), this can result in people not getting the help they need (Allard & Cigna, 2008; Snaveley & Tracy, 2000). With fewer providers, social workers in rural settings are serving more people and addressing a multitude of problems, requiring a generalist approach while also needing

advanced knowledge of specialty areas like crisis intervention, family counseling, mental and behavioral health, community practice, and consultation (National Advisory Committee on Rural Health and Human Services, 2016; Waltman, 2011; Waltman, Czarnecki, & Miller, 1991).

Despite the incredible responsibility, rural social workers have minimal collaboration opportunities, inadequate supervision, and few training options (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010; National Advisory Committee on Rural Health and Human Services, 2016).

These challenges, among others, have led to issues with recruitment and retention of social workers in rural areas (Whitaker et al., 2006). Most practitioners with a social work education are drawn to urban areas (Battista-Fraze, 2015; Whitaker et al., 2006). A shortage of qualified social workers interested in rural practice sometimes leads supervisors in rural areas to hire individuals without a social work degree to work in positions for which a social worker would be preferred (Mackie & Lips, 2010; Strolin-Goltzman, Auerbach, McGowan, & McCarthy, 2007). Further compounding the problem, some studies have found that turnover rates are higher in rural areas (Lonne & Cheers, 2004; Fulcher & Smith, 2010)

***Work experiences of rural social workers: Job satisfaction, burnout, and organizational commitment***

Given the recruitment and retention difficulties of rural agencies, there is a need to explore job satisfaction, burnout, and organizational commitment among rural social workers. . These work-related experiences are inter-connected and linked with one another (e.g., Graham et al., 2012; Griffiths, Royse, Culver, Piescher, & Zhang, 2017; Lambert, Cluse-Tolar, Pasupuleti, Prior, & Allen, 2012; Wagaman, Geiger, Shockley, & Segal, 2015; Yanchus, Periard, Moore, Carle, & Osatuke, 2015). For example, high job satisfaction leads to higher organizational



commitment (Lambert et al., 2012), and elevated burnout is connected to lower organizational commitment (Wagaman et al., 2015).

Job satisfaction can be defined as an individual's overall demeanor towards their employment and parts of their job including (but not limited to) tasks assigned, coworkers, superiors, benefits and wage, and opportunities for advancement (Porter, Steers, Mowday & Boulian, 1974). Factors found to be associated with job satisfaction or dissatisfaction in social workers include age (e.g., Griffiths et al., 2017; Lambert et al., 2012); race (e.g., Griffiths et al., 2017; Hermon & Chahla, 2018); social supports (e.g., Um & Harrison, 1998); practice settings such as child welfare (e.g., Graham, Bradshaw, Surood, & Kline, 2014; Graham et al., 2012); public versus private agency classes (e.g., Flores, Miranda, Munoz, & Sanhueza, 2012); role ambiguity, overload, and variety (Lambert et al., 2012); professional autonomy (e.g., Abu-Bader, 2005; Lambert et al., 2012); collaboration, support, and conflict among colleagues (e.g., Fleury, Greinier, Bamvita, & Farand, 2018; Griffiths et al., 2017; Hombrados-Mendieta & Cosano-Rivas, 2013); quality of supervision (e.g., Abu-Bader, 2005; Barth, Lloyd, Christ, Chapman, & Dickson, 2008; Griffiths et al., 2017; Lambert et al., 2012; Staudt, 1997); advancement and training opportunities (e.g., Abu-Bader, 2005; Griffiths et al., 2017); and recognition (e.g., Griffiths et al., 2017).

Burnout has been described as “overwhelming emotional exhaustion, depersonalization, and feelings of professional insufficiency” (Wagaman, et al., 2015, p. 201). The experience of burnout in social workers has been linked to age (e.g., Green, Albanese, Shapiro, & Aarons, 2014; Schwartz, Tiamiyu, & Dwyer 2007); gender (e.g., Sprang et al., 2007; Thomas, Kohli, & Choi, 2014); feeling successful in one's job (e.g., Siebert, 2006); quality of social support (e.g., Sánchez-Moreno, de La Fuente Roldán, Gallardo-Peralta, & Barrón López de Roda, 2014);

public versus private agency classes (e.g., Schwartz et al., 2007); practice setting (e.g., Baldschun, Hämäläinen, Töttö, Rantonen, & Salo, 2017; Hussein et al., 2018; McFadden, Mallett, & Leiter, 2017); role clarity, conflict, and overload (e.g., Green et al., 2014; Um & Harrison, 1998); collegial support and cooperation (e.g., Green et al., 2014; McFadden et al., 2015); caseload (e.g., Thomas et al., 2014); and leadership (e.g., Green et al., 2014).

Organizational commitment is “emotional attachment to the mission, goals, and values of an individual’s employing organization” (Jaskyte & Lee, 2009, p. 227). Another term commonly associated with this concept is intention to leave (e.g., Aguiniga, Madden, Faulkner, & Salehin, 2013). One study found that individual characteristics like age, caretaking responsibilities, and work experience were related to intention to leave one’s current organization, indicating reduced commitment (Acker, 1999). Giffords (2009) noted several work-related factors associated with organizational commitment including salary and benefits, size of the organization, collegiality, advancement opportunities, and autonomy. Practice setting and role conflict (Jaskyte & Lee, 2009); quality of supervision (Gilbar, 1998); and contingent rewards (Chen, Park, & Park, 2012) have also been linked to commitment to one’s organization.

While work experiences of social workers are popular topics in psychosocial literature, few studies give focus to rural social workers specifically in the U.S., their work experiences related to job satisfaction, burnout, and commitment, and factors that may be associated. An early investigation found rural social workers to be very satisfied with their positions, possessing high professional self-esteem and autonomy (Kim, Boo, & Wheeler, 1979). In a study about satisfaction in child welfare employees, rural workers with social work education or any graduate degrees had higher levels of job satisfaction than urban workers (Barth et al., 2008). In a mixed sample of clinicians that included social workers, Sprang et al. (2007) discovered that rural

mental health practitioners were at greater odds of suffering from burnout than their urban peers. Mackie (2008) found that rural social workers had low-to-moderate levels of burnout; further, years in practice as a social worker and number of hours worked per week were associated with the various types of burnout measured in their study. Westbrook, Ellis, & Ellet (2006) examined retention of child welfare employees and found that compared to their urban and suburban peers, rural social workers were content with their salaries and benefits, had more confidence in organizational leaders, and placed greater importance on colleague collaboration. Another study with a similar objective related to retention found that compared to urban workers, rural social workers in child welfare settings were more connected and received more guidance from their superiors (Yankeelov et al., 2009). Related to intention to leave, Aguiniga, et al. (2013) indicated no variation between urban, small-town, or rural child welfare workers; however, rural workers were found to be more satisfied with compensation. Gifford et al. (2010) noted several individual characteristics of long-standing rural Alaskan behavioral health practitioners, including social workers, such as personal cultural interest and openness, positive feelings toward rural places and remoteness, flexibility, creativity, and possessing the ability to maintain ethical standards like boundaries and confidentiality.

### ***Purpose of this study***

According to Davenport & Davenport (2008), “many of social work’s traditional social problems, such as poverty, are found in greater numbers in rural America” (line 1, para. 11). Social workers and human service organizations play a critical role in addressing these social problems and disparities to improve and maintain quality of life in rural communities. Despite their importance, empirical literature on rural social work practice, like other rural topics, is quite

limited. This study seeks to expand current knowledge about rural social workers as well as their work experiences by addressing three key questions:

- 1) What are the characteristics of U.S. rural social workers?;
- 2) What are the levels of job satisfaction, burnout, and organizational commitment of rural social workers in the United States?; and
- 3) What factors are associated with lower levels of job satisfaction, higher burnout, and lower organizational commitment among rural social workers in the United States?

Uncovering new information about rural social workers is relevant to researchers, educators, and organization leaders to improve recruitment and retention efforts, worker experiences, and client, agency, and community outcomes.

### **Methods**

The current study is part of a larger investigation that examined job satisfaction, burnout, and organizational commitment in social workers on a national level. In June 2017, the study was approved by the Institutional Review Board (IRB) of a public university located in the Southeast region of the U.S.

#### ***Sampling procedures***

While many researchers turn to membership organizations like the National Association of Social Workers (NASW) or state and national listings of licensed professionals (e.g., Association of Social Work Boards [AWSB]) to access social workers practicing in the U.S., the main recruitment tool for the current study was popular social media websites including Facebook, LinkedIn, Reddit, and Twitter. This strategy was chosen for three main reasons: First, the authors were interested in reaching practitioners of all backgrounds. Databases available for purchase by social work organizations like NASW often target licensed social workers, and licensing and membership in organizations were not variables of concern in the present

investigation. Further, only about a quarter of all social workers are part of NASW (NASW, 2012). Additionally, recruiting survey participants from a professional association's member database typically requires a fee, making this method inaccessible to researchers without funding.

Recruitment occurred over three weeks in July 2017. Separate anonymous links to the online Qualtrics survey were created for each social media platform to track the source of participants. Study information and links were distributed according to the functionality of each social media platform and as approved by the IRB. Further, the policies and procedures of each social media platform were respected during the recruitment process. On Facebook and LinkedIn, authors utilized their personal accounts to share study information and links with social work-related groups (e.g., Network of Professional Social Workers) and pages (e.g., The Social Work Podcast) in addition to personal contacts. With Twitter and Reddit, it was necessary to set up new accounts for study-use only; over the recruitment timeframe, the study information was shared on several occasions.

The links shared on all platforms led potential participants to a landing page with the informed consent document. Participants were notified at this time that no identifying information would be collected nor would they be compensated for their time. Upon agreeing with the study terms, the participants were directed to qualifying questions and then onto the main survey that was approximately ten minutes in duration.

### *Sample*

To qualify for the main investigation, participants met two criteria: 1) held at least one social work degree (i.e., Bachelor of Social Work, Master of Social Work, or Doctor of Social

Work); and 2) were practitioners of social work in the U.S. at the time of the study. Participants not fluent in English were excluded because the measures were not available in other languages.

Only social workers who responded with a valid zip code and were practicing in a rural area were included in the present study ( $n = 192$ ). Cases were removed if they did not have a valid zip code. Zip codes were matched to their corresponding counties. Where a zip code included more than one county, the county that made up the largest proportion of the zip code was used (Missouri Census Data Center, 2015; U.S. Census Bureau, 2010b). The 2015 USDA Economic Research Service (ERS) Typology Codes were used to determine rurality, which utilizes the OMB's definition of metropolitan and nonmetropolitan counties found in Table 1 (USDA/ERS, 2017).

### ***Instruments***

#### *Personal-related characteristics*

Age was categorized as a continuous variable with participants offering an exact number. Gender was coded as male (0) and female (1); response options of transgender, other, and prefer not to answer were offered but not selected by this sample. Racial identity was collapsed into four categories White, Black/African American, Native American/American Indian, and other, which combined the Asian/Pacific Islander and other categories. Educational attainment included two categories – BSW/BSSW (0) and graduate degree (1) including MSW, MSSW, PhD, and DSW. Marital status was dichotomized: not partnered, which included single, divorced, or widowed individuals (0), or partnered, which included married or partnered individuals (1). Caregiver status – defined as caring for a minor under age 18, disabled person, or elderly person – was coded as no (0) and yes (1). Finally, participants were asked if they were spiritual or religious with no (0) and yes (1) as response options.

*Work-related characteristics*

Salary and years in current position were measured continuously with participants offering an exact number. Employment status was measured as part-time (0) and full-time (1). Participants were asked if most of their job was direct service to clients with response options being no (0) and yes (1). Regarding supervisory responsibilities, the question, “In your agency, are you considered a supervisor, manager, administrator, or director (e.g. this is your primary responsibility/role)?,” was answered with no (0) or yes (1). The class of the agency where the participant was employed included three options: nongovernmental; governmental; and for-profit. Agency type was collapsed into six categories: child welfare; mental health (inpatient, outpatient, and crisis); hospital; nursing home and hospice care; other human services organizations; and other which includes schools (pre-K to post-secondary), churches, and other category.

*Job satisfaction*

Many job satisfaction scales exist. However, one in particular, the Social Work Satisfaction Scale (SWSS), examines the subjective well-being of social workers by measuring satisfaction with three subscales regarding organizational environment, workload, and professional associations (Kline & Graham, 2009). The scale consists of 22 Likert-type items with five intervals, strongly agree to strongly disagree. The SWSS demonstrated adequate internal validity with Canadian social workers (Shier et al., 2012), though the instrument has been used minimally with U.S. social workers. For the current study, only two subscales were used: satisfaction with organizational environment (10 items,  $\alpha = .86$ ) and satisfaction with workload (6 items,  $\alpha = .78$ ). The satisfaction with professional association subscale was not

utilized as literature is scant regarding U.S. social workers and the relationship between their professional organizations (e.g., NASW) and job satisfaction.

### *Burnout*

The Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Christensen, 2005) was chosen to measure burnout. As an alternative to the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), the CBI was developed to examine the phenomenon of burnout in Danish human service professionals (Kristensen et al., 2005). The CBI differs from the MBI in that it considers fundamental sources of burnout; incorporates clients and personal life as possible contributors; and is freely available to the public (Kristensen et al., 2005). The CBI has been used widely internationally across assorted disciplines (e.g., nurses, dentists, and teachers) and found to have acceptable internal reliability and construct validity; however, it has seldom been employed with social workers in the U.S. (Authors, 2018). Therefore, the authors conducted a confirmatory factor analysis to examine the suitability of the CBI with U.S. social workers in various service roles (Authors, 2018). The study revealed that the tool measures burnout effectively in their U.S. sample of social workers regardless of their position in an organization (Authors, 2018).

The CBI consists of 19 multiple-choice items with three subscales that examine personal burnout (six items;  $\alpha = .89$ ), work-related burnout (seven items;  $\alpha = .89$ ), and client-related burnout (six items;  $\alpha = .87$ ). Personal burnout is a generalized examination of fatigue. Work-related burnout examines exhaustion related to the workplace. Client-related burnout is specific to exhaustion related human service-oriented clients. Depending on the item, participants choose from five responses related to frequency (always, often, sometimes, seldom and never/almost never) or level of agreement (very high degree, high degree, somewhat, low degree, and very



low degree). In increments of 25, participants can score zero to 100, with higher scores indicating higher burnout (Kristensen et al., 2005).

### *Organizational commitment*

To measure organizational commitment, four items were selected that had previously been employed with social workers (Graham et al., 2014). These Likert-type items ( $\alpha = .89$ ) examined likelihood of remaining in their position with their present employer:

1. *Rate your intention to leave your job in the near future* (coded as extremely likely [1], somewhat likely [2], neither likely nor unlikely [3], somewhat unlikely [4], and extremely unlikely [5]).
2. *Rate the likelihood that you will be working at your current job a year from now* (coded as extremely likely [5], somewhat likely [4], neither likely nor unlikely [3], somewhat unlikely [2], and extremely unlikely [1]).
3. *Rate the likelihood that you will be working at your current job two years from now* (coded same as 2).
4. *Rate your plans for staying with the organization you currently work for until retirement* (coded same as 2).

### *Data analysis*

SPSS 25.0 was utilized for statistical analysis. Descriptive statistics were generated to learn the profile of rural social workers as well as comprehend levels of job satisfaction, burnout, and organizational commitment. Correlations among the latter outcome measures were also explored. Next, bivariate associations between factors and outcome measures were examined. Finally, to identify factors most strongly associated with the lower levels of job satisfaction, burnout, and commitment, multiple regression was employed.

*Missing data analyses*

Missing data analyses were conducted on both independent and dependent variables. Most of the independent variables had no missing data except for years in practice (1% missing,  $n = 2$ ). The missingness of the outcome variables ranged from 0% to 7.3%. A pattern of monotone missingness was determined in the outcome data. This means that when a case had item X missing, then every item proceeding item X was missing as well. The pattern of missingness occurred because a survey design defect that mandated responses; thus, individuals who finished the survey did not have any missing data. Little's MCAR test was employed to ascertain if data could be considered missing completely at random (MCAR), meaning missing values are not dependent on values of data (Little, 1988). The test provided evidence that data were MCAR ( $\chi^2 [488] = 431.09, p = .970$ ). Multiple imputation was utilized to handle missing data for this study since it has been shown to yield unbiased parameter estimates with MCAR data (Li et al., 2014). Fifty data sets were imputed using the automatic method in SPSS.

**Results***Participant characteristics & outcome correlations*

The sample ( $N = 192$ ) represents 146 counties in 36 states (see Figure 1). Table 2 provides characteristics of the rural social workers who participated. Most participants were MSW/MSSW-degreed, Caucasian females with an average age of 37.78 (range: 22-64;  $SD = 10.20$ ). Only two participants had doctoral-level degrees. More than 63% were partnered and approximately half were caregivers. The majority (74%) considered themselves religious or spiritual. Work characteristics revealed that most participants (92.2%) were full-time in their positions, averaging a salary of \$46,367.50 (range: 12500-90000;  $SD = 14618.41$ ) with about 9 years of practice experience, (range: 0-34;  $SD = 6.80$ ) and slightly over four years in their present

position (range: 0-25;  $SD = 4.80$ ). The classes of agencies where participating social workers were employed were mixed with non-government agencies leading (44.8%), followed by government agencies (38%) and for-profit agencies (17.2%). Similarly, the type of agencies varied: mental health (37.0%); child welfare (18.8%); other (17.7%); hospital (9.9%); other human service organizations (9.4%); and nursing homes and hospice care (7.3%). The majority of social workers indicated that their work consisted mostly of direct-service responsibilities (87.5%), and about a quarter of participants (26%) were supervisors. Table 3 provides correlations between outcome measurements.

<Insert Figure 1>

<Insert Table 2>

<Insert Table 3>

### ***Job satisfaction***

Rural social workers reported that they were moderately satisfied with their organizational environments ( $M_{\text{pooled}} = 3.48$ ,  $SD = .85$ ). Bivariate associations indicated all independent variables except caregiver status and religious/spiritual were significantly related to satisfaction with organizational environment. However, the overall model describing factors associated with satisfaction with organizational environment ( $F[21, 170] = 1.25$ ,  $p = .219$ ) was not significant.

The satisfaction with workload was slightly lower than with environment, though still moderate ( $M_{\text{pooled}} = 3.08$ ,  $SD = .86$ ). Bivariate associations between workload and independent variables, with exception of gender and direct service status, were significant. The included factors accounted for 20% of the variance in satisfaction with workload (see Table 4). Age was associated with greater satisfaction with workload ( $\beta = .22$ ,  $p = .025$ ) as was being Black when

compared to White social workers ( $\beta = .23, p = .003$ ). Social workers in mental health ( $\beta = .30, p = .022$ ), hospitals ( $\beta = .21, p = .037$ ), other human service organizations ( $\beta = .35, p = .001$ ), and other settings ( $\beta = .30, p = .001$ ) were more satisfied with workload compared to those in child welfare settings.

### ***Burnout***

Rural social workers indicated the highest scores of burnout in the personal domain ( $M_{\text{pooled}} = 58.81, SD = 18.27$ ), signifying moderate burnout. Bivariate correlations between personal burnout and factors were all significant except religious/spiritual, employment status, and supervisor status. The included factors accounted for 18% of the variance in personal burnout (see Table 4). Age was associated with lower scores for personal burnout ( $\beta = -.38, p < .001$ ). Compared to child welfare settings, working in other human service organizations was associated with lower personal burnout ( $\beta = -.25, p = .014$ ).

Burnout related to workload was also reported at moderate levels ( $M_{\text{pooled}} = 51.91, SD = 19.70$ ). With the exclusion of gender, religious/spiritual, and employment status, all independent variables were significantly associated with workload-related burnout in bivariate analyses. The included factors accounted for 22% of the variance in work-related burnout in the regression model. Age was associated with lower scores for work-related burnout ( $\beta = -.38, p < .001$ ). Compared to child welfare settings, working in other human service organizations was associated with lower work-related burnout ( $\beta = -.31, p = .002$ ).

Participants reported low to moderate scores on the client-related burnout subscale ( $M_{\text{pooled}} = 31.97, SD = 19.50$ ). The bivariate results of client-related burnout and factors indicate gender, race, religious/spiritual, and employment status were not significant, while other factors were significant. The included factors accounted for 18% of the variance in client-related

burnout in regression model. Age was associated with lower scores for client-related burnout ( $\beta = -.31, p = .003$ ). Being a Black social worker when compared to White practitioners was associated with lower client-related burnout ( $\beta = -.21, p = .028$ ). More years in one's current job was associated with higher client-related burnout ( $\beta = .21, p = .014$ ). Compared to child welfare settings, working in other human service organizations was associated with lower client-related burnout ( $\beta = -.30, p = .007$ ).

### ***Organizational commitment***

Overall, rural social workers were moderately committed to their current organizations ( $M_{\text{pooled}} = 3.30, SD = 1.26$ ). Most participants noted that they were extremely unlikely (24%) or somewhat unlikely (21.9%) to leave their current position soon. Further, a majority of the social workers indicated that they would likely be in their present job a year from now (extremely, 45.8%; somewhat, 29.7%) and in two years (extremely, 29.7%; somewhat, 28.1%). However, when examining commitment to the organization until retirement, social workers were less likely to indicate their willingness to stay (extremely likely, 18.8%; somewhat likely, 19.8%; neither likely nor unlikely, 13.0%; somewhat unlikely, 14.6%; and extremely unlikely, 33.9%). Bivariate correlations indicated that all factors except gender and religious/spiritual were significantly associated with commitment. The included factors accounted for 19% of the variance in organizational commitment (see Table 4). Salary ( $\beta = .24, p = .006$ ) and current job experience ( $\beta = .25, p = .007$ ) were associated with greater organizational commitment.

<Insert Table 4>

## **Discussion**

This study provided insight into the profile of rural social workers and examined their work experiences related to job satisfaction, burnout, and commitment to their organizations.

Findings revealed that rural social workers in the current study are mostly Caucasian, female, MSW-degreed direct-service providers. Rural social workers were moderately satisfied with their workloads and organizational environments; moderately burnt out in the personal and workload domains with lower burnout scores related to clients; and moderately committed to their current employers. Lower levels of job satisfaction, specifically related to workload, were associated with younger workers, being Caucasian (compared to being Black/African American), and working in child welfare settings. Higher burnout in the personal- and work-related domains were associated with younger ages and working in child welfare, while in the client-related domain, higher burnout had significant relationships with younger ages, being Caucasian (compared to being Black/African American), fewer years in the current position, and working in child welfare. Finally, lower organizational commitment was associated with fewer years in current position. With social work being a fast-growing occupation (Bureau of Labor Statistics, 2018) and a labor shortage likely on the horizon (Lin, Lin, & Zhang, 2016), detecting current demographic and employment issues in rural social work can inform and support managers, educators, and policy makers' recruitment and retention efforts in these struggling geographic areas.

The average profile of a rural social worker in the current study shows a late-thirties female who is partnered and religious or spiritual. She is a graduate-level social worker with nearly a decade of experience and more than four years in her current position. Additionally, she is likely serving in a non-administrative role earning a salary of about \$46,000. Further, the racial and ethnic backgrounds of participants was mostly homogenous, with much fewer social workers identifying as Black/African American, Native American/American Indian, or other. This profile is consistent with characteristics of social workers participating in national labor studies (NASW,

2019). The current study, along with the NASW studies (2019), brings continued awareness to a few issues plaguing rural practice including lack of diverse workforce and lack of opportunities for advancement.

Rural America remains vastly Caucasian but is diversifying gradually: the Hispanic and refugee populations are rising while American Indians primarily reside in rural areas (Davenport & Davenport, 2008; USDA/ERS, 2018). Recruiting a more diverse workforce in rural communities should be considered a priority by organization leaders and schools of social work. In addition to commitment to social justice and responsibility, workplaces with diverse personnel have shown many advantages: ability to recruit top talent; improved job satisfaction; increased innovation; enhanced problem-solving skills; and bolstered client attitudes and outcomes (Hunt, Layton, & Prince, 2015). More specifically, some clients may prefer and feel more comfortable with a social worker who has the same ethnic or racial background (Cabral & Smith, 2011). In the current study, Black/African American social workers – who made up 16% of respondents – were found to be more satisfied with their workload and experienced less client-related burnout than Caucasian peers. This finding is inconsistent with past studies (e.g., Griffiths et al., 2017); individuals who identify as racial or ethnic minorities have been shown to experience higher rates of dissatisfaction and burnout in rural agencies. The present analyses do not lend to an explanation, but future research is necessary to explore further racial and ethnic differences in rural areas. Perhaps, Black/African American social workers in the present sample engage in better self-care practices or have more supportive work environments (Xu, Harmon-Darrow, & Frey, 2019).

Further regarding the mostly homogenous workforce serving rural areas, the NASW Code of Ethics necessitates practitioners to be culturally competent: “Social workers treat each

person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity” (2017, *Ethical Principles* section, para. 4). Cultural competence – or, consciousness as framed by some scholars (e.g., Azzopardi & McNeill, 2016) – “promotes effective and ethical practice” (p. 287). Rural social workers need and desire these learning opportunities to best support clients of all backgrounds and varying issues. Yet, professional development is often limited in rural areas, and therefore, agencies may need to become creative with training solutions (i.e., webinars, flying in a trainer; e.g., Gifford et al., 2010).

Though most participants had master’s degrees, merely a quarter of the rural social workers indicated that their primary role was supervisory or management in nature. This finding is aligned with past studies that note there are limited opportunities for advancement in rural agencies, and unfortunately, the consequence in many cases is that practitioners relocate to more urban settings to progress their careers (e.g., Mackie & Lips, 2010). This phenomenon is not unique to social work. Known as “brain drain”, younger, highly educated people are relocating (or, never returning after going away to college) to larger cities to have access to increased options for their careers, entertainment, health, and education (Carr & Kefalas, 2009). The findings related to organizational commitment in the current sample may be evidence of this: though most social workers did not have plans to leave their agencies within the next few years, most were less committed beyond the time frame of two years. Further, longer current job tenure was associated with organizational commitment. Thus, if organizational leaders can get practitioners through the first few difficult years, they may be more apt to stay long-term.

Age was a significant factor in some models – as rural social workers get older, job satisfaction with workload increases, and burnout of all kinds decreases. Older age could be indicative of more life and practice experience allowing one to understand and handle difficult



practice situations more confidently and comfortably. Kagan & Itzick (2019) found that increased practice experience decreases psychological distress in social workers, and thus, younger workers with fewer years on the job will be more apt to encounter burnout and compassion fatigue. Organizational leaders might focus on providing additional support to young social workers through the early years of practice when the stress of learning their roles might get the best of them, contributing to a desire to move to another position or location. Offering additional supervision time, peer support networks, and professional development to reduce dissatisfaction and burnout are some of the additional support options they should consider to support younger employees.

Also important to consider is the mean salary of the rural participants, which was just over \$46,000 compared with the national average for graduate-degree earning individuals being \$48,000 (NASW, 2019). Previous literature has mixed perspectives on social work salaries in rural areas – some noting insufficient wages (e.g., Gifford et al., 2010) while others regarding rural positions, particularly in government positions, as higher paying than comparable rural jobs (e.g., Aguiniga et al., 2013; Mackie & Lips, 2010). Though the mean salary was slightly under the national figure, overall cost of living in rural America should be considered too; urban households on average spend nearly 20 percent more than rural households on necessities such as housing, food, and transportation (Bureau of Labor Statistics, 2013). The current sample of rural social workers included 38 percent government employees and 17 percent for-profit employees, which are segments of the social work industry that are known for higher wages. With reduced competition for jobs and reasonable cost of living, these are advantages for rural agencies to emphasize in recruitment efforts. Additionally, while salary was not significant in job satisfaction, burnout, or occupational commitment models, social workers with higher salaries

and more current job tenure had higher organizational commitment. Potentially in lieu of advancement opportunities, increasing salaries and improving or adding benefits may be viable solutions to retaining employees.

As in other studies related to social worker professional well-being (e.g., Baldschun et al., 2017; Hussein, 2018; McFadden et al., 2017), employment in child welfare settings arose as a factor of concern. In most other agency settings, job satisfaction with workload was higher than child welfare settings with the rural social workers in the present study. While job satisfaction was reasonable for the overall sample, it is important to give attention to potential challenges of rural child welfare workers because "...higher stress translates into shorter tenure at the agency and the ensuing disruption of services to clients and concomitant cost to the agency" (Hermon & Chahla, 2018, p. 205).

Recruitment and retention efforts for a diverse and highly educated workforce in rural communities should begin during the social work education process; past studies indicate that those who are exposed to rural practice while in college or have another connection to rural areas are more likely to choose to work there (e.g., Mackie, 2007; Manahan et al., 2009). Incorporating rural content into courses and offering rural placements are critical to developing an understanding and appreciation of spatial diversity (Bice-Wigington & Morgan, 2018). Highlighting the assets of rural life and practice is also important (Mathias & Benton, 2011; Scales et al., 2013). Furthermore, there is a need for continued research efforts in the rural social work domain to maintain and advance the wellbeing of rural social workers and their communities.

### ***Limitations***

This study should be considered with its limitations in mind. While social workers from many areas of the U.S. participated, results cannot be generalized to all rural areas considering the small sample size and limited number of cases in some states (e.g., 1 in Utah). This study omitted workplace-related variables that have been found to be associated with job satisfaction, burnout, and organizational commitment including workload, peer support, personal accomplishment, supervision, leadership, recognition, self-care practices, and geographical contextual factors, among others. Further, due to the recruitment method utilized, this study may suffer from bias in that participants self-selected into the study and may have interest in the topic that might have impacted their answers. Additionally, the instruments utilized in the study have not been extensively examined with the population of interest. For example, though the CBI has proved to be useful with U.S. social workers in the present study, the CBI has not been utilized with social workers as often as other instruments like the MBI.

### **Conclusion**

In conclusion, the present study contributes to the limited existing literature on rural social workers and their work experiences related to job satisfaction, burnout, and organizational commitment. In addition to ascertaining a profile of rural social workers in the U.S., bivariate analyses and multiple regressions were employed to identify associations between demographic factors and job satisfaction, burnout, and organizational commitment. Findings suggest our sample of social workers experienced moderate job satisfaction, burnout, and organizational commitment. The results from the study have important implications for organizational leaders, policy makers, and researchers who seek to better the work experiences of social workers and thus enhance recruitment and retention rates. This study illuminates the need for further research on rural social workers especially regarding younger employees, child welfare workers, and

individuals who identify as racial or ethnic minorities. Additionally, future inquiries should examine experiences of rural social workers and the relationship with other workplace variables that were not included in this study such as workload, peer support, leadership, self-care practices, and other factors.

***Declaration of interest statement***

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Table 1

Prominent Government Rural Definitions

<u>Government Office/Department</u>	<u>Definition</u>
U. S. Census Bureau	The U.S. Census Bureau focuses on defining census blocks or groups as urbanized areas (50,000 plus population) or urban clusters (2,500 to 50,000 population). Thus, anything below 2,500 is considered rural (U.S. Census Bureau, 2018).
Office of Management and Budget (OMB)	OMB defines counties as Metropolitan, Statistical Areas, Micropolitan Statistical Areas or neither. “A Metro area contains a core urban area of 50,000 or more population, and a Micro area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro” (HRSA, 2018).
U.S. Department of Agriculture (USDA) Economic Research Service (ERS)	“The 2013 Rural-Urban Continuum Codes form a classification scheme that distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area. The official Office of Management and Budget (OMB) metro and nonmetro categories have been subdivided into three metro and six nonmetro categories. Each county in the U.S. is assigned one of the 9 codes. This scheme allows researchers to break county data into finer residential groups, beyond metro and nonmetro, particularly for the analysis of trends in nonmetro areas that are related to population density and metro influence.” (USDA ERS, 2016a, para. 1).
Health Resources & Services Administration’s (HRSA) Federal Office of Rural Health Policy & U.S. Department of Agriculture (USDA) Economic Research Service (ERS)	“The rural-urban commuting area (RUCA) codes classify U.S. census tracts using measures of population density, urbanization, and daily commuting...The classification contains two levels. Whole numbers (1-10) delineate metropolitan, micropolitan, small town, and rural commuting areas based on the size and direction of the primary (largest) commuting flows. These 10 codes are further subdivided based on secondary commuting flows, providing flexibility in combining levels to meet varying definitional needs and preferences” (USDA ERS, 2016b, para. 1)

**Table 1. Prominent government rural definitions.** Table 1 identifies prominent government-supported websites that regularly handle rural matters and their definitions of the term “rural.”

Table 2

*Characteristics of Sample (N = 192)*

<u>Characteristic</u>	<u>% or Mean (SD)</u>
Gender	
Female	96.4
Male	3.6
Age	37.78 (10.20)
Racial identity	
White/Caucasian	79.2
Black/African American	16.1
Native American/American Indian	2.1
Other	2.6
Partnered	63.5
Caregiver	50.5
Religious/Spiritual *	74.0
Educational Attainment	
Graduate Degrees	72.4
BSW/BSSW	27.6
Full-time	92.2
Salary	46367.50 (14618.41)
Years in Current Job	4.24 (4.80)
Direct-service practice	87.5
Supervisors	26.0
Agency Class	
Nongovernmental	44.8
Governmental	38.0
For-profit	17.2
Agency Type	
Mental Health	37.0
Child Welfare	18.8
Other (Schools, Churches)	17.7
Hospital	9.9
Human Service Organizations	9.4
Nursing Homes & Hospice Care	7.3

\* 5.7% missing

**Table 2. Sample characteristics.** Table 2 provides characteristics of the sample (N = 192).

Table 3

*Correlations between outcomes - burnout, job satisfaction, and organizational commitment (N = 192)*

<b>Outcome</b>	<b>PB</b>	<b>WRB</b>	<b>CRB</b>	<b>SE</b>	<b>SW</b>	<b>OC</b>
Personal Burnout (PB)		.826*	.544*	-.391*	-.556*	-.292*
Work-Related Burnout (WRB)	.826*		.643*	-.491*	-.663*	-.303*
Client-Related Burnout (CRB)	.544*	.643*		-.293*	-.437*	-.107
Satisfaction with Work Environment (SE)	-.391*	-.491*	-.293*		.579*	.394*
Satisfaction with Workload (SW)	-.556*	-.663*	-.437*	.579*		.246*
Organizational Commitment (OC)	-.292*	-.303*	-.107	.394*	.246*	

\*significant at .01 level

**Table 3. Correlations between outcomes.** Table 3 is a Pearson correlation matrix of the dependent variables of interests: burnout, job satisfaction, and organizational commitment.

Table 4

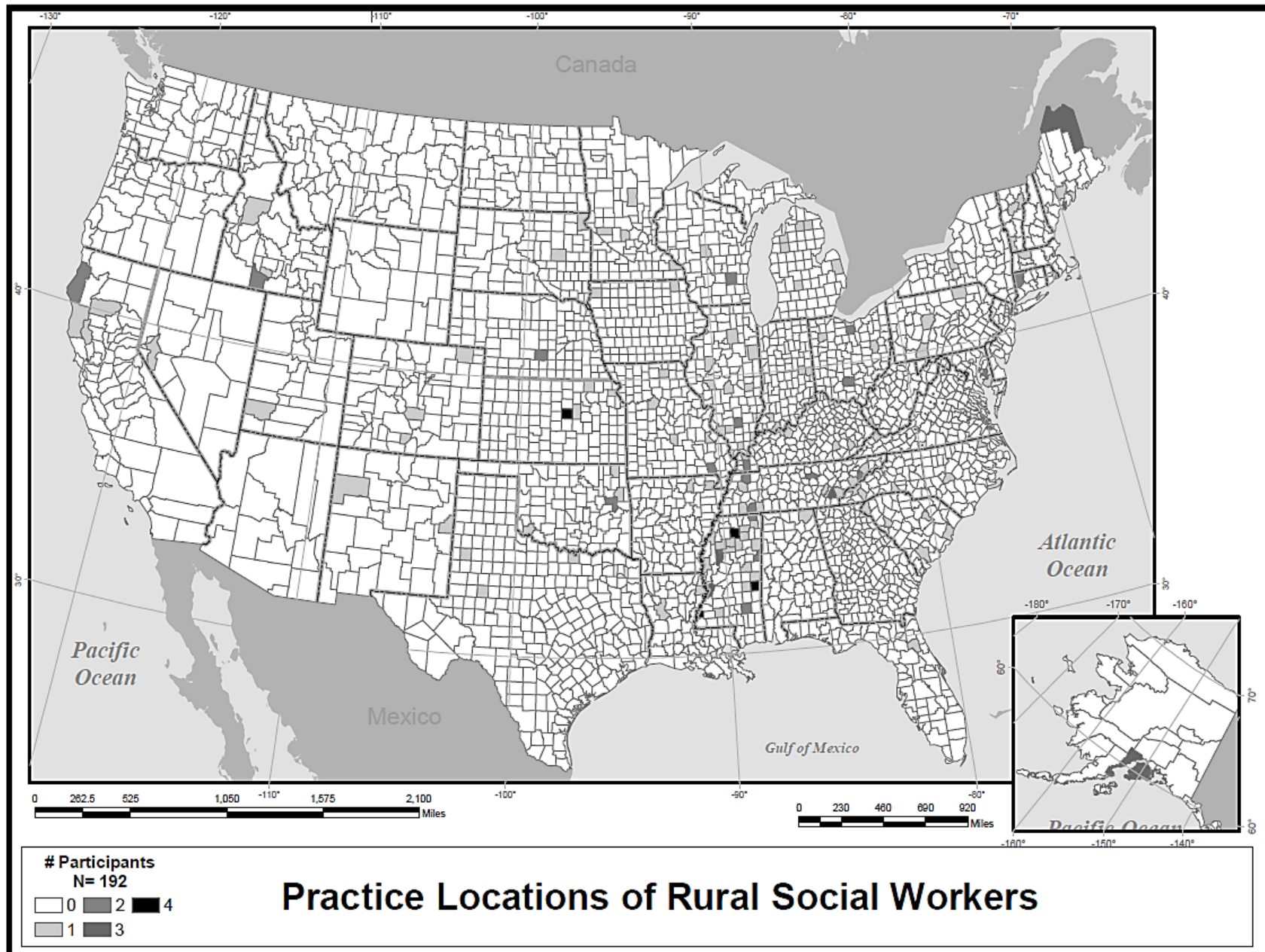
Summary of Regression Analyses for Factors Associated with Burnout, Workload Satisfaction, and Organizational Commitment (N = 192)

Variable	Personal Burnout			Work-Related Burnout			Client-Related Burnout			Satisfaction with Workload			Organizational Commitment		
	$\beta$	<i>t</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>
Educational attainment	.01	.34	.737	<.01	.09	.932	.11	1.19	.235	-.11	-1.42	.157	-.05	-.55	.582
Gender	.10	1.18	.240	.07	.80	.422	.02	.13	.895	-.05	-.57	.566	<.01	-.01	.989
Age*	<b>-.38</b>	<b>-3.63</b>	<b>&lt;.001</b>	<b>-.38</b>	<b>-3.90</b>	<b>&lt;.001</b>	<b>-.31</b>	<b>-2.94</b>	<b>.003</b>	<b>.22</b>	<b>2.24</b>	<b>.025</b>	-.01	-.34	.731
Race															
Black	-.12	-1.07	.285	-.18	-1.95	.051	<b>-.21</b>	<b>-2.20</b>	<b>.028</b>	<b>.23</b>	<b>2.99</b>	<b>.003</b>	-.06	-.67	.504
Native American	.07	1.18	.237	.08	1.31	.189	.07	-.67	.504	-.03	-.48	.631	-.05	-.67	.506
Other	-.11	-1.30	.193	-.05	-.59	.558	-.10	-1.16	.248	.05	.72	.473	.02	.24	.813
White	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Marital status	-.05	-.49	.623	-.11	-.88	.378	-.15	-1.32	.189	.12	1.20	.232	.09	1.15	.249
Caregiver status	<.01	-.50	.618	.06	.32	.753	.14	1.57	.117	-.03	-.29	.770	-.02	-.07	.944
Religious/Spiritual status	.05	.59	.556	.01	.30	.767	-.05	-.58	.564	.10	1.21	.225	-.02	-.15	.881
Salary*	-.04	-.60	.552	-.05	-.74	.460	-.04	-.78	.435	.10	1.21	.395	<b>.24</b>	<b>2.74</b>	<b>.006</b>
Current job experience*	-.01	.28	.777	.06	1.06	.287	<b>.21</b>	<b>2.47</b>	<b>.014</b>	-.05	-.85	.395	<b>.25</b>	<b>2.72</b>	<b>.007</b>
Full-time status	.02	-.12	.902	<.01	-.49	.624	-.02	-.67	.502	-.05	-.28	.783	.09	1.40	.163
Direct service status	.10	.98	.327	.11	.92	.360	.12	.98	.329	.01	.54	.588	.12	1.05	.293
Supervisor status	.15	.87	.382	.12	.58	.564	.08	.06	.949	-.08	-.70	.487	.07	.60	.546
Agency class															
Government	.02	.16	.873	.03	.34	.735	.01	-.07	.945	-.03	-.36	.720	-.03	-.03	.979
For-profit	.05	.24	.810	.06	.44	.657	.06	.57	.571	-.09	-.51	.613	.06	1.31	.189
Non-profit	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Agency type															
Mental health	-.10	-.97	.333	-.02	-.23	.818	-.10	-1.14	.253	<b>.30</b>	<b>2.30</b>	<b>.022</b>	-.09	-.98	.329
Hospital	-.08	-1.31	.191	-.13	-1.65	.099	-.09	-1.14	.254	<b>.21</b>	<b>2.08</b>	<b>.037</b>	-.03	-.17	.864
Nursing home/hospice	-.19	-1.19	.232	-.23	-1.64	.101	-.15	-1.08	.280	.23	1.83	.068	<.01	-.43	.671
Other HSO	<b>-.25</b>	<b>-2.45</b>	<b>.014</b>	<b>-.31</b>	<b>-3.04</b>	<b>.002</b>	<b>-.30</b>	<b>-2.70</b>	<b>.007</b>	<b>.35</b>	<b>3.44</b>	<b>.001</b>	<.01	-.05	.957
Other	<b>-.14</b>	<b>-1.97</b>	<b>.049</b>	<b>-.19</b>	<b>-2.40</b>	<b>.016</b>	-.10	-1.49	.138	<b>.30</b>	<b>3.20</b>	<b>.001</b>	.10	.85	.395
Child welfare	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
R <sup>2</sup>	.18, 95% CI [.04, .31]			.22, 95% CI [.08, .35]			.18, 95% CI [.03, .31]			.20, 95% CI [.06, .33]			.18, 95% CI [.05, .32]		
F	1.73 ( <i>p</i> = .035)			2.27 ( <i>p</i> = .003)			1.73 ( <i>p</i> = .037)			2.00 ( <i>p</i> = .010)			1.87 ( <i>p</i> = .016)		

\*standardized variables

**Table 4. Regression summary.** Table 4 is a summary of the regression analyses for factors associated with the outcomes of interest that had significant models including personal burnout, work-related burnout, client-related burnout, satisfaction with workload, and organizational commitment.





**Figure 1. Practice Locations of Rural Social Workers.** This county map of the United States provides the locations of practice indicated by social work participants. All counties are rural as defined by the United States Census Bureau, Economic Research Service (2017).