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Exploring Occupational Stress Through the Persepectives of the Child Welfare Workforce

Abstract

The child welfare system is charged with providing safety, permanency, and wellbeing for millions of children impacted by abuse and neglect requiring a highly effective and efficient workforce. Unfortunately, the health of the child welfare workforce, organizations, and system have been described as substandard as evidenced by chronic rates of high turnover and burnout and their inability to consistently meet national child safety and wellbeing standards. One factor contributing to the substandard functioning is the workforces' experience of occupational stress. This study contributes to a deeper understanding of the child welfare workforces' experience of occupational stress through a qualitative secondary data analysis of over 400 child welfare professionals including caseworkers, supervisors, and managers. In addition to illustrating how committed the workforce is to making a difference in the lives of the children and families they serve, the data revealed the perceived significant impact occupational stress has on their physical and mental health, family work balance, team morale, effective practice, intent to stay, program implementation, organizational climate and ultimately, client outcomes. Significant themes from this study will inform the creation of a more congruent practice and policy environment by aligning caseworker and supervisor values with day to day practice expectations, tasks, and evaluation. Future research focusing on the unique experiences of supervisors and managers and the interactions of all staff in the child welfare system addressing the systems most pressing issues will augment our understanding of occupational stress in child welfare. Finally, innovative and targeted interventions aimed to prevent and/or mitigate occupational stress unique to the child welfare system will be informed by the findings of this study encouraging more in depth research, attention to congruency, and consideration of the influence on occupational stress from multiple roles within the system hopefully contributing to more effective occupational stress intervention implementation.

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EXPLORING OCCUPATIONAL STRESS THROUGH THE PERSPECTIVES OF THE
CHILD WELFARE WORKFORCE

A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Ann Opderbecke Obermann

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List of Abbreviations

1. Child and Family Services Review (CFSR)
2. National Child Welfare Workforce Institute (NCWWI)
3. Workforce Excellence Initiative (WE)
4. Comprehensive Organizational Health Assessment (COHA)
5. Occupational Safety and Health Administration (OSHA)
6. World Health Organization (WHO)
7. National Institute of Occupational Safety and Health (NIOSH)
8. Job Demand Resource Theory (JDR)
9. Job Demand Control Support Model (JDCS)
10. United States Department of Health and Human Services (USDHHS)
11. Center for Prevention and Disease Control (CPDC)
12. National Association for Social Workers (NASW)
13. Council on Social Work Education (CSWE)
14. American Psychological Association (APA)
15. Continuous Quality Improvement (CQI)

Chapter 1: Introduction

Background

The child welfare system receives, assesses and processes approximately 4 million child abuse and neglect referrals representing as many as 7.2 million children per year (U.S. Department of Health and Human Services [USHHS], 2015). This represents a 15% increase since 2011. The system conducted investigations and/or provided alternative response to 3.6 million children and subsequently opened and provided ongoing services to 2.3 million of these 4 million children and their families in 2015. An additional 1.4 million children were already receiving ongoing services resulting in approximately 3.7 million children served in 2015 (USHHS, 2015). The child welfare system ensures safety, prevents abuse and neglect, and facilitates permanency and wellbeing through providing services and support to roughly 3.7 million children and families each year. Specifically, workers in the child welfare system are responsible for the screening of reported abuse and neglect referrals, investigation of all accepted referrals, delivery of services, protective oversight for families found to be at risk of abuse and neglect, arrangement of alternative care for children who are unable to remain with their family, and the facilitation of a permanent home for those unable to be reunified with their families (USHHS, 2013).

In order to process and to provide the subsequent services needed to ensure the safety and well-being of these 3.7 million children, the child welfare system must be effective and efficient. This requires both a highly qualified, trained, and experienced workforce and a well-functioning agency and system of care (DePanfilis & Zlotnik, 2008).

Unfortunately, many researchers, policy makers, and practitioners view the health of the child welfare workforce, organizations, and system as substandard (Cyphers, 2001; Ellis, Ellett, & DeWeaver, 2007; General Accounting Office [GAO], 2003; Webb, Dowd, Harden, Landsverk, & Testa, 2010; Zlotnik, 2002). This substandard functioning of the child welfare system is observed in (a) its struggle to retain qualified staff and reduce turnover (Peterson, Joseph, & Feit, 2014); (b) its inability to meet national standards set by the Federal government (Bursch & Corrigan, 2016; USDHHS, 2011); (c) the amount of money and time spent in researching and implementing solutions to these problems with limited change (lasting and/or broad dissemination of the research, programs, and/or resources) in turnover and other symptoms of substandard system functioning; and (d) the prevalence of stressed organizational climates within child welfare agencies (Cahalane & Sites, 2008; Hemmelgarn, Glisson, & Lawrence, 2006; Shim, 2010; Williams & Glisson, 2014).

Turnover. Nationally, child welfare workers stay on average less than 2 years with annual turnover rates of 20% to 40% and as high as 90% (Child Welfare Information Gateway, 2014; GAO, 2003). With high turnover, the workforce has to compensate for the vacant positions (Scannapieco & Connell-Carrick, 2007). Turnover

results in high annual replacement and training costs, with replacement costing on average 1/3 of a worker's annual salary and this does not include time lost or replacement training costs for new employees (Dorch, McCarthy, & Denofrio, 2008; GOA, 2003; Joubert, 2013; Sunset Advisory Commission, 2014). Workload for the remaining workforce is increased due to transferred cases and required peer training and assistance of new employees. Responsibility is increased when relatively new employees are put in the position of being the "senior" staff on a team due to being the only remaining staff. This can result in increased stress due to the high demands on a staff that has inadequate experience and training to mentor other new staff. Increased workloads and level of responsibility in turn impact workforce morale resulting in a stressed work climate (Cahalane & Sites, 2008; Shim, 2010).

In addition to cost and workforce well-being, turnover impacts permanency outcomes for children. Permanency goals seek to provide children a permanent placement and caregiver within the least amount of time after abuse has been identified (Child Welfare Information Gateway, 2013). Achieving permanency in a short period of time is important for the child's development and life of the family and is one of the primary goals of the child welfare workforce (Child Welfare Information Gateway, 2013). Caseworker turnover can result in an increased rate of multiple placements for children while in foster care, families receiving fewer services, failed reunification efforts, longer lengths of stay in foster care, and lower rates of finding permanent homes (Children's Defense Fund & Children's Rights, 2006a). Flower, McDonald, and Sumksi (2005) found that 75% of children who had only one caseworker after entering care achieved

permanency in 18 months whereas only 18% of those with two caseworkers achieved permanency in 18 months. For those children who had 6 or 7 caseworkers, less than 1% achieved permanency within the 18-month period (Flower et al., 2005). When permanency is delayed it can interrupt a child's developmental growth and positive attachment experiences impacting their physical, mental and emotional health (Anda et al., 2006; Perry, 2006). Turnover and staff replacement impact permanency due to interrupted services, lack of relationship, information lost in case transfer, and loss of engagement by families and children. In summary, turnover as an indicator of a substandard functioning system impacts agency budgets, workforce functioning, and ultimately permanency for children.

National and legal standards. Another indicator of poor workforce and organizational functioning is observed in the inability of the system to consistently meet standards set by the federal government and legal system. The Child and Family Services Reviews (CFSR) are federally mandated reviews which hold states accountable to best practice standards for child welfare requirements, conducted by the Children's Bureau, a division of the Administration for Children and Families in the US Department of Health and Human Services. CFSR standards are set high to reflect best practice and the importance of quality care for some of the most vulnerable children and families in our country. In the CFSR, the state must meet at least 6 out of the 7 outcomes to be in substantial conformity and also have a high "strength" rating on 23 systemic factors that help support the system to achieve the safety, permanency and well-being outcomes. States are increasing their "strength" ranking with regard to systemic factors, which is

most likely a reflection of the attention paid to the workforce by the Children’s Bureau and the National Child Welfare Workforce Institute (NCWWI); however, states continue to struggle with meeting standards on the outcome goals. In CFSR Round 1 (2001 – 2004) and Round 2 (2007 to 2010) no state out of 52 (including Puerto Rico and Washington, DC) achieved substantial conformity in at least six of out of seven outcome goals, including safety, permanency, and well-being (USDHHS, 2011). Some states were close to this goal (e.g., meeting 5 out of 7 outcomes) and however most states were still very far (e.g., meeting 1 out of 7 outcomes) from achieving conformity, showing great variability among states in their ability to implement state and federal mandates.

Legally, a few state child welfare systems are engaged in institutional-reform litigation and consent decrees as a result of settling class action law suits claiming inadequate care, inequity of access and services, delays in permanency, abuse and neglect while in state care, failure to preserve families, multiple out of home placements, and inadequately trained and educated workforce (Bursch & Corrigan, 2016). Currently, there are 14 standing consent decrees, some having been originally implemented over 30 years ago (Bursch & Corrigan, 2016). When states enter into consent decrees, the consent decree cannot be vacated until all stipulations have been met. Eight out of the 14 states with standing consent decrees have not been able to meet their consented requirements for decades. In addition to standing consent decrees, there are many current class action lawsuits which have been brought against states and child welfare systems that remain unsettled, costing systems additional money, staff time, and other limited resources.

Resource expenditure. Practice initiatives (e.g., training, recruitment, and retention); research (e.g., Child Welfare Information Gateway, Butler Institute for Families and Children, NCWWI, and university research centers); workforce development (e.g., Children’s Bureau, NASW, NCWWI, and APHSA); higher education (e.g., University Partnerships, Title IVE child welfare stipends, BPD, and CSWE); and federal and state governments (e.g., USDHHS and Children’s Bureau) are constantly working and expending resources to improve the functioning of the child welfare system and workforce.

Practice initiatives. Practice initiatives occur at the national, state, region, and local levels to improve workforce quality and functioning. These initiatives include innovative new worker and on the job training to address the lack of skill or preparedness of the workforce. In addition, systems are trying new ways of recruiting the workforce through university agency partnerships, internship programs, hiring incentives, and targeted recruitment (Fox, Miller & Barbee, 2003; Zlotnik, DePanfilis, Daining, & McDermott, 2005). Retention programs are expanding including professional development and advancement opportunities, mentoring, training, realistic interviews and workforce wellness programs (Romero & Lassmann, 2016; Simth, Prichard, & Boltz, 2016; Wilke, Radey, & Langenderfer-Magruder, 2017).

Research. The body of research dedicated to studying and evaluating child welfare practice and system functioning is vast. There are 37 journals listed on the University of Houston’s “Journals in Social Work and Related Disciplines”, that are dedicated to publishing child welfare research. This number does not include other

journals that focus on policy, organizational studies, implementation and dissemination, administration, or supervision that publish child welfare research as well. This research community studies all aspects of child welfare including the impact of neglect on child development and later adult onset disease (Anderson, 2016; Downey, Gudmunson, Pang, & Ledd, 2017), workforce turnover and its impact on system and child outcomes (Travis, Lizano, & Mor Barak, 2016), and implementation and dissemination of programs (Hanson, Self-Brown, Rostad, & Jackson, 2016). In addition, rigorous program and system evaluations continue to benefit child welfare systems and programs through comprehensive assessments and feedback about system and program needs, progress, and outcomes (e.g., Comprehensive Organizational Health Assessment and Organizational Social Context model) (Potter, Leake, Longworth-Reed, Altschul, & Rienks, 2016).

Workforce development. Workforce development is a priority of the national child welfare system. This is seen in the efforts by the Children’s Bureau investment in workforce development through the creation and continued funding of the National Child Welfare Workforce Institute (NCWWI) and the Capacity Building Collaborative in addition to statewide programs (Briar-Lawson, Leake, Dickinson, McCarthy, Anderson, Groza & Gilmore, 2016). Children’s Bureau efforts include many websites and easy to use resources for all levels of the workforce (e.g., www.ncwwi.org; <https://www.acf.hhs.gov/cb/capacity>).

Higher education. Higher education efforts have included partnerships with child welfare agencies to increase the quality, access, and specificity of education to prepare an effective workforce for child welfare practice. Child welfare stipend programs, core

and/or new worker training, ongoing training academies, internship programs, curriculum development, and leadership programs are some of the examples of what partnerships between higher education and their sister child welfare agencies are doing (Strand, Dettlaff, & Counts-Spriggs, 2015). All of these efforts and resources are in direct response to trying to reduce turnover, meet national CFSR standards, meet consent decree requirements, and improve organizational culture and climate.

Organizational climate. Stressed organizational climates, defined by high levels of emotional exhaustion, role conflict, and role overload, are prevalent among child welfare agencies due to the relationally intensive and traumatic nature of the expected job tasks, the inconsistencies in practice models and job expectations, and the high caseload and paperwork requirements. Stressed organizational climates result in higher employee turnover and poor work attitudes and behaviors. (Aarons & Sawitzky, 2006; VanBreukelen, Van Der Vlist, & Steensma, 2004). Organizational climate, as defined by Williams and Glisson (2014), is the psychological impact of one's work environment on their functioning, stress, and well-being (Aarons & Sawitzky, 2006). Studies have shown that engaged versus stressed organizational climates indicated more positive outcomes for clients and employees (Carr, Schmidt, Ford, & DeShon, 2003; Judge, Thoresen, Bono, & Patton, 2001; Patterson et al., 2005; Sackmann, 2011).

Problem Statement

Workforce turnover, not meeting national standards, stressed organizational climates along with the large amount of resources used on maintaining minimum standards for system functioning are indicators signaling the substandard health of the

child welfare system and workforce. Given the number of children and families needing services and the crucial role the child welfare workforce plays in supporting safety, permanency, and well-being in the lives of these children and families, it is essential that we understand more about what may cause or influence the substandard functioning discussed above.

The awareness of substandard system functioning in child welfare is not new. In trying to understand, prevent, and reduce the above stated indicators, policy makers, researchers and practitioners have hypothesized as to what has caused the ongoing struggles with maintaining a healthy functioning system. Burnout, stress, secondary traumatic stress, vicarious trauma, caseload size, workload requirements, lack of quality supervision, an absence of qualified and/or trained employees, bureaucratic culture, and inadequate policies have all been hypothesized to contribute to the system's inability to function as needed (Glisson, Green, & Williams, 2012; Mor Barak, Nissly, & Levin, 2001; Nissly, Mor Barak, & Levin, 2005; Sprang, Craig, & Clark, 2011; Webb, Dowd, Harden, Landsverk, & Testa, 2010). A number of these causes can be considered a part of occupational stress (Wooten, Kim, & Fakunmoju, 2011). As researchers, research centers, national review initiatives, and system assessments such as the Comprehensive Organizational Health Assessment (COHA), continue to address the many causes of a substandard workforce, a further exploration of occupational stress specific to child welfare organizations, can add to support of these efforts.

Occupational stress in child welfare is conceptualized in research and practice as burnout, compassion fatigue, personal exhaustion, tension, vicarious trauma, and

secondary traumatic stress (Langan-Fox & Cooper, 2011; Lloyd, King, & Chenoweth, 2002; Wooten, Fakunmoju, Kim, & LeFevre, 2010). Occupational stress literature and research addressing stressors in child welfare has increased over the past decade, with a focus on the characteristics of the people experiencing stress, the prevalence or levels of these stressors, and the predictors of turnover (Barak, Nissly, & Levin, 2001; DePanfilis, & Zlotnik, 2006; Faller, Grabarek, & Ortega, 2010; Strolin-Goltzman, Kollar, & Trinkle, 2010). Occupational stress potentially has a damaging and lasting impact on a workforce and occupational stress appears to be difficult to prevent and alleviate in child welfare systems (Biron, Karinka-Murray, & Cooper, 2012; DePanfilis & Zlotnik, 2008; Strolin, McCarthy, & Caringi, 2006).

While interventions attempted to prevent, lessen, or eliminate stress, including increased supervisory support (Hopkins 2002; Littlechild 2005; Mor Barak et al., 2006); workload reduction and caseload caps (Yamatani, Engel, & Spjeldnes, 2009); meditation, (Berceli and Napoli, 2006; Oman et al. 2006); training (Curry, McCarragher, & Dellman, 2005; Jenkins, 2005; Fox, Miller, & Barbee, 2003), and increased preparation through targeted and effective higher education (Hopkins, Mudrick, & Rudolph, 1999; Lery, Wiegmann, & Berrick, 2015), the problems persist. These interventions have not been able to reduce occupational stress to a level that significantly impacts turnover, national standard achievement, or improved organizational climate. Implementing occupational stress reduction or prevention programs is difficult. The lack of success is not totally unique to child welfare, as other occupations implementing organizational change addressing stress struggle as well (Biron, Karnika-Murry, & Coper, 2012). In addition,

implementation of evidence based programs is difficult in child welfare given the complex context of child welfare practice and systems (Hanson, Self-Brown, Rostad, & Jackson, 2016). In summary, there is limited research exploring the processes and experiences of stress in general, within child welfare, within specific child welfare job roles (e.g., caseworker, supervisor, or manager), and from the voice and perspective of the workforce (Ellis, Ellet, & Westbrook, 2007).

Occupational stress in child welfare systems can have a lasting and damaging impact on the workforce, and is difficult to prevent and alleviate due to its complexity of meaning for those experiencing the stress. Therefore, this study presents the opportunity to deepen our understanding of how occupational stress is experienced from the perspectives of key child welfare employee groups experiencing this stress on a daily basis.

Research Question

How do caseworkers, supervisors, and managers in the child welfare workforce experience, perceive, and cope with occupational stress?

Sub-questions 1a: What are the perceived demands and resources present in the experience of occupational stress?

Sub-question 1b: What are the perceived attributions of stress?

Sub-question 1c: What are the perceived impacts of stress?

Sub-question 1d: How do caseworkers, supervisors, and managers experience and/or perceive stress differently?

Dissertation Study Procedures

To answer these question a phenomenological approach was used to frame the qualitative analysis of secondary data originally collected through the National Child Welfare Workforce Institute's (NCWWI) Workforce Excellence Initiative, which assessed three child welfare systems to inform and guide their identification and implementation of change initiatives. Template analysis was used to code, analyze, theme, and ultimately create templates of experienced occupational stress for caseworkers, supervisors, and managers in the child welfare system.

Purpose of this Dissertation

The purpose of this dissertation is to explore occupational stress in the child welfare system in order to better understand how the workforce perceives, experiences, and copes with stress. Ultimately, a better understanding of the experience of occupational stress in child welfare could assist in changing the current pattern of turnover, poor outcomes, negative organizational climate, and resource expenditure.

This dissertation contributes knowledge about the stressors of doing child welfare work from the view of the workers who experience these stressors. This study examines the experiences of stress and how stress is similar or different between specific child welfare job roles (e.g., caseworker, supervisor, or manager).

In addition to examining professional positions on occupational stress, this study contributes to the dearth of qualitative studies exploring the views and perspectives of the child welfare workforce, especially at multiple levels of employment. Quantitative evaluations (e.g., Organizational Culture Assessment and Organizational Social Context Model) analyze individual response level data to create profiles of organizational health of the larger system level (Cameron & Quinn, 2006; Glisson & Green, 2011). However, due to the fixed nature of quantitative surveys, these evaluations are limited in their understanding as to why systems are stressed, have negative climates, why stress prevention and mitigation interventions are not working, and/or are why child welfare systems are struggling to maintain a consistently effective level of functioning. Given the dynamic and unique environment of child welfare practice, qualitative methods will help thoroughly explore the experiences and the why behind the quantitative reports of stress prevalence and predictive characteristics (Biron, Karanika-Murray, & Cooper, 2012).

Term Definitions

Table 1 presents common terms used throughout this dissertation. Further terms are presented in Chapter 3 (see Table 4) which address methodology and other constructs discussed in this dissertation study.

Table 1

Definition of constructs and terms used in this dissertation

| Terms | Definition |
|----------------------------|--|
| Stress | Stress is defined as the non-specific response of the body to any demand for change, positive or negative (Seyle, 1956). Much research has been done establishing that stress is a physiological and psychological reaction to potential change or threat, causing a response in the body and brain, the acute stress response. |
| Occupational stress | Occupational stress is defined as the detrimental emotional and physical reactions of an individual when the required work demands do not match with the individual's, environment's, or organization's capabilities, resources, or needs (NIOSH, 1999). |
| Caseworkers | A person who directly works to secure safety, permanency, and wellbeing for children and families. |
| Supervisors | A person who oversees caseworkers and is responsible for supporting, teaching, and monitoring their practice. |
| Managers | A person who oversees supervisors and caseworkers and is responsible for overall unit outcomes. |
| Child welfare agency | An agency or organization, guided by federal and state policy, that is responsible for the safety, permanency, and wellbeing of children specifically protecting them from abuse and neglect. |
| Child welfare system | The child welfare system includes child welfare agencies in addition to private nonprofits, community groups, religious communities, educational institutions, mental and physical health care, child care, and public health that all work to promote the safety and wellbeing of children and families and to prevent child abuse and neglect. |
| Child welfare professional | Includes case workers, case staff, case managers, supervisors, case support staff, middle managers, program managers, specialists, program directors, directors, and executive administration staff. |
| Child welfare workforce | Though the workforce can include all of the above listed child welfare professionals, the workforce commonly refers to |

caseworkers and supervisors (occasionally managers) or those having frequent and direct contact with clients.

Positionality

Knowledge of the positionality from which the researcher comes is essential for ethical practice in qualitative and interpretive research. Positionality can be defined as a researcher's world view and their position, authority, knowledge, and relation to their research (Foote & Bartell, 2011; Savin Baden & Howell Major, 2013). The researcher's view of the world, choice of research topics and reviewed literature, and interpretation of findings are grounded in their social location and positionality making it important for both the researcher and reader to be aware of their positionality. Disclosure of the researcher's positionality encourages a reflexive approach to research and transparency to the reader for their interpretation and critique (Savin Baden & Howell Major, 2013).

I am a middle class heterosexual cisgender white woman raised democrat and Christian. I hold a postgraduate degree in social work and currently reside in a suburban middle class neighborhood with a husband and young son. I am a doctoral candidate in a graduate social work program and have experience conducting quantitative and qualitative research independently and as part of a research team.

I have worked as a social worker for 20 years in positions such as a homeless youth counselor, a residential counselor for youth involved in the juvenile justice system, a child welfare caseworker, a family therapist, a clinical and administrative supervisor, workforce trainer, and an adjunct social work faculty at both private and public

universities. I was specially trained in child welfare through a master's degree in social work with a concentration in child welfare. I have had extensive training and experience working with families and children who have experienced trauma in addition to supporting, coaching, and training the staff who work with them.

My approach to research is framed through an interpretivist paradigm (Bryman, 2004; Ellen, 1984; Morgan, 2007). Thoughts and behaviors and the meanings assigned to them are constructed through our interactions with our environment, each other, and our experiences. What we know and understand to be true, is true in this particular moment in time, but may be different at another point in time. It is essential to understand one's perspectives and positionality in research, as the researcher and the phenomena being studied interact and influence one another. I value both the explanation of cause and effect as well as understanding the meaning and experiences of particular phenomena.

I view the child welfare workforce through a human resource theory lens, as able and willing to do their job and possessing the needed skills and abilities to meet job challenges. I view child welfare organizations, policy makers, elected officials, and the general public as responsible for the safety, permanency, and wellbeing of children and families. Child welfare organizations are also responsible for the safety and wellbeing of their workforce and forming collaborative relationships within their community and sister organizations.

I view occupational stress as a positive and negative component of working in human service organizations, especially child welfare. Stress serves the purpose of alerting the body and mind to potential hazards present in one's environment, which is a

helpful and necessary reaction. Chronic stress, the constant daily repetition of stress without a period of repair or returning to baseline, can have negative impacts on individuals and groups, such as burnout, depersonalization, and a negative work climate (Basu, Qayyum & Mason, 2016; Gulavani & Shinde, 2014). However, typical stress can help motivate and inspire a workforce to change structure or policy to best serve their clients, improve quality or timeliness of work, and alert staff to inequities or problems within the system.

Dissertation Organization

This dissertation starts with a review of the literature and theory addressing occupational stress; occupational stress within child welfare; and current efforts and interventions targeting stress reduction, workforce wellness, and overall improved system functioning within the child welfare system.

Following the literature review, is the methodology chapter. This chapter describes the qualitative methodology used to explore the experiences of occupational stress in the child welfare workforce. First, the primary study from which this qualitative secondary data analysis originated will be described followed by an explanation of the phenomenological approach used to frame this study's template analysis. This chapter concludes with a detailed report of the actual analysis strategies used in this study.

The results of this study are presented in two chapters, Chapter 4 and 5. Chapter 4 reports the raw data organized by the research questions and workforce group (e.g., caseworker, supervisors, manager). Chapter 5 presents the occupational stress templates

resulting from a synthesis of themes from each of the questions reported in the previous results chapter. In addition, Chapter 5 reports the results from the comparison and negative template analysis of the final stress templates between caseworkers, supervisors, and managers.

Finally, the dissertation ends with a discussion chapter addressing the significance of this study and its implications for practice, policy, and research. Appendices include examples of the NCWWI Workforce Excellence COHA survey summary, NCWWI Workforce Excellence interview and focus group protocols from the primary data collection, and coding templates from this dissertation study.

Introduction Summary

This dissertation study builds on the existing research and literature related to occupational stress in the child welfare system, a professional practice that is an essential part of social work practice and part of social work professional history and development. Providing safety, permanency, and wellbeing for children impacted by abuse and neglect is essential in assuring human rights. The child welfare system is charged with this imperative and often daunting task, requiring a highly effective and efficient workforce. Occupational stress in the child welfare system affects the workforces' ability to provide these imperative services, ultimately impacting the safety, permanency, and wellness of children. This study contributes to a deeper understanding of the workforces' experience of occupational stress with the hopes of influencing practice, policy, and research in order to prevent and mitigate occupational stress and its consequences in the child welfare system.

Chapter 2: Literature review

Overview

This chapter begins with a discussion of the definition of occupational stress and the origins of the conceptualization of stress. This is followed by a broad overview of the impact of stress in the workplace. A review of the literature on occupational stress specifically addressing stress in child welfare will be followed by a brief history of stress theory and stress theory as applied to child welfare. Occupational stress intervention literature will be presented along with current interventions impacting occupational stress in child welfare settings. This chapter will conclude with the observed gaps in child welfare occupational stress research and theory.

Occupational Stress Definition

Occupational stress has been defined as the detrimental emotional and physical reactions of an individual when the required work demands do not match with the individual's, environment's, or organization's capabilities, resources, or needs (National Institute of Occupational Safety and Health [NIOSH], 1999). Work demands can include overwhelming workload; role ambiguity; lack of control over job-related decisions; taxing physical, cognitive, and/or emotional tasks; role conflict; conflictive environments; isolation; and lack of support (NIOSH, 1999; Travis, Lizano, & Mor Barak, 2015).

Hans Selye and Walter Cannon were some of the first researchers to define stress physiologically. Cannon (1929) studied the acute stress response and coined the terms “flight” and “fight” as descriptions of the physical reaction to stress. Selye defined stress as the non-specific response of the body to any demand for change, positive or negative, and created the General Adaptation Syndrome which theorized how longer term stressors impacted the body (Selye, 1956). Following Cannon and Selye, Cox and Mackay (1976) researched and defined stress in psychological terms referring to stress as a perception of an individual’s ability to cope with the demands present and if unable to cope the resulting stress. Much research has been done establishing that stress is a physiological and psychological reaction to potential change or threat, causing a response in the body and brain, the acute stress response. Threat and danger trigger a release of hormones and activation of the sympathetic nervous system preparing the body to fight or flee (flight) the threatening situation. This response is typical and healthy, if followed by a recovery period, as it protects the person experiencing threat from danger and then allows their body and brain to return to homeostasis. However, when stress is chronic, and the nervous system is constantly perceiving and/or reacting to change and threat, the body and brain are not able to recover and hence experience a chronic state of arousal resulting in negative impacts to the individual.

Occupational Stress and its Impact

Occupational stress, the stress relating to one’s occupation, is a concern throughout the world and across many professions. The World Health Organization (WHO) has reported the lack of psychological wellbeing as one of the leading causes of

job absenteeism and reduced job involvement for over a decade (WHO, 1999, 2003). The American Psychological Association (APA) reports that job pressure is the number one cause of stress in the United States, followed by money and health (APA, 2014). In fact, the majority of U.S. workers consider their workplace to be a significant source of stress, with 60% of workers reporting that stress negatively impacts their productivity (APA, 2010; Health Advocate, 2009). Gallup survey results from 2010–2012 found that 70% of American workers surveyed reported being “not engaged” or “actively disengaged” resulting in absenteeism, productivity loss, and poor organizational climate (Gallup, 2013, p. 12). For those employees reporting high levels of stress, health care utilization was 50% greater than those not reporting high levels of stress and 150% greater for those reporting stress and depression (Centers for Disease Control and Prevention [CDCP], 2013) On average, absenteeism, turnover, loss of productivity, and increased health care costs, due to occupational stress, cost U.S. companies over \$310 billion a year (CDCP, 2013; Friswell & Williamson, 2010; Occupational Safety and Health Administration [OSHA], 2014).

Chronic long-term stress caused by an individual’s work can impact their overall quality of life. Negative health outcomes, experienced across many disciplines in addition to child welfare, include cardiovascular disease, autoimmune disorders, and premature death (Byrne & Espnes, 2008; Kemeny & Schedlowski, 2007; Nielsen, Kristensen, Schnohr, & Gronback, 2002; Ohlin, Nilsson, Nilsson & Berglund, 2004). Stress impacts mental health creating or increasing anxiety, depressive symptoms, and addiction (Child & Mentis, 2010; Hodgson et al., 2005; Health & Safety Executive, 2007a). Stress,

anxiety and depression are consistently among the top 5 medical conditions listed contributing to job absenteeism (Dopkeen & DuBois, 2014; Wang et al., 2003). Consequences for the employer include absenteeism, reduced productivity, recruitment and replacement costs, negative organizational climate and culture, workforce morale, and increased health care costs (CDCP, 2013; Glisson, Dukes, & Green, 2006; Glisson & James, 2002; Rycraft, 1994; Siegrist, 2001).

Occupational Stress in Child Welfare

This section will address how occupational stress experienced in child welfare systems is unique and the multiple conceptualizations of stress within child welfare research and practice. Following this there will be a review of occupational stress theory in general and as applied to child welfare. Finally, research addressing supervisor and managers' experience of stress and occupational stress interventions within child welfare will be presented.

Unique child welfare demands. The experience of occupational stress specific to the child welfare system includes the occupational demands and negative outcomes for general occupational stress noted in the previous section, but also includes additional demands and outcomes that, in combination, are unique to child welfare. The unique demands include a combination of (a) working within a large bureaucratic system (Farrell & Turpin, 2003; Mor Barak, Nissly, & Levin, 2001; Smith & Donovan, 2003); (b) being part of a society and government that undervalues children and families (Jenson & Fraser, 2015); (c) being part of a society and government that assumes incompetence and blame of the child welfare professional when desired outcomes are not achieved (Courtney,

Needell, & Wulczyn, 2004; Franklin & Parton, 2014; Lonne, Parton, Thomson, & Harries, 2008; McDonald & Marston, 2006); (d) personal exposure to threats of or actual physical, emotional and verbal violence (Horwitz, 2006; Stanley & Goddard, 2002); and (e) vicarious trauma exposure from working with children and families who have experienced trauma and those that have perpetrated the abuse and neglect (Conrad & Kellar-Guenther, 2006; Cyphers, 2001; Ewalt, 1991; GAO, 2003; Lloyd, King, & Chenoweth, 2002; Lonne et al., 2008). In combination with normal occupational stressors, these stressors, unique to child welfare, can result in negative outcomes including, but not limited to, high worker turnover, burnout, low intent to stay, low occupational commitment, a stressed organizational climate, absenteeism, vicarious trauma, secondary traumatic stress, and decreased worker productivity (American Public Human Services Association [APHSA], 2005; Bell, Kulkarni, & Dalton, 2003; Bride, 2007; Bride, Jones, & Macmaster, 2007; Cyphers, 2001; GAO, 2003; Glisson & Green, 2001; Hopkins, Cohen-Callow, Kim, & Hwang, 2010).

Bureaucratic system. Caseworkers spend much of their time completing tasks required to comply with federal mandates, state regulations, performance management systems, and data driven practice. These bureaucratic tasks such as court reports, data entry, intake forms, case notes, and monthly reports take away time from working directly with children and families (Broadhurst & Mason, 2012; Ferguson, 2014). A study looking at the tasks of the workforce concluded that bureaucratic tasks often limited the ability and time of workers to engage in quality relationships with clients and in their ability to use authority effectively (Lonne et al., 2009).

Government support. The context in which child welfare exists is in that of an ever changing federally mandated, monitored, and funded system. Child welfare services rely on this funding as their sole income, influencing the types of programs, resources, and innovations instituted and provided to their clients and workforce (Rose & Baumgartner, 2013). Programs and initiatives such as education, child welfare, prevention programs, affordable housing, public health, addiction services, reproductive health, community mental health, parental leave, health care, and day care are examples of community based programs that are important to accomplishing the goals of child welfare interventions and yet are not guaranteed due to the ever changing priorities of both government, fiscal, and societal agendas (Ehrenreich, 2014; Rose & Baumgartner, 2013).

Furthermore, the professionals who work in public child welfare are often not paid in proportion to the required amount of education and experience or as compared to other professions requiring a similar amount of educational and professional background; are paid less than the private child welfare agencies or education professionals; and report working well over their full time hours, making their pay even less (GAO, 2003).

Societal views. Society's negative perception of child welfare workers is not new. In the 1950s, child protection was considered part of a classification of "dirty jobs", jobs that are physically, socially, or morally tainted (Hughes, 1962). Scott and Swain (2002), in a literature review of historical perspectives of child protection, discuss how the profession, from its beginning, has been associated with socially undesirable concepts such as vice, crime, idleness, and moral corruption. Moreover, child welfare workers

have had historical connections with the oppressive use of state power and expressing explicit bias for the values of dominant culture norms. One example is the removal of American Indian children from their families resulting in placement with White families and consequently the eradication of their language and culture (Halverson, Puig, & Byers, 2002).

Child welfare workers are constantly making decisions that are impacted by implicit social norms making them vulnerable to judgement from public perception. The work of child protection requires workers to investigate families most private and intimate behaviors and history, work in partnership with people in our society who are considered morally corrupt, and challenge or support, both explicit and implicit, social norms (e.g., parent rights, racism, classism, deserving poor, etc.) (Morris, 2005). Due to these inherent tasks, the workforce receives critique from all sides. The system is blamed for being too invasive, not invasive enough, too focused on the child, too focused on the rights of the parents and the list could go on. What they are being blamed for just depends on current issues present in the media or legislative debates and the implicit and explicit social norms that are part of our social fabric.

Finally, society's views on child welfare workers is seen in the media portrayal of the profession through the coverage of abuse and neglect tragedies. Stories that make the news are often the most complex and bizarre, making the exception the norm, in turn creating a skewed view of families and the workforce. In addition, the tragedies are usually reported as a fault of caseworkers' action or lack of action. Ayre (2001) reported on child deaths and how the media portrayal of these deaths led to distrust and suspicion

of the child welfare workforce, portraying them as incompetent and unreliable. Society views, media's negative portrayal of the child welfare workforce, and the systems reinforcement of implicit and explicit bias have contributed to caseworkers' professional lack of self-esteem influencing their job commitment, performance, and turnover (Ashforth & Krenier, 1999).

Exposure to risk. Caseworkers are at risk of experiencing threats of or actual physical, emotional and verbal violence everyday (Sousa, Silva, Veloso, Tzarfi, & Enosh, 2014). Compared to other human service occupations, child welfare workers are at higher risk for client perpetrated violence or threats of violence, and have shown an increase in work related injuries over the last decade as compared to a decrease in other professions. (Bureau of Labor Statistics, 2014; Robson, Cossar, & Quayle, 2014). In addition, many child welfare systems do not have standard protocols to deal with these threats or incidents, leaving workers at higher risk for sustained impact from the experienced threat or assault (Strolin-Goltzman, Kollar, Shea, Walcott, & Ward, 2016).

Vicarious trauma. The child welfare workforce interacts daily with children and families who have been victims of traumatic experiences (e.g., abuse, neglect, assault, domestic violence, tec.). Moreover, they are working with perpetrators of abuse, neglect, and intimate partner violence as well. The workforce, in addition to being at risk for experiencing direct violence and verbal assault, are exposed vicariously to the traumatic experiences of those they are working with, putting them at risk for experiencing secondary traumatic stress, vicarious trauma, and compassion fatigue. In a study looking at the impact of self-care on levels of burnout, compassion satisfaction and secondary

trauma, the authors reported that 29.8% of the sample met criteria for secondary trauma (Solloum, Kondrat, Johnco, & Olson, 2014). In other studies, thirty to fifty percent of the child welfare workforce reports experiencing compassion fatigue at a high or very high level (Bride, Jones, & Macmaster, 2007; Conrad & Kellar Guenther, 2006; Salloum et al., 2015).

Occupational stress in child welfare is multidimensional. A common occupational stress definition is not used in the child welfare stress literature. When discussing stress within the system many different and conflating causes, consequences, and constructs are explored, creating a multidimensional perspective of occupational stress. Causes of stress discussed in the literature are high caseloads and workload, turnover, working with traumatized clients, lack of skills or preparation for the job, lack of support, role ambiguity, role conflict, family work balance, and negative culture and climate (DePanfilis & Zlotnik, 2008; Mor Barak, Nissly, & Levin, 2001; Shim, 2010). Consequences of stress include turnover, job commitment, burnout, compassion fatigue, absenteeism, vicarious trauma, secondary traumatic stress syndrome, negative climate, and family work balance (Kim & Stoner 2008; Sprang, Craig, & Clark, 2011; Strolin, McCarthy & Caringi, 2006). Constructs related to and/or often described as part of occupational stress include many of the above listed causes and consequences (e.g., burnout, secondary traumatic stress, turnover, etc.). Together, the number and variety of causes and consequences of stress in child welfare settings make it clear to see how defining occupational stress in child welfare can be confusing and complex (Conrad, & Kellar-Guenther, 2006; Devilly, Wright, & Varker, 2009; Jenkins & Baird, 2002).

In Table 2, the definitions for the different constructs used to describe stress experiences in child welfare are listed for comparison. Certain words are highlighted demonstrating the overlap in definition. Though occupational stress in child welfare is not clearly defined, the individual constructs listed in Table 2 are consistently defined with the definition provided below.

Table 2

Multiple constructs of occupational stress in child welfare

| Term | Definition | Research |
|---------------------|--|--|
| Occupational Stress | Occupational stress is defined as the detrimental emotional and physical reactions of an individual when the required work demands do not match with the individual's, environment's, or organization's capabilities, resources, supports, or needs (NIOSH, 1999). | Lloyd, Kind, & Chenoweth, 2002 |
| Burnout | Defensive response to excessive and prolonged job stress. Creates feelings of emotional exhaustion, can lead to withdrawal, feelings of inadequacy, sense of failure and low self-esteem Cherniss (1980) describes burnout as “the loss of enthusiasm, excitement, and a sense of mission in one’s work” (p. 16). | Maslach, 1982; Maslach & Leiter, 1997; Cherniss, 1980; Anderson, 2000; Lizano & Mor Barak, 2015; Boyas, Wind, & Ruiz, 2013; McFadden, Campbell, & Taylor, 2015 |
| Compassion Fatigue | A natural response of emotional duress resulting from contact with a trauma survivors’ traumatic material with which helpers may identify and empathize (Jenkins & Baird, 2002, p. 424). Similar to secondary trauma and described by Figley (1995) as normative and an occupational hazard for trauma workers. | Figley, 1995; Figley & Stamm, 1996; Geoffrion, Morselli, & Guay, 2016; Salloum, Kondrat, Johnco, & Olson, 2015 |
| Vicarious Trauma | “Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being. ” (Pearlman & McKay, 2008). Impacts helpers’ world view and cognitive schemas and can be profound and long lasting. | Pearlman & Saakvitne, 1995; Pearlman & McKay, 2008; Middleton & Potter, 2015; Dombo & Blome, 2016 |

| | | |
|----------------------------|--|--|
| Secondary Traumatic Stress | Secondary traumatic stress is the emotional duress and/or sudden adverse reaction resulting from hearing firsthand trauma experiences of others. Resulting symptoms are similar to those of post-traumatic stress disorder. Symptoms may be temporary and/or long lasting and may occur after a single exposure. | National Child Traumatic Stress Network; Bride, 2007; Jenkins & Baird, 2002; Devilly, Wright & Varker, 2009; |
| Role conflict | Demands placed on individual that are in conflict, competition, or incompatible. Meaning that both demands are unable to be met by the individual successfully. | Kahn, Wolfe, Quinn, Snoek & Rosenthal, 2010 |
| Role ambiguity | Job or role expectations or degree of authority are unclear, uncertain, vague or inadequately defined. | Kahn, Wolfe, Quinn, Snoek & Rosenthal, 2010 |
| Job dissatisfaction | Feelings of apathy, depression, anger, resentment, frustration, despair, and resignation towards one's job or in response to one's work. Can result in intent to leave and turnover. | Barth, Lloyd, Christ, Chapman, & Dickinson, 2008; Mandell, Stalker, deZeeuw Wright, Frensch, & Harvey, 2013; Strand & Dore, 2009 |

Occupational Stress Theory

Theoretical stress research began in the early 1900's with observations of animal's response to threat, adverse situations, and general stress (Cannon, 1929; Seyle, 1955, 1974). Cannon discovered the acute stress response in studying animal's response to threat, later applied to humans (Cannon, 1932). Seyle (1955) observed stress reactions of patients from illness, surgery, physical emergencies, or anxiety. He conducted experiments to test his hypothesis about "a common symptom" experienced by patients from different environmental stressors. As a proxy for human reactions, he tested rats'

reactions to different adverse situations and found when dissected, the rats had similar physiological evidence of stress, regardless of the characteristic of stress they were exposed to. This and many other hypotheses proving experiments led to his theory of stress, the General Adaption Syndrome. The General Adaption Syndrome explained the stress response and what physically happens within the individual when triggered and their response and resolution of this situation and in situations where stress is prolonged or chronic (Seyle, 1956). These researchers beginning understanding of stress helped to explain the individual's response to acute and prolonged stress.

Examination of an individual's response to stress led to investigating how the individual's interaction with the environment contributed to their stress response. Fit theories address how stress functions in the interaction of the individual and their environment. Lazarus took the psychobiological individual understanding of stress from Seyle's General Adaption Syndrome and added the interaction of the environment (Lazarus, 1999, 2000). The transactional stress model describes the transaction between the individual and the environment in creating stress and the constructed meaning. Lazarus (1999) initiated the idea of person and environment "fit" being important to the creation and reduction of stress.

The importance of person and environment "fit" stressed in Lazarus's transactional model was furthered in the Person Environment Fit Model and Conservation of Resources Theory (Edwards, Caplan, & Van Harrison, 1998; Hobfoll, 1989; Lazarus, 1999, 2000). Person Environment Fit model describes the individual traits of a person being matched or mismatched to particular job roles and duties as a potential

creator of stress. Conservation of Resources Theory focuses on the resources of the person (e.g., income, education, marital status, training, etc.) instead of personal characteristics to determine a more objective fit with environmental demands (Hobfoll, 1989).

Research started by Seyle and continued by many others since, created an awareness within occupational studies of the potential impact stress has in the workplace and the potential contribution of the workplace to stress. In the 1960s public health organizations began to identify the impact stress had on occupational safety and health. In 1970, the federal government established the National Institute on Occupational Safety and Health (NIOSH), as part of the Occupational Safety and Health Act of 1970, to investigate how stress contributed to occupational functioning.

Internationally, the World Health Organization(WHO) has been focusing on occupational stress as an occupational or psychological hazard for over 30 years. Most recently, they published a report on psychosocial hazards at work to address the lack of policy and attention addressing workplace stress and violence and the need to do this in the future (Leka & Jain, 2010). The WHO and OSHA continue to recognize occupational stress as an occupational hazard. Their research and action is informed by individualized stress theories and ongoing application of these theories in research demonstrating negative physical, psychological, cognitive, and emotional impacts (Cooper & Marshall, 2013; Ganster & Rosen, 2013). They also recognize the interaction between the individual and their environment (occupation) as a potential source of stress. Individual stress theories, focusing on individual characteristics and physiological and psychological

impacts of stress to the individual, inform wellness programs, time management and skill training, individualized wellness or self-care plans, individual therapy, employee assistance programs (EAP), and other individual person targeted interventions.

Environment, fit, and transactional models of stress inform recruitment practices such as head hunting and industrial psychological practices aiming to find the right match of person to work environment (e.g., skill, personality, values, character, etc.); creative work spaces and environment (e.g., Google, Apple, etc.); innovative leadership practices (e.g., transformational, adaptive, supportive, etc.) and other structural and procedural interventions targeting the prevention and mitigation of occupational stress.

Current stress theory uses both individual and environmental perspectives as mentioned above. One example is the Job Demand Control Support Model (Karasek, 1979; Karasek & Theorell, 1998; Johnson & Hall, 1988). The Job Demand Control Support Model (JDCS) explains stress in terms of excessive occupational demands that are unable to be met by the individuals on which demands are being placed. The level of stress that individuals feel is not determined by the demands but rather by the available resources within the work environment. In the JDCS model the resources are the amount of control over the demands and/or the support assisting the individual in meeting the demands. The level of stress is lessened when the resources are adequate and/or the control or support matches to the type or frequency of demands. This model has been widely used in practice and in occupational stress research (Ganster, Perrewé, & Quick, 2011; Karasek, 1979; Karasek & Theorell, 1998).

The Job Demand-Resource Theory (JDR) was created based on the JDCS model premise of workplace demands and the resulting stress being buffered by the resources of control and support (Demerouti, Bakker, Nachreiner, & Schaeueli, 2001). The JDR theory expands the JDCS by accounting for all organizational and professional resources not limiting the resources to just control and support. More recently, personal resources (e.g., personal coping skills and characteristics) have been added to organizational and professional resources, reflecting the contributions of the individual stress theories into JDR. JDR looks at the whole system to contextualize stress and identify potential intervention points leading to more effective stress reduction and potentially improved outcomes (Bakker & Demerouti, 2014; Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Bakker, Van Veldhoven, & Xanthopoulou, 2010). JDR addresses the personal, organizational and systemic resources and ability to control one's environment when understanding stress and its relationship between person and environment.

Child welfare occupational stress theory. There are limited to no occupational stress theories specific to child welfare. Current stress theories are grounded in disciplines other than child welfare and/or social work, potentially leaving out unique characteristics and understandings of human service and public environments that potentially contribute to occupational stress in child welfare. Past and current models of stress, including individual physiological and psychological models, fit and person in environment models, and most recently the Job Demand Resource Theory, are able to explain some of the different aspects of occupational stress in child welfare.

Individual models of stress inform psychoeducation trainings about secondary trauma, stress response, and conflict management; healthy eating and wellness programs; stress reduction and meditation courses; and vacation/flex time policies. Fit models frame current recommendations in child welfare for increased training of caseworkers and providing new values or increased skills needed to match the demands present in the job. Fit models are also evident in hiring practices that use personality tests or assessments to match the desired skills and values required to meet child welfare demands with the potential employees actual assessed skills and values.

The Job Demand Resource Theory takes into account the often unchangeable systemic demands, shifting resources present in child welfare systems, and allows for organizational level change while incorporating both individual and fit stress models (Crawford, Lepine, & Rich, 2010; Lizano & Barak, 2015). Job Demand Resource theory can help explain historical and current levels of stress that continue to persist in the child welfare system (Lizano & Mor Barak, 2015). Specifically, this theory identifies resources or the lack there of with regard to (a) the limited control over required job expectations perceived by employees and the (b) minimal support, internally and especially externally, given to the child welfare workforce.

In child welfare, the lack of control over practice decisions and daily job duties has grown over the years with the increased bureaucratic practice and oversight of the federal and state governments and the judicial system (Evans, 2012; Levy, Poertner, & Lieberman, 2012). Most decisions made follow strict protocols with supervisory and court oversight and/or approval required. Decisions and treatment recommendations are

evidence based and it is difficult to implement an alternative path or treatment modality and even more difficult to find funding for an alternative plan. The decision making structure makes it difficult for caseworkers to individualize services to particular families and to their own strengths and abilities to fulfill their job requirements, increasing the perception of stress (Evans, 2012).

With regard to external support, child welfare has always struggled with societal approval as evidenced in strict and punishing legislation, lack and inconsistency of funding, poor public opinion, and negative media coverage (Auerbach, Zeitlin, Augsberger, McGowan, Claiborne, N., & Lawrence, 2014; Chenot, 2011; Ellett, Ellis, Westbrook & Dews, 2007; Westbrook, Ellis, & Ellet, 2006). This negative external support is seen in low salaries, limited funding for innovative and basic services for families, and restrictive legislation that focuses on worker deficits and requires more of workers without giving them more salary or benefits. In addition, movies and news coverage consistently blames individual workers for the negative outcomes experienced by youth and families involved in the child welfare system.

Internally, child welfare has made improvements with regard to support, especially for direct care workers. Acknowledgement of the importance of positive leadership, supervision, and peer support on employee satisfaction, retention, and client outcomes, has given momentum to trainings, increased allocation of time for supervision, focus on the quality of leadership present within agencies, and recognition of peer support networks (Chiller & Crisp, 2012; Green, Miller & Aarons, 2013; Elçi, Sener, Aksoy, & Alpkın, 2012; Webb & Carpenter, 2012).

Occupational Stress Interventions

Child welfare implementation of occupational stress prevention or treatment programs is subject to numerous barriers resulting in limited studies discussing the implementation or effectiveness of stress reduction efforts (Newell, Nelson & Gardell, 2014). However, there are practices that child welfare organizations are implementing targeting the causes and consequences of occupational stress and its different expressions (e.g., secondary stress and burnout). In this section, the research on interventions addressing or related to occupational stress are presented.

Due to the complex conceptualization of stress within child welfare, interventions target many different areas of occupational stress including but not limited to (a) job satisfaction and turnover through recruitment and retention efforts, (b) lack of skills and/or ability and role ambiguity through training, (c) vicarious trauma and burnout through employee self-care, (d) lack of support and guidance through supervisory and leadership enhancement to increase support, and (e) low morale through organizational culture and climate improvement. These interventions tend to be deficit based. A review of examples of current practices in each of these stress areas are described below.

Recruitment. It is no secret that child welfare systems have consistently struggled with recruiting and retaining a qualified workforce (GAO, 2003; Perry, & Ellett, 2008). Though the constructs of recruitment and retention are not exact measures of occupational stress, both are related to experiences of occupational stress, including burnout and job satisfaction (Thomas, Kohli, & Choi, 2014; Travis et al., 2015). Some recruitment efforts aim to prevent stress by providing honest and detailed information

about the job during the interview process, hoping to find people who are fit to this type of work. Realistic job previews, a promising practice in child welfare recruitment and retention, assist both the agency and the individual applying to determine fit for the job applicant. Previews include upfront information about the challenges and rewards of child welfare work (Faller, Masternak, Grinnell-Davis, Grabarek, Sieffert, & Bernotavicz, 2009).

In 2003, the Children's Bureau funded eight three year grants to implement and evaluate realistic job previews. One of the eight projects had longitudinal data of workers that viewed, and workers that did not view, videos of client interviews as part of the realistic job preview. For those that did not view the video, turnover rates were over 20%. Those that viewed the video during their interview process had lower turnover rates at 6% at the end of year one and 11% at the end of year 3 (Masternak & Champnoise, 2007). Realistic job previews can include videos of home visits and/or client interviews, written case studies, shadowing, honest descriptions of tasks and extensive workload, disclosure of risk for occupational stress, burnout, and secondary trauma, and live caseworker and supervisor dialogues (Bernotavicz, 2008).

One long lasting recruitment initiative supported by state and federal government is Title IVE funding used to create university child welfare agency partnerships providing specialized education and training. The program also provides stipends and tuition reimbursement with the intention of encouraging students and existing professionals to obtain a social work degree and pursue a career in child welfare (Zlotnik, 2002). These incentives help recruit existing child welfare workers and new students into a lifelong

career in child welfare by reducing barriers that can often prohibit school attendance (Zlotnik, 2002). As part of their education, students participate in internships, consisting of up to a 20 hour a week internship for 9 months, shadowing and participating, in child welfare work. Through this process they become aware of what is required of the workforce and if this is something that they are interested and capable of doing (Douglas, McCarthy, Serino, 2014; Tham & Lynch, 2014). It is also a chance for the agency to get to know the intern, assessing fit and ability (Douglas et al., 2014).

Retention. Retention efforts address the prevention and moderating of stress through the provision of new and/or augmented existing resources that support the workforce and encourage retention. Though the outcome of these initiatives is retention and not measured as occupational stress, high levels of stress and burnout are associated with failed retention (Kim & Kao, 2014). In a systemic review looking at turnover intention predictors, stress and burnout had a medium to high influence on turnover intention (Kim & Kao, 2014).

Education and core training are a key retention strategy. Often provided by universities, training has been shown to have an impact on retention and levels of secondary traumatic stress (Zlotnik et al., 2005). Trainings can build skills and resilience in the workforce, yet there is limited research studying the process behind or why these programs impact retention (Altman & Cohen, 2016; Deglau, Anasuya, Edwards, CarreLee, Harrison, & Cunningham, 2014).

University agency partnerships are one of the few well-studied, validated, and replicated interventions that impact workforce stress, specifically in recruitment and

retention (Zlotnik, DePanfilis, Danning & Lane, 2005; Risley-Curtiss, 2003; Zlotnik, 2003). The partnerships equip individuals, through training, with the skills needed to perform their job, increase retention, job satisfaction and empowerment and decrease burnout and levels of secondary traumatic stress (Zlotnik et al., 2005).

One innovation, impacting retention, is providing trainings in a cohort model. In a study looking at a 5-year evaluation of a university based child welfare education and training program, researchers found that the cohort model impacted retention and successful completion, resulting in 100% retention (Altman & Cohen, 2016). They reported 4 themes of how the cohort impacted their beginning practice and retention including mutual support, empowerment, belief in self and their finding of a home base which ultimately helped them to launch their professional selves (Altman & Cohen, 2016).

Training. In addition to the training provided by university agency partnerships, there is an ongoing training provided to new and ongoing workers at the state and agency level. Training provides workers with the knowledge and skills needed to meet job demands hence preventing and/or reducing stress (Dollard, Winefield, Winefield, & Jonge, 2000; Häusser, Mojzisch, Niesel & Schulz-Hardt, 2010). Furthermore, training can provide role clarity for workers preventing role ambiguity which can lead to stress (Mor Barak, Nissley, & Levin, 2001). Child welfare uses competency based trainings for their core and ongoing trainings in order to provide the workforce with necessary preparation and training to meet job expectations (NCWWI, 2015). One competency

based training modality intended to enhance the transfer and application of knowledge that also potentially impacts occupational stress includes mentoring and coaching models.

Mentoring, career and psychosocial, has been implemented to support supervisors and new and ongoing caseworkers, and to develop leadership. Mentoring and/or coaching is defined as a professional relationship where a more seasoned and experienced staff provides coaching, mentoring, and support (both psychological and career based) to a less experienced person. The mentor and coach role is not a supervisory role and does not have any formal power or control over the mentee. Mentoring increases the support an employee feels, reduces turnover, increases job satisfaction, increases creativity and production, and creates increased opportunities for promotion (Collins Camargo & Kelly, 2006; Strand & Bosco-Ruggiero, 2009). It is recognized as a promising retention strategy though there is limited research on its effectiveness (GAO, 2003; Romero, Alyson, & Lassmann, 2016; Strand & Bosco-Ruggiero, 2009). In other fields, coaching and mentoring have shown decreases in psychological distress, improvements in managing stress, emotional well-being, and job satisfaction (Gyllensten & Palmer, 2006; Short, Kinman & Baker, 2010).

Supervisors are using coaching skills to enhance their supervisory practice in many agencies (Griffin & Shiell, 2003; Harlow, 2013). Mentoring and coaching can be provided by seasoned workers, supervisors, leaders, and peers. Coaching has gained popularity over the last two decades and has been applied in child welfare to train and support new employees, to support and develop seasoned employees, to train and develop new supervisors, and to support and develop leadership in seasoned supervisors and other

leadership positions as evidenced in the services and resources provided on the National Child Welfare Workforce Institutes webpage and state examples of coaching/mentoring program implementation (NCWWI, 2012, Nissly, Mor Barak, & Levin, 2004; Scannapieco & Connell-Carrick, 2007).

A newer perspective in training is focusing on preparing the workforce by building their resiliency. By building resiliency, workers are more equipped to deal with the many demands and stressors that are part of their daily job expectations. This perspective is in reaction to the existing deficit based models for intervention (Bonanno, 2004; Russ, Lonne, & Darlington, 2009; Tedeschi & Kilmer, 2005). The U.S. military uses a program, called Master Resiliency, during pre-deployment training for both the soldier and their family to help prevent soldiers and veterans from developing post-traumatic stress disorder during and after their deployment (Reivich, Seligman, & McBride, 2011). The idea behind the training is that many of the skills and characteristics of people who demonstrate resilience can be taught, hence equipping the soldier and family with what is needed to recover from chronic stress and trauma. Similar logic has influenced a training programs focusing on building resilience in students, social work trainees, and the general workforce to increase their ability to better deal or cope with occupational stressors inherent in child welfare and social work settings (ACS-NYU, 2011; Grant & Kinman, 2012). These programs focused on building skills and support necessary for workers to successfully deal with the emotionally charged work of serving trauma survivors.

Self-care. Self-care is frequently recommended by educators, supervisors, and practitioners as a way to deal with the occupational stress inherent in child welfare practice (Black, 2006; Cunningham, 2004; Knight, 2010; Newell & MacNeil, 2010). Educating new and existing social workers about self-care has even been discussed as a professional and ethical obligation (Courtois, 2002; Newell, & Nelson-Gardell, 2014; NASW, 2009). In addition, there are numerous books and manuals that discuss self-care and its application to helpers (Cox & Steiner, 2013; Saakvitne, Pearlman, & Agraphamson, 1996; Skovholt & Trotter-Mathison, 2014).

Self-care is defined as the social workers use of skills and strategies to meet their own emotional, spiritual, relational, family, personal, physical, and occupational needs while maintaining their ability to meet the demands and needs of their clients, organization, and occupation (Figley, 2002; NASW, 2009; Newell & Nelson-Gardell, 2014). Self-care tries to prevent and moderate occupational stress through the use of skills and strategies that allow for the mind and body to prepare, cope, rest, recover, and restore.

There is a plethora of research and popular interest in how to combat general stress with self-care wellness interventions such as healthy eating, exercise, yoga, meditation, (Chong, Tsunaka, & Chan, 2011; Gerber, Jonsdottir, Lindwall, & Ahlberg, 2014; Goyal, Singh, Sibinga, Gould, Rowland-Seymour, Sharma, & Ranasinghe, 2014). Self-care practices (e.g., yoga, exercise, nutrition, meditation, spirituality; time with family, etc.) have been reported and demonstrated to reduce stress in studies of individuals and small groups of people including nurses, educators, and first responders

(Decker, Constantine Brown, Ong, & Stiney-Ziskind, 2015; Dombo & Gray, 2013; Dorian & Killebrew, 2014; Ying, 2009). However, there is limited research showing the implementation or effectiveness of these practices at the organizational level and in child welfare settings (Birnbaum & Birnbaum, 2007; Irving et al., 2009; Newell & Nelson Gargell, 2014; Phelps, Lloyd, Creamer, & Forbes, 2009) despite the strong recommendation of incorporating self-care strategies into practice.

Though missing at organizational level implementation and in intervention research, self-care practices and psychoeducation on self-care are frequently provided in education and training programs, web based resources (e.g., University of Houston's Professional Self-Care Website, NCWWI self-care resources, University of Buffalo's Self-Care starter kit, etc.), in agency encouraged programming (e.g., wellness programs, incentives for participation, EAP services, wellness classes), and in books and professional workshops. As with self-care suggestions, most of these efforts have not been evaluated or implemented at an organizational level making it difficult to determine its effectiveness and generalizability in occupational stress reduction.

Supervisory support. Similar to self-care, quality supervision and leadership are frequently discussed and recommended for the potential to impact successful intervention implementation, job satisfaction, retention, perceptions of stress, effectiveness of caseworkers, and positive organizational culture and climate within child welfare (Ellett, Collins, & Ellett, 2006; Ellet, Ellis, Westbrook, & Dews, 2006; Frey, LeBeau, Kindler, Behan, Morales, & Freundlich, 2012; Hanna & Potter, 2012; Jacquet, Clark Morazes, & Wither, 2007; Landsman, 2001; Smith, Russell, & Giddings, 2007; Zlotnik et al., 2005).

Though quality and frequency of supervisory support is often correlated with turnover, retention, job satisfaction, and stress in studies based on caseworker self-report, specific interventions or studies measuring the implementation and effectiveness of supervision or leadership interventions are lacking. In a systematic review of the literature from 2000 to 2012, Carpenter, Webb, & Bostock (2013) found only one study, out of an original 690 studies, looking at supervision in child welfare, that was an intervention study and there were no randomized trials or quasi-experimental studies testing the effectiveness of supervision in child welfare.

There have been supervision models such as reflective supervision (Eggbeer, Mann, & Seibel, 2007; Harvey & Henderson, 2014; Ruch, 2011), clinical consultation models (Strand & Badger, 2005), and strength based solution focused solution that have been applied to child welfare. These approaches have been theoretical in their application and review and did not have any formal intervention evaluation or testing.

Supervisors, managers, and occupational stress. It is worth noting at this point, that supervisors and managers, not just caseworkers, experience stress in child welfare settings. While there are many studies addressing many different aspects of the stress of caseworkers, there is very limited research looking specifically at supervisors and managers (Dill, 2007; McCrea, Scannapieco, & Obermann, 2014). Supervisors are often studied in their effectiveness to prevent or alleviate stress for caseworkers (DePanfilis & Zlotnik, 2008; Yankeelov, Barbee, Sullivan, & Angle, 2009), and in the success of training and/or leadership programs to assist supervisors in their effectiveness of helping caseworkers (Antle, Barbee, & van Zyl 2008; Landsman, 2007). They are also often

listed by caseworkers or in survey/measures as contributing or preventing to intent to leave, turnover, burnout, and secondary traumatic stress (DePanfilis & Zlotnik, 2008; Salloum, Kondrat, Johnco, & Olson, 2015; Strand & Dore, 2009). Some studies have described similarities and difference of caseworkers and supervisors with regard to reasons for job satisfaction and/or retention, however an in-depth understanding of supervisors and their relationship to occupational stress is lacking (Claiborne et al., 2015; Johnco et al., 2014; Strand & Dore, 2009). Given how often supervision is mentioned as a solution or cause to caseworker burnout, intent to leave, turnover, job satisfaction, and secondary trauma, it is surprising that more research has not been conducted on the experiences of supervisors (DePanfilis & Zlotnik, 2008; Hanna & Potter, 2012; Salloum, Kondrat, Johnco, & Olson, 2015; Strand & Dore, 2009). With regard to managers or other administrative (e.g., directors, executive staff, support staff, etc.) staff in child welfare agencies, there is little to no research with regard to how stress impacts them and their practice.

Culture and climate interventions. Culture and climate of an organization are shown to impact employee perception of work stress, burnout, work commitment, intent to stay, and client outcomes (Arnetz, Lucas, & Arnets, 2011; Claiborne et al, 2011; Bronkhorst, Tummers, Steijn & Vijverberg, 2015; Gayman & Bradley, 2013; Glisson, Dukes, & Green, 2006; Glisson & Green, 2011; Shim, 2012). In a systemic review of organizational climate and mental health problems of employees in health care organizations, it was found that good organizational climate was significantly related to lower levels of burnout, depression, and anxiety (Bronkhurst et al., 2015). One

organizational intervention targeting culture and climate in child welfare settings is Glisson's Availability, Responsiveness, and Continuity intervention.

The Availability, Responsiveness, and Continuity (ARC) model is an organizational intervention that was created to prepare an organization for implementing, evaluating, and maintaining evidence based practices. In a study by Glisson, Dukes and Green (2006), implementation of the ARC model in a child welfare and juvenile justice systems reduced role conflict, role overload, emotional exhaustion, and depersonalization in groups of case managers, hence improving organizational climate. In addition, turnover probability was reduced by two-thirds (Glisson et al., 2006). So though not directly targeting occupational stress, the ARC model impacts levels of occupational stress making the organization more prepared to implement and adopt evidence based practice.

Gaps in Child Welfare Occupational Stress Research and Theory

Examining stress specific to child welfare is important as it presents itself differently than other occupational environments and demands, and may require an alternative conceptualization of and response to occupational stress in order to impact system functioning (Narcum, 2005; Wooten, et al., 2011). Based on this review of the theory and research on occupational stress and related interventions in child welfare, several critiques are worth mentioning.

The occupational stress literature is lacking in a common definition of stress, studies focus predominantly on the experiences of caseworkers, and stress specific child

welfare interventions are limited, as are rigorous evaluation of such interventions and interventions tend to be more individual based than systemic. Child welfare practice and occupational stress research and theory would benefit from (a) the creation of a common conceptualization and definition of child welfare occupational stress, (b) stress theory addressing the unique context and demands of child welfare, (c) studies exploring stress in all workforce roles (e.g., supervisors, managers, administrators, (d) a diversity of research methods, including qualitative, exploring the concept and experience of occupational stress, (e) research investigating the implementation, effectiveness, and dissemination of occupational stress interventions in the child welfare workforce.

Stress definition. With regard to stress research within child welfare, research and practice would benefit from a uniform conceptualization, definition, and measurement of occupational stress. With the multiple conceptualizations and experiences of occupational stress in the child welfare system, it makes it difficult to target overall workforce stress. In addition, many of these factors contributing to occupational stress overlap and it is difficult to differentiate their specific contributions and outcomes making prevention and intervention a challenging task.

Child welfare specific stress theory. There is currently not an occupational stress theory specific for child welfare. Job Demand Resource theory has been used to frame discussions of burnout and turnover within human service and child welfare settings (Kim & Stoner, 2008; Smith & Clark, 2011). Though helpful in labeling and understanding the relationship between resources and demands, it does not fully address the process or experience of stress within child welfare and its environmental context.

Current conceptualizations, causes, and consequences of stress (e.g., burnout, secondary traumatic stress, vicarious trauma, turnover, etc.) that frame interventions in child welfare are based on individual and fit stress theories targeting individual symptoms, individual job demand match/fit, and individual based origins of stress. Theory addressing the organizational structure and procedures that contribute to individual and collective stress is essential in understanding what is happening in child welfare, as there is stress on the individual and organizational level.

Supervisor and manager stress. The majority of current research on occupational stress in child welfare, samples the caseworker population. However, the child welfare system consists of many other people, in addition to caseworkers, that contribute to the overall organizational climate and experience of occupational stress. Studies need to look at other roles within child welfare (e.g., supervisors, managers, directors, HR, executive management, boards, and community stakeholders) and also study how stress functions between these different roles and within teams, units, offices, and whole agencies.

Interventions. The majority of interventions designed to impact occupational stress were targeting constructs other than occupational stress though related. Creation and testing of child welfare interventions that specifically target occupational stress are needed. Current interventions indirectly impacting occupational stress continue to be framed in individual and fit models of stress theory, focusing on the individual causes of stress, burnout, vicarious trauma, and other individual characteristics, traits, and skill deficits that impact turnover and retention. Occupational stress intervention research

would benefit from testing strength based resiliency models and organizational processes or structural contributions to stress to see if there is a difference in outcomes from individually based deficit models. In addition to looking at the contributions of organizational procedures and structures to occupational stress, organizational level stress interventions targeting and measuring the occupational stress of the whole system are needed. Understanding how the organizational level intervention and its implementation and maintenance effectiveness will advance the current knowledge and understanding of child welfare and occupational stress.

Increased study of implementation and dissemination of programs targeting occupational stress in child welfare are needed. Implementation, measurement, and evaluation have been researched with regard to occupational stress in other professions and is reported to be difficult and often not accurate leading to unsubstantiated and/or non-replicable findings (Biron & Karanika-Murray, 2013). Given the resources allocated to prevent and treat occupational stress throughout the larger workforce (not child welfare or human services specifically), some researchers have expressed frustration that progress is slow and limited indicating that continuing to try the same approaches is not working and more research needs to concentrate on the implementation and outcomes of occupational stress interventions (Biron & Karanika-Murray, 2013; Cox, Taris, & Nielsen, 2010). Child welfare and social work could contribute to the gap in intervention studies targeting occupational stress testing the effectiveness of the implementation and dissemination of such programs. note that professional groups struggle with both research and implementation of organizational level wellness interventions.

Qualitative research. Much of the literature and research on stress in child welfare employs quantitative methods. Limited studies were located, during this literature review, that were grounded in the voice of the workforce, used qualitative methods, and investigated the occupational stress or the implementation of interventions impacting occupational stress. Child welfare occupational stress research would benefit from more knowledge of the experience and process of occupational stress to inform an occupational stress definition; theory creation; intervention design; and intervention implementation, dissemination, and evaluation.

Literature Review Summary

In summary, occupational stress impacts the child welfare profession in numerous and unique ways. The research on occupational stress and stress interventions in child welfare is multidimensional, addressing many different conceptualizations, causes, and consequences of stress. This in turn makes understanding occupational stress a complex and difficult task. However, occupational stress is impacting the workforce creating additional barriers to an already challenging job. Thus requiring intentional and rigorous study of how occupational stress is experienced and hopefully where and how to intervene in order to prevent and decrease the current stress experienced by the workforce which can result in burnout, turnover, poor mental and physical health and the substandard functioning of the system.

Chapter 3: Methodology

This study is a qualitative study using a phenomenological approach to examine the experiences of occupational stress for child welfare workforce staff. This study analyzed secondary qualitative data originally collected by the National Child Welfare Workforce Institute's (NCWWI) Workforce Excellence Initiative (WE) (IRB Project Title: [606623-7] NCWWI Organizational Interventions). The purpose of the original data collection was to establish a baseline organizational health profile of three different child welfare agencies as part of a 3-year workforce development intervention project.

This chapter will first describe the primary data study, Workforce Excellence Initiative (WE), and its data collection methods. The Workforce Excellence Initiative will be referred to throughout the methodology chapter as the NCWWI WE study. Following the description of the NCWWI WE study, will be a comprehensive explanation of the methodology used for this qualitative secondary data analysis dissertation study.

This chapter is not organized in a traditional methodology format. Using an alternative format will allow a thorough description of the original study (NCWWI WE) at the beginning of the chapter to give the reader the knowledge and context needed to understand the dissertation study. In addition, using a phenomenological approach to a

template analysis of secondary qualitative data requires a general explanation of phenomenology, secondary data analysis and template analysis, prior to a description of the dissertation study, to inform readers for which qualitative secondary data and template analysis are unfamiliar. This extra description of the methodology used will give readers greater insight and understanding into the analysis and results of this dissertation study.

The methodology specific to this dissertation study includes a description of (a) why qualitative methods support the research questions, (b) a general overview of phenomenological approach and template analysis, (c) the use of secondary data in qualitative studies, (d) this dissertation study's secondary data sampling, and (e) a complete description of the analysis for this dissertation. This study will be referred to as 'dissertation study' for the remainder of this chapter to clearly distinguish between the primary study data (i.e., NCWWI WE) and the secondary data analysis (i.e., this dissertation study).

Description of NCWWI WE Primary Data Collection and Program Evaluation

The Workforce Excellence Initiative (WE) is a comprehensive program, funded through the Administration for Children and Families, Children's Bureau Division. The WE supports child welfare agencies in identifying workforce needs, developing, implementing and evaluating workforce interventions. The goal of the initiative was to identify areas of strength and needed improvement, informing and subsequently measuring the impact of organizational change interventions. Child welfare systems

partnered with their local or state universities to create a vision for their child welfare workforce and submitted applications for consideration. Three systems were chosen to participate in the initiative, including San Francisco, CA; the state of Missouri; and the state of Indiana.

During their participation in the Workforce Excellence Initiative, child welfare agency staff identified their needs, created change initiatives, implemented these changes, and then measured the outcomes. The initiative is a multi-year process beginning and ending with the administration of the Comprehensive Organizational Health Assessment (COHA). The COHA is comprised of an online survey, focus groups, individual interviews, and a review of administrative documents and reports. Initial primary data collection occurred at all 3 sites between July 2014 and July 2015. The data from this dissertation came from this baseline assessment. In the following two sections the quantitative online survey from the COHA will be described.

NCWWI WE Comprehensive Organizational Health Assessment Survey

Description. The COHA survey consists of 335 closed-ended items measuring: Self-Efficacy, Supervision, Psychological Climate, Job Satisfaction, Professional Sharing/Support, Leadership, Intent to Stay, Team Cohesion, Physical Environment, Secondary Trauma, Shared Vision, Cultural Responsiveness, Burnout, Inclusivity, Coping Skills, Readiness for Change, Time Pressure, Public Perceptions of CW, Job Stress, and Community Resources (see Appendix A). The online survey was administered using Qualtrics software from the Qualtrics Research Suite (© 2016) to all staff via email.

NCWWI WE qualitative data collection. Qualitative data collection included focus groups and individual interviews. Data collected occurred from July 2014 to July 2015 in each of the 3 states, resulting in 50 individual interviews and 76 focus groups with a total of 577 child welfare staff and community partner participants. Face-to-face interviews and focus groups were facilitated by experienced and trained research professors and assistants, from the Butler Institute for Families (including myself) and the University of Albany. These researchers had child welfare professional experience, research expertise, interview/focus group facilitation skills, and program evaluation proficiency. Researchers attended two training sessions, prior to facilitation, to review the interview protocols and discuss facilitation protocol specific to the project and population. Each focus group and interview had one facilitator though at times another facilitator sat in but did not participate in the facilitation. Approximately 5 focus groups had support staff helping with notes and/or recording.

The interview and focus group protocols (see Appendix B) included questions framed in the Workforce Development Framework domains created by the National Child Welfare Workforce Institute. These domains included supervision and performance management; leadership; vision, mission, and values; community resources and partnerships; organizational environment; professional development; and incentives and work conditions (NCWWI, n.d.). Table 3 provides a sample of questions from the original NCWWI WE focus group and interview protocol. For a complete version of these protocols, see Appendix B.

Table 3

Sample questions from NCWWI WE Focus Groups and Interviews

| Sample questions |
|---|
| 1. How does your agency help you recharge, cope, and deal with the stressful parts of the job? |
| 2. How does your agency promote a positive organizational environment? What are the strengths? Challenges? |
| 3. What is the most challenging part of this work? |
| 4. What keeps you engaged in the work at this agency? |
| 5. What kinds of support do you get from your manager? How could it be improved? |
| 6. How would you describe the climate of the agency, with regard to how employees experience working here? (i.e., how does it feel to work here?) |

*full interview/focus group protocols for caseworkers, supervisors, and managers are in Appendix B.

Interviews and focus groups were audio-recorded (with permission from the participants), transcribed with participant names removed by a professional transcription company, and exported into ATLAS.ti 7.5.7©.

Focus group and interview recruitment. Recruitment for focus group and interviews was part of the overall recruitment for the NCWWI WE COHA participation. Caseworker participants for the focus groups (n=358) were recruited differently in each of the three sites due to agency structure and communication of study protocol. At one site, all caseworkers were invited electronically by Butler Institute for Families because of the centralized location of service and smaller workforce population. At the two larger sites, random sampling of caseworkers was initiated through a random selection of email addresses. This random email list generated an electronic invitation for participation in the focus groups by Butler Institute for Families. However, sampling methods changed due to caseworkers who were invited by email inviting others not selected in the random email recruitment, managers who misunderstood the instructions inviting all staff to

attend, and the focus group facilitators welcoming all who showed up. All supervisors, managers, and directors were invited to participate in focus groups and/or an individual interview by electronic invitation from the Butler Institute of Families. Supervisors (n=106) participated in focus groups and a select few were interviewed, instead of attending a focus group, due to scheduling conflicts. Managers and directors (n=83) were invited to be individually interviewed unless there were multiple managers or directors in a similar position, in which case a focus group was created hence resulting in the 50 interviews but 83 manager and director participants.

NCWWI WE COHA survey participants. A total of 4,250 child welfare staff from three sites were invited via email to participate in the COHA survey. Of those, 2,910 staff (2,018 caseworkers, 501 supervisors, 194 mid-level managers, and 191 “other” such as unspecified program staff and managers, specialists, legal staff, and executive management) completed the baseline Comprehensive Organizational Health Assessment (COHA) for a response rate of 69%. The majority of respondents (80%) identified themselves as White, 12% identified as Black or African American and 5% identified as Latino((a) or having Spanish origin. Almost one fourth of respondents (24%) had worked at their agency for one year or less, while 31% had worked at their agency two to five years and 26% between six to twelve years. Most respondents (75%) indicated that they worked directly with children and/or families and that the average number of families with which they work was 17 (SD = 10.72) at any one point in time. Approximately 13% of staff who participated in the survey held MSW degrees, 12% held BSW degrees, and 59% had a bachelor’s degree other than social work. The average time

that participants had worked in the field of child welfare is 8.6 years. The majority of respondents were female (86%) and worked in a suburban or rural setting (68%). Sixty-six percent of respondents reported parenting responsibilities and 31% reported having other family caregiving responsibilities, such as elder care.

NCWWI WE harm and risk. Potential harm or risk to participants was minimal. The original study was granted an exemption through the University of Denver's Institutional Review Board under IRB Project Title: [606623-7] NCWWI Organizational Interventions due to its status as a program evaluation. Opportunity to consent for participation and for research involvement was given to all participants. If participants did not consent for their information to be used in research, they were removed from this dissertation study. If focus groups were recorded and hence transcribed, all members of the focus group gave full permission for both study participation and use of data for research. Participation in the survey was confidential and identifying information was removed for analysis. Focus group and interview data were transcribed with the removal of any identifying information; however, multiple participants were present in focus groups and the interviewer was aware of the identity of the interviewees preventing anonymity. Confidentiality, amongst participants, was encouraged in focus groups but unable to be guaranteed due to individual levels of commitment to confidentiality.

Though potential for harm was minimized, survey, interview, and focus group participation addressed workforce issues with the potential for participants to feel that their job security may be impacted or threatened due to participation or voicing their opinions about the agency and people they work with. In addition, questions were asked

about trauma histories, stress, and other sensitive topics potentially inducing feelings of stress or discomfort. Participants were warned about these potential risks and reactions and given resources for support if follow up was needed.

Methodology for this Dissertation Study

For this dissertation study, a qualitative secondary data analysis was conducted using focus group and interview data originally collected during the initial administration of the COHA in San Francisco, Missouri, and Indiana between July 2014 and July 2015 as part of the NCWWI WE initiative as described above. The secondary data were analyzed to answer the following research questions:

Question 1: How do caseworkers, supervisors, and managers in the child welfare workforce experience, perceive, and cope with occupational stress?

Sub-questions 1a: What are the perceived demands and resources present in the experience of occupational stress?

Sub-question 1b: What are the perceived attributions of stress?

Sub-question 1c: What are the perceived impacts of stress?

Sub-question 1d: How do caseworkers, supervisors, and managers experience and/or perceive stress differently?

The research questions were informed by Job Demand Resource Theory, Attribution Theory, and current research in child welfare literature that focuses on the hypothesized impacts of stress (Mcfadden, Cambell, & Taylor, 2014), characteristics of

employees that stay or leave (Boyas, Wind, & Kang, 2012; Clark, Smith, & Uota, 2013), and strengths and/or weaknesses of the workforce that contribute to their ability to cope with the demands (Travis, Dnika, Lizano, MorBarak, 2015). Questions asking about perception, experience, impact, and coping were used to explore the phenomena of occupational stress to understand the lived experiences of child welfare caseworkers, supervisors, and managers. Finally, questions addressed gaps in recent research such as workforce voice and perspectives of supervisors and managers.

The sub-questions noted above were designed to understand different aspects of phenomena of occupational stress, categorize the demands and resources present for the workforce, and to compare the experience of stress between job roles, caseworkers, supervisors, and managers. Miles and Huberman (1994) recommend the use of central and sub-questions in a qualitative designed study. Having a central question with multiple sub-questions facilitates a thorough exploration of the phenomena being studied.

Qualitative method. Qualitative methods were chosen to explore occupational stress in child welfare because they are effective in (a) studying organizational phenomena and complex processes present in organizations (Biron, Karanika-Murray, & Cooper 2012; Gill, 2014; Schonfeld & Farrell, 2010), (b) understanding attitudes and experiences of child welfare staff (Ellett, Ellis, & Westbrook, 2007), and (c) exploring occupational stress and wellness (Schonfeld & Farrell, 2010). The areas of study in this dissertation (child welfare professionals, organizations/agencies, and occupational stress) are complex and dynamic. Qualitative methods are well-suited for exploring these areas due to their complexity and ever changing context. Qualitative inquiry helps to

understand the why behind both positive and negative behaviors, programs, implementation process, and outcomes (Biron & Karanika-Murray, 2014; Padgett, 2016).

Though surveys and other quantitative methods describing characteristics, program outcomes, and behaviors are helpful in identifying the existence of stress and its perceived severity, they do not explain participants' experience of stress or its underlying causes. Knowing the "why" can better inform implementation of stress prevention, mitigation, and elimination programs to influence change in the combined areas of child welfare, occupational stress, and organizational level change.

To answer the research questions of this study, a phenomenological approach was used to frame a template analysis of secondary qualitative data. Following is a description, specific to this dissertation study, of (a) a phenomenological approach; (b) the use of secondary data in qualitative inquiry and specific to the child welfare population; (c) an overview of template analysis; (d) construct definitions; (e) secondary data sampling strategies and sample description for this dissertation study; and (f) a step by step account of the secondary data template analysis, comparative template analysis, and negative template analysis for this dissertation study.

Phenomenological approach. This study used a phenomenological approach, meaning that the principles of phenomenology were used in data analysis. This study is a not phenomenological study as defined by Moustakas (1994) as it did not include in-person iterative interviews with researcher participation in order to establish child welfare caseworkers', supervisors', or managers' lived experience of occupational stress. Rather, this study used the premise and approach of phenomenology, specifically an in-depth

analysis, empathetic response to the data, researcher curiosity, and self-reflexive process to gain a deeper understanding of the lived and shared experience of child welfare professionals with occupational stress (Heidegger, 1996; Moustakas, 1994; Pietkiewicz, & Smith, 2014; Patton, 1990). Following is a general description of a phenomenological approach.

An in-depth approach, like phenomenology, allowed for a deeper understanding of occupational stress and how the experiences of occupational stress influence the workforce's job performance and overall agency climate and/or functioning. An empathetic analysis, supported through phenomenology, captured the complexity of working in child welfare and allowed the researcher to capture the lived experiences of child welfare professional with occupational stress from the point of view of the staff who comprise the child welfare workforce. Finally, curiosity facilitated a reflexive process for the researcher, allowed a deeper look beyond what is currently known in research and theory, and aided in lessening the constraints of existing child welfare paradigms around workforce issues and occupational stress.

Phenomenological analysis is an inductive process allowing the participants' perspectives to drive the understanding of the phenomena (occupational stress) versus theory or paradigms related to the phenomena under study. It has flexible conduct guidelines, meaning the researcher is able to move through the data analysis as needed by the questions and or what emerges from data in order to create a comprehensive narrative (Padgett, 2016). This includes flexible coding, theme categorization, and reporting of results (Pietkiewicz & Smith, 2014). The important aspects of phenomenology are the

principles that frame the approach including the importance of capturing the participant voice; participant as expert; consideration of participant's experience, environment, and situation; interpretation and making sense of the phenomena through inductive inquiry; and the reflexivity of the researcher in the subjective process of analysis (Gill, 2014; Palmer et al., 2010; Pietkiewicz, & Smith, 2014).

In this study, using an inductive analysis process of phenomenology guided the data analysis process. The analysis of interview and focus group data allowed this researcher to capture the lived experiences of those experiencing occupational stress (Smith, Flowers, & Larkin, 2012). The data and analysis elucidated the way participants experienced and made meaning of their occupational stress experiences (Gill, 2014; Palmer et al., 2010). In addition, in a phenomenological approach, meaning making of the participant's experience explores how environmental context (e.g., work conditions, life situation, etc.) contributes to their lived experience (Moustakas, 1994). In this study, the context of the child welfare system was a key factor in lived experience of occupational stress.

Phenomenology and focus groups. The data in this study are comprised of both focus group and individual interview transcripts. Applying a phenomenological approach to the analysis of individual interview data has been demonstrated, however the effectiveness of its application to the analysis of focus group data is less known. While Benner (1994) encourages the interviewing and analysis of groups and larger samples to fully understand phenomena under study, other phenomenological researchers and theorists concentrate on single person interview analysis (Benner, 1994; Gill, 2014).

Phenomenological analysis of focus groups has increased over the past decade, but continues to be rarely applied (Tomkins & Eatough, 2010; Palmer, Lakin, de Visser & Fadden, 2010).

One reason for the reluctance to use group data is the interactive nature of focus groups (Palmer et al., 2010). It is difficult to differentiate individual context from group context and how these interact to create an experience. Focus groups also create a third party in the participant researcher dyad, creating a participant, group, and researcher relationship. This lends itself to looking at the shared experience and group dynamics, but requires the researcher to be very clear when looking at individual responses and experiences separate from the group experiences. Palmer et al., (2010) recommend that this group experience and/or context from focus group data are bracketed, trying to isolate the individual experience.

Given that this study used focus group data in addition to interview data, the awareness of group experiences and dynamics present in focus group data were integrated into the analysis through the use of reflection. Bracketing assumes that the researcher is able to remove the influence of the focus group isolating individual perspectives; however, this peer influence is part of the participants' reality, perspective, and experience of occupational stress and was considered and included in the analysis. Reflecting on the influence of the group or social context helped to understand its role in the personal experience of a participant. For example, in the reflective journaling, this researcher frequently noted how certain topics would create more of a group discussion or group agreement/disagreement. Some stories or comments created a group energy that

encouraged more discussion on certain topics and appeared to have highly positive or negative energy behind this. This energy or group perspective was considered when looking at different individual responses.

In summary, this study is a not phenomenological study as defined by Moustakas (1994) as it did not include in-person iterative interviews with researcher participation in order to establish the child welfare workforce's lived experience of occupational stress. Rather, this study used the premise and approach of phenomenology, specifically an in-depth analysis, empathetic response to the data, curiosity, and self-reflexive process to gain a deeper understanding of the lived and shared experience of child welfare professionals with occupational stress (Patton, 1990).

Secondary Data Analysis. This dissertation study analyzes secondary qualitative data to explore the child welfare workforces' lived experience of occupational stress. Though the use of secondary data for qualitative research is less common than in quantitative research, it has been gaining in popularity since the mid-1990s (Heaton, 2008). In the mid-1990s, the first known qualitative analysis using secondary data was published (Thorne, 1994); Qualidata, an organization advocating and helping to archive and reuse qualitative data, was established by the Economic and Social Research Council; and qualitative data was being collected to store in large data archives, traditionally used for quantitative data sets (Heaton, 2008). In addition, advancing technology has allowed the storage and processing of large amounts of qualitative data making it accessible to more researchers.

The strengths of reusing primary qualitative data as summarized by Irwin (2013) include augmenting and/or comparing one's own primary data (Heaton, 2004; Irwin & Winterton, 2011); accessing vulnerable, difficult to reach, and/or over studied populations; creating new insights and findings from the primary data (Gillies & Edwards, 2005); and an affordable way to conduct research when resources are limited (Coltart, Henwood, & Shirani, 2013).

Limitations of secondary analysis can include (a) not having knowledge or understanding of the context in which data were collected (Mauthner & Dacut, 2008), (b) not having knowledge or understanding with regard to the primary researchers' theoretical frames, methodological approaches, or relational interactions with the participants and its influence of the collected data (Irwin, 2013; Irwin & Winterton, 2011), (c) the potential for the original data not to match the new secondary analysis questions (Heaton, 2004; Irwin & Winterton, 2011), and (d) limited theory and methods to help guide secondary analysis (Andrews, Higgins, Andrews, & Lalor, 2012; Johnston, 2017; Smith, 2008).

It is important to discuss this researcher's full interaction with the data to address the strengths and limitations of qualitative secondary data analysis in this dissertation study and why it was an ideal method of analysis for the data and research questions. Prior to this study, this researcher assisted in data collection and analysis for the qualitative data from the NCWWI WE study in Indiana and Missouri. During this process, this researcher was aware of the depth, complexity, and richness of this data. This researcher knew that much of the richness was not reflected in the initial NCWWI

WE reports due to space, time, and the structure of the report. Furthermore, this researcher knew that those interviewed in the NCWWI WE study frequently discussed stress and how it impacted their practice and work systems, making it a great source of data to explore occupational stress.

In addition to the depth of the data, the workforce who participated in the NCWWI study gave their time and energy to participate in the focus groups and interviews, warranting a more in-depth analysis exploring their experiences and hopefully a wider dissemination of their stories. Though they are not a hard to reach population, they are frequently studied and/or evaluated making the reuse of data a respectful method in researching the child welfare workforce.

Being part of the research team that collected and analyzed the data allowed for a firsthand knowledge of the context of the Indiana and Missouri child welfare system, and a clear understanding of the purpose and outcomes of the original study. This relationship with the original data collection experience addressed many of the secondary data limitations; however, these limitations were still present and were considered in analysis and theme creation through journaling and consultation.

In response to the limitation of limited theory and methodology guiding the secondary analysis of qualitative data, Heaton (2008) examined the use of preexisting data for qualitative analysis and found that there are three different modes of secondary analysis. These three types of analysis include (a) supplementary, (b) supra, and (c) reanalysis (Heaton 2004). A supra analysis was conducted for this study, which is defined as creating new research aims and questions that were different from the original study,

though similar. Also specific to this study, informal data sharing was used to access pre-existing data versus self-collected data or formal data sharing (Heaton, 2004). Since this researcher was part of the original research team, data collection, and analysis, this researcher understood the context from which the interview and focus group protocols were created and amended, where and how the data were gathered, and knowledge of the researchers, in addition to this researcher, who conducted the interviews and focus groups.

Template analysis. Framed in a phenomenological approach, template analysis was used to code and theme the secondary qualitative data. Template analysis concentrates on organizing, connecting, and corroborating participants' narratives into a template (Waring & Wainwright, 2008, p.86). This template is an interpretation of participant narratives that is organized into a thematic representation of the data. Though a newer qualitative analysis method, template analysis has growing application particularly in organizational research examining large and complex processes and practices (Waring & Wainwright, 2008). This study uses template analysis due to its ability to accommodate large amounts of qualitative data, the ability to use a priori codes, and the theming product of a template which contributes to comparison template analysis (King, 2004).

The analysis involves: (a) creation of codes and themes; (b) organizing codes and themes into a hierarchical or structured format forming the coding manual or template (see Appendix C); (c) using this template to code all transcripts and changing the template as needed when reinforced or revoked by new data; and (d) interpreting and

presenting the template (King, 2004; 2012). According to King (2012), the first step of template analysis is to review transcripts and recordings to get a scope of the data and to begin assigning codes. Creation of the codes can include any desired coding structure that matches to the needs of the study (e.g., emerging, a priori, descriptive, and in vivo codes). In addition to codes, the researcher can begin identifying observed themes as well. This first stage is similar to many other qualitative coding methods.

The second step of the analysis according to King (2012) consists of organizing the codes and themes into a structured or hierarchical template. This is done by seeing how the codes and themes relate and creating a template that represents the emerging structure or hierarchy. The third step is to apply this initial code/theme template to the data. During this step, the template will be expanded, rearranged, and/or codes/themes can even be deleted. Applying the template to the data is an iterative process due to accommodating the data, saturation, context, a priori theory and code, and researcher growing familiarity and interpretation of the data. The final step in the process is presenting, interpreting, and discussing the template.

Template analysis is similar to grounded theory and interpretive phenomenological analysis in that it is structured and provides steps for analysis (Corbin & Strauss, 2008). However, template analysis allows for more flexibility in coding as the researcher can begin coding and creating themes early in the analysis process as they become familiar with the data. It also allows for the use a priori codes based in theory, existing literature, and/or hypotheses about the data, which is different from a more traditional grounded theory or phenomenological study (Brooks & King, 2012). The

structure of template analysis allows the researcher to concentrate on the rich areas of the data and look for saturation as new data are analyzed making the review of large amounts of data a quicker process (Brooks & King, 2012; King, 2004). Template analysis also can include the comparison and negative analysis of templates (Brooks & Nigel, 2012). These additional analyses within template analysis will be describe under the comparative and negative analysis sections of this chapter.

Template analysis matches the needs of this study because of the large amounts of data needed to be analyzed; desire to apply the Job Demand Resource Theory to the analysis with the use of a priori theory and codes; the depth and richness of data; and the question of comparing occupational stress experiences in a cross group (e.g., professional role) comparison (Brooks & Nigel, 2012). In addition, using a template analysis assisted in the presentation, dissemination, and application of results through the use of the templates (King, 2004).

Dissertation study construct and term definitions. In addition to the terms listed in Chapter One (see Table 1), Table 4 defines constructs and terms used throughout this dissertation study and is more extensive then the terms listed in the introduction.

Table 4

Definition of constructs and terms used in this dissertation study

| Terms | Definition |
|---------------------|--|
| Stress | Stress is defined as the non-specific response of the body to any demand for change, positive or negative (Seyle, 1956). Much research has been done establishing that stress is a physiological and psychological reaction to potential change or threat, causing a response in the body and brain, the acute stress response. |
| Occupational stress | Occupational stress is defined as the detrimental emotional and physical reactions of an individual when the required work demands do not match with the individual's, environment's, or organization's capabilities, resources, or needs (NIOSH, 1999). |
| Chronic stress | When the system is constantly reacting to change and threat, the body and brain are not able to recover and hence experience a chronic state of arousal resulting in negative impacts to the individual (McEwen, 2017). |
| Experience | Experience of stress is operationalized as the feelings, mood, physical sensations, frequency, and/or environment in which supervisors felt stress. |
| Perception | Perception of stress is operationalized as the individuals' view, opinion, outlook and/or meaning given to stress. |
| Demand | Demand is defined as the sustained effort required to perform physical, cognitive, and/or psychological tasks and/or responsibilities within one's job expectations (Baker & Demerouti, 2014). |
| Resource | Resource is defined as the support contributing to and/or assisting the workforce in meeting their identified demands. Resources can include both internal (e.g., personal resources, characteristics, skills, etc.) and external (e.g., peers, leadership, organizational structure and culture, societal, etc.) resources. Resources are also identified in the ability for the workforce to manage their demands (Baker & Demerouti, 2014). |
| Coping | Coping is any method, technique, behavior, feeling, action, belief, and participation (both positive and negative) that help |

someone function alongside occupational stress or other demands that are part of their life.

| | |
|-------------------------|--|
| Attributions | Attributions of stress is defined as how, when, where and/or why demands were described as being stressful and caseworker, supervisors or manager perception of what caused the demands to be perceived and/or described as being stressful (Weiner, 1972). |
| Impact | Impact is the result/consequence/outcome of experiencing stress. Impact can be physical, mental, spiritual, psychological, environmental, systemic, perceived, and/or real. |
| Caseworkers | A person who directly works to secure safety, permanency, and wellbeing for children and families. |
| Supervisors | A person who oversees caseworkers and is responsible for supporting, teaching, and monitoring their practice. |
| Managers | A person who oversees supervisors and caseworkers and is responsible for overall unit outcomes. |
| Child welfare agency | An agency or organization, guided by federal and state policy, that is responsible for the safety and wellbeing of children specifically protecting them from abuse and neglect. |
| Child welfare system | The child welfare system includes child welfare agencies in addition to private nonprofits, community groups, religious communities, educational institutions, mental and physical health care, child care, and public health that all work to promote the safety and wellbeing of children and families and to prevent child abuse and neglect. |
| Secondary data analysis | Secondary analysis is defined as the reuse of existing data, collected for prior purposes, to investigate new questions or apply a new perspective to an “old” question and as a means of corroborating, validating, or redefining original, primary analysis (Gladstone, 2008 p. 433; Heaton 2004). |

Dissertation study sampling strategy and description. Following is a description of how the primary NCWWI WE data were sampled to create the sample for

this dissertation study. In addition, a limited description of the sample chosen for this dissertation study is presented.

Dissertation study sampling strategy. For this study, a sample of focus groups and interviews was selected from the full sample of focus groups and interviews conducted during the original NCWWI WE study. This study used purposive sampling, a non-probabilistic strategy to sampling which allows selection of the most data rich cases, cases which assist in answering the research questions, cases that have certain needed characteristic for the study and/or cases which display the best knowledge or understanding of the phenomena under study (e.g., occupational stress) (Patton, 2002; Ritchie, Lewis, Nicholls, & Ormston, 2013). Using purposive sampling in this dissertation study supported the study research questions by including a purposeful selection of only public child welfare workforce focus groups and interviews; a representation of rural and urban staff; and staff at different employee levels (e.g., caseworker, supervisor, manager). All caseworker and supervisor focus groups and interviews, that met inclusion criteria, were selected to use in the analysis. Inclusion criteria included designation in the original NCWWI WE study as a caseworker, supervisor, or manager focus group or interview and that their employer was a public child welfare agency. During the original NCWWI WE study there were focus groups and interviews conducted with external providers, community members, and stakeholders that were part of the larger child welfare system.

The focus groups and interviews that were excluded from this dissertation study included interviews of stakeholder, community, and contract organizations as they

represented the perspectives of the child welfare system and not specifically the public child welfare workforce. Exclusion criteria was based on the type and title of the interview/focus group, which was assigned by the original study research assistants, and second, it was based on the self-report of participants as noted at the beginning of each interview/focus group where participants described their duties and job descriptions.

Manager interviews and/or focus group selection was more difficult due to the variation in title and job description across study regions. Inclusion criteria included transcripts that had a manager title on the interview/focus group transcript and recording, which was assigned by the original study research assistants, and the recording and transcript participants report of having direct manager responsibilities of supervisors. All managers, directors and those serving in other administrative leadership roles with no direct responsibility for supervisors were excluded. Managers that were excluded were those managing special projects, stakeholder organizations, and having no contact with supervisory staff. Based on the inclusion criteria above, 18 out of original 82 total interviews of managers/directors in the NCWWI WE study were selected for inclusion in the manager category resulting in 27 individual manager participants for this dissertation study.

Dissertation study sample description. Little to no demographic data were collected from focus group and interview participants. For a description of the original sample of the NCWWI WE COHA survey participants refer to the demographic description of the full NCWWI WE Initiative earlier in this chapter. However, though there is a description of the NCWWI WE COHA online survey participants, it is not an

exact description of the sample of focus group and interview participants used for this dissertation study. It is a description of those who participated in the NCWWI WE COHA online survey and potentially participated in the NCWWI WE focus groups and interviews as well. For this dissertation study, the focus group and interview transcripts from the original NCWWI WE study were sampled to create the purposive sample resulting in the data analyzed for this dissertation study. Therefore, the sample description of the NCWWI WE survey participants gives a general overview from which this dissertation sample was selected but not a specific description of the sample used for this dissertation study. This description allows the reader to get a general idea of the larger sample from which this dissertation study exists.

Limited demographic data were collected specific to the focus group and interview participants during the NCWWI WE focus group and interview qualitative data collection. The data that were collected about participants at the beginning of focus groups and interviews addressed job position and length of time working in that position and in child welfare overall. There were inconsistencies throughout the NCWWI WE focus group and interview data collection as to which groups or interviews were asked about tenure and position and/or if this question was recorded during the initial introductions. Therefore, not all groups or interviews had this information recorded and transcribed. Table 5 describes the number of participants represented in the focus groups and interviews, by location, purposively selected for this dissertation study.

Table 5

Number of focus group and interviews analyzed for this dissertation study

| <i>Location</i> | <i>Rural/Urban**</i> | <i>Workers</i> | <i>Supervisors</i> | <i>Managers</i> |
|----------------------|------------------------|----------------|--------------------|-----------------|
| <i>San Francisco</i> | 100% urban | 12(78)* | 6 (24) | 5(7) |
| <i>Missouri</i> | 47% urban 53% rural | 10(130) | 4(35) | 12(14) |
| <i>Indiana</i> | 40% urban 60% rural | 10(131) | 6(47) | 1(6) |
| <i>TOTAL</i> | 62% urban 38% rural | 32(331) | 16(105) | 18(27) |

*The number listed first and outside the parenthesis is the total number of focus groups or interviews. The number listed second, inside the parenthesis is the approximate number of total individual participants in the total focus groups or interviews.

** Urban rural is based on caseworker and supervisor data. Managers were often parts of multiple regions and more difficult to determine rural/urban status.

Dissertation study data collection. Data used for this dissertation study were originally collected by the Butler Institute for Families during the NCWWI WE initiative baseline data collection. A description of this data collection process is included in previous sections of this chapter. This study used both recordings and transcripts of the original data for initial analysis. The full interviews and focus groups were used for this dissertation study secondary data analysis. The full interviews and focus groups were guided by the interview and focus group protocols located in Appendix B. During initial analysis it was noted that caseworkers, supervisors, and managers discuss demands, resources, stressors, impact of stress, and coping throughout the transcripts not just in response to occupational stress related questions. Therefore, the entire interviews and

focus groups were used for a secondary data exploration of caseworkers', supervisors', and managers' lived experience of occupational stress.

Dissertation study data analysis. General descriptions of a phenomenological approach and template analysis used for this dissertation study are provided earlier in this chapter. This section provides each step of the data analysis including: initial analysis, 1st and 2nd round coding, template coding and theme creation, final template creation, comparison analysis of templates, negative analysis of templates, and reflective journaling. The template analysis had many processes of analysis within the overall template analysis including application of a priori codes and theories (e.g., Job Demand Resource Theory, research questions, Attribution theory), comparison of templates, negative analysis of templates, and final template creation. For clarity these analysis processes will be described separately though they are all part of template analysis. The use of the word template can refer to different processes throughout the template analysis. There is an initial coding template which is created when the data begins to have higher level codes and/or themes emerge. This initial coding template is refined and honed by the application to data and in consultation with others. A final template is then created that includes the overarching themes which have been applied to the data and revised into its final form (see Appendix C). Data organization and analysis were conducted using ATLAS.ti 8.0©.

Initial analysis. Analysis of both individual interview and focus group data started with listening to and reading transcripts. During this initial engagement with the

transcripts thoughts, ideas, descriptions, and impressions were recorded in a reflective journal. In addition, code ideas were recorded in ATLAS.ti while reading the transcripts.

First round coding. First round coding included descriptive, process, a priori (e.g., Job Demand Resource Theory, Attribution Theory, gaps in literature review), and in vivo codes. A priori codes were entered into ATLAS.ti prior to beginning the review. As noted earlier, unique to template analysis is the identification and use of a priori codes. A priori codes were influenced from research on occupational stress, the Job Demand Resource Theory, and the initial analysis ideas and observations. Table 6 gives example of a priori codes used in the first round coding for caseworkers, supervisors, and managers.

Table 6

Initial a priori codes for caseworker analysis in this dissertation study

| Code | Reason |
|--------------------------------|---|
| Demand | Job Demand Resource Theory |
| Resource | Job Demand Resource Theory |
| Autonomy | Job Demand Resource Theory |
| Support | Job Demand Resource Theory |
| Impact | Phenomenological approach; literature |
| Attribution | Attribution Theory; phenomenological approach; literature |
| Coping | Phenomenological approach; literature |
| Experience | Phenomenological approach |
| Perception | Phenomenological approach |
| Vicarious/ Secondary trauma | Based on child welfare research and practice experience for a cause/result of stress. |
| Burnout | Based on child welfare research and practice experience for a cause/result of stress. |
| Paperwork/ Workload | Based on child welfare research and practice experience for a cause/result of stress. |
| Caseload | Based on child welfare research and practice experience for a cause/result of stress. |
| Turnover | Based on child welfare research and practice experience for a cause/result of stress. |

The words of the participants were used to name the in vivo codes (e.g., “damned if I do damned if I don’t”; “overwhelm”, “CYA (Cover your ass)”). First round coding was completed on all groups (e.g., caseworkers, supervisors, and managers) prior to second round coding.

Second round coding and initial template creation. In the second round of coding there was an increase of interpretive codes and higher order codes representing broader ideas and themes gathered from the initial analysis and first round coding. Second round coding also included the initial formation of the coding template. For example, codes such as lack of power, ineffective, “never enough”, and “damned if I do, damned if I don’t” were connected to a higher order interpretive theme: feelings of inefficacy. From here the theme of inefficacy was applied to the data, creating a structure for other codes that related to caseworkers’ feelings of inefficacy. After application to the data, this theme was reinforced making it a final theme answering the question of “what is the caseworkers’ lived experience of occupational stress” (see Appendix C for coding templates).

In the first and second round coding, codes that emerged from the caseworker analysis were included in the supervisors and managers’ analysis and vice versa. For example, the emerging codes and themes (e.g., incongruence and efficacy) from first round coding of caseworkers was applied to supervisors and managers coding and ultimately in the final templates.

Theming and template creation. After a first and second round of coding were completed, a coding template was created for each group, caseworkers, supervisors, and managers. These initial coding templates were created from codes, themes, comparison of codes, negative analysis, and reflective journaling. The initial coding templates were examined for patterns and processes to highlight the dynamic experience of occupational stress (Hatch, 2002). From these initial coding templates, larger overarching themes were

identified into the final templates (see Appendix C). Results exploring the attributions, perceptions, and experiences of stress heavily informed the final theme templates. The final template themes were then used to analyze the data a final time. Data were well captured by the templates, though there were results that the templates did not encompass due to the templates concentrating on the richest areas of information pertained to occupational stress. The creation of the final templates was iterative. As they were applied to the data, compared them to each other, and reviewed them with two members of the dissertation committee, the templates changed; growing and shrinking into their final form.

Saturation. Initial data saturation occurred after new data analyzed did not present new information or new theoretical understanding differing from the data that had already been analyzed in the first two rounds of coding (Meadows & Morse, 2001; Morse, 1995; Sandelowski, 1995). Data saturation for the coding templates occurred after the final coding template remained unchanged following its application to a sample of the data.

Caseworker and supervisor data saturation occurred when no new codes or themes emerged from the data and final coding templates were able to account for most of the data. All caseworker focus groups were initially analyzed. Saturation for the final coding template was noticed after the review of 11 focus groups from different states and regions. Final coding template saturation occurred in supervisory focus groups and interviews after analysis of 7 focus groups/interviews from different states and regions.

In the data that portrayed managers' perspectives, while commonality of themes emerged, total saturation from the final coding template application was not reached. The reasons for this may have been due to the perspective of managers' focusing on caseworkers' experience of stress and the limited sharing of managers' own experience of occupational stress, diversity in job expectations of this position labeled 'manager', different practice models across the 3 different locations, and individual interviews versus focus group format. In addition, had this been a primary data analysis, more manager interviews could have been added in order to have enough data to reach saturation (Trotter, 2012). However, because it was a secondary data analysis, new interviews were not able to be added contributing to the lack of saturation for managers.

Transferability of this dissertation study. In addition to saturation, the amount of data contributes to the potential for transferability of the final coding template (Flick, 1998; Hill, Thompson, & Williams, 1997; Lincoln & Guba, 1985; Strauss & Corbin, 1990). Transferability is defined as the degree to which findings from a study can be generalized, transferred, or applicable to other similar environments, contexts, times, situations, or populations and still maintain their meaning and inferences from the original study (Houghton, Casey, Shaw, & Murphy, 2013; Leininger, 1994). The potential for transferability of this study is strengthened in the use of purposive sampling, a multi-state sample, rural and urban representation, theory and data saturation, and data from multiple job positions and levels.

Dissertation study additional template analysis processes. In addition to the overall template analysis steps, three additional processes were used throughout and/or

following the analysis process including (a) comparative analysis of templates, (b) negative analysis of templates, and (c) reflective journaling. Comparative analysis of the templates answered the research question of how caseworkers, supervisors, and managers experience occupational stress similarly or differently. A negative analysis of the templates helped increase the rigor of this dissertation study through analysis of what was missing from the templates that was expected from a review of the literature and professional experience. Finally, a reflective journal process was used to assist the researcher in overall analysis, self-awareness of subjectivity and bias, tracking themes and higher order codes, and comparison and negative analysis.

Comparative template analysis of this dissertation study. Following the creation of templates, a general cross group comparison was conducted comparing caseworkers, supervisors and managers to one another for similarities, differences, omissions, and saturation. This comparative analysis is part of the overall template analysis in that it uses the templates to compare different groups. Comparative analysis was conducted by using tables, themes, quotes, and journaling to compare and contrast the different experiences of occupational stress. Though done formally through the comparison of templates as suggested by Brooks & King (2012), comparison of data and codes occurred throughout the analysis as evidenced by the reflective journal and use of codes (e.g., a priori) from one group (e.g., supervisors) to another (e.g., managers).

Applying codes from 1st and 2nd round coding to other groups, through the use of a priori coding, illustrated the importance of that code to different groups. Some codes took on a different meaning in a different group and other codes were not used at all.

Comparing how words and concepts related to one another in side by side tables of occupational stress attributions, perceptions, and the final templates of caseworkers, supervisors and managers helped to establish how different groups attributed stress. One example that helps illustrate this is from the findings of this study which will be further discussed in Chapters 5 and 6. In the emerging theme of how different groups attributed and perceived occupational stress as internal or external, caseworkers and managers had more of an externalized sense or blame of occupational stress. Whereas supervisors experienced the cause of stress and attributed stress to internal factors such as their own ability to impact change.

Comparing and contrasting these different groups was useful in the understanding of different groups' experiences and meanings given to stress as it created questions as to why one group experiences something that another doesn't and vice versa. This comparison highlighted different parts of a groups' experience that may have not been observed had it not been compared to a different group and different experience. It also highlighted the uniqueness of each group's experience of stress. Comparing unique experiences and functions of stress between groups helped nuance how occupational stress is experienced within caseworker, supervisor and manager groups.

A template comparative analysis was used to conduct a comparison by analyzing first the "within" and then the "between" data from each workforce role including, caseworker, supervisor, and manager. For the within analysis of caseworkers, supervisors, and managers, template analysis followed the recommended analysis protocol stated previously in this chapter (King, 1994; 2004). For the between role

comparison, established templates were used to compare differences between caseworkers, supervisors, and managers. The within and between comparisons reinforced the established templates through exploring the similarities and differences of each role and corresponding template.

Another finding which will be reported in Chapters 4 and 5 was a good example of how template comparison analysis was effective in looking at between and within group differences. Incongruence was a code used in caseworker, supervisor, and manager data analysis. However, the use of this code was different for each group. For caseworkers it was about the alignment of their values with their expected daily job duties. For supervisors it was about what the supervisor knew needed to be done to help their teams and the responsibility to do it but not having the authority to make the changes they knew were needed and had responsible for. And for managers, incongruence addressed the mismatch of desired outcomes from the implementation of evidenced based interventions and the actual outcomes and needs of the workforce. These three different perspectives on incongruence highlighted how stress is experienced differently therefore giving more insight into each group.

Negative template analysis of this dissertation study. All analyses considered rival plausible causes and/or negative case analysis to strengthen the themes and templates created from data analysis (Huberman & Miles, 1994; Morse, Barrett, Mayan, Olson & Spiers, 2002). A reflective journal was used throughout the study to pose and answer negative analysis questions. Through the analysis, this researcher asked, “what did I expect to see based on experience and literature that wasn’t present or highlighted in

the focus groups/interviews and why was this?” For example, questions that this researcher posed in the reflective journal included (a) why doesn’t child welfare literature or practice use the terms occupational stress or occupational hazard; (b) caseworkers don’t seem bothered by the caseload numbers evidenced in the non-pressured, non-blaming, and limited focus that they use to talk about it, why is that; (c) where is the discussion about secondary trauma and difficult clients? These questions then directed exploration into looking for the answers during analysis. Questions were answered in the reflective journal and in the use of codes in 1st, 2nd, and final coding processes (e.g., secondary trauma, occupational hazard, organizational level versus individual level interventions).

Reflective journal. With all research methods, especially qualitative, it is important for the researcher to reflect upon their positionality within the research, as was stated in Chapter One (Ortlipp, 2008). This requires the researcher to seek awareness of how their personal history, job description, responsibilities in the research, and much more shape the entire process of research and the ending production of knowledge (Koch & Harrinton, 1998). Practicing personal reflexivity throughout the entire research process is essential in assisting the researcher and reader in understanding and recognizing the personal, social, religious, political, and environmental values, perspectives, and experiences influencing the study (Anastas, 2004).

For this study, in addition to the statement of positionality in Chapter One, a reflective research journal was used throughout the research process (Ortlipp, 2008). In addition to the importance of reflexivity, the use of a journal during qualitative analysis

has been shown to contribute to quality and rigor of the study (Vicary, Young, & Hicks, 2016). Journal entries were completed during active analysis, with entries following data analysis, literature reviews, and/or consultations with experts. The journal allows acknowledgment on how the researcher's positionality influenced research decisions, design, analysis, interpretation, and presentation and dissemination of findings (Ortlipp, 2008). The reflective journal process assisted in the creation of the theme of "responsibility" for supervisors. There were numerous journal entries about how supervisors felt responsible for their workers, clients, and agency agendas. At first, it appeared to be about role balance and middle management as that is the code that emerged from 1st and 2nd round coding. However, through the use of journal entries, the theme of supervisor responsibility and how this level and feeling of responsibility augmented their experience of occupational stress was clarified and distinguished from role clarity or middle management stressors.

Methodology Summary

This dissertation study is a qualitative study using secondary data to explore the lived experiences of professionals in the child welfare workforce in their experience of the phenomena of occupational stress. This exploration used a phenomenological approach to a template analysis, including a priori, comparative, and negative template processes. The use of reflective journaling assisted throughout the study process but specifically in the comparative and negative template analysis process and in the reflexive practice of this researcher.

The next chapter reports the results of this dissertation study analysis. Due to the many processes included in the template analysis (e.g., a priori, research questions, comparison, and negative analysis), the results are lengthy and at times appear repetitive. However, these processes that are part of the analysis work together in understanding the phenomena of occupational stress; creating overarching themes which inform the final templates reported in Chapter 5.

Chapter 4: Results

This chapter presents the results of the secondary data analysis of caseworker, supervisor, and manager focus groups and interviews. Given the complexity, volume, and density of data analyzed only the most frequently and intensely discussed topics and themes from the focus groups and interviews are presented. In addition, topics and themes that brought a new perspective and/or information to the occupational stress discussion within child welfare, though possibly not reported frequently, were reported as well.

The analysis results and data themes are reported in three sections, caseworkers, supervisors, and managers. These results are organized by research question starting with sub-questions 1a and 1b (demands, resources, and attributions), then results of perceived experiences and perceptions of stress (overall research question), ending with results of reported stress impacts (sub-question 1c) and how the workforce copes with stress (overall research question).

Due to the multiple processes included within the template analysis, data may appear to be repetitive. For example, the first process of the template analysis applied a priori Job Demand Resource Theory codes. This resulted in an exploration of and reporting of demands and resources. Then later in the analysis, occupational stress coping was explored in the data, also resulting in description of potential resources. Though

these processes resulted in similar results, they addressed separate questions. In addition, these multiple processes and their resulting codes and themes were condensed and contributed to the final templates presented in Chapter 5.

Chapter 5 will report the final theme templates and the results from the comparison template analysis (i.e., Research sub-question 1d: What are the similarities and differences in occupational stress experiences, perceptions, and coping between caseworkers, supervisors, and managers?). Chapter 5 also presents results from the negative template analysis.

Caseworker: Perceived Demands and Resources

The intent of the first research question was to observe caseworker perceptions and stories of the demands and the resources that relate to their experiences occupational stress. Using the Job Demand Resource Model as the frame, demands are defined as the required tasks and/or responsibilities within one's job expectations that require sustained cognitive, physical, and psychological effort. Resources are defined as the support contributing to and/or assisting the workforce in meeting their identified demands. Resources can include both internal (e.g., personal resources, characteristics, skills, etc.) and external (e.g., peers, leadership, organizational, societal, etc.) resources. Resources are also identified in the ability for the workforce to manage their demands.

Demands. This section reports results for sub-question 1a: What are the perceived demands and resources present in the experience of occupational stress? Caseworkers identified ten components of their jobs that can be classified as demands. Caseworkers

perceived policy, paperwork, timelines, supervisor expectations and support style, travel, court, large and difficult (e.g., drug dependent parent, extreme trauma) caseloads, lack of accessible resources for clients, training requirements, and staff turnover as demands of their job. Table 7 lists caseworkers' perceived work demands.

Table 7

Caseworker perceived work demands

| Demands |
|----------------------------------|
| Policy |
| Paperwork |
| Timelines |
| Supervisor expectation & support |
| Travel |
| Court |
| Caseload size & severity |
| Lack of resources |
| Turnover |
| Training |

Policy. Caseworkers understood the need for policy but struggled with its creation, inconsistency, accessibility, clarity, constant changes, and disconnect with practice. Policy clarity, access to changed policy, and inconsistency of policy implementation resulted in caseworkers having to search for correct policy and being held accountable for all policy even if they were unaware of the policy or unable to locate the current version. It was also difficult when courts would use one understanding of a policy and caseworkers another with both understandings being present in the code or statute. Caseworkers reported the difficulty in the constant changes in policy and its reactive nature. They shared that policy makers reacted to every event that made the news or was publicized in some way, and that the policy they created from this intended to fix

or cover up the event, not truly address the problem. Caseworkers noted that there was a disconnect between policy and realistic practice. As one caseworker stated:

You get a lot of stress because they're implementing these timelines and these constraints on you, to where they've never been there to really see how it works and those timelines oftentimes don't really – they just don't go with what you're really doing.

A specific example of how policy is perceived as a demand was shared by numerous participants from one state. A recent policy was enacted that restricts caseworkers from arranging advanced appointments by leaving voice mails or texts. In addition, caseworkers were unable to leave any identifying information at families' homes when they stopped by unannounced. This was in reaction to a family evading law enforcement and child welfare by changing their environment because the family knew the workers were coming. This family ended up killing their child due to severe neglect.

They passed a thing that is so important to meet your timelines, see your kids on time, yet when you go out to the house, you cannot leave a card, you can't leave a note.

Caseworkers also commented on how accessing policy is difficult. They stated it is confusing, hard to locate, and can be interpreted in different ways. They also felt that the application and the policy itself is inconsistent in what it requires of caseworkers and the desired outcome. Different regions, managers, and supervisors interpret policy

differently making it very difficult for the caseworker to know which policy to follow, how to interpret it, and how to apply it.

Timelines. Caseworkers agreed that timelines help children achieve permanency quicker; however, timelines created by rules and policy were also a stress demand. Examples given were that timelines prohibited caseworkers from spending needed time with the children and families, prioritized reports over visits, did not allow for exceptions (e.g., addiction, loss, out of state placements), and created urgency in the caseworker supervisor relationship.

You've got to focus on the timelines that you could be doing way better quality probably, but you're so worried about doing this form [because it is due] that nothing else gets done.

Paperwork. The amount and type of paperwork was a common demand mentioned by caseworkers. They struggled to get paperwork completed on time, complete duplicate reports, and to meet different expectations on quality and format from supervisors, court, or managers. Like policy, caseworkers expressed an understanding for the need of paperwork but reported frustration with the continued need for multiple and redundant forms especially in the presence of technological advances and support.

We have so much technology to make our job easier and I feel like I'm wasting my time in pushing paper. It's like so much paper, it's so much... It's just redundant things, like when I write my quarter report and my supervisor's able to correct it,

and once she's corrected it, I don't understand why I can't email it to her, [instead I have to print out multiple copies and deliver them].

Another demand related to paperwork was that employee evaluations were strongly tied to paperwork performance and having paperwork turned in on time allowed the caseworkers visits, court reports, treatment plans, and other expected outcomes to be measured and counted.

Supervisor Behaviors. Caseworkers found supervisors to be both a demand and a resource. Certain behaviors of supervisors were identified as demands by caseworkers. Specific examples included providing inconsistent feedback, lack of timely support, focus on data outcomes only, avoidance, absence, and not supporting caseworkers during conflict or case issues. When supervisors did not meet the needs of caseworkers, they described that they would search for other supervisors and peers to help solve problems and respond to crisis, which created more work. Caseworkers reported needing to manipulate or navigate their environment by going to certain supervisors at specific times and/or using certain policies in order to get what they wanted for their families. This need for “work-around” increased demand on caseworker time and energy.

When the supervisor’s behavior was unpredictable, caseworkers reported increased work and worry in making sure that they could meet the inconsistent expectations. Caseworkers reported that some supervisors created demand because they could “make things worse”. Caseworkers would have to complete their own job and expectations, but then also manage their supervisor so that the families could get what

was needed. Caseworker perception of supervisors as a resource is described in the resource section.

Large caseloads. Caseworkers frequently talked about the difficulty of having high caseloads: “They want us to ensure child safety, but they’re not giving us the workload to do that.” They shared that no matter how much, how hard, how effectively, or how efficiently they worked they still had high caseloads. They discussed how policy, best practice recommendations, models, and/or evidenced based programs are designed for the ideal caseload of 12 to 17 cases/families, but that they regularly carried 25 or more cases. High caseloads were blamed on not having enough staff, staff not being trained properly, staff turnover, limited resources or poor services resulting in cases remaining open too long, court policies and practices, increase in drug use resulting in increased removals, and not recruiting the right people. “But with all the children that we have, we can’t do it. We can’t give enough time with our children that we need to give them.”

Lack of and inadequate resources. Caseworkers commented in the focus groups about resources, either not having enough or that those available were not adequate. They mentioned issues of access, quality, and affordability. As a result, caseworkers described that it takes increased time and effort to find, transport, arrange for funding, and engage clients in services. Caseworkers reported insufficient services for drug treatment, sibling placement, culturally responsive placements and/or treatments, and transportation.

Yeah, for detox, we have one facility that we contract with . . . and we have a whole bunch [of parents] that need to go into detox. But the waiting list is so long.

We're telling the families we're going to put services in place and now they're looking at us, "When is this going to happen? I thought you said...". They don't understand that a lot of this is out of our control. And then we can't say if they don't come on with the detox then we'll go to another agency, [because] there's only one agency.

Tied with lack of resources is the inadequacy of some of the resources available. Caseworkers reported the struggle of “*cleaning up*” the mess of others and how stress increases when they are held accountable or blamed for the failed services of others.

I think it's a big problem when you got service providers that you can't even depend on them to actually to do the service you put into place for the family. I also think it's a big issue when you have GALs on cases that come and make these big decisions in court, but haven't seen the child or they can downplay what we're doing as case managers—haven't seen the child. You invited them to [case planning meetings and they didn't come], but then you're the one that gets the backlash in court of everything at the end. The GAL goes against what you're recommending and then on top of that the judge goes against what you're recommending. Then when it all blows up in 45-90 odd days, they're pointing the finger at you in court. And then it bounces back to us and then it pisses me off.

Training Requirements. Training, like supervision, was reported as both a support and demand. Training was named as a demand because it takes time away from clients and required paper work: “If we had average caseloads, the training would be welcome. But when you have the caseloads that we have, when I see an e-mail that says

training, I'm like . . . are you serious?" Trainings were offered regionally or outside of the caseworkers' region and so often required travel and extra time. Caseworkers reported having to make up the time away at trainings by staying late or working on the weekends to complete their work. Trainings did not feel supportive or responsive to caseworkers needs because they were often repetitive, offered nothing new, covered just the basics, or presented ideas that are not matched to caseworkers' caseload numbers and workloads.

I don't have time. So if we had average caseloads, if this was an average job, then the trainings would be great because everything is changing, I mean, everything is changing. You may on Monday, may say we're going to do it this way and then two weeks later we're doing it a whole totally different way. So nothing is very consistent. So the trainings are needed, but we don't have time.

Turnover implications. Caseworkers described turnover as a demand on their time and ability to do their job. They described how turnover impacted them by increasing their caseload, eroding their professional and personal support, increasing their training and mentorship duties, and creating doubt about their own motivation to stay.

And you have overturn, which leads to more cases and trying to familiarize yourself with that case while they're [e.g., court, providers] still calling you asking questions, what do I do on this? What do I...and you haven't even gotten up to date on the case yet.

Court. Caseworkers reported that court, court professionals, and required court documents create numerous demands. They explained that attendance at court can often

take up a whole afternoon for caseworkers and can keep them after hours making them late for their own family responsibilities: "... I mean, our interaction with the attorneys and the court system is about a third of our job, I would say. Court reporting, talking to attorneys, going to trial, writing addendums—that's like a third of our work that takes so much time." They explained that court requires reports numerous weeks prior to the scheduled court date and then requires an update court report the week prior to court creating redundant paper work for caseworkers. Caseworkers further relayed that court professionals often order workers to complete certain tasks or acquire specific treatments that are difficult to access and create more work for the caseworker to obtain.

But the lawyers, like we deal with all these different lawyers, requesting all kinds of stuff to us. And then they call our supervisor, and then for me, mine freaks out when one calls and she's like, "Do this, do this, do this now." And I feel like the lawyer should really be talking to our City Attorney. I feel like it's too much interaction with the worker. And then that causes added stress.

Caseworkers stated that court professionals can disagree with them making them repeat services already provided and/or offer services or a different course of treatment that go against the professional judgement of the caseworker. In addition, caseworkers discussed feeling mistreated or disrespected by attorneys and judges. For example, one caseworker stated,

And you know what, attorneys abuse workers." Another worker stated, "And you have nowhere to complain. Like you have nowhere to complain and you have

attorneys that's extremely rude with you and you know, like going back and forth, and then it's no reprimanding on them.

Travel. Caseworkers reported travel as a constant demand on time and resources. In some states caseworkers shared that they are required to visit all of their children even if the child is placed hours away or in adjoining states. This often required overnight stays and time away from their own family. Though money spent on gas could be reimbursed, caseworkers reported that the paperwork required to be reimbursed was lengthy and if not submitted on time, they were not reimbursed. Many workers reported not even turning in their gas reimbursement because it was just “one more thing to do.”

“Friday I was not in the office at all because I had to go to North County, to Ferguson to Kingdom City and over by Fulton, four home visits that took me all day. I didn't get home until 5:45 and I left at 8:00 in the morning. I was out seeing the kids for maybe a half an hour each child, but it's two hours of drive time to go see them. And that's just four kids. I still have 19 other ones I have to drive around and see.”

Resources. This section reports results for sub-question 1a: What are the perceived demands and resources present in the experience of occupational stress? Resources, as noted earlier, are defined as the support contributing to and/or assisting the workforce in meeting their identified demands. Resources can include both internal (e.g., personal resources, characteristics, skills, etc.) and external (e.g., peers, leadership, organizational structure and culture, societal, etc.) resources. Resources are also

identified in the ability for the workforce to manage their demands. Analysis observed multiple components of caseworkers' job environments that could be considered resources. These included peers, supervisors, personal motivation and strength, positive public perception, competent stakeholders and providers, children and families, staff support activities, feedback loops, training, and vacation/comp/flex time. However, caseworkers did not identify all of these potential factors as resources. Caseworkers named some of these as resources when asked how the agency or their supervisors support them; however, they described them as demands not resources. It was noted in the original NCWWI WE study that caseworkers did not mention resources as much as they identified demands. It was hypothesized that this may be due to the caseworkers' interpretation of the intention of the NCWWI WE study in identifying substandard areas of functioning for the purpose of system improvement. This purpose may have influenced caseworkers' responses to be focused on needed improvements versus what is already going well. Table 8 lists caseworkers' perceived work resources.

Table 8

Caseworker perceived work resources

| Resources |
|--------------------------------|
| Peers and team |
| Supervisors |
| Personal motivation & strength |
| Public perception |
| Stakeholders & providers |
| Children & families |
| Training |
| Moral building activities |
| Vacation/Flex/Comp time |

* Red words indicated those resources that were named by caseworkers as resources however were described as demands.

Peers and team. Peers, by far, were the most frequently mentioned resource across all focus groups. “But I think your co-workers [are] the one [resource] that makes you be able to bear the job.” Caseworkers noted that peers helped one another locate and interpret policy, knew the best client services available, covered cases while on vacation, mentored new workers, supported a good laugh, provided sounding board for anything and everything, and picked up each other’s kids from day care when they ran late. One caseworker shared, “We all work well, we can talk well to each other, we can go to each other for advice, for direction both with work or personal challenges, also.”

. . . case managers are really good about helping each other. We all know we’re bogged down. So if somebody’s visiting a kid in Ft. Wayne, somebody will send out an e-mail and say, “Hey, I’m going to Ft. Wayne. Does anybody have a kid that needs to be seen?”

In addition to peers, supportive teams were mentioned as being essential to surviving the job.

I would say to having a supportive team, if you didn’t have a supportive team or one that you can depend on in this job, you probably would have walked out a long time ago. And if you don’t have a decent team, then you’re going to drown. But if you have people who can support you in that beginning then you’re going to be great.

Supervisors. Supervisors were considered resources in addition to being identified as a demand: “. . . a good supervisor can definitely be that buffer you need.”

I have a really good supervisor, but I've had three. My first one was great, my second supervisor literally walked out. It was just a total mess. And then my supervisor now is just awesome, very supportive, aware of things, just a great supervisor. . . the supervisors definitely can make or break your experience and your retention. Because if you have a horrible supervisor, it's really hard to do your job. But when you have a really good one, you can deal with the stress.

Caseworkers shared that when supervisors, “have your back”, it seemed to lessen or change the negative attribution that stress caused by being challenged in court, making mistakes, getting another case with an already overloaded caseload, or having to go out on an emergency call. “Yeah, but you have a good supervisor.” This comment was a similar sentiment expressed in different focus groups that would be voiced to contradict another caseworker’s positive opinion about organizational climate, work demands and what caused or did not cause stress. Having a good supervisor seemed to skew or invalidate the caseworker’s perception of stress as perceived by other workers who did not have good caseworkers.

Caseworkers reported that supervisors were a resource when helping complete paperwork, attending difficult meetings and home visits with the caseworker, covering caseloads when the caseworker is on vacation, sick, or otherwise unable, and “standing up” for the caseworker when needed. Caseworkers discussed how the support from

supervisors was essential to their work and ability to do their job, especially in conflictual and difficult situations.

She just really appreciates us as staff and acknowledges us, which is really nice, and tries to support our decision-making. She'll support it until she thinks it's going to be at risk for the child or something. And if we're really swamped, she takes stuff off our desk and writes reports for us or helps us transfer cases. She'll be like, "I'm bored, do you have any work I can do? You want anything?"

Personal motivation and strength. Caseworkers shared that they often used their own values and strengths as a resource in practice. Many noted that they were motivated to stay by their conviction to “help children and families”, “to keep kids safe”, and to “make a difference”. They discussed the importance of working with families and providing services that matched the needs of parents and kids. Caseworkers also discussed how their strengths allow them to work effectively in child welfare systems. They shared their use of humor, expression of empathy, ability to function in crisis and be resourceful helped their success and that of children and families.

I try just to treat families the way I want to be treated. I'm a mom. I'm like, if I was in trouble, I figure how would I want somebody to approach me? Would I want my attorney to tell me that, you know, the department is moving to terminate my parental rights or would I want to have like a one-on-one with my caseworker and have that conversation? And that's how I treat my families.

And I think all that comes from determination, as well as the loyalty and dedication of the workers themselves because with everything we've said we

understand the environment we're working under and it's about these children.

With that in mind, even with all this going on, we go back within ourselves and I think it's the integrity of each individual, of each employee, that keeps us here, with all the insanity that's going on.

Appreciative and collaborative stakeholders and providers. Caseworkers reported that when they feel supported by resources and/or community participation, their job is easier. Caseworkers pointed out that churches and other community organizations that provide emergency clothes, supplies, child proofing services, food, culturally responsive supplies, and much more saves them time and allows them to focus on other parts of their job. When asked about resources, caseworkers talked about stakeholders that collaborate with them and understand the demands of their job. From the perspective of caseworkers, collaborative stakeholders also provided quicker and more accessible services.

I actually did kind of a pat on the back yesterday, which I didn't need or anything like that. But I had went to a school and was talking to the school counselor and the best compliment that she'd give was just, "I don't know how you do this every day, but thank you. You're doing this and you're meeting these goals. We see changes in the kids." So it was a professional pat on the back.

Caseworkers also noted that efficient court processes and a collaborative court culture were resources for accessible and quality treatment, fair and just treatment of

families, and reduced work and stress for caseworkers. When caseworkers identified the court as a partner, which was rare, they discussed increased ease in meeting treatment goals, feelings of acknowledgement and trust of their professional judgement, and less stress surrounding court and court processes. Caseworkers that had support from law enforcement reported having them assist in visits, intakes, and other investigation procedures. “I feel like law enforcement is a huge advocate for our agency.”

Children and families. A resource mentioned by caseworkers was the expression of gratitude from the children and families they work with.

What is the most rewarding for me is being able to make those connections with a child that needs a family and helping them find their forever home. And I have had some awesome, awesome families that have been connected with kids. And that is just so rewarding for me.

And when I’m able to see—and I have people that have contacted me years later that I’ve helped make that with and they tell me how these kids are doing and they thank me for having help make this happen. And that’s just awesome. And I love that part of it.

When your kids are so excited to see you and they run to the door and they give you hugs and they already have cards or little rubber bracelets made for you.

When you're doing a removal and they ask you to tuck them into bed and say nighttime prayers with them, that is what keeps me in this job. That is what keeps me here.

Caseworker: Stress Attributions

This section answers the research sub-question 1b: What are the perceived attributions of occupational stress? As caseworkers described the experiences of their job, its demands and resources, they attributed stress to many of these experiences.

Attribution was defined as what caseworkers perceived as the meaning or cause of the demands and resources and why they considered it stressful. Caseworkers did not automatically attribute stress to the demands that they identified as reported earlier in this chapter (see Table 9). Rather, caseworkers attributed stress to the demand's (a) intent, (b) delivery, (c) consistency, (d) level, and (e) outcome.

Table 9

Caseworker perceived attributions of stress

| Attribution | Description of Attribution |
|-------------|---|
| Intent | Leaderships, stakeholders, policy makers, and/or supervisors' intent behind decisions, policies, implementation, and actions can be perceived by caseworkers to contribute or cause stress. |
| Delivery | The way in which decisions, policies, evaluation, discipline, support, and/or general interactions are delivered. |
| Consistency | The consistency in which policy, discipline, and support are applied, interpreted, and taught. |
| Level | The level of demand (e.g., number of families on caseload, severity of trauma experienced by families, number of forms for the same purpose, and/or amount of hours required to meet job expectations). |

Outcome

Outcome refers to the potential or known negative impact of certain job tasks is attributed to higher levels of stress by caseworkers.

Intent. When thinking about the demands that caseworkers reported, it was observed that the intent of a demand could change its experienced stress level. Intent was observed in caseworker conversations as the history behind and why policies, decisions, solutions, and practice efforts are chosen or implemented. This was noted in how the caseworkers would discuss a particular demand. For example, caseworkers mentioned travel as a demand both in the time it took to travel and in the requirement of documenting travel. The conversations mentioned travel, but were focused more on caseworkers' perception that leadership did not understand how difficult traveling was to caseworkers implying that caseworkers must have additional time in their schedule to spare. It also felt that leadership did not understand how the amount of time in traveling effects how much time they spend with the children and families. Caseworkers reported that they perceived leadership as second-guessing their honesty as evidenced by how leadership requires them to their document travel.

Decisions that are made in consideration of the impacts on the workforce appear to be less stressful to caseworkers, though they are demanding. Conversely, caseworkers shared that decisions made without consideration of the workforce, or to control or limit power of caseworkers in the guise of being helpful to families and safety, were stressful. One caseworker stated,

So you get a lot of stress because they're implementing these timelines and these constraints on you, to where they've never been there to really see how it works and those timelines oftentimes don't really – they just don't go with what you're really doing.

Implementation and Delivery. The implementation and delivery of the demands caseworkers identified included how the agency, workforce, leadership, policymakers, and stakeholders implemented and monitored these demands. Caseworkers talked about how new practice models or policies were often implemented as a mandate and included in their performance evaluations. Decisions were made with no or very little input from caseworkers. Caseworker shared examples of how they understood the need for new policy but that the implementation or delivery of this policy created more work and unintended consequences on the workforce. One example of this was when a state passed a new policy prohibiting workers from notifying parents of their visits to allow workers to see the “true” environment of the children. This policy was passed as a result of a couple parents changing their environments in preparation of visits or preparing their children to tell a certain story before the children were able to be interviewed by the caseworker. This resulted in caseworkers not being able to call ahead to schedule visits or to leave a card at the house to notify the parents that they were there. Though the intention was to keep families safe, the implementation of this policy made it very difficult for caseworkers to meet their timelines.

Another example that was mentioned frequently was in the discussion of performance evaluations. Implementation of new policies was often tied to new job

expectations and performance management. The new policies were not implemented with support and training, but rather immediate expectations that caseworkers and supervisors were held accountable to in their performance evaluations.

Consistency. Demands, which were known and consistent, did not seem to cause distress. Caseworkers reported that they could plan ahead and prepare for known tasks. One focus group reported having a manager that was very strict and had high expectations but that she was consistent and equitable in her application of these expectations. She did not have different expectations for different staff, she would follow through, and she did not change her mind depending on the situation. She was not very “warm” but “we all knew what was expected and she always said good job when we met those expectations.” However, other caseworkers noted that inconsistencies in policy implementation, court practices, practice expectations, supervisory oversight, and leadership reactions seemed to cause more work, stress, and frustration.

Chronicity and level of demand. Caseworkers stated that a temporary issue (e.g., turnover) could turn into a stress when it becomes chronic. In addition, when a demand increases or raises its level of requirement it makes an achievable demand (e.g., travel) become overwhelming. A good example of this was with regard to covering cases when staff turnover or are out on medical leave. Caseworkers understood that they need to cover extra cases occasionally, but when this need becomes constant and expected, a temporary stress turns into chronic stress. The amount and regularity of the demand changes how it contributes to overall stress and if that stress is seen as expected or overwhelming. Caseworkers also noted that workload expectations do not change when

demands are more frequent or at a higher level. They were still required to complete the same expectations at the same quality even though they had to cover additional cases when their peers were on leave or left the agency.

Negative outcomes. When demands of the job negatively impacted the caseworker or their environment, caseworkers attributed stress to the associated demand. For example, though the task of preparing and attending court was mentioned frequently as a demand, it was attributed to stress when the preparation and attendance affected the caseworkers professional or personal life resulting in stress and/or some type of negative outcome. One example given by a caseworker was having to stay late to place a child in an emergency placement versus dealing with this same placement crisis during the day. The impact of the emergency placement that made them stay late on their personal lives and families, made the placement stressful, not the demand of placement itself. Caseworkers reported being late to pick up their own children from daycare, not talking to their partner for days, or missing yet another family dinner due to the demands of their job. Caseworkers noted that the crisis in and of itself did not cause stress; it was the fact that they had to stay late affecting their family and partner relationships that caused the stress. Another example is given around the demand of trying to place siblings together, exemplifying that stress does not only impact caseworkers' personal lives but the lives of their clients:

And I can have five, six pages long of notes on trying to find a kid a placement and sometimes I think that's stressful because the case managers, you know, they want their kids placed together. I totally understand that and, unfortunately,

because there's not enough foster homes, they are getting split or they're getting placed in a placement for two nights and then being moved, and I just see that being more detrimental on that kid because they're coming into care, being removed from their family and then, because we have a shortage of foster homes, they're hopping around.

Finding a sibling placement was the demand placed on the caseworker. The caseworkers' understanding of the negative outcomes resulting from siblings who are not placed together or that have frequent moves is what changes the demand to a demand that contributes to stress.

Caseworker: Experiences and Perceptions of Occupational Stress

Experience. This section reports results for the main research question: How do **caseworkers**, supervisors, and managers in the child welfare workforce **experience**, perceive, and cope with occupational stress? Experience of stress was operationalized as the feelings, mood, physical sensations, frequency, and/or environment in which caseworkers felt stress. As caseworkers described their experiences of stress, they often gave examples of a demand that evoked a reaction only when there were certain conditions. For example, as shown in the table below, a high caseload might cause stress, but the experience of this is neither good nor bad, it is benign. The same situation of having a high caseload could be experienced as hurtful when caseworkers are continually given more cases without adequate resources or practice models and this situation is not acknowledged by leadership and possibly even met with a directive from leadership,

“well you need to learn to manage your time better”. These type of experiences of stress led to caseworkers describing the experience of the same factor or event differently. Four dichotomous themes were identified in which caseworkers experienced stress including (a) hurtful/benign, (b) individual/collective, (c) temporary/ongoing, and (d) direct/insidious. Table 10 presents examples of this phenomenon.

Hurtful/Benign describes the way one part of the job can be experienced either as hurtful or accepted as the way it is, benign in terms of a stress reaction.

Individual/Collective explains the context in how stress is experienced. Caseworkers not only experience feelings of stress individually, but also experience stress as part of a group and/or because everyone else is stressed. Temporary/Ongoing created different levels of stress feelings. For example, having co-workers on vacation created feelings of stress for the week while coverage was needed, but constant turnover created additional or more chronic feelings of being overwhelmed because it was constant and ongoing.

Finally, caseworkers felt stress in direct and insidious ways. Interactions or situations that were experienced directly could include disagreement in a meeting or being required to rewrite a report. Insidious experiences of stress were experiences that may not be defined as stressful in the moment but that indirectly, overtime, and unconsciously have contributed to caseworker stress. For example, public perception through negative description of caseworkers in the news “baby snatchers”, having limited resources and “never enough money” to provide families with what is needed to help them achieve permanency, and a supervisor that always needs to reschedule individual

supervision because they had “other priorities”. In Table 10, examples of how caseworkers experience stress are labeled with the first letter of the corresponding theme (e.g., Individual is represented by an I).

Table 10

Examples of how caseworkers experienced stress

| Hurtful/Benign | Individual/ Collective | Temporary/ Ongoing | Direct/Insidious |
|--|--|--|---|
| <p>B: High caseload</p> <p>H: High caseload with no recognition from leadership or accommodations</p> | <p>I: Caseworkers experience individual stressors with individual impacts</p> <p>C: Caseworkers experience stress felt by peers, supervisors, stakeholders, community, and clients which contributes to the overall organizational climate</p> | <p>T: Coworker on vacation creates higher caseload and time demand for one week</p> <p>O: Constant turnover and lack of effective recruitment creates high caseload without an end in sight</p> | <p>D: Preparing for a parental termination court hearing</p> <p>I: Ongoing negative and incompetent court and public perception of caseworkers</p> |
| <p>B: Court attendance and reports</p> <p>H: Court and lawyer disrespect and disregard for caseworkers' professionalism and experience</p> | <p>I: Caseworker turned in a report late and cried during supervision</p> <p>C: Caseworkers are not attending unit picnic because they have too much work to do</p> <p>C: Caseworkers are warning new workers about the stress by sharing stories of ineffective leadership</p> | <p>T: Caseworker feelings of secondary trauma around a certain case or situation which is well supported and issues addressed</p> <p>O: Caseworker feelings of hopelessness or frustration around repeated cases and/or issues that are not being adequately addressed by the system</p> | <p>D: Having a leader interrupt or discount what you said in a meeting</p> <p>I: Having feedback meetings and being asked for input but not seeing anything change or your input included</p> <p>I: Leadership asking for feedback but lacking a clear feedback loop</p> |

An example of caseworkers' experiences of stress as direct and/or insidious was given in a focus group where caseworkers were describing court requirements and a particular judge.

Direct experience of stress:

I was in court last week and one of the attorneys said that the day before they were in court until 9:30 pm. And I'm sitting here like, why would we ever have to be in court that late. Either you vacate it or you do what you have to do, but there's no reason for us to have to sit there that long in court.

This direct experience of stress, being held in court late, resulted in an expression of frustration.

Insidious experiences of stress:

. . .then we get in court and the judge puts the kid right back in the home. And we did all that work for what? And those are the things that are out of my control or out of my hands. I can't control—those are my frustrations with the courts.

The insidious nature of this example leads not only to frustration, but an overall cumulative feeling of lack of control and/or incompetence, though the Judge did not directly say this.

Perception. This section reports results for the main research question: How do **caseworkers**, supervisors, and managers in the child welfare workforce experience, **perceive**, and cope with occupational stress? Perception of stress was operationalized as

the caseworkers' view, opinion, outlook and/or meaning given to their experience of stress. Caseworkers most frequent perceptions of stress included stress as (a) expected, (b) preventable, (c) externally imposed (out of the control of caseworkers), and (d) affecting children and families. Below is a table with examples of caseworkers' perceptions of stress. The four perceptions are listed in the top horizontal row. The far left column includes demands that were described by caseworkers as demands that were expected to be stressful. In the subsequent columns, examples of these demands, perceived as preventable, externally imposed, and having impact on children and families are given to illustrate the caseworkers' perceptions of stress.

Table 11

Caseworker perceptions of stress

| EXPECTED | PREVENTABLE | EXTERNALLY IMPOSED/ OUT OF CASEWORKER CONTROL | IMPACT ON CHILDREN AND FAMILIES |
|----------------------------|--|---|---|
| CRISIS ORIENTED | Practice model that does not accommodate for crisis. <i>Always in that crisis mode. We're intervening when the family is in crisis, but possibly could put something in before. Does that make sense?</i> | Lack of ability to make decisions in the moment without approval by management. <i>It's not technically our judgment, it's our supervisors' judgment, they trump us.</i> | Governing by policy and procedure over unique family needs and strengths. |
| BUREAUCRATIC ORGANIZATIONS | Leadership disconnect | Implementation of practice models and strict accountability | Outcome driven practice that reduce families to numbers |
| TRAUMA | Lack of trauma informed response from leadership | Vacation and/or leave policies that create barriers for self-care | Caseworkers calling in sick to work or taking extended stress leave |
| COURT INVOLVEMENT | Treatment of caseworkers by courts, CASA, Leadership, tec. | Court decisions and recommendations Treatment plans and/or recommendations | “CYA” practice model |
| DIFFICULT | Supervisor inconsistency | Supervisor preparation and quality | Inaccurate information informing caseworker decisions or |

| | | | |
|-----------------------|---|---|--|
| | | | provided to families |
| PAPERWORK | Redundant paperwork | Paperwork requirements | Tasks that take time away from visits |
| CASELOAD AND WORKLOAD | Practice models, statutes, policy that are not evidenced on large caseloads | Inability to control caseload or workload Inability to control severity and/or need of cases | Restrictions that prohibit best practice |
| TIMELINES | Timelines that don't account for addiction, best practice, families first | Caseworker are unable to adjust timelines based on their professional judgement | Families fail to meet requirements |
| POLICY | Uninformed policy | Limited to no caseworker feedback in creation of policy | Difficult to implement and rigid policies that don't allow for individualized practice |

This example from a focus group discussion highlights caseworker perceptions of stress as expected and preventable:

*P: Like **I can deal with families**. I came in this work to deal with families. **I like stressful environments**. I'm not looking for happy people.*

P: Right, right.

*P: I mean, I wouldn't have went into this work. You know, but however, if I'm dealing with someone that ... like I just had a kid shot on my caseload or whatever, **I shouldn't have to deal with a lawyer trying to tell me how to do***

social work. I shouldn't have to deal with all this paper-pushing when I can call—like I should be able to call, like our duty line, call and say, hey, I need the background check of somebody and say all the information and hang up and then that's brought to me. It should be some kind of way of streamlining the paper that we push and the contact that we have with like lawyers. And I think that would definitely lessen some of the stress on the job.

*The job itself is very, very hard. And I said this to [manager] up here so it's not something he's not heard, the job is hard and **I expect the job to be hard**. But why I am at the point where I don't know that I continue in this job, is because **the job should not be hard dealing with your management and the environment**. And it's gotten to the point that **my stress is not how hard my job is or how much my heart breaks. It's the management and the lack of support**. And I put everything I have into my job and it is not that I don't make mistakes because I do. But I put everything that I have into my job and take it away from my own family. **And to be criticized and to be made to feel like I am such a bad worker because I don't have my numbers has just broken me down to the point that I want out. I want out.***

Expected stress descriptions by caseworkers include “It’s like a constant chaos that we’re all used to” and “I feel like we are chaotic but we’re happy.”

Caseworker: Impacts of and Coping with Occupational Stress

Impacts. This section reports results for sub-question 1c: What are the perceived impacts of stress? This secondary analysis of data observed the impacts and subsequent coping of caseworkers regarding their experience of occupational stress. Caseworkers identified four themes with regard to the stress impacts: (a) self, (b) family, (c) work, and (d) client outcomes.

Self. The impact of stress on the individual caseworker included physical, mental, and professional impacts. Physical impacts were described as medical ailments, weight gain, alcohol use, lack of physical fitness, and fatigue. One caseworker described her coworkers seeking help from the doctor,

It's sad when you hear your coworkers say, I went to the doctor and the doctor told me I need to change my living patterns. Your living patterns is DSC and the doctor says well your job isn't going to make that easier for you, is it? Like it's sad that everyone around is feeling the lash and getting the backlash of everything that's going on in our job.

Others workers made comments referring to the physical impacts of stress:

It's just frustrating. It's scared me to the point where I go to the doctor because of just anxiety and my blood pressure and you know, like this is crazy. It shouldn't even be like that . . . just because of the workload. I may have to consider, you know, something different just because of my health or whatever. But it shouldn't have gotten to that point.

Mental health impacts reported were burnout, depression, stress, vicarious trauma, anxiety, and irritability. Caseworkers reported the need for medication and stress leave to manage stress, “I’ve been here two years and I’m on antidepressants; never had a problem with it before.”

“It is difficult, yeah. And I wound up on stress leave for two months, right? So that’s serious. I mean, to me, with my standards for myself, that was very, very serious that I would do that. I mean, it was like, I was so humbled.”

Professional impacts included stress leave, intent to leave, and a “CYA” (cover your ass) mentality “100% CYA at all times”. Caseworkers reported loving working with children and families and keeping families safe. They discussed their outlook as positive when they first started this job. However, when required to chronically meet unrealistic expectations, to go against their values, and sacrifice their family relationships, caseworkers reported the negative impact on job satisfaction and intent to stay. Caseworkers’ perception of the amount of stress in certain roles prevented them from seeking promotion or taking on new roles and responsibilities. “Because I mean I can deal with stressful stuff, but I’m to the point now, ask my coworkers, I cleaned out my cubicle Friday and almost walked out and my supervisor chased me and put my cubicle back together because I told her, screw this and screw you all.”

P: And here we have a lot of people who’s been going on FMLA.

P: Yes, for stress leave.

P: I've never seen so many people on FMLA in my division for stress and self-care like I have now within the last three months. That has jumped at it's all time high peak. It ain't no maternity leave, it's legit. I'm out of here and you know they're not coming back. You ain't cleaning out your cubicle...

P: You going to milk the FMLA as long as you can.

P: Yes.

P: And you know, I'm not coming back.

P: And you're not coming back. Like now that's ridiculous to me.

Family. Caseworkers shared stories of how their own families were negatively impacted by the stress of the job. Family/work balance was identified as a key stress.

... forgive me if I cry, but it's really hard when you come home and your child says, I miss you Mommy or I love you. It just means he needs that much more and it's so, like oh, that I'm working too much. And I'm being pushed too hard. And I know I'm not the only mom out there but it's hard.

Caseworkers shared many examples of how demands of work affected their family work balance. One of the main stresses reported was being late and being on call. Caseworkers were late to pick up their own children from daycare, late to dinner, and late to school events or dates. Being on call took away from their ability to relax and get away from work. While they reported needing cell phone access for safety and time management, they reported that the access to technology blurred the lines between work and home.

Even when they were not officially “on call”, access to cell phones allowed supervisors and stakeholders to get ahold of them during their off hours. It also created the expectation that they need to respond to emails every day. Some workers described the use of technology or responding to emails or calls during off hours as a coping skill, because it made them less stressed than worrying about Monday morning. However, this coping affected the time they spend with their family and ability to relax.

Work environment. Caseworkers talked about the impact stress has on the climate and culture of their work environment and ultimately client outcomes. “So now today you’re asking me to have 40 kids and bring in somebody brand new and effectively train to the point that they’re going to sustain and be a longstanding employee. No, not going to happen.” A couple of caseworkers discussed how some employees take leave time due to stress but that taking that time off impacts the work environment. “Or go to your doctor and get taken out for six months, but that impacts everybody.”

Client outcomes. Caseworkers perceived stress as having an impact on the children, youth, and families they served. They talked about how stress that results in turnover then leads to increased cases or cases they were unfamiliar with causing delayed permanency, quality of care, and interrupted relationships. “They are a number. Pick one—1 through 50, 1 through 1000—because in 37.5 hours in a week, you don’t even have an hour, let alone maybe 10, 15 minutes with the client to do a really effective and efficient job.”

Stress coping. This section reports on the main research question: How do **caseworkers**, supervisors, and managers in the child welfare workforce experience,

perceive, and **cope** with occupational stress? When asked about coping or self-care, the recording and/or transcripts often started with the expression of laughs, sighs, or sarcastic comments such as, “I don’t know what that is, can you explain?” and “What coping?” Interviewers often restated this question clarifying, “what do you do to take care of yourself” or “how do you deal with this job”. A typical response to “what do you do for self-care?” was “nothing”, “I/we survive”, and “It’s just life maintenance right now.” Observed and reported caseworker coping responses can be grouped into individual and organizational methods. Table 12 lists caseworker reported coping methods in individual and organizational categories.

Table 12

Caseworker reported coping methods

| Individual Coping Methods | Organization Coping Methods |
|-------------------------------|-----------------------------|
| Peer support | Supervisory Support |
| Coping Behaviors | Leadership |
| Personal values and worldview | Flexibility |
| Job necessity | |
| Families vicarious resilience | |

Individual Methods. Individual methods of coping include peer support, coping behaviors, personal values and worldviews, job necessity, and children and families.

Peers. The most frequently reported coping mechanism was the use of peer support: “We support each other strongly as workers.” Both the giving and receiving of support in these relationships was mentioned. Caseworkers discussed covering cases for

one another, staffing cases, answering questions, and “being there” for their peers in good and bad times. Humor was frequently connected with regard to how peer support worked to relieve and or reframe job realities and stress. “But here’s the thing, having that sense of humor is very important to survive doing this work.” “It seems like each unit has a least one person that will bring a sense of humor or something and that person will be like the lifesaver of the unit.”

Coping Behaviors. Coping behaviors include withdrawing or isolating, compartmentalizing work, self-talk, drinking, working overtime, and exercising. Caseworkers reported coping by withdrawing from their work community. They mentioned being attached to their peers and this ending in loss and frustration when these relationships became strained or ended due to work related differences or turnover. So in anticipation of their leaving they often avoided engaging new staff in relationships. Some caseworkers discussed “leaving work at work” and how this helped them compartmentalize the stress and pressure of the day.

One caseworker described drinking as a way of coping with other people in the focus group nodding, agreeing, and saying yes, “Like we all said, there is no self-care. I’m finding messages at the bottom of the bottle. Like I drink Hennessy and wine, and my grandma really thinks somethings wrong with me, but it’s really not me. It’s the job.”

Many caseworkers talked about working on the weekends and outside of their 37.5-hour work week. Caseworkers said it was impossible to get all their tasks done during the week, so working on the weekends or afterhours made them feel better because things were not left undone. They discussed a same sense of comfort when

checking voicemails on vacation. A few caseworkers talked about coping with work through exercise. However, most talked about the desire to do this but that they lacked the time, energy, or motivation.

Personal values. Many caseworkers used their own convictions and values when facing a difficult day or describing why they stay at their jobs: “The only reward that there is for this job is your individual, personal insight reward that you have to develop on your own; there is no other reward.” Caseworkers were motivated by serving others and having a desire to help children and families. Values were often discussed when talking about the stress or difficulties of working in child welfare.

You know, working with the families is highly stressful and we come in and we want to do good work and we really want to help people and I think the mixture of you know, social work, how we think about it in theory as being there for families, a community-based kind of background or whatever your... You know, when you come into it, you want to really serve families the best you can in their time of crisis.

Job security. Caseworkers talked about this consistently throughout the three sites, though not frequently. Caseworkers mentioned that they cope with the job by realizing it is a well-paying, stable, and available job. Many workers mentioned not having many options for “good work” and that they were responsible for supporting their families and needed this job.

Children and families. Caseworkers throughout the focus groups talked about how they like working with children and families and this is why they keep working: “I just love being around the kids.” Some workers talked about their day improving when they had a little extra time to spend with a family or child or when permanency was achieved and children were adopted or returned home.

Organizational Methods. Organizational methods included those supports that are present in the structure and policies of the organization, supervisory and leadership resources, organizational culture and climate, and resources/benefits provided to the workforce to lessen and/or manage stress. When participants were directly asked what their organization does to support them help reduce secondary trauma, and/or to generally address occupational stress, responses were very limited and had similar initial responses of “what support” “I don’t know what you mean” and nonverbal expressions including: [laughter] [sighs] [coughing] etc. One caseworker told a story, supported by others, about how her agency supported her after she experienced a death on her caseload.

P: Again, I’ve only been here three years in this county and I’ve already had a child pass away that I was working with. And that was really hard and there was no time off. You had the option to call in sick, which came out of my own bank, but it was pretty much you had to swallow and compartmentalize—I worked with the family for four years, which is a completely different bond and experience and emotional—it’s a whole different level. But to have to work with the parents and keep a straight face and not get emotional about it and to go home to your life and that’s why [LAUGHS] you have therapists and self-care—which you have to

organize and do on your own outside of this. So when that happened, I didn't get offered a day off. It was like, okay, here is the paperwork—

P: In fact, there's more work to do.

P: . . . you need to do and then go to the review and then you have to talk to the city. It's just like this whole process—

P: Make funeral arrangements.

P: Yes, you have to—

P: The family hates you, blames you for moving the kid, blah-blah-blah.

P: Mm-hmm, mm-hmm

There were other similar stories reported from caseworkers who reported not feeling supported by the agency after a death or traumatic experience on their job. Caseworkers discussed overtime/flextime, vacation, training, supervisory and leadership support, employee assistance programs (EAP), and self-care culture as coping methods at the organizational level. However, similar to resources, when they described most of these organizational supports for coping they described them negatively. Supervisory and leadership support were described as a support for coping in addition to flexibility present in their day to day job tasks and time management.

Supervisory and leadership support. Quality supervision was reported as a strong coping mechanism: “Supervisors are always really helpful and so it takes the stress away

a lot of times.” However, poor supervision was an equally weighted influence and was reported to negatively affect or increase caseworker stress.

*My supervisor now is just awesome, very supportive, aware of things, just a great supervisor. So the supervisor definitely is... the supervisors here definitely can make or break your experience and your retention. Because if you have a horrible supervisor, it's really hard to do your job. But **when you have a really good one, you can deal with the stress.***

Leadership support was discussed with many examples of competent and incompetent leader actions. Below are two examples of how leaders have made caseworkers feel supported and helped them cope with their job or personal experiences.

On focus group discussed:

P: And I know it's probably a personality thing. But just like the former circuit manager, when I broke my leg she came to my house. I mean she lived far away and she came to my house and saw me when I broke my leg.

P: That's leadership—

P: Leader.

P: She came to my wedding. She came to my parents' funeral.

P: But with another leader it was different. We had a worker here in our office that was extremely, extremely ill and even when she was able to come in at different times to the office and the new circuit manager was here, she wouldn't even ask her how she was. And that's just like a black cloud.

Another focus group discussed:

P: Fabulous [leader].

P: Pro-worker.

P: He—when you talk about taking care of the workers, we used to go to an annual staff retreat—I don't know if you're familiar with that—and it would be like you get to go hiking or you can take African dance class and pottery or whatever, and it was a whole day just for us.

P: Yes.

P: And it was wonderful because when I first got here, I said, "They do this kind of stuff?" I'm like, ooh. But I mean, and it was just different. He was really supportive of the community, the community... I mean, it was...

P: And we were considered professionals at that time.

P: Yes, that's how—

P: It was really respectful.

P: —it was nice

Leadership was frequently mentioned by caseworkers as being disengaged, distant, not available, and disrespectful to the caseworkers and supervisors.

And then you have all these other people that are telling you what to do, a lot of whom have very limited experience on the front lines and may not know policy the way they should when they obtain those upper management positions. And then

you're in a position of doing what you're supposed to do, with upper management telling you things that you know aren't necessarily correct, and where do you go?

Is management and leadership and when you feel like you get stepped on, when you're already knee-deep in it. And so that's the times when I've really wanted to jump ships multiple times. Not because of my interface with clients, even though that's hard and difficult, but because of my interface with supervisors or program managers who are simply pointing out everything wrong that I've done, or everything that they feel is a liability, or did I cover all these bases

Flexibility. Caseworkers frequently reported using the flexibility of their job to balance family and work demands, completing paperwork, and taking breaks. Taking care of these demands helped caseworkers deal with the stress present in their jobs. They mentioned that peers and supervisors would cover court hearings and fill in for needed visits due to their flexibility making support for one another easier than if their job was more rigid.

Caseworker: Summary of Results

Caseworkers face many demands in their day to day job. Though much of their daily stress was “expected” caseworkers experienced occupational stress as negative to their physical health, emotional health, their effectiveness as caseworkers, and externally imposed. Caseworkers perceived the intent of the demand as contributing to their experience of occupational stress. Depending on the intent, delivery, and evaluation of the demand, “expected” demands that produced benign stress could become detrimental

demands and hurtful. Caseworkers reported strong internal and peer coping methods supporting their continued practice and motivation to stay in child welfare.

Supervisor: Perceived Demands and Resources

Demands. This section reports results for supervisors answering sub-question 1a: What are the perceived **demands** and resources present in the experience of occupational stress? Using the Job Demand Resource Model as the frame, demands are defined as the required tasks and/or responsibilities within one's job expectations (Karasek & Theorell, 1998). Supervisors talked about demands in their own jobs and that of the caseworkers they supervise in a way that was difficult to separate. Supervisors recognized demands that were part of their job and caseworkers' jobs. The demands supervisors mentioned most often could be categorized into 4 areas, (a) job expectations, (b) learning to be a supervisor, (c) middle management role, and (d) caseworkers. Table 13 lists supervisor perceived demands that fit into each of the above named categories.

Table 13

Supervisor perceived demands by category

| Job Expectations | Learning to be a Supervisor | Middle Management Role | Caseworkers |
|--|-----------------------------|-------------------------------|-------------------------------|
| Data driven practice | Supervisory support | Multiple roles & expectations | Training new workers |
| Always on call & Crisis management | Supervisory training | Balancing priorities | Caseworker performance |
| Paperwork | Trial and error | Communication | Caseworker safety & wellbeing |
| Staff accountability & performance evaluations | | | Covering for caseworkers |
| Policy interpretation | | | |

Job Expectations. The most frequently mentioned job expectations that supervisors expressed as demands included (a) data driven practice, (b) “always” being on call, (c) crisis management, (d) completing and reviewing paperwork (e.g., reports), (e) holding staff accountable, (f) performance evaluations, and (g) interpreting policy.

Data/outcome driven practice. Data and outcome driven practice was a demand in both the supervisors’ ability to understand and complete the required outcome measures and in practice with and interpretation to caseworkers. Supervisors discussed that they were required to produce numerous reports for their managers every month showing that their teams complied with requirements. However, supervisors perceived that required

data tracking and subsequent reports were often not even used or if used they were not shared or used at the supervisor and caseworker level. “I would say, in the two years I’ve done it, I’ve never seen results from a single [data outcome report]. I don’t think anybody’s ever seen results from a [data outcome report]. So, it’s data that we do that we never see any results from on our level.”

Supervisors, though they understood the necessity of data, expressed that data alone did not give them all the information they need to know with regard to how their caseworkers are performing. Supervisors stated in a focus group:

P: I get why we have data and I think it’s good stuff—that data means better service to the families. But in my opinion, unless you’re sitting in on those [family team] meetings or going to those home visits with those workers and seeing the interaction that they have with the kids and the bond that ends up occurring, you don’t get it.

P: It’s just a number.

With regard to using data to manage and supervise caseworkers, supervisors frequently mentioned that they did not share the “numbers” with their caseworkers because the caseworkers would become defensive or get worried about their performance impacting their day-to-day stress levels. Supervisors stated that they would follow up with caseworkers in response to the data, but that they did not use the numbers and actual data in supervision with their caseworkers.

Paperwork. Paperwork for supervisors included their own required reports and the paperwork and reports of the caseworkers they supervise. Supervisors reported having many demands that related to completing their own reports, to teaching and helping caseworkers with paperwork completion, to approving paperwork and reports for caseworkers, and in paperwork redundancy.

Supervisors expressed that the paperwork requirements often took away time from what they felt are essential supervisory duties. One supervisor said, “. . . we don’t have time to coach and guide and mentor our staff if we’re filling out a form showing we filled out a form showing we filled out a form.” Another supervisor discussed the difficulty of managing their time with the required paper work, “So we get a lot of reports coming at us, and its kind of that balancing, managing reports, and making sure grades are put in for all of our kids in care, and also assuring safety and managing needs of our workers.” Supervisors shared how prioritizing required paperwork and reports made it more difficult to follow through on the mission of the agency as expressed by this supervisor:

Our practice model is to get everyone engaged and onboard—it’s [paperwork and data compliance] taking away from that because everyone’s scrambling, trying to make sure that they’re adhering to these data reports, and getting these things entered, and trying to manage it all with a caseload that’s completely unmanageable.

Crisis management and “always” on call. Crisis management was described as a demand because the emergency response or crisis seems to take priority over other aspects of the job and makes supervisors feel that they are not in control. Supervisors also reported that crisis management took away from the supervisors’ ability to teach and support their caseworkers because they are always “putting out fires”. Supervisors reported having to make decisions with limited information and time. “Everything’s an emergency, but there’s like 10 emergencies, so to prioritize them is hard. So pretty much most of our day, we’re bombarded with e-mails of, like, “I need this documentation,” “I need this” “I need this,” “I need this,” “I need this.”

On call availability was described by supervisors as “always being on” and “never having a break”. They reported regularly being asked or required to work over their normal work week and that as supervisors they were not eligible for overtime pay.

You spend your personal time doing on-call on the weekends, all week, at night, assisting workers, and you don’t even get compensated for that. No pay at all. You’re spending your time away from your family. I see what they’re talking about, because I’ve done on-call twice now for a week at a time. And I have four kids and my baby—I’m on the phone trying to do stuff, he’s snatching paper, I’m trying to chase him. Then you think about it like, why am I doing this? I get nothing for it. I get nothing.

One supervisor described how they are always reachable even on their days off, “My caseworkers, my division managers, they have no problem interrupting your day

when you're off, no problem at all . . ., even if you shut off your work phone on a Friday, everyone can still reach you on your personal.”

Policy Interpretation. Supervisors reported how keeping up with new policy and interpreting this policy was very difficult. Supervisors often received emails discussing potential or newly implemented policy and were expected to interpret, understand, and then explain this policy to caseworkers. In addition, they reported being accountable to implement and monitor the new policies or practice models with little understanding themselves.

P: I think it contradicts itself. The policy will say one thing here and then you look further in the policy and it says something completely different. Nobody knows which one is actually accurate.

P: The protocol is different than all of that.

P: It's very difficult to go into a meeting with an attorney and say, "Well, our policy said we were allowed to do this" and they say, "Yes, but here's the legislation."

P: And here's your other policy.

P: Right. Exactly.

P: There's a lot of gray areas. Situations like that can happen because someone interprets it this way and someone interprets it this way and it's too gray. There's no black and white. It's all in how the policy is written.

Middle Management Role. The most frequently mentioned demands associated with the middle management role were (a) the multiple roles & expectations of supervisors, (b), balancing priorities, and (c) communication.

Multiple roles of supervisors. Supervisors frequently discussed the difficulty in meeting the multiple roles and diverse tasks required as part of their job. “In one day, I’d be sitting at the front desk, go out on an assessment, supervise somebody and then run a meeting that typically . . . a director would do.” Supervisors reported having multiple expectations and roles within their job duties. Supervisors said that their job expectations are not always clear and they often end up doing the job of caseworkers, supervisors, and managers. One supervisor described her position as “the buck stops here” meaning if there is confusion she had to make it clear, if a report was not done, she had to do it, if a caseworker made a mistake, she would need to correct it. Supervisors feel that managers and caseworkers have many expectations placed on them as well but that their expectations are located within their “role”. They expressed that supervisors have to be able to do everyone’s roles and are responsible for others, not just themselves. “My job is to do whatever FCMs don’t do and whatever my boss tells me on top of whatever’s in my little profile thing that I’m supposed to do.” Supervisors discussed that the multiple roles were difficult due to the need for balancing and/or prioritizing multiple expectations.

Balancing priorities and expectations. Supervisors reported struggling with balancing and/or prioritizing expectations from caseworkers, managers, and clients. Their job requires them to advocate and represent their staff, however this can often be at odds

with respecting their managers and communicating agency policy or holding the “agency line”. Hence, if they followed through with all management expectations and messaging they reported missing opportunities to support their caseworkers.

I think making people above me happy, and then trying to keep relationships with the people, I don't want to say below me, but the people that I'm responsible for. You know, because there are relationships there and I want them to do well.

In addition to managers and caseworkers, supervisors felt responsibility with regard to client safety. Client needs and stakeholder demands were yet another priority or expectation that supervisors had to manage. One supervisor described trying to balance the needs of the worker, client, and their own best interest so as not to get blamed.

I feel like I'm responsible for every kid that's under me, every one of my workers. Everything that happens is my fault, whether it's my workers or not. If my worker does something wrong, it's more so “Why didn't you know that?” rather than “Why did they do that?”

Communication. Communication was discussed as a demand for supervisors. They often felt like they were only communicating discipline or deadlines and didn't have time to communicate their support and/or appreciation for their caseworkers. They also struggled with communicating to both managers and caseworkers in a way that was effective for both groups: “We are stuck, literally, in the middle of passing information from up above down to tell an [caseworker] what to do and then they're complaining to us and so we try to feed that back up.”

Learning to be a Supervisor. Supervisors discussed the demand of “figuring out the job” and that learning how to be a supervisor was not just something that happened when they first started their job but was ongoing. This demand included learning by (a) trial and error, (b) transitioning from role of caseworker to supervisor, and (c) the use of manager support, and training.

Trial and error. Supervisors often mentioned the practice of learning by “trial and error” and finding out through reprimand that they were not doing their job correctly. When asked, “so how do you get information about a new requirement or a new change?” a focus group responded:

P: You mess up. [LAUGHS]

P: Or you get an e-mail from like the director, and they tell us that we have to do it now.

P: Or they tell you to implement something, but they don't really tell you how to implement it, so nothing ever changes and it's just like, okay, you were told to do this, but you never really told us how to do this.”

Transition from caseworker to supervisor. Supervisors expressed that the transition from caseworker to supervisor was difficult. Supervisors often maintained their caseloads for a period while becoming supervisors due to turnover or lack of workers to take over their caseload. They shared that the transition was “lonely” and that they missed the contact with children and families. Due to the shortage of supervisors and tenure of caseworkers, supervisors discussed that they often had limited experience in

general and this was hard in training new workers or supervising workers that had much more experience than they did.

Supervisory support. Supervisors mentioned both supportive and not supportive managers with regard to their own supervisory support and how non supportive managers were perceived as a demand. Most supervisors mentioned that managers mainly provided administrative support, “It’s not supervision, it’s like a checklist. How are your staff? Are they leaving? Are they staying? Are they going? Did you get these reports done? Are these things done? It’s not like professional development.” Supervisors shared that supervision with their managers required completed paperwork demonstrating their current team performance and so having one on one meetings felt like more of a demand than support, “And in order to go to that one on one meeting, we have to finish another report.”

Similar to the administrative role, supervisors felt that managers did not partner with them with regard to changes or practice. One supervisor stated:

It’s less of a discussion and more of a mandate, typically. It’s more that, okay, things aren’t getting done, so now we want you to meet every day for this long, and now we want you to focus on these types of cases and by the end of this month, we want CFTMs for every case and we want you to start doing them. It’s more expectations that are, again, mandated, not really ever a conversation.

Supervisory training. Supervisors reported not feeling equipped to do their jobs and/or to support their workers: “All the tools that I’m given don’t apply to what I’m

doing every day [laughs].” The following quote illustrates how many supervisors felt with regard to the worry behind being prepared or qualified to do their jobs well.

And then, from a supervisor perspective, figuring out the right questions to ask your new worker, so you're getting the correct information, so that you can help them come up with a plan when they really don't know how to plan because they're too new. So I think there's always that stress of: Do I know everything about this in order to lead my workers the right way, so that we can truly assure child safety and move this case forward? If that makes sense.

They reported having to figure out their job from other supervisors or on their own. One group discussed the lack of training as follows:

I don't feel like there's ever been a very good—my experience is that they never have given us really good tools and how to utilize that, what that looks like. I remember when I first became a supervisor, one of the things I wanted was some direction, because we talked about clinical staffing. What does that really mean?

P: Yeah.

P: And what does that look like? I don't want some form that I have to fill out, but no one really showed me appropriately and effectively how that works.

Caseworkers. The demands that supervisors identified pertaining to caseworkers affected the supervisors due to their ultimate responsibility for caseworkers' performance and wellbeing. It was hard to separate out where the caseworker demand ended and the supervisor demand began. Supervisors helped caseworkers meet the demands of on time

paperwork, court appearances, placing children, and completing reports, which in turn made these a demand for supervisors. Supervisors frequently mentioned the demand of (a) training new caseworkers, (b) supporting and retaining caseworkers, (c) caseworkers' performance, (d) covering for absent caseworkers and turnover, and (e) caseworker safety & wellbeing.

Training new workers. Supervisors discussed the time and effort it takes to train and support new workers. In addition, due to turnover, they are frequently training new workers and their existing workers often have limited experience and still require time intensive guidance.

We have people that barely know how to do this job that we're managing. I mean, I don't have very many experienced workers, I have one that's been here for long enough to know what he's doing. That's it.

Another supervisor stated:

But, even when they graduate, I mean, they're brand new, so all of your time is spent with them all the time. I mean, so the supervision and staffing is constant, it's daily. It's every hour of the day. I mean, it's literally insane.

Like my unit has a lot of young, I don't mean age-wise but experience-wise, workers. So I would prefer to be able to work one-on-one with my unit more because that's what they need from me as a supervisor.

Supporting caseworkers. Supervisors talked about the difference in wanting to support their workers and the importance of this posed against their actual ability and/or time available to provide what they felt was needed. “I would say probably 25% of our job is actually supervision because to me, a supervisor is somebody who is checking in on what you’re doing, is helping you develop into whatever it is you’re wanting to become, those types of deals, and we don’t do that very well.”

Retaining caseworkers. Supervisors often felt responsible for retaining their staff. This was reported as an internal pressure and a message from management. “Well, we had a meeting and they told us that the main reason that all FCMs leave is because of us.” Supervisors reported that they felt trapped with regard to trying to support and retain their workers and at the same time not require more from them. “Half of them [caseworkers] say “I can’t schedule three hours. I have to do this, this and this.” So it’s like trying to work on their stress levels and their burnout levels and all that stuff, to do anything to counteract it, it creates more stress.”

I think that we are constantly trying to be cheerleaders for the workers we have left. It's going to get better, hang in there, and by the way, here's another new case. And like [another participant in the focus group] said, that it turns around and it's them being upset with us when we have no control, but trying to keep them as happy and support them as much as possible when the workload is this size. It can be exhausting.

Caseworker accountability and performance evaluation. Supervisors reported being responsible for holding caseworkers accountable to all of their expected job duties and outcomes. This could require supervisors to “write up” their caseworkers for late court reports knowing that the caseworker had stayed late every night in the past week with an emergency placement situation. Supervisors reported needing to be up to date on caseworkers’ cases and paperwork deadlines.

Evaluations were considered a demand of time and on the relationship between supervisor and caseworker. In addition, if supervisors felt their workers exceeded expectation, the evaluation required extra paperwork. This exceeds qualification may or may not be accepted by management, making the extra paperwork effort a gamble.

P: I think the hard part for me is, we have appraisals coming up. This is the big thing. I feel like when we write appraisals, they’re so negatively—the aura of them is so negative. They get in trouble once in a year, it doesn’t mean that they should “Not Meet” for the year.

P: And we can’t give them an “Exceeds.”

P: No one in the history of however long we’ve worked here that I’ve ever heard of had an “Exceeds” on their performance appraisal. You guys have, but I never heard of it.

Caseworker safety and wellbeing. Supervisors felt strong responsibility for their workers’ safety and wellbeing. This was perceived as a demand because supervisors often felt like they are the only ones looking out for their workers. One supervisor gives

an example of potential vicarious trauma and wellbeing of a worker where leadership did not seem to notice:

P: Then we had three fathers that committed suicide right after my assessment workers have gone and talked to them. We just recently had a dad—we did an assessment; we did forensic interviews. The mom and dad said, “Let’s have the kids go to the grandparents while things cool off,” and they went home and dad hung himself.

P: Mm-hm, “but are all your appraisals done, have you approved all of your court reports, have you read all of your assessments?” [Laughter]

P: Yes. And not a single person asked my FCM, “How are you doing?” [Instead they asked], “Are you done with your stuff [incident reports]?” I mean, I was asking her, when we were doing her stuff. It’s never, “Hey, you did a good job. Thanks for everything you’ve done.” It’s “Where’s this? Where’s that? What did you do?”

Supervisors expressed concern about workers’ safety and compared this to other professionals working in the field. This focus group discussion also expresses similar sentiment as the above statement about not just safety, but about the lack of acknowledgement from leadership with regard to safety concerns.

P: Like with the safety and taking the kids is that we expect our workers to go wherever by themselves to do home visits with these crazy parents. They’re not allowed to carry any weapons. No mace. No pepper spray.

P: You're not supposed to shoot. I think it literally says you are to talk your way out of the situation.

P: However, Probation and Parole carry weapons and are not allowed to go on home visits by themselves and go through extensive training and self-defense. We're sending our workers out to people [who are upset, are being investigated for abuse and neglect, and can make impulsive decision].

P: This came out this last quarter at our CQI meeting, regional level because there have been workers that guns were flashed at, that were assaulted. Throughout the state there have been many incidences in the last quarter and it was like, "Talk to your local law enforcement. See if they'll train you." Our local law enforcement is a little stretched thin right now too. They don't have time to train us and we shouldn't be their concern. We should be State Office's concern.

P: But we're not.

P: We're not.

P: We're not a priority.

P: We will be though when someone dies in this building.

P: But any time we ask for something, we've done it—we've gone through CQI multiple times and been told, but there's no effect to the family. We have to show an effect to the family before we can have—

P: If I'm dead then...

P: Yeah!

P: It's not about us.

Covering for caseworkers' absence and turnover. Supervisors were directly responsible for caseworkers' job duties. Supervisors in an effort to protect their other workers from increased work would cover absences of their team and/or turnover. This meant that supervisors had to continue meeting supervisor expectations and carry caseloads for extended periods. "It's hard. We sometimes take the brunt of getting in trouble, because we allow them to take off work, like this week this person's going, the next week, this person's going, the next week this person's going. It's really hard."

Resources. This section reports results for sub-question 1a: What are the perceived demands and **resources** present in the experience of occupational stress? Resources, as noted earlier, are defined as the support contributing to and/or assisting the workforce in meeting their identified demands. Resources can include both internal (e.g., personal resources, characteristics, skills, etc.) and external (e.g., peers, leadership, organizational structure and culture, societal, etc.) resources. Resources are also identified in the ability and/or control of the workforce to manage their demands. Supervisors named certain factors when asked about how the agency supports them and deals with secondary traumatic stress. However, not all of these factors were described as resources. For example, staff morale or team building events were mentioned in response to the question about how they/the agency supports caseworkers. Conversely, when they explained moral building events, they were described as a demand. It took extra time,

money, and effort from them as an individual supervisor or of their team to plan and attend such events. And because they were doing this on their own dime and time, it actually created more of feeling of demand and even resentment instead of being a resource. In addition, it was noted in the original NCWWI WE analysis that it appeared many supervisors reported few resources. It was hypothesized by the NCWWI WE research team that this may be due to the purpose of the WE initiative to “improve” the systems functioning, therefore encouraging supervisors to report what is going wrong and needs improvement.

Supervisors discussed resources in a similar way to demands, interconnected with caseworkers. Resources which were named and described as resources included (a) self and values, (b) collaboration, (c) peers, (d) leadership, (e) caseworkers, and (f) flexibility.

Table 14 lists supervisor perceived occupational resources.

Table 14

Supervisor perceived resources

| Resources |
|--------------------------|
| Self and Values |
| Collaboration |
| Peers |
| Leadership |
| Caseworkers |
| Flexibility |
| Feedback Opportunities* |
| Staff Events |
| Professional Development |
| Technology |

* Red words indicated those resources that were named by supervisors as resources however were described as demands or as resources offered by the agency that were not supportive.

Self and Values. Self and values refer to the strengths and values of the supervisors that provide resources and respite to their stress. Many supervisors discussed their own conviction and valuing of safety and wellbeing for both clients and caseworkers that made their job tolerable. Supervisors mentioned how they were good at their job and had skills that made the job of their caseworkers easier.

P: But through all those years I could have gone and done something else, but I didn't and that's why because I believe in what we do and I believe in helping the people in our community. I would get those calls from "Two years ago, you were out at my house and you helped me with this and you said if I ever needed anything;" they kept my card and they called for whatever it was they needed.

P: We care. I mean that's what it comes down to. We care about what we do.

P: I think we have a lot of people that are really passionate about what they do. They really want to help families and really make sure that what they're doing is to the best of what they can do to help the families, so I think that's good.

Peers. Supervisors reported relying on their peer supervisors for job knowledge, job tasks, and moral support. One supervisor described how supervisors collaborate:

We collaborate really well. When there is an emergency or a high stress situation, you can ask anybody for help and everybody's always willing to help and understands that, you know, I may not be in that stressful position today, but it

could be me tomorrow. So you identify with that and you are willing to help in any way that you can to make that person's stressful day better or easier.

Leadership. Leadership was discussed as a resource when they listened, appreciated the workforce (both supervisors and caseworkers) and supported/defended supervisors and caseworkers' decisions and actions.

I hear a lot about the strength of the community and about the people that work here, not just from direct staff but from what they would name as upper management and the fact that people know each other's names and there's open-door policies and people can stop anytime to talk to the director or if you don't, he's probably going to stop and talk to you for 20 minutes.

Supervisors frequently mentioned the leadership's positive treatment and acknowledgement of caseworkers as being a positive thing. Leadership that acknowledged supervisors and "had their back" in court or administrative settings were reported as important to supervisors. One of the main things mentioned was leadership that "showed up" and acknowledged the workforce by being present and available.

I feel like he actually cares, he visited our office and followed in our shoes to actually see what it's like, I think that gave him that perspective of, "Okay, we need to make changes in a big way." I think that's a strength when our top leader can admit that we have faults that we need to work on and wants to include us in trying to strengthen it.

Caseworkers. Supervisors talked about the fulfillment of working with, developing and making caseworkers jobs better. There were numerous discussions about the rewards of supporting caseworkers and hearing this acknowledgement from the caseworkers. One example was, “When in spite of how much our garbage is going on, they still have high morale. They come in and say, “At least I know when I talk to you, you care.” So I think that’s what makes it worthwhile for me.” Another example was discussed in a focus group:

P: And I think now I transfer that to my FCMs, and the fact that they’re doing better gives me pride and happiness, where that was what I got before from the families that I worked with.

P: Exactly, yeah.

P: And when they’re like, “I’m so happy that you’re hear and thankful that you’re our supervisor,” whatever. That is why I stay.

Supervisors discussed how developing and training their workers gave them pride and made the supervisors job more worthwhile.

P: I think when like workers come in and process something with me where they think they need my help, but all they really have to do is talk about it and they come to the answer on their own and it’s like, “I didn’t even have to say anything. You got it. You figured it out.” Just seeing the small things we do to build our

workers and train our workers and do things like that, you can see them catching on and it feels like the bulb is coming on and things like that.

P: Stepping out with confidence.

P: Seeing that we do make a difference in people's lives most of the time.

Collaboration. Collaboration was discussed with regard to community partners and stakeholder collaboration with the child welfare agencies. Supervisors value partners as a resource when collaboration occurred consistently and in a supportive fashion.

Flexibility. The flexibility of the job was regularly mentioned as a benefit to managing work life balance. Supervisors reported being able to pick up their children or attend doctor's appointments as needed. However, they also discussed how flexibility made their weekends and weeknights available for work demands.

Supervisor: Attributions of Occupational Stress

This section answers the research sub-question 1b: What are the (supervisors') perceived attributions of occupational stress? As with caseworkers, attribution was defined as how, when, where and/or why demands were perceived and/or described as being stressful and as what caused the demands to be perceived and/or described as being stressful. As supervisors described the experiences of their job, its demands and resources, they attributed stress to many of their own experiences and those of their caseworkers. Supervisors perceived hard work and demands as part of their job and not exclusive to liking their job, ". . . I feel like this job is really hard but I love it." Supervisors attributed stress to demands that were (a) stressful for their caseworkers, (b)

demands that felt impossible to meet, (c) demands that were out of their control, (d) demands for which they were accountable/responsible, (e) demands that created a struggle for balance and prioritization, (f) demands that created mixed messages, and (g) demands that created fear of negative outcomes. Table 15 describes supervisors' perceived attributions of stress.

Table 15

Supervisor perceived attributions of stress

| <i>Attributions</i> | <i>Description</i> |
|---------------------|--|
| Caseworker stress | Supervisors feel the stress of their workforce and trying to prevent or mitigate this stress often creates more work and/or stress for the supervisor. When the caseworkers were stressed, the supervisors reported being stressed regardless of the situation. |
| Impossible | When supervisors work as hard and effectively as they are able and still cannot meet their job expectations. The stress is attributed to the feeling that the expectations cannot be met no matter how hard the supervisor tries. |
| No Control | Supervisors recognize issues and/or negative influences on themselves, their workforce, and/or clients and do not have the power, control, and/or authority to make the needed changes. This included situations where they knowingly acted in a way that would increase the stress of their caseworkers but felt they had no choice. The stress is attributed to having no influence or control in changing the current circumstance, preventing such circumstances in the future, and/or using their ideas/expertise to make a difference. |
| Responsibility | Supervisors describe being held accountable for the majority of decisions, expectations, policies, and workforce behavior. That both upper management and their caseworkers pass on this responsibility and that supervisors are the ones that are held ultimately accountable. The stress was attributed to this perceived sense of ultimate responsibility “for everything.” |
| Imbalance | Imbalance refers to demands that forced the supervisor to prioritize timelines, outcomes, and stakeholders over best practice, quality supervision, and caseworker/supervisor wellbeing. The stress was attributed to the balancing of these demands and the lack of direction or clarity associated with which demand to prioritize. |
| Mixed Messages | Supervisors discussed many situations where they had to require a task of their caseworkers or themselves that did not match the practice model or the wellbeing of the workforce. Supervisors would say one thing but require something |

different. The stress was attributed to situations where supervisors gave mixed messages to caseworkers.

| | |
|---------------------|--|
| Negative Outcomes | Stress was attributed to any decision or action that had a potential for negative outcomes for supervisors, caseworkers, clients, community partners, the organization, and/or the entire system. |
| Family work balance | Supervisors discussed weekly occurrences where they felt they were choosing work over their families or personal wellbeing. Stress was attributed to the lack of balance and/or absence from family. |

Caseworker stress. Supervisors reported that if a demand was stressful for the caseworker, it then became a stress for the supervisor. Timely court reports, permanency hearings, emergency placements are caseworker job expectations. These expectations caused stress for the supervisors when the workers were stressed due to the inability to meet expectations. The stress was discussed as a demand on supervisors in that supervisors had to help the caseworkers meet these expectations through assisting with paperwork, having to hold the caseworker accountable, or physically attending court or visits with their workers. Supervisors reported having limited time to accomplish their own job expectations so when more tasks were added, their time for their own job and/or quality supervision lessened.

In addition to the stress of these added demands, there was also a stress for supervisors in their worry that this stress is contributing to burnout and/or job satisfaction of the workforce. The ability to retain workers and promote job satisfaction appeared to be a constant source of stress for supervisors and present in all functions of their job.

“Well, and the responsibility is solely on supervisors to retain their employees, and if

people leave, it's your fault because you weren't supportive enough or nice enough or you didn't do their job for them or whatever."

Impossible. Impossible describes demands that supervisors reported were impossible to meet due to their workload and/or resources. One supervisor discussed a typical week, an illustration that was repeated by other supervisors, with regard to everything that she was expected to accomplish:

Right now, it's difficult. I mean, we're expected to be at so many meetings per week, they're expected to be at so many meetings per week. We're expected see them in court so many times, we're expected to see so many CFTMs, we're expected to have an hour of supervision with them per week, plus a half-hour safety staffing every day, plus if they're absent, now we have to go cover their court hearings. If they don't show up for court even though they're here, we get called and then we have to run down to court and drop everything that we're doing and run down to court. I mean, it's very difficult to even find a balance to supervise them, to have time to actually supervise them. I pretty much take my stuff home and read my court reports and stuff at home, and any more, I'm making the edits for them because they don't have time to make the edits themselves.

Another example shared by a couple of supervisors discussed the impossibility of having working knowledge of all of their caseworkers' cases and yet they were frequently asked about this in supervision with their managers, at meetings, and case

staffings. And if unable to show a working knowledge, they were reprimanded and given the message that if something were to happen to a child due to the supervisors lack of oversight or knowledge of the case that the supervisor would be held responsible.

Supervisors discussed their frustration with trying to find solutions for the “impossible” demands that are required of them. The solutions management would offer seemed to create more work and responsibility for supervisors.

But, it always comes back to the solution is another meeting, clinical supervision on top of the fact that I do daily safety staffings with you literally every day and that rolls over into a clinical supervision anyway, because now I have to manage your stress level so you don't check out on me so that you don't bawl in my office because we're trying to come up with a plan of how to manage your dashboard which is completely in red. So, it just becomes a daily triage every day. I literally look at my workers' dashboard almost every minute of every day, and I'm talking to her every hour on the hour. Okay, we got these done. Okay, so let's figure out how to triage these two and then slide these two in so this is not overdue tomorrow, because now the overdue list is live.

No control. Supervisors reported being held accountable for performance of caseworkers and safety/permanency outcomes but having little to no control over the decisions. This was brought up with regard to many different demands, for example managing their teams and performance evaluations. Supervisors were told that they are

responsible for the turnover of caseworkers and yet when supervisors wanted to manage their teams differently to help influence turnover they were not given the control or freedom to do this. “Well, we had a meeting and they told us that the main reason that all FCMs leave is because of us. So...” Supervisors discussed ideas about assigning cases in a new way, having contract workers take the overflow, giving workers vacation and other wellness benefits, and structuring team meetings differently to help workers and increase worker satisfaction however these suggestions did not “fit” or follow policy requirements.

Responsibility. Supervisors attributed stress to demands that they were held accountable for and ultimately responsible. Supervisors discussed being the ones who hold responsibility for most demands. Managers are never blamed for when demands are not met, however supervisors and caseworkers are. One supervisor discussed the responsibility as, “it’s the worker and the supervisor that get blamed and fired first and sometimes the only ones that get fired.”

Supervisors expressed responsibility for their workforce’s preparation and ongoing ability to do their job. One supervisor stated:

From a supervisor perspective, figuring out the right questions to ask your new worker, so you’re getting the correct information, so that you can help them come up with a plan when they really don’t know how to plan because they’re too new. So I think there’s always that stress of: Do I know everything about this in order to lead my workers the right way, so that we can truly assure child safety and move this case forward? If that makes sense.

Imbalance. Demands that created imbalance or made supervisors have to prioritize one important demand over another were perceived as stressful. “I would say the most challenging aspect for me is figuring out how to balance everything constantly, when priorities keep changing, and new information is coming in, and still being there for your staff.”

P: The added responsibilities lately that they had asked us to do, if we actually did all of those, there wouldn't be time for the important supervision that we're doing.

P: And I think sometimes that happens anyways. You get bogged down with the statistics that we have to turn in and the paperwork aspect of it and you lose some of the casework aspect of it.

P: It's numbers and not social work.

Mixed messages. These are situations that require supervisors to deliver mixed messages around expectations of their caseworkers and/or themselves. Supervisors reported feeling guilty when having to deliver mixed messages or expectations. For example:

We almost act like, “Well, what's wrong with you if you can't do this in a 40-hour week?” Like, you're working all this extra overtime and we're asking them, “Well, why aren't you getting it done during the day?” We know why they're not getting it done during the day. We're not getting it done during the day.

And I'm not perfect either, I screw up, so I feel kind of guilty sometimes if I'm like, "Hey, you need to do this," even though I've never told you to do this before, and now I have to tell you.

"I got to work this weekend to get these three closed out", and it's hard as a supervisor to say, "Well, let's kind of manage your time here." You know, but at the same time, I'm telling them to manage their time and I'm working on the weekend to keep caught up.

Outcomes. Supervisors were consistently fearful of negative outcomes of their own practice or that of their caseworkers. Because they perceived that they were ultimately responsible, the fear and/or reality of negative outcomes appeared to create stress.

You hope that children on your caseload don't die. I mean, to put it bluntly, I'm terrified every day that I missed something or I didn't catch a sentence, or I didn't do the other right check, or I didn't have access to something I should have had access to, and something bad is going to happen to one of the kids on my caseload.

Family work balance. Supervisors attributed stress to situations that required them to miss time with their families and/or to not be present with their families when they are at home. They frequently mentioned having to do paperwork on the weekends and having to balance this with small children.

But when you're given so much to actually accomplish, you just—it gets overwhelming, especially when you have family at home that you need to get to. So you know you don't want to spend your whole day working and go home and work more when you want to be spending it with your kids.

Supervisor: Experiences and Perceptions of Occupational Stress

Experience. This section addressed the results of supervisor for the main research question: How do caseworkers, **supervisors**, and managers in the child welfare workforce **experience**, perceive, and cope with occupational stress? Experience of stress was operationalized as the feelings, mood, physical sensations, frequency, and/or environment in which supervisors felt stress. Supervisors experienced stress as (a) their own, their managers, and their caseworkers stress; (b) a pressure to fix the stress or situation causing the stress; (c) as their fault and responsibility; (d) as a constant; and (e) as feeling alone. Table 16 gives examples of supervisor experiences of occupational stress.

Table 16

Supervisor experiences of stress

| Their own Their managers Their caseworkers | Pressure to fix | Fault and responsibility | Constant | Alone |
|---|--|---|--|---|
| Own: Learning how to be a supervisor or having a working knowledge of | Check their email, texts, or complete paperwork on the weekends or afterhours to | Due to the middle management role, supervisors felt like most stressful | Whether their own, their caseworkers, or their managers, supervisors | Attention on stress, burnout, and/or turnover is focused on |

| | | | | |
|--|---|---|--|--|
| all cases in their team. | relieve pressure and stress. | situations were their fault and/or responsibility. Even if it was someone else's stress, they felt responsible to solve. | seemed to have a constant level of stress. | caseworkers leaving supervisors feeling unnoticed and uncared for. |
| Managers: Managers are pressured to decrease late court reports on their unit resulting in supervisory action and stress. | Complete caseworker paperwork so paperwork in turned in on time reducing stress and pressure from management. | Supervisors felt responsible for how their own stress or the structure of the agency contributed to the stress of their caseworkers and/or impacted service to children and families. | Supervisors appeared resigned about the amount of stress and seemed to concentrate on fixing and/or avoiding it verses being upset about the stress. | Supervisors feel responsible and so feel alone in making final decisions and being held accountable. |
| Caseworkers: Late night phone calls to supervisor from a high conflict child removal. | Not holding caseworkers accountable and/or postponing discipline to prevent/reduce stress of caseworker and supervisor. | A feeling of "well no one else is going to do it, so I might as well" contributed to feelings of responsibility around stress and also contributed to the feeling of loneliness. | Supervisors reported feeling that they were "always on" and never had a break from work. | Supervisors transition from caseworker to supervisor and having a new and/or limited support group with peers. |

Fault and responsibility. The most frequently observed experience of stress was that of fault and/or responsibility. Supervisors expressed feelings of responsibility due to policy, organizational structure, culture of blame, managers holding them accountable, and caseworkers looking to their supervisor for guidance. Following is an example of

organizational structure and culture that contributes to why supervisors' experience of stress as their fault or responsibility:

I: So, above you, the leaders that are above you, what are the messages that they give about the organization and what's important?

P: Do it, or else.

P: Get it done.

P: Get it done.

P: And we meet every week to remind us of what we're not getting one and tell us what we need to get done for this week.

P: And also, to capture retention, because we cannot have workers leaving right now. Do you understand? They have to stay. But, at the same time, make sure they see all these 45 kids that they have on their caseload.

P: And since you're not familiar, normally our caseloads are supposed to be, as a permanency worker, over 17. I've been here seven and a half years. As an ongoing permanency FCM, my personal caseload has never been under 30 from day one being on my own. However, that got normal, so it was like, oh, okay. Then, I would see other people on my team that sat across from me that would have like 21, and I'm like, wait a minute, why did they have 21? So, the better you do your job—

P: Oh, yeah.

P: — the more crap you get thrown on you. But now, we have people that are literally brand new out of cohort—I have a guy on my team right now that has been out of cohort for three months and he has 42 kids. And of course, I'm like, we need to have a one on one because we got to talk about this. And he looks at me and he says, "How do you really expect me to do this?" And I just smile and I come up with some answer, but I think in my head, "I have no idea in hell how you're supposed to do this." So, I've been doing his case plans. I've been doing his court reports, because I don't want to get in trouble because they're not done, but it's ridiculous because I'm working all the time.

P: I feel like I've been here 16 years. He's been here longer than me. I feel the shift is, if they don't get it done—

P: You do it.

P: —you do it, or you get blamed. For some reason, it's your fault as the supervisor that this didn't get done.

P: Oh, you're accountable for absolutely everything.

P: Or, if they didn't follow a process or procedure, it must be because you didn't explain it to them.

P: Yes.

Perception. This section address part of the main research question: How do caseworkers, **supervisors**, and managers in the child welfare workforce experience, **perceive**, and cope with occupational stress? Perception of stress was operationalized as the supervisors’ view, opinion, outlook and/or meaning given to stress. Supervisors perceived stress as (a) negative, (b) externally and internally imposed, (c) a burden or an issue that needed to be addressed and fixed, and (d) an antecedent to and/or consequence of turnover. Table 17 provides an explanation of how supervisors perceived occupational stress.

Table 17

Supervisor perceptions of stress

| Perceptions of stress | Explanation |
|---------------------------------|---|
| Negative | Supervisors perceived stress as negative and harmful to their workers, themselves, and the children and families they served. |
| Externally & Internally Imposed | Supervisors felt that they imposed stress on their workers and that stress was imposed externally upon them from leadership, policy, and community pressure. |
| A Burden | Though stress was viewed as negative, it was also viewed as a burden and something to be fixed. It created barriers for caseworkers to get their job done and for supervisors having to “deal with the stress”. |
| Related to turnover | Stress was seen as directly related to turnover as both a cause and a result. |

Stress was perceived as negative by supervisors. Supervisors expressed that when their caseworkers or they themselves were stressed that practice and supervision were

more difficult. Stress was not reported as motivating or helpful but rather a barrier to job satisfaction, efficacy, family work balance, and overall wellness.

Supervisors perceived stress being externally imposed through demands such as redundant paperwork requirements, poorly created and implemented policy, the large and chronic amount of work, and ineffective leadership. Supervisors also perceived stress as being internally imposed by their own supervisory practice, lack of skill, lack of preparation, and feelings of inadequacy that impacted themselves and the stress of their caseworkers.

Supervisors viewed stress was an issue that needed to be fixed to prevent turnover and/or to deal with the increased caseloads as a result of turnover. Comments such as, “workers are leaving for less pay... for less stress” and “when we have workers that leave, the workers that are left here take on so much more. So that then raises their stress level” speak to the reality of stress influencing turnover and as a result of turnover as perceived by supervisors. This example from a focus group highlights the connection of how stress and intent to leave are perceived by supervisors.

P: Stress.

P: Stress.

P: Crisis.

P: Drowning.

P: Trying to find another job.

P: Yeah. [Laughs]

P: I mean, the [caseworkers] have always done that. Looking for other jobs, that's pretty classic, but you're now hearing supervisors looking for other jobs. That's different.

Other perceptions of stress included that stress was a burden and was as an issue that needs to be fixed. Though supervisors reported being sympathetic to caseworker stress, they also would report frustration around expressions of stress or the resulting need to support their workers more than they already did. This was especially true when supervisors perceived that that caseworkers didn't "fit" in their job or have the requisite skills and characteristics to meet expectations. Supervisors reported having to spend extra time and effort to lessen the stress of these caseworkers who they felt were prone to stress.

When supervisors discussed stress of their caseworkers, they often discussed how supervisors needed to "solve" the presenting stress in order to get back to work, finish court reports, and/or finish a difficult placement. Stress often presented as one more thing that supervisors were responsible for and the quicker they could relieve just enough stress to function, the quicker they and the caseworker could proceed with their required job expectations.

Supervisor: Impacts of and Coping with Occupational Stress

Impacts of stress. This section reports results from sub-question 1c: What are the impacts of occupational stress? Stress was reported by supervisors and observed as impacting supervisors in many ways including them (a) personally (physical, mental,

professional), (b) their families, (c) their caseworkers, and (d) the children and families they serve.

Self. Supervisors discussed many effects of stress to their physical, mental, and professional self: “I can’t breathe, I’m constantly worried, what if I missed a message, didn’t get an email and a child gets hurt?”

Physical. Supervisors made comments such as, “I don’t feel well”, “I don’t want to get up to work”, or “I feel like I am going to be sick”. These comments and many more like them speak to how their job stress affects them physically.

Mental. As part of the impact on self, supervisors discussed how stress influences their mental health with regard to daily functioning, overall health, and their changed world views. One supervisor gave an example, that was agreed with by two other supervisors, about how they would think about ending their life on the way to work as a relief.

P: I kind of joke about this, but it’s true, when driving into work and that tree looks happier than sitting in my office—speeding up and hitting a tree is better than being in the office . . .

P: I’ve seen that tree.

P: Yeah.

An additional example that was shared by a supervisor was when being threatened with jail time by the courts, in regard to being out of compliance, her initial response was

relief, thinking of being forced to give away her cell phone and not being accountable for anything for one night was actually a desired thing. Other supervisors in the focus group laughed and agreed with this comment. Supervisors also mentioned FMLA and the need to leave work due to stress related issues.

Another mental impact was how their job has changed their worldview and/or orientation to their work.

Sometimes you kind of have to train yourself when you took this job. It's like, it's one good thing, and one good day has to last you a month of shitty ones. And you kind of have to change your mind. I know I had to change how I sort of measured if I was successful in this job or not. It's not if I'm happy every day, it's not if kids go home even, but it's like you have to change your way of thinking.

Many supervisors discussed their “CYA” (cover your ass) attitude and how this has evolved over time due to job pressure and stress. “All we are doing is covering our butts . . . that is our practice model.” One supervisor talked about herself adapting to the job by changing her definition of success to a “check off the boxes” instead of a changing the world model. “Some people cope with the stress by, like, I wouldn't say complaining, but just being burned out and just being like, “Okay, nothing's ever going to work.” You know, “Nothing's ever going to get better.”

Professional self. Supervisors mentioned frequently how their ideal way of being a supervisor is not realistic given their job demands. They frequently discussed how the job did not allow them to coach, nurture, support, and train their workers because they

were busy with holding their caseworkers accountable and producing reports for their managers. They share about situations where the way they were supervising their staff was similar to how they were being supervised which was administratively checking off the boxes.

Family. Supervisors reported frequent issues with family work balance: “My family wants me to quit, you shouldn’t have this job with a family.” Supervisors felt guilty staying late and not seeing their family but felt that their job required them to stay late or that they are so fearful of making a mistake that may result in a child on their team’s caseload get hurt that they feel that they end up “neglecting” their own family to keep their client families safe.

Caseworkers. Supervisors expressed concern with regard to how their stress impacted caseworkers. Many examples were given about how supervisors pass on their stress to their caseworkers. One supervisor shared a story of how management has them sign and date a form whenever they are briefed on a new policy or procedure, holding the supervisors accountable. “They had us sign something at roll call, knowing it was impossible, but they had us sign it anyway. . . so now I make my workers sign everything I read or give to them.” Another supervisor discussed how it is hard not to let your stress impact new workers, “But it's hard, that process, when you're feeling disrespected and that you try to stay positive and not be like that with your new workers.”

Clients/Families. Supervisors talked about the impact of stress on their workers and subsequently the families they serve. This potential impact created fear for

supervisors because of the harm that may hurt families, but also in the fear of being blamed for incidents that endanger or harm clients.

I think it's challenging more from a practice level, for me, in that because of caseloads we haven't had time to teach to the level that we want to teach. And I think cases are suffering: families, or I think our permanency is delayed, or it's affecting the work that we're doing. And then so we're seeing it at that level, where it's affecting the families . . .

Coping with stress. This section reports results from the main research question: How do caseworkers, **supervisors**, and managers in the child welfare workforce experience, perceive, and **cope** with occupational stress? “I think it [the job] is challenging and I think people cope different ways with it.” Similar to demands and resources, supervisors first discussed how their workers coped with stress and how they helped their workers cope. Following their discussion about the caseworkers, they would discuss their own ability and/or inability to cope and how it affected both themselves and their workers. Supervisor coping methods included (a) working overtime, (b) helping caseworkers, (c) peer support, (d) teaching and supporting staff, (e) avoidance, (f) changing outlook to resigned or negative, (g) self-care, (h) alcohol, (i) celebrating success, and (j) agency support. The most frequently mentioned coping methods supervisors reported was working overtime and helping caseworkers complete their job duties.

Working overtime. Supervisors reported many times that they would work overtime to meet the expectations of their job and to support their caseworkers. Some reported

comfort in checking emails and voicemails even when on vacation as this created less stress than worrying what awaits them when they return.

Helping caseworkers. When supervisors talked about being stressed that their workers were not meeting deadlines or had to take on new cases, they coped by helping their caseworkers meet expectations. Supervisors frequently completed paperwork, attended court, visited families, and turned in reports for their caseworkers. Knowing that the paperwork got in on time was a relief for supervisors. It was also comforting to know that their caseworkers felt supported.

P: It's easier to just do it.

P: I really feel like I'm doing a lot of their job for them just because it takes more work on my part to send it back and say fix this and fix this misspelling, when I'm already in there and I might as well just fix it. But, how are they learning, because I'm doing?

Peer support. Supervisors reported supporting one another in supervising caseworkers, sharing knowledge, and general moral support through venting and complaining. "I think some people cope by just bitching to their coworkers a lot." One group of supervisors discussed where their support came from:

I: So where do you get support?

P: Each other.

P: Each other.

P: Very much on a peer level. Absolutely.

I: How does that look?

P: It's mostly venting and saying, "Okay, I get it, but there's nothing we can do to change it and so good luck."

Avoidance. Supervisors talked about avoiding social gatherings outside of work, not returning or avoiding phone calls, ignoring and lying about emails, and/or not looking at their texts for fear of having to respond in crisis: "Some people cope with it by withdrawing and keeping to themselves."

Checking the boxes. When supervisors felt overwhelmed, they discussed "checking off the boxes" as a way to feel like they were meeting job expectations. This was a way for supervisors to feel that they at least met expectations or that they will have less blame or culpability if something goes wrong. When they talked about this way of coping, it was not something that they reported feeling proud of, but rather a necessity to be able to go home and not think about work.

Self-care. Supervisors shared that, by their definition of self-care, they did not practice self-care often or at all and felt like there was limited time to do so and limited success in their attempts: "We try. I think we all try to eat healthy, exercise. You know, we talked about the yoga. We all try those things." They also discussed the mixed messaging around leadership or themselves recommending self-care but not being able to structurally support it.

P: I think we preach a lot about self-care, but we don't have the ability to do self-care, because they're like, "Take care of yourself, leave on time," and that sort of thing, and that isn't feasible.

P: But also get all these reports done.

P: And we get no overtime for it.

P: Yeah, supervisors aren't eligible for paid overtime.

Personal Strengths. Supervisors reported having numerous strengths and abilities that helped them cope with their job demands and stress. They discussed a personality type that likes chaos and change. Skills of functioning well in crisis environments and managing many tasks by being organized and able to prioritize. They also described their commitment to children and families and making their communities safe.

Diversity in job tasks and challenge. Numerous supervisors mentioned that the diversity and challenge in their job helps keep them motivated and better able to deal with stress because “no two days are alike.” Supervisors would see potentially stressful situations as a challenge and this appeared to lessen the impact of stress, especially if they were able to meet the challenge.

Indispensable. Supervisors appeared to cope with stress by thinking that the caseworkers or clients would be negatively impacted if they did not continue doing their job despite the struggles.

If I'm not doing this, who would fill my position? Because there may not be anyone. I take a lot of ownership of when I had cases and the cases of my staff, and if I quit, I'd be letting all those families down, I'd be letting my staff down, and I think all of that in combination keeps me coming back every day, regardless

of how crappy my day was before, or what my schedule looks like the next day.

[laughs]

Substances. Supervisors reported drinking, smoking, and eating as ways that they unwind: “P: There’s a lot of alcohol. P: Happy pills. P: Happy pills. P: They’re prescribed.” Though in the reporting they would often joke or laugh with regard to reporting the use of substances, they mentioned it numerous times. They also would mention that this use of substances, whether prescription or not, was something that was new to them in their job, that it was a lifelong pattern.

Appreciative caseworkers and families. Three supervisors discussed how recognition from families helps “get you through” the tough times. One group agreed about how an appreciative family can help supervisors deal with their job:

P: It’s the one family that says, “Thank you. You left our family better, and you made our lives better.”

P: That can get you through.

P: That gets you through.

Another supervisor discussed pointing out successes to caseworkers:

I think it is the success stories that just keep you going. It doesn’t even have to be the whole success story. It can be a successful step of anything, and I think that’s, you know, something that I personally want, and I know we probably all do it, but you try to point those out for your workers. Like, yes, you’re frustrated about

these ten things, but look at the one thing you did, and if we had more time to be able to do things like that, they would feel that more and see that more and recognize it. But just any of those positives that you get, I mean that's what keeps you going.

In addition to families, supervisors stated that complements and appreciations from their staff and managers made a huge difference in their day to day functioning.

Feeling accomplishment. Supervisors were observed celebrating the success of their caseworkers and hence their own success in preparing and training the worker. One supervisor discussed her feelings from a successful meeting that helped her get through “even the worst of days.”

I just had a worker the other day who blew a permanency roundtable out of the water and just did a fantastic job, and I felt like my baby was taking her first steps. So that pride in seeing these workers do a really amazing job working with these families, and knowing that you were a part of that process, and that they also just have it in them to carry families far is enough, I think, to keep me sustained and going—even the worst days.

Support from agency. When asked how the agency supported the wellbeing or self-care of the workforce, supervisors overwhelmingly felt that there was a lack of support, especially for them as supervisors. “That way I can see how people would think that, oh, gee, they're thinking about my well-being. But as it is right now, I think it's basically on your own. You take your time, you look for support with your colleagues,

and that's the way it's been handled for as long as I've been here." Supervisors discussed how the agency tries to support caseworkers and is constantly worrying about caseworker retention, training, and turnover. Supervisors expressed that there is a lack of attention and support for them as supervisors and that they often feel ignored.

Supervisor: Summary of Results

Supervisors' experience of stress was influenced by their position in middle management and the large responsibility placed on them to deliver outcomes, keep kids safe, and take care of the employees. Supervisors experienced stress as more of an internal process and as something negative that needed to be fixed. Supervisors often perceived their experience of occupational stress as attributed to their lack of authority and limited self-efficacy to impact change. They often discussed how their own values and supervisory expertise was incongruent with what their daily tasks required of them. Supervisors reported commitment to their staff, the children and families, and themselves motivated them to continue working hard despite the demands.

Managers

The data from the manager interviews and focus groups are presented here in the same six components (demands, resources, stress attributions, stress experiences, stress perceptions, stress impacts, and coping methods) which answer the main and sub research questions for this dissertation study. As managers responded to the interview and focus group questions, it is interesting to note that they did not talk often about their own stress, but rather the occupational stress of the workforce, including caseworkers and

supervisors. This difference in reporting is seen in the results and themes, reflecting both managers' self-reports and manager reports of their perspective of caseworker and supervisor stress. Due to the intention and context of the original data collection managers may have perceived the purpose of their interview or focus group as identifying system issues and strengths and not their own opinions or perspectives. This understanding of the intent in the original study may influence how the data for this dissertation study was interpreted. The manager interview protocol had the same questions as the caseworker and supervisor protocols, however it was noted that follow up and probing questions were different for managers. In addition, the majority of managers were interviewed whereas all caseworkers and supervisors were part of a focus group potentially influencing the type of responses given. This context of the original data collection should be considered in the reading of this dissertation's results and findings.

Manager: Perceived demands and resources

Demands. This section reports results from sub-question 1a: What are the perceived **demands** and resources present in the experience of occupational stress? Using the Job Demand Resource Theory as the frame, demands are defined as the required tasks and/or responsibilities within one's job expectations. Managers discussed demands in terms of the demands on the workforce and how they are working to address these demands at an organizational level. They also addressed parts of their job or needs of the system as demands. The components of those demands are presented in Table 18 and discussed in more detail in the next sections.

Table 18

Manager perceived work demands

| Demands | |
|---------------------------------|---|
| Workforce | Turnover, recruitment, retention, workload, accountability, competency, dissatisfaction with leadership. |
| Outcome driven practice | Data management, data management systems, teaching workforce, holding workforce accountable, supervising/managing with data, measuring outcomes. |
| Positive organizational climate | Maintaining a positive organizational climate despite high turnover and difficulty/intensity of work. |
| Policy | Influencing, understanding, and implementing policy and policy changes. |
| Implementing change | Managers discussed the demands of implementing change effectively with regard to accomplishing desired outcomes, buy-in from workforce, and limiting unintended consequences. |
| Crisis management/mode | The difficulties of applying best practice and developing professionally in an environment with limited time and chronic crisis. |
| Communication | Feedback loops, clear communication regarding change, asking for communication. |

Workforce. Managers discussed many demands of the workforce and workforce demands that were a demand for managers in that they had to manage and oversee these situations and/or problems. The demands related to the workforce included (a) turnover,

(b) recruitment, (c) retention, (d) workload, (e) workforce accountability, (f) workforce competency, and (g) workforce dissatisfaction with leadership.

Turnover. Managers consistently brought up their concern for turnover in the workforce as echoed in the following quote, “I think one of the biggest challenges is the turnover.” It seemed to be an ever present demand that managers considered when making practice, policy, and structural decisions. It also seemed to represent success if turnover decreased. When managers discussed turnover, their responses were often hopeless and circular. This was illustrated when they would discuss solutions and challenges to turnover such as caseload. High caseloads were blamed on turnover, but turnover caused high caseloads, so finding a way to decrease caseloads, given limited control over the number of abuse and neglect referrals and court decisions was often identified as a demand. Everything, including occupational stress, seemed to come back to “turnover”.

So I came in with a lot of good ideas that we could hopefully implement and the turnover is so much that you just can't get your feet on the ground. And they're doing a lot of things to try to help with it, but I honestly don't think we're very close to fixing it. And that's hard because you know that the people out there want to do a better job.

And sometimes that's why they leave because they feel like with the caseloads they have, they can't do the job they want to do. And they're worried that they're doing more harm than good. And honestly, sometimes I worry the same, you know

that we go ahead and we intrude in families' lives and if we don't take the time to do something good with it, we're just intruding in their lives.

Recruitment. Managers discussed many different efforts to increase quality staff and staff who are a “match” with child welfare including university partnerships, interview processes, applicant scanning, pay, and job hiring schedules. Managers were frustrated with the type of applicant that was applying including those with nonsocial work or helping profession degrees and applicants with limited experience. They felt attracting qualified applicants was difficult due to pay and education requirements.

P: We're not even getting good applicants. We should bring you in some of our applications.

P: They're terrible.

P: We cannot find qualified workers to come do the job. Nobody with any relevant experience. We're not doing a good screening process. We don't recruit at all. We don't do... I mean, there's just no motivation. Right now, it doesn't feel like the agency— that anything is being done, anything to improve the agency.

P: And we're not Google. Because we're hiring all those kids out the college, and we're not fun.

[LAUGHTER]

P: There's nothing fun.

Another manager discussed the difficulty of attracting people because of the low pay and high requirements. “I think it's challenging because a lot of people get frustrated with the amount of education we would like for people to have and the pay that they receive for that.”

A recruitment method that was discussed frequently was being very honest during the interview process in order to see if those people applying for a job in child welfare are really a match for the what the position requires. Managers expressed pride in the implementation of these “real life” interviews and perceived they were making a difference. However, the ongoing challenge of recruitment and frustration when what they implemented didn't appear to work appeared as a demand and a frustration.

So we locally said we've got to do something because we tell them in the interview, “You are going to work 60 hours every single week. You are gonna miss your obligations. Your plans are”—I mean we were almost to the point like you'd think we were talking them out of a job because we kept hearing, “You didn't tell me this, you didn't tell me this,” and we knew we had.

Retention. Managers discussed many things related to retention including initial new worker training, ongoing training, match of job to personality, match of job to professional goals, proper compensation and reward, and professional development opportunities. Managers discussed retention as a demand in that their discussed efforts did not appear to be making the level of impact needed in order to maintain recommended caseload levels and implement best practice programs. In addition, managers reported frustration in not being able to find qualified candidates. One manager

discussed their perception of the frustration of the workforce in dealing with the effects of turnover, potentially impacting retention.

It's tiring to lose people, so I know that they often experience frustrations, with losing staff and managing caseloads . . . and the never ending process of when you lose staff and then it increases caseloads for other people, and that is a challenge to keep people happy when they are overworked. But we always have to expect the work gets done because it's important work, no matter whether it's 5 kids or 30.

Another manager discussed retention in regard to motivating staff when their job expectations do not directly match their motivation of helping people.

We lose staff because they come into this wanting to do social work with families. They want to work with them, they want to help them. And they leave because they can't do that. And so I think that's another big piece of our turnover. If they could really put us in a direction where staff are getting to have some piece of the intervention and have time to do that, that would help as well.

Workload. Managers frequently talked about the workload and how this impacted stress levels for both supervisors and caseworkers. “. . . I would say very overwhelming. There's just more work than can be done. And hard, it's just hard and sometimes discouraging.” They discussed the supports or lack of supports in place to help facilitate meeting the high job expectations and constant high demand workload. This manager discussed how policy and procedures are a barrier and create more work for caseworkers:

One barrier would be our own policy. . . so we still have a lot of redundant work we're requiring of people. We are still much too heavy on paperwork that doesn't connect and lead to results for kids and families . . . And then the policy manual, there's contradictions, there's duplications.

Accountability. Managers discussed how supervisors struggled to hold their caseworkers accountable as the following quote suggests, “The workers are very busy and I get that and the supervisors really want to support them but I think, like I said, that accountability piece is the challenge.” This was a common theme with regard to managers’ perspective of supervisors’ competency and ability to meet expectations.

But if there's a performance issue with the worker, they hesitate to hold them accountable. I feel like sometimes we're way down the road with a work issue that could have been addressed before in writing. I feel like they do a good job verbally saying, “Okay, you gotta do this, you gotta do this.” But when push comes to shove, they really need to follow up with, okay, we're at this point now, we gotta hold you accountable and here's where.

Managers discussed having to hold supervisors accountable to implementing changes and disciplining their staff. They discussed that their directors and other executive leadership would ask for results and the managers would have to deliver which meant holding the supervisors and caseworkers accountable, even if it meant disciplining staff for not complying. One manager shared an example of a situation with a director

that wanted to see measureable changes and the resulting actions they felt needed to be taken.

The director said, "I don't see any improvement." And I realize that it's kind of like an all or nothing. She states she wants 100 percent, 100 percent compliance in terms of face-to-face contacts, 100 percent and, yeah, so if you make improvements on stuff and it's not across the board... [it is not good enough] . . . and if you don't have a hundred percent you need to discipline people out and so I see that as kind of we're about to implement a new tool . . . and I actually see it as it's sort of like monitoring across a bunch of compliance and data, but this time there's discipline attached. That's the way I've been presenting it. That's the way I see it and so we're kind of gearing up for that.

Workforce competency. Managers discussed the lack of education, preparedness, training, and ongoing competency of both supervisors and caseworkers in regard to general demands and in regard to coping with occupational stress. Managers expressed that supervisors need to increase their skills in using data to help hold staff accountable and motivate increased performance. They discussed how supervisors are often the key to implementing change and therefore need to be more effective at communicating and facilitating change. One manager explained how supervisors struggle to balance out their different roles of support, teaching, and accountability. This was a frequent theme across interviews.

That's something I would really like to see. [Supervisors] taking a step back and saying, okay, a lot of stuff is going on but I need to step back and I need to give

my worker opportunities to grow and to figure out some things on their own—with their assistance, of course. But learn how to look in the Child Welfare Manual or learn how to do those things. Don't just do for them.

With regard to caseworkers, managers expressed the need for caseworker to be more self-confident, better able to deal with conflict, better able to handle stress, to engage clients, and to effectively manage their time.

I'd like to see our staff grow professionally. And I'd like to see, through all of that—of course we want better outcomes for families. That's what it all boils down to. We want kids to be safe and families to be safe and function well to be as productive as they can be. So I'm thinking of those things. And I'd like to our folks feel really empowered themselves as workers and supervisors, but I'd like to see and have them teach that empowerment to those they work with, as well, the families they work with as well. And I'd like to see some better engagement, especially for new workers

Workforce dissatisfaction with leadership. Managers frequently discussed the frustration with caseworkers and supervisors expressing the lack of communication or involvement by leadership. Managers gave examples and told stories of how they are intentionally trying to build relationships and listen to the workforce. The frustration results from the workforce, despite the efforts of management, continually feeling that leadership does not listen, that the workforce is underappreciated, and unacknowledged. This was blamed by multiple managers on “certain negative individuals” that influence

team and agency culture by speaking negatively about leadership and new attempts at engaging the workforce.

Outcome driven practice. Managers perceive outcome driven practice as helpful and a strength of practice. They also see how it can be difficult to implement, use, and can make the workforce perceive leadership priorities to be more about numbers than quality service. One manager stated, “Administration is really into the numbers and less into practice – this makes it really hard.”

And then they [caseworkers and supervisors] are frustrated with us because they feel like all we care about is getting the paperwork and the documentation done so that the charts will come out well. So that’s a huge barrier. It’s a barrier to morale. It’s a barrier to service. It’s all of those things. So that’s sort of a system-wide barrier.

Managers specifically talked about supervisors and how they are not using the numbers or data to enhance supervision with their workers. Managers perceive them understanding the data but choosing not to use it with workers.

I also think that we have to look at why the numbers are what they are. And I think that’s been the struggle for the supervisors—which I totally understand because they’re advocating for the workers and they’re saying, well, they’ve tried four times to visit this mom this month and she’s not making herself available but yet this worker’s getting counted—they use the term “dinged”—dinged because of it. And so I get that. But then on the flipside . . . how can we better engage these

parents or what is she doing besides doing a drive-by or besides sending a letter? What are some other things we can do? So I think it's been good, but I understand their hesitancy and their pushback on it though, too.

Another issue with outcome driven practice is the technology to manage the process. Managers' report that the systems used to track, organize, and produce reports on the data often cause increased work and frustration for the workforce. "Our [data management] system is still too cumbersome. It doesn't do what it needs to do for us. We're always having to find workarounds and the data's never pulling right. I mean the system itself is really cumbersome to staff and supervisors."

Policy. Managers briefly mentioned policy with regard to the demand on caseworkers dealing with changes, finding the policy, and applying policy to practice. For example, one manager mentioned, "Like with the older youth program it's constant change with what the legislature decides that they want as a priority and then the way that legislation is written." There was not as much expression of policy as the demand, but rather the interaction with the workforce that created demand.

. . . it really bogs staff down. The policy can paralyze them. They stop thinking critically. They think they're going to find a literal answer to everything in a policy manual and they're not . . . So that's a huge barrier.

Organizational climate. Managers frequently discussed negative organizational climate as a stressor for the workforce. Managers identified that dealing with the

influence of individuals' negativity on climate, the perception that climate changes day to day and is out of their control, and the difficulty in changing morale and overall climate was a demand.

So it's very frustrating when you have people that come to meetings and say we have low morale, we have low morale, but then they won't come to anything that we try to do, so it's a little bit frustrating when we try to set something up like that, but we just continue to do that and the people that come, we have a good time and the people that don't, they just don't come.

One manager illustrated a common sentiment in the managers' interviews about how climate seemed to be out of their control and changing daily without reason.

Just depending on what crises come up, and how busy everyone is, because some days it can be kind of relaxed, but a lot of days I feel like people are hyper-alert and stressed.

Implementation/Change. Managers discussed the struggle with change readiness and implementation success. They felt it was difficult for staff to change, took a lot of effort and time, and felt pressure when yet another program was not perceived as successful by the workforce. When asked, "What do you think the most challenging part of this work is?" one manager answered,

I think it is to get people to change . . . the way they've done work for many years and so whether it's around permanency or whether it's improving outcomes, and

I see the changes happening. I think from our director's viewpoint it's not happening fast enough.

Another stated, "It just takes so much time. And so that's hard." One issue managers reported was how difficult it was to get caseworkers to see the purpose of change, especially if it increased their workload or didn't appear to impact services to families.

Honestly, I think most staff would say that a lot of the change that they've seen, I don't know that they feel that it's really improved their work with kids and families. I think they look at it differently perhaps, though, then we do. Some of the new forms and things that have been implemented, I don't know that they feel or see that it moved this child to reunification faster or it improved this family's situation. And if they don't see that happening, I don't know that they really believe. Sometimes I think they think change is just for change sake. We need to try something new or we have someone new, therefore, we do something new. And they feel like we just sort of rewrite the old.

Another perception of implementation was that supervisors are influential in successful implementation and that managers reported the demand of working with supervisors to really understand the reason and process for whatever change was being implemented. ". . . because we know that it takes the supervisors especially to implement any changes that are discussed. And so that's really important." Another supervisor reported:

Yes, oh absolutely, because for me the line staff and the supervisors are key with implementing different programs and things like that. We can sit at a table and we can say hey, we need to do A, B and C, but we have to make sure that the supervisors and the line staff understand what we're doing and why . . . and I also think what happens too is that sometimes with supervisors, if you don't have their buy-in then it's going to taint what the line staff needs to do.

Crisis Management/Mode. Managers reported that the workforce functions in crisis mode due to the nature of the job and resources. This crisis orientation to practice prevents them from being able to make long term decisions.

And maybe making sure that a kid is safe at that point in time, but we could be helping them make sure that kid is safe in the long run and we just don't have the resources or time to do it. So that part of it is stressful for everyone, I think. So tensions are always high here and stress is always high, people are always overwhelmed. And that's a tough environment to work in.

Many managers mentioned how the crisis environment impacts supervisors' ability to teach and fully develop their staff contributing to the efficacy.

I also think because we operate in crisis mode sometimes that supervisors do a little disservice to staff as far as not giving them some opportunities to grow professionally because they're trying to help them. They just want to take care of it and help them. And sometimes they see it as it's easier to that than to take the time to train the staff to do it on their own and really encourage empowerment.

Communication. Clear communication was one of the most specific demands that was reported by managers as related to their own practice and job expectations. Managers frequently discussed the difficulty in effectively soliciting communication from and communicating with the workforce. “I’ve been here 23 years and it’s always been an issue with communication that no matter who’s been in charge or how much effort is made to try to communicate, it just seems like it’s never quite enough for some of the line staff.” One manager discussed their frustration with soliciting feedback.

We try really hard to say to them all the time, “We want your ideas. We want your feedback. We want your complaints. You can say anything you want to say as long as you do it respectfully.” I’m still always amazed at how many I will learn later will say, “Oh, I would have never come and told you that.” And I’m like, “Why?” It’s always open. I’m always just begging for the feedback and the program managers do too. But I still get surprised and they’ll say, “Oh, I would have never thought to tell you that,” or “I would have never thought you would have helped with that.” So that’s hard when you’ve been at it for so long and you feel like you’re really accessible and then you learn you’re not to them.

Another communication issue was how to effectively communicate difficult processes and with large groups of staff.

And we probably think we’re being clear about that, but to frontline staff you have to literally say, “This has not been decided. This is an absolute draft. This may look nothing like this in six months.” If you say that to them and you really

get the message through, they will accept the change. But they cannot handle being led to believe it's a sure thing and then it's not a sure thing . . . you have to be careful when you've got thousands of people to get the message out to.

Resources. This section reports results for sub-question 1a: What are the perceived demands and **resources** present in the experience of occupational stress? Resources, as noted earlier, are defined as the support contributing to and/or assisting the workforce in meeting their identified demands. Resources can include both internal (e.g., personal resources, characteristics, skills) and external (e.g., peers, leadership, organizational structure and culture, societal) resources. Resources are also identified in the ability for the workforce to manage their demands. Resources mentioned by managers offered support to caseworkers, managers, and the system as a whole. Some resources were applicable to multiple areas. For example, the practice model was perceived to support caseworkers by giving direction and structure and at the same time a resource for managers giving them language to help motivate and guide practice for the workforce. Table 19 lists the resources based on managers' perceptions of which resources are used by which groups. As stated above, many of the resources were reported utilized by multiple groups.

Table 19

Manager perceived resources for managers, supervisors, and caseworkers

| Resources | |
|---------------------------|---|
| Resources for caseworkers | Feedback loops Open door policy Morale building Training/Professional development Stakeholder relationships Agency support |
| Resources for managers | Leadership Management team Practice model Professional development |
| Resources for system | Data & outcomes Workforce commitment Stakeholder relationships Big picture thinking |

Resources for caseworkers. When discussing demands and job expectations of caseworkers, managers frequently followed that discussion with a statement of the resources they have provided, resources that are offered by the system, and/or the lack of resources to help deal with the stated demand. The most common resources discussed included, (a) feedback opportunities, (b) managers having an “open door policy, (c) offering morale building activities, (d) providing training and opportunities for professional growth, and (e) positive stakeholder relationships.

Feedback. Feedback opportunities were reported by managers to include the solicitation for caseworker complaints and solutions; team, unit, and all staff meetings; specific task or committee meetings; and continuous quality improvement (CQI) meetings. Managers expressed accomplishment in their solicitation as feedback and felt it

was important. “I think we do a good job of getting everyone's input and getting their ideas.” One manager discussed creating a specific mailbox for anonymous feedback.

I have a mailbox up in the front that's in a locked room—it's open during the day but locked at night, and I just told them if they have something like that and they don't feel comfortable coming in and talking to me about it, just put an anonymous letter in my mailbox.

Another manager shared success in including the workforce in problem solving and implementation.

I think we do a pretty good job of whenever we identify a problem or an area that needs improvement, getting staff and supervisors input and feedback on defining the problem, and then doing some planning and implementation on where we need to go and how they feel like we can help them improve.

Continuous quality improvement (CQI) opportunities were discussed by this manager:

I would say we have a CQI process where they meet in groups and come up with different ideas on how to improve things in the agency, so they have a Level 1, which is just the workers, and then a Level 2, which is the leaders from the worker groups come to the supervisor level, and then anything that can't be resolved here locally gets sent to regional level and anything that can't be resolved there goes to state level. So they can bring up any concerns like that if it's something to do with their job and how we can improve policy or practice.

Open door policy. Managers reported having an “open door policy” and frequently talking with caseworkers about case, supervisory, and personal issues. One manager stated, “They’ll, just come in and they’ll just want to talk and we just, like I said, everybody here has an open-door policy.” They reported having frequent contact with workers.

When they are frustrated or they get upset . . . being supportive and being there and having an open door policy, that they know because I think that has a lot to do with turnover if they don’t feel supported. I think just coming and having them talk to their supervisor or talk to me and say, “what can we do to help you? What can we do? And so I think we try to do that.

Morale building. Morale building included many different activities, efforts, and recognition on the part of managers. Managers had different feelings around morale building and though they perceived the activities and efforts as a resource, they also acknowledged that some people do not participate or possibly do not see the efforts as helpful. “We do, like, cubicle row decorating and just trying to get people to participate and you have the same people that will come to things and then the people that are the more negative people, they don’t ever even attempt to come.”

We’ve done Be Nice Boot Camp. So we send a lot of thank-you emails and recognitions and supervisors put little awards on their desk and they have prizes. So they try and do the best they can with that kind of personal recognition. But I don’t know, I hope the staff feel that. They [supervisors] try really hard.

The following example was from a manager focus group. They discussed different reasons why they reported morale improvement including giving people kudos, leadership teams, feeling supported, limited change, structure, known expectations, stability in supervisory positions, limited chaos, quality supervision, and consistency.

P: I agree. I think morale is much better than it has been, even with increased workload.

M: Why do you think that is?

P: Well, the kudos, possibly have...

P: I think it's the leadership team. I think the supervisors and managers...

P: A really good leadership and feeling supported and...I hope. And yeah, I think we've put a lot of things in place to be able to help sustain systems and sustain things. And there hasn't been a whole lot of changes, practices or procedures or anything like that. So that kind of sustains the workers, no more so their expectations and what they're expected to do.

P: But I think we've maintained stability more so in supervisory line too, which I think is contributing.

P: I think part of it has been the higher expectations, a little bit more structure. People might say that they wouldn't like that. However, I think sometimes

leadership is scared to put in so much structure to scare people off. Really in doing that, I think it has given them a sense of security. There's not as much chaos . . . While we may experience emergencies in certain things that are chaos, I don't think our leadership team is chaotic. And I think the workers respond well to those cases, even though you're almost expecting, when you go in there, things to not go well.

P: But it's because of the supervisor . . . they know that it has to get done, and they're able to lead and tell their workers it's going to be okay, like we're going to make it through this.

P: I think one of the things we really improved on over the last three years too, is just consistency among a program line. We hold sup meetings together and office meetings together so there is more consistency, which I think helps quite a bit.

Managers discussed the need for and their participation in the recognition of their workforce. They also discussed where more support and acknowledgement could be expressed to the workforce, specifically from supervisors and above.

We send a lot of emails. Supervisors a lot of times will be the ones who do it. So if a staff person volunteers to cover something for somebody else, or somebody's doing a removal and staff person stays and helps watch the kids so they can do their paperwork, or they're constantly volunteering to help each other out, or we get recognition that somebody's done a really good job on a case, the supervisors will send out to the floor a "Way to go." So the staff get that that way a lot of

times. I think that sometimes where we fall down is from sups up. And so I try to tell them thank you or that they've done a good job, but I know I don't do it enough.

Training. Many managers discussed improved new worker training, on the job training, mentoring, and other ongoing training opportunities offered to caseworkers to improve their skills, confidence, and job satisfaction. “I think that there's a lot of effort in supporting a new workforce and that there's a lot to learn, but a lot of effort is put towards education and helping them.” They reported created new trainings as a result of caseworkers’ request, new programs, new policy, and new practice models.

With regard to professional development, managers discussed the opportunity to obtain an advanced social work degree at decreased cost and the opportunity for workers and supervisors to function as a mentor for new workers. Managers from one state discussed a new professional development opportunity as a great resource for caseworkers.

Previously the only way to advance salary-wise was to immediately become a supervisor and you get in your years so that you can become a supervisor. Now, with Workers 1, 2, and now 3, they could be on the same level as the supervisor but still doing the work that they love. I think that's an excellent program and when we can get Worker 4s in there, it'll be even better because we are going to give staff the opportunity, the staff who really love children's service work, to continue to do that work and to become absolute professionals in that field and not have to take on the responsibility for supervision.

Stakeholder relationship. Managers told different stories with regard to workforce and stakeholder relationships. Many of these stories discussed successful collaboration that managers perceived to benefit the worker by creating less work, more satisfaction, and increased trust and positive relationships.

P: I do think that that will improve as our relationship and we build our trust with court. And I think that that's something that we're slowly starting to do with court, is improve that relationship and improve that trust. I've had a couple kids that had been born, that court has allowed us to send them home with the mom, and that's... The workers feel proud of that. They feel like they did their job and that they were able to articulate themselves in a way that made court trust their opinion. I think that that's helped a lot.

P: Because it is hard on them when it doesn't go your way. They feel like they've put so much work and effort and advocacy into it, and that it is unfair for the family. So it is, so both ways. Very uplifting if it goes your way.

P: Very heartbreaking if it doesn't

Managers had stories of how stakeholder collaboration was a resource for the whole system. One example of this resource is below.

One strength for me is the relationship we have with our other agency community partners . . . We have pretty much a rule here; if someone asks, you do, you respond, you go, you help. And so four years of that kind of a response from us

has completely changed our relationship with those people. And so they now are often times people advocating for us, being our cheerleaders. They don't complain about us without talking to us, they call us first, we solve things. It's really just kind of a completely different situation than it was five or six years ago, which makes life easier for workers because they don't have to fight the fight on every case. If something's happening, we can go to that agency director, we can go to the sheriff, we can go to the chief of police, and we can say, "Listen, this is happening. Can we fix it all over instead of having to fix it every time?"

Supervisory support. Managers talked frequently about how supervisors are a resource for caseworkers. Many of the manager ideas or communication were reported to be delivered through supervisors. Managers mentioned team building and physical support (e.g., attending visits and court, assisting in reports) that was provided by supervisors as a resource for caseworkers. Below is an example of how managers support supervisors in being a resource. In the below example, 'I' represents the interviewer and 'R' represents the responder (i.e., manager).

I: Do you work with your supervisors on how to support their workers with the stress?

R: Uh-huh. We've sent people to different kind of trainings, like a lot of—if it's just—I don't want to say just—if it's the workload or they're stressed because of time management or organizational things like that, we will send them to different kinds of trainings to help or, like I said, have the supervisors come up with some kind of plan where they might need to be protected, where they don't get any

reports, something to try to get them less stressed at that point and then having team members help out, too. If we have a worker that's overwhelmed, we might have a team member go out and do some of their visits or do something—the supervisor go out and do some of their visits, things like that.

Agency Support. Though managers discussed how the agency provided resources such as moral building events (e.g., potlucks, cubicle decorating, employee of the month, and other such events), managers also described how agency support more generally was a resource. At the same time, they discussed the lack of agency support as observed in the lack of resources around vicarious trauma and general acknowledgement of a job well done.

In the example below, 'I' represents the interviewer and 'R' represents the responder, in this case a manager. These examples illustrate how the agency is perceived as a resource for workers through communicating with the workers, asking questions, providing EAP services, staff appreciation day, employee of the month, support, giving time off, and providing crisis intervention.

I: Do you do anything here to help alleviate secondary traumatic stress or help workers cope with the stress of their job?

R: I would say that we, once again, just try to communicate with one another, talk to the workers, make sure how they're doing, ask questions. We've had to give EAP numbers to workers before, to get some help. I try to be supportive. If they've been through some traumatic event, if they feel like they can't be here and they

need to go home, we let them go ahead and do that. We have a group that we've never used in this circuit that if there's a traumatic event that happens where there's a team of people from other circuits that have been trained that come in and help do some groups and talk to people and do, I don't want to say counseling, but kind of talking and trying to work through the traumatic event. We've never had that here, but I know that that's available to you because I went through that.

Another manager illustrates how agency support may be lacking in response to a similar question:

I: How does the agency help workers, especially, sort of recharge and cope and deal with the more stressful parts of their job?

R: At this point I'm not really sure that we do, so we have, like, a staff appreciation day once a year, we have employee of the month across our agency and so in theory two or three of those months will go to family and children's, so we recently recognized one of our staff for being an excellent employee. But I think there's such a push on getting people to improve their work that there isn't that much in terms of supporting, reinforcing that people are doing a great job because in a sense those people are not doing a great job.

Resources for managers. Managers mentioned different opportunities or activities that helped them in their job. They reported (a) supportive leadership, (b)

management teams, (c) practice models, and (d) professional development as resources for meeting job expectations.

Leadership. Managers discussed how supportive, consistent, and clear leadership was seen as a resource. One manager, agreed with by 2 other managers in a focus group, discussed characteristics of supportive leadership which were similar to leadership resource descriptions in other interviews.

Well, I think the fact that she's here is one. I mean, that's huge. The other fact is that she is very approachable to us . . . It's pretty open communication back and forth . . . if there's a problem, let's put it on the table and fix it. We don't hide balls [problems/issues] and we just don't do things like that and, for me, that works really, really well.

Management team. Managers reported having a supportive team was helpful in providing a consistent and quality environment for themselves and their workforce. When managers were asked about resources and supervision for their own practice they commonly referred to the support from their own management team.

Oh, it varies. It's not a set kind of a thing, but I will say this: our doors are always open to each other, so it's not the most perfect thing, that we don't always get together, like, every month on the second Tuesday or whatever, but I go to [name] or she comes to me or I go down and see [name] or we call or email [name], too, to see who is available.

Practice model. Managers demonstrated a fluent knowledge of their practice models. They appeared familiar with how the practice model applied to different aspects of practice and how it motivated policy, practice, and evaluation. They appeared grounded in the model and a sense of pride about being guided by its principles.

We do a good job of saying, "Is that in the best interest of safety, well-being, and permanency?" Like, those are our three big... You know, I think we say that all the time. And even with like our awards for retention and stuff, tying it into that rather than it being a number.

Professional development. Different managers reported that the opportunity to participate in leadership trainings and academies was very helpful resource. One manager stated,

I think the LAMM [Leadership Academy for Middle Management] is awesome in that when you go to the LAMM you're learning management principles through the lens of good management principles. You're not learning management principles through the lens of Children's Division management principles so you really start to – it opens your eyes and allows you to look at the big picture, which is what it takes for us to build a workforce and to continue to look at replacing ourselves with staff that are on the floor. I just think that is an incredible experience because you get to do it for a week and then you naturally figure out where it will fit into your work rather than it being imposed where it fits into your work.

Other managers talked about the resource of required training and how it is focused on their management responsibilities: “16 hours a year management training, and so those trainings are focused on how to develop your staff, how to deal with dysfunction in your team and how to bring out the best.”

Resources for the system. Resources for the system include resources that benefit the overall mission and goals of the agencies. Managers discussed the following resources as helpful to meeting system outcomes but also in supporting the workforce.

Data & Outcomes. Though reported as a struggle to implement and often misunderstood by the workforce, using data to meet outcomes was perceived as a resource by managers. They discussed the ability to get real time reports and make changes as needed. They discussed being able to measure progress and identify what is working. Managers also discussed that teams are using numbers and it is becoming more of a day to day process versus the use of data only for monthly reports.

We have dashboards that we produce for the department, so data is constantly in front of us, which is great, and with those quality assurance and quality improvement specialists we are seeing that data being diced and sliced, if you will, for folks in the field. I have responsibility myself for our recruitment plan and so I went out and talked to field staff about what kind of data they're getting about the kids who are in care and what kind of a pool of resources that we need and was very inspired by the fact that they are getting a lot of data according to what their needs are from their quality assurance managers and their quality assurance specialists. They feel more so than I had ever seen when I was in the

field. They feel very in touch with the data because of their PERforM measures. That's constantly in front of them and they also feel very interactive with the data. They feel like they can ask for information and feel informed. When I was in the field we had a monthly management report that came out in print and we could utilize those numbers but those were the numbers that we stuck to. Now they are much more interactive, and with the ability to drill down performance information to the worker level the supervisors are using that constantly. And we're able to do it from this level also, out to circuits and counties.

Workforce commitment. Managers talked often about the dedication of their staff to very difficult and unrewarding jobs being a strong resource for the system: “I think strengths again are that they are very committed supervisors. They really are. There are folks that will just give 110 percent. And I think they really do what they can to support their staff.”

It's a busy office. It's a big office. It's an office that gets a lot of scrutiny and media attention and all of those things, but people are still just really focused on what they're supposed to be focused on: kids, families, what's right, those types of things. So I think the commitment from the staff all the way up is just really tremendous. The way people work, how hard they work, the time they put in. The attitude they keep is pretty decent, even under some of that, especially in the investigations program with the turnover that they have had. We haven't had that program fully staffed in—I don't know, I can't remember the last time—years and

it typically runs at about 60 percent of what it should. Sometimes it's amazing they still show up at all to work a double, two-and-a-half caseload, whatever we're giving them. But they do it. They keep showing up day after day to work the hotline.

Big picture thinking. Managers identified their own skills as “big picture” thinkers as a resource for their workforce and systems. One manager discussed how they are innovative and work hard to try new things and to use available resources. “We’ll take every project, every pilot, every grant. I mean like I don’t want to ever stop trying something because that may be the thing that kind of helps us or whatever, but I have to be careful I don’t make too much work for other people.” Managers described working hard to solve problems using evidenced based and data driven practice. This was something that they appeared proud of and described many of their efforts throughout the interviews.

Manager: Attributions of Stress

This section reports results addressing sub-question 1b: What are the perceived attributions of stress? As with caseworkers and supervisors, manager perceived attributions of stress were defined as how, when, where and/or why demands were described as being stressful and as what caused the demands to be perceived and/or described as being stressful. As managers described the experiences of their job, its demands and resources, they referred mainly to their perceptions of stress in the experiences of the workforce. They attributed stress mainly to the experiences of

caseworkers and caseworkers' expectations and workload. They described their own frustrations as well, but this was secondary to the discussion of workforce stress and solutions. Descriptions of their own stress were often vague. There was less information or mention of managers' perception of supervisory experience of stress. Managers talked about supervisors, but not in regard to the stress of their practice, more so in what supervisors could be doing to help their workers deal with the demands and stress of the job. Table 20 lists the main attributions of stress reported by managers including, (a) workforce incompetency, (b) workforce fit, (c) workload and caseload levels, (d) communication barriers, (e) inadequate implementation, and (f) turnover.

Table 20

Manager perspectives on attributions of stress

| Stress Attribution | |
|----------------------------|---|
| Workforce incompetency | Managers perceived stress due to caseworker and supervisor lack of education, decision making, and application of trainings. |
| Workforce fit | Managers discussed frustration when employee characteristics did not match the requisite characteristics of the job (e.g., detail oriented, efficient time management, crisis oriented, fast paced, trauma exposure). |
| Workload and caseload | Managers discussed the feelings of overwhelm with regard to the amount of work demanded of a limited workforce and the inability to control the size of caseloads and amount of work required. |
| Communication barriers | Managers reported struggling to understand how to make the workforce feel heard and appreciated. They also expressed frustration with communicating the purpose behind change. |
| Ineffective implementation | Managers reported implementing solutions, often evidence based, to practice concerns, workload levels, compliance, and organizational climate issues that did not result in their desired outcomes. |
| Turnover | Turnover was a consistent cause of stress reported by managers in its prevention and management. |

Workforce incompetency. Lack of training and education were given as reasons for workers' incompetency and resulting stress. This lack of ability also was frustrating for managers in that it required more work and overseeing by supervisors and hence more work from managers. It also created opportunities for misunderstandings and inadequate work drawing attention from community partners and stakeholders requiring the manager to intercede and help fix the situation or relationship.

And so a lot of times I think they kind of go into this because it's a job and they don't always have the skills to do it. I'd say especially our Investigations, probably don't have the skills to cope and deal with some of the stuff that they're going to be seeing and doing when they're doing it. It's usually, again, by mistake that they learn kind of how they should be doing it. Interviewing, they never teach any kind of interviewing for investigators and that's their entire job, so it's probably why we have a lot of turnover, at least partially, because they don't know how to do their job.

Workforce fit. Managers discussed certain worker characteristics that were a fit for the demands of child welfare including being well organized, able to manage time, self-motivator, able to work many hours, flexibility in personality as well as schedule, not motivated by pay, and able to deal with conflict, and communicate clearly. They saw this match or rather mismatch as something that may contribute to stress.

Workload and caseload. Managers frequently attributed stress to high caseloads and workload expectations. They discussed the barriers to practice and workforce effectiveness due to high caseloads and workloads, hence high expectations. They

expressed the difficulty of having an impact on workload and caseload both in reducing the workforces' requirements and in providing adequate resources to meet the demand. Managers were very aware of the ideal caseload being between 12 and 17 cases. It was unclear to them if this was children or families, but they frequently mentioned that high caseloads were the cause of stress and they felt that there was not anything that they could do to reduce the caseload or required work.

I feel like people feel a lot is being demanded of them on a daily basis, so that creates a certain amount of ongoing tension and stress within the agency, particularly from worker to worker and peer to peer. I think on a division manager level, within our divisions we see a lot of... I think we see a lot of collaboration among the workers but I think we also see a burnout rate, a burnout factor, due to the demands and liability placed on the shoulders of the workers with little reward to keep them going. I feel like they feel they're doing a lot for a job and have a lot of expectations that are very high. And no matter whether they do a very poor side of that work they excel in doing it, the workers are getting the same return at the end of the day. So, I think that when you combine all of those, you have a lot of workers walk with their heads down with a high amount of stress carried on their shoulders that leads to that burnout.

Communication barriers. Poor and/or difficult communication with the workforce was attributed as a cause of stress for managers: “. . . and so if we really could find a balance in how to communicate to those folks or make them feel valued and make them feel like they knew their positions well enough to have the confidence to want to

stay.” Communication was a commonly reported barrier to effective implementation, relationship building, morale influence, and policy implementation. Managers discussed frustration with trying to communicate but frequently coming up short with regard to caseworkers’ satisfaction with the level or type of communication provided by leadership.

Ineffective implementation. Managers expressed struggling with implementing solutions for many issues including negative organizational climate, compliance deficits, and workload reduction solutions and attributed this process to experienced stress. “So that’s an example where we believe in the purpose, but the implementation has been more difficult than I think probably anybody in [the main] office maybe realizes.” Managers did not express stress about the actual program or initiative but rather around the tasks of implementation and especially if implementation was not going well. They expressed knowledge about the importance of “engaging caseworkers and supervisors” around change, but felt that they never did enough or that the workforce could not be engaged.

One area of particular frustration was negative organizational climate. One manager described an organizational climate that was similar to many others described in the interviews. “So tensions are always high here and stress is always high, people are always overwhelmed. And that’s a tough environment to work in.” Managers noted frustration in their inability to change or shift the negative climate after numerous attempts of implementing different solutions.

So it's very frustrating when you have people that come to meetings and say we have low morale, we have low morale, but then they won't come to anything that we try to do, so it's a little bit frustrating when we try to set something up like that, but we just continue to do that and the people that come, we have a good time and the people that don't, they just don't come.

Turnover. Stress was attributed as an antecedent to and a consequence of turnover. Managers talked about wanting to prevent stress and burnout in order to prevent caseworkers and supervisors from leaving their jobs. It was often a circular conversation similar to that expressed by supervisors with regard to high caseloads cause stress and stress causes turnover, which causes higher caseloads. Stress is attributed to turnover, but turnover is an attribution of stress.

Manager: Experiences and Perceptions of Occupational Stress

Experience of stress. This section reports results addressing the main research question: How do caseworkers, supervisors, and **managers** in the child welfare workforce **experience**, perceive, and cope with occupational stress? Experience of stress was operationalized as the feelings, mood, physical sensations, frequency, and/or environment in which managers felt stress. Managers experienced stress as (a) frustrating, (b) a burden, and (c) external (see Table 21).

Table 21

Manager experiences of stress

| <i>Experience of stress</i> | <i>Examples/Definitions</i> |
|-----------------------------|--|
| Frustrating | Failed program implementation, miscommunication, “banging head against a wall”, starting over multiple times, not getting their desired results. |
| Burden | Stress is experienced as a burden. Managers feel weighed down by the constant conversation of burnout and turnover and in the expectation to lessen the stress causing both. Stress appears to “get in the way” of achieving outcome goals. Stress is perceived as real and harmful to the workforce making it a burden. |
| Externalized | Managers appear to experience stress in their workforce and in the solutions. Either the workforce is not working effectively, efficiently, etc. or the solution implemented is wrong, ineffective, poorly chosen, etc. Blame for stress is given to external factors and is perceived as out of their control. |

Frustrating. Managers expressed frustration with regard to situations that could be described as stressful for the workforce. This frustration was especially prominent when managers reported not being successful in their efforts to impact workforce stress. Frustration was also experienced when managers perceived caseworkers and supervisors as feeling unappreciated and unheard despite managers’ perceptions of themselves as supportive and trying to do all they can to make a difference. One manager discussed how burnout, turnover, job dissatisfaction was “maddening” because one could never

seem to make a difference. The frustration often left managers blaming the system, individual characteristics and lack of job match, and workforce or policy deficit for occupational stress.

A burden. Occupational stress was experienced as a burden for managers, it was something that was related to turnover and that kept occurring despite their efforts. Occupational stress and/or negative workforce climate was blamed for many challenges that managers face, making it a barrier to their success and the success of the system.

External. As mentioned in the previous two paragraphs, stress was experienced by managers as something external to themselves. They discussed the stress of caseworkers much more than they talked about their own experience. And when they talked about stress it was described as frustration and not an experience of occupational stress. Stress, in their perception, was present in the workforce, in the policies, in the system but not in their experience of child welfare work. They also perceived the causes of stress external to themselves. This was evident in the blame they placed on caseloads, increased drug use, poor supervision, and policy requirements.

Stress Perceptions. This section reports results addressing the main research question: How do caseworkers, supervisors, and **managers** in the child welfare workforce experience, **perceive**, and cope with occupational stress? Perception of stress was operationalized as the supervisors' view, opinion, outlook and/or meaning given to stress. Managers perceived stress as (a) a caseworker issue where supervisors are responsible, (b) related to turnover, (c) real and impactful to workforce, (d) deficit based, and (e) a barrier (see Table 22).

Table 22

Manager perceptions of stress

| <i>Stress Perceptions</i> | <i>Examples/Definitions</i> |
|--|--|
| Caseworker issue where supervisors are responsible | Managers viewed caseworkers as most impacted by stress and that supervisors were in the best position to assist in the prevention, mitigation, and elimination of this stress. |
| Related to turnover | Managers perceived stress as an antecedent and consequence of turnover. |
| Real and impactful to workforce | Managers expressed that stress was real and had negative impacts on the workforce. They acknowledged that stress exists in the “day to day” or occupational tasks as well as from traumatic stress. <i>“When I always think of stress, you think of all the traumatic stress, but there’s day-to-day stress, too.”</i> |
| Deficit based | Stress could be prevented or avoided based on workforce qualifications, match, fit, training, supervisory skill, support and system changes. It is perceived as not inherent in the system, but the result of deficit. |
| Barrier | Stress is perceived as a barrier to meeting required standards and desired outcomes. Managers see stress as a barrier to change and general progress. Managers perceive stress as a barrier to caseworker job satisfaction. |

Caseworker issue. Managers perceived stress as a caseworker issue. This was evident in that the majority of their examples or concerns about organizational climate, turnover, and stress were focused on caseworkers. Managers did not focus on supervisory stress but rather how supervisors are responsible for preventing and mitigating the stress

present in caseworkers. The majority of the interventions managers mentioned that addressed retention and supporting the workforce focused on caseworkers not supervisors or managers. In addition, they frequently gave examples of how they are trying to support and train the supervisors to better support and supervise caseworkers.

Related to turnover. Managers perceived stress as both a cause and consequence of turnover. Many of the managers when discussing stress would partner it with turnover whether or not they were asked about turnover. For example, when asked about resources and support provided to the workforce managers would discuss resources but then talk about how the lack of resources leads to turnover and that impacts workforce stress and organizational climate.

Real and impactful to workforce. Managers expressed an awareness of the impacts of occupational on caseworkers. They shared their own observations of how stress has impacted organizational climate, peer relationships, staff effectiveness, and personal wellbeing (e.g., family work balance). Most managers recognized the often impossible tasks that are required of their workforce day to day and the barriers they face trying to accomplish these tasks.

Deficit based. Managers perceived occupational stress as resulting from deficits. Deficits of the system; caseworker skills, abilities, personalities, education, job fit, and knowledge; supervisors training and leadership; and the environment (e.g., opioid epidemic, stakeholder relationships, provider and resource availability, etc.). Managers, though they acknowledged the demands present in the system, did not experience or

perceive stress as expected or inherent in the system. Stress was perceived as a result of short comings, failures, and deficits leading to the need or desire of managers to fix this stress through the provision of increased resources and supports.

A barrier. Occupational stress was perceived as a barrier to workforce wellness, retention, meeting national standards, having on time reports, caseloads, organizational climate, and managers' own success in implementing programs targeting these issues. Stress was something to overcome and/or get rid of. Managers expressed that stress appeared to be a barrier to caseworkers and supervisors, preventing them from being effective and efficient.

Manager: Impacts of and Coping with Occupational Stress

Stress Impacts. This section presents results from sub-question 1c: What are the perceived impacts of occupational stress? Managers observed the impacts of stress mainly in the workforce, especially on caseworkers. They discussed impacts of stress including (a) turnover, (b) negative organizational climate, (c) family work balance, (e) emotional health, and (f) job dissatisfaction.

Turnover. Managers discussed how caseworkers want to do a good job and that the demands of the job are overwhelming. So when caseworkers attempt to meet these expectations and are unable, they become stressed and leave. When asked what a manager thought was related to the high turnover, they answered, "Too many reports, too much work. People who are conscientious about the work, they won't do a halfway job and they can't do it." Managers reported that the workforce leaves for other jobs even if

there is less pay because the workforce thinks that these jobs are less stressful and demanding.

Negative organizational climate. Managers discussed the “negativity” of individual workers having an impact on efforts to make the organizational climate improve. They mentioned how stressed caseworkers often were negative and did not want to engage in group morale building activities impacting the overall organizational climate. They also discussed supervisors and how their attitude, resulting from overwhelm, could have an impact on their teams and/or new workers contributing to a negative climate.

Family work balance. Managers did not discuss their own family work balance but rather that of their staff. They discussed family work balance as a reason for stress and turnover.

We kept getting people that then three months, six months into the job would say, “I had no idea what I was getting into and now you're ruining my life. My husband's leaving me. My kids never see me.” I mean literally that was happening. People were separating from their spouses due to the hours.

Another manager discussed family work balance with regard to a new policy that required caseworkers to visit all children on their caseload monthly regardless of location. This new policy increased caseworker travel significantly and required overnight travel.

But the consequence to the staff has been hard. That's probably putting it mildly. We've got a lot of parents with young children who work here who now can't figure out how to take care of their own kids because they have to pick them up from daycare by 6 and now they can't and we're making them stay overnight and they're traveling roundtrip eight hours in a day.

Emotional health. Managers discussed concerns about the emotional health of the workforce, especially caseworkers. Managers mentioned burnout, secondary trauma, and general stress affecting the emotional health of their workforce.

I tell you, probably once a week I talk someone off the ledge ... I have people in my office crying. And it's a daily occurrence. Occasionally, if you had someone crying, it was like, "Okay, I've got somebody crying. What do I do? Okay, you think back now, what's going on." They'd come in, you'd talk them through it. Now, it's people in your office breaking down. I had a girl who went to the hospital last week from court because she was having a breakdown, went to the emergency room. Now this girl, I tell you, she is one of my ace workers. So, what am I doing now? I'm helping her find another job because I don't want her to become so disillusioned that she just walks out of here one day, you know, just walks out, because she is a good worker. She's one of those, you know, exceeding expectations in my opinion, but she is stressed to the max. And for her to go into court, and she was so worried, and I kept saying, "I don't think the judge will care about this. It's insignificant." And guess what? The judge never even brought it up. But it had her so worried that she ended up in the ER.

Job Dissatisfaction. This was one of the few impacts that managers discussed directly relating to their own job and/or feelings. Managers discussed not accomplishing all they wanted to or to a level that they thought was necessary. They talked about frustration with implementing programs or trying to make a difference for the workforce and seeing nothing change.

And I was feeling a lot of frustration and discontent with my job because I was never able to do those things. And when you're just buried and constantly monitoring and you feel like you're not really making any long-term improvements, that's not the job I want to do. That's not something I can be proud of.

Coping. This section reports results addressing the main research question: How do caseworkers, supervisors, and **managers** in the child welfare workforce experience, perceive, and **cope** with occupational stress? Managers talked about resources available to the caseworkers with regard to dealing with demands and stress as reported in the managers' resource section prior in this chapter. However, there was limited discussion about coping, specifically how managers coped with their own stress or that of their workforce. Table 23 lists coping methods of caseworkers perceived by managers and observed coping skills of managers.

Table 23

Manager reported coping methods

| Role | Coping Method | Explanation |
|-------------|---------------------------------|---|
| Managers | Individual skills and strengths | After discussing stress or demands of the workforce, managers were observed talking about how their ability to use “big picture thinking”, to problem solve, and apply evidence based practice helped address the issue at hand. They also discussed their strengths of “working hard”, “liking challenge”, and “having open communication” as ways they dealt with overwhelming demands. |
| | Overtime | Managers frequently mentioned having to work long hours and more than was expected of them in order to do their job well. |
| | Leadership | Managers discussed how quality leadership made them feel appreciated, helped with their job, gave them direction and mission, and decreased stress of their workforce. |
| Caseworkers | Agency support | Managers perceived caseworkers using agency supports to help cope with stress such as morale building activities and EAP services. |
| | Peer/team support | Peer support was reported by managers to help caseworkers cover cases, debrief, and learn new things. |
| | Supervisory support | Supervisory support was reported by managers to help caseworkers deal with both day to day stress and traumatic stress. |
| | Commitment | Managers reported that the “commitment” of the workforce (including caseworkers and supervisors) is strong and what “keeps them coming back to work day after day.” |

Manager: Summary of Results

Managers from this dissertation study perceived occupational stress as negative, deficit based, and external to their own experiences. Occupational stress was blamed as a barrier to communication, effective implementation of programs, and as a cause of turnover. Though managers had an astute awareness of and empathy for how occupational stress impacted the workforce, they appeared less aware about how they could impact occupational stress or why implemented programs were not effecting turnover and burnout. Managers reported more resources than caseworker or supervisors and had a better understanding of how the resources are accessed and worked. Managers expressed resources at the individual, team, and agency levels.

Managers reported their own values being aligned with agency and practice values and feeling effective in their roles. Managers express stress and frustration around ineffective implementation of programing and the difficulty of impacting caseworkers' perception of leadership support and open communication. However, this frustration was not about their own inability but more with external factors presenting as barriers (e.g., high caseloads, high workloads, inadequately trained staff, etc.).

Different from caseworkers and supervisors, managers discussed their perceptions of caseworker occupational stress more than their own. They expressed limited awareness of their own experience with stress or how they may contribute to the occupational stress of others. This may have been due to the style of data collection (e.g., individual interviews) and the influence of how the interviewer asked questions and follow up questions. In addition, managers were the only group where data and theoretical

saturation did not occur, though themes were common and supported amongst multiple interviews they did not accommodate all manager data. This may be due to limited amount of interviews and participants that were part of this data set. It was clear that managers wanted to impact system change and create an effective workforce but struggled with knowing how and/or why change did not occur.

Chapter 4: Results Conclusion

As stated in the beginning of this chapter, the large amount of secondary data analyzed to investigate the experiences and perceptions of occupational stress in child welfare caseworkers, supervisors, and managers was complex and rich. The results reflected the most frequently and intensely discussed topics. In addition, it highlighted potentially new perspectives and ideas around occupational stress. However, this meant that not all findings were reported.

Perceptions from rural and urban focus groups nor from interviews showed any between group differences. However, some focus groups were regional containing caseworkers and supervisors from more suburban areas and/or a combination of rural and suburban communities, potentially confusing the results. Managers interviewed were often regional managers responsible for rural, suburban, and urban offices. In addition, some caseworkers and supervisors had both urban and rural child welfare experiences making it impossible to categorize their perceptions into rural or urban working environments. In the following chapter, the results will be presented using overarching themes which created the final templates illustrating how caseworkers, supervisors, and managers experience, perceive, and cope with occupational stress.

Chapter 5: Templates and Themes

As outlined in Chapter 3, Methodology, this dissertation used a phenomenological approach to template analysis to better understand the experiences of stress for caseworkers, supervisors and managers in the child welfare system. The template analysis led to the identification of key themes that represent both a priori codes based on theory and literature and emergent codes and themes that described the phenomena of the experience of stress in the child welfare workforce. Codes and initial themes were structured into initial coding templates to determine the final coding templates (see Appendix C) resulting in the themes reported in this chapter.

The first templates outlined in this chapter are the key themes that emerged for each group (e.g., caseworkers, supervisors and managers) explaining how the workforce experiences, perceives and copes with occupational stress. Following the presentation of these findings, the results of the comparison template analysis, where templates for caseworkers, supervisors and managers were compared for differences and similarities in how they experience, perceive and cope with stress, is presented.

Next, results from the application of the Job Demand Resource Theory (see Job Demand Resource Theory template in Appendix C) to occupational stress templates for caseworkers, supervisors and managers assessing the Job Demand Resource Theory fit with occupational stress in child welfare is reported. Finally, the chapter ends with a

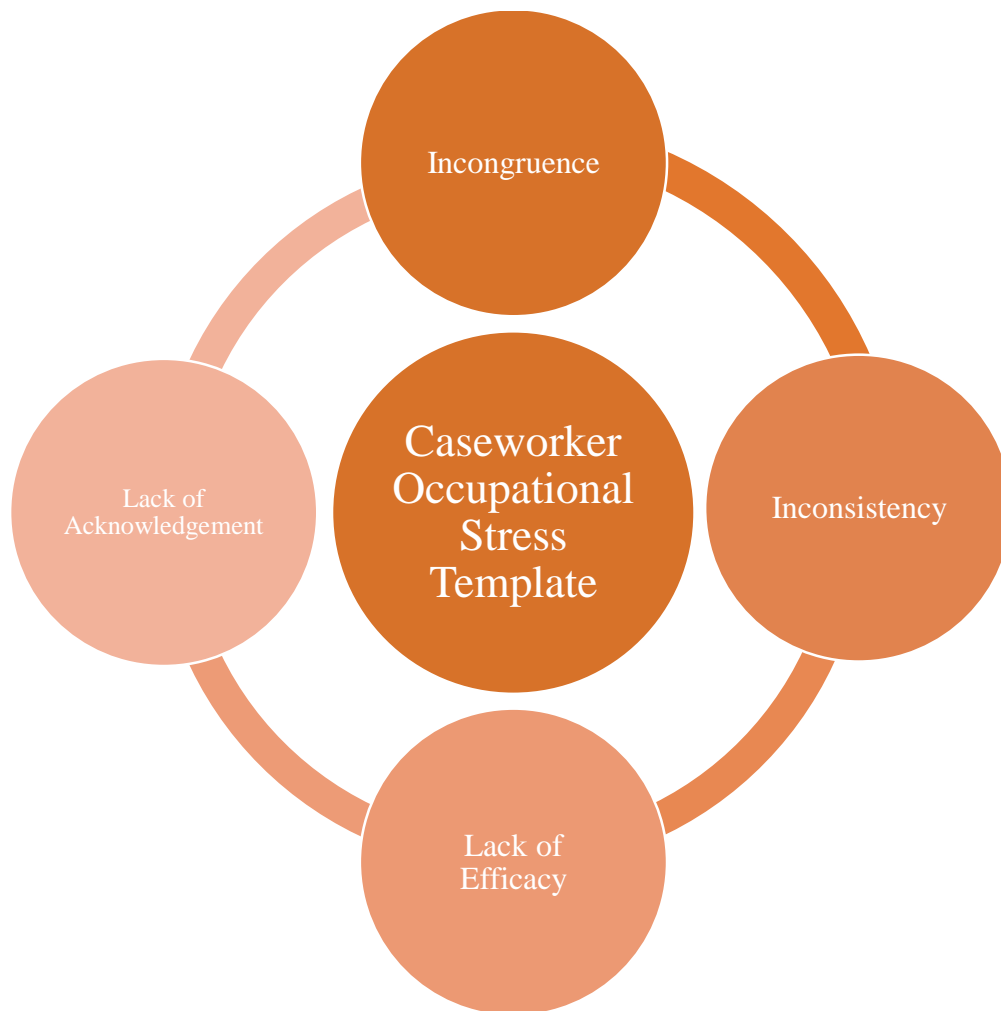
discussion about what was initially expected, and ultimately missing from the data in findings from the negative template analysis.

Caseworker Occupational Stress Template

“It is not just about the chaos that gives stress – there is something more.”

Figure 1

Caseworker occupational stress template



The caseworker occupational stress template is a combination of themes that create a template helping to explain and understand the experience of occupational stress for caseworkers in child welfare. Four overarching themes of how caseworkers experience, perceive, and cope with stress emerged from the data analysis to create the

caseworker occupational stress template. These themes were (a) incongruence, (b) inconsistency, (c) lack of efficacy, and (d) lack of acknowledgement.

Incongruence. Incongruence is defined as when job tasks, values, communication, practice models, expectations, nonverbal communication, evaluations, and client needs are not in agreement or harmony with one another and/or do not match in the perspective of caseworkers. When job tasks are incongruent with caseworker values, motivations, and/or professional expertise it is an experience of occupational stress for caseworkers. Caseworkers struggled across many different areas of their practice with the feeling that their values and priorities did not align with what was being asked of them. It was a common story that the reason caseworkers got into this work was because they wanted to work with children and help people, however they frequently mentioned not being able to help people in the ways that they wanted to or felt was professionally warranted.

Caseworkers discussed expected demands like paperwork and court pressure; however, these demands were not inherently stressful. The stress was observed when these demands were incongruent with caseworker motivations, values, professional expertise, and/or agency values and practice models. It was situations like having to cut a visit short with an adolescent, that they perceived as needing to talk, because they had a report that had to get done by 5pm. The report or visit were not stressful by themselves, rather it was the incongruence present between the task (report due date) and value (listening to kids and needed time to engage teenagers). When the task of getting a report in on time was the priority over a youth's wellbeing and the caseworkers' professional

and personal value of helping, the report then became stressful. This incongruence contributes to the caseworkers' experience of stress.

Incongruence was observed between (a) caseworker values versus practice requirements and priorities, (b) agency practice model and values versus caseworker job expectations and actual day to day practice, (c) policy versus practice, and (d) values and job expectations versus performance evaluations.

Caseworker values. Caseworker values, motivation for work, and professional expertise were often incongruent or unaligned with their job expectations and daily practice. Caseworkers frequently discussed that what motivated them to pursue a job in child welfare was their love of and want to help children and families however their daily practice was filled with paperwork, compliance, and monitoring, and was perceived by caseworkers as not connected with their love and desire to help families and kids.

Values and professional expertise with regard to child placement was another example of incongruent caseworker values and expected procedure. Workers discussed wanting to place children with their siblings, relatives, and in intentionally matched homes due to their value of family and their professional expertise that best practice recommends keeping siblings together for their permanency and wellbeing. Stress was created when they were unable to do this given availability of placements, timeline restrictions, or policies limiting relative eligibility for foster placement. Stress would increase if the following of these policies, in addition to going against caseworker value

and professional expertise, had potential to harm the child (e.g., separation from siblings, untrained foster home for age or ability of child, etc.).

Agency values. Agency values and practice models were frequently expressed by agency leadership during staff meetings and email communication. However, these values were often at odds with what was expected of workers and/or realistic practice. One example of this was the incongruence between the words and action of those in leadership positions excluding supervisors.

Their words expressed values of the importance of families, workforce self-care, and caseworker feedback. However, their actions or agency policy created barriers to putting families first, for workers to take care of themselves and their own families, and open communication. For example, with regard to family values, leadership would talk about the importance of children and families, however, they would then ask workers with young children to consistently stay late or create policy increasing the demand on workers to travel and be away from their families.

Caseworkers reported that leadership would frequently discuss the importance of self-care for workforce wellness. They encouraged the workforce to take vacations and relax; however, the agency policy on requesting and taking vacation was lengthy, time consuming and required caseworkers to have all their paperwork finished before they went on vacation making this process a barrier to self-care. Many caseworkers discussed not taking vacation because the stress of completing all of their paperwork, returning afterward to overwhelming makeup work, or taxing their coworkers to cover their cases created more stress than just not taking a vacation.

A final example of the incongruence between leadership words and actions is present in managers' desire and request for caseworker feedback. Managers and caseworkers reported that leadership consistently asked for caseworker feedback and created opportunities for feedback however when caseworkers provided feedback, caseworkers perceived that leadership rarely followed through with suggestions or complaints and often asked for feedback on decisions that were already made.

Policy and practice. Policy and practice refers to the requirements present in policy and the incongruence in the actual ability, time, infrastructure, and resources needed or present to follow the policy in day to day practice. To increase productivity and safety, policies are often put in place that are intended to hold the workforce accountable to federal mandates and to facilitate and monitor safety standards. However, policy often results in unintended consequences that impact that workforce and are incongruent with individual and agency values and day to day job expectations. Caseworkers mentioned policies that they perceive as being "harmful" to families and that create redundant paperwork and barriers to their daily expectations. Policy in and of itself is not stressful as it is meant to help families and the workforce. However, the incongruence between policy and values is observed when policy creates barriers for both families and the workforce to achieve permanency, increases the caseworkers' workload, and potentially hurts families and the workforce. And despite these consequences and lack of alignment with agency and individual values, the workforce is still required to follow policy resulting in feelings of incongruence hence, occupational stress.

Policy incongruence was observed in both internal agency policies and external state and federal regulations. With regard to internal policy, a few examples of policies that were perceived as incongruent include mileage reimbursement, vacation time request and approval, and overtime and/or flextime approval and tracking. The reason these policies are incongruent is that they were intended to help support caseworkers through reimbursing them for their travel and gas expenses, providing time off, and providing compensation for the work that often was required above and beyond their normal hours. However, these policies required caseworkers to complete lots of additional paperwork, were perceived by caseworkers as putting additional strain on their coworkers and supervisors, and created more stress due to their design than the stress relief caseworkers would get from taking time off or getting reimbursed for overtime.

Three examples of incongruent external policies for caseworkers are timeline requirements, parent visitations and number of placements. Caseworkers expressed values and practice models that prioritized “families first” and safety. However, policies that had strict timeline standards felt incongruent with the value of “families first” when working with a family struggling with addiction or chronic homelessness. Caseworkers felt like the policy was “timeline first”, not families first and did not allow enough time for families to achieve safety and permanency.

Another example was the requirement of caseworker visitations with parents. Caseworkers expressed that daily practice prioritized children over parents and yet meeting with parents was essential to overall safety and permanency. They also expressed that the requirement for parents to make the visits was often in conflict with

the parents required work schedules or managing their families, hence creating more stress for the family when the intention of the visit was to help them. These regulations and the execution of them in practice felt incongruent with agency values of families first and collaborative and empowering practice models.

Finally, the example of placements refers to caseworkers being held accountable to regulations limiting the number of placements children are able to have and/or time in an emergency placement prior to placement in a more permanent option. Caseworkers acknowledged the importance of this, but also stated how placing siblings together or with a cultural match is often difficult and takes time. Time which is not allowed in timeline regulations pertaining to placements. This feels incongruent to caseworkers who would rather have a child stay longer in a temporary or emergency placement so that their next placement can be the best potential match for permanency and the child's needs. Again, it was not the actual placing of the child that contributed to stress, but rather how the placement process was incongruent with caseworker values and agency practice models.

Evaluations and outcome measures. Caseworkers frequently discussed the incongruence between their values, agency values, job expectations, performance evaluations, and outcome measurements. Though caseworkers understood the need for outcome driven practice, they expressed that there was incongruence in values and/or practice model guidelines and how the system measured outcomes and their individual performance. Supervisors reported similar sentiments about performance evaluations and

their feelings of incongruence with having to hold caseworkers accountable for certain negative outcomes, while not being able to highlight their strengths and hard work.

Caseworkers are evaluated in their ability to meet timelines, arrange and attend requisite child and parent visitations and planning meetings, and timely completion of paperwork. Outcome data is not tracked and caseworkers are not individually evaluated on how well they engage and empower clients, manage crisis, collaborate with court and community partners, creatively and collaboratively plan for permanency, engage in relentless practice, and/or practice in culturally responsive ways. Rather it is assumed that these tasks are being done in order to achieve the above state expectations and outcomes. Not being evaluated and hence not rewarded on what the caseworker values and/or what the majority of their day to day tasks makes evaluations and outcome data feel incongruent with daily practice.

In addition, caseworkers discussed incongruence with the ability of performance evaluations to actually measure their performance. The evaluations measured data outcomes, but not caseworkers reported daily tasks. In addition, they reported incongruence with the purpose of an evaluation and what it actually does in practice. Workers perceived that an evaluation should give feedback on their practice identifying strengths and areas of growth. In addition, it should provide an accurate assessment of work making caseworkers eligible for promotion and recognition. However, caseworkers discussed the difficulty of getting good ratings on their evaluation, no matter their quality of work, because only a certain percentage of staff can get high ratings, supervisors often

have to do extra paperwork to prove excellence, and one late court report can make you fail a category making the worker ineligible for high ratings.

Lack of efficacy.

“No matter how hard I try I am not going to feel successful at my job”.

“I don’t feel like that we can do our jobs to the best of our ability. We’re not given that opportunity is one of the main reasons why I think people leave.”

Lack of efficacy can be defined as caseworkers’ perceived and/or actual lack of power, skill, knowledge, or ability to produce their intended or required result or desired effect (Inefficacy, n.d.). This theme, of lack of efficacy, was present in all caseworker focus groups and was augmented by the caseworkers’ desire and strong intention of wanting to help families and keep kids safe. This intention, of wanting to keep kids safe, made feelings of being ineffective or lacking the ability to make desired changes more powerful as the workers felt responsible for negative outcomes due to their lack of efficacy as it directly impacted children and families.

Different caseworkers captured the meaning and impact of their lack of efficacy: “I mean, I’m ensuring the child safety the best I can, but I guarantee there are moments when a child wasn’t safe on my case, because I’m one person.” “And at the end of the day your mind is still ticking: Did I go see this kid? Did I access enough information? Did I do as much as I could to make sure that at the end of this day this child is safe.” “The difficulty of being ultimately responsible but not given the power to make decisions” and the inability to make a difference about things caseworkers care deeply

about is magnified when it is the safety of children and the worker feels their hands are tied.

This sentiment of “never feeling like enough”, even after years of experience, trainings, graduate education, and doing their due diligence was discussed frequently. There were different reasons given for this including their own lack of knowledge and ability, but more frequently mentioned were the limitation imposed by system constraints (e.g., policies, procedures, bureaucratic structure, and lack of authority). Caseworkers frequently discussed not being able to make decisions or implement care in a way they felt was needed to maintain safety and provide best practices for families because of their lack of control due to the policies and regulations that guided practice and the structure of the bureaucratic system.

Another layer of lack of efficacy pertains to being held accountable, blamed, and given consequences for negative case outcomes. Whether or not their actions were at fault or negligent, caseworkers are often accountable or blamed for case outcomes. The outcomes could be a result of many different things, client behaviors; chronic poverty and trauma; court timelines; institutional racism, classism, sexism, etc.; system or worker negligence; external providers lack of timely and quality services; and/or the caseworkers’ inability to be in two places at once.

Caseworkers reported that no matter the cause or how hard the caseworker has worked, the caseworker is blamed creating a “damned if I do, damned if I don’t” attitude and feelings of inefficacy. The caseworker might collaborate, follow policy, plan creatively, or try to meet the demands of a large caseload, but they get blamed for the

failings of the system, external providers, and client behavior and choice. This “damned if I do, damned if I don’t” attitude then results in coping through a resigned, check the boxes, and “CYA” (Cover your ass) style of functioning.

Inconsistency. Inconsistency refers to policy implementation, daily expectations, supervision, evaluation, and priorities not being standardized or executed the same way over time, situation, and/or location. It also refers to the unfair, inaccurate, or unexpected application of expectations, rewards, and/or consequences of caseworkers’ daily expectations and actions. Inconsistency contributed to an unpredictable working environment and exaggerated perceptions of caseworkers lack of control and power discussed above with regard to lack of efficacy. Examples of how inconsistency experienced by caseworkers contributes to occupational stress included (a) supervisory support, (b) court response, (c) policy change and interpretation, and (d) discipline and evaluation types and intensity.

Supervision. The theme of inconsistency applied to supervision included both the inconsistency within an individual supervisor and between supervisors. “If you have similar assessments, one supervisor will let you do it this way, when another supervisor will have you do it a totally different way. Both workers are like, “Well, I didn’t have to do that; well, I had to do this.” “Well, my supervisor doesn’t make me do that.” So it’s just like a lot of inconsistencies.”

Supervisors had different styles of practice and understanding of policies. In addition, some supervisors provided needed support and guidance to caseworkers, while others were hands-off or had limited time to help support or guide their workers.

Caseworkers also discussed that depending on the stress experienced by the supervisor, that the supervisor in and of themselves could react differently and have different expectations of workers on their caseload, making these interactions and expectations inconsistent. Supervisors often covered for one another and took turns being on call, so workers often interacted and relied on many different supervisors. Stress was experienced in the inconsistency of supervisors, as caseworkers often had to change their treatment plans and decisions and/or had to spend extra time paying attention to or fixing the situation where they were given contradictory feedback from different supervisors.

Court. Inconsistencies exist between judges (style, policy interpretation, decision, timeline adherence), attorneys (style, policy interpretation, collaboration with caseworkers, expectations of caseworkers, definition of safety and permanency), court recommendations (treatment plans, timelines, resources, date rescheduling) and treatment of families (family friendly, punitive, therapeutic, having a voice in court, strict). These inconsistencies made it difficult for caseworkers to prepare for court. It also created more work for caseworkers due to attempting to match their services and recommendations to particular judges or attorneys. Caseworkers often had multiple cases with multiple judges taking extra time and creating extra stress to specifically target, manage, and mentally prepare for the inconsistency present in the court system. The court environment's inconsistencies seemed to hold increased stress for the staff due to the power present in the court decisions impacting the family and the caseworker.

And it's difficult to continually stick with our agency's values and our model when the court is supporting something different... And the same with the

attorneys. And they're given all this power and it's very difficult. It really puts a big challenge, I think, on our workers to consistently implement our policies and our procedures...

Policy. Inconsistency in policy was noted specifically in its application and interpretation within the child welfare workforce, court, system stakeholders and external providers. Policy is difficult to locate and interpret even if it was consistently disseminated. However, it is not, making locating, interpreting, and applying policy stressful for caseworkers. With regard to location, caseworkers talked about how old and new policies are often coexisting and brand new policy is buried in emails making locating the correct policy difficult and time consuming. Pertaining to interpretation and application, depending on who a caseworker consulted with (e.g., supervisors, peer, manager, GAL) the caseworker would get a different directive on how to interpret and proceed with application of a policy.

Expectations and evaluation. Due to inconsistencies in policy interpretation, supervisory response and expectation, and regional expectation differences, it makes sense that caseworkers felt an inconsistency in evaluation, consequence, and reward. Depending on current initiatives, team functioning, or supervisory stress levels expectations and hence evaluations changed and/or were inconsistently applied to caseworkers.

Consistency of consequences or disciplinary action contributed to the unpredictable culture, hence occupational stress. Caseworkers discussed being “written

up” for both not meeting and or over meeting a goal. For example, caseworkers discussed not meeting expectations because they met too little or too much with parents, spending too much time or not enough with the kids during visitation, staying late for a court hearing but then being disciplined for a late treatment plan due that same day, and for not practicing self-care or for taking care of yourself by leaving work by 5pm every day. This inconsistency in disciplinary actions made workers tentative and reliant on their supervisors to make decisions or take action on cases due to the fear of unknown or inconsistent application of consequences.

Lack of Acknowledgement. Lack of acknowledgement is defined as caseworkers’ feelings of “not being seen or heard”, appreciated, acknowledged, rewarded, respected, or recognized for the difficulty of their job, for their hard and relentless work, and for their experience and expertise. Lack of acknowledgement was present in their agencies, the larger child welfare system (e.g., courts, stakeholder, external providers, etc.), and society at large. It also influenced coping styles leading to resentment and peer support.

Within their own agencies lack of acknowledgement was noted in the absence of positive validation by leadership, lack of rewards, lack of voice, and evaluations measuring outcomes and federal standards versus the job that caseworkers are actually doing.

Within the larger system, caseworkers felt unacknowledged by the courts, police, educational systems, and external providers. Similar to internal leadership, caseworkers

perceived acknowledgement from the system pertaining only to negative situations or when something bad happens.

Within society at large, caseworkers feel there is a negative perception of their job and their person. Workers try hard, believe in helping, work overtime, spend their own money on resources, and sacrifice time with their own families in order to serve the children and families on their caseload. However, they are consistently perceived as a workforce that needs more oversight, policy, rules/regulations, and is lazy. Media portrays the workforce as incompetent through the sensationalism of abuse and neglect stories and the limited reporting of only negative and outlandish stories. This discussion in one caseworker focus group illustrates how negative public perception impacts occupational stress.

P: I think we're hated.

P: Yeah, they hate us.

P: Can't do our jobs.

P: We don't care enough.

P: We don't care. We get paid for each kid we take.

[CHUCKLING]

P: I don't even tell people where I work.

P: And a lot of the issues that they hate us for are bureaucratic issues that's completely out of our control. There's a lot of times like schools and doctors—

they see this case and they see all the bad things happening, and they just want us to jump in and remove, and half the time because of policy or because of our office standards, our directors and supervisors are saying, "You can't even open a case." So then it's looking like we just didn't do anything. Because we are reactive and not preventative, so we're also not being able to do anything in the house that we need to help this family. So this family's just the same as they were when the school or the doctor or whatever made their report.

P: I think there's always even someone upset that you didn't do something or there's someone upset that you did. [The group agrees] That's just kind of the nature of it.

Positively, the lack of acknowledgement from leadership or external communities, can lead to higher acknowledgement and support from peers, creating strong teamwork and support.

Summary of occupational stress template for caseworkers. Incongruence, inconsistency, lack of efficacy, and lack of acknowledgement create the theme template for occupational stress of caseworkers. These themes explained how occupational stress is more than the lack of resources to meet the present demands but rather a complex tension between conflicting priorities, interpretations, authority, values, and perspectives. These themes also expressed the strength, dedication, and awareness of caseworkers with regard to their occupational stress and their role within the child welfare system. The examples provided were just a few of those illustrated in the data. These sentiments were pervasive throughout the focus groups in all regions including rural and urban groups.

Occupational Stress Template for Supervisors

The occupational stress template for supervisors is a combination of themes creating a template that helps to explain and understand the experience of occupational stress for supervisors in child welfare. Supervisors experience stress when situations are incongruent, when they feel an inability to impact change, when they perceive having ultimate responsibility for all parties involved, and when they feel invisible, forgotten, or stuck in their middle management position. The four overarching themes of how supervisors experience, perceive, and cope with stress emerged from the data analysis to create the supervisor occupational stress template. These themes were (a) incongruence, (b) lack of efficacy, (c) responsibility, and (d) invisible.

Figure 2

Supervisor occupational stress template



Incongruence. Incongruence is defined as when job tasks, values, communication, practice models, expectations, nonverbal communication, evaluations, and caseworker and client needs are not in agreement or in harmony with one another and/or do not match from the perspective of supervisors. The incongruence present in the role and day to day tasks of supervisors was observed to contribute to occupational stress. Very rarely did they feel that their job duties were in alignment and congruent with best supervisory practice or supervisor values. Examples of incongruence in the experiences of supervisors include (a) following policy or required supervisory procedure knowing that the outcome may be harmful to caseworkers or clients, (b) delivering mixed

messages and expectations in order to get the job done in the moment, and (c) pleasing either managers or caseworkers at the expense of the other and/or the supervisors' values and professional expertise.

Following policy though outcome may increase stress for caseworkers and/or clients. Supervisors really struggled with following policy when they believed the policy created extra work, stress, and potentially harm for caseworkers and/or clients. Managing with data instead of what supervisors physically observed in their workforce was frequently reported as not aligned with supervisor values or professional expertise. They understood the importance of data, but felt that data should not be the only measure of success and failure that they use to provide feedback to their caseworkers. Supervisors expressed that only using data to measure outcomes creates increased stress in their caseworkers and augments their feelings of not being seen or heard for the work they are doing.

Another example is the requirement of supervisors to comply and hold workers accountable to policies that supervisors do not believe are helpful to the caseworkers or clients. Caseworkers having to personally visit all of their clients no matter where the child is placed created a barrier to success for caseworkers and limited time caseworkers were able to spend with their clients. Supervisors reported that when policies and practice were incongruent to their values and potentially harmful to caseworkers and clients that they would often “work-around” the rules in order to meet the needs of the caseworker or client.

Mixed messages and expectations. Supervisors discussed the incongruence is what they believed and or in how they wanted to be treated and the way that they then supervised their staff. Though they expressed not wanting to supervise by fear and data, they often felt trapped because they are not given the authority needed to make changes and are still required to meet outcome expectations. This situation made them feel that they delivered mixed messages and expectations to their caseworkers. One day they would talk about the importance of serving families and taking care of yourself as a caseworker. Then the next day, supervisors would be requiring the caseworker to complete a report that took time away from serving families and caused them to be late in picking up their own child from daycare. The incongruence of delivery mixed messages and expectations with supervisors' values and ethical practice contributed to their experience of occupational stress.

And we're supposed to carry the company line with a smile. So, no negatives even though this is impacting how you have to manage. So, I can't say, "I agree with you (caseworker) and that this is crap and that you got too much to do." What I can say is, "I know that the workload is heavy and so I'm here and let's figure out a reasonable plan to work."

Pleasing both caseworkers and managers. Incongruence was frequently expressed in supervisors' role in middle management, due to not being able to please or equally serve both caseworkers and their managers and having conflicting expectations. The needs and requests of these groups never appeared to be in alignment with one another, often influencing supervisory behavior that was incongruent with supervisors'

values and professional expertise as mentioned above. Another example of incongruence was supervisors use of mixed messages to accomplish mandated outcomes. One supervisor summarized this theme perfectly below:

I think there's incongruence. I don't know how you would explain this, but between what we say and what we do. So, while we don't want our workers to work more than thirty-seven and a half hours per week, we give them more work than they can possibly do in thirty-seven and a half hours a week, and then we punish them when they don't get it done. And the same thing, I think, goes for supervisors. We don't get overtime, and I don't know about anyone at this table, but I have more than thirty-seven and a half hours of work if I'm going to stay on top of things and do things well. I'm working more than thirty-seven and a half hours a week, and I don't get—I don't even have the option to get reimbursed for that. And if I don't do it, I know—I mean, it's—do I not do it because it's good for me and I shouldn't do it and I shouldn't volunteer my time? Or do I do it because I don't want to be under—like on the naughty list, like on the list of people who don't do their job well? So, it's kind of a constant battle, I think. And I think that's probably at all levels.

The middle management role contributed to supervisors' perceptions of the incongruence present in the expectation of supervisors to both supporting and disciplining caseworkers. Disciplinary procedures for holding caseworkers accountable include writing up caseworkers when they do not meet expectations. This was very difficult for supervisors because they were often writing up a caseworker that they knew

had worked overtime the week before securing an emergency placement for a child resulting in the caseworker having late court reports the next week. Supervisors try to create congruence through helping the caseworker, who worked overtime all week, complete their court reports. This way caseworkers don't get disciplined for working hard. However, managers expect supervisors to hold their workers accountable and to not do their jobs for them. They expect that supervisors are teaching their workers time management and organizational skills versus helping them with a court report.

Now, I'm still going to take a bullet because some stuff's still going to be overdue or late, so I'm going to take that because I understand, but I don't get any positive feedback for that. What I get is, "Your people's stuff is still late and overdue. It must be you who doesn't know how to manage and lead because this is not supposed to happen.

This becomes even more difficult when supervisors then get disciplined, from their manager, for the team having late court reports as well because supervisors are held accountable for the caseworkers' outcomes. This incongruent cycle of mismatched job roles, expectations, values, and evaluation lead to supervisors doing the job of caseworkers but lying to management. And this behavior feels incongruent as supervisors do not value lying, deception, and having to work overtime to maintain the bare minimum. However, they do value taking care of their caseworkers, so they choose to cope with the incongruence by doing the extra work without getting any credit and/or potentially getting reprimanded for doing the caseworkers job.

Lack of efficacy. Lack of efficacy can be defined as perceived and/or actual lack of power, skill, knowledge, or ability to produce their intended or required result or desired effect (Inefficacy, n.d.). This theme was deep in all the supervisor focus groups and was driven by the supervisors' desire and strong intention of wanting to support their caseworkers, help keep families and kids safe, and please their managers by meeting outcome goals. In child welfare settings, the supervisors felt a powerful sense of responsibility for their lack of efficacy as it directly impacted caseworkers, children, and families. Supervisors are in a leadership role and given responsibility for how things function on their team, however they are not given the authority to make needed changes in many circumstances. Supervisors continually felt that they fell short with regard to being able to meet the needs of their caseworkers. Supervisors were very aware of the demands that they put on their workers and struggled with their inability to lessen these demands or counter them with increased resources. A common story was having to continually assign new cases to caseworkers that they knew were overwhelmed and working as hard as they could.

Supervisors expressed stress in being held accountable for workers' performance and morale but having limited control to improve their performance or morale. Supervisors felt stressed when they had ideas on how to manage their teams' workload, but did not have and/or were not given the authority to make these changes for their team. This limited authority left them to supervise with the time and resources that they had, creating continual feelings of inefficacy. In addition, supervisors often identified issues in

their caseworkers and/or teams but felt that they did not have the training, time, or resources to implement the identified problems.

. . .the consensus from my peers that I've talked to, last year's trainings basically were like, you guys aren't doing your job right, you're the reason why FCMs are leaving, you need to learn how to be leaders, but we have no control over anything, essentially.

When coping with their lack of self-efficacy, supervisors described withdrawing or disengaging and then implementing a fear based management style, endorsed by their managers, that they knew would not work, however it felt like their only option in order to meet their job expectations (e.g., holding caseworkers accountable, getting court reports and treatment plan turned in on time). So when they check off the boxes, produce the reports, and try to work within their 37.5 hours a week, they are doing a job that may look good on paper, however they report not being satisfied and that it didn't work, reinforcing their lack of efficacy and/or authority to make a difference.

Responsibility. Responsibility describes an experience of stress where supervisors feel individually responsible for their caseworkers' performance, failures, and wellbeing. This is in addition to the responsibility they feel for client outcomes and their own actions, hence creating a constant feeling of fear. The fear is that they or a caseworker might miss something, overtaxing a caseworker, and/or not meeting outcome standards. This fear was created by the perceived and actual responsibility the supervisors felt to assure safety and permanence for children and families, implement organizational policy effectively, reduce turnover, prevent and treat secondary trauma and burnout,

interpret all procedures and communication from the leadership, and account for all of their workers' actions and the actions of the families on their caseloads.

Invisible. Being invisible was defined as supervisors' experiences of isolation, being invisible/not seen, not belonging, being disregarded, not feeling heard, and feeling powerless: "We are stuck, literally, in the middle of passing information from up above down to tell a [caseworker] what to do and then they're complaining to us and so we try to feed that back up, so we're just—we got nothing." Supervisors described their job expectations as supervisory tasks and "everything else" that was not being done by caseworkers or managers. And, while taking on these many roles they reported not being (a) acknowledged, (b) not being evaluated on these additional tasks, (c) not receiving equal compensation for these multiple tasks that befall the middle manager, and (d) being overshadowed by the needs of caseworkers; creating a feeling of invisibility and disregard.

Acknowledged. Related to feeling invisible, supervisors do not feel positively acknowledged for the majority of their jobs. While acknowledged for mistakes, deficits, and problems, supervisors are rarely acknowledged for their expected job duties let alone all of their extra duties. Though they are held accountable for their caseworkers' performance and evaluated on this. When caseworkers perform well, they are rarely given credit or kudos for their role. However, they are given full responsibility when their caseworkers fail to meet required outcomes.

Supervisors also do not feel acknowledged for their professional expertise or the role they hold as communicator and implementer. One example of this is a supervisor

perception that their voice is not heard or invited to the table for decisions impacting their workers and themselves. However, they are the ones that have to implement the programs and hold the workforce accountable to decisions that are made.

Supervisor evaluations. Supervisors perceive their performance evaluations as based on their caseworkers' performance and not their own skills or performance. They also discussed not being given credit for improving a poor performing team, even though the team still did not meet standards. Not being evaluated on their day to day duties and the hard parts of their job contributed to the perception of their invisibility or being forgotten in the middle.

Compensation. Though supervisors have increased responsibility, and work just as many hours as their caseworkers, they are often paid less. This is due to not being eligible for overtime and having barriers to their use flextime. Supervisors mentioned that caseworkers don't apply for the supervisory positions because they know that supervisors are not eligible for overtime and yet work overtime and are on call to support their workers, making it an undesirable position. The lack of compensation for extra responsibility was perceived by supervisors as not being seen or valued for all the work that they do, emphasizing their feelings of being invisible in the system.

Caseworker focus. Reinforcing supervisors' perception of invisibility was leadership's consistent focus on the wellness of caseworkers due to the fear of caseworker burnout and hence turnover. Stress research in child welfare focuses on the wellness of the caseworkers as well and rarely includes supervisory stress or wellness, unless it is related to how to lower stress and burnout for caseworkers. And to augment

the invisibility of supervisor stress or risk of turnover, supervisors are then responsible for making caseworkers happy and content in their jobs, despite their own potential discontent and occupational stress. Supervisors themselves, due to the lack of support and acknowledgment in the system, often ignore their own needs and values because they are working with everyone else, internalizing the perception of their own invisibility and disregarded value.

In addition to feeling invisible, supervisors reported being mistrusted by both caseworkers and leadership due to their role of balancing leadership and caseworker needs. This increases their feelings of isolation. Supervisors experienced stress in the feelings of isolation due to navigating new peer support (transition from being a caseworker to supervisors resulting in the loss of established caseworker peer support) and/or ability to seek guidance from their managers (due to fear of presenting as being incompetent).

Summary of supervisor occupational stress template. Incongruence, lack of efficacy, responsibility, and invisibility create the stress template for supervisors. The occupational stress experienced by supervisors was strongly related to their role in middle management and the constant task of balancing the needs of two often contradicting groups. In addition, their values and conviction to support and guide their caseworkers in a resource deficient system and having limited authority greatly impacted their feelings of effectiveness which contributed to their experience of occupational stress. The examples provided were just a few of those illustrated in the data. These sentiments were pervasive throughout the focus groups in all regions including rural and urban groups.

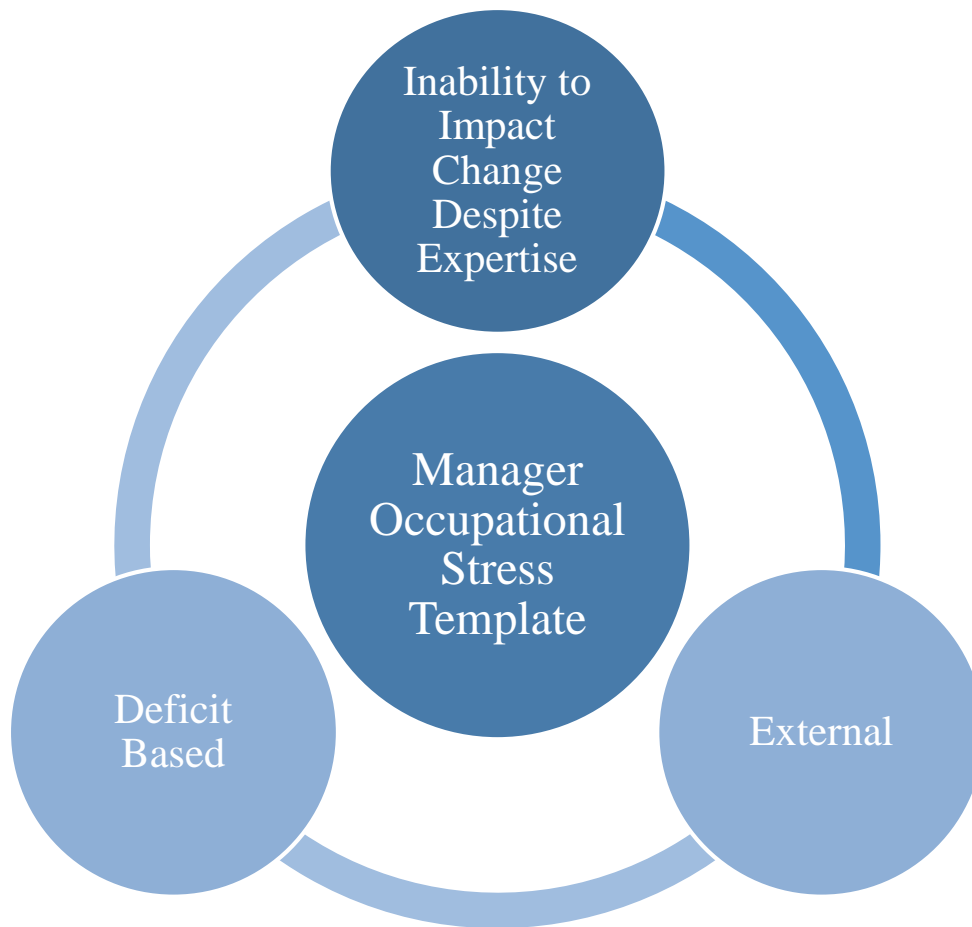
Occupational Stress Template for Managers

The occupational stress template for managers was different than caseworkers and supervisors in that their experience of occupational stress appeared to be through their perceptions of occupational stress in caseworkers and supervisors versus that of their own experience. As mentioned briefly in the Chapter 4, manager data were influenced by the context of the original data collection. Though they were asked the same questions as caseworkers and supervisors, their understanding of the NCWWI WE initiative as a systems assessment versus an opportunity to share their individual experiences and opinions may have influenced how the data were interpreted. Within the WE initiative, the leadership used the data collected through the NCWWI COHA to identify change initiatives to improve the functioning of the system. Therefore, managers personal experiences of occupational stress may not have been reflected in the data from this study.

When managers did discuss their own experience of stress, it was brief and more focused on factors external to themselves. The occupational stress template for managers is a combination of these perspectives and themes creating a template that helps to explain and understand the experience of occupational stress for managers in child welfare. The four overarching themes of how managers experience, perceive, and cope with stress emerged from the data analysis to create a manager template for occupational stress including occupational stress as (a) inability to impact change, (b) external, and (c) deficit based (see Figure 3).

Figure 3

Manager occupational stress template



Inability to impact change despite manager expertise. Managers' responses displayed extensive knowledge and acknowledgement of occupational stress in the child welfare workforce, yet at the same time their disconnect and lack success in implementing programs or changing organizational climate to prevent or decrease occupational stress. This manager describes her acute awareness of occupational stress in caseworkers:

I feel like people feel a lot is being demanded of them on a daily basis, so that creates a certain amount of ongoing tension and stress within the agency, particularly from worker to worker and peer to peer. I think on a division manager level, within our divisions we see a lot of... I think we see a lot of collaboration among the workers but I think we also see a burnout rate, a burnout factor, due to the demands and liability placed on the shoulders of the workers with little reward to keep them going. I feel like they feel they're doing a lot for a job and have a lot of expectations that are very high. And no matter whether they do a very poor side of that work they excel in doing it, the workers are getting the same return at the end of the day. So, I think that when you combine all of those, you have a lot of workers walk with their heads down with a high amount of stress carried on their shoulders that leads to that burnout.

Many managers shared their awareness of caseworkers' struggles but also shared their frustration in the systems inability to change in order to lessen workforce stress. One manager discussed having a "balcony view". This referred to her ability to use leadership academy skills to look at her team from a distance, observing patterns and trends.

Managers noted they are able to see what is happening, take a step back, and make it relative to current national child welfare workforce issues and solutions. However, creating a bridge down to the front line and direct practice through effective communication seemed to evade them.

Another example of this these is in the inability of managers to communicate and apply agency values and practice models to supervisors and caseworkers, despite their

extensive knowledge and understanding of these values. Managers were knowledgeable of child welfare practice models and agency values and mission as evidenced in their speech and ability to connect practice, mission and values. They expressed that these models and values guide the practice and programs they implement. They gave many examples of how these values and models have been applied in practice settings, such as continuous quality improvement meetings, staff care committees, professional development positions, and new training modalities. Their belief in the values and models were sincere and so when they were unable to communicate these values to the workforce and/or implementation was not successful, managers felt frustrated, stressed, and disconnected . . . another mystery.

We try really hard to say to them all the time, “We want your ideas. We want your feedback. We want your complaints. You can say anything you want to say as long as you do it respectfully.” I’m still always amazed at how many I will learn later will say, “Oh, I would have never come and told you that.” And I’m like, “Why?” It’s always open. I’m always just begging for the feedback and the program managers do too. But I still get surprised and they’ll say, “Oh, I would have never thought to tell you that,” or “I would have never thought you would have helped with that.” So that’s hard when you’ve been at it for so long and you feel like you’re really accessible and then you learn you’re not to them.

Managers experienced stress when they were not able to impact change through proven methods such as solution focused or evidence based implementation and programing. Managers expressed that their practice and that of the agency was informed

by research and that they worked hard to follow evidence based implementation science resulting in frustration when these efforts did not work. They also understood the impact of occupational stress on the workforce, especially in regard to turnover. This knowledge of the impact of stress on turnover created a strong investment by management to decrease stress with the hopes of decreasing turnover. This investment increased their disappointment when their hard work and evidence based efforts did not work.

Managers appear able to identify issues present in the workforce and system functioning and therefore they apply what research has been shown to work. When these solutions do not meet their desired outcomes or show improvement in the numbers, they continue to apply the same evidence based programs making them feel ineffective. This process also leads to managers blaming external factors, because the solution was evidence based so their perspective on the reason for failure must be due to other factors involved (e.g., the workforce, workload, funding, etc.) and not the evidenced based program. Coping with their feelings of the inefficacy of evidence based program implementation influences managers' tendency to cope through trying yet another evidence based initiative, providing more training for the workforce on the chosen intervention, and externalizing blame for occupational stress present in their system.

External. Managers experience stress as something that is external to them and their responsibilities. Though managers acknowledged occupational stress and the impact on the workforce, they did not take ownership and/or give responsibility to the agency. Rather occupational stress was seen as present in forces outside of their control or part of the workforces' characteristics, traits, lack of training, or personality. For example,

managers attributed occupational stress to, high caseloads, nature of the child welfare system and context, increased placements because of the opioid epidemic, poor knowledge transfer from trainings preparing caseworkers, and individual characteristics or traits of workforce that made them vulnerable to the experience of occupational stress. Rarely in their interviews did managers say what they could do differently to reduce occupational stress other than try new evidence based interventions.

Managers perceived the occupational stress of the workforce as due to caseworker and supervisor inefficacy. Managers thought that if supervisors supported and trained caseworkers better that caseworkers would be effective and efficient decreasing their occupational stress. They acknowledged how hard their staff worked and the unimaginable amount of demands that are present in their day to day job. However, at the same time, they placed heavy individual responsibility on the workforce with regard to their experiences of occupational stress, especially with regard to preventing and coping with occupational stress as to not impact their performance and/or outcomes.

Deficit based. Managers experienced stress as deficit based. Whether shortcomings of caseworkers and supervisors, training, or high caseloads, managers experience of stress is negative and focused on barriers and what is missing and/or going wrong. If occupational stress was being experienced by the workforce, managers perceived the situation as wrong and something to be solved. Occupational stress was seen as something that was a barrier to meeting outcomes and retaining a qualified workforce, not necessarily as an issue in and of itself. This may be due to managers' solution focused and problem solving culture.

Summary of occupational stress template for managers. Managers, in this dissertation study sample, are concerned about the experiences of occupational stress in their workforce. They perceive occupational stress as negative and due to external influences outside of their own control. Experienced stress is often the result of deficits present in the individual worker, the collective workforce, supervisory skills, system barriers, and environmental issues (e.g., high caseloads, policy). Managers have research and experience based insight on how the workforce is being impacted by occupational stress and strives to reduce the stress that influences burnout and turnover. However, they often become frustrated and feel confused as to why the evidence based programs, leadership styles, and/or communication techniques do not seem to impact the workforce in producing the system desired outcomes.

Comparison Template Analysis for this Dissertation Study

The comparative template analysis compared the occupational stress templates of workers, supervisors, and managers. As expected there were similarities and differences in how these groups experienced occupational stress. Common across all groups were participants’ dedication to working hard and their commitment to child welfare (see Table 24).

Table 24

Comparison of caseworker, supervisor, and manager motivations to stay

| Role | <i>Quotes reflecting caseworker, supervisor, and managers’ motivation to stay</i> |
|------------|---|
| Caseworker | “Our biggest concern is the welfare of these children. We go over and beyond for our children. We spend money that we don’t have to spend. We go over and beyond because we love our children.” |

“The job is stressful but that’s just something that you know is going to happen, so there’s obviously a lot of stress that goes with it, but that’s a given.”

“Like I said, I love what we stand for. I told somebody this years ago when I started. I love what we stand for and what we do, but the paperwork and all the other stuff is what drowns workers and we leave.”

Supervisor “We care. I mean that’s what it comes down to. We care about what we do.”

“The challenge. It is very hard. It is very difficult, but God damn it, you're going to get it done. It will happen and it will occur, and that's what keeps me going. It will get done.”

“But through all those years I could have gone and done something else, but I didn’t and that’s why because I believe in what we do and I believe in helping the people in our community. I would get those calls from “Two years ago, you were out at my house and you helped me with this and you said if I ever needed anything;” they kept my card and they called for whatever it was they needed.”

Manager “I like a challenge, I guess. The hard stuff doesn’t bother me. Sometimes the more complicated the better.”

“I think, for me, you have to intrinsically want to work here. It's something that comes from inside you. And I think when there's times where I have felt maybe that I was overwhelmed or whatever... I think you just have to look within and say, "Hey, this is what I got to do," and you just do it. I think that's where workers need to... They need to draw out from inside themselves and say, "This is what I need to do and do I want to be here or do I not want to be here?"”

P: I mean, I love it. I'm good at it.

P: Feel successful here.

P: I do. It's challenging. I don't do boring. You stay busy, and it keeps you busy.

P: I like this complex. P: I don't think I've ever felt not engaged or...

P: Never the same day. Solid relationships. I mean, amazing people.

In addition, everyone acknowledged that stress, burnout, turnover, and overall morale were demands that impacted agency and individual functioning. All agreed that there are more demands than the hours and workforce availability needed to meet these demands. Acknowledgement of large caseloads and workloads; impact of policy, negative public perception, chronic turnover, and the need to do something about it, was present in all focus groups and interviews. With regard to their experiences of stress, differences were noted in the perception of stress as (a) expected, (b) internal versus external, (c) their own responsibility, (d) influenced by their self-efficacy, (e) resultant of incongruence, (f) related to a balance between demands and resources, (g) it relates to themselves and others, (h) knowledge versus experience of occupational stress, and (i) having to do job tasks that they didn't believe in.

Expected stress. Caseworkers felt certain stressors were expected as part of the job including managing multiple priorities, crisis orientation, demanding and difficult clients, and witnessing to client's trauma. Supervisors felt stress was bad and something that they were responsible for creating and/or fixing as it is related to turnover. Therefore, stress was something to avoid or fix. Managers felt that stress was not expected or inherent in the system but rather due to deficits in the policy and/or person. In addition, managers did not appear to have personal responsibility for occupational stress. Rather, they felt there were evidence based solutions that would provide the needed resources to prevent burnout.

Internalized versus externalized. Caseworkers externalized the causes of stress to people, policy, intervention efforts or lack thereof, negative societal views, lack of

control or power to impact change, and other factors outside of themselves. Supervisors viewed the causes of stress as both internal and external. They expressed self-awareness around creating additional demands and or stressors on both themselves and their caseworkers. Caseworkers did not feel they put demands on themselves, it was always someone or something else. Supervisors understood that they are the cause of many of the caseworkers' demands and that they are unable to counter this with resources or lessening the demands leading to their feelings of powerlessness and lack of efficacy. Managers externalized blame for the causes of stress. They discussed lack of traits or abilities present in the workforce, high caseloads, secondary trauma, inadequate supervisory supports, and the factors (e.g., drug epidemics, court politics, funding) that lead to increased placements and work for their employees.

Sense of responsibility. Supervisors seem to have a sense of responsibility that really impacts their experience of occupational stress. They felt responsible for both their caseworkers experience of stress and the outcomes that impact the children and families that they serve. They felt responsible for helping caseworkers prevent, manage, and eliminate their stress. Supervisors perceived responsibility for the way their own stress impacted their actions hence impacting caseworkers. They also felt responsible to decrease burnout and turnover on a system level.

Caseworkers felt responsible for their clients and providing quality services. However, they did not internalize this responsibility with regard to how their occupational stress impacts their practice like supervisors. They discussed how the multiple and chronic demands impact their practice, but not how their experience of

occupational stress impacts their clients. Caseworkers did feel responsible with regard to how their experience of stress impacts their peers and team climate. Managers, though they understood the issues and impacts of stress present in the workforce, did not express ownership or responsibility, nor did they give ownership to the system or general child welfare leadership, for caseworkers or supervisors experience of occupational stress.

Efficacy. Both caseworkers and supervisors lacked self-efficacy in the majority of their job tasks causing perceived occupational stress. They both felt they were not given the power or control needed to accomplish their job expectations or to make change. This was exaggerated by the ultimate responsibility, they felt and were given, to assure safety in the lives of children and families. Having no power or control but yet all the accountability for risk and/or failure created great stress.

Managers, on the other hand, seemed to feel effective in their practice and that it was congruent with their own values and those of the system. When manager directed efforts did not work, managers did not feel ineffective but rather felt it was the inadequacy of the program or a deficit in the workforce, not what they were directly doing.

Congruence. Congruence of values and practice was an issue for both caseworkers and supervisors. Caseworkers did not feel that their values were reflected in what was expected of them day to day. Supervisors were constantly torn between what they felt was right or needed and what was expected of them. Caseworkers and supervisors frequently discussed the stress experienced by having to enact decisions that they did not believe were right or best practice. Managers however, did not seem torn

between their beliefs and/or best and their day to day job expectations. They felt that their values were in congruence with the values of the agency, best practice, and what was required of them.

Views of demands and resources. Managers' views of demands and resources were closely aligned with the theory. Hence, the solution to demands was to create and offer more resources (e.g., CQI meetings, suggestion boxes, moral building activities). However, supervisors and caseworkers did not offer solutions of resources in order to decrease demand, but rather discussed the idea of practicing differently. The demands were expected and part of the job and in order to decrease occupational stress, practice and policy needed to change. For example, managers and supervisors frequently talked about the difficulty of high caseloads and workload demands on caseworkers. But caseworkers did not discuss this as much as their feelings of being underappreciated and not acknowledged for the hard work required to manage the high caseloads.

The three groups identified similar demands of the job and child welfare system. However, identified resources differed between the groups. Managers perceived the use and collection of data as a resource while caseworkers and supervisors saw this as a demand though beneficial to the system. Managers liked having data outcomes, use of data, and data tracking systems (e.g., FACES) to manage the workforce. Managers perceived their open doors, email communication, and continuous quality improvement meetings and feedback opportunities as a supportive resource. Caseworkers and supervisors did not perceive these as resources because they actually created more stress in feelings of being unheard, voice not valued, and just another thing to check off the list.

Caseworkers and supervisors discussed peer support as one of the top resources in dealing with occupational stress. Managers did not mention their peers with regard to a resource for stress however they did appreciate having a strong management team.

Perceptions of occupational stress in other groups. It was clear that caseworkers and supervisors were very aware of the stress experienced by each other. Caseworkers frequently qualified their critique of supervisors with statements alluding to the supervisors limited time, high paperwork demands, on call duties, and multiple responsibilities. Supervisors and managers both acknowledged the unsurmountable amount of work caseworkers are asked to accomplish on a daily basis and environment of constant crisis. Supervisors especially felt the stress of their workers. Painful and difficult caseworker situations were experience by supervisors as an almost secondary or vicarious experience of stress. Supervisors also felt responsible for their workers making caseworker stress even more painful for them.

Managers had awareness of and sympathy for the occupational stress of caseworkers, they appeared to have less understanding of and empathy for supervisors. Supervisors seemed to understand the role of middle management and how that may impact manager behaviors, however they did not frequently mention their managers' levels of stress or their perception of managers' experience of occupational stress.

Knowledge versus experience of occupational stress. One noted difference was the extensive knowledge of occupational stress and child welfare practice of managers versus supervisors and caseworkers. But on the flip side, supervisors and caseworkers expressed a solid understanding of how they experienced occupational stress, whereas

managers expressed little to no knowledge or understanding of their own experience of occupational stress. For example, managers discussed the increased workload, caseload, community pressure, child placements and due to the opioid drug epidemic. However, their own understanding of how this stress impacts them was not reported. Whereas the caseworkers and supervisors discussed the increased tension they felt in court hearings for drug cases, increased placements and state custody resulting in more work, and the stress of dealing with the power and tragedy of addiction. More research is needed with regard to the manager perspectives to see if this holds true for other manager populations and to rule out that the intention behind the original data collection during NCWWI WE did not influence manager responses.

Parallel process. Supervisors discussed the transference that occurs between leadership's treatment of supervisors to supervisors' treatment of caseworkers. Supervisors awareness of this and perceived inability to stop it, creates stress for supervisors. Caseworkers talk briefly about how stress impacts their clients but not direct comparisons of how they are treated and then how they treat their clients. There were no perceived experiences of stress by managers with regard to being part of a parallel process or transference of their own issues.

Climate. Something that was said by all groups was that stress levels and organizational climate "depended on the day". This was different from other discussions where stress was blamed on policy, organizational structure, caseworker deficit, or supervisors' own stress. This response seems to imply that caseworkers, supervisors,

and/or managers have no impact and/or power over their environment but that they are dependent on the current situation or circumstance to set their experience of stress.

Summary of comparative analysis. It is clear through the comparison of occupational stress templates that caseworkers, supervisors, and managers have different experiences of occupational stress. None is more accurate or important than another as these templates are illustrating unique experiences and perspectives on occupational stress. The system would benefit from further exploration of the differences and similarities between all members of the child welfare workforce in order to better understand occupational stress. This broader understanding of the multiple players within this system can inform the definition of occupational stress and help create and target interventions and their implementation more effectively. Though a symptom of occupational stress may be caseworker turnover, this does not mean that occupational stress is only a caseworker issue.

Job Demand Resource Theory Template Analysis

This section will describe how the a priori theory of the Job Demand Resource Theory applied to caseworker, supervisor, and manager occupational stress templates. The job demand resource model explains stress in terms of excessive occupational demands (e.g., job tasks that require sustained cognitive and physical skill and effort; complexity of job; emotionally demanding tasks) that are unable to be met by the individuals on which demands are being placed (Nahrgang, Morgeson, & Hofmann, 2010). The level of stress that individuals feel is not determined by the demands alone but rather by the combination of available resources in addition to the demands, within the

work environment to support meeting the demands. Resources include knowledge; organizational and peer support; and the amount of control (autonomy) the individual has to change their situation (e.g., decrease job demands, decrease stress, meet work requirements, and/or professional development and growth) (Baker, 2011). These resources can be internal to the individual, peer supported, organizational, professional, environmental, and/or knowledge based. Resources meet psychological needs such as autonomy, relatedness, and competence (Baker, 2011; Nahrgang et al., 2010). Demands have been shown to be predictive of burnout and turnover whereas resources have predicted work engagement and motivation (Nahrgang et al., 2010).

Caseworkers. Caseworkers expressed that there were lots of demands (e.g., emotionally demanding tasks; sustained cognitive, physical, and psychosocial effort; complex environments) and few resources (e.g., organizational structure, organizational policy, physical environment, autonomy) outside of peer and supervisory support. In thinking of resources as autonomy, competence, and support the JDR theory is directly related to caseworkers' experience of stress reflected in the lack of efficacy, lack of acknowledgement, and inconsistency themes.

Supervisors. Supervisors recognize the complexity of the work and the sustained emotional, cognitive, and physical demands required to work in child welfare. Supervisor themes of lack of efficacy and responsibility can be framed by the JDR construct of autonomy/control and support. Autonomy and control over one's environment and the control of one's ability to deal with or manage demands is considered a resource in the JDR theory. Supervisors frequently discussed having all the responsibility (demand) and

not control or autonomy (resource) to impact change. They also felt that they were considered a resource for caseworkers but reported feeling more like a demand on caseworker time and team morale.

Managers. Managers' perspectives on stress and their choice of interventions to impact occupational stress was supported by the job demand resource template. However, managers seem to be using only the knowledge and support resource to reduce job demands and to help meet job demands required for compliance. They missed acknowledging the complexity of the job and the need for resources such as organizational support, organizational structure, and workforce autonomy. In an effort to decrease stress, managers looked for resources that would help reduce work demands and increase their ability to meet requirements. They reported using resources that focused on the increase of knowledge, but remained focused on the deficits of the workforce.

Negative Template Analysis

A negative template analysis was conducted to determine what was missing from the results describing the experience of stress within this particular child welfare workforce population. Based on theory, research, and practice knowledge I expected to see more about how high demands, inadequate workforce, and secondary trauma contributed to the experience of occupational stress (Travis et al., 2015). This, however, was not the case, especially for caseworkers and supervisors, despite being directly asked about these demands in focus groups and interviews.

High demands. Workload and caseload demands have been associated with high burnout and turnover in child welfare (Bride et al., 2007; Jayaratne & Chess, 1984; Juby & Scannapieco, 2007; Mor Barak et al., 2001; Strand & Doore, 2009). However, there is contradictory research to whether or not large caseloads are significantly correlated or predictive of burnout (Kim & Kao, 2014; Thomas, Kohli, & Choi, 2014). With regard to this study, I expected to see more discussion around the negative impact of these high demands in the form of complaining, frustration, and amount of discussion on the topic. However, though demands of high caseload and workload were discussed, it was not the focus in conversations of stress.

Caseworkers and supervisors discussed the pressure of high demands frequently in the interviews and focus groups. However, the conversation around these demands was framed in the “expected stress” category. Though frequently mentioned, high demands were discussed as a matter of fact. They did mention how more staff, decreased caseloads, and higher salaries would be beneficial but it was not a conversation about stress, more about logistics. Even when caseworkers reported recommendations or what about their practice was going well, there was little mention of needing to decrease the high demands. This lack of intensity and perceived non-association between high demands and stress was surprising.

Supervisors discussed the high demands on caseworkers and themselves causing stress. But it wasn't just that there were a lot of demands, it was that the system was not equipped to process these demands effectively and efficiently. Supervisors struggled with their inability to meet the demands no matter how hard they worked because of redundant

paperwork, data tracking, computer system inadequacies, and having to approve all reports and decisions made by caseworkers. Supervisors appeared to be impacted more by the feelings of being stuck in the middle, trying to balance out everyone's demands, and underappreciated for their role, then the stress of high caseload and low staff. This was evident in that the focus group conversations spent more time discussing these feelings than complaining and/or discussing the impact of high demands.

Managers discussed high demands in the form of large caseloads and unmanageable workload in congruence with the literature. They discussed the need to hire a bigger workforce and that hiring needed to be streamlined so as not to have large amounts of vacancies impacting the workload of existing staff. Managers shared efforts that were being implemented to help limit the number of new cases a worker was assigned when on call in order to limit the demands place on them.

Inadequate workforce. Currently, the majority of interventions targeting occupational stress in child welfare concentrate on the education and training of potential, new, and seasoned members of the workforce. This is in the hopes of providing the workforce with the skills, knowledge, resilient characteristics, and confidence needed to do their job therefor decreasing the potential for occupational stress. Though helpful, this method implicitly reinforces the perspective that the workforce is inadequately equipped to perform their job hence experiencing stress. This sentiment is also present in the frequent recommendation of improved supervision and increased self-care practices to combat stress, burnout, secondary trauma, and turnover. Though helpful, needing better

supervision and more self-care implies that something is missing or not good enough making the workforce vulnerable to occupational stress.

Though caseworkers reported benefitting from their education and training in this study, they did not feel like their stress was due to their inability, inadequate training, or lack of knowledge but rather to their inability to apply their already present skills and abilities due to bureaucratic processes, lack of time, and lack of control. They did not feel they had the power or control to make needed decisions and to accomplish what was required of them. Caseworkers did not view the workforce as inadequate and needing more training and/or accountability to reduce the stress caused by their inability to meet demands. They felt they and their peers had adequate skills, ability, and knowledge. The stress came from their inability to use these skills, abilities, and knowledge.

Supervisors too felt a lack of power and control preventing them from accomplishing what they perceived was in their ability to achieve. Though they mentioned needing more training, what prevented supervisors from meeting expectations, feeling stressed, or being able to prevent and treat stress in their workers was not a lack of skill, knowledge, or ability but rather the low priority of and lack of time to provide their perception of quality supervision (e.g., live supervision, teaching, modeling, and supporting).

Managers were in alignment with the current research, perceiving the workforce as needing more preparation, education, and training in order to be able to their job to the best of their ability and cope with occupational stress. Managers frequently discussed the need for more supervisor training in order to improve their practice, the performance of

their workers, and the occupational stress experienced by the workforce. They reported numerous efforts aimed at providing more effective new employee orientation and training, mentorship programs, and ongoing training to target needed competencies for caseworkers and increased caseworker retention.

Secondary trauma. With regard to the impact of working with vulnerable populations that have experienced trauma, the research discusses secondary and vicarious trauma as highly present in the child welfare workforce and related to burnout and turnover (Boyas & Wind, 2010; Strolin-Goltzman, 2010). However, in this data, caseworkers almost made a case for the opposite, that it is not the work with children and families and secondary exposure to trauma but rather the bureaucratic requirements that impacts them negatively.

I think a lot of the general perception is that we're stressed out because of the work that we do and the things that we see every day. I mean we work with some pretty horrible things and we see some horrible things, but that's not stress to me. What's stressful is documentation, caseload, policy and turning stuff in, overdues. That's what stresses me. I don't get stressed out from dealing with horrific sexual abuse, invisible abuse or anything thing of that nature.

P: . . . Because I don't mind going out and meeting with families, talking to people, meeting new people, seeing kids. They'll say...that the biggest thing that causes turnover was what you see and the stress of that—

[GROUP DISAGREES]

P: No. That's a flat-out lie. It's dealing with this organization. That's what causes the most stress for me.

P: If) we were actually able to do our jobs the way that they need to be done.

P: That would be fine even with the pain.

P: Yeah.

P: But we can't.

Supervisors discussed secondary trauma with regard to the stress they felt vicariously through their caseworkers and the lack of resources and response by the agencies to support workers around traumatic events and secondary traumatic stress. They also discussed how they felt responsible for protecting and/or supporting their caseworkers through traumatizing experiences. However, overall, they shared a similar sentiment to caseworkers with regard to the level of stress from secondary trauma being much less than that from feeling unappreciated, out of control, responsible for everything and everyone, and balancing middle management. Managers agreed with the workforce that few resources are provided to address secondary traumatic stress specifically. Managers acknowledged secondary traumatic stress and the impact it has on the workforce, especially interns and new workers, in terms of burnout and turnover.

Overall, secondary traumatic stress, large caseloads, and workforce incompetence did not seem more important than other demands with regard to how caseworkers, supervisors and managers experience occupational stress; they appeared to be equal to other demands mentioned.

Chapter 5: Summary of Themes and Templates

The creation of occupational stress templates contributed to a deeper understanding of caseworker, supervisor, and manager experiences of occupational stress. These templates highlighted that it is not just the amount of demands placed on the workforce that contributes to their experience of stress but rather “something more”. The “something more” is in how, where, why, and when the demands and resources are created, implemented, disseminated, and/or evaluated. Caseworker, supervisor, and manager perceptions of how, where, why, and when attribute to their experience of occupational stress. Supervisors could have perceived the presence of caseworker outcomes and the lack of specific supervisory tasks on their evaluation as the agency’s value of team and mutual accountability. However, their perception was that their job tasks and roles are often invisible and not valued by the agency hence the reason they are not given authority to make needed changes based on their professional expertise and values.

There were many similarities but also numerous differences in the templates reinforcing the importance of looking at the entire system when exploring factors in workforce functioning such as burnout, turnover, job satisfaction, vicarious trauma, and stress. It was clear that caseworkers, supervisors, and managers interact and impact one another’s experience of occupational stress.

What, how, where, why and when occupational stress was attributed to and the workforces’ perceptions of demands and resources greatly contributed to the creation of the final occupational stress templates and their themes. In the following chapter, the

occupational stress templates will be discussed with regard to their implications for occupational stress research, practice, and policy.

Chapter 6: Discussion

This final chapter discusses the significant findings of this study. These findings highlight new areas for further occupational stress research and reinforce existing stress and workforce development research in child welfare. They also support the idea that occupational stress in child welfare is complex. Due to the richness and enormity of the data and results in this study, selected findings will be discussed. Implications for policy, practice, and research are presented throughout the discussion as well as at the end in an overall implications section. This chapter ends with limitations and a conclusion.

Occupational stress in child welfare is complex. This study contributes to the understanding of this complexity through listening to the voices of caseworkers, supervisors, and managers actively working in child welfare systems. Their shared experiences of stress reinforced that occupational stress in child welfare is complex, but it also highlighted how strong and committed the workforce is to making a difference in the lives of our children and families struggling with and recovering from abuse and neglect.

This study (a) explored caseworkers', supervisors' and managers' lived experience of occupational stress; (b) identified the demands and resources present in the occupational roles of caseworkers, supervisors, and managers; (c) identified the impact of and coping related to the experience of occupational stress of caseworkers, supervisors,

and managers; (d) compared the experiences of stress between caseworkers, supervisors, and managers; (e) created occupational stress templates for caseworkers, supervisors, and managers (see Appendix C); and (f) applied the occupational stress templates through the creation of practice, policy, and research implications ultimately answering the research question: How do caseworkers, supervisors, and managers in the child welfare workforce experience, perceive, and cope with occupational stress?

Summary of Findings

A brief summary of the results will be presented prior to the discussion of significant findings to assist the reader in their understanding of the discussion. The summary will be organized in order of the above stated aims.

Experiences of occupational stress. In exploring the experiences of occupational stress for caseworkers, caseworkers shared that they perceived the demands present in child welfare work as “expected”, including the secondary traumatic stress that results from vicariously witnessing the trauma experiences of children, adolescents, and families. Though these “expected” demands could be stressful, caseworkers did not attribute stress to these situations. Instead, it was the incongruence present between their values and expected job duties; the inconsistency of support, practice procedures, and policy interpretation and application; the lack of self-efficacy due to individual and systemic barriers; and the lack of acknowledgement for their constant effort and hard work that they perceived as contributing to their experience of occupational stress.

Supervisors experienced stress in their perception of the system and their own supervisory role's incongruence; the lack of self-efficacy to support and guide their team; their level of responsibility for caseworker and client actions and outcomes; and in their position of supervisor feeling invisible, forgotten, lost, and/or stuck in the middle.

Managers were different in that they spoke more of their perception of stress for caseworkers and supervisors and less about their personal stress experiences. Manager responses could have been influenced by the intent of the original data collection (e.g., a systems assessment to inform the identification of change initiatives). This context of the original data collection should be considered when reading the results and findings from this dissertation study. Their stress template included experiencing stress as difficult to change despite their knowledge, deficit based, and external to their own self or direct responsibility but rather related to the efficacy of the workforce and evidence based practice.

Demands and Resources. Caseworker, supervisor, and manager perceptions of their work demands and resources highlighted the complexity of stress in child welfare due to the numerous demands and limited resources reported and the difference in perspectives between caseworkers, supervisors and managers about these demands and resources. Caseworkers did not seem focused on particular demands and resources, but rather on the intent, delivery, and evaluation (see Table 9) of these demands and resources. Whereas the managers focused heavily on identifying actual demands and trying to provide resources to assist in managing or lessening those demands.

Another interesting finding was how different staff had different views of resources. In response to the research question about demands and resources in the experience of occupational stress, it is interesting to note that caseworkers' data presented resources as both a resource and demand depending on the delivery and/or intent of the demand and resource. These resource/demands included trainings, staff comradery events, vacation, and over/flex time. These resources were described as not effective in reducing stress. Caseworkers perceived these resource/demands as an effort by leadership to prove that they "*cared*" about the workforces' wellbeing, but that the resource did not actually help reduce or prevent stress. Ultimately, from the perspective of caseworkers the perceived delivery and/or intent behind the resource turned it from a resource into a something not helpful and/or a demand. This disconnect was evident in managers' frustration with regard to their programs and efforts, which were intended to be resources for the workforce, not having the desired outcome of relieving stress and/or burnout and increasing morale.

Impact and coping. Identifying the impact and coping of occupational stress in this dissertation study sample, made clear the significant impact stress has on the physical and mental health of the individual, their family, and the climate of the organization. It also made clear the lack of resources and coping present in responding to these high impacts. Impacts mentioned, reinforced current literature with regard to physical and mental health (Kim & Stoner 2008; Sprang et al., 2011), family work balance (DePanfilis & Zlotnik, 2008; Mor Barak et al., 2001; Shim, 2010), client outcomes (Glisson & Green, 2011), and organizational climate (Glisson & Williams, 2015). Coping skills or resources

mentioned in the data presented nothing new or different that has not already been listed in current research and practice knowledge (Anderson, 2000).

Comparison of caseworkers, supervisors, and managers. The comparison of caseworkers, supervisors, and managers not only increased understanding about how each group experiences occupational stress, it shed light on the importance of looking at additional roles and relationships in the child welfare system as it relates to stress. Current research on turnover, job satisfaction, burnout, and secondary trauma primarily focus on caseworkers (DePanfilis & Zlotnik, 2008; Ellet et al., 2007; McCrea, Scannapieco, & Obermann, 2015; Shimm, 2010). There may be an occasional study of a different group (e.g., supervisors) (McCrea et al., 2015), however the frame, construct definitions, and measurements used are often those normed on caseworkers, may not accurately measure supervisor and manager experiences.

In addition, not many studies exist looking at all of these groups in their similarities and differences and/or their interactions and how this contributes to the most commonly noted symptom of occupational stress, caseworker turnover. For example, supervisors and managers have less reported turnover, but this does not automatically mean that they are not stressed or impacted by work demands (McCrae et al., 2015). Given social works strong commitment and historical connections to child welfare, research would benefit from taking more of a systems approach in looking at how workforce issues and implementation of programs function collectively and between groups.

Current research addressing the collective stress in the construct of organizational culture and climate is being done by Charles Glisson and colleagues (Glisson & Hemmelgarn, 1998; Williams & Green, 2015). They have spent decades working on the organizational social context model addressing the culture and climate of organizations and its impact on clients and change implementation (Glisson, Dukes, & Green, 2006; Glisson & Hemmelgarn, 1998; Williams & Green, 2015). However, these organizational profiles are created from individual response level data and do not capture the interactions or differences between different job positions. They also tend to focus on direct service workers (e.g., caseworkers, mental health practitioners) and its impacts of clients and change readiness verses the dynamics and interactions of the system.

Differences in occupational stress perceptions from this dissertation study highlighted that there is a disconnect between the caseworker supervisor dyad and managers. Though supervisors and caseworkers had differences, they were both aware of one another, their own actions, the great responsibility they had to protect children and families, and the potential positive and/or negative impact their practice has on one another, self, and clients. Managers had an overall knowledge and a local awareness of stress present in caseworkers, but did not appear to have awareness of their own actions and thoughts. This may be due to supporting the workforce and putting their needs first or potentially a lack of self-awareness.

In addition, their awareness of occupational stress appeared framed and/or informed by research verses experience, despite their average tenure of 10 years. Though they were driven by serving families, their expressed sense of direct responsibility for the

safety, permanency, and wellbeing of children and families was not as evident as that presented by caseworkers and supervisors. There appeared to be more motivation to make the system work through the implementation of evidence based programs with success measured through the meeting of national standards and other data outcomes rather than the day to day successes of an individual child or job satisfaction of a supervisor, though empathy for the workforce was clearly stated.

Final templates. The creation of the final templates for caseworkers, supervisors, and managers were completed after extensive interaction with the data and looking at how the emerged and a priori codes interacted, related and were structured (see Appendix C). Though not all encompassing, the templates appeared to capture the majority of occupational stress experiences for caseworkers and supervisors. However, the manager template did not appear to reach theoretical or data saturation (Guest, Bunce, & Johnson, 2006; Meadows & Morse, 2001). This potentially was due to an inadequate template; difficulty of creating the template due to the lack of expressed self-awareness reported in managers' experience of occupational stress; the need for more manager interviews; the diversity in manager positions and responsibilities; data collection in the form of individual interviews versus focus groups; and/or interviewer bias and/or style. Final templates, of all groups, were used to inform the implications and recommendations for social work and child welfare practice, policy and research stated at the end of this chapter.

Discussion of Significant Themes, Findings and their Implications

The final chapter of this dissertation study started with a summary of findings. It continues with a discussion of the significant themes of incongruence, inefficacy, and lack of acknowledgement present in the caseworker and supervisory experiences of stress as reflected in their templates. This discussion will include the noted differences or absence of these themes (e.g., incongruence, inefficacy, and lack of acknowledgement) in the managers' template. It will also discuss the similarities and differences between the job roles and what implications this has for practice, policy, and research.

Furthermore, this chapter will discuss additional findings which emerged outside of the primary research questions including the perception of secondary traumatic stress as expected, the lack of occupational stress interventions in child welfare, the redundant conversation addressing turnover, and the lack of a child welfare occupational stress theory. Following this specific discussion of significant themes and their implications, overarching implications for practice, research, and policy will be presented. This chapter will conclude with study limitations and a conclusion.

Significant Themes

A strong message throughout the caseworker and supervisor focus groups was that it was not the day to day work and difficulties of advocating and working with families or the paperwork and caseload demands that created stress but rather, the (a) incongruence of their day to day job expectations with their own professional or best practice values; (b) their inability to make a difference and keep kids (or their caseworker

staff) safe due to structure, autonomy, skill, knowledge, and policy despite their perceived responsibility; and (c) in the lack of acknowledgement for how hard they work, to the point of sacrificing their own family and selves' mental and physical health. This message was captured in the templates through the themes of incongruence, inefficacy, and lack of acknowledgement.

Incongruence. Incongruence between professional (e.g., evidence based, social work, and best practice) and personal (e.g., integrity, value of children and families, service) values and knowledge (e.g., education, training, experience), and what was expected of caseworkers and supervisors in their day to day job duties was consistently reported as stressful, difficult, uncomfortable, and a barrier to effective practice across job descriptions, regions and states. Having incongruence between job expectations and values decreased caseworkers' ability to use professional values as a resource because often their values (e.g., keeping kids together with their siblings; supporting culturally responsive practice) were in direct conflict with their job expectations (e.g., place kids quickly, licensing requirements). Supervisors' motivation of helping their caseworkers thrive was incongruent with having to discipline them for late reports, despite the caseworkers' extra effort all week with a difficult case. These values and motivations, which usually serve as a resource for completing difficult work (e.g., high caseload and workload demand), ended up creating more stress and discontent, because in order to complete the expected job, the supervisor and caseworker had to go against or ignore their personal and professional values and motivations.

This same incongruence then impacts how supervisors and caseworkers cope with difficult work demands. Instead of potentially coping with the strength of their professional values, they begin to have the “CYA” (cover your ass) or “check off the boxes” attitude. This seems due to the perceived discouragement of the use of their values and motivations to find the best matched placement or creative service to solve the problem as evidenced by regulations such as timeline requirements, priorities, outcome measures, lack of reward, or even potential punishment for taking the extra time or resources to accomplish finding a matched placement and quality service. Supervisors and caseworkers instead check off the boxes; so that when they go home at night at least they know they won’t be held liable if something bad happens. However, they are not going home feeling proud or that they did what they felt was right (Parton, 2006).

Another coping strategy as a result of incongruence is “going above and beyond”, “working overtime”, and “bending the rules”. Supervisors and caseworkers both talked about spending their own money, staying late to the detriment of their own life and families, and working “around” the rules in order to get children and families (and for supervisors, their caseworkers) the services they need or that the supervisors and caseworkers felt were right.

Managers did not express incongruence with their professional and/or personal values and knowledge and what was expected of them day to day. In fact, they had a strong knowledge of the agency values and seemed to work well within these values motivating their work decisions and agency initiatives. However, there was incongruence between managers’ knowledge and awareness of stress and their inability to select and

implement programs or efforts to prevent and/or lessen stress and its impacts. This was captured in their theme: inability to impact change despite knowledge. Changing stress or organizational climate often felt like a mystery to managers as their intentional efforts often did not lead to their desired outcomes (e.g., a workforce that feels supported and listened to, a workforce that recognizes the efforts made by management to support them, and in a workforce that is effective and efficient in practice).

This finding of the impact of incongruence on the experiences of workforce stress is an essential piece of understanding occupational stress in child welfare. Expected demands (e.g., paperwork, difficult clients, holding employees accountable, vicarious trauma) within child welfare appear to be stressful, however not due to amount, but rather whether or not they require caseworkers and supervisors to act against or outside of their personal and professional values, motivations, and skills.

Currently, high demands in child welfare are being dealt with by increased control, accountability, and bureaucratic procedures which require caseworkers and supervisors to complete tasks that are not focused on the direct support and care of children and families, their original reason for choosing a career in child welfare (Ellett, 2009; Martin & Healy, 2010). The finding that incongruence impacts occupational stress experiences for caseworkers and supervisors has implications for how the colleges and universities educate and prepare future child welfare workers and supervisors, how systems create and implement trainings, how decisions and policies are grounded, framed, and subsequently imposed, and in the research of burnout, turnover, and occupational stress interventions.

Overall, education, child welfare, and government should seek congruence between values and awareness of all values in the system (e.g., students, interns, new workers, experienced workers, supervisors, legislators, court personal, justice system, and leadership). These values could frame and ground every decision, policy, and implementation process instead of outcome measures, reactionary action, funding, and politics. Outcome measures, funding, and politics need to part of the consideration, but the driving force could be the values and motivating factors keeping all in the system engaged.

Past and current research addresses incongruence through the focus on how role stress and conflict impact turnover, job satisfaction, burnout, and overall job stress (Acker, 2008; Harrison, 1980; Kim & Kao, 2014; Mor Barak et al., 2001). Role stress as defined by Acker (2008) is the idea that day to day job expectations of the agency are incompatible with caseworker and supervisors' expectations about what they feel needs to be done and the autonomy that they perceive they have or need in order to accomplish those expectations. Hence there are too many expectations or the tasks are too difficult for the caseworker or supervisor to accomplish given their current skills, abilities, and/or resources. Role stress has been shown to impact professionals due to their lack of power to address client issues and threatening their professional values, both of which were reflected by caseworkers and supervisors in this study (Jellinek & Nurcombe, 1993; Lu, Miller, & Chen, 2002). Role conflict is when caseworkers or supervisors are expected to fulfill two roles, implicitly and/or explicitly, which are incongruent or in conflict with one another (e.g., parent advocate/parent monitor; caseworker supporter/caseworker

disciplinarian; agency voice/caseworker advocate; treating clients individual/timeline follower). Though role stress and conflict are identified as contributors to turnover and burnout, there is limited discussion of interventions applying this finding or focusing on creating less conflict in child welfare job roles.

There is limited research addressing the idea and/or impact of value incongruence in child welfare. However, researchers in nursing are addressing value incongruence and its impact on job satisfaction, turnover, and burnout (Bao, Vedina, Moddie, & Dolan, 2013; Boamah, Read, & Spence Laschinger, 2017; Minikoff, 1994; Risman, Erickson, & Diefendorff, 2016; Shera, 1996). Directly related to burnout, Leiter & Harvie (1997) found that a conflict in values for nurses was directly related to dimensions of burnout (e.g., emotional exhaustion, depersonalization, and cynicism). One article discussed the implementation of managed care or similar regulatory practice and the impact this had on professional job satisfaction due to the dissonance between new demands, introduced by managed care, and existing professional values and expectations. This dissonance appears similar to the incongruence between new child welfare policy and/or outcome demands faced by the workforce and their professional values and skills (Minikoff, 1994; Shera, 1996). This dissonance between new demands and existing expectation and values decreased job satisfaction for the nurses taking part in the study (Leiter & Harvie, 1997).

Other studies, though not directly about congruence, spoke about how caseworkers cope with stress. Two different studies of child welfare workers found that their motivation of and rewards from helping others kept caseworkers at their jobs and assisted them in coping with the day to day stress (Aclaró-Lapidario, 2007; Anderson,

2000). Research like this reinforces the importance of aligning these strong motivators with daily work, strengthening the congruence of practice, hence supporting the workforce.

Though research addresses value incongruence there is limited research discussing interventions that address this incongruence in the child welfare workforce. Current interventions addressing parts of congruence focus on collaboration and system wide implementation of efforts such as the Sanctuary Model (Esaki, Benamati, Yanosy, Middleton, Hopson, Hummer, & Bloom, 2013) and other such trauma informed care models which include multiple players and focus on common goals and values. Though not directly targeting congruence, the Sanctuary Model emphasizes shared values and common purpose among all participants, staff, clients, and stakeholders included and suggests ways of communicating these values (Esaki et al., 2013). It has not been tested with regard to its relation with increased job satisfaction, lowered stress, or intent to stay in the child welfare system.

In an article by Lonne, Harries, and Lantz, (2013) the importance of congruence in workforce tasks and values was discussed in a review of an Australian child welfare system. Lonne et al., made recommendations for a relationship-based reflective practice, using a public health model of primary, secondary and tertiary prevention; and creating and implementing a new ethical framework to assist in practice, decision making, and policy in order to support congruence between the workforce's desire to help people and the required daily tasks. These recommendations could ease the current incongruence present in the system by recognizing the conflicting priorities (e.g., outcome/data driven

and relational practice) that are inherent in child welfare and providing a direction for practice that focuses on relationships, reflective practice, and operating from an ethic of care instead of solely outcome and technology driven (Lonne et al., 2013; Parton, 2003). Further exploration and study of value incongruence and occupational stress is needed in the child welfare system.

Implications for incongruence.

Practice. Caseworkers and supervisors value helping people and the reward of working hard for children's safety and wellbeing keeps the workforce motivated to continue meeting the day to day demands that are required. This value of helping others, especially children and families, is a strength of the workforce and needs to be integrated into job tasks and evaluations. Specific to supervisors, they talked about helping their caseworkers in court or on a difficult visit, they reported being "happy" and that "this is what the job is all about". Creating more opportunities for supervisors to provide quality and hands on supervision would create more congruence between their values and job expectations. Supervisors also would benefit from being evaluated on the tasks of their job that they value (e.g., being supportive and hands on supervision) instead of their caseworkers' performance and data outcomes.

Policy. The reactive method of policy creation and implementation reported by caseworkers, supervisors and managers was equated with the incongruence of policy with realistic practice. By not taking the time to make policy based in practice and research, reactive policy often had unintended consequences that created additional demands for the workforce or that literally could not be achieved within the day to day practice

structure of caseworkers and supervisors. Creating proactive policy informed by all in the workforce will help create policy that is congruent with practice limitations and workforce values. Another recommendation is the continuation and expansion of cross discipline policy trainings including court, justice, mental health, child welfare and educational professionals. Having collaborative trainings will help the implementation of policy to align with multiple systems' values and missions creating an understanding for one another's values and a congruent system.

Research. The system would benefit from research that focuses on the idea of incongruent practice and role conflict with regard to occupational stress. What is more stressful for caseworkers, managers, and supervisors, a really hard task or a task that doesn't align with or goes against their values? Does the size of the caseload impact stress or is it that the size of the caseload does not allow them to spend time with their families or caseworkers in a manner they feel is best practice and aligned with their values? Further exploration on how value incongruence contributes to stress is necessary to see if the findings of this study are true across child welfare settings. It would also help to inform interventions aimed at reducing role conflict.

Inefficacy. The inability of the workforce to impact change for children, families, themselves and/or their workers contributed to their experience of occupational stress. Caseworkers, supervisors, and managers expressed strong commitment to their mission of providing safety, permanency, and wellbeing for children and families impacted by abuse and neglect. It was clear that caseworkers and supervisors cared greatly for one another and their peers. Managers expressed concern for the workforce, especially the

demands placed on caseworkers and their resulting job satisfaction. Because of their strong commitment to one another and the mission of child welfare, their inability to meet expectations, keep kids safe, impact change, or protect one another was a frequently discussed experience of occupational stress.

Caseworkers and supervisors felt as if they were set up to fail, “damned if I do, damned if I don’t”. In addition to not having the control, autonomy, time, resources, structure, or support to allow for success, caseworkers and supervisors felt they would be blamed and held liable for any mistake, miscommunication, or harmful and/or negative client (or caseworker for supervisors) issue even if it was out of their control, which many times it was. Despite this set up, caseworkers and supervisors reported that they continued to try and went “above and beyond” to get their job done, however even this felt like it was “never enough”.

Because of their perceived lack of control or inability to change their situation or that of their clients, caseworkers and supervisors often coped by having the “damned if I do, damned if I don’t” or “never enough” attitude. They would also cope by working constantly during regular work hours, weekends and overtime. Supervisors reported completing tasks of their workers in order to feel like they were helping or making a difference. This “over and above” practice resulted in family work imbalance with caseworkers and supervisors coming home late to their family dinners, missing their children’s school games and concerts, missing their own lunch, and not even going to the bathroom for hours. Supervisors discussed knowing what their workers needed or at least that their current choice of interaction and or supervisory solution was not working.

However, due to their feelings of inefficacy (e.g., no power, no autonomy, no time, lack of skill) supervisors reported managing the workers as they were managed (e.g., evaluating based on the numbers, threatening, punitive) even though they don't like it or think it was effective. The struggle here is that no matter how much time and effort caseworkers and supervisors expend, the system and its resources do not allow them to succeed.

Managers did not feel a lack of self-efficacy. They expressed pride in their implemented programs and in the efforts that they were making in order to impact change. Inefficacy was experienced when implemented programs did not work due to the program match; poor implementation and/or program adoption; supervisor deficit or lack of buy in; and caseworkers' lack of training, skill, and time. However, managers did not express responsibility for these challenges or a sense of inefficacy, therefore maintaining their own sense of self-efficacy.

Feelings of inefficacy or lack of self-efficacy for caseworkers and supervisors are reinforced by restrictive policy, punitive evaluations and accountability measures, media portrayal, court mistrust and power, increased liability and blame, and public perception of the workforce as paper pushing bureaucrats (Landsman, 2001; Westbrook, Ellis, & Ellett, 2006). Their feelings, government policies, and public perception seem to create an ongoing loop each feeding into next, making it difficult to break this cycle by giving the workforce more autonomy and control over their practice and the safety of children and families without the threat of blame and liability (Ellett et al., 2007).

The concept of self-efficacy is not a stranger to child welfare. Kim (2011) reported that child welfare workers have a lower sense of accomplishment than social workers in other settings. Chen and Scannapieco (2010) discussed how higher self-efficacy is related to caseworkers' intent to stay and retention. In a qualitative study with over 300 participants, self-efficacy was a theme identified in what contributed to worker retention (Ellett, Ellis, & Westbrook, 2007).

Self-efficacy and job satisfaction and/or stress has also been discussed and applied on a broader scale by Bandura (1997); within the Job Demand Resource Theory in their discussion of control and autonomy (Demerouti & Bakker, 2011); and with regard to role ambiguity (Carpenter et al., 2013; Claiborne et al., 2015). Self-efficacy, as referred to in Bandura's Social Cognitive Theory (1997), is the belief in an individual's own capability to exercise some control over their own functioning and situation and the ability to cope with stressful events (Prati, Pietrantonio, & Cicoganani, 2010, p464). Successfully meeting increased demands increases self-efficacy, whereas the failure to meet these demands decreases self-efficacy. The idea of self-efficacy and job stress and/or satisfaction has been explored with nurses, emergency workers, mental health practitioners and other helpers as it relates to stress and their occupational performance (Parry-Jones & Grant, 1998; Pisanti, van der Doef, Maes, Lombardo, Lazzari, & Violani, 2015). While self-efficacy is not new in its application to occupational stress, continuing to support the self-efficacy of caseworkers and supervisors deserves attention.

Job Demand Resource Theory discusses the importance of control and/or perception of control with regard to managing the demands present in one's work

environment (Demerouti & Bakker, 2011). Having control over or the ability to impact one's current situation or work environment is considered to be a resource that helps manage work demands (Schaufeli & Taris, 2014).

Role ambiguity or low role clarity has been shown to increase occupational stress and decreases job satisfaction in child welfare environments (Acker, 2005; Carpenter et al., 2013). Role ambiguity is the lack of clarity with regard to (a) what is expected, (b) level of influence and/or control the individual possess, and (c) the appropriate and effective expression of behavior accepted in the individual's environment (Harrison, 1980; Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964).

Though it is clear that the system would benefit from increasing caseworker and supervisor self-efficacy, it is difficult due to the risk adverse and reactive nature of the system and the high cost of error (e.g., children's lives, wellbeing, and safety) (Lonne & Parton, 2014). Current interventions that focus on self-efficacy through increasing autonomy and control for workers and supervisors are few to none. If focused on self-efficacy, the intervention concentrated on the skill, ability, and knowledge part of self-efficacy rather than autonomy and control. One example of increased autonomy and control was the use of design teams in program implementation and its positive relation to perceived self-efficacy and decreased turnover within child welfare (Lawson & Caringi, 2015; Claiborne, Auerbach, Lawrence, McGowan, Lawson, McCarthy, & Caringi, 2014). However, most interventions targeting self-efficacy focused on increasing skills and knowledge, not increased autonomy and control.

An example of this is supervisory trainings and leadership training for supervisors. Though reported as positive for supervisors in workforce development literature (Bernotavicz, McDaniel, Brittain, & Dickinson, 2013), these trainings focused on supervisory and leadership skills and knowledge transfer however, did not change the systems structure to give supervisors increased autonomy and control needed to implement these new skills. Neither caseworkers nor supervisors mentioned that they perceived themselves as unknowledgeable or in need of training, but rather they reported that they were not able to use their professional expertise, education, and/or values to impact change due to their lack of control and autonomy.

Implications for self-efficacy.

Practice. The workforce represented in this study did not feel they needed additional training to become competent, but rather more autonomy and control in making decisions. Self-efficacy can be increased through providing more skill and knowledge training, however this study described that the workforce wants something different. Training, supervision, and mentoring could address ethical decision making in the ambiguous context of child welfare verses just knowledge and skill. Trainings could be provided at the organizational level for agency leadership on how to increase autonomy of your workforce and include the voice of caseworkers and supervisors at the decision making table.

Caseworkers and supervisors could have clarity around their role and where they have control to influence decisions and where they do not. This could also help management and leadership see that the workforce often has responsibility for areas that

they do not have control over. Making sure that if caseworkers are responsible or even potentially liable for a decision, that they have control over making an evidence based informed decision and are not just taking the blame for other parts of the system (e.g., court, external providers, leadership).

Policy. Legislators continue to pass restrictive policies in reaction to tragedies (e.g., child deaths, abuse to kids in foster care, workforce negligence) that occur in child welfare. The policies dictate how the workforce is able to intervene with intentions of protecting children, however it can often result in increased work and restrictive guidelines for the workforce, limiting their self-efficacy, as reinforced by the data from this study (Parton, 2009). Policy creation and implementation needs to consider how the unintended and intended consequences of policy impacts the workforces' ability to implement the policy and their self-efficacy in general.

In addition to less restrictive and prescriptive policy, self-efficacy would be encouraged by increased access to policy (e.g., understandable language, storage and organization of statutes; mobile app). The workforce consistently stated how difficult it was to find and interpret policy, often resulting in blame of their choice of policy or implementation method. Policy and statutes could be stored in an easy to search data base that could be accessed on a mobile App or laptop. Old policy would be removed and policies could have practice examples or past application to give the workforce an illustration of what the policy is intended to do. This would encourage usage of the policy and increase the workforces' ability to interpret and apply policy, hence increasing self-efficacy.

Research. Increased research on how autonomy and control function in the day to day lives of caseworkers and supervisors is needed. What is the relationship and/or barriers in a risk averse culture giving high autonomy and/or self-efficacy of the workforce? The fear may be that caseworkers and supervisors do not have the skills, knowledge, or abilities to keep kids safe and that the system will be held liable for any mistakes. Research could focus on how caseworkers and supervisors make decisions and on the flip side, if restrictive policy or limiting authority of caseworkers and supervisors keeps kids and families safer than policy that allows more autonomy to the work force.

Finally, the field would benefit from the creation and testing of interventions designed to increase self-efficacy on an individual and organizational level. Gaining understanding of where agencies could give more autonomy or control and how they could structure their procedures and policies to encourage the workforces' use of their skills and abilities could be valuable.

Acknowledgement. Lack of acknowledgement and feeling undervalued increases worker turnover (Ellett et al., 2007). A study of former child welfare workers found that not having a voice or someone to hear their concerns and wanting greater recognition for their work were themes for workers leaving their jobs (Griffiths & Royse, 2016). Past research reinforces the findings of this study about the importance of workforce recognition, acknowledgement, and workforce perception of having a voice in work decisions and processes (Ellett et al., 2007; Hopkins et al., 2010; Mor Barak et al., 2006; Nissly, Barak, & Levin, 2005).

Supervisors and caseworkers alike in this study talked about feeling undervalued and not acknowledged for the hard work that they are required to do every day. Managers too felt underappreciated at times by the workforce, for their efforts in identifying and implementing programs aimed to alleviate workforce demands. Supervisors lack of acknowledgement went even further into feelings of being invisible or lost in their middle management positions. Though often for negative reasons, supervisors expressed that caseworkers were given lots of attention through the exploration of turnover, burnout, and secondary trauma. Most reforms and trainings were targeted to caseworkers, making supervisors feel isolated and not noticed for their own struggles and issues. In addition, supervisors were evaluated based on the performance of the caseworkers, furthering their feelings of being invisible.

Caseworkers expressed a lack of acknowledgement for the hard and quality work they did every day. They expressed being acknowledged only when they messed up or did not meet expectations, especially with regard to leadership. Their performance evaluations reflected their shortcomings and did not highlight their efforts or exceptional performance. In fact, supervisors were required to do extra work in proving exceptional performance reinforcing the more punitive and negative forms of acknowledgement.

Caseworkers and supervisors both discussed the pleasure in getting acknowledgement from children and families, external services providers, court, their supervisors or managers, and their peers. This acknowledgement often caught them doing amazing things in their daily tasks, allowing them to be seen and recognized for what

they do every day. They expressed that even these small tokens of appreciation kept them motivated to continue in their jobs, despite the demands.

Implications for acknowledgement.

Practice. The disconnect between managers and the workforce was clearly illustrated in the data. It was not due to intentional dislike, but rather misunderstanding, miscommunication, and lack of awareness. Managers expressed concern for the workforce and their experience of occupational stress, however, based on the perceptions of caseworkers and supervisors with regard to resources and demands, this message of concern was not effectively communicated to the workforce in a way that allowed the message to be heard. The lack of acknowledgement perceived by caseworkers and supervisors could be mitigated by creating a system where the workforce feels heard. Feeling heard could be supported by having a supervisory structure where supervisors and managers are able to observe their staff doing hard work, seeing their skills, abilities and struggles in addition to hearing their concerns and successes. Being acknowledged could also be supported by creating teams that not only pay attention to the high needs and crisis cases but also take time to discuss the high and low points of the week and how to make improvements or replicate success. Though many managers and supervisors from this study described that they are implementing creative and innovative solutions to help in acknowledgement of staff, these methods were not consistently mentioned or implemented and often were not reported to be implemented by the agency as a whole.

Another area of needed improvement to increase acknowledgement for caseworkers and supervisors is in the practice of performance evaluations. Currently, as

caseworkers and supervisors noted, evaluations acknowledge mostly negative aspects of their job performance and where staff are falling short. Evaluations do not capture all the work of the workforce and the moments that they go “above and beyond”.

In addition, accountability and discipline can be negative and threatening, creating a negative atmosphere around evaluation and professional development. Cooper, Hetherington, & Katz (2003) discuss the benefits of “non-punitive accountability and review mechanisms” in their research on the child protection system in London. Figuring out how to use data and outcome driven practice to augment practice verses control would increase caseworker and supervisors’ feelings of acknowledgement as they are seen outside of their ability to meet numbers.

Policy. Based on the experiences of the participants analyzed in this study, the creation and implementation of policy needs to include caseworker and supervisor voice, consider the unintended consequences of the policy to the workforce, and provide resources that support the hard work required by the new policy. By including caseworkers and supervisors at the table for all steps in the process, it could acknowledge their expertise and their needed voice to construct effective policy. Currently, caseworkers and supervisors play what they describe as a token role towards the end of the process, but often feel that is it only a token role and their voice holds no power. By including active workforce members in all parts of policy creation and implementation, the system is acknowledging the need of their voice and importance of their participation for successful implementation.

Policy could also impact public perception by creating policy and regulations that are pro workforce and support the professional development and reputation of child welfare professionals in the community. Language could reinforce their skills and abilities hence shifting the mindset of other professionals involved from viewing the workforce as ineffective to seeing the workforce as willing and capable to create change in the lives of children and families.

Research. Exploring caseworker, supervisor, and managers' views of acknowledgement and when they feel seen and heard would help guide efforts of acknowledgement. It may also address the issue, raised in the data from this dissertation study, of agency presented resources (e.g., training, moral building activities) feeling more like demands to caseworkers and supervisors. Caseworkers mentioned loving having a "day off" to complete their paperwork and having supervisors attend court on difficult cases. These may be suggestions about how the workforce wants to be acknowledged and seen. Being acknowledged may look different than traditionally thought. This might include researching not what keeps people at work or reduces burnout, but how people want to be acknowledged, seen, and heard.

Managers. Manager data were different from supervisors and caseworkers in that they had limited disclosure of personal experiences or impacts of occupational stress. This could indicate that managers are different and/or that data collection did not encourage managers to share their personal experiences of occupational stress. The intention of the original data collection through NCWWI WE was to assess the system and its climate not individual perspectives. Though managers were asked the same

questions as caseworkers and supervisors, their understanding of the intent of the interview could possibly have been different leading to less detailed or accurate portrayals of their experience with occupational stress. It may also be related to the tendency for leaders and social workers and other helping professionals to put others before themselves, hence having concern for the caseworkers' experience of stress not their own.

Either way, the data in this dissertation study highlighted that managers have a different perspective from caseworkers and supervisors. These differences may point to a common theme in child welfare and other human service agencies of the lack of communication and/or understanding that can occur between direct service and leadership professionals. An example of this was how managers discussed the difficulty for caseworkers of having high caseloads and demands but yet the caseworkers did not feel that they were appreciated or acknowledged for their work within this context. It was clear that the managers were a committed and knowledgeable group of people motivated to improve the child welfare system. However, their inability to acknowledge the presence of system barriers prevented their desired outcomes from being realized and/or sustained.

Managers discussed incongruence, inefficacy, and the lack of acknowledgement present for the workforce. They had an accurate sense of the barriers and struggles that impact the workforce, especially caseworkers. However, they were unable to effectively change or impact the demands and resulting stressors for the workforce, hence contributing to the experience of supervisors and caseworkers' incongruence and

inefficacy. Within the theme of inefficacy managers focused on external barriers such as the programs or interventions chosen, the lack of fit between the program and workforce engagement or skill system issues, caseworker and supervisor deficits, the barriers present in the implementation context, and other external factors as ineffective not mentioning their own efficacy or lack thereof.

This perspective of occupational stress being external from managers' sense of efficacy or responsibility is reflected in the current programs and training in child welfare targeting the lack of effectiveness in the workforce through skill and knowledge based interventions. (Russ, Lonne, & Darlington, 2009). It also illustrates the potential reasons why policy continues to implement restrictive solutions and increased accountability to solve system and workforce issues. As mentioned earlier in the child welfare intervention section, a focus on workforce strengths, resources and resiliency may be an area to target that would address the lack of self-efficacy, acknowledgement of skills and abilities, and congruence in effort and reward (Russ, Lonne, & Darlington, 2009). Overall however, managers expressed having congruence between their values and what they were expected to accomplish day to day. They had a strong awareness of agency practice and values and expressed alignment with these goals.

Implications for managers. Due to the incongruence between managers and their staff, all would benefit from having increased opportunities for managers and other leadership to interact with the workforce through values and ethics discussions, participation in joint practice decisions, and sharing personal motivations and professional reasons for decisions. This may work to create more alignment and

transparency therefore closing the communication gap, making managers efforts more effective, and increasing their feelings of being supportive and recognized for this by the workforce.

Managers, based on this dissertation study's findings, may benefit from knowledge on change readiness and implementation and dissemination science within complex systems. Providing knowledge with emphasis on using a critical eye in program implementation and evaluation may give managers a deeper understanding on how to apply evidence based programs within their unique setting. In addition, training paired with ongoing manager mentorship would reinforce understanding and implementation skills as barriers, failures, and successes arise.

Managers seemed very knowledgeable about the impact of stress on the workforce, but expressed frustration when their efforts did not work (e.g., lack of adoption of new policy and procedures and effective feedback systems, continued low staff satisfaction around communication with leadership). Having increased knowledge and support around implementation and dissemination may help to reduce externalized blame and their feelings of turnover and stress as a mystery. Agency policy could help support this by structuring feedback loops and committees with equal representations from all the workforce.

Role differences and similarities. One of the strengths of this study included the comparison analysis of caseworkers, supervisors, and managers experience of occupational stress. These differences and similarities highlighted the importance of exploring the whole system, not just caseworkers, with regard to issues of occupational

stress, burnout, turnover, and secondary trauma. Being a bureaucratic system, the child welfare system functions in a hierarchical structure, with detailed decision-making processes and chains of command. It is also subject to funding requirements, policy, stakeholder demands, provider requests, and community concerns extending its system participants. This interconnected system reflects what was noted in the comparison analysis, which was that caseworker turnover is not just a stress symptom of caseworkers, but it is a symptom or result of a whole system's experience of stress. Considering current interventions targeting turnover, burnout, and job satisfaction are not making significant or sustained changes, it is important that the current framework change (Williams & Glisson, 2013). This change could include the exploration of the entire system, its relationships, and its interactions which lead to occupational stress.

The comparison analysis also highlighted how different supervisors are and the importance, yet invisibility, of their position in the system. Supervisors are unique and different from caseworkers but still experience occupational stress and its impacts. Because they are in a middle management role, they are often torn in multiple directions having to balance conflicting messages and priorities. Supervision is frequently recommended as a solution to caseworker turnover, burnout, and secondary trauma though not rigorously tested for actual effectiveness (Carpenter et al., 2013). Supervision training is often focused on supervisors' effectiveness to impact caseworkers job satisfaction, performance, and turnover (Chen & Scannapieco, 2010; Landsman 2007) or the successful implementation (Aarons & Palinkas, 2007; Frey, LeBeau, Kindler, Behan, Morales, & Freundlich, 2012) of programs and not focused on their own professional

development or self-care. Studies on occupational stress in child welfare focus on caseworkers and their risk for turnover, not on supervisors in and of themselves. This study showed the need for unique measures and studies addressing the experience of supervisors in child welfare and what impacts their experience.

Implications for role differences and similarities. The findings from this study strongly support the need for all voices at the table when making practice and policy decisions. The voices are different and offer diverse strengths hence requiring all to be represented. Even despite the strong knowledge of managers and their awareness of the impact of occupational stress on caseworkers, supervisors were left out. This is just one example from this study supporting the necessity of multirole committees and policy boards.

More research is needed on the different players within the child welfare system. The majority of research on child welfare turnover, burnout, compassion fatigue, and stress studies caseworkers. The voice and influence of other players in the system are not heard making the story of turnover incomplete. The story is also not just about turnover or caseworkers, but about supervisors, managers, and leadership. Their experience is different and just as important making it imperative that research focus on other job roles within the system.

In addition to hearing other voices, it is essential that research look at the interaction of the unit/team/agency to get a full understanding of occupational stress in child welfare. Current research tends to focus on the symptoms experienced by caseworkers as they are perceived to have the biggest impact on clients, the system, cost,

and quality. Though this may be true, not knowing how the system interacts and only concentrating on caseworkers' experience will limit ideas and potential solutions to the ongoing struggles with issues such as turnover and burnout.

Additional findings. Additional findings were those that were not directly asked in a research questions or present in the occupational stress templates. These included (a) the unexpected lack of connection between secondary trauma and occupational stress experiences; (b) the recurrent discussion of turnover; (c) the absence of language describing stress as occupational and a hazard; and (d) the scarcity of occupational stress interventions. These findings emerged partly from the negative analysis but also simply from the voices of caseworkers, supervisors, and managers. The findings mainly created more questions for future research.

Secondary traumatic stress. Considering the high levels of reported secondary traumatic stress and its relationship with burnout and turnover (Boyas, Wind, & Ruiz, 2015; Salloum et al., 2015; Travis et al., 2015), it was surprising that secondary traumatic stress was not frequently mentioned or blamed for caseworkers or supervisors' experiences of stress. Secondary trauma was reported and appeared to be an expected part of the job. This finding requires further study to determine how secondary traumatic stress relates to overall occupational stress. Though secondary trauma has been shown to be related to burnout and turnover, what is its relationship with stress and how does it impact the stress process? In addition, if the workforce views it as expected, does this perception of secondary traumatic stress make it less likely to contribute to occupational stress and intent to leave? Currently, many of the preparation programs at agency and

state trainings or at universities focus on self-care in preparation for experiencing secondary traumatic stress (Grise-Owens, Miller, Escobar-Ratliff, & George, 2017; Skovholt & Trotter-Mathison, 2014; Wagaman, Geiger, Shockley, & Segal, 2015). Though the awareness and skills are helpful, does that preparation frame secondary trauma as negative or exceptional? Also, does focusing on secondary trauma experienced by the individual contribute to the lack of focus on the organization and other systemic contributors to occupational stress keeping the responsibility with the individual verses the child welfare system and social work profession?

Recurrent discussion of turnover. Turnover was frequently discussed as an outcome, cause, and proxy for occupational stress. The discussion of turnover in caseworkers, supervisors, and managers appeared to be recurrent and the workforce and management appears stuck in their explanation for and treatment of turnover. Turnover is blamed for creating stress, stress is blamed for creating turnover and turnover is the most commonly measured outcome for interventions targeting any type of organizational health, including occupational stress, job satisfaction, intent to stay, vicarious trauma, job commitment, and burnout.

Research continues to explore the causes and consequences of turnover individually and organizationally. This research informs practices and interventions aimed at decreasing turnover through increasing resources or lessening demands, but is making little sustained progress as turnover continues to be an issue (Kim & Kao, 2014). In this study managers frequently discussed the problem of turnover and the efforts that were being made to increase retention by targeting those causes identified in research.

Managers were very knowledgeable about turnover and its impacts, but remained frustrated in the lack of success they were seeing in their interventions or other implemented efforts to increase retention. Supervisors felt that lessening turnover was a measure of their success. So, when they had caseworkers leave on their team, they felt that they failed because good supervision was frequently mentioned in this study as a strong influence on why caseworkers stay at their job.

Caseworkers as well mentioned the repetitive nature of the turnover discussion and felt trapped, “damned if I don’t, damned if I don’t”. They mentioned not wanting to get to know new staff or to mentor their peers for fear that their bad attitude would “rub” off or that they would form a relationship just to have this person leave. Then, as a result of isolating themselves, they felt disconnected and unsupported which are contributors to turnover. Caseworkers also expressed awareness and pressure around the topic of turnover as it was brought up during their initial interview, which is realistic but also created an expectation of turnover from the start.

Research has done a thorough job in investigating turnover, its correlates, causes, and consequences (Kim & Kao, 2014; Lizano & Mor Barak, 2015). Current and past interventions, government funding, and university partnerships have attempted to reduce turnover by strengthening the workforce, increasing staff, and creating resources targeting retention (Madden, Scannapieco, & Painter, 2014). Though the workforce understanding of workforce development continues to grow and see successes, turnover remains (Williams & Glisson, 2013). This study and the above reasoning create questions of whether or not turnover is an effective measure of organizational health or the stress

experienced by the workforce? Does concentrating on turnover tell the whole story of the child welfare workforce? What does this focus on turnover ignore or miss about the rest of the system? Is turnover just part of the nature of this job, and if so, how do we structure the job to have frequent turnover? The issue of turnover is not new; however, this study illustrated that the conversation seems repetitive and redundant and doesn't seem to offer the workforce direction or hope of change with regard to retention, decreased stress, or overall occupational health.

Occupational stress and hazards. There are very few studies discussing occupational stress or occupational hazards in child welfare research. This language is used in other job settings (e.g., industrial, manufacturing, waste remediation, military), but has not been adopted in child welfare or social work research or practice. This absence has created the question as to why is the discussion about stress, turnover and burnout not labeled as occupational stress and why is it not considered an occupational hazard?

Other professions that have occupational hazards are given higher pay for this work; are regulated by OSHA (e.g., pilot flight length, medical shifts, manufacturing protections, protective equipment); have standard operating procedures and structure to prevent, reduce, and treat occupational hazards; are educated, trained and prepared for the risk; and are acknowledged as being inherently risky. Caseworkers frequently discussed that they expected much of the stress present, knowing that working in child welfare was a hard job and had risks. This perspective supports the belief that child welfare work presents with inherent hazards (e.g., vicarious trauma, verbal and physical threats, actual

verbal and physical assault, long hours, emotionally draining). In addition, current interventions and leadership efforts that aim to equip or prepare the workforce in order to deal with the difficulties in the job, support the idea that the job is inherently stressful, and caseworkers and supervisors need specific skills in order to safely navigate their day to day duties. How does framing stress in child welfare as occupational or an occupational hazard change the responsibility and or reasons and explanations of stress? It appears to shift the responsibility of safety and care to the organization and profession verses the individual and potentially would create more government oversight (e.g., OSHA) and accountability.

Whether or not occupational stress in child welfare becomes labeled as an occupational hazard, it is important to think about stress and its many expressions (e.g., compassion fatigue, burnout, turnover, etc.) as an occupational hazard, not a deficit of the workforce. People that work with dangerous materials are not blamed for the materials composition and its ability to blow up. Nurses and doctors are not held liable for people injuring themselves or the seriousness of the injury that results in them coming to the hospital. In addition, they are not responsible for the patient if they do not follow medical recommendations. In reviewing the literature, it was interesting to note that stress was not referred to as occupational and/or a hazard of doing child welfare work. It is also interesting that the orientation to stress and therefore responsibility of stress remains on the individual. How would research and interventions change, for child welfare and the social work profession, if occupational stress was considered an inherent part of doing child welfare or other high demand social work jobs?

Occupational stress interventions. Occupational stress interventions discussed by the workforce in this data were limited. There were very little to no examples of interventions or efforts directly targeting occupational stress. For those interventions mentioned, the majority were secondary or tertiary levels of prevention, meaning they did not target initial prevention of stress but rather treated or mitigated the stress after it had occurred. Secondary prevention, as observed in this data, detects and treats beginning and/or low levels of stress to prevent the development of chronic stress and its impacts. Whereas tertiary levels of prevention attempt to manage and treat the impacts of chronic stress lessening the severity and long-term effects. This was true as well in the research on stress interventions in the literature review, Chapter 2. The majority of interventions that hoped to have an impact on stress were secondary or tertiary interventions (Caringi, Hardiman, Weldon, Fletcher, Devlin & Stanick, 2017; McFadden & Campbell, 2014). Primary interventions would target child welfare policy, state regulations, profession and system philosophy, and organizational structure and functioning in an attempt to change policies and the system preventing occupational stress. Primary interventions would aim to eliminate demands that cause stress or create more resources to balance the personal resource depletion from meeting chronic demands.

In addition, the orientation of stress interventions remains focused on the individual, not the organization as mentioned above. A shift in the philosophy around occupational stress within child welfare, but also in the profession of social work, may help influence the level at which we place blame and hence what level we target our interventions. Increased work in universities and state training programs discuss self-care,

mindfulness, and the importance of work-life balance (Newell & Nelson-Gardell, 2014; Salloum, Kondrat, Johnco, & Olson, 2015). This awareness and skill training is necessary and helpful (Skovholt & Trotter-Mathison, 2014). However, what would it look like if experiencing stress was considered an organizational or professional issue. What type of classes would the universities and training centers be offering? How can we prepare future social workers for a broader systems view with regard to occupational stress? Giving students a different way of thinking about problems and system change may help impact the small progress that is being made to keep child welfare workers healthy, productive, happy, and to keep them engaged in the child welfare profession.

Implications

In addition to the implications listed under each finding, overall recommendations from this study include (a) accountability processes and performance evaluations; (b) value congruent practice; (c) the study of child welfare policy, implementation, dissemination, and evaluation; (d) intervention research addressing occupational stress, stress coping, stress prevention and child welfare practice; (e) system wide research to include the voice of all in the system including supervisors, managers, and leaders; and (f) using the human resources, strengths, and resiliency of caseworkers, supervisors, and managers to solve the current problems facing the system.

Accountability and evaluation. Increased research and application of effective child welfare workforce accountability processes and performance evaluations that are congruent with workers values and job duties, increase self-efficacy, and support professional development is needed. All three agencies part of the sample in this

dissertation study discussed the challenges and frustrations with their performance evaluations and accountability processes. Educators could increase transparency around instrumental and academic feedback helping students learn how to give and received constructive feedback. Increasing transparency around this process could help students learn what they are doing and how that results in a certain grade or progress level. On a meta level, students will gain understanding about feedback and how this is essential for a motivated workforce and positive organizational culture (Preston, 2013). States and agencies would benefit from integrating feedback instruction into supervisor and management trainings. This would help supervisor and manager effectiveness and hence their job satisfaction but also impact their ability and success in delivering performance evaluations.

Performance evaluations can be driven by outcome data and other standards at the state and federal levels. Caseworkers and supervisors, from this dissertation study, reported that the evaluations did not reflect their daily tasks and are not useful. They also reported that the evaluations do not assist in promotion or advancement (e.g., “damned if I do, damned if I don’t” feelings) no matter how well they did their job. Systems would benefit from working with caseworkers and supervisors to create a performance appraisal or evaluation process and tool that measures and provides feedback on their actual daily tasks, over time to reflect improvement, live observation, aligned with their professional and personal values, and is supportive of professional development and promotion. The system would also benefit from research on the effectiveness of performance evaluation systems for the child welfare workforce. Exploring if performance evaluations or the

process of evaluation actually improve workers' performance or if it is just a record of practice for liability and/or future discipline purposes.

Congruent values. Value congruence is the level to which an individual employee's values are aligned or congruent with the values of the agency, policy, profession, and/or system in which they are employed. Edwards and Cable (2009, p. 655) define agency values as "norms that specify how organizational members should behave and how organizational resources should be allocated."

Value congruence impacts organizational communication frequency and modes, employee attitude, employee attendance, and decreased burnout (e.g., both in levels of depersonalization and a sense of personal accomplishment) and intent to leave (Adkins, Ravlin, & Meglino; Edwards & Cable, 2009; Laschinger & Leiter, 2006; Zeitlin, Augsberger, Auerbach, & McGowan, 2017). As illustrated from the data of this study, value incongruence greatly impacted caseworker and supervisor experiences of occupational stress

Having shared professional, agency, and personal values that drive practice and research will create a stronger sense of congruence between values and practice. This study highlights how strong the workforces' values are in motivating and sustaining their practice despite high demands. In addition, having shared values will assist in clearer communication and feelings of being heard and seen. Educators could address this issue through providing processes that clarify values for students and allow students to apply their values in practice and management settings. Learning how to communicate personal and agency values would increase students' ability to enter the workforce prepared with

skills to use and communicate their personal values in the context in which they are employed, increasing their value congruence.

Part of congruent values includes the use of measurement, evaluation, and data to support practice and provide accountability to the intended goals of safety, permanency, and wellbeing. However, data can be in a supportive role, not the driver of practice and policy decisions and program implementation. In addition, evaluation and data can be grounded in professional and practice values versus being a value in and of itself. This value driven data may increase feelings of congruency for the workforce hopefully increasing integration and effectiveness of data, measurement, and evaluation outcomes. Parton (2009) describes how child welfare systems have become more concerned with the data, outcomes, and technology of child welfare work and less concerned with the social and relational factors involved. He proposes a values driven model, that stresses a broad definition of wellbeing for families, gives more decision making power and discretion to the workforce, evaluating relationships and ability of workforce to engage with clients, strength based, early intervention, community oriented, and preventative. This model is then supported by data and evaluation but is not driven by outcomes and data (Fargion, 2007; Lonne et al., 2009; Parton, 2009).

Creation, implementation, and dissemination of policy. Increased research needs to explore child welfare policy, its creation, implementation, dissemination, and evaluation. Policy was mentioned frequently in this study and never as supportive or helpful in day to day practice. Caseworkers, supervisors, and managers understood its purpose and the necessity of policy, however it was never mentioned to assist in their

practice, only restrict, hinder, and create more barriers for both the workforce and children and families. With child welfare having some of the most restrictive policies legislated, the perceived impact on the workforce, and the continuing issues present for children and families, it is essential that more research is conducted on the policy process and child welfare. This exploration will help understand the reactive creation and over restrictive or regulatory nature of child welfare policy and how this impacts the success of practice. In addition, research exploring how policy is disseminated to the workforce and other stakeholders may help in its successful application.

Intervention research, implementation, and dissemination. In addition to policy research, intervention research targeting occupational stress, stress coping, and stress prevention in child welfare is needed. Research needs to focus on what is working with regard to self-care, coping, peer support, supervision, morale building activities, and organizational climate changing efforts. Some of these areas still need initial research as to where and how they function, but the majority need to begin intervention and experimental level testing. Self-care and supervision are constantly recommended practices to help decrease expression of occupational stress, however there are no intervention or experimental studies addressing the effectiveness of these practices within child welfare organizations, though consistently recommended. Increased research will assist organizations in implementing programs that work. Having programs that work will then in turn assist caseworkers, supervisors, and managers in providing quality and structure services instead of applying whatever they think is best, hoping for positive results.

Though some expressions of occupational stress appear to be and are measured as individual, if not more specifically caseworker issues (e.g., secondary trauma, burnout, intent to leave), system wide exploration, including the voice of all in the system including caseworkers, supervisors, managers, and leaders, is essential in understanding occupational stress and overall organizational health. Understanding how supervisors and managers view occupational stress and other issues impacting the system is needed and will provide new insight to their motivations and communication styles, potentially assisting in implementation. As seen in this study, different people have different experiences of occupational stress and just understanding one group of professionals does not allow you to understand the system and how occupational stress lives and breathes. Focusing on the experience of only one group also makes successful implementation almost impossible as this is a system wide effort.

This study illustrated the commitment of the workforce to child and family wellbeing and their willingness to work hard. However, this commitment and willingness to work hard often is not used as a resource when trying to solve current problems facing the child welfare system. From policy creation to daily work decisions, policy makers, leaders, and supervisors often concentrate on what is missing in the workforce instead of what is already there. Continued research on resilience and workforce strengths should be conducted. Staff, at every level, should be included in policy, practice, and agency decisions, creation of programs and/or policy, implementation and evaluation. Systems are using feedback processes such as continuous quality improvement, however more

research needs to be done exploring what the outcomes are related to these feedback systems within child welfare.

Based on the completion of this study, a future research agenda could include testing this study's findings in other samples. This will include applying the occupational stress templates to other child welfare systems; creating scaling questions, based on the themes, about what the workforce perceives as contributing or causing the most stress (e.g., difficult clients, poor supervision, no power to make a difference, secondary trauma, my values don't match what I have to do, paperwork, etc.); and exploring the experiences of supervisors as it relates to occupational stress, self-efficacy, middle management, and responsibility in practice. These future research goals will contribute to the understanding of occupational stress in child welfare and potentially shift the framing of occupational stress from an individual to a system and social work issue. In addition, further understanding of supervisors will increase their visibility and help understand why supervision is consistently recommended as a solution to numerous problems, yet remains primarily untested and unsupported as a practice.

Limitations

There are a number of limitations in this study. They include barriers due to qualitative secondary data methodology, the size and depth of data, cross sectional data collection, data context, and transferability of findings. Using secondary data did not allow this researcher to ask new or different questions as findings and themes emerged from the data. It also did not allow the collection of demographic information to give a clearer picture of who was represented by the data, and it did not allow this researcher to

have a direct relationship with the participants aiding in a phenomenological approach. However, this researcher and other research experts at the Butler Institute for Families made changes to the primary data collection interview protocols between each data collection site and throughout the process based on participant's feedback, current events, or knowledge gained from onsite focus groups and interviews. This researcher was also able to collect some of the primary data, giving me firsthand knowledge of the context of data collection and other interviewers style and data collection philosophy. However, using secondary data limited researcher interaction and using an iterative process in data collection and analysis.

The size and depth of data created barriers to reflecting the richness present in the data. It was difficult to organize, analyze, and present the data with clarity and simplicity contributing to repetition in result and theme reporting and a long dense study. The size and depth of data and the number of research questions made it difficult to comprehensively explore each finding, but rather lent itself to an overview of findings. In addition to the findings reported, there were numerous other findings present in this data that will hopefully be explored in future secondary data analysis.

The primary data were collected at a point in time limiting the understanding of how stress is experienced over time and due to contextual factors. This data represented how stress was perceived to be experienced during a one-week data collection period. Stress research would benefit by having longitudinal studies exploring occupational stress to see how it functions over time in a system with changing members and governance. This would also help understand how stress functions between and within teams and

agencies. The point in time data collection also limited participation of staff who potentially had scheduling conflicts, work duties, or potential high workload conflicts. This may skew the data to those who participated as staff who have “time” and a “desire” to participate and/or at the time of the focus group or interview were experiencing less stress than those who chose not to participate.

With the use of secondary data and the large size of data analyzed for this study, it would be difficult to connect focus group and interview participants with current environmental contexts or events impacting the systems in which they worked. One state had a recent leadership change that appeared to be very positive, however was following a very difficult and stressful time in the system’s history. Another state, had recent high profile police brutality and infant deaths impacting the workforce personally and as members of the larger community. Two of the sites had their highest ever reported numbers of overdoses due to the opioid epidemic impacting their services, custody, placement, and the justice system. This lack of knowing exact environmental or contextual influences could limit the interpretation of data.

The final limitation of this study is in its transferability. Templates were created and applied to this one sample in three states. In order for stronger validity, the templates need to be applied and then tested with other child welfare samples. There was limited to no demographic data on the focus group participants also limiting the transferability of findings to other samples. In future samples, it would be helpful to collect basic demographic and tenure information on participants to increase the understanding of personal experiences of stress, and the detail and transferability of findings. For the

manager template, transferability was limited due to not reaching data or theoretical saturation. Because it was a secondary data analysis, the researcher was unable to add more manager interviews to reach saturation. Future testing of the templates would require preliminary application of the manager template until saturation was reached and then wider application to support transferability.

Dissertation Study Final Conclusion

The child welfare workforce is charged with assuring safety, permanency, and wellbeing for 7.2 million children per year (USDHHS, 2015). In addition to the efficiency and effectiveness required to process this large number of families in need, the workforce must be empathetic, resilient, creative, driven, and resourceful in order to care and advocate for children and families who have survived trauma, been victims of abuse and neglect, are often part of oppressed and marginalized communities, and are in a system that contains many barriers to success. Though clear through this study and many others that the workforce is a committed, caring, knowledgeable, skilled, relentless, and hard working group of people, the child welfare system chronically struggles to meet national standards of child safety, permanency, and wellbeing; has high levels of staff turnover, burnout, and secondary trauma; and remains under high scrutiny with negative public perception and heavy court and legislative oversight.

One hypothesized reason for this substandard functioning of the child welfare system, despite its strengths, is the experience and the impacts of occupational stress. Occupational stress within child welfare is complex. It impacts physical and mental health, organizational climate, absenteeism, productivity, job satisfaction, and turnover.

Moreover, the child welfare system contains unique stressors including emotionally demanding work, a highly regulated bureaucratic environment, threats and actual risk of physical and verbal violence, vicarious experiences of trauma, and negative public perception. There is no common definition of occupational stress in child welfare. The experience of this stress and its expression occurs in multiple ways (e.g., burnout, secondary traumatic stress, emotional exhaustion, depersonalization, intent to leave, job dissatisfaction, turnover, etc.). These multiple expressions make it difficult to examine, measure, and target occupational stress in prevention and/or mitigation interventions. Occupational stress in the child welfare workforce is complex in that it is often measured on an individual level, and mainly within caseworkers, though occupational stress impacts organizational culture and climate, the entire system, and even client outcomes.

This study was designed to address this complexity by qualitatively exploring the experiences and impacts of occupational stress at and between multiple levels of the child welfare workforce including caseworkers, supervisors, and managers. This exploration highlighted the lived experience of these groups with occupational stress. The data provided rich and copious responses answering how, why, when, and where stress is experienced. It was clear after thorough exploration, that caseworkers, supervisors, and managers all experience stress that impacts their day to day practice, their peers, their supervisors, their staff, the system, themselves, and their clients.

This study contributed important findings to the understanding of occupational stress through the use of a qualitative secondary data to explore diverse experiences at multiple levels within the child welfare workforce. Using secondary data allowed an in

depth analysis of a large and regionally broad sample of child welfare workers. Accessing already existing data saved the workforce's limited time and this researchers money, resources, and time that would have been required if a primary data collection was conducted. This gave more time for deep analysis and application of the study findings. On a broader scale, child welfare systems frequently participate in practice evaluations resulting in good sources of secondary data. This source of accessible and affordable data covers numerous topics, is rich, is comprehensive and would benefit from social work researchers exploring and analyzing it.

The exploration, in this study, of multiple levels of the workforce is essential for further child welfare and occupational stress research. This multilevel view of the system allowed a much bigger picture of how occupational stress works. Given social workers focus on systems, it is a unique and needed area of expertise that social work can offer in the study of systems and organizational issues, like occupational stress. Conducting a comparison analysis also allowed greater insight into each of the workforce roles as they were analyzed for differences and similarities. If these differences or similarities were not compared certain characteristics and experiences of stress may not have been observed.

In addition to the benefits of this study's methodology in exploring occupational stress in child welfare, it contributed new findings on occupational stress including (a) the view of caseworkers that certain levels of demands and occupational stress are expected and that secondary traumatic stress seems to be one of the expected stressors; (b) that caseworkers and supervisors experience stress when their values are not congruent with their job expectations; (c) the distinct experiences of occupational stress for caseworkers,

supervisors, and managers; (d) the unique position and experience of supervisors; (e) the strong knowledge and awareness yet disconnection of managers; (f) and the perception of high responsibility yet low self-efficacy that contributes to the experience of occupational stress. Further exploration of these findings is needed to continue expanding our knowledge of occupational stress in the child welfare system with the hopes of these future findings informing practice, policy, and research creating a strong, healthy, and satisfied child welfare workforce.

Experiencing occupational stress is not a passing struggle for the child welfare workforce; however, this does not mean that we just accept it and move on, even if it is expected. It is essential that we work to create an environment and paradigm of care where this stress, though experienced, does not impact the workforce to the point of chronic turnover, ill health, negative organizational climate, and poor client outcomes. Social work is uniquely equipped to address this challenge due to the strength based and systems thinking that are the bedrock of our profession. Social work understands and is able to intervene at the micro, mezzo, and macro levels affecting occupational stress in the child welfare system. The social work value of seeing the strengths of the individual and community will assist in identifying and using these strengths already present in the workforce, those they serve, and the system to create the change needed to improve workforce and system functioning. In addition, social work has a commitment to and joint history with child welfare, having begun its professional journey working with children and mothers that were victims to abuse, neglect, poverty, and systemic oppression.

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Appendices

Appendix A

NCWWI WE COHA Survey Summary

Summary of measures included in the COHA survey

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|----------------------------|------------------|--|------------------------|--------------------|--|
| Demographics | n/a | Mix multiple choice and open-ended items | 18 | n/a | Several questions asking about gender, race/ethnicity, degree, marital status, and job characteristics (position, department/unit, work history, salary, etc.) |
| Open-Ended | n/a | Open-ended | 1 | n/a | Please share any other thoughts or information that would be helpful for us to know about the health and functioning of your organization. |
| Community Resources | Butler Institute | agreement scale | 8 | | <p>Measure intended to rate child welfare staff's satisfaction with resources available to families in their community.</p> <ul style="list-style-type: none"> • There are strong, positive relationships between my agency and community resource providers. • In my community, families have access to: substance abuse intervention |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|---|---|-------------------|------------------------|--------------------|--|
| Copenhagen Burnout Inventory (Personal, Work-related, Client-related) | Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. <i>Work & Stress, 19</i> (3), 192-207. doi: 10.1080/02678370500297720 | frequency scale | 13 | | Measures individuals' state of prolonged physical and psychological exhaustion across work-related and client-related subscales. <ul style="list-style-type: none"> • Do you feel that every working hour is tiring for you? • Does it drain your energy to work with clients? |
| Coping Strategies | Butler Institute | agreement scale | 15 | | Measure intended to rate child welfare staff's use of coping strategies to prevent burnout or secondary trauma. <ul style="list-style-type: none"> • I have a work-to-home transition plan that I participate in as part of my self-care. • I have a clear self-care plan. |
| Historical Trauma (Tribal Sites Only) | Butler Institute | agreement scale | 12 | | Measure intended to rate the perceptions of child welfare staff (at tribal organizations) regarding how historical trauma affects clients and the workplace. <ul style="list-style-type: none"> • Historical trauma impacts my work. • My colleagues and I have shared stories of traumatic historical events while at work. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|----------------------------|--|--|---------------------------------------|--------------------|---|
| Inclusivity | Butler Institute | agreement scale | 4 | | Assesses the extent to which agencies engage in inclusive practices. <ul style="list-style-type: none"> We continually explore ways to increase the effectiveness of services for people of different backgrounds and beliefs. We use procedures that enhance inclusivity in decision-making. |
| Intent to Stay | Butler Institute | agreement scale, multiple choice, open-ended items | 13 (scale + 9 (follow-up) = 22 total) | | Measure intended to rate child welfare staff's intention to remain in their current job or leave the organization. <ul style="list-style-type: none"> I have interviewed for other jobs. I would leave this job if I was financially able to. |
| Job Satisfaction | Ellett TCU Institute of Behavioral Research, Fort Worth | agreement scale | 6 | | Measure intended to rate child welfare staff's overall job satisfaction in terms of personal and relational fulfillment. <ul style="list-style-type: none"> My work has the right level of challenge. I feel appreciated for the work that I do |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|-------------------------------|------------------|-------------------|------------------------|--------------------|--|
| Leadership | Butler Institute | agreement scale | 18 | | <p>Measure intended to rate child welfare staff's perceptions regarding agency leadership's style and practices.</p> <p><i>Agency Leaders:</i></p> <ul style="list-style-type: none"> • Provide visible, ongoing support for innovations and ideas. • Are open to change and new information |
| Learning Culture Scale | Butler Institute | frequency scale | 11 | | <p>Measure intended to rate child welfare staff's perception of how the organization and their colleagues promote and engage in professional learning activities.</p> <ul style="list-style-type: none"> • Staff take the time to reflect about the work • Staff strategize ways to improve practice |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|-----------------------------|---|-------------------------------------|--------------------------------------|--------------------|---|
| Peer Support | Mixed sources: Butler and Widerszal-Bazyl, M., & Cieślak, R. (2000). Monitoring psychosocial stress at work: Development of the Psychosocial Working Conditions Questionnaire. <i>International Journal of Occupational Safety and Ergonomics</i> : JOSE, Spec No, 59–70. | Mix: frequency and agreement scales | 1 (gateway) + 22 (scales) = 23 total | | <p>Measures how supported staff feel by co-workers, the extent to which social support is reciprocal, and reasons why staff may not seek peer support (three subscales).</p> <ul style="list-style-type: none"> • We talk about off-the-job interests we have in common. • I can count on my co-workers to help me resolved a difficult problem. • I hesitate to seek support from my work peers because I am concerned about my personal privacy. |
| Physical Environment | University of New York, Albany: McCarthy | satisfaction scale | 15 | | <p>Measure intended to rate child welfare staff's perception of various aspects of their work environment. <i>Please indicate how satisfied you are with the physical environment in which you work:</i></p> <ul style="list-style-type: none"> • My physical safety in the field • Client privacy while in office |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|--|---|-------------------|------------------------|--------------------|--|
| Professional Development and Preparation for Work | Butler Institute | agreement scale | 14 | | <p>Measure intended to rate child welfare staff's perception of training and development opportunities at their work.</p> <ul style="list-style-type: none"> • Available training opportunities are highly relevant to my job. • Training is highly valued by my agency. |
| Professional Sharing and Support | Ellett, A. J., Ellett, C. D., & Rugutt, J. K. (2003). A study of personal and organizational factors contributing to employee retention and turnover in child welfare in Georgia. Unpublished manuscript. | agreement scale | 4 | | <p>Measure intended to rate child welfare staff's perception regarding the sharing of information and support among colleagues in their unit.</p> <ul style="list-style-type: none"> • Co-workers in my unit share work experiences with each other to improve the effectiveness of client services. • Co-workers in my unit are willing to provide support and assist each other when problems arise. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|---|--|-------------------|------------------------|--------------------|---|
| Parker Psychological Climate (Ambiguity, Conflict, Importance, Autonomy, Challenge, Innovation, Justice, & Support) | Baltes, B. B., Zhdanova, L. S., & Parker, C. P. (2009). Psychological climate: A comparison of organizational and individual level referents. <i>Human Relations, 62</i> (5), 669-700. doi: 10.1177/0018726709103454 | agreement scale | 32 | | <p>Measure with 8 subscales intended to rate child welfare staff's perceptions about their work and organizational environment.</p> <ul style="list-style-type: none"> • My job responsibilities are clearly defined. • I am held responsible for things over which I have no control. • I am able to make full use of my knowledge and skills on my job. • Decisions about my job are made in a fair manner. |
| Public Perception of Child Welfare | Auerbach, C., Zeitlin, W., Augsberger, A., McGowan, B. G., Claiborne, N., & Lawrence, C. K. (2014). Societal factors impacting child welfare: Validating the Perceptions of Child Welfare Scale. <i>Research on Social Work Practice</i> . doi: 10.1177/1049731514530001 | agreement scale | 14 | | <p>Measure intended to rate child welfare staff's perception of how their work is regarded by the public.</p> <ul style="list-style-type: none"> • People feel that child welfare work is important. • The work I do is valued by others. • The government should take more responsibility for improving child welfare services. • Most people wonder how I can do this kind of work.. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|-------------------------------|---|--|---|--------------------|--|
| Readiness for Change | Butler Institute | frequency scale | 10 | | <p>Measure intended to rate child welfare staff's perception about practices in their organization that promote an environment suitable for change.</p> <ul style="list-style-type: none"> • Management clearly communicates how changes will affect our practice. • The reasons for the changes are clear. |
| Secondary Trauma Scale | Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and Validation of the Secondary Traumatic Stress Scale. <i>Research on Social Work Practice, 14</i> (1), 27-35. doi: 10.1177/1049731503254106 | frequency scale, multiple choice, open-ended questions | 17 (scale + 5 (follow-up questions) = 22 total) | | <p>Measure intended to rate the degree to which a child welfare staff may be experiencing secondary trauma.</p> <ul style="list-style-type: none"> • I wanted to avoid working with some clients. • Reminders of my work with clients upset me. • I thought about my work with clients when I didn't intend to. |
| Self-Efficacy | TCU Institute of Behavioral Research, Fort Worth | agreement scale | 5 | | <p>Measure intended to rate child welfare staff's perception of their own ability to perform their work.</p> <ul style="list-style-type: none"> • I consistently plan ahead and then carry out my plans. • I usually accomplish whatever I set my mind to. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|----------------------------|---|-------------------|------------------------|--------------------|--|
| Shared Vision | Ellett, A. J. (2009). Intentions to remain employed in child welfare: the role of human caring, self-efficacy beliefs, and professional organizational culture. <i>Children and Youth Services Review</i> , 31(1), 78-88. | agreement scale | 4 | | <p>Measure intended to rate child welfare staff's perception of their unit's cohesion in terms of organizational vision.</p> <ul style="list-style-type: none"> • Co-workers in my unit are committed to continuous professional development. • Co-workers in my unit clearly understand the agency vision for child welfare programs. |
| Stress | TCU Institute of Behavioral Research, Fort Worth | agreement scale | 5 | | <p>Measures child welfare staff's perceived stress and pressures on the job and in the agency.</p> <ul style="list-style-type: none"> • I have too many pressures to do my job effectively. • The workers in my agency often show signs of stress and strain. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|--|------------------|-------------------|------------------------|--------------------|---|
| Supervision (for caseworkers) (Knowledge, Support & Skill) | Butler Institute | agreement scale | 18 | | <p>Measure composed of 3 subscales intended to rate child welfare staff's perception of supervision provided to them.</p> <ul style="list-style-type: none"> • My supervisor knows how to assess safety and risk. • My supervisor values my opinion in case decision-making. • My supervisor is able to gather relevant case information from me. |
| Supervision (for supervisors) | Butler Institute | agreement scale | 17 | | <p>Measure composed of 3 subscales intended to rate child welfare staff's perception of supervision provided to them.</p> <ul style="list-style-type: none"> • My supervisor knows how to build effective case plans • My supervisor values my opinion in decision-making • My supervisor helps me apply supervisory knowledge in managing my team |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|--|------------------|-------------------|------------------------|--------------------|---|
| Supervision (for middle managers) | Butler Institute | agreement scale | 22 | | <p>Measure intended to rate manager-level child welfare staff's perception of supervision provided to them.</p> <ul style="list-style-type: none"> • My direct supervisor supports my leadership in front of staff • My direct supervisor helps me create strategic plans of action • My direct supervisor includes me on decisions impacting the organization |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|--|--|--|------------------------|--------------------|--|
| Supervision Quality & Frequency | Butler Institute | Agreement and satisfaction scales, multiple choice, open-ended questions | 10 | | <p>Measure intended to staff's level of satisfaction with the quality and frequency of received individual and group supervision.</p> <ul style="list-style-type: none"> • My direct supervisor is available by phone, email, or in person during regular business hours when I need support in completing my job. • How satisfied are you with the current quality of group supervision? • On average, how often do you meet with your supervisor/manager for:-individual, scheduled supervision |
| Team Cohesion | University of New York, Albany: McCarthy | agreement scale | 9 | | <p>Measure intended to rate child welfare staff's perception of team work and collaboration within their team/unit.</p> <ul style="list-style-type: none"> • It is clear what the team is supposed to accomplish together. • Team members believe that we can make teaming work. |

| <i>Measure (Subscales)</i> | <i>Authors</i> | <i>Scale Type</i> | <i>Number of Items</i> | <i>Reliability</i> | <i>General Description and Sample Items</i> |
|----------------------------|------------------|-------------------|------------------------|--------------------|--|
| Time Pressure | Butler Institute | frequency scale | 5 | | Measure intended to rate child welfare staff's perception of the availability of time to complete their work. <ul style="list-style-type: none"> • I don't have enough time to do my job effectively. • I am too busy at work. |

Appendix B

NCWWI WE interview and focus group protocols

ORGANIZATIONAL LEVEL: FAMILY CASE MANAGERS

Notes Taken by:

Participants (#):

Office:

Date:

INTERVIEW QUESTIONS

Introductory Questions

1. Introductions: Let's start out with introductions. Please say your name, your unit, how long you've worked in this agency, and anything else you would like to share.
2. Just like with good social work practice with families, we will start by talking about your view of this organization's strengths. What are the strengths of this agency?

Gather this information and transition to a discussion on the organizational climate.

Note, sometimes, it is challenging for participants to even come up with one strength.

Acknowledge this and reassure them that this is why we're conducting the COHA.

Organizational Climate:

Organizational climate is the experience of working in the agency. What does it "feel like" to work here? We'd like to know more about the perceptions of your role, the challenges you experience and whether you think the agency is fair in its treatment of employees as well as whether the agency supports your well-being.

3. How would you describe the climate of the agency, with regard to how employees experience working here (i.e., how does it feel to work her(e))?

4. What are the most challenging aspects of this work?
5. How would you describe the morale at this agency?
6. Do you have clear expectations/ guidelines for how to do your job? How does this get communicated to you?
7. To what extent is this agency “fair” in its treatment of employees?
8. How does your agency promote a positive organizational environment? What are the strengths? Challenges?
9. How would you characterize communication at this organization? Is it sufficient? Where does it break down?
10. How would you describe the relationship with your co-workers? In what ways do you support each other?
11. How does your agency help you recharge, cope, and deal with the stressful parts of the job?

Organizational Practice

12. How would you describe your agency’s guiding principles or structured approach to practice (also called a practice model)?
13. What are your agency’s operational strengths (this is how the business of the agency flows)? What are its operational challenges?
14. How would you describe the cultural elements of the agency’s approach to practice? Are cultural issues sufficiently attended to for families? (For example, what modifications does the agency make to meet families’ cultural needs (i.e., not just

ethnic or tribal cultural aspects; other examples, individual family routines and rituals, gender, sexual orientation, language.)

15. To what extent does your agency employ a diverse workforce? How does your workforce reflect the culture and ethnicity of the families that your serve in this community?

Supervision & Workforce Support

Supervisors can play a key role in worker support and training. We are interested in hearing how you experience supervision at this agency.

16. How would you describe your supervisory experience at this agency?
17. How often do you typically receive one-on-one supervision? Group supervision?
18. Do you feel that supervision is consistent across the agency? If you ask one supervisor a question, will you get the same answer if you ask another supervisor the same question?
19. How does your supervisor help you learn new knowledge and skills and apply it? What could improve this?
20. What kinds of support have you needed from your supervisor and how is the support provided?

Leadership

21. In what ways does agency leadership communicate the agency's mission, vision, and values?
22. What opportunities are there for workers to advance to higher leadership or management positions within the agency? How are staff prepared to move up?

Professional Development

23. What kinds of training and professional development opportunities are available to both new and experienced workers?
24. What types of professional development would help you do your job better?
25. To what extent have you experienced formal mentoring at this agency? Coaching?
How was this experience?

Compensation and Work Conditions

26. To what extent is the physical environment of your office satisfactory to do your job (i.e., office space? If not, what could be improved?
27. Do you have the technology that you need to do your job? (i.e., computers, cell phones, software, etc.). If not, what could be improved?
28. Do you feel that the compensation and benefits for this job are fair and equitable? (salary, benefits, vacation, flex time, etc.)

Community Resources

This agency's work with children and families is affected by the degree to which families have access to the resources they need and how well community-based service providers work together to serve families. These questions are about community resources and this agencies role in the community:

29. What are the strongest areas of community supports and resources for children and families in this service area? Are there areas where there are not enough services for the families who need them (Prompt: mental health, substance abuse, affordable housing)?

30. What would other human service organizations in this community say about the agency (both strengths and weaknesses)?

Final Questions

31. Before coming to this focus group, you may have had some ideas about what you wanted to talk about, have you been able to tell us everything you wanted to talk about? If not, what more would you like to tell us about to help us understand this agency?

32. Finally, what keeps you engaged in the work at this agency?

ORGANIZATIONAL LEVEL: SUPERVISOR

Notes Taken by:

Participants (#):

Office:

Date:

INTERVIEW QUESTIONS

Introductory Questions

33. Introductions: Let's start out with introductions. Please say your name, your unit, how long you've worked in this agency, and anything else you would like to share.

34. Just like with good social work practice with families, we will start by talking about your view of this organization's strengths. What are the strengths of this agency?

Gather this information and transition to a discussion on the organizational climate.

Note, sometimes, it is challenging for participants to even come up with one strength.

Acknowledge this and reassure them that this is why we're conducting the COHA.

Organizational Climate:

Organizational climate is the experience of working in the agency. What does it "feel like" to work here? We'd like to know more about the perceptions of your role, the challenges you experience and whether you think the agency is fair in its treatment of employees as well as whether the agency supports your well-being.

35. How would you describe the climate of the agency, with regard to how employees experience working here? (i.e., how does it feel to work here?)

36. What are the most challenging aspects of this work?

37. How would you describe the morale at this agency?

38. Do you have clear expectations/ guidelines for how to do your job? How does this get communicated to you?

Agency Operations & Practice:

39. How would you describe your agency's guiding principles or structured approach to practice (also called a practice model)?

40. What barriers inhibit a best practice approach at this agency?

41. What are your agency's operational strengths (this is how the business of the agency flows)? What are its operational challenges?

42. How would you describe the cultural elements of the agency's approach to practice?

Are cultural issues sufficiently attended to for families? (For example, what modifications does the agency make to meet families' cultural needs (i.e., not just ethnic or tribal cultural aspects; other examples, individual family routines and rituals, gender, sexual orientation, language).

43. To what extent does your agency employ a diverse workforce? How does your workforce reflect the culture and ethnicity of the families that your serve in this community?

Recruitment & Retention of Staff

44. How are qualified staff recruited and hired in your agency? What are some of the challenges you face in recruitment and hiring?

45. What does your agency do to retain qualified staff? Is it sufficient?

46. What challenges do you face in retaining qualified staff?

Leadership

47. In what ways does agency leadership communicate the agency's mission, vision, and values?
48. What opportunities are there for FCMs to advance to higher leadership or management positions within the agency? How are staff prepared to move up?

Supervision & Workforce Support

Supervisors can play a key role in worker support and training. We are interested in hearing how supervisors give and receive support and assist FCMs in applying skills and knowledge.

49. What is supervision like for supervisors here? For FCMs?
50. Do you feel that supervision is consistent across the agency? If you ask one supervisor a question, will you get the same answer if you ask another supervisor the same question?
51. What kinds of support do you get from your manager? How could it be improved?
52. How do supervisors assess the job performance of their FCMs?
53. What information do you use to assess knowledge and skills of FCMs in your unit?
How do you use this information to encourage professional development?

Professional Development

54. What kinds of training and professional development opportunities are available to supervisors?
55. What types of professional development or support would help you do your job better?

56. To what extent have you experienced formal mentoring at this agency? Coaching?
How was this experience?

Compensation and Work Conditions

57. To what extent is the physical environment of your office satisfactory to do your job
(i.e., office space? If not, what could be improved?

58. Do you have the technology that you need to do your job? (i.e., computers, cell
phones, software, etc.). If not, what could be improved?

59. Do you feel that the compensation and benefits for this job are fair and equitable?
(salary, benefits, vacation, flex time, etc.)

Community Resources

60. What are the strongest areas of community supports and resources for children and
families in this service area? Are there areas where there are not enough services for
the families who need them (*Prompt: mental health, substance abuse, affordable
housing*)?

61. What would other human service organizations in this community say about the
agency (both strengths and weaknesses)?

Final Questions

62. Before coming to this focus group, you may have had some ideas about what you
wanted to talk about, have you been able to tell us everything you wanted to talk
about? If not, what more would you like to tell us about to help us understand this
agency?

63. Finally, what keeps you engaged in the work at this agency?

ORGANIZATIONAL LEVEL: LOCAL OFFICE DIRECTORS AND DIVISION MANAGERS

Notes Taken by:

Participants (#):

Job Title:

Office:

Date:

INTERVIEW QUESTIONS

Introductory Questions

64. Introductions: Let's start out with introductions. Please say your name, job title, county, how long you've worked with the Indiana Department of Child Services, and anything else you would like to share.

65. I'd like to start by talking about your view of this organization's strengths. What are the strengths of this agency?

Gather this information and transition to a discussion on the organizational climate.

Note, sometimes, it is challenging for participants to even come up with one strength.

Acknowledge this and reassure them that this is why we're conducting the COHA.

Organizational Climate:

Organizational climate is the experience of working in the agency. What does it "feel like" to work here? We'd like to know more about the perceptions of your role, the challenges you experience and whether you think the agency is fair in its treatment of employees as well as whether the agency supports your well-being.

66. How would you describe the climate of the agency, with regard to how employees experience working here? (i.e., how does it feel to work here?)

67. What are the most challenging aspects of this work?

68. How would you describe the morale at this agency?
69. Do you have clear expectations/ guidelines for how to do your job? How does this get communicated to you?

Agency Operations & Practice:

70. How would you describe your agency's guiding principles or structured approach to practice (also called a practice model)?
71. What barriers inhibit a best practice approach at this agency?
72. What are your agency's operational strengths (this is how the business of the agency flows)? What are its operational challenges?
73. Can you describe some of the systems- reform efforts in the past few years to help Indiana be more performance-driven, outcomes-focused, and reduce the number of children in care? Have reform efforts focused on other goals? *What have been the workforce implications for implementation of these reforms?* (i.e., staff buy-in, training needs, communication, workload, etc.)?
74. How would you describe the cultural elements of the agency's approach to practice? Are cultural issues sufficiently attended to for families? (For example, what modifications does the agency make to meet families' cultural needs (i.e., not just ethnic or tribal cultural aspects; other examples, individual family routines and rituals, gender, sexual orientation, language).
75. To what extent does your agency employ a diverse workforce? How does your workforce reflect the culture and ethnicity of the families that your serve in this community?

Recruitment & Retention of Staff

76. How are qualified staff recruited and hired in your agency? What are some of the challenges you face in recruitment and hiring?
77. What does your agency do to retain qualified staff? Is it sufficient?
78. What challenges do you face in retaining qualified staff?
79. What do you think are some of the reasons for the pervasive high turnover rates in Indiana?

Leadership

80. In what ways does agency leadership (at your level and above) communicate the agency's mission, vision, and values?
81. What opportunities are there for workers to advance to higher leadership or management positions within the agency? How are staff prepared to move up?

Supervision, management & Workforce Support

Supervisors can play a key role in worker support and training. We are interested in hearing how supervisors give and receive support and assist caseworkers in applying skills and knowledge.

82. What is supervision like for supervisors here? For caseworkers?
83. Do you feel that supervision is consistent across the agency? If you ask one supervisor a question, will you get the same answer if you ask another supervisor the same question?
84. What is your role as a manager in insuring strong supervision? How are you able to effectively support supervisors? How could this improved?

85. How do supervisors assess the job performance of their workers?
86. How do you assess the job performance of your supervisors?
87. How are you supervised and supported in your role as a manager? How could this be improved?

Professional Development

88. What kinds of training and professional development opportunities are available to managers?
89. What types of professional development or support would help you do your job better?
90. To what extent have you experienced formal mentoring at this agency? Coaching? How was this experience?

Compensation and Work Conditions

91. To what extent is the physical environment of your office satisfactory for staff to do their jobs? (i.e., office space? If not, what could be improved?)
92. Do staff have the technology they need to do their jobs? (i.e., computers, cell phones, software, etc.). If not, what could be improved?
93. Do you feel that the compensation and benefits for this job are fair and equitable? (salary, benefits, vacation, flex time, etc.)

Community Resources

94. What are the strongest areas of community supports and resources for children and families in this service area? Are there areas where there are not enough services for

the families who need them (*Prompt*: mental health, substance abuse, affordable housing)?

95. What would other human service organizations in this community say about the agency (both strengths and weaknesses)?

Final Questions

96. Before coming to this interview, you may have had some ideas about what you wanted to talk about, have you been able to tell us everything you wanted to talk about? If not, what more would you like to tell us about to help us understand this agency?

97. Finally, what keeps you engaged in the work at this agency?

Appendix C

Coding Templates

Figure 4

Caseworker Occupational Stress Coding Template

| Final Template Themes | Codes | | | |
|-----------------------|---------------|---|--|--|
| Incongruence | Disconnect | Caseworker values and purpose | Kids and families | |
| | | | Peers | |
| | | | Helping people | |
| | | | Integrity | |
| | | | Doing a good Job | |
| | | | Second chances | |
| | | | Motivation/Intent to stay | |
| | Confused | Caseworker Professional Identity | Advocating for the family | |
| | Resistance | | Relentless, works hard | |
| | Doesn't match | | Quality of work | |
| | Doesn't fit | | Social work values (ethical, self-determination, culturally responsive, systems, social justice, etc.) | |
| | Misunderstood | | Collaboration | |
| | | | Fair | |
| | | | Professional training | |
| | | | Professional instinct | |
| | | | Agency values | Leadership words: what leadership says |
| | | | | Leadership actions: what leadership does |
| | | Agency procedures: how do agencies function | | |
| | | Implicit values & unspoken rules | | |
| | | Explicit values: what are the values in the mission statement or practice recommendations | | |
| | | Policy | Intentional policy | |
| | | | Unintentional consequences | |
| | | | Restrictive | |

| | | | |
|------------------|--|---|-----------------------------------|
| | | | Reactive |
| | | | Inconsistencies |
| | | | |
| | | Performance Evaluations | Role ambiguity |
| | | | Expectations |
| | | | Reward |
| | | | Punitive |
| | | | Professional development |
| | | | Outcomes |
| | | | Monitored |
| | | | Accountability |
| | | Practice | Reality |
| | | | Best practice |
| | | | Data driven |
| | | | Crisis |
| | | | |
| | | | Dynamic |
| Lack of efficacy | Cannot meet job expectations as required | Lack of power | Damned if I do, damned if I don't |
| | | | Decision making |
| | | | Bureaucratic processes |
| | | | Hierarchal structure |
| | | | Agency structure |
| | | | Disempowerment |
| | Cannot fulfill job expectations as desired | Lack of skill | Lack of training |
| | | | Lack of practice |
| | | | Lack of modeling/supervision |
| | | | Lack of mentorship |
| | | | New programs |
| | Unable to assure safety | Lack of knowledge | Lack of training |
| | | | Cultural responsiveness |
| | | | Education |
| | | | Policy understanding |
| | Liability Unable to help people in a way that they want | Lack of resources | Accessibility |
| | | | Quality |
| | | | Overwhelming need |
| | | | Transportation |
| | | Unable to please the family, supervisor, system, and themselves | Lack of support |
| Supervision | | | |
| Leadership | | | |
| Courts | | | |

| | | | |
|------------------|--|-----------------------------|--|
| | Universal and chronic problem of abuse and neglect | Lack of time | Stakeholders/Community Partners |
| | | | Never enough |
| | | | Workload |
| | | | Caseload |
| | | | CYA |
| | | Bare minimum | |
| | | Responsibility | Blame |
| | | | Fear |
| | | | Sense of purpose |
| | | | Vulnerable children and families |
| | | | Threatened |
| | | Desire to make a difference | Never enough |
| | | | Commitment |
| | | | Unsurmountable |
| | | | Empathy |
| Rule bending | | | |
| Above and beyond | | | |
| Inconsistent | Unpredictable Done differently Changed Delivery Intent | Supervisors | Expectations |
| | | | Support |
| | | | Interpretation of policy and practice |
| | | | Different supervisor, different expectations |
| | | | Knowledge, skills, and abilities |
| | | Leadership | Communication |
| | | | Values |
| | | | Support |
| | | | Knowledge, skills, and abilities |
| | | | Leadership style |
| | | Court | Expectations |
| | | | Caseworker treatment |
| | | | Family treatment |
| | | | Rulings |
| | | | Judges |
| | | | Treatment recommendations |
| | | | Schedule |
| | | Policy | Location |
| Language | | | |
| Interpretation | | | |

| | | | | | | | | |
|---------|--------------|------------------------------------|----------------------------|---------------------------------------|---|---------------------|-----------|-----------------------------|
| | | Practice | Dissemination | | | | | |
| | | | Practice match and support | | | | | |
| | | | Recommended versus reality | | | | | |
| | | Stakeholders and Service Providers | Regional differences | | | | | |
| | | | Expectations | | | | | |
| | | | Supportive/not supportive | | | | | |
| | | Regions | Quality | | | | | |
| | | | Shared values | | | | | |
| | | | Collaboration | | | | | |
| | | Lack of Acknowledgement | Intent | Public perception | Practice | | | |
| | | | | | Policy | | | |
| | | | | | Leadership | | | |
| Chronic | Stakeholders | | Court | Lack of knowledge about child welfare | | | | |
| | | | | Supervisors | Blame | | | |
| | | | | | Media portrayal | | | |
| Hurtful | Leadership | | Evaluation | | Doubt | | | |
| | | | | Underappreciated | | | | |
| | | | | Blame | | | | |
| | | | Public perception | Different missions | | | | |
| | | | | Stakeholders | Unheard: professional opinion disregarded | | | |
| | | | | | Court | No power | | |
| | | Supervisors | Blamed | | | | | |
| | | | Hurtful | Leadership | | Evaluation | No credit | |
| | | | | | Given harder cases | | | |
| | | Peer support | | | | | | |
| | | | | | Too busy to see | | | |
| | | | | | | | | Comp/time flextime overtime |
| | | | | | | | | |
| | | | No reward | | | | | |
| | | | | | | Leadership punitive | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | |
|--|--|------------------------|--|
| | | | Not recognized for strengths or accomplishments |
| | | | No reward |
| | | | Professional development and promotion |
| | | | No recognition of going above and beyond |
| | | Decisions | Professional expertise |
| | | | Professional values |
| | | | Difficult decisions |
| | | Program Implementation | Family Work Balance Sacrifice |
| | | | Extra work |
| | | | Training |
| | | | Changed or cancelled once it starts working or caseworkers are comfortable |
| | | Policy | Not included in creation of policy |
| | | | Voice not heard |
| | | | Unintended consequences to workforce not considered |
| | | | Restrictive |

Figure 5

Caseworker Demand Resource Coding Template

| | | | |
|----------|------------------|------------------------------|----------------------------|
| Demand | Temporary | Physical | Home visits |
| | | | Angry families |
| | | | Office environment |
| | | | Overtime |
| | | | Travel |
| | | | Burnout |
| | | | Secondary Traumatic Stress |
| | | | Safety |
| | Chronic | Cognitive | Paperwork |
| | | | Problem Solving |
| | | | Crisis Orientation |
| | | | Policy interpretation |
| | | | Time management |
| | | | Priorities |
| | | | Supervisory inconsistency |
| | | | Caseload |
| | | | Role ambiguity |
| | | | Burnout |
| | | | Role conflict |
| | | | Inefficacy |
| Negative | Psychological | Safety | |
| | | Angry families | |
| | | Office environment | |
| | | Trauma | |
| | | Vulnerable kids and families | |
| | | Unacknowledged | |
| | | Caseload | |
| | | Role conflict | |
| | | Burnout | |
| | | Secondary Traumatic Stress | |
| Hurtful | Control/Autonomy | Self-efficacy | |
| | | Consistency | |
| Benign | Control/Autonomy | Role clarity | |
| | | Decision making | |
| Intent | Control/Autonomy | Professional respect | |
| | | Policy and regulation | |
| Delivery | Control/Autonomy | Professional respect | |
| | | Policy and regulation | |
| Outcome | Control/Autonomy | Professional respect | |
| | | Policy and regulation | |
| Expected | Control/Autonomy | Professional respect | |
| | | Policy and regulation | |
| Resource | Reduce stress | Control/Autonomy | Self-efficacy |
| | | | Consistency |
| | | | Role clarity |
| | | | Decision making |
| | | | Professional respect |
| | | | Policy and regulation |

| | | | |
|--|---------------------------------------|---|---|
| | Encourage retention | Support | Peer Support |
| | Acknowledge ment | | Supervisory Support |
| | | | Leadership Support |
| | | | Family Support |
| | | | Community Support |
| | Appreciated | Organizational | Provider Support |
| | Reduce demands | | Training (e.g., knowledge, skills, vicarious trauma, culture) |
| | | | CQI meetings |
| | | | Feedback opportunities |
| | Increase skill, ability, or knowledge | | EAP |
| | | | Demand management (e.g., teamwork, on call, case assignment) |
| | Build resiliency | | Personal |
| | | Self-care (e.g., exercise, faith, friends, therapist) | |
| | | Personal commitment | |
| | | Family | |
| | | | Professional experience |

Figure 6

Supervisor Occupational Stress Coding Template

| Final Template Themes | Codes | | |
|-----------------------|---|---|-----------------------------|
| Incongruence | Doesn't match | Supervisory Practice | Discipline |
| | | | Value |
| | | | Motivation |
| | | | Intention |
| | | | Internal pressure |
| | | | Expectations versus reality |
| | Mixed message | Evaluation | |
| | | Time | |
| | | Parallel process | |
| | | Policy | |
| | Doesn't feel good | Priorities | |
| | | Values | |
| | | Want to be good supervisors | |
| | Bad practice | Reality doesn't match what they know caseworkers need | |
| | | Leadership versus caseworker value | |
| | Want to make life better for their caseworkers Stuck in the middle | Unfair evaluation | |
| | | Mixed messages | |
| | | Punitive | |
| Decision making | | | |
| Policy | | | |
| Feedback | | | |
| Data versus practice | | | |
| Lack of Efficacy | No authority | Expectations | |
| | | Deficit based supervision | |
| | | Internal expectations | |
| | | Redundancy | |
| | | Too much to do | |
| | | Unclear role | |
| | No time | Crisis | |
| | | Evaluation ineffective | |
| | Lack of respect | Balance | |
| | | Can't meet needs of everyone | |
| | | Pulled in different directions | |
| | Lack of guidance | Crisis/reactive | |
| | | Supervisors loose | |
| | Lack of guidance | Need more skills | |

| | | | | |
|---------------------------------------|--------------------------|-------------------|---------------------------------------|-------------------------|
| | Burden | | Need more knowledge | |
| | | | Need accurate feedback and evaluation | |
| | Inconsistent | | | |
| | Need mentorship ongoing | | | |
| | Problem to be Solved | New policy | Expectations (unclear) | |
| | | | No authority | |
| | Inconsistent | | | |
| | No input | | | |
| | Turnover doesn't change | New program | Reactive | |
| | | | Program implementation | |
| | | | No input | |
| | Responsibility | Pressure to fix | Fear | Creates more work |
| | | | | Negative client outcome |
| Turnover | | | | |
| Family work balance | | | | |
| Liabile | | | | |
| Court and media blame | | | | |
| Threatened | | | | |
| Bottom line | | Middle Management | Supervising with data | |
| | | | Buck stops here/always in the valley | |
| | | | Can't please everyone | |
| | | | Unclear expectations | |
| Compliance or negative client outcome | | Client | Pressure | |
| | | | Can't control client behaviors | |
| | | | Liability | |
| | | | Want kids and families to be safe | |
| | | | Media coverage | |
| Liabile | | Expectations | Internal pressure | |
| | | | Data tracking | |
| | | | National standards | |
| | | | Overwhelming expectations | |
| | | | Unclear expectations | |
| Feel personally responsible | | Caseworkers | Secondary traumatic stress | |
| | | | Family work balance | |
| | | | Safety | |
| | Professional development | | | |
| | Turnover | | | |
| Policy | | Interpretation | | |
| | | Dissemination | | |
| | | Application | | |
| | | Monitoring | | |

| | | | |
|--------------------------|----------------------------------|-------------------|--|
| | | Out of control | No authority |
| | | | Lack power to impact change |
| | | | No input or feedback |
| Lost | Middle | Middle Management | Constant change |
| | | | Stuck |
| | | | Multiple priorities |
| | All responsibility no authority | Acknowledgement | Job expectations |
| | | | No reward or overtime |
| | | | Compensation |
| | | | Undesired job |
| | Caseworker is always the problem | Alone | It's all about the caseworkers |
| | | | Pleasing everyone |
| | | | Transition from caseworker to supervisor |
| | Not seen or heard | Support | Limited guidance |
| | | | Not from above, not from below |
| | | | Peers are busy |
| Need to appear competent | | | |
| | | | No formal support/mentorship/supervision structure |

Figure 7

Supervisor Demand Resource Coding Template

| | | | |
|-----------------------------|---------------------|----------------------------|--------------------------------------|
| Demand | Chronic | Physical | Attending court |
| | | | Going on visits |
| | | | Staying late |
| | | | Angry families |
| | | | Caseworker Disagreements |
| | | | Supervision time to meet |
| | | | Redundancy |
| | Negative | Cognitive | Policy interpretation |
| | | | Deadlines/timelines |
| | | | Creation of reports |
| | | | Problem solving |
| | | | Creative resources |
| | | | Team dynamics |
| | | | Learning new programs |
| | | | Knowledge of all caseworker cases |
| | | | Supervisory knowledge |
| | | | Application of supervisory knowledge |
| | | | Leadership |
| | | | Data management |
| | | | Doable |
| Fear | | | |
| Responsibility | | | |
| Worrying about clients | | | |
| Worrying about themselves | | | |
| Invisible | | | |
| Trying to please everyone | | | |
| Holding everyone's emotions | | | |
| Mediator | | | |
| Overwhelming | Psychological | Worrying about caseworkers | |
| | | Fear | |
| | | Responsibility | |
| | | Worrying about clients | |
| Not doable | Psychological | Worrying about caseworkers | |
| | | Fear | |
| | | Responsibility | |
| | | Worrying about clients | |
| Checklist | Psychological | Worrying about caseworkers | |
| | | Fear | |
| Supervisor responsibility | Psychological | Worrying about caseworkers | |
| | | Fear | |
| Resource | Reduce stress | Control/Autonomy | Decision making |
| | | | Self-efficacy |
| | | | Consistency |
| | | | Respect |
| | Encourage retention | Support | Peer support |
| | | | Caseworker support |
| | | | Leadership support |
| | | | Court support |
| | Acknowledgement | Organizational | External provider support |
| | | | MSW education stipends |

| | | | |
|--|---|----------|--------------------------|
| | Appreciated | Personal | Training |
| | Reduce demands Increase skill, ability, or knowledge Build resiliency | | Leadership understanding |
| | | | Motivation |
| | | | Commitment |
| | | | Skill |
| | | | Experience |
| | | | Family |
| | | | Values |
| | | | Humor |
| | | | Faith |

Figure 8

Manager Occupational Stress Coding Template

| Final Template Themes | Codes | | |
|--|--|--------------------|--|
| <p>Known yet a mystery</p> <p>Having knowledge and awareness but not being able to impact change.</p> <p>They believe they have the ability.</p> <p>Something gets missed.</p> <p>Disconnect</p> | <p>Disconnected (Mystery)</p> | | Why is this not working? |
| | | | Why don't they feel listened to? |
| | | | Standards first . . . self-care second. |
| | | | Black box |
| | | | What is behind the behavior or lack of outcome? What function does turnover, burnout, job satisfaction play? |
| | <p>Disconnect</p> | <p>Awareness</p> | Empathy |
| | | | Stress |
| | | | Turnover |
| | | | Incongruence |
| | | | Self-efficacy |
| | | | Crisis/reactive culture |
| | <p>Disconnect</p> | <p>Knowledge</p> | Lack of reward |
| | | | Spoke in specifics, gave examples of program and initiatives |
| Evidence based programs | | | |
| Best practice | | | |
| <p>Deficit based</p> <p>Stress is negative</p> <p>Barriers</p> <p>Stress is due to deficit of the system, workforce, etc.</p> <p>Stress is preventable</p> | <p>Stress is negative</p> <p>Barriers</p> | <p>Caseworkers</p> | Need more training |
| | | | Not enough time |
| | | | Young, uneducated, from unrelated backgrounds |
| | | | Missing characteristics that create resilience |
| | | | Set up to fail |
| | <p>Stress is due to deficit of the system, workforce, etc.</p> | <p>Supervisors</p> | Bad implementation |
| | | | Don't get it |
| | | | Don't hold workers accountable |
| | | | Balancing roles (e.g., data management, support, mentoring, etc.) |
| | <p>Stress is preventable</p> | <p>Stress</p> | Can be prevented |
| | | | Results in turnover |
| | | | Depends on the day |
| | | | Out of their control |

| | | | |
|--|---|--|--|
| | | | Needs to be prevented or treated but attend to data goals first. |
| | | System | Crisis/reactive |
| | | | Workload |
| | | | Caseload |
| | | | Restrictive and regulated |
| | | | Negative public perception |
| External | Lack of self-awareness of how occupational stress impacts managers. | Self-awareness | Lack of responsibility |
| | | | Self-efficacy |
| Not impacted by Secondary Stress | | | |
| Lack of expression of their own experience of stress | | | |
| Blame is placed externally. No personal responsibility for occupational stress or functioning of workforce. Contributes to known yet a mystery | | Evidence Based Programs | Match/fit of program |
| | Funding | | |
| | Policy support | | |
| | Frustration | Implementation | |
| | | Listening | |
| | | Support | |
| | | Use evidence based solutions with no outcomes | |
| | | Climate | |
| | | Individual negative people | |
| | Workforce | Turnover | |
| | | Caseworker lack of ability, skill, time | |
| | | Supervisor lack of buy-in, ability, motivation, leadership | |
| Match/fit of workforce | | | |
| Demands | Workforce expectations | | |
| | High caseload | | |
| | Turnover | | |
| | Increase in placements due to opioid epidemic | | |
| Inability to impact change | Solution focused | National standards | |
| | | Continually apply new programs | |
| | | Data outcomes | |
| | | Continue to apply the same program with little to no desired outcome | |
| | Supervisors | Supervisors are the managers' enforcers and action but it is not working | |

| | | | |
|--|--------------------------------------|-------------|---|
| | Frustration with not seeing results. | | Managers place a lot of responsibility on supervisors to carry out program, policies, and their own agendas |
| | | Caseworkers | Repetitive |
| | | | Feedback |
| | | | Acknowledgement |
| | | | Time |
| | | | Ability |
| | | | Caseload |



Figure 9

Manager Demand Resource Coding Template

| | | | | |
|--|---|------------------|---|---------------|
| Demands | Anything that creates a barrier to meeting outcome goals. | Physical | Turnover | |
| | | | Caseworker stress | |
| | | | Time | |
| | | | Office locations | |
| | | | Getting feedback | |
| | | | Managing regions and multiple teams | |
| | Anything that stresses out the workforce | Cognitive | Communication with workforce | |
| | | | Implementing programs | |
| | | | Changing organizational climate | |
| | | | Reducing turnover | |
| | | | Solutions | |
| | | | Disconnect in manager perception | |
| | Anything that contributes to turnover | Psychological | Problem Solving | |
| | | | Not being able to solve the problem | |
| | | | Workforces chronic issue with the lack of communication from leadership | |
| | | | Ongoing secondary stress | |
| | | | Workforce burnout | |
| | | | Workforce negativity | |
| Resource | Reduce stress | Control/Autonomy | Lack of leadership support | |
| | | | Program selection & implementation | |
| | | | Policy | |
| | | | Decision making | |
| | Encourage retention | Support | CQI/Feedback process | |
| | | | Email and communication | |
| | Acknowledgement | | Organizational | Leadership |
| | | | | Manager |
| | Appreciated | Organizational | Supervisor | |
| | | | Data and technical support | |
| | Reduce demands | | Organizational | CQI |
| | | | | Feedback loop |
| Moral building activities | | | | |
| Professional development and promotion | | | | |

| | | | |
|--|---------------------------------------|---|---|
| | Increase skill, ability, or knowledge | | Training (e.g., new worker and ongoing) |
| | Build resiliency | | Recruitment and retention programs |
| | | | Flexibility |
| | | Personal | Knowledge |
| | | Commitment | |
| | | Values | |
| | | Willingness to listen (e.g., open door) | |
| | | Workforce support | |
| | Hard work | | |