

**SELF-CARE PATTERNS AND BURNOUT IN A SAMPLE OF SOCIAL WORKERS IN  
EASTERN NEWFOUNDLAND WITH AN ORGANIZATIONAL CONTEXT**

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## Abstract

The purpose of this study was to gain insight into the role that self-care patterns have on burnout in social workers in Eastern Newfoundland within the context of the Bolman and Deal (2013) four frames model. Methods included a three-part survey including the Self-Care Assessment Worksheet, Maslach Burnout Inventory, and Areas of Worklife Survey. The open-ended research questions further explored self-care, burnout and the organization's role in relation to it.

Those with 20+ years of experience had the lowest level of burnout. Results showed the more one engages with self-care practices, the lower burnout they experience. Participants working in CYFS had the highest scores of depersonalization and those working directly with clients experienced more burnout than those who did not work with clients. Results showed 40% of participants felt that their organization doesn't support the practice of self-care. Emerging themes relating to burnout included workload demands, difficulties with organizations and/or management, and working with traumatized clients. Interesting patterns and themes were also noted about self-care in the context of social work practice.

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## Chapter 1 - Introduction

This exploratory study had several purposes. First, I wanted to gain some insight into the role that self-care patterns have on burnout, specifically a sample of social workers in Eastern Newfoundland, an area in which I worked for most my career as a social worker. Second, I was interested in exploring the variances of self-care patterns and burnout levels across organizational contexts. My experience working in the child protection system in Newfoundland and Labrador showed me that burnout was a real and often pervasive issue for many social workers in that field. I was curious as to how self-care patterns would impact burnout and if burnout varied depending on the organization in which a social work was employed. I was interested in examining the perceived role of the organization in terms of its impact on burnout and self-care from a social worker point of view.

The field of social work can be very rewarding as there are unique opportunities to provide guidance and support to children, adults and/or families. Due to the nature of social work practice, it often involves working with people in an intense way that is focused on the client's current problems, barriers or issues (Maslach, Jackson and Leiter, 1996). Maslach et al (1996) describe:

Because solutions for clients' problems are not always obvious and easily obtained, the situation becomes more ambiguous and frustrating. For the person who works continuously with people under such circumstances, the chronic stress can be emotionally draining and lead to burnout (p.3)

The definition of burnout for this research involves three facets: emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach et al, 1996). Maslach et al (1996) describe emotional exhaustion by explaining "as emotional resources are depleted,

workers feel they are no longer able to give of themselves at a psychological level” (p.4). The concept of depersonalization is the “negative, cynical attitudes and feelings about one’s clients” (Maslach et al, 1996). The concept of reduced personal accomplishment refers to “the tendency to evaluate oneself negatively, particularly with regard to one’s work with clients” (Maslach et al, 1996, p.4). Maslach et al (1996) as well as many other researchers have found and documented how devastating the effects of burnout can be on social workers, their clients and the organizations in which social workers are employed. They also found that the quality of care for clients can be significantly negatively impacted and burnout can be a factor in job turnover, absenteeism and low morale. In addition, the research indicates that burnout is correlated with “various self-reported indices of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems” (Maslach et al, 1996).

For the purposes of this study, self-care is defined as

a process of purposeful engagement in practices that promote holistic health and well-being of the self (personal self care), whereas professional self-care is understood as the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being (Lee and Miller, 2013, p.98).

The study involved an online survey with three parts followed by several open-ended questions. The first part of the survey uses the Self-Care Assessment Worksheet, which aims to measure the degree to which a participant engages in a variety of self-care activities and strategies within six areas of self-care: physical, psychological, emotional, spiritual, professional workplace and balance. This tool was assessed to be appropriate to use since it measures a

variety of self-care activities, however psychometric properties have yet to be established for this tool (Alkema and Davies, 2008).

The second part of the survey was the Maslach Burnout Inventory, which assessed overall levels of burnout with three subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Maslach, Jackson and Leiter (1996) outline the strong psychometric properties of this instrument in terms of reliability and validity.

The third part of the survey was the Areas of Worklife Survey that assessed congruence between an employee and their organization with respect to workload, control, fairness, reward, values and community. The Areas of Worklife Survey (AWS) was developed by Michael Leiter and Christina Maslach in order to identify where the “trouble spots” are for a person in terms of a person’s work, as their research has shown that these areas can be predictive of burnout (Leiter and Maslach, 2009).

The open-ended qualitative research questions explored participants’ thoughts and feelings with respect to self-care, burnout and their organization’s role in their self-care and perceived burnout. I also asked participants to identify their perceived barriers to self-care and what supports self-care practice in their life. Other questions sought to determine if the participants believed they were currently experiencing burnout and if they have ever considered leaving their current social work position.

The questionnaire was administered with the assistance of the Newfoundland and Labrador Association of Social Workers (NLASW). The surveys were disseminated to all registered social workers in the geographical area of the Avalon East area, who consented to participate in research during the annual registration process. There were 114 participants in the study out of a population of 270 social workers.

Using a combination of quantitative and qualitative methods, I was interested in exploring several areas. My broad hypotheses can be stated as follows:

1. The higher the degree of self-care activities engaged by social workers the lower the levels of burnout;
2. Self-care practices differ depending on the social workers' organization;
3. Organizational support for self-care differ depending on the organization in which social workers work;
4. Burnout levels vary depending on where social workers work;
5. Social worker experience will have a relationship with burnout levels;

My goal for this study was to ultimately provide insight to social workers who may be experiencing burnout or those at risk of burnout. It was important to me that I explore several areas of self-care and determine how they related to burnout. Although I was focused on the social worker population, it was very important for me to explore the organization's role in self-care support and/or practice because I think the organizational environment impacts one's ability to fully embrace self-care practices for balance in their life. My hope with this exploration into the arena of self-care and the relationships to burnout was to provide an opportunity to have more conversations and motivate social workers and organizations to integrate self-care practices into their personal and professional lives for burnout prevention.

## Chapter 2 – Literature Review

The purpose of this exploratory study was to gain some insight into the role that self-care patterns have on burnout in social workers in Eastern Newfoundland and to explore the variances of self-care patterns and burnout levels across various organizational contexts. As a social worker, self-care first became a topic of conversation in social work classes while I was completing my Bachelor of Social Work degree. At the time, due to my lack of experience working as a social worker, I am not sure I understood the true importance of self-care and the gravity of burnout in terms of its impact on a person. After working as a social worker for seven years, primarily as a frontline child protection social worker, I realized very quickly how a lack of self-care can impact one's life. I developed a strong belief that consistent self-care behaviours could have a protective effect in relation to preventing burnout but I also saw the importance of how organizations viewed self-care in terms of support or lack of support. My hypothesis was that social workers who engage in more self-care will have lower burnout levels. I also expected to find higher burnout levels and lower self-care patterns in social workers who work in different program areas of social work practice, especially those working on the frontlines directly with clients.

The Self-Care Assessment Worksheet was selected as I believed it effectively explored a variety of self-care practices in several categories. The Maslach Burnout Inventory was selected to measure burnout as it has been shown to have high levels of reliability and validity and has been used in many studies that measure burnout. I also chose to use the Areas of Worklife survey as it identifies potential problem areas in one's organization as it was a particular goal of mine to further explore burnout and issues within an organizational context.

My goal is for the results of this study to provide insight to social workers who may be experiencing burnout or those that are at risk of burnout. Exploration into the arena of self-care and the relationships to burnout will hopefully provide social workers with motivation to engage in more self-care in their own lives. The organizational context of the study will hopefully encourage employers and organizations to place increased focus on the importance of self-care and to incorporate professional self-care activities into the workplace.

## 2.1 Self-Care

There are several definitions for self-care that represent this concept. Lee and Miller (2013) define self-care as “engagement in behaviours that support health and well-being” (p. 97). Spitzer, Bar-Tal and Ziv (as cited in Collins, 2005) define self-care as “an individual’s ability to balance personal, occupational, and spiritual activities that promote rejuvenation of energy, recovery from illness and disease, harmonious interconnectedness and health-promoting ways” (p.264). Figley (as cited in Newell and Macneil, 2010) defines self-care in an organizational context as “the utilization of skills and strategies by workers to maintain their own personal, familial, emotional, and spiritual needs while attending to the needs and demands of their clients” (p.62). Lee and Miller (2013) state that “self-care may not only be crucial in preventing secondary traumatic stress, burnout, and high staff turnover, but it can serve as a means of empowerment that enables practitioners to proactively and intentionally negotiate their overall health, well-being and resilience” (p. 96). They discuss how the concept and practice of self-care is a critical issue for social workers as a group and that very little research has been completed to clearly conceptualize “self-care,” which has resulted in challenges in the operationalization of self-care in practice. There are several studies that find that a lack of self-care is correlated with

risk for compassion fatigue or secondary traumatic stress as well as compromised quality of care for clients. The research discusses how inattention to self-care from organizations and from individuals has the potential to be costly for the social work profession (Lee and Miller, 2013). If self-care were a clearer concept, it might equip social workers to be able to better cope with stressful work conditions and increase longevity in the social work profession (Lee and Miller, 2013). Along with providing a clear definition of self-care, Lee and Miller (2013) have developed an applied framework for self-care and provide an example of the utility of this framework for the social work profession. They identify how self-care has been categorized in the following areas as indicated in research: (1) physical, (2) psychological and emotional, (3) social, (4) spiritual, (5) leisure, and (6) professional. According to Lee and Miller (2013), there is an emerging body of literature focusing on the importance of self-care strategies related to the use of self-care in the professional role. However, there has not been a clear conceptual distinction between the two concepts of personal and professional self-care found in the literature. Lee and Miller (2013) define personal self-care as;

a process of purposeful engagement in practices that promote holistic health and well-being of the self, whereas professional self-care is understood as the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being (p.98).

The goal of Lee and Miller's framework is to "provide a structure to potentially decrease burnout, secondary traumatic stress, organizational and structural challenges and high turnover" (p.101). Their hope was to provide a clear framework so social workers could assess their engagement in self-care in order to develop a well-considered and systematic approach to engage

in a self-care plan. Lee and Miller (2013) identify that there is a need for a reliable, robust instrument to measure frequency of self-care practice in order to investigate the utility of self-care.

## 2.2 Personal Self-Care

As discussed earlier, Lee and Miller (2013) describe their five areas of personal self-care: physical, psychological and emotional, social, leisure, and spiritual based upon what is considered relevant in the literature on the subject.

### *Physical Self-Care*

Physical care is “targeted to optimize physical function and safety,” which may emphasize adequate sleep, physical activity and making healthy nutritional choices (Lee and Miller, 2013, p.99). Callaghan (2004) and Dishman (2003) found that physical activity appears to decrease symptoms of anxiety and depression and have a general wellness benefit. Lustyk, Widman, Pashane, and Olson (2004) found that an increase in volume and frequency of exercise increased the health components of quality of life, which included measures of health, self-esteem, money, work, play, learning, creating, community, and goals and values.

### *Psychological and Emotional Self-Care*

Lee and Miller (2013) state that

practices that contribute to the psychosocial and emotional care of the self-focus on the capacity to maintain a positive and compassionate view of the self and negotiate the demands that arise from the intersection of individual and environmental; this capacity is built through emotion regulation, effective behavioural choices, and an emphasis on adaptively meeting one’s need (p.99).

Examples of these strategies are mindfulness and engaging in stress management activities. Coster and Schwebel (1997) define psychological self-care as attending to one's psychological needs through counseling or obtaining psychological treatment for any type of distress or impairment. Macran, Stiles, and Smith (1999) found that participation in personal counseling helped to alleviate symptoms of distress and impairment. Through qualitative interviews, Mackey and Mackey (1994) found that personal counseling helps to support one's personal development by allowing one to understand how to care for oneself and to develop an awareness of one's boundaries and limitations. They also found that personal counseling has been shown to enhance the counselor's empathic skills.

Richards, Campenni and Muse-Burke (2010) assessed the mediating effects of self-awareness and mindfulness on the self-care and well-being of mental health professionals. The researchers measured self-care by providing definitions for four areas of self-care: physical, psychological, spiritual, and support. Participants were asked to indicate how often they are involved in such behaviours based on a seven point Likert scale ranging from "one or more times daily" to "Never". They were also asked to indicate their views of the importance of each self-care component. They found that mindfulness is a significant mediator between self-care and well-being.

### *Social Self-Care*

Lee and Miller (2013) define social self-care as relating to having supportive relationships, which can involve participation in one's community and maintaining contact with important individuals in one's life. Coster and Schwebel (1997) suggest that the support component of self-care includes the relationships and interactions that develop from both professional and personal support systems. Walen and Lachman (2000) demonstrated that

personal support enhances psychological well-being and physical health subjectively and objectively.

### *Spiritual Self-Care*

Lee and Miller (2013) describe spiritual self-care as care that “fosters connectedness, faith and peace,” (p. 100) which can be seen in practices like meditation, prayer and/or spending time in nature. In her review on the literature of spirituality definitions, Estanek (2006) identified how Love and Talbot’s (1999) definition of spirituality was often the most quoted throughout the literature. Love and Talbot (1999) offer the following five propositions that form their definition of spirituality:

1. Spiritual development involves an internal process of seeking personal authenticity, genuineness, and wholeness as an aspect of identity development.
2. Spiritual development involves the process of continually transcending one's current locus of centrality.
3. Spiritual development involves developing a greater connectedness to self and others through relationships and union with community.
4. Spiritual development involves deriving meaning, purpose, and direction in one's life.
5. Spiritual development involves an increasing openness to exploring a relationship with an intangible and pervasive power or essence that exists beyond human knowing (pp. 364-367).

Boero et al (2005) investigated spiritual/religious beliefs and quality of life of health workers. They found that spiritual and physical well-being plays a positive and significant role when it comes to quality of life. Greater spirituality was also associated with more positive mental health in adolescents (Wong, Rew & Slaikeu, 2006). In a study by Hamilton and Jackson

(1998), it was found that spirituality promoted quality of life and a sense of self-awareness. Valente and Marotta (2005) found that regular yoga practice could provide therapists with a greater opportunity for self-awareness and potential for further personal growth. It will be interesting to observe spirituality in the context of this study and how it relates to burnout.

### *Leisure Self-Care*

Lee and Miller (2013) state that leisure involves strategies which “encourage the participation in enjoyable activities that typically promote rest and relaxation or encourage creativity, such as reading, knitting, playing in team/recreational sports, or spending time with a pet” (p. 100). Hesse (2002) noted that drawing, painting, sculpting, cooking or outdoor activities could also serve as methods of self-care.

### 2.3 Professional Self-Care

Lee and Miller (2013) discuss how the literature does not provide much guidance on the conceptualization of professional self-care; therefore, they identified six primary structures of support that contribute to professional self-care. The first is workload and time management, which could include taking breaks from the work day and taking vacations. The second is ‘attention to professional role’ which includes strategies to note the meaning of their role as a social worker in their particular position and the goals of their job. The third element is “attention to reactions to work” which includes personal therapy, limiting discussion of work stressors and/or journaling. The fourth is “professional social support and self-advocacy,” which includes identifying supportive colleagues and completing formal education events/training. Next is professional development, which could be attending conferences or joining professional organizations. The last is “revitalization and generation of energy” which can include creating a

pleasant workspace and reminiscing with colleagues about formative and meaningful experiences. Hunter and Schofield (2006) found that effectively balancing workloads, using personal therapy, using formal and informal debriefing, and having regular supervision were helpful for counselors to cope with traumatized clients and stressful client sessions. Newell and MacNeil (2010) discussed how support from professional colleagues and supervisors may decrease the effects of burnout. Upon review of Lee and Miller's discussion on self-care in general, they do not mention the responsibility of organizations in terms of their self-care and being supported; the literature tends to focus on self-care with the lens of individual responsibility.

Koocher and Keith-Spiegal (1998) suggest that mental health professionals should participate in routine professional communications with colleagues to reduce the possibility of burnout. Mental health professionals surveyed indicated that professional support was the main reason for their well-being because it gave them input into various situations.

## 2.4 Burnout

From a literature perspective, burnout can negatively impact the lives of social workers already working in a high stress environment or working with clients who are experiencing or who have experienced significant trauma. Leiter and Maslach (2005) describe burnout as being “a chronic state of being out of sync with your job, and that can be a significant crisis in your life” (p.2). They describe how there are three facets of burnout: (1) lost energy, in that you are constantly overwhelmed, stressed and exhausted; (2) lost enthusiasm, in that your passion has been replaced by a negative cynicism and, (3) lost confidence (Leiter and Maslach, 2005). Burnout can deteriorate ones physical and mental health, which can increase the likelihood of

getting sick or depressed. As burnout continues, the quality of job performance will decline and you will lose effectiveness in working with others; the negative vibes from work have the potential to negatively impact your relationships with family and friends (Leiter and Maslach, 2005). Taris (as cited in Lizano, 2015) reviewed sixteen studies and found that “workers experiencing burnout are at greater risk of underperforming and leaving the job” (p.167).

In a USA study by Leiter and Maslach (2005), they provide some general information about the impact burnout can have on a population. It is estimated that job stress costs the United States’ economy \$300 billion in sick time, long-term disability and excessive job turnover. In Britain, disengaged and unhappy employees cost the economy almost 46 million pounds a year in low productivity and lost working days. In North America and Europe, long-term disability claims based on stress, burnout and depression are the fastest-growing category of claims.

Emotional exhaustion is highlighted as the central dimension of burnout, marked by “feelings of being depleted because of chronic exposure to job stress” (Lizano, 2015, p.168). Lizano (2015) discussed how emotional exhaustion leads to depersonalization, which involves a worker becoming cynical and detached, often distancing themselves from their clients. The third dimension of personal accomplishment refers to “feelings of ineffectiveness in the workplace regardless of the effort exerted” (Lizano, 2015, p.168). Hasenfeld (as cited in Lizano, 2015) identified that “human service employees serve clients who are in a state of vulnerability or crisis, which oftentimes makes the interpersonal exchange an emotionally charged one for the worker” (p. 168).

Lizano (2015) discusses how the concept of burnout has captured the attention of organizational researchers and administrators. Burton (as cited in Lizano, 2015) states that there is an “ethical responsibility of organizational leaders to protect the well-being of employees in

the workplace” and the second is the “impact of worker well-being on his or her performance, which can subsequently shape service provision and client outcomes” (p. 168).

## 2.5 Areas of Worklife

Leiter and Maslach (2005) discuss how a consistent theme observed through the research literature in related to organizational risk factors and work-related outcomes is the “problematic relationship between the person and the environment, which is often described in terms of imbalance of misalignment or misfit” (p. 2). The Areas of Worklife Survey (AWS) was developed by Michael Leiter and Christina Maslach in order to identify where the “trouble spots” are for a person in terms of a person’s work, as their research has shown that these areas can be predictive of burnout (Leiter and Maslach, 2009). As Leiter and Maslach describe (2005), “for each of the six strategic areas, there is a continuum between a poor and a good match between you and it” (p.14). Maslach and Leiter identified six domains based on their review of the organizational correlates in many studies of burnout and job stress as follows: workload, control, reward, community, fairness and values (Leiter and Maslach, 2011). Leiter and Maslach (2011) identified that this instrument has a strong level of internal consistency.

### 2.5.1 Workload

The first area of the Worklife Survey is ‘workload,’ which means that “people have to do too much in too little time with too few resources” (Leiter & Maslach, 2011, p.4). If there is a major mismatch in this area, it means that workload is “too much, too complex, too urgent or just too awful” (Leiter and Maslach, 2005, p.14). Leiter and Maslach (2011) discuss how “increasing workload has a consistent relationship with burnout, especially with the exhaustion dimension”

as demonstrated in several studies (p.3). They state that there is little opportunity for an employee to rest and restore their balance when overloaded workload is a chronic condition rather than occasional circumstances. They state that “such exhaustion can lead to a deterioration in the quality of the work and a disruption of collegial relationships” (Leiter and Maslach, 2011, p.3). Cordes and Dougherty (1993) discuss how “workload has been consistently linked to emotional exhaustion in the vast majority of studies” (p. 640). Landsbergis (1988) also in a study with nurses that burnout is significantly higher in jobs that combine high workload demands with low decision latitude. Landsbergis (1988) identified that a manageable workload would provide employees with the time to refine their existing skills and have the time to become effective in new skills. Finally, a consistently manageable workload would end the cycle of exhaustion which contributes the most to burnout for many people.

### 2.5.2 Control

The second area in the Worklife instrument is ‘control,’ which includes “employees’ perceived capacity to influence decisions that affect their work, to exercise professional autonomy and to gain access to the resources necessary to do an effective job” (Leiter and Maslach, 2011, p.4). Leiter and Maslach (2011) discuss how problems tend to occur with employees when they do not have sufficient authority over their work and are unable to “shape the work environment to be consistent with their own values” (p. 4). A major mismatch in this area means “that you are experiencing problems in authority and influence” (Leiter and Maslach, 2005, p.15). They describe this further by saying that “your sense of control over what you do is limited or undermined, and you don’t have much say in what’s going on at work” (p.15). Cordes and Dougherty (1993) discuss how there have been numerous studies that link role conflict with higher emotional exhaustion; they explain that role conflict can occur when there are conflicting

demands and multiple authorities, which may make it difficult for employees to exercise effective levels of control in their job. Leiter and Maslach (2011) discuss how workers would have greater job satisfaction and higher levels of commitment if they felt they had higher levels of control within their job role.

### 2.5.3 Reward

The third area is ‘reward,’ which is the area of worklife that “addresses the extent to which rewards – monetary, social and intrinsic – are consistent with expectations” (Leiter and Maslach, 2011, p. 5). A major mismatch in this area means that you are “experiencing problems in the recognition, pleasure and compensation you get from your job” (Leiter and Maslach, 2005, p.16). Reward would be impacted if a person does not find the job to be rewarding or satisfying and/or that no one notices what a person has done or accomplished. Leiter and Maslach (2011) state that various studies have showed that “insufficient reward (whether financial, institutional, or social) increases people’s vulnerability to burnout” (p.5). Cordes and Doherty (1993) discuss how lack of adequate reward or recognition in the workplace relates less feelings of personal accomplishment in the workplace.

### 2.5.4 Community

The fourth area in the Worklife instrument is “community,” which Leiter and Maslach (2011) define as the “overall quality of social interaction at work, including issues of conflict, mutual support, closeness, and the capacity to work as a team” (p. 5). A major mismatch in this area means that “you are experiencing problems in the social community of your job” (Leiter and Maslach, 2005, p.17). Truchot and Deregard (2001) found that the feeling of community effectively benefited nurses when they perceived to be in an inequitable relationship with their

clients. Richardsen (1992) found that interpersonal conflict at work significantly contributed to emotional exhaustion. Schnorpfeil et al (2002) found that perceived social support from co-workers was associated with low exhaustion. This could include bickering coworkers, patronizing bosses, resentful subordinates, or difficult clients.

### 2.5.5 Fairness

The fifth area is ‘fairness,’ which is defined by Leiter and Maslach (2011) as “the extent to which dimensions at work are perceived as being fair and people are treated with respect” (p. 6). A major mismatch in this area means, “...that you are experiencing problems with justice in the workplace. Decisions about schedules, tasks, and promotions are arbitrary and secretive. Favoritism rules, and you are treated unfairly” (Leiter and Maslach, 2005, p. 17). Bakker (2000) and Schnorpfeil et al (2002) found that lack of reciprocity is predictive of burnout. Their results discussed how it was not only patient demands that caused burnout, it was the perception of the imbalance between general practitioners and their patients.

### 2.5.6 Values

The final area is “values,” which Leiter and Maslach (2011) define as “at the heart of people’s relationship with their work. It encompasses the ideals and motivations that originally attracted them to the job” (p. 7). A major mismatch in this area means “that you are experiencing a significant disconnect in the extent to which you believe in the organization and the organization believes in you. The core values of the organization do not mesh well with your values and may even be irrelevant or offensive to you” (Leiter and Maslach, 2005, p. 18). Leiter and Harvie (1998) discuss how research has found that an employee having conflict with the

values of an organization is related to emotional exhaustion, depersonalization and personal accomplishment.

By using the Areas of Worklife Survey, it helps workers determine which areas need attention in order to address burnout before it starts. Leiter and Maslach (2005) describe a process for how workers can take action to address what is found in their survey.

## 2.6 Self-Care and Burnout

Many studies analyzed the concept of self-care while researching burnout, especially those working in the helping professions such as social work. Alkema and Davies (2008) explored the relationship between self-care, compassion fatigue, burnout, and compassion satisfaction among hospice care providers. For their study, they assessed self-care with The Self-Care Assessment Worksheet, (SCAW), which was developed by Saakvitne and Pearlman (1996) and aims to measure the degree to which a participant engages in a variety of self-care activities and strategies within six areas of self-care: physical, psychological, emotional, spiritual, professional workplace and balance. There were several significant correlations in relation to self-care noted based on the findings of the study completed by Alkema and Davies (2008). Analysis also revealed a significant positive correlation between compassion fatigue and burnout. A similar pattern was noted between burnout and all aspects of self-care. The authors found it interesting to note that compassion satisfaction was significantly positively correlated with the emotional, spiritual, and balance subscales of the SCAW but not the physical, psychological and workplace subscales. Regarding self-care, it was found that there were significant positive correlations observed between all areas of self-care measured by the SCAW, suggesting that health care professionals (HCP's) who engage in one area of self-care are more

likely to engage in other areas of self-care. Finally, it was noted that HCP's with more months of service in the profession seem to be engaging in all areas of self-care to a greater extent than those with less experience.

Weekes (2014) examined the relationship between self-care and burnout in social workers in health care settings. She found that there was a significant correlation between self-care activities by social workers and emotional exhaustion and depersonalization. She also found that as feelings of burnout increased, self-care activities decreased. Finally, she found that social workers with more experience were reported as having lower levels of emotional exhaustion and depersonalization.

Eastwood and Ecklund (2008) examined compassion fatigue risk and self-care practices among residential treatment center childcare workers. Self-care was assessed using a questionnaire that was developed by the authors called the "Self-Care Practices Questionnaire," which is a 29-item instrument listing 29 self-care practices for which participants rate their frequency by rating each practice on a 6 point Likert scale from never (0) to daily (5). The most frequently used positive self-care practices were socializing with friends, socializing with family, taking short breaks at work, getting sufficient sleep, and eating nutritious meals. The most frequently used conventionally negative self-care practices were consuming caffeinated beverages, consuming junk and/or snack food, and watching more than one hour of television per day. This study found that three particular self-care strategies had negative correlations with compassion fatigue risk level: having a hobby one engages in, reading for pleasure and taking trips/vacations. No negative self-care strategy was significantly related to compassion fatigue. It was also noted that socialization with family negatively correlated with burnout risk indicating

that those at greater risk for burnout spend less time socializing with their families than those less at risk for burnout.

Bober and Regehr (2005) studied whether therapists believed in and engaged in commonly recommended forms of prevention for secondary and vicarious trauma and whether engaging in these activities resulted in lower levels of distress. The researchers used The Coping Strategies Inventory (internal reliability of 0.67-0.80) which has two sections: one to assess the beliefs that therapists hold about how coping strategies will lead to lower levels of secondary trauma and the second section assessed the time available for engaging in coping strategies. It was concluded that there was no evidence presented that using recommended coping strategies would be protective against immediate traumatic symptoms.

Mahoney (1997) researched the experiences of psychotherapists about their methods of coping with their life stresses and personal problems. Mahoney used a brief self-report questionnaire that requested information about personal problems experienced during the past year, self-care practices during the past year and opinions about personal therapy. The most common forms of self-care reported were pleasure reading, physical exercise, hobbies and recreational vacations.

Maslach and Jackson (1981) found that burnout has positively correlated with heavy work-load. Ackerley et al (1988) found that burnout was positively correlated with years of experience but Vredenburgh et al (1999) found that years of experience was negatively correlated with burnout. It is interesting to note the contrasting conclusions of these studies in terms of years of experience and will be further discussed in paper in the context of the results.

Benedetto and Swadling (2014) found that the length of experience in a work-setting correlated negatively with burnout. Kabir et al (2014) found significant relationships between the

intensity and frequency of job burnout, years of experience, level of education and place of residence. They found that individuals who are older, individuals with higher years of service and those with lower levels of education have higher levels of burnout.

Through their literature review, Schwartz et al (2007) describe some of the conclusions of burnout research. Acker (2007) found that younger social workers are exposed to more client violence and seem to be less psychologically resilient and Amrani-Cohen (1999) found that younger social workers have lower levels of job mastery than older social workers (as cited in Schwartz et al, 2007). Jayarante et al (1995) discovered that younger social workers have been found to report lower personal accomplishment, more psychological strain and more depersonalization than older social workers (as cited in Schwartz et al, 2007). Prosser et al (1999) suggest that the benefits of the on-the-job experience and adaptation offset the stress and strain that would otherwise lead to burnout among mental health professionals and that burnout should decline over time in a social work career (as cited in Schwartz et al, 2007). According to Csiernik et al (2010), it has been documented throughout the literature that the majority of staff turnover is most likely during the first three years of employment. Shinn et al (1984) found that human service professionals in private practice have been found to experience less psychological stress than those in public practice (as cited in Schwartz et al, 2007). Kayaratne et al (1995) found that social workers in private practice tend to have less anxiety, less depression, less irritation, less depersonalization, less emotional exhaustion, and fewer physical symptoms than those in public practice (as cited in Schwatrz et al, 2007). Schwartz et al (2007) found that burnout seemed to decline with increasing years in private practice but not in public practice.

In Newfoundland and Labrador, a large number of registered social workers are employed in the child protection system. Boys, Wind and Ruiz (2013) found that burnout can

have devastating impacts on various fields of social work. In the field of child welfare, they found numerous sources which estimate that child welfare workers stay with their organization, on average, only between 2-4 years. Boyas et al (2013) discuss how this is a major concern given that it can take an average of two years of experience in the field in order to develop the “necessary skills and practice wisdom to work independently and effectively in the field of child welfare” (p.1657). The consideration and assessment of self-care and burnout in the context of child welfare and other organizational contexts can yield important information for employees and employers in human service organizations.

## 2.7 Importance of Self-Care

A review of the literature relating to self-care indicates that self-care is very important in the lives of those in helping professions, including social work. Kaul (2002) detailed her own experience as a social worker assisting in providing crisis intervention to the Pentagon Disaster; she described how self-care strategies are critical even when demands are extremely high in a crisis and disaster setting. Collins (2005) suggests that inadequate self-care may lead to emotional and energy depletion, which can affect the capability to actively problem solve. Barnett, Cooper and College (2009) say that creating a culture of self-care may be considered a professional responsibility for both the worker and the profession. Boero, Caviglia, Monteverdi, Braida, Fabello, and Zorzella (2005), Coster and Schwebel (1997) and Richards (2010) found increased general well-being to be significantly correlated with increased participation in self-care. Radley and Figley (2007) state that “appropriate intellectual, social and physical resources are not possible without adequate attention to self-care” (p. 212). Although there is research in

the area of self-care, there is great value in research determining the barriers and supportive factors to social workers engaging in self-care and common themes of self-care.

There are numerous factors that are important to consider in the context of the role of self-care in organizations. Organizations having an awareness of personal and professional self-care in how it may relate to burnout and areas of worklife could have a tremendous impact on the work environments for social workers.

## Chapter 3 – Conceptual Framework

### 3.1 Introduction

The purpose of this thesis was to examine self-care and burnout patterns in a social worker sample as well as to consider and analyze this information in an organizational context. A number of theoretical frameworks were considered in the context of examining the results. For example, a critical perspective, the feminist perspective, was also considered as social work tends to be a female dominated profession. However, due to the breadth and depth of the research, the research is presented from the perspective of an organizational context using Bolman and Deal's (2013) four frames model for conceptualizing and analyzing organizations to help provide context to further understand the research findings. Bolman and Deal (2013) describe a frame as "a coherent set of ideas or beliefs forming a prism or lens that enables you to see and understand more clearly what goes on from day to day" (p. 41). The four frames include: the structural frame, the human resources frame, the political frame and the symbolic frame. In this section, I will describe each of these frames and examine how it relates to this research.

### 3.2 The Structural Frame

The structural frame espoused by Bolman and Deal is one that focuses on organizational structure; it is considered to be the oldest and most popular way of thinking about organizations (Bolman and Deal, 2013). There are two key aspects of the structural frame: the first is the concept of the division of work (differentiation) and the second is coordinating the work after it has been divided (integration). The structural approach is rooted in rationality and has an implicit idea that "a suitable array of formal rules and responsibilities will minimize distracting personal static and maximize people's performance on the job" (Bolman and Deal, 2013, p. 45).

The structural perspective emphasizes the importance of ensuring that people should be in the correct role and given the right responsibilities, which is connected to the earlier notions of bureaucracy. The term “bureaucracy” referenced that of a political system in the nineteenth century (Devine, 2006). Devine (2006) goes on to explain that the root of the word, “bureau” referred to those persons in “positions of decision authority who governed the work and the workers” (p. 24). The bureau was a structured hierarchy with career officials in place at the top of this hierarchy. In the western world, bureaucracies formed because of industrialization to structure organizations (Devine, 2006).

The concepts of differentiation and integration can be seen in management theories by several authors over time. Taylor’s (1911) original concept discusses the importance of efficiency and effectiveness in his view of management in organizations. He states that the two main focuses of management should be the maximum prosperity for the employer as well as the employee. Taylor (1911) emphasized the importance of task management and asserted that providing employees with special incentives for their work would result in employees taking initiative in getting the best job done. Weber’s (1964) view of bureaucracy has clear structural themes in that employees have clear roles and functions for dividing work (differentiation) and the belief that work would be effective and efficient if everyone completed their work as expected. Those original concepts of efficiency can be also seen today in terms of ‘lean’ projects that are becoming more popular in this neoliberal environment of ‘doing more with less’ (Huxley, 2015).

Bolman and Deal (2013) describe six assumptions that underpin the structural frame. The assumptions are as follows:

- organizations exist to achieve established goals and objectives;

- organizations increase efficiency and enhance performance through specialization and appropriate division of labour;
- suitable forms of coordination and control ensure that diverse efforts of individuals and units mesh;
- organizations work best when rationality prevails over personal agendas and extraneous pressures;
- effective structures fit an organization's current circumstances (including its goals, technology, workforce and environment);
- troubles arise and performance suffers from structural deficits, remedied through problem solving and restructuring (p.45).

The formal structure of this frame can be positive if viewing an organization this way helps to accomplish work and meet the goals of the organization; however, the structural frame could be a detriment to an organization if the bureaucracy becomes a barrier (e.g. inefficiencies) or if management are easily able to micro-manage staff.

Bolman and Deal (2013) examine how successful organizations use both vertical and lateral methods to “coordinate individual and group efforts and to link local initiatives with system-wide goals” (p.51). Vertical coordination involves authority, rules and policies as well as planning and control systems (Bolman and Deal, 2013). Authority is used within an organization to ensure actions of employees are congruent with the goals and objectives of the organization. Those with authority in the organization will usually rely upon rules and policies as a guide for employees; the rules and policies may, “limit individual discretion and help ensure behavior is predictable and consistent” (Bolman and Deal, 2013, p.52). The vertical coordination helps maintain a strong structure by focusing on the goal of having similar types of situations handled in comparable ways.

The authors conclude that, by having such standards, it makes it possible to measure them, which then makes it possible for organizations to identify and then resolve problems. They describe two key approaches to control and planning. The first is performance control, which is defined as, “impos[ing] concrete outcome objectives without specifying how the results are to be achieved” (Bolman and Deal, 2013, p. 53). This approach is most successful when goals are specific, measurable and relevant. The second approach is action planning which includes, “specifies methods and time frames for decisions and actions” (p.54). Action planning works best when it is easier to discern how a job is done rather than measuring a product.

Lateral coordination takes place through meetings, task forces, coordinating roles, matrix structure and networks (Bolman and Deal, 2013). In comparison to vertical coordination, this approach is generally less formal, more flexible, more simple and accomplished more quickly. Meetings consist of both formal and informal exchanges that assist organizations in accomplishing goals. Task forces can be useful when unique problems or issues can be addressed with the use of a group of staff that possess specific specialties or functions within an organization. Bolman and Deal (2013) describe how, “coordinating roles or units use persuasion and negotiation to help others dovetail their efforts” (p. 55). The use of matrix structures or networks help organize a highly complex organization and the work efforts within.

Bolman and Deal (2013) highlight how it is important for an organization to use both vertical and lateral procedures for coordination. Each approach appears to be more useful in some situations over its counterpart. For example, they described how vertical procedures work well in stable environments where tasks are understood and predictable whereas lateral procedures can be best for complex tasks in an unpredictable environment such as child protection services. The authors explain how vertical coordination can be efficient but that it is dependent on employees’

willingness to follow directives within a hierarchy. Lateral coordination can often be useful to ensure that creativity and initiative have room to flourish in an organization.

The structural frame is relevant to understanding many of the organizations where social workers are employed. For example, in my sample, 58.8% of participants worked for the Department of Child Youth and Family Services (during this research, this department was renamed the Department of Children, Seniors and Development, however, it will be referred to as the former title) or the local health authority. In organizations of this magnitude, roles and responsibilities are assigned in an organized manner to meet the needs of the organization. As discussed earlier, organizations use vertical and lateral coordination to meet the goals of the agency. Vertical coordination is very important in these large organizations and is emphasized by the chain of command as well as rules and policies. For these organizations, the success of the policies being followed is monitored internally as well as through the public and other offices like the Child and Youth Advocate, for example. From the structural point of view, Bolman and Deal (2013) highlight how the success of vertical coordination is dependent on the employees' willingness to follow direction from the leadership and related policies. I will highlight some perspectives from social workers in relation to how they view the success of leadership and how this impacts their burnout and self-care. Vertical coordination efforts work best in stable and predictable environments, which does not describe the environments where social workers work in many government systems.

### 3.3 The Human Resources Frame

The human resources frame focuses on the relationship between people and the organization. Bolman and Deal (2013) detail how both people and organizations benefit when

there is a good fit between them. The origin of this frame came from Mary Parker Follett and Elton Mayo who, “questioned a deeply held managerial assumption that workers had no rights beyond a paycheck; that their duty was to work hard and follow orders” (Bolman and Deal, 2013, p.117). Those that were considered pioneers of the human resources frame criticized this assumption by saying that it was unfair and bad psychology. They believed that, “people’s skills, attitudes, energy and commitment are vital resources that can make or break an enterprise” (Bolman and Deal, 2013, p. 117). When the focus began on human resources, the ideas regarding the importance of it were often ignored by scholars and managers; however, over time organizations have come to appreciate and realize that the misuse of human resources negatively impacts profits as well as the people working for the business or organization (Bolman and Deal, 2013).

The origins of human resources theory today can be seen in a variety of works by several authors. One of the most widely accepted motivational theories that has major influence in managerial practice today is Maslow’s hierarchy of needs (Maslow, 1954). Bolman and Deal (2013) discuss how this theory has been difficult to test but continues to greatly influence managers and organizations. This theory states that certain more basic needs need to be satisfied before higher needs are fulfilled and that individuals move through the needs as another gets fulfilled. These needs in order from first to last are as follow: physiological needs, safety needs, belongingness and love needs, the esteem needs, and the need for self-actualization (Maslow, 1954).

Douglas McGregor (1960) describes two competing views of human nature in relation to motivation; Theory X and Theory Y. With respect to Theory X, the traditional view, McGregor (1960) discusses how the first assumption is that, “the average human being has an inherent dislike of work and will avoid it if he can” (p.33). He continues to expand that, because of this first

assumption, “most people must be coerced, controlled, directed, threatened with punishment to get them to put forth adequate effort toward the achievement of organizational objectives” (McGregor, 1960, p. 34). Finally, McGregor (1960) states “the average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition, wants security above all” (p.34). Bolman and Deal (2013) further describe how most management practices have either a hard or soft approach of Theory X. The hard version emphasizes “coercion, tight controls, threats and punishments. Over time, it generates low productivity, antagonism, militant unions and subtle sabotage” (p. 123). The soft approach is more conflict avoidant with the aim of keeping employees happy; it results in an environment that is superficially harmonious with “undercurrents of apathy, indifference, and smoldering resentment” (p. 123). McGregor proposed an alternative, Theory Y, which is focused on the integration of individual and organizational goals. McGregor (1960) describes several assumptions that underpin this theory. First, and in contrast to Theory X, McGregor (1960) explains how the average human being does not inherently dislike work and rather that, “expenditure of physical and mental effort in work is as natural as play or rest” (p. 47). McGregor (1960) also highlights that humans will use self-direction and self-control for achieving their objectives rather than being controlled by the threat of punishment and external controls. This theory discusses the importance of intrinsic rewards and that, under the right conditions, human beings will seek out opportunities for responsibility. McGregor (1960) also highlights how in the current functioning of organizations, human potential is not used to its full capacity. McGregor (1960) discusses how, if employees are not meeting their objectives or are not working well within the organization, this is due to management approaches.

Like McGregor, Chris Argyris’ (1964) pioneering work had the view that there is a “basic dilemma between the needs of individuals aspiring for psychological success and self-esteem and

the demands of the pyramidal structure” (p. 58). One of Argyris’ main points is that the “more rigidity, specialization, tight control, and directive leadership the worker experiences, the more he will tend to create antagonistic adaptive activities” (p.59). To cope with this reality, Argyris explains that employees respond in a variety of ways to express their frustrations. The first mode of adaptation is absenteeism and turnover. Argyris (1964) discusses how research shows that employees with a high absentee rate are shown to be particularly frustrated with supervision and the organization itself. A second mode of adaptation involves frustration, which Argyris (1964) describes as being shown in a variety of ways. Another is for dissatisfied employees to ask for compensation to make up for stress in their job. Finally, employees may experience alienation from the organization due to their feelings of hopelessness and powerlessness.

Bolman and Deal (2013) describe four assumptions of the human resources frame as follows:

- organizations exist to serve human needs rather than the converse;
- people and organizations need each other. Organizations need ideas, energy, and talent; people need careers, salaries and opportunities;
- when the fit between individual and system is poor, one or both suffer. Individuals are exploited by, or exploit, the organizations; or both become victims;
- a good fit benefits both; individuals find meaningful and satisfying work, and organizations get the talent and energy they need to succeed (p. 117).

They explain how there is a broad agreement across the different theories that people want to do good work, improve how they do their jobs, bond with others, and find meaning and purpose. All the theories concerning motivation revolve around the view that it is necessary to understand and respond to the needs that people bring to the workplace (Bolman and Deal, 2013).

Regarding the human resources frame, Bolman and Deal (2013) describe that a combination of ability and motivation results in employee success within organizations. Part of the definition of burnout involves one losing motivation, which means that, from this point of view, an employee is less likely to be successful if he or she is experiencing burnout. Therefore, the important task of an organization is to prevent burnout so as not to negatively impact motivation. There is an important focus on organizations meeting the needs of employees and this research certainly sheds light on areas of needs for employees that could perhaps be a starting point for making improvements within an organization. In a service organization, the assumption would be that if an organization attends well to human needs of employees, then these employees will better attend to the needs of clients.

### 3.4 The Political Frame

The political framework involves the examination of dynamics of individuals in an organization as well as consideration of power and conflict and its impact (Bolman and Deal, 2013). Bolman and Deal (2013) propose five assumptions with this perspective as follows:

- organizations are coalitions of different individuals and interest groups;
- coalition members have enduring differences in values, beliefs, information, interests, and perceptions of reality;
- most important decisions involve allocating scarce resources-deciding who gets what;
- scarce resources and enduring differences put conflict at the center of day-to-day dynamics and make power the most important asset;
- goals and decisions emerge from bargaining and negotiation among competing stakeholders jockeying for their own interests (p. 189).

They describe organizations as coalitions and state that all members of an organization, despite their title or role in an organization, “make demands on resources and bargain to get what they care about” (p. 193). The influence an individual has within an organization may have less to do with their title and more to do with the power that the individual has in comparison to others in the coalition.

There are several authors that discuss power in relation to the political process. Armitage (2003) discuss two different views of how power is distributed in society. The first is that power is controlled by those considered to be elite. Armitage (2003) explains “the elite rulers of the society control all important decisions within the society, protect their own interests and power, and enjoy the benefits derived therefrom” (p. 167). This view suggests that the elite control all levels of society. The other view of power is of the pluralist model which, “...suggests that society is organized into a series of competing interest groups” (Armitage, 2003, p. 167). In the pluralistic view, the power of the elite is considered to be strong but not overwhelming. However, Popple and Leighninger (2000) identify how the pluralist model has been subject to some critique. For example, the most significant argument is that “not every voice manages to make it to the debate” (p. 121). They go on to state that, “certain powerful persons and groups can prevent those with threatening or opposing ideas from reaching an audience and presenting their ideas in public” (Popple and Leighninger, 2000, p. 121). Although these two views are opposing in nature, they argue that both viewpoints can be useful in the analysis of policies in the political arena.

Bolman and Deal (2013) also discuss the impact power has when considering decision making within an organization. They examine how members create alliances due to similar interests and recognize that they will be able to accomplish more together than apart as they require power to move forward. Depending on the frame, power is viewed differently. They discuss how

structural theorists focus on authority being the source of power whereas human resources theorists focus more on empowerment than power itself; the political frame, "...recognizes the importance of individual (and group) needs but emphasizes that scarce resources and incompatible preferences cause needs to collide" (p. 195). They conclude that the "issue is how competing groups articulate preferences and mobilize power to get what they want" and how power is not viewed as evil from this perspective but a more 'natural' part of organizations. (Bolman and Deal, 2013, p. 195).

Bolman and Deal (2013) discuss how the relationship between partisans and authorities is central to the politics within an organization; they also illustrate this statement by discussing examples of this relationship in society. They explain how imperative it is that anyone in a formal position of authority has authority because social control is dependent on this authority. Bolman and Deal (2013) state:

...officeholders can exert control only so long as partisans respect or fear them enough that their authority or power remains intact. If partisans are convinced that existing authorities are too evil or incompetent to continue, they will risk trying to wrest control-unless they regard the authorities as too formidable (p.196).

They warn that authority systems are at risk of collapse if partisan opposition gains too much power. Bolman and Deal (2013) further explain the potential power sources that are available to both partisans and authorities as follows: position power, control of rewards, coercive power, information and expertise, reputation, personal power, alliances and networks, access and control of agenda as well as framing. The authors discuss how the authority's potential for impact is dependent on the sources of power they possess. For example, it is explained that positional power is usually not enough power to have a high level of control in an organization; other sources of power are required.

Bolman and Deal (2013) explain how power can be quite volatile depending on circumstances. They discuss the concept of ‘overbounded’ and ‘underbounded’ systems. They describe how, in an overbounded system, “power is highly concentrated and everything is tightly regulated” (p. 200). In an underbounded system, “power is diffuse and the system is very loosely controlled” (p.200). Political activity is usually not obvious in an environment where power is highly regulated.

Bolman and Deal (2013) examine how the political frame views conflict differently than other frames within the model. This frame views conflict because of an environment with scarce resources and divergent interests. Whereas the structural frame, for example, views conflict as an issue that can impact effectiveness within an organization, the political frame does not view conflict as necessarily a negative thing that should be stopped, as there is an acceptance that an organization is likely to often experience a lack of resources in various capacities (Bolman and Deal, 2013); thus, conflict is viewed as being normal. As opposed to focusing on the need to resolve the conflict, the politic frame focuses on the importance of strategy and tactics. They discuss how conflict can be beneficial in that it, “challenges the status quo and stimulates interest and curiosity. It is the root of personal and social change, creativity and innovation” (Bolman and Deal, 2013, p.201). They explain how conflict has the potential to encourage the development of new ideas and creative ways to resolve issues; the most important thing being how the conflict is managed.

When considering the political frame, it is interesting that, from this perspective, conflict can be expected in environments where resources are scarce and there are diverging interests. Since many organizations where social workers are employed rely on government funding, it is a fair assumption to state that resources are scarce compared to the needs of the population being served.

I believe it is also a fair assumption to say that there is likely frequent and/or ongoing conflict within organizations because of this; whether this is a conflict between client and a social worker who differ on how resources are used with respect to their individual situation or whether employees and executive leadership differ on how resources should be used in terms of staffing, for example. Bolman and Deal (2013) describe the concept of an overbounded system where the power is concentrated and things are highly regulated. In many governmental bodies, this is certainly the case, which may cause employees to feel stress.

### 3.5 The Symbolic Frame

The symbolic frame views organizations as constantly changing. Zott and Huy (2007) define a symbol as “something that stands for or suggests something else; it conveys socially constructed meanings beyond its intrinsic or obvious functional use” (p. 73). Symbols are involved in every level of society and within organizations; they can create hope and meaning for people in their lives.

Bolman and Deal (2013) explain that the symbolic frame consists of ideas from various disciplines including organizational theory, sociology, political science, magic and neurolinguistics programming. According to Trice and Beyer (1985), “starting in the 1970’s, organizational researchers rediscovered culture, employing cultural concepts to analyze various aspects of organizational behavior” (p.653). Culture is defined by Trice and Beyer (1985) as, “the system of such publicly and collectively accepted meanings operating for a given group at a given time” (p.654). Trice and Beyer (1985) discuss how research has shown that strong cultures help create effective organizations and give meaning and direction to those within the organization. It

is discussed how having a strong sense of purpose within a strong culture helps those working within an organization to act decisively (Trice and Beyer, 1985).

Bolman and Deal (2013) describe five assumptions of the symbolic frame:

- what is most important is not what happens but what it means;
- activity and meaning are loosely coupled; events and actions have multiple interpretations as people experience situations differently;
- facing uncertainty and ambiguity, people create symbols to resolve confusion, find direction and anchor hope and faith;
- events and process are often more important for what is expressed than for what is produced. Their emblematic form weaves a tapestry of secular myths, heroes and heroines, rituals, ceremonies, and stories to help people find purpose and passion;
- culture forms the superglue that bonds an organization, unites people and helps an enterprise to accomplish desired goals (p. 248).

Bolman and Deal (2013) describe various organizational symbols including myths, vision, values, heroes and heroines, stories and fairy tales, ritual, ceremony, metaphor, humor and play. They state that, “myths, vision and values imbue an organization with deep purpose and resolve” (p. 248). Myths usually originate at the point at which an organization was created. They describe how myths, “explain, express, legitimize and maintain solidarity and cohesion. Myths communicate unconscious wishes and conflicts, mediate contradictions and offer a narrative anchoring the present in the past” (Bolman and Deal, 2013, p.249). They describe values as representing what an organization stands for in terms of its identity. Vision is created to provide an organization with focus and purpose for the future. They indicate how the words and deeds of heroes and heroines, “serve as icons or logos for others to admire or emulate” (Bolman and Deal,

2013, p. 249). Members of an organization can occupy a hero or heroine role and they can reinforce core values of an organization.

Bolman and Deal (2013) state how fairy tales and stories, “tender explanations, reconcile contradictions and resolve dilemmas” (p. 249). They reflect on how fairy tales and stories can be comforting and reassuring as well as hopeful. The authors articulate that fairy tales and stories “externalize inner conflicts and tension” as well as convey information, morals and myths in an engaging and convincing manner. Fairy tales and stories can ensure that the tales of heroes and heroines continue. There are several functions for stories including, “sparking action, communicating who you are, communicating who the company is (branding), transmitting values, fostering collaboration, taming the grapevine, sharing knowledge and leading people into the future” (Bolman and Deal, 2013, p. 254).

A ritual is described as a routine with purpose and multiple meanings (Bolman and Deal, 2013). They discuss how it can be difficult to discern between ritual and ceremony; how rituals are more like every day routines whereas ceremonies are less frequent and more elaborate. They also highlight how, “historically, cultures have relied on ritual and ceremony to create order, clarity, and predictability, particularly around mysterious and random issues or dilemmas” (Bolman and Deal, 2013, p. 259). They explain how ceremonies serve four major roles including: socialization, stabilization, reassurance and conveyance of messages. Bolman and Deal (2013) explain that rituals and ceremonies can be negative in nature in that it creates stagnation or position in nature, thus helping to erode a creative environment.

Bolman and Deal (2013) describe metaphor, humor and play as being able to, “loosen things up and form communal bonds” (p. 249). Metaphors can simplify complicated images into something more understandable and then can influence the attitude and actions of those in an

organization. Humor has a role in an organization, however, it can distance people as well as draw them together.

There is debate about whether organizations have cultures or that they are cultures as well as whether leaders shape culture or are shaped by it (Bolman and Deal, 2013). Schein (1992) describes culture as, “basic assumptions and beliefs that are shared by members of an organization, that operate unconsciously, and that define in a basic “taken-for-granted” fashion an organization’s view of itself and its environment” (p. 6). Deal and Kennedy (1982) offer a more succinct definition as follows: “the way we do things around here” (p. 4). Managers can shape effective and cohesive organizations if they can understand the significance of symbols and organizational meanings, and how they work in an organization.

There is likely much symbolism that can be found within an organization employing social workers that impact how work is completed and how the goals of an organization are met. I would argue that the culture of an organization has a significant impact on seasoned workers as well as newcomers to the organization, as, for newcomers it enables the continuity of culture. If the leadership in organizations making policies and leading the supervisors are not aware of the culture and stories in the frontlines of the organization, it can be difficult to make appropriate changes or even have awareness of what needs to change.

### 3.6 Summary of Conceptual Framework

The concept of communication between social workers and management can illustrate how the four frames can come together to help one understand a situation as well as inspire ideas about how to impact organizational change. Communication between the two levels gives social workers more power (political frame perspective) and management can involve them through the means of

lateral coordination (structural perspective) to help meet the needs of the organization and the needs of employees (human resources perspective). By social workers and supervisors processing the information in the context of culture (symbolic perspective), there is much understanding that can take place to move forward. Taking an example such as this reflects the interactive way in which these four frames can come together to help one understand the complexity of organizations, the many different layers of understanding and analysis, how things work in an organization, how problems may develop and steps one can take to resolve them. In discussing the results of this research study, I will refer to and integrate these four frames to help analyze the data.

Having an in-depth understanding of these frames proves very useful when considering the purpose of my study. The table on the following pages summarizes the four theoretical frames in terms of how organizations can be understood with consideration of the organization level, small group level, individual level and social context. My research assessed self-care patterns as well as burnout patterns in a sample of social workers. This framework proved useful to analyze individual needs using surveys to evaluate both. The broader picture I am hoping to ascertain is to use qualitative questions to help provide depth to information provided by individuals as well as through the breadth of quantitative data. Several of the open-ended questions in the qualitative part of the study are aimed directly to collect opinions from individuals in the context of their organization. The benefit of understanding Bolman and Deal's four frames is that there are several ways to analyze the information that I have collected. If I chose to analyze from just a perspective of one frame as opposed to using all four, I would surely be at risk of missing key insights that could help understand the individuals in the sample as well as their organizations.

### 3.7 Research Question

This study is a mixed method design that involved surveys to gather quantitative data as well as questions that explored qualitative aspects of front line social workers' professional and personal lives in terms of self care and burnout. To summarize my broad hypotheses again, they are as follows:

1. The higher the degree of self-care activities engaged by social workers the lower the levels of burnout;
2. Self-care practices differ depending on the organization in which social workers work;
3. Organizational support for self-care differ depending on the organization in which social workers work;
4. Burnout levels vary depending on where social workers work;
5. Social worker experience will have a relationship with burnout levels;

There were seven qualitative research questions in total that were asked of participants as follows:

- How does your organization support the practice of self-care in a personal manner?
- How does your organization support the practice of self-care in a professional manner?
- What are some barriers to self-care?
- What are some of the things that support your practice of self-care?
- Burnout is described as the emotional, mental or physical exhaustion as a result of prolonged or excessive stress. At the current time, would you consider yourself to be experiencing burnout? If yes, what do you think contributed to this? If no, what do you think prevented you from experiencing burnout?

- If you answered yes to be current experiencing burnout, have you considered leaving your position? If no, what has prevented you from leaving your position? If yes, what would prevent you from leaving?
- Self-care is separated into the following categories:
  - Physical self-care
  - Psychological self-care
  - Emotional self-care
  - Spiritual Self-care
  - Workplace or professional self-care
  - Which area of self-care is most important to you? Which area of self-care is the least important to you?

The **independent variables** in this study are the demographics of individuals which include: age, gender, level of education, employment status, years worked in social work, years worked with current employer, employer time, whether participants worked directly with clients or in management, and population density (whether participants worked in an urban, suburban or rural setting). These demographics were analyzed in how they were associated with self-care, burnout and areas of worklife.

The **dependent variables** are:

- Level of self-care
- Levels of Emotional Exhaustion, Depersonalization and Personal Accomplishment (Maslach Burnout Inventory subscales)

- Workload, control, reward, community, fairness and values (Areas of Worklife Survey subscales).

The goal of this study was to provide insight to social workers in Newfoundland who may be experiencing burnout or those that are at risk of burnout. It was my hope that exploration into the arena of self-care and the relationships to burnout will hopefully provide social workers with motivation to engage in more self-care in their own lives. It was also my hope that using an organizational context would hopefully encourage employers and organizations to place increased focus on the importance of self-care and incorporate developed professional self-care activities into the workplace.

Table 1: Conceptualization of Active Organizational Change

<b>THEORETICAL FRAME</b>	<b>ORGANIZATIONAL LEVEL</b>	<b>SMALL GROUP LEVEL</b>	<b>INDIVIDUAL LEVEL</b>	<b>SOCIAL CONTEXT</b>
STRUCTURAL FRAME	Changing org. structure to try to meet org. or client needs	Changing specialization, tasks, skills required for employees to do their work	Individuals retrained to do new tasks	Changing due to external environment, albeit limited ability for substantial change
HUMAN RESOURCES FRAME	Org. wants to 'take care of' its employees; need for adequate human resources	Interpersonal communication and collaboration; working in teams	Ensuring one's own needs are being met in context of the organization	Org. responding to societal needs and to needs of employees
POLITICAL FRAME	Can involve who has power in org., how power changes, and how power, authority and control is distributed	Can involve conflicts and conflict resolution within and between groups, within context of org. change	Notions of charismatic leaders, leaders with more or less power; individuals may feel more or less power within change context	Societal change takes place in response to need for more services/resources; redistribution of resources
SYMBOLIC FRAME	Org. can symbolically respond to change by developing a 'new' organization	Symbolically, small groups can be empowered in orgs. through teams	Individuals can be empowered by having more autonomy in their work	When services are devolving, the competition for more limited resources can become enhanced

Adapted from: Devine, M.C. (2006). Social Worker Participation in Organizational Change:

Input, Impacts and Commitment (Doctoral dissertation).

## Chapter 4 – Design, Method, Procedures and Data Analysis

### 4.1 Method and Measures

The method used in this study was through the use of an online questionnaire that was comprised of the following: general demographic questions (Appendix B), Self-Care Assessment Worksheet (Appendix C), Maslach Burnout Inventory (Appendix D), Areas of Worklife Survey (Appendix E) and five open-ended questions pertaining to self-care and burnout (Appendix F). The questionnaire was administered through the provincial association of Social Workers (Newfoundland and Labrador Association of Social Workers [NLASW])

The Maslach Burnout Inventory (MBI) measures “the three dimensions of the burnout-engagement continuum: exhaustion-energy, cynicism-involvement and inefficacy-efficacy” which they label as emotional exhaustion, depersonalization and personal accomplishment (Leiter and Maslach, 2009, p.334). Maslach, et.al. (1996) outline the strong psychometric properties of this instrument in terms of reliability and validity. Internal consistency was estimated by Cronbach’s coefficient alpha (n=1,316) and reliability coefficients for the subscales were the following: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment (Maslach, Jackson, Leiter, 1996). According to Maslach et al (1996), the test-retest reliability coefficients for the subscales were the following: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment. Maslach et al (1996) discuss how convergent validity has been demonstrated in several ways. First, an individual’s scores were “correlated with behavioral ratings made independently by a person who knew the individual well, such as a spouse or co-worker” (p.20). Secondly, the scores were “correlated with the presence of certain job characteristics that were expected to contribute to

experiencing burnout” (Maslach et al, 1996, p. 20). Finally, scores were “correlated with measures of various outcomes that had been hypothesized to be related to burnout” (Maslach et al, 1996, p.20).

The Self-Care Assessment Worksheet, (SCAW) was developed by Saakvitne and Pearlman (1996) and aims to measure the degree to which a participant engages in a variety of self-care activities and strategies within six areas of self-care: physical, psychological, emotional, spiritual, professional workplace and balance. It was originally developed in an effort to assess and assist in dealing with vicarious trauma. Although this tool has been used in the context of assessing self-care, reliability and validity have not yet been established for this tool (Alkema et al, 2008). However, Weekes (2014) found that, based on test-retest reliability, the worksheet “appears to be reliable for assessing frequency of practice on self-care activities” (p.101). The use of this tool was deemed appropriate because it measured self-care in a variety of categories that allowed comparison with burnout scores.

## 4.2 Sample

In Newfoundland and Labrador (NL), there are 1728 registered social workers. For the purpose of this study, I concentrated on the Avalon East region which includes about 820 registered social workers. Surveys were disseminated to all registered social workers in this geographical area who consented to participate in research in their annual registration, which included a population of 270 social workers. My sample included 114 participants (of the 270 social workers); therefore, the response rate for this study was 42%.

It is important to note that there could be inherent biases in this study due to this sampling strategy. For example, those who decided to complete the survey could have different

characteristics than those in the population who chose not to complete the survey, which could impact the generalizability of the study.

### 4.3 Protection of Human Subjects

Approval was granted through Memorial University’s Interdisciplinary Committee on Ethics in Human Research (ICEHR). The approval letter is attached in Appendix J. When participants completed the questionnaire, they were not asked to provide identifying information to ensure they remained anonymous. The consent form preceded the questionnaire and participants implied consent by completing the survey.

### 4.4 Characteristics of Participants

There was a total of 114 participants.

*Table 2: Age Range of Participants*

<b>Age Range</b>	<b>Number of Participants</b>	<b>% of Participants</b>
20-25	1	0.9
26-30	24	21.1
31-40	25	21.9
41-50	36	31.6
51-60	23	20.2
61+	5	4.4
<b>Total</b>	<b>114</b>	<b>100.0</b>

*Table 3: Gender of Participants*

<b>Gender Type</b>	<b>Number of Participants</b>	<b>% of Participants</b>
Female	103	90.4
Male	11	9.6
<b>Total</b>	<b>114</b>	<b>100.0</b>

Table 4: Level of Education of Participants

<b>Level of Education</b>	<b>Number of Participants</b>	<b>% of Participants</b>
Bachelor of Social Work	68	59.6
Masters of Social Work	43	37.7
PhD	3	2.6
Total	114	100.0

Table 5: Employment Status of Participants

<b>Employment Status</b>	<b>Number of Participants</b>	<b>% of Participants</b>
Casual/temporary full-time in social work	14	12.3
Casual/temporary part-time in social work	2	1.8
Leave of absence (maternity, sick leave, etc.)	1	0.9
Permanent full-time employment in social work	84	73.7
Permanent part-time employment in social work	3	2.6
Retired	2	1.8
Other	8	7.0
Total	114	100.0

Table 6: Where Participants are Employed

<b>Area of Employment</b>	<b>Number of Participants</b>	<b>% of Participants</b>
Urban	93	81.6
Suburban	1	0.9
Rural	16	14.0
Other	3	2.6
Total	114	100.0

Table 7: Total Years Participants Have Been Employed in Social Work

<b>Total Years Employed in Social Work</b>	<b>Number of Participants</b>	<b>% of Participants</b>
0-2	9	7.9
3-5	13	11.4
6-10	27	23.7
11-15	16	14.0
16-20	10	8.8
20+	39	34.2
Total	114	100.0

Table 8: Total Years Participants have been Working with Current Employer

<b>Total Years Working with Current Employer</b>	<b>Number of Participants</b>	<b>% of Participants</b>
0-2	19	16.7
3-5	22	19.3
6-10	30	26.3
11-15	12	10.5
16-20	11	9.6
20+	18	15.8
<b>Total</b>	<b>114</b>	<b>100.0</b>

Table 9: Employer Type of Participants

<b>Employer Type</b>	<b>Number of Participants</b>	<b>% of Participants</b>
Educational Institution	5	4.4
Non-profit community agency	17	14.9
Provincial Government – Child, Youth and Family Services	32	28.1
Provincial Government – Health and Community Services	4	3.5
Regional Health Authority	35	30.7
Self-employed	2	1.8
Other	17	14.9
<b>Total</b>	<b>114</b>	<b>100.0</b>

In addition to these demographics, 98 Participants (86%) work directly with clients. Thirty-eight participants (35%) identified as working in management or administration positions.

#### 4.5 Analytical Strategy

To analyze the data, the Statistical Package for the Social Sciences (SPSS) was used. The first step to analyze the data included using correlation analysis to determine the degree of relationship between demographic information and each survey's score. How this was completed for each survey is described below in greater detail, depending on the survey. When correlations were noted, regression analysis was completed to determine an estimation of the relationship between the two variables being looked at (e.g. demographic information and subscale scores of the Self-Care Assessment Worksheet). One way ANOVAS (analysis of variance) were used to

determine if there were any statistically significant differences between the means of the two groups being examined (e.g. spiritual self-care subscale scores in comparison to demographic information). If compared groups showed that the groups differed, a Tukey's test was completed to determine which groups in the sample had significant differences. It is important to note that regression analysis and ANOVAS can provide similar information, however, they were both used in order to provide more detailed information for the analysis. Although ANOVAS can show how much variability is accounted for by group variables, it cannot show whether there is a significant amount of variance; the regression analysis does provide this information.

In my survey, the following three instruments were employed: (a) Self-Care Assessment Worksheet, (b) Maslach Burnout Inventory and (c) Areas of Worklife Survey.

Data was analyzed using a variety of statistical analysis tools to examine the relations between demographic information and each survey instrument as well as to examine differences in scores on each survey among different demographic information. All analyses involving Age had a filter applied to it. In order to run any follow-up Tukey's test, "a test to compute a single value that determines the minimum difference between treatment means that is necessary for significance" (Gravetter and Wallnau, 2005, p. 356), a filter had to be applied to the data to exclude one participant in the 20-25 years age category; this filter was removed for all other analyses. Each survey was assessed individually and then comparisons across survey responses were considered. Further analyses were conducted on a priori hypotheses; specifically, it was hypothesized that individuals that score low on the Self-Care Assessment will also have high scores on the Maslach's Burnout Inventory (MBI), and correlation analyses were employed to examine the relation between various subscales of the MBI and the Self-Care Assessment.

## 4.6 Preliminary Analyses

Before any statistical analyses on the demographic information and the various scales used in the current study were ran, I first conducted reliability analyses on each of the scales and the subscales (Table 10). Beginning with the Self-Care Assessment scale, the reliability analysis illustrates a high degree of internal consistency. It is suggested that a Cronbach's alpha (measure of internal consistency),  $\alpha > .70$  is indicative of a scale having strong internal consistency (Streiner & Norman, 1989). For the overall Maslach's Burnout Inventory and for each of the subscales, the item reliability is considered to be high (Table 10). The final scale used in the current study is the Areas of Worklife Assessment measure; this measure and each of its subscales have high internal consistency (Table 10).

Table 10: Cronbach's Alpha for Self-Care Assessment, Maslach's Burnout Inventory, Areas of Worklife Assessment, and Subscales for Each

Scale	N	$\alpha$
Self-Care	65	.933
Physical	14	.833
Psychological	12	.767
Emotional	10	.756
Spiritual	16	.859
Workplace/Professional	11	.782
Maslach's Burnout	21	.806
Emotional Exhaustion	8	.918
Depersonalization	5	.794
Personal Accomplishment	8	.732
Areas of Worklife	28	.899
Workload	5	.800
Control	4	.798
Reward	4	.920
Community	5	.889
Fairness	6	.828
Values	4	.792

Note. N = number of items measuring construct,  $\alpha$  = Cronbach's alpha

To summarize the reliability analyses conducted above (Table 10), all the scales and subscales are highly reliable and are considered to be reliably measuring the construct it aims to examine.

#### 4.7 Primary Analyses

Correlation analysis was run on all demographic variables. Not surprisingly, Age is positively related to Education, Years employed as a Social Worker, and Years with Current Employer (see lower half of Table 11); as a person gets older, they gain more work experience. Similarly, Education and Years employed as a Social Worker are positively correlated and Years

as a Social Worker is positively correlated to Years with Current Employer. Partial correlations were used to control for Age (see upper half of Table 11). Once Age was controlled, Education and Years as a Social Worker are no longer related, indicating that Age drives the relation between these variables. The relation between Years as a Social Worker and Years with Current Employer remain significant. Finally, a new relation was revealed, specifically, the relation between Education and Years with Current Employer. This relation was not seen in the bivariate correlation analysis (measure of the association of the relationship between two variables).

Table 11: Pearson Correlations for Demographic Information

Variable	Age	Education	Years SW	Gender	Pop. Density	Years CurrEmp
Education	.322* <sup>a</sup>	--	.143 <sup>d</sup>	.013 <sup>d</sup>	.009 <sup>d</sup>	-.215* <sup>d</sup>
Years SW	.748* <sup>a</sup>	.329* <sup>a</sup>	--	-.102 <sup>d</sup>	-.100 <sup>d</sup>	.505* <sup>d</sup>
Gender	.004 <sup>a</sup>	.015 <sup>a</sup>	-.066 <sup>a</sup>	--	.005 <sup>d</sup>	-.090 <sup>d</sup>
Pop. Density	-.022 <sup>b</sup>	.004 <sup>b</sup>	-.081 <sup>b</sup>	.003 <sup>b</sup>	--	-.128 <sup>d</sup>
Years CurrEmp	.572* <sup>c</sup>	.020 <sup>c</sup>	.702* <sup>c</sup>	-.068 <sup>c</sup>	-.121 <sup>c</sup>	--

Note. N<sup>a</sup> = 114, N<sup>b</sup> = 113, N<sup>c</sup> = 112, N<sup>d</sup> = 109 Years SW = Years Employed in Social Work; Pop. = Population; Years CurrEmp = Years with Current Employer. \*  $p < .0005$ . Lower half of the matrix are bivariate correlations. Upper half of the matrix are partial correlations, controlling for Age.

Because of Age being so strongly correlated with Education, Years as a Social Worker and Years with Currently Employer, it is important to take the necessary cautions when interpreting the results. Therefore, all analyses below showing a significant relation between the above-mentioned variables and scores on any of the measures or subscales of these measures used in the current study, were re-examined while controlling for an individual's Age. Only the relations that remain after controlling for Age are presented in this section.

## 4.8 Self-Care Assessment Worksheet

Bivariate and partial correlation analyses were used to determine the relation between the Self-Care Assessment (and its subscales) and the demographic information: results of the correlation analysis can be found in Table 12. Based on the results of correlational analyses, it can be determined that none of the demographic information is correlated with overall Self-Care. Therefore, no further analysis will be conducted on the overall means for the Self-Care Assessment.

*Table 12: Pearson's Correlations of Demographic Information and Self-Care Assessment*

*Pearson's Correlations of Demographic Information and Self-Care Assessment*

Self-Care Assessment	Age	Education	Years SW	Gender	Pop. Density	Years CurrEmp
Physical	.025 <sup>b</sup>	.004 <sup>a</sup>	-.028 <sup>a</sup>	-.135 <sup>a</sup>	.109 <sup>b</sup>	-.010 <sup>c</sup>
Psychological	.102 <sup>b</sup>	.214* <sup>a</sup>	-.021 <sup>a</sup>	.016 <sup>a</sup>	.141 <sup>b</sup>	-.082 <sup>c</sup>
Emotional	.068 <sup>c</sup>	.230* <sup>b</sup>	-.003 <sup>b</sup>	-.157† <sup>b</sup>	.045 <sup>c</sup>	-.110 <sup>d</sup>
Spiritual	.294** <sup>d</sup>	.187* <sup>c</sup>	.223* <sup>c</sup>	-.175† <sup>c</sup>	.042 <sup>d</sup>	.040 <sup>e</sup>
Workplace Professional	.163 <sup>e</sup>	.134 <sup>d</sup>	.095 <sup>d</sup>	-.090 <sup>d</sup>	.088 <sup>d</sup>	.070 <sup>e</sup>
Balance	.072† <sup>d</sup>	.139 <sup>c</sup>	.091 <sup>c</sup>	.083 <sup>c</sup>	.147 <sup>d</sup>	.037 <sup>e</sup>
Total	.090 <sup>b</sup>	.120 <sup>a</sup>	-.032 <sup>a</sup>	-.084 <sup>a</sup>	.127 <sup>b</sup>	-.028 <sup>c</sup>

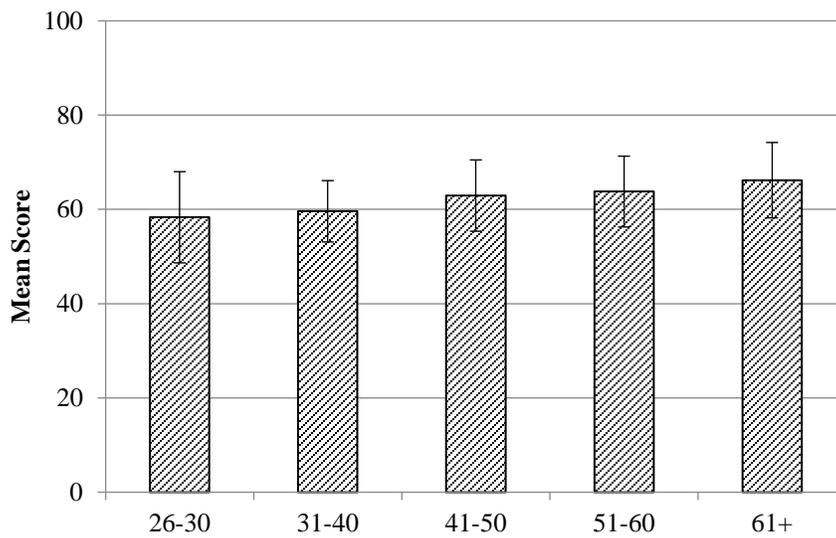
*Note.* N<sup>a</sup> = 114, N<sup>b</sup> = 113, N<sup>c</sup> = 112, N<sup>d</sup> = 111, N<sup>e</sup> = 110. Years SW = Years Employed in Social Work; Pop. = Population; Years CurrEmp = Years with Current Employer. \*  $p < .05$ , \*\*  $p < .01$ , †  $p < .10$

Age is significantly correlated with the Spiritual subscale of the Self-Care Assessment. Due to the collinearity between Age and other demographic variables (i.e., Education and Years in Social Work), these relations were re-examined using partial correlations to control for Age. After controlling for Age, Education and Years in Social Work were no longer significantly

related to Spiritual self-care. It is unlikely that Education and Years in Social Work contribute a significant amount of variance in predicting scores on the Spiritual subscale once Age has been controlled for, considering the lack of relation after controlling for it. This was confirmed in a regression analysis (estimating relationships between variables). The Spiritual subscale was put into a regression analyses as the dependent variable; Age, was entered in the first block, and in the second block Education and Years employed in Social Work were entered; 9.7% of the variance in Spiritual self-care scores can be accounted for by these variables,  $F(3, 107) = 3.817$ ,  $p = .012$ ; the addition of Education and Years in Social Work did not add anything to the model ( $\Delta R^2 = 1.1\%$ ,  $p = .536$ ). Although no one indicator could account for any unique variance on its own, Age was close to providing a unique amount of variance (2.8%,  $p = .070$ ).

Using an ANCOVA [used to determine whether there are any significant differences between two or more independent (unrelated) groups on a dependent variable] I was able to control for Age and examine how the means on the Spiritual self-care subscale varied by Age, Education, and Years in Social Work. This was completed in order to determine if the differences were based on age or experience. Mean scores did not vary depending on Education and Years in Social Work, once Age was controlled for. There is however, a main effect of Age [ $F(1, 102) = 4.369$ ,  $p = .039$ ,  $\eta_p^2 = .041$ ; Fig. 1] and follow-up pairwise comparisons determined no real differences between age groups, therefore, it is likely that the significant finding is due to the significant linearity in Spiritual self-care scores across Age ( $p = .002$ ,  $\eta_p^2 = .087$ ).

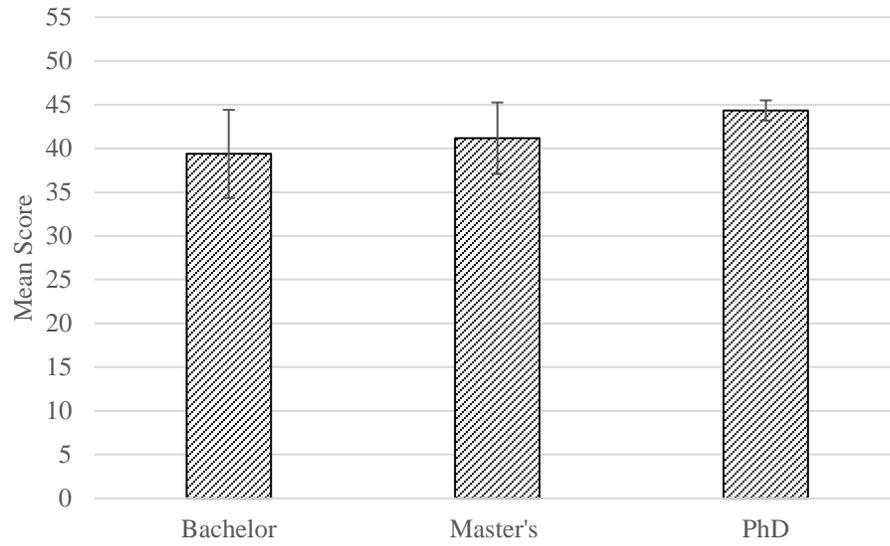
Using an ANOVA (analysis of variance) and regression, I found a significant main effect of Education, [ $F(2, 109) = 3.233$ ,  $p = .043$ ,  $\eta_p^2 = .056$ ; see Fig. 2, Panel A] and that Education predicts 5.4% of the variance in Emotional self-care scores,  $F(1, 110) = 6.331$ ,  $p = .013$ . Pairwise comparisons indicate that individuals with a Bachelor's degree



*Figure 1: Mean scores on Spiritual subscale of Self-Care Assessment across Age in years. Error bars are standard deviations.*

are experiencing significantly less Emotional self-care than those with a Master's ( $p = .048$ ) degree and are trending on experiencing less self-care than those with a PhD ( $p = .072$ ), although the number of PhDs is low ( $n=3$ ).

Panel A



Panel B

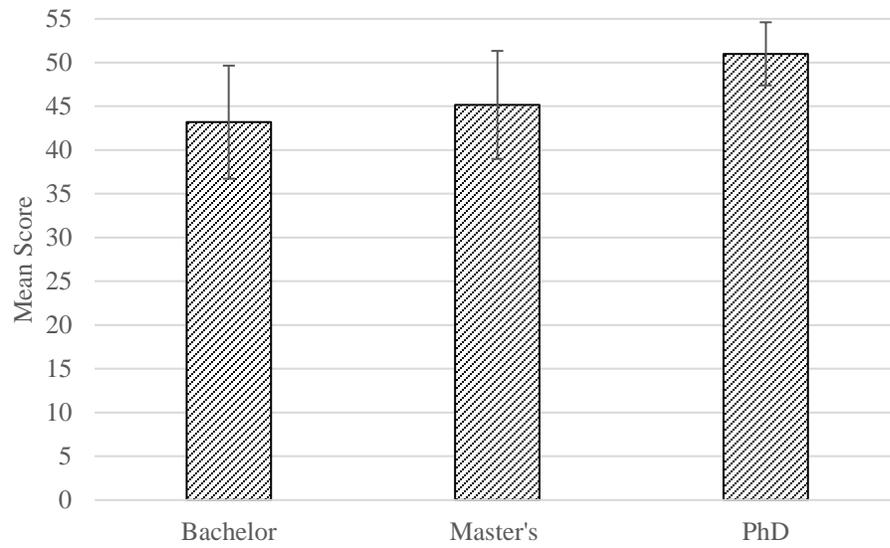


Figure 2: Panel A: Mean scores on Emotional self-care subscale of Self-Care Assessment across Education. Panel B: Mean scores on Psychological self-care subscale of Self-Care Assessment across Education. Error bars are standard deviations.

Using another ANOVA and regression, I found a significant main effect of Education on Psychological self-care scores [ $F(2, 110) = 3.136, p = .047, \eta_p^2 = .054$ ; see Fig. 2, Panel B] and that Education predicts 4.7% of the variance in Psychological self-care scores, [ $F(1, 111) = 5.455, p = .021$ ]. Follow-up pairwise comparisons indicate significant mean difference on Psychological self-care, such that individuals with a Bachelor's degree are reporting less Psychological self-care than those with a PhD ( $p = .038$ ) and there is also a linear increase in scores across Education ( $p = .038$ ). It is important to note that there were only 3 PhD participants in this study for analysis.

The final analysis on the Self-Assessment scale was to determine if ratings on the scale differed depending on an individual's type of employment and whether they worked directly with clients or in a management position. For example, whether an individual is working in a Provincial Government position such as Child Youth and Family Services (CYFS) or for the Regional Health Authority (RHA), or if they worked for a Non-profit Community organization. Based on the sample sizes, the only comparisons made were between groups with 10 or more people. Using a one-way ANOVA, I found no difference on overall to Self-Care practices between people who work for CYFS, RHA, or Non-profit agencies. There was also no difference found on any of the subscales across employment type and no linear increase in scores. When it comes to an individual's level of Self-Care, depending on whether they are frontline workers or not, there were no significant differences on total Self-Care, nor were there any differences on any of the subscales depending on if social workers work directly with clients or not (Table 13).

Table 13: Means (SD) on Self-Care Assessment and Subscales Across Employment Type and Client Care

Self-Care Assessment	Heading			Heading	
	RHA	CYFS	Non-Prof	Client	Management
Physical	54.059 <sup>a</sup> (11.924)	52.375 <sup>b</sup> (13.671)	55.108 <sup>c</sup> (9.755)	53.623 <sup>e</sup> (12.028)	55.857 <sup>h</sup> (13.109)
Psychological	45.294 <sup>a</sup> (4.104)	43.125 <sup>b</sup> (5.575)	43.541 <sup>c</sup> (7.152)	43.639 <sup>e</sup> (6.787)	45.000 <sup>h</sup> (5.747)
Emotional	41.177 <sup>a</sup> (2.856)	40.281 <sup>b</sup> (5.151)	38.703 <sup>c</sup> (4.921)	40.000 <sup>f</sup> (4.352)	40.452 <sup>h</sup> (5.393)
Spiritual	60.059 <sup>a</sup> (8.257)	58.513 <sup>b</sup> (7.973)	62.639 <sup>d</sup> (7.721)	61.243 <sup>g</sup> (7.655)	62.024 <sup>h</sup> (8.423)
Workplace Professional	43.647 <sup>a</sup> (4.885)	41.500 <sup>b</sup> (6.782)	40.972 <sup>d</sup> (4.908)	41.571 <sup>g</sup> (5.431)	43.220 <sup>h</sup> (6.134)
Balance	8.941 <sup>a</sup> (1.249)	8.656 <sup>b</sup> (1.066)	8.667 <sup>d</sup> (1.287)	8.729 <sup>g</sup> (1.179)	8.8810 <sup>i</sup> (1.292)
Total	253.177 <sup>a</sup> (22.467)	244.750 <sup>b</sup> (30.098)	246.595 <sup>c</sup> (39.360)	245.181 <sup>e</sup> (42.152)	254.405 <sup>h</sup> (29.247)

Note. N<sup>a</sup> = 17, N<sup>b</sup> = 32, N<sup>c</sup> = 37, N<sup>d</sup> = 36, N<sup>e</sup> = 72, N<sup>f</sup> = 71, N<sup>g</sup> = 70, N<sup>h</sup> = 42, N<sup>i</sup> = 41. RHA = Regional Health Authority, CYFS = Child Youth and Family Services, Non-Prof = Non-profit Organization, Client = Works with Clients, Management = Works in position of Management.

In summary, the data presented here suggests that different demographic profiles are only related to the subscales of Self-Care. Specifically, Age, Education, and Years in Social Work are related to Spiritual, Emotional, and Psychological self-care. Based on the results of the current data, one can predict an individual's Spiritual self-care score if their age is known, how long they have been a social worker, and their level of education. In some cases, my analyses suggest group differences but the follow-up tests do not reveal any significant differences and this is likely due to the significant trend of linearity in the data; for example, Age and Spiritual self-care. Overall, the data suggests that older individuals with higher levels of education and more experience in social work are reporting greater levels of Spiritual, Emotional, and Psychological

self-care. Lastly, there are no differences in Self-Care behaviours based on the type of employment one holds or if one work directly with clients.

#### 4.9 Maslach Burnout Inventory

Correlation analysis (relationship between two variables) was used to determine the relation between the burnout inventory and the demographic information; these relations are determined based on the overall burnout score, and through the individual subscales. Results of the correlation analysis can be found in Table 14.

Based on the results of the correlational analyses, Years worked in Social Work and Years worked with Current Employer are negatively related to self-reported total Burnout (emotional exhaustion, depersonalization and personal accomplishment). Age was also trending on having a negative relation with Burnout, and Gender was trending on a significant positive relation with Burnout. Because of Age's strong relation to other demographic variables the correlation was re-ran to control for Age. All relations remained the same, except for Years with Current Employer and, after controlling for Age, this is no longer negatively related to total Burnout, indicating the original relation was more than likely being driven by Age. Considering these correlations, Years as a Social Worker and Gender were included in the second block of a regression analyses while Age was entered in the first block. These variables account for 8.3% of the variance in total Burnout scores, [ $F(3, 102) = 3.073, p = .031$ ], and Years as a Social Worker and Gender are trending on providing additional variance above and beyond what is accounted for by Age ( $\Delta R^2 = 5.4\%, p = .053$ ). Together these three variables (Age, Years as a Social Worker and Gender) are predictive of total Burnout.

Table 14: Pearson's Correlations of Demographic Information and Maslach's Burnout Inventory

Burnout Inventory	Age	Education	Years SW	Pop. Density	Years CurrEmp
Emotional Exhaustion	-.240* <sup>a</sup>	-.182† <sup>a</sup>	-.318*** <sup>a</sup>	-.129 <sup>a</sup>	-.207* <sup>b</sup>
Depersonalization Personal Accomplishment	-.279** <sup>b</sup>	-.131 <sup>b</sup>	-.345** <sup>b</sup>	-.251** <sup>b</sup>	-.239* <sup>c</sup>
Personal Accomplishment	.126 <sup>b</sup>	.112 <sup>b</sup>	.125 <sup>b</sup>	.179 <sup>b</sup>	-.013 <sup>c</sup>
Total	-.181† <sup>a</sup>	-.137 <sup>a</sup>	-.244* <sup>a</sup>	.129 <sup>a</sup>	-.199* <sup>b</sup>

Note. N<sup>a</sup> = 107, N<sup>b</sup> = 106, N<sup>c</sup> = 105. Years SW = Years Employed in Social Work; Pop. = Population; Years Curr Emp = Years with Current Employer. \*  $p < .05$ , \*\*  $p < .01$ , †  $p < .10$

An ANCOVA was used to examine mean differences on Burnout across Years as a Social Worker and Gender while controlling for Age. Although there was no main effect of any of the variables, pairwise comparisons do indicate mean differences. Specifically, individuals who have 20+ years of experience in Social Work have significantly less overall Burnout than individuals who have been in Social Work for 3-5 years and 11-15 years ( $p = .016$ , and  $p = .044$ , respectively), there were trending differences between 20+years and 6-10 years and 16-20 years ( $p = .085$  and  $p = .077$ , respectively).

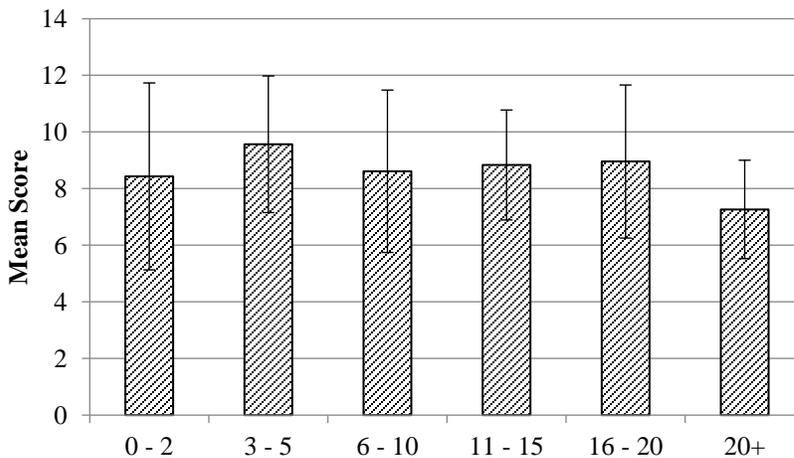


Figure 3: Mean score on Maslach's Burnout Inventory. Error bars are standard deviations.

#### 4.9.1 Emotional Exhaustion Subscale

Examining the various subscales of the Maslach's Burnout Inventory, I found the subscale of Emotional Exhaustion to be negatively related to Age, Years in Social Work and Years with Current Employer, and a trending negative relation with Education (Table 14). After controlling for Age, the only remaining significant negative relation was Years as a Social Worker,  $r(101) = -.230, p = .019$ . Using regression analysis, I found these two variables to be significant predictors of Emotional Exhaustion, [ $F(2, 103) = 5.858, p = .004$ ], accounting for 10.2% of the variance. The addition of Years as a Social Worker predicts a significant amount of variance in scores beyond what is predicted by Age ( $\Delta R^2 = 4.4\%, p = .027$ ), suggesting that, although Age and Years as a Social Worker are strongly related, even when we control for Age, Years as a Social Worker is a strong predictor of Emotional Exhaustion in that the longer one works as a social worker, the lower their emotional exhaustion.

Group differences in Emotional Exhaustion across Years in Social Work were assessed using an ANCOVA to control for Age. Emotional Exhaustion scores did not differ depending on Age, however, there are group differences in Emotional Exhaustion scores depending on Years in Social Work [ $F(5, 106) = 2.868, p = .018, \eta_p^2 = .127$ , see Fig. 4] and pairwise comparisons indicate significantly less Emotional Exhaustion experienced by those with 20+ years of experience in Social Work than those with 3-5 years, 11-15 years, and 16-20 years ( $p = .001, p = .017$ , and  $p = .016$ , respectively), and trending differences between those with 20+ years and those with 0-2 years and 6-10 years ( $p = .056$  and  $p = .067$ , respectively). Those in the 6-10-year category experienced less Emotional Exhaustion than those in the 3-5-year category ( $p = .014$ ). There is also a trend in the data suggesting that Emotional Exhaustion scores decrease linearly with Years in Social Work ( $p = .051$ ).

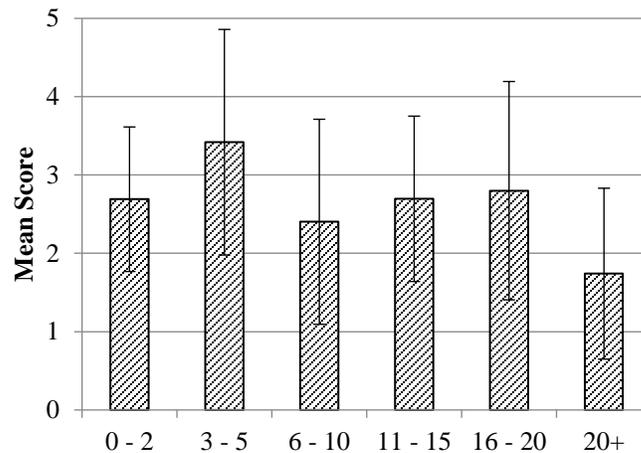


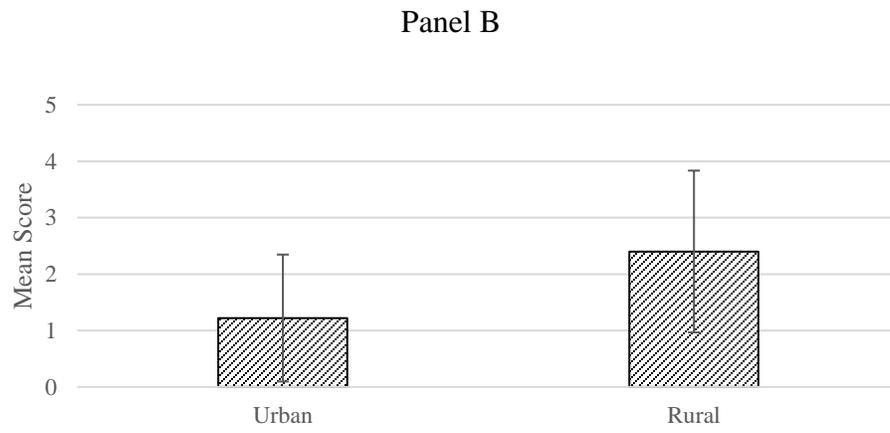
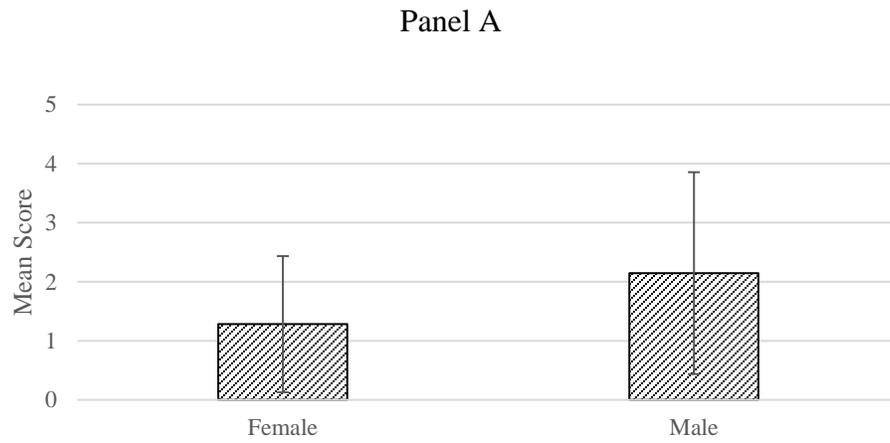
Figure 4: Mean scores on Emotional Exhaustion subscale of Maslach's Burnout Inventory. Error bars are standard deviations.

#### 4.9.2 Depersonalization Subscale

Scores on the Depersonalization subscale of the Burnout Inventory were significantly related to Age, Years in Social Work, Gender, Population Density (i.e.: rural, suburban or urban), and Years with Current Employer, and were negatively related to all but Gender (Table 14). After controlling for Age, all except Years with Current Employer remained significantly correlated with Depersonalization scores. These variables were entered into a regression analysis as predictors of Depersonalization scores; Age was entered in the first block and the remaining variables (i.e., Years in Social Work, Gender, and Population Density in the second block). These variables accounted for a significant amount of variance in predicting Depersonalization scores (22.8%,  $F(4, 100) = 7.381, p < .0005$ ). The addition of Years as a Social Worker, Gender, and Population Density contributed a significant amount of variance beyond what Age contributed ( $\Delta R^2 = 15.2\%, p < .0005$ ), also, each of these variables contributes unique variance on their own to Depersonalization scores (4.16%,  $p = .022$ ; 3.80%,  $p = .029$ ; and 7.07%,  $p =$

.003, respectively). Together Age, Years as a Social Worker, Gender, and Population Density can predict 22.8% of the variance in Depersonalization scores and the latter three variables contribute unique amounts of variance.

To examine group differences in Depersonalization scores an ANCOVA was used to assess Years in Social Work, Gender, and Population Density while controlling for Age. There is a main effect of Gender and Population Density [ $F(1, 94) = 8.293, p = .005, \eta_p^2 = .081$ ]; see Fig. 4, Panel A and [ $F(3, 94) = 5.748, p = .001, \eta_p^2 = .155$ ]; see Fig. 4, Panel B]. Pairwise comparisons show that males are experiencing more Depersonalization than females ( $p = .005$ ) and that individuals living in rural areas are experiencing more Depersonalization than those in urban areas ( $p < .0005$ ). Although there was no main effect of Years in Social Work, pairwise comparisons indicate those with 20+ years of experiencing are reporting less Depersonalization than those with 6-10 years of experience ( $p = .021$ ) and there are trending differences between those with 20+ years of experience and those with 0-2 years and 3-5 years ( $p = .064$  and  $p = .060$ , respectively). There is also a trending linear decrease in Depersonalization scores as Years in Social Work increases ( $p = .080$ ).



*Figure 5: Mean score on Depersonalization subscale of Maslach's Burnout Inventory across Gender. Panel B: Mean score on Depersonalization subscale of Maslach's Burnout Inventory across Population Density. Error bars are standard deviations.*

### 4.9.3 Other Findings

The Personal Accomplishment subscale was not correlated with any of the demographic information (Table 14) and therefore no further analyses were conducted on this subscale. It is important to note that this measure on the burnout scale needs to be interpreted in the opposite direction from emotional exhaustion and depersonalization. When it comes to variations in overall Burnout depending on employment type, there are no differences, nor are there any differences for any of the subscales. There is a trending difference in Depersonalization scores depending on where an individual works ( $p = .072$ ,  $\eta_p^2 = .066$ ) and there is a significant quadratic relation between Depersonalization scores and where an individual works ( $F(1, 77) = 5.173$ ,  $p = .026$ ,  $\eta_p^2 = .063$ ; see Fig. 5), suggesting that the group to experience the highest rate of Depersonalization are those working in CYFS, and the lowest for those in RHA or non-profit agencies. In regards to front line workers, there is a significant difference in overall Burnout between those who work with clients and those who do not (Fig. 6). This difference is also apparent in both the Emotional Exhaustion and Depersonalization subscales, such that more Emotional Exhaustion and Depersonalization are experienced by those who work directly with clients. No differences were found on the Personal Accomplishment subscale.

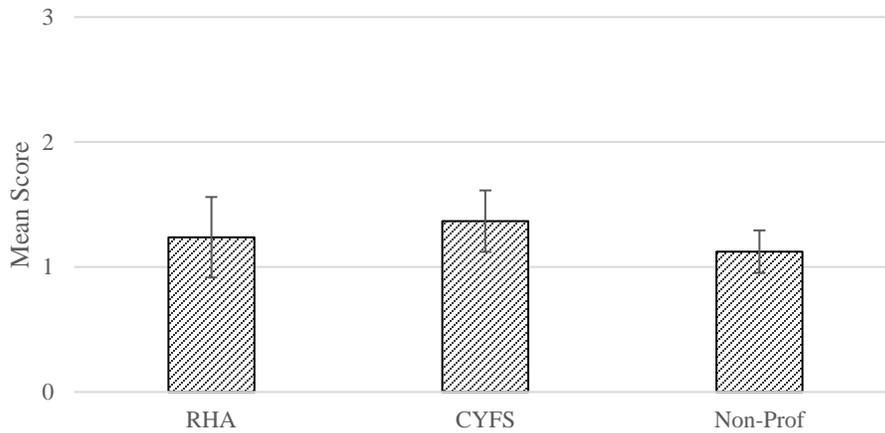


Figure 6: Mean score on Depersonalization subscale of Maslach's Burnout Inventory across employment type. RHA = Regional Health Authority, CYFS = Child Youth and Family Services, Non-Prof = Non-profit Organization. Error bars are standard deviations.

On Maslach's Burnout Inventory, there are cutoff scores to indicate if someone is experiencing mild, moderate, or high levels of burnout on each subscale. Scores were categorized based on these cutoffs (Maslach, 1996). Frequencies can be found in Table 15.

In terms of Burnout in general, the best predictor is Years as a Social Worker, however, this association is not linear. Burnout scores remain roughly the same until individuals reach 20+ years of experience; then Burnout scores take a steep drop. And those who are in a position of Management experience less overall Burnout than those who work directly with clients. As for the subscales, again, Age and Years as a Social Worker are the most common predictors. However, Population Density and Gender play a part in scores on the Depersonalization subscale and people who work with clients are experiencing more Depersonalization and Emotional Exhaustion than those who work in management.

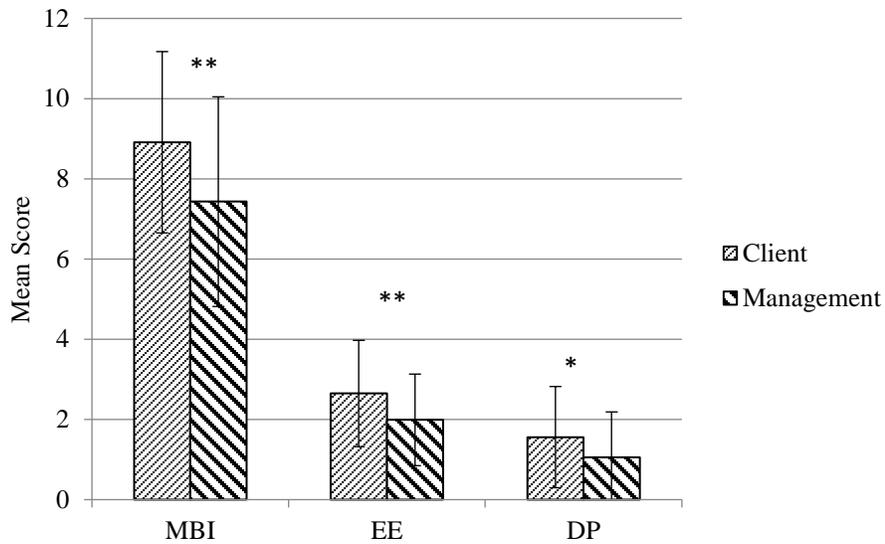


Figure 7: Mean score on Maslach's Burnout Inventory (MBI) and the Emotional Exhaustion (EE) and Depersonalization (DP) subscales of MBI across type of employment. Error bars are standard deviations. \*  $p < .05$ , \*\*  $p < .01$

One of the a priori hypotheses posed in this paper was that individuals scoring low on the Self-Care Assessment will also score high on the Mashlach's Burnout Inventory (MBI). Correlation analyses will be used to examine the relation between various subscales of the MBI and the Self-Care Assessment. The data in this study confirms our hypothesis: Individuals who report low levels of self-care are also reporting

Table 15: Percent Frequency of Mild, Moderate, and High Scores on Maslach's Subscales

Malsach's Subscales	Mild	Moderate	High
Emotional Exhaustion	36.0% N = 41	27.2% N = 31	30.7% N = 35
Depersonalization	53.5% N = 61	25.4% N = 29	14.0% N = 16
Personal Accomplishment	16.7% N = 19	32.5% N = 37	43.9% N = 50

higher levels of overall burnout (Table 16). All three subscales are significantly related to overall Self-Care and these three variables were entered into a regression analysis to determine what percentage of variance in Self-Care scores can be attributed to subscale measures of the Maslach's Burnout Inventory. The subscales account for a significant amount of variance in Self-Care scores [18.7%,  $F(3, 102) = 7.842, p < .0005$ ], and Personal Accomplishment accounts for a unique amount of variance in scores on its own (5.86%,  $p = .008$ ).

Table 16: Pearson's Correlations of Total Scores on Maslach's Burnout Inventory, Self-Care Assessment, and Subscales of Each Measure

Self-Care Assessment	Maslach's Burnout Inventory			
	Emotional Exhaustion	Depersonalization	Personal Accomplishment	Total
Physical	-.124 <sup>a</sup>	-.154 <sup>b</sup>	.119 <sup>b</sup>	-.089 <sup>a</sup>
Psychological	-.293** <sup>a</sup>	-.237* <sup>b</sup>	.192* <sup>b</sup>	-.191* <sup>a</sup>
Emotional	-.264** <sup>a</sup>	-.174† <sup>b</sup>	.220* <sup>b</sup>	-.134 <sup>a</sup>
Spiritual	-.213* <sup>a</sup>	-.302** <sup>b</sup>	.287** <sup>b</sup>	-.141 <sup>a</sup>
Workplace	-.427** <sup>a</sup>	-.353** <sup>b</sup>	.356** <sup>b</sup>	-.234* <sup>a</sup>
Balance	-.332** <sup>a</sup>	-.300** <sup>b</sup>	.102 <sup>b</sup>	-.225* <sup>a</sup>
Total	-.335** <sup>a</sup>	-.329** <sup>b</sup>	.300** <sup>b</sup>	-.206* <sup>a</sup>

Note. N<sup>a</sup> = 107, N<sup>b</sup> = 106. \*  $p < .05$ , \*\*  $p < .01$ , †  $p < .10$

Changing direction, I next examined the predictive power of the Self-Care Assessment for determining scores on Maslach's Burnout Inventory. I found that the subscales of the Self-Care Assessment do not account for a significant amount of variance in Burnout scores (7.5%,  $p = .243$ ). If one examines the subscales of the Self-Care Assessment that are correlated with Burnout scores in a regression model one will find that the Psychological, Workplace, and Balance subscales account for 7.3% of the variance and this just reaches significance, [ $F(3, 103) = 2.686, p = .050$ ].

Based on these results one can conclude that scores on Maslach's Burnout Inventory can predict scores on the Self-Care Assessment, and that the subscales are better predictors than the overall score. However, the same cannot be said of the ability for Self-Care scores to predict Burnout.

#### 4.10 Areas of Worklife Assessment

Correlation analysis was also used to determine the relation between subscales of the Areas of Worklife Assessment and the demographic information. Results of the correlation analysis can be found in Table 17. Further analyses will be conducted based on these relations.

##### 4.10.1 Workload Subscale

There were no significant correlations between any of the demographic information and scores on the workload subscale of the Areas of Worklife Assessment (Table 17).

Table 17: Pearson's Correlations of Demographic Information and Areas of Worklife Assessment

Areas of Worklife Assessment	Age	Gender	Education	Pop. Density	Years SW	Years CurrEmp
Workload	.052 <sup>a</sup>	.172 <sup>†a</sup>	.189 <sup>†a</sup>	.099 <sup>a</sup>	.119 <sup>a</sup>	.089 <sup>b</sup>
Control	.282 <sup>**a</sup>	-.118 <sup>a</sup>	.193 <sup>*a</sup>	0.084 <sup>a</sup>	.258 <sup>**a</sup>	.195 <sup>*b</sup>
Reward	.241 <sup>*a</sup>	-.034 <sup>a</sup>	.172 <sup>†a</sup>	.304 <sup>**a</sup>	.162 <sup>a</sup>	.112 <sup>b</sup>
Community	.036 <sup>b</sup>	-.095 <sup>b</sup>	-.050 <sup>b</sup>	-.062 <sup>b</sup>	.005 <sup>b</sup>	.017 <sup>c</sup>
Fairness	.206 <sup>*d</sup>	-.117 <sup>d</sup>	.240 <sup>*d</sup>	.148 <sup>d</sup>	.167 <sup>†d</sup>	.041 <sup>d</sup>
Values	.189 <sup>†c</sup>	-.126 <sup>c</sup>	.023 <sup>c</sup>	.056 <sup>c</sup>	.160 <sup>c</sup>	.175 <sup>†c</sup>

Note. N<sup>a</sup> = 104, N<sup>b</sup> = 103, N<sup>c</sup> = 102, N<sup>d</sup> = 101. Years SW = Years Employed in Social Work; Pop. = Population; Years CurrEmp = Years with Current Employer. \*  $p < .05$ , \*\*  $p < .01$ , †  $p < .10$

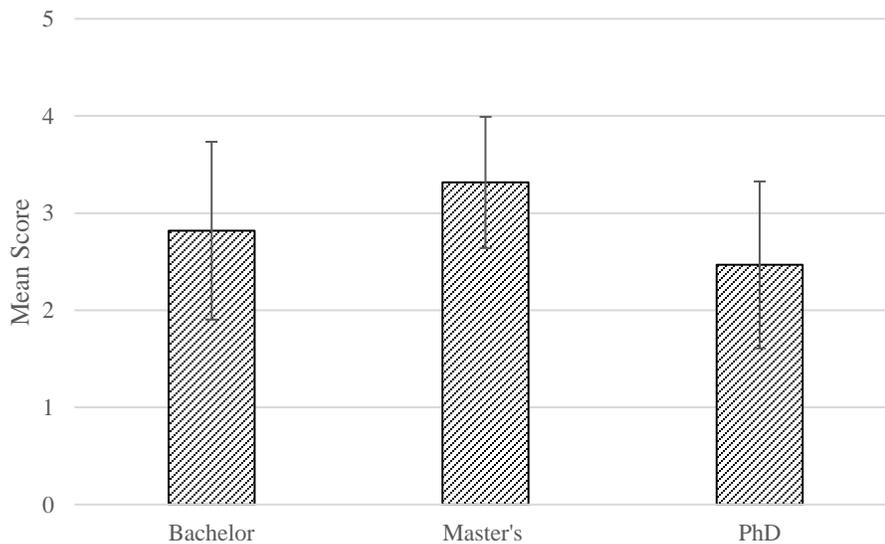


Figure 8: Mean score on Workload subscale of Areas of Worklife Assessment across Education level. Error bars are standard deviations.

#### 4.10.2 Control Subscale

Age, Education, Years in Social Work, and Years with Current Employer were all positively related to self-reported control (Table 17). After controlling for Age, there were no longer relations between the Control subscale and any of the other demographic information.

To investigate differences in Control scores across Age, a one-way ANOVA was used. Control scores were found to differ significantly across Age, [ $F(4, 98) = 4.194, p = .004, \eta_p^2 = .146$ ]. Tukey's posthoc follow-up tests indicate a difference between 51-60 years and 26-30 years and also 51-60 years and 41-50 years ( $p = .002$  and  $p = .037$ , respectively) where those in the age range of 51-60 years are reporting significantly more control than those in the age range of 26-30 years and 41-50 years (see Fig. 9). Having higher scores for control means employees have a higher congruence with their organization with respect to control. The ANOVA also indicates a significant linear increase in self-reported Control as Age increases, [ $F(1, 98) = 5.980, p = .002, \eta_p^2 = .091$ ]. The results above suggest that feelings of Control vary based on an individual's age, more specifically, older individuals experience more feelings of control in comparison to younger individuals. This interesting finding will be discussed in the Discussion/Analysis chapter.

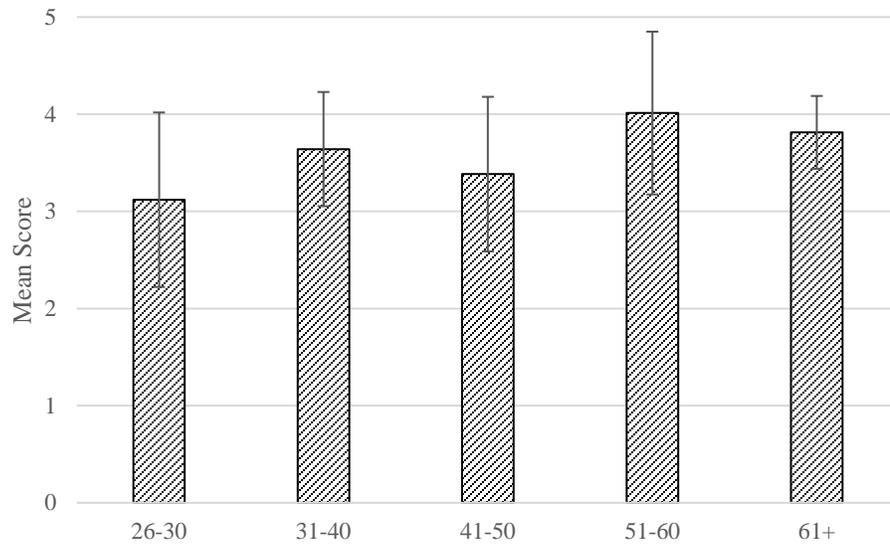


Figure 9: Mean Score on Control subscale of Area of Worklife Assessment across Age. Error bars are standard deviations.

#### 4.10.3. Reward Subscale

Age and Population Density are positively related to self-reported reward (Table 17). Once Age has been controlled for Population Density remains significant, [ $r(100) = .296, p = .003$ ].

Further examinations of group differences were conducted using an ANCOVA to control for Age. While there was no main effect of Education, there is a significant main effect of Population Density [ $F(3, 96) = 5.524, p = .002, \eta_p^2 = .147$ ; see Fig. 10], with those working in Urban areas experiencing greater Reward than those working in Rural areas ( $p < .0005$ ).

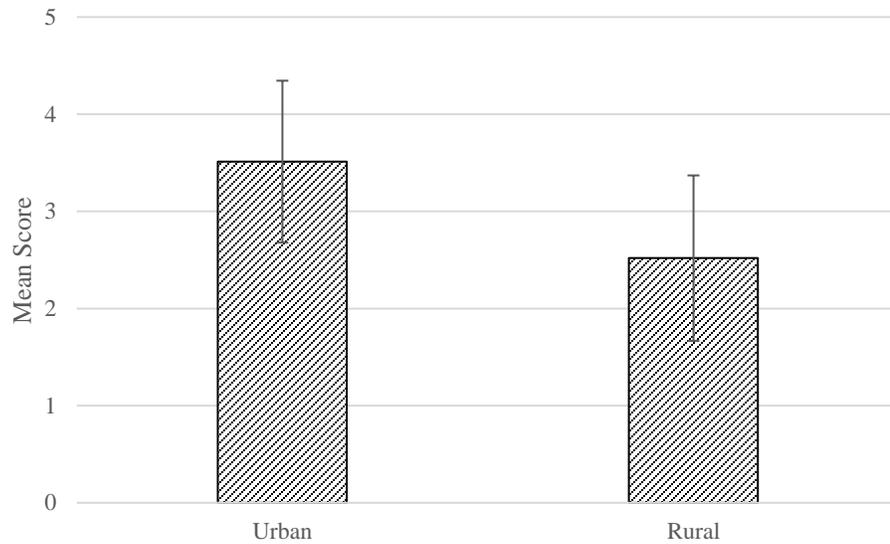


Figure 10: Mean score on Reward subscale of Areas of Worklife Assessment across Population Density. Error bars are standard deviations.

#### 4.10.4 Community Subscale

None of the demographic information correlated with scores on the Community subscale and after controlling for Age there were still no significant relations (Table 17), therefore, no further analyses were conducted on this subscale of the Areas of Worklife Assessment.

#### 4.10.5. Fairness Subscale

Results of correlation analysis indicate a significant positive relation between Fairness and both Age and Education (Table 17). Once Age is controlled, Years in Social Works no longer has a trending relation with Fairness, and Education is now only trending on having a significant relation ( $p = .069$ ). Education was entered into the second block of a regression analysis and Age in the first block.

#### 4.10.6 Values Subscale

Although Age and Years with a Current Employer were trending on significance, none of the demographic variables correlate with scores on the values subscale (Table 17).

Finally, I wanted to determine if scores on the subscales of the Worklife Assessment measure vary based on where and with whom individuals work. There is a trending difference in Workload depending on where an individual works ( $p = .066$ ,  $\eta_p^2 = .068$ ), specifically, Workload is higher for those working in RHA than those in CYFS ( $p = .077$ ). There is a significant quadratic relation in Workload ( $p = .021$ ), such that those working for RHA and Non-Profit are experiencing much higher Workload than individuals who work in CYFS (Fig. 11).

There is a significant difference in feelings of Control depending on where one works [ $F(2, 76) = 3.559$ ,  $p = .033$ ,  $\eta_p^2 = .086$ ] and follow-up Tukey's illustrates a significant difference between RHA and CYFS, where those working in RHA experience greater Control than those in CYFS ( $p = .030$ ), and there is a trending difference between RHA and Non-profit ( $p = .074$ ), with those in RHA again feeling they have more Control in their work life. There is a trending relation between feelings of Control and employment type ( $p = .052$ ), such that the data represents a 'U' shape, where more Control is held by those working in RHA and Non-profit, and the least amount of Control is felt by those working in CYFS (see Fig. 11). There are significant differences in feelings of Fairness across employment type [ $F(2, 74) = 3.388$ ,  $p = .039$ ,  $\eta_p^2 = .084$ ; see Fig. 11], and follow-up Tukey's indicate marginal differences with those working in CYFS experiencing less Fairness than those working in RHA and Non-profit ( $p = .095$  and  $p = .069$ , respectively). It is more likely that the significant difference between groups is a result of the significant quadratic relation on Fairness scores across employment type ( $p = .012$ ,

$\eta_p^2 = .083$ ). There are no differences in any of the Worklife Assessment subscales depending on whether someone works with Clients or in a Management position.

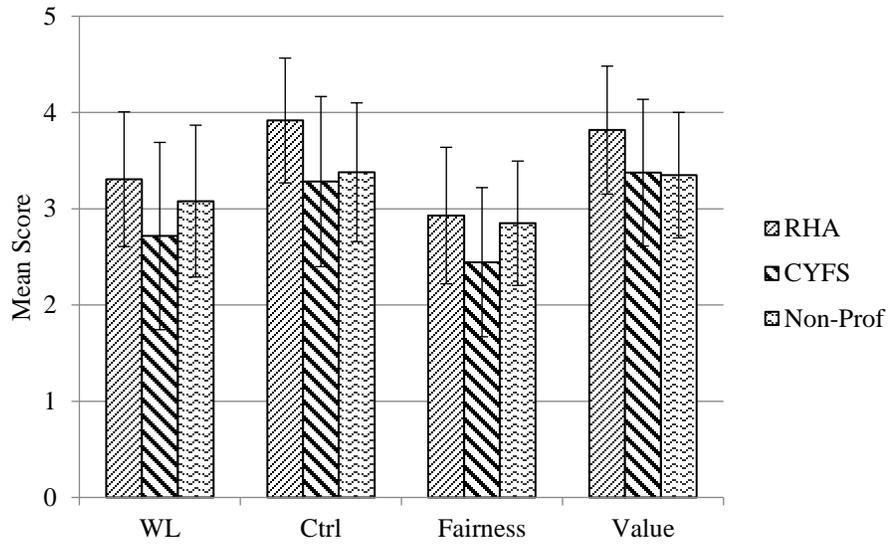


Figure 11: Mean scores on Workload (WL), Control (Ctrl), Fairness, and Value Across Employment Type. RHA = Regional Health Authority, CYFS = Child Youth and Family Services, Non-Prof = Non-profit Organizations. Error bars are standard deviations.

## 4.11 Qualitative Study

### 4.11.1 Methods

In relation to the qualitative data, 80-85 out of 114 participants provided responses for the questions. The following analysis will discuss percentages based on the number of participants that provided a response to the corresponding question. The method used for qualitative analysis was grounded theory. The pioneers for grounded theory were two sociologists, Glass and Strauss (1967). This method, developed from a sociological perspective, was developed from the desire to have a method that didn't impose a theory on the data but rather a method in which theory could be deduced from the data (Glasser and Strauss, 1967). Murphy et al (2016) discuss how grounded theory is a preferred approach of analysis for qualitative research for human resource management. They discuss how this method is excellent and exploring new areas in research while also providing fresh perspectives on ideas that are considered to be well established and known (Murphy et al, 2016). The first part of this process was through the use of coding, whereby I coded words and then grouped them into categories of related codes. Through my analysis of the themes of the codes, I was able to develop categories that seemed to explain a particular situation or phenomenon for the group of participants. For example, by asking participants to identify barriers to their practice of self-care, I was able to code and analyze responses to develop theories and categories to what could be barriers to self-care. Through the use of constant comparison, which is one of the defining features of grounded theory, I was able to construct theories and conclusions that is grounded in the data I was collecting while in the context of literature.

#### 4.11.2. Results and Discussion

Participants were first asked to identify how their current organization/agency supports the practice of self-care (either personally or professionally). The answer given the most (by 40% of participants) is that their organization does not support the practice of self-care in any way. Some participants commented that their organization talks about self-care being important but does not actually take this a step further into any sort of action or plan for employees. For example, one participant stated, “self-care is viewed as an individual responsibility, not an agency obligation or employee right.” Another participant stated, “individual managers may support self-care and recognize the importance of it, but [self-care] does not seem to be supported by the organization as a whole.” Sixteen percent (16%) of participants highlighted that events organized by employers/organizations like “team days” or other employee appreciation efforts were some things that occurred in their workplace. Sixteen Percent (16%) of participants identified that they can take leave (e.g. sick, annual, family) when needed. Eleven percent (11%) of participants identified having an Employee and Family Assistance Program as being a way their organization supports their self-care.

When participants were asked to identify barriers to their self-care practices, 34% of participants said that time was a barrier to practicing self-care. Thirty-one percent (31%) of participants said that caseload/workload demands and/or pressures were barriers to their self-care. It is possible that these two identified barriers could be related. When time was identified as a barrier, it was not further explained by either participant, however, it could be assumed that participants believe they do not have enough time to participate in self-care activities due to the caseload and workload demands impacting their lives. In fact, 16% of participants identified how they have difficulty practicing self-care activities because they have no energy after a work day

to do any activities that they would classify as self-care. I would contend that this is related to the fact that their caseload/workload is too high since it impacts the energy they have for other things in their lives. Similarly, 9% of participants discussed finding it difficult to find a work/life balance in their lives, which relates to the preceding discussion about the responses to this question.

When asked to identify what things supported a participant's self-care practice outside of the organization/agency in which one works, 72% of the participants identified how family and friends support their self-care practice outside of work. Forty-one percent (41%) of participants identified how doing things that interest them helps support their self-care practice. Some examples of these interests include: music, reading, gardening, and traveling. For 35% of the participants that answered this question, exercise was something that supported self-care practice.

Participants were also asked if they would consider themselves to be currently experiencing burnout (yes or no question). Seventy-one percent (71%) of participants said they were not currently experiencing burnout while 19% of participants identified experiencing burnout. The remaining participants did not provide a definite yes or no answer. Other participants either did not provide an answer or an understanding was unable to be determined based on the answer they provided. It is interesting to note that the results of the Maslach Burnout Inventory showed that about 58% of participants were found to have been experiencing moderate to high scores of emotional exhaustion, one of the three burnout scales. Further to this question, participants who identified as not experiencing burnout were asked what they think might be preventing them from feeling burnout. Various themes emerged from the responses. The most commonly discussed theme was that 29% participants believed they were able to

achieve a work/life balance in that they were able to prevent themselves from thinking about work in their personal time. Other themes noted were that participants had strong family/friend support (20%), spent time on physical activity (11%), had supportive supervisors (11%), participants enjoyed their job and work with clients (7%) and they believed they had a positive attitude/outlook (7%).

Participants who identified as experiencing burnout were asked what they think contributed to their burnout. Three themes were identified throughout responses. The most notable theme was the impact of the caseload and workload demands of their role (53%). Second, was difficulties with the organization in one way or another (41%). For example, some participants discussed how there is a high amount of pressure from the organization and not enough support. Other concerns identified by participants were issues with supervisors (32%). For example, micro managing was a frequent theme within this context as well as poor boundaries with respect to the employee's time outside of work hours. One participant noted the following in discussion about a barrier to self-care being "micro managing style of leadership and crossing boundaries with staff when it comes to contacting them outside of work hours to discuss work matters during personal time." These comments were mirrored by several other participants. Similar findings were found in Devine (2006):

Study participants report their immediate supervisors to be lacking in transactional leadership style, suggesting that their immediate supervisors are too controlling and are too focused on micro management issues, intervening only when things go wrong, and more concerned with efficiencies in the system (p.19).

Finally, participants identified the difficulties of working with clients who have experienced a high degree of emotional trauma. Some participants highlighted their work with traumatized

occurs on a daily basis, which could compound the degree to which it impacts social workers. For example, not all physicians work with traumatized patients everyday but working patients who have experienced physical and/or emotional trauma is an aspect of their workload. For social workers working with families in the child protection system or in mental health, there is already a level of distress or crisis that likely led to their involvement with these systems.

When participants were asked if they have ever considered leaving their current position, 51% of participants said that they have considered it. For those who have not considered leaving, they were asked what was preventing them from wanting to leave. The resounding theme when the responses were analyzed was the participants love the work they do with the client population they service. Devine (2006) also found that “employees expressed continued and strong commitment to the client population, a critical component of any change process that organizations may want to recognize and encourage” (p. 258). Morrow (1988) also found that even when services were not improved for clients, social workers were able to find value in clients and the profession.

Two other notable themes were the support of co-workers and management. For those who identified wanting to leave, they were asking to identify what would prevent them from leaving. This question was intended to elicit what employees would need or want to keep them content in their job, however, it appears that participants identified why they are unable to leave. In order to obtain the data from the intended question, I think a differently worded question would have worked better. Regardless, this particular question did yield interesting points for discussion. The major themes identified by many participants (34%) is that they could not leave their current position even though they wanted to because they were unable to find other stable jobs that offered similar financial compensation and/or benefits. For example, one participant

said they "...stay because I need the salary and have applied to other work but feel trapped in current field." Another participant stated:

What prevents me from leaving is the lack of current available jobs that offer equal pay or more, with full-time hours and benefits. Many jobs in interested fields offer very little security when they are only part-time, casual or temporary. [This] creates limitations when you are young and wanting to settle down.

Finally, participants were asked to identify which category of self-care they consider to be most important and least important. The categories included the following: physical, psychological, emotional, spiritual and workplace/professional. Twenty-three percent (23%) of participants identified physical self-care as most important. Second to that was emotional self-care which 13% of participants identified as most important. Eight percent of participants identified psychological self-care as most important; 6% of participants identified spiritual self-care as most important and 1% of participants identified workplace/professional self-care as most important. Thirty-four percent (34%) of participants identified spiritual self-care as least important. Second to that was workplace/professional self-care of which 11% of participants identified as least important; 6% of participants identified physical self-care as least important. Psychological or emotional self-care were not selected by any participants as being the least important of self-care categories. It is interesting to note that data analysis found that those with spiritual self-care was negatively correlated to the Emotional Exhaustion scale on the Maslach Burnout Inventory as well as the Depersonalization scale. Spiritual self-care was also positively correlated with the third scale on the Maslach Burnout Inventory, which was that of Personal Accomplishment. With that consideration, a large percentage of participants identified as spiritual self-care being the least important category of self-care. Several participants commented

that they did not believe spiritual self-care was important to them due to them not having religious affiliations. This is interesting because the concept of spirituality involves much more than religious affiliation or belief. For example, in the Self-Care Assessment Worksheet, spiritual self-care includes making time for reflection, spending time in nature, meditating, singing or reading inspirational literature among other things. Other participants discussed how spiritual self-care is the first area in their life that tends to be prioritized after everything else.

The results from the qualitative data showed some interesting trends relating to self-care and burnout, some of which aligned with the quantitative results in that the information provided additional explanation and depth to key concepts while some information. Several themes were identified that will be discussed in context of the quantitative analysis, the literature review and the Bolman and Deal four frames model.

## Chapter 5 – General Discussion

### 5.1 General Discussion of Findings

This study analyzed the results from quantitative data by examining relationships between demographics and the three surveys in the online questionnaire: Self-Care Assessment Worksheet (Appendix C), Maslach Burnout Inventory (Appendix D) and Areas of Worklife Survey (Appendix E). This study also assessed answers for the qualitative research questions provided to participants (Appendix F).

First of all, it is important to state that an observed trend in the quantitative data was the relationship between Age, Education and Years as a Social Worker. It is not always true that as one gets older, they get more education and accumulate years as a social worker. Although it's common, it doesn't make for an automatic relationship. It is possible for someone in the 41-50 years of age group to begin their social work career with a Bachelors level education. However, I found that Age was the factor that drove the relationship between education and years as a social worker.

In relation to the Self-Care Assessment Worksheet, the results showed that as Age, Education and Years in Social Work increased, spiritual, psychological and emotional self-care increased. The trend is that social workers are engaging in more self-care activities as they get older. Alkema et al (2008) found similar results in a sample of hospice care providers in that those with more months in the profession tended to engage in more activities of self-care than those with less experience. Overall, the data confirmed my priori hypothesis that the higher the amount of self-care one engages in, the lower one's burnout tends to be. Similar results were found by Weekes (2014) where she found that as one's self-care activities decreased, feelings of burnout decreased. In relation to self-care, I found that there was no difference in self-care

patterns depending on where an individual works or whether they work directly with clients. This is an interesting finding that is worthy of further exploration as it begs the question if self-care patterns are because of the persona of the individual (individual perspective), how one changes as they move through the life course/cycle or whether one engages in self-care strategies is influenced by one's organization or work environment (organizational perspective). One could expect that social workers working in high stress environments like child welfare may choose to engage in more self-care activities in an effort to reduce their potential stress levels in their life overall. However, those who remain in child welfare may become better practitioners in this area and develop ways to better cope. In relation to the human resources frame, certain needs require fulfilling before other needs are fulfilled. For example, from an individual point of view, if a social worker isn't taking care of themselves by neglecting physiological needs like adequate sleep, high nutrition and exercise, it may be more difficult to meet higher needs and to meet the needs of others in terms of providing a high quality of service to them.

My findings also showed that self-care levels did not differ depending on whether a social worker worked frontline versus management or whether they worked with clients or not. One could expect there to be a difference between those that work with clients on the frontline versus those who do not work frontline in terms of levels of self-care. I would have thought that those working on frontlines would show less self-care due to the possibility of a more demanding and/or less predictable work schedule as it relates to working with clients after hours, for example. Perhaps management are just as impacted by the demanding schedules of those in frontline because they are supporting them (frontline workers) in their role and thus, do not have any more ability to make more time for self-care in comparison to frontline social workers or

maybe both frontline social workers and supervisors have equal opportunities to engage in self-care.

I found that as Age and Years Working as a Social Worker increased, burnout decreased. I also found that the three demographic characteristics of Age, Years as a Social Worker and Gender had the ability to be predictive of burnout. Interestingly, the trend of increasing Age and Years Working as a Social Worker was also observed in studies by Vredenburg et al (1999) and Benedetto and Swadling (2014). Weekes (2014) also found that the more experience social workers had, the lower their emotional exhaustion and depersonalization. However, the opposite was observed in a study by Ackerley et al (1988) in that it was found that burnout was positively correlated with years of experience and Kabir et al (2014) found that older individuals with higher years of service had higher levels of burnout. There could be a variety of reasons accounting for some research indicating higher burnout with more experience and why other research showed the opposite trend. Burnout could be lower for individuals with higher levels of service because they chose to stay in a field, found meaning in a client group, adjusted to it and developed healthy coping mechanisms. However, there could also be a population of people that feel they do not have the choice of whether to leave their job or not, which could make for an environment with a high risk of burnout. When age categories were further analyzed in this study, it was found that the higher burnout is experienced for those working as a social worker for 3-5 years and 11-15 years compared to those with experience of 20+ years, at which point burnout significantly drops. There could be several reasons as to why social workers with more experience have less burnout. First, it could be the level of competency they have developed through experience in that they feel comfortable in their roles and feel confident in their ability to meet the needs of their clients. Also, it could be their adaptation to the work they are doing in

terms of learning strategies to cope and thrive in high stress or emotionally demanding environments. It could also be that those who stay in the profession have particular personality traits that make them accustomed to thriving in social work within contexts of complexity, uncertainty and high emotional demands.

Jayarante et al (1995) found that younger social workers have been found to report lower personal accomplishment, more psychological strain and more depersonalization than older social workers. According to Csiernik et al (2010), the majority of staff turnover is most likely during the first three years of employment. As discussed by Ellett et al (2007) in relation to child protection workers, it can take up to a period of 2 years of additional education, training, and experience to become a fully functioning and independent child protection worker. After completing a four-year university program to become a social worker, there is often a high level of competence and empowerment developed in terms of the change they hope to help create in their roles as social workers on the individual, family, group and societal level. When they begin working in a bureaucracy, they may experience the high burdens that staff are experiencing, which may be causing burnout (structural frame). It would be ideal to begin a career at an organization that provides opportunities for new social workers to get accustomed to their new and significant roles to clients they are serving; Amrani-Cohen (1999) found that younger social workers have lower levels of mastery, so I think it would be necessary to focus on the development of skills for this population. However, social workers often graduate to work at child welfare and large health care agencies, both of which usually have a focus on achieving goals and objectives with a strong emphasis on efficiency to service the most people with limited resources. Due to the structure of these organizations and the focus on production and/or certain levels of service, it can create very stressful positions for those new to the field.

Organizations like child welfare agencies and health authorities often function through vertical coordination, which aims to have a controlling structure and standards in place for the purpose of measuring it to assess success. Outcomes at these agencies can be very difficult to measure in a way that defines “success,” which can cause additional stress to the social worker in the system, from a structural frame point of view. Prosser et al (1999) discussed how the benefits of on-the-job experience and adaptation may offset the stress and strain that leads to burnout and that burnout should decline over time in a social work career, which is supported in my results. Especially since Acker (2009) found that younger social workers seem to be less psychologically resilient, it is imperative that organizations be cognizant of ways to best serve this social worker population to ensure high quality of services to clients and retention of social workers. Considering burnout is higher for those at the beginning of their career and self-care activities are lower during that time, this indicates a high need for organizations to focus on self-care since a number of studies have found how a lack of self-care is correlated with a risk of compassion fatigue, secondary traumatic stress as well as compromised quality of care for clients.

Also related to burnout is the finding that social workers working with clients experienced more burnout as well as emotional exhaustion and depersonalization in comparison to management. It is interesting that Jones (2001) found that social workers obtained satisfaction from working with clients whereas most of their negative stress and frustration came from the government bureaucracy and/or agency policies and practices. Based on analysis from the quantitative data alone, it is difficult to ascertain why social workers may be experiencing burnout from working directly with clients despite some research showing that social workers gained satisfaction from this aspect of their work. However, the qualitative data may offer clues to why this may be in this sample. For example, when participants were asked what contributed

to their burnout (if they identified as experiencing burnout), they identified four notable themes; caseload demands, issues with the organization, issues with supervisors and difficulties of working with traumatized clients. Devine (2006) also found similar results in his study. It appears that my results may reflect similarly to that of Jones (2001) in that social workers are experiencing frustration with aspects of the organization including management practices, poor communication and “poor” boundaries. Although the structure of an organization being a bureaucracy could be seen as a positive reality in some ways, it can often be a detriment if there are inefficiencies, especially if it impacts a social worker’s ability to serve their client in ways they believe to be needed for the client. One of the main points that came from the burnout discussion with participants, with respect to the organization and leadership, is the feeling of micro-management and perceived pressure from the organization itself. Although micro management can provide a sense and feeling of control within the organization, broader systemic issues can often be overlooked in the micro-management scenario. For example, from a structural point of view, it is difficult in a child welfare setting to feel a high level of control when there is very little control of the work with clients who are mostly involuntary. This type of environment requires flexibility in terms of responses, which could make the environment much more balanced for the employees and then subsequently the clients. From a human resources point of view, micro-management is concerning because as Argyris (1964) states, “the more rigidity, specialization, tight control and directive leadership the worker experiences, the more he will tend to create antagonistic adaptive activities” (p. 59). Considering the organizational point of view, there may be an overarching belief that micro-management is needed to ensure high efficiency and compliance. However, the individual may view this is highly detrimental and reminiscent of a culture with lower trust levels for the professionals working there; individuals

perceiving there to be a lack of trust in their ability to do their job more independently could be viewed as a direct contradiction to the amount of responsibility placed upon them in typical social work roles and the accountability of the position. From a political point of view, these situations are reminiscent of an overbounded system where “power is highly concentrated and everything is tightly regulated” (Bolman and Deal, 2013, p. 200). Bolman and Deal (2013) continue to describe how these types of systems usually cause employees a great deal of stress. Norcross (2000) highlights the research that links symptoms of depression, anxiety, emotional exhaustion and disrupted relationships as the result of working so closely with traumatized or distressing people. The context is one where finding flexible paths through complexity and uncertainty may amplify conflicts.

In relation to the subscales, I found that the more experience a social worker has, the less emotional exhaustion they experience. For those social workers working for more than 20+ years in the social work field, they experienced less depersonalization than others. In terms of the subscales of emotional exhaustion, depersonalization and personal accomplishment, they were found to be more predictive of burnout than the total burnout scores themselves. The Maslach Burnout Inventory was found to be able to predict one’s self-care but the Self-Care Assessment Worksheet was found to not be able to predict burnout.

The results of the Areas of Worklife Survey showed that one feels more control as they get older with those in the age range of 51-60, feeling more in control than those in the age ranges of 26-30 and 41-50, which could relate to lower levels of burnout as one gains more experience in the social work field (20+ years). As stated previously, social workers in the age range of 51-60 may feel more competent and may have adapted better to their role in comparison to younger workers. Leiter and Maslach define control as “employees’ perceived capacity to

influence decisions that affect their work, to exercise professional autonomy and to gain access to the resources necessary to do an effective job” (Leiter and Maslach, 2011, p. 4). Leiter and Maslach (2011) discuss how workers have greater job satisfaction and higher levels of commitment if they felt they had higher levels of control within their job role. This is consistent with McGregor’s (1966) Theory Y which posits that external controls of the employee limit their ability to want to perform. If an organization makes an effort to help an employee feel like they have more autonomy in their work, it would undoubtedly help the employee but also influence their feelings towards the organization, which would, in turn, impact positively on work output. It would be important, however, for the employer to ensure that it is creating an environment which supports autonomy and not one of abdication of ones (the employer’s) responsibility. Employees working at the Department of Child, Youth and Family Services were identified as having the least amount of control in terms of their workload and the least amount of fairness, which is “the extent to which dimensions at work are perceived as being fair and people are treated with respect” (Leiter and Maslach, 2011, p.7). Leiter and Maslach (2011) continue to explain that a low score in their area means there is a major mismatch between the employee and the organization in that an employee may be experiencing issues with decisions that may be viewed as arbitrary or secretive. The mismatch between the organization and individual could cause employees to respond by adapting with antagonistic activities, which is described by Argyris (1964) as activities that could have detrimental impacts on the organization like absenteeism, turnover, frustration by employees and feelings of alienation towards the organization. Having an issue with the way decisions are made could make an employee feel incredibly powerless in their efforts to do their jobs to the best of their ability (political power frame). For newer social workers, it was discussed earlier that they are at high risk of burnout in

the first three years. Not having developed mastery of their roles and their efforts to do their best at their job combined with issues of control make this population very vulnerable to being high for burnout.

In relation to population density, those working in an urban setting were found to experience more reward. It was also found that those living in a rural setting experiencing more depersonalization than those in an urban setting. It would be interesting to investigate further into these two trends as they could be related. For those in a rural setting to experience more depersonalization than those in an urban setting there could be several reasons for this phenomena. Those in smaller communities may have higher chances of interaction with their clients during their private and personal time, which may require them to develop stronger boundaries. It may be more difficult for social workers to develop these boundaries due to the high amount of interaction in a small town, especially if dealing with involuntarily clients or being known in a small community as the child protection social worker (symbolic frame), for example, which may have a negative connotation for some community members. Social workers may unconsciously depersonalize in this scenario as a way to provide more separation, which can be a maladaptive boundary setting strategy. Those working in an urban setting may be better able to incorporate boundaries between their personal and professional life and they may experience higher reward due to this situation. It may also be related to there being more variety of activities in an urban setting, which can contribute to more opportunities for self-care suited to a person's interests.

The quantitative data provided much information to analyze in terms of self-care and burnout; the qualitative data provides a deeper understanding by showing themes and potential explanations to what was observed in the quantitative data. One of the more notable results found

in my qualitative data was that 51% of participants have considered leaving their position. This is a concerning result from a human resources perspective considering how both people and organizations benefit when there is a good fit between them (Bolman and Deal, 2013; Argyris, 1964). The results of this particular question showed the theme of participants not feeling like they could leave their current position because they were unable to find other stable jobs that offered similar financial compensation and/or benefits. From a political power point of view, this situation of being stuck may cause employees to feel incredibly helpless and powerlessness. Some participants did answer the question as intended and noted that they would likely change their mind about wanting to leave if there were opportunities for a change in job duties or advancement opportunities.

Another noteworthy result that was found in the qualitative results was that 40% of participants state that their organization does not support the practice of self-care in any way. Also, many participants added that their organization talks about self-care but doesn't follow through with any tangible support. If the organization was operating from the viewpoint of Theory Y, they would value the importance of ensuring employees are motivated to do their work within the organization. From an individual's perspective, if employees feel that their organization does not care about their self-care, or even worse, pays lip service to it, it may contribute to negative feelings toward the organization. If organizations have the neoliberal viewpoint of commodification of the workplace (Theory X) in that the organization does not see the importance of supporting their employees in maintaining healthy levels of self-care, which could then be reflective of the importance of the clients they serve. If employees serving vulnerable people are not healthy, it would be difficult to provide optimal services to them.

When the subscale of depersonalization was assessed, it found that management experiences less depersonalization in comparison to social workers working directly with clients. In Collins' (2008) review of the literature in relation to social workers and coping, it was found in a study by Satymurti (1983) that the prevailing unhealthy coping strategy used by social workers including depersonalizing, "...which led to workers stereotyping users as helpless, immature and difficult" (Collins, 2008, p. 1179). One could assume that since management does not have as much contact as those not working in management positions, it could decrease the likelihood of coping with a means of depersonalizing. Although management are indirectly impacted by the stress of the environment, social workers on the frontline experience the unique challenges of unrealistic workloads and inadequate resources all while balancing expectations of the organization and management.

The highest depersonalization scores were seen in those working with the former Department of Child, Youth and Family Services in comparison to the health authorities and non-profit organizations that had lower levels of depersonalization. Considering that burnout seems to be highest in the category of working in the field of social work for 3-5 years and that, according to Boys, Wind and Ruiz (2013) child welfare workers stay with their organization between 2-4 years, this indicates a population of social workers that require a lot of attention to prevent burnout and leaving the organization. From a political perspective, it can be seen that organizations like child welfare have limited resources and high demands, therefore, it may be difficult for management and the organization as a whole to have the time to focus on a specific population of social workers when work needs to be completed in a very timely manner in a crisis-driven profession. However, this and other research certainly highlight the impact of burnout and how vulnerable new social workers are to a variety of factors that could impede their

ability to do their job to the best of their ability and ultimately provide the highest quality service to the clients they serve. If the organization has a goal of retaining social workers to maintain high quality of service through refined skills and approaches, it is important for the organization to take concrete action to determine what can be done to keep social workers engaged in their organization and helping contribute to a healthy organization to support social workers in doing their jobs.

## 5.2 Limitations

This study was based on a sample of 115 participants from the Avalon East region of the province of Newfoundland and Labrador. Because of the small sample size and limited geographical area, it is not generalizable to the rest of the province. It is also important to note the area in which the research was completed is in an area where, historically, there are more program and services offered to those seeking services (primarily urban area, which includes the province's capital city), which could impact the client populations in this area as well as the access to various self-care activities for the participants.

It is also important to note that there could be inherent biases based on the sampling strategy used in that there could be differences in the population of social workers who completed the survey compared to those who did not complete the survey. Also, the survey was sent to those who agreed to participate in research through the NLASW. Therefore, there could be differences between the population of those who wish to participate in research and those who do not wish to participate in research. From one perspective, those experiencing high levels of burnout may not believe they have time to participate in research. Conversely, those who are

experiencing burnout could be more willing to participate in research as an opportunity to express themselves in relation to their field.

The procedures could be modified to complete a larger study (e.g., the province of NL) with more conclusive results. It is also important to note that this study is a snapshot in time. For example, the Department of Child Youth and Family Services was established as its own department in 2009 and didn't fully transition from the health authority until late 2011. The responses from participants for this study were collected in 2013, which is not long after the transition. Therefore, the effects of this time of higher stress and uncertainty may have impacted the results also.

In relation to the qualitative questions, there are several things that could be considered limitations to this study. In relation to the question asking participants if they have ever considered leaving their position, there are several points to be made. First, I think the data from this question could have been enhanced if there was an additional question asking if the participant is currently considering leaving their position rather than whether they have ever considered it. Not having a timeline of when the participant felt like leaving their position weakens what could be determined from the answers to this question. In the sixth question, I list the self-care categories used in this study and I ask participants what category they consider to be most important and what category they consider to be least important. The limitation for this question is that at no point are these categories explicitly defined for the benefit of participants. Of course, the self-assessment worksheet assesses items in each of these categories, so this could have assisted participants in defining the categories. However, I think it would have been useful to provide a definition of these categories to ensure participants were utilizing the same definition to answer the question. For example, some participants made comments that they do

not value spiritual self-care because they are not religions. However, spiritual self-care encompasses several other activities and items that do not involve formal religious institutions.

The quantitative research yielded information related to broad concepts and correlations to help provide a basis of understanding of self-care and burnout for this social work population. However, quantitative research does not allow for deeper understandings and nuances of the reality and social construction of a person's work and personal lives that may impact responses.

Although the qualitative research questions provided more rich analysis in relation to the topic of this research, I think it would have been beneficial to complete semi-structured in-person interviews to provide an even deeper level of analysis and can clarify responses as well as obtain a better understanding of participant views.

### 5.3 Recommendations for Future Study & Policy and Practice Recommendations

Due to the amount of data collected for this project, it would be interesting to further analyze the available data more than what was discussed in this paper.

An area of further study could be to further assess social workers who have been newly employed to working for a period of 5 years; it may provide insight into how organizations and individuals can prevent and/or manage burnout if and when it occurs during this potentially high risk time.

Based on the findings of this research, there are several recommendations for organizations employing social workers. This research indicates that many social workers do not feel that their organizations support the practice of self-care. Organizations that are interested in addressing this potential issue can begin by making the self-care discussion present in the workplace. Upper management can encourage frontline management to incorporate the

discussion of self-care and burnout into team meetings and individual supervision. If these discussions routinely take place, social workers may feel more comfortable voicing concerns to their supervisor about these issues. Even just having discussions may help social workers feel like self-care and burnout are important topics of discussion for social workers; however, it is critical for organizations to also take action to implement self care as part of its organizational staff support mandate. There are various ways that organizations can take further steps to assist with supporting self-care and taking efforts to prevent burnout for social workers. Encouraging staff to participate in self-care activities organized by the organization may be very helpful, however, it is imperative that organizations evaluate the workload of social workers to ensure that engaging self-care activities at work would even be possible for social workers; to not only deal with symptoms. If the underlying causes of burnout are not dealt with, self care will have limited positive impacts.. There have been times whereby my organization has organized wonderful activities to encourage physical activity and engagement with co-workers, however, due to caseload demands, it has been difficult for me to attend or prioritize them. Caseload demands were identified as a major barrier to self-care in this study. Potential areas of further study in relation to this could be having discussions with social workers and management within organizations to determine what self-care activities would be preferable and manageable in the context of the workplace. It is my hope that the information presented in this paper will inspire organizations and the social workers within them to further explore self-care and burnout in a way that helps them achieve the best outcomes in their important roles in society.

## Appendix A - Consent Form

### MEMORIAL UNIVERSITY OF NEWFOUNDLAND

#### Consent Form

**Research Title:** Self-care patterns and burnout in a sample of social workers in Eastern Newfoundland and Labrador

**Principal Investigator:** Meghan Calder (MSW Student)  
Memorial University of Newfoundland  
School of Social Work  
Prince Phillip Drive  
St. John's, NL  
Phone number: 709-746-4361  
Email: s34mah@mun.ca

**Supervisor:** Dr. Michael Devine  
Memorial University of Newfoundland  
School of Social Work  
Prince Phillip Drive  
St. John's, NL  
(709)-864-8165

You are invited to take part in a research project entitled: *Self-care patterns and burnout in a sample of social workers in Eastern Newfoundland and Labrador.*

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the principal investigator identified above. Please take the time to read this carefully and to ask any questions you may have.

It is entirely up to you to decide whether or not to take part in this research. If you choose not to take part in the research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

**Introduction:** Self-care and burnout are concepts often referenced in social work literature. Self-care can be defined as “engagement in behaviours that support health and well-being” (Lee and Miller, 2013, p.97). Burnout is described as a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. I am interested in finding out if self-care patterns impact the level of burnout that a social worker experiences. I am also interested in how levels of burnout vary across various organizational contexts.

**Purpose of Study:** The purpose of this study is to (a) gain some insight into the role that self-care patterns have on burnout in social workers in urban Newfoundland and (b) to explore the variances of self-care patterns and burnout levels across various organizational contexts.

My goal is for the results of this study to provide insight to social workers who may be experiencing burnout or those that are at risk of burnout. Exploration into the arena of self-care and the relationships to burnout will hopefully provide social workers with inspiration to engage in more self-care in their own lives. The organizational context of the study will hopefully implore employers and organizations to place a larger focus on the importance of self-care and incorporate developed professional self-care activities into the workplace.

**What you will do in this study:**

This study will seek basic demographic information on you. The questionnaires will be asking questions pertaining to self-care patterns, burnout and elements of the organization in which you work.

The questionnaire will take about twenty minutes to complete. There are no known direct benefits personally to you. However, the study is expected to provide further information about the role that self-care has in relation to burnout levels as well as to help inform policy makers on the role that self-care can have to prevent burnout, especially in certain organizational contexts.

There are possible psychological/emotional risks involved in the discussion of burnout. If for any reason, you are affected in any way by any aspect of the questionnaire and wish to talk to someone about it, please contact the Mental Health Crisis Line at 1-888-737-4668 or any other mental health services that are available to you.

**Disclosure:**

I am currently employed as a Policy and Program Development Specialist with the Department of Child, Youth and Family Services.

**Confidentiality:**

Each online questionnaire will be submitted anonymously through Survey Monkey. At no point will you be asked to provide your name. The questionnaire results will be held by the principal investigator and kept under lock and key and will be retained for a minimum of five years as per the Memorial University policy on Integrity in Scholarly Research, after which time, the information will be destroyed. Supervisor, Dr. Michael Devine, will also have access to the research data.

You may choose not to answer any questions asked.

The data from the questionnaire is stored privately on servers based in the United States. Due to the U.S. Patriot Act, there is a potential for the U.S. government to obtain the survey data via the Patriot Act. The Patriot Act was enacted primarily in response to incidents of terrorism. Survey Monkey states in their privacy policy that the privacy risk posed to most customers is minimal, as long as the Terms of Use are followed. Survey Monkey states “in the absence of illegal activity, there is little reason for the U.S. government to make a Patriot Act request from our data facilities.”

**Reporting of Results:** Publication of findings may include journal articles, book chapters and presentations at local, national and international conferences. The final thesis submission will be on file at the Centre of Newfoundland Studies at Memorial University of Newfoundland

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

You are welcome to ask questions at any time during your participation in this research. If you would like more information about this study, please contact:

Meghan Calder  
MSW Student  
Memorial University of Newfoundland  
School of Social Work  
Prince Phillip Drive  
St. John's, NL  
Phone number: 709-746-4361  
Email: [s34mah@mun.ca](mailto:s34mah@mun.ca)

By completing and submitting this survey, you agree that:

- You have read the information about the research
- You have been able to ask questions about this study;
- You are satisfied with the answers to all of your questions;
- You understand what the study is about and what you will be doing;
- You understand that you are free to withdraw from the study, without having to give a reason, and that doing so will not affect you now or in the future.

You can end your participation by simply closing your browser or navigating away from this page. However, once you complete this survey and click submit, your data cannot be removed because we are not collecting identifying information and therefore we cannot link individuals to their responses.

By consenting to this online survey, you do not give up your legal rights, and do not release the researchers from their professional responsibilities.

Please retain a copy of this consent information for your records.

**Clicking “next” below and submitting this survey constitutes consent and implies your agreement to the above stipulations.**

---

(Signature of Investigator)

---

(Date)

Telephone number: 709-746-4361

Email: s34mah@mun.ca

## Appendix B - General Demographic Information

1. Please identify your age range:
  - a. 20-25 years old
  - b. 26-30 years old
  - c. 31-40 years old
  - d. 41-50 years old
  - e. 51-60 years old
  - f. 60+ years old
  
2. What is your gender?
  - a. Male
  - b. Female
  - c. Other
  - d. Prefer not to say
  
3. What is your highest level of education?
  - a. Bachelor of Social Work
  - b. Master of Social Work
  - c. Doctorate of Social Work/Ph.D
  
4. What is your employment status?
  - a. Permanent full-time employment in social work
  - b. Permanent part-time employment in social work
  - c. Casual/temporary full-time in social work
  - d. Casual/temporary part-time in social work
  - e. Seeking employment in social work
  - f. Not seeking employment in social work
  - g. Retired
  - h. Other
  - i. Leave of Absence (maternity, sick leave, etc)
  
5. Please indicate the type of area in which you are employed:
  - a. Urban
  - b. Suburban
  - c. Rural
  - d. Other
  
6. How many years in total have you been employed in the field of Social Work:
  - a. 0 - 2 years
  - b. 3 - 5 years
  - c. 6 - 10 years
  - d. 11 - 15 years
  - e. 16 - 20 years
  - f. 20 + years

7. How long have you been working with your current employer?
  - a. 0 - 2 years
  - b. 3 - 5 years
  - c. 6 - 10 yeas
  - d. 11 - 15 years
  - e. 16 - 20 years
  - f. 20 + years
  
8. Please indicate your employer type:
  - a. Regional Health Authority
  - b. Provincial Government – Child, Youth and Family Services
  - c. Provincial Government – Advanced Education and Skills
  - d. Provincial Government – Health and Community Services
  - e. Provincial Government – Other (please specify): \_\_\_\_\_
  - f. Educational Institution
  - g. Non-profit community agency
  - h. Self-employed
  - i. Private Employer
  - j. Other (please specify): \_\_\_\_\_

**If you work directly with clients, please answer question #8.**

**If you work in management or administration, please answer question #9.**

9. Please indicate your primary area of responsibility if you work **directly with clients**:
  - a. Victim Services
  - b. Youth Corrections/Youth Services
  - c. Adult Corrections
  - d. Child Protection Services
  - e. Physical / Developmental Disability Services
  - f. Adoptions
  - g. Alternate Caregiver Services
  - h. Services to Seniors
  - i. Addictions
  - j. Career Development
  - k. Community Outreach
  - l. Community Health
  - m. Psychiatric / Mental Health
  - n. Child Care
  - o. Housing Services
  - p. Mediation
  - q. Employee Assistance Program
  - r. Other (please specify): \_\_\_\_\_

10. Please indicate your primary area of responsibility if you work in **management or administration**:

- a. Clinical Supervision
- b. Program/Service Manager
- c. Social Planning/Policy Development
- d. Social Work Education/Research
- e. Community Development
- f. Executive Management
- g. Other (please specify): \_\_\_\_\_

## Appendix C - Self-Care Assessment Worksheet

### *Self-Care Assessment Worksheet*

This assessment tool provides an overview of effective strategies to maintain self-care.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

#### **Physical Self-Care**

Eat regularly (e.g. breakfast, lunch and dinner)

Eat healthy

Exercise

Get regular medical care for prevention

Get medical care when needed

Take time off when needed

Get massages

Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun

Take time to be sexual—with yourself, with a partner

Get enough sleep

Wear clothes you like

Take vacations

Take day trips or mini-vacations

Make time away from telephones

Other:

#### **Psychological Self-Care**

Make time for self-reflection

Have your own personal psychotherapy

Write in a journal

Read literature that is unrelated to work

Do something at which you are not expert or in charge

Decrease stress in your life

Let others know different aspects of you

Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings

Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance

Practice receiving from others

Be curious

Say “no” to extra responsibilities sometimes

#### **Emotional Self-Care**

Spend time with others whose company you enjoy

Stay in contact with important people in your life

Give yourself affirmations, praise yourself

- Love yourself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters and donations, marches, protests
- Play with children

### **Spiritual Self-Care**

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)

### **Workplace or Professional Self-Care**

- Take a break during the workday (e.g. lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with your clients and colleagues
- Balance your caseload so that no one day or part of a day is “too much”
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest

### **Balance**

- Strive for balance within your work-life and workday
- Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

## Appendix D - Maslach Burnout Inventory Sample

For use by Meghan Hillier only. Received from Mind Garden, Inc. on January 31, 2017

### MBI-Human Services Survey

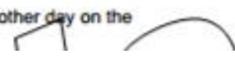
---

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

---

How Often  
0-6

Statements:

1. \_\_\_\_\_ I feel emotionally drained from my work.
  2. \_\_\_\_\_ I feel used up at the end of the workday.
  3. \_\_\_\_\_ I feel fatigued when I get up in the morning and have to face another day on the job.
- 

## Appendix E - Areas of Worklife Survey Sample

For use by Meghan Hillier only. Received from Mind Garden, Inc. on May 10, 2016

### Areas of Worklife Survey

Please use the following rating scale to indicate the extent to which you agree with the following statements. Please circle the number corresponding to your answer.

1	2	3	4	5					
Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree					
<b>Workload</b>			Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree		
1.	I do not have time to do the work that must be done.				1	2	3	4	5
2.	I work intensely for prolonged periods of time.				1	2	3	4	5
3.	I have so much work to do on the job that it takes me away from my personal interests.				1	2	3	4	5

## Appendix F - Qualitative Research Questions

### Research Questions

1. How does your organization support the practice of self-care in a personal manner?
2. How does your organization support the practice of self-care in a professional manner?
3. What are some barriers to self-care?
4. What are some of the things that support your practice of self-care?
5. Burnout is described as the emotional, mental or physical exhaustion as a result of prolonged or excessive stress. At the current time, would you consider yourself to be experiencing burnout? If yes, what do you think contributed to this? If no, what do you think prevented you from experiencing burnout?
6. If you answered yes to be current experiencing burnout, have you considered leaving your position? If no, what has prevented you from leaving your position? If yes, what would prevent you from leaving?
7. Self-care is separated into the following categories:
  - a. Physical self-care
  - b. Psychological self-care
  - c. Emotional self-care
  - d. Spiritual Self-care
  - e. Workplace or professional self-care

Which area of self-care is most important to you? Which area of self-care is the least important to you?

# Appendix G - License to Distribute Maslach Burnout Inventory

For use by Meghan Hillier only. Received from Mind Garden, Inc. on March 7, 2015

**Permission for Meghan Hillier to reproduce 150 copies  
within one year of March 7, 2015**

**Maslach Burnout Inventory™  
Instruments and Scoring Guides  
Forms: General, Human Services,  
& Educators**

Christina Maslach  
Susan E. Jackson  
Michael P. Leiter  
Wilmar B. Schaufeli  
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## Appendix H - Permission to use Self-Care Assessment Worksheet

**From:** Sidran Mail [mailto:esther.giller@sidran.org]  
**Sent:** Tuesday, October 21, 2014 12:01 PM  
**To:** Hillier, Meghan  
**Subject:** Re: Permission to use the Self-Care Assessment Worksheet

You have express permission to distribute the Self Care Assessment Worksheet to 279 people. Thank you for contacting me with the change.

Esther Giller  
Sidran Institute  
[www.sidran.org](http://www.sidran.org)

On Oct 21, 2014, at 10:22 AM, "Hillier, Meghan" <[MeghanHillier@gov.nl.ca](mailto: MeghanHillier@gov.nl.ca)> wrote:

Hi Esther,

I hope you are having a great day. As per the email below, you have provided me with permission to use 200 copies of the SCAW for the purpose of my research. I am writing today to seek permission to distribute to 279 people. The reason for this is that I am wanting to survey a population of people in a particular region of my province; I just received confirmation that the region has 279 people.

Please advise.

Thank you,  
Meghan Hillier

**From:** Esther Giller [mailto:esther.giller@sidran.org]  
**Sent:** Thursday, June 19, 2014 4:06 PM  
**To:** Hillier, Meghan  
**Subject:** Re: Permission to use the Self-Care Assessment Worksheet

Dear Meghan,

Sidran is happy to allow use of not more than 200 copies of the [Self-Care Assessment Worksheet](#) from Risking Connection for your research project. In exchange, we ask that you 1) include a complete citation of Risking Connection as the source and 2) send a copy of the paper to my attention when it is complete.

Best of luck on your research!

Esther Giller, President  
Sidran Institute  
[www.sidran.org](http://www.sidran.org)  
[www.riskingconnection.com](http://www.riskingconnection.com)

## Appendix I - Letter to NLASW Requesting Assistance for Research

Newfoundland and Labrador Association of Social Workers  
P.O. Box 39039  
St. John's, NL, A1E 5Y7

Dear Ms. Crockwell,

My name is Meghan Hillier and I am writing to formally request that the Executive Committee of the Newfoundland and Labrador Association of Social Workers (NLASW) consider my request for assistance in the matter of my Masters of Social Work research study that is to be completed through Memorial University of Newfoundland. This letter will encompass all the information needed in order to approve this request. I will be the principal investigator for the research study, with the guidance and support from Dr. Michael Devine. Dr. Devine and I are registered social workers with the NLASW. In order for my research proposal to be submitted to the Interdisciplinary Committee on Ethics in Human Research (ICEHR), I require conditional approval from the NLASW agreeing to assist with the research study.

The purpose of this study is to (a) gain insight into the role the self-care patterns have on burnout in social workers in Eastern Newfoundland and (b) to explore the variances of self-care patterns and burnout levels across various organizational contexts. My goal is for the results of this study to provide insight to social workers who may be experiencing burnout or those that are at risk of burnout. Further exploration into the arena of self-care and the relationships to burnout will hopefully provide social workers with inspiration to engage in more self-care in their own lives. The organizational context of the study will hopefully implore employers and organizations to place a larger focus on the importance of self-care and incorporate developed professional self-care activities into the workplace. In order to complete this study as proposed, I am seeking the approval for the NLASW to assist with this research as follows:

- Send a link to an electronic questionnaire to the population of the \_\_\_\_ region as identified by the NLASW;
- Send two reminder emails to the population in order to prompt their attention to the survey due date
- Report to me the following demographic information of the population provided to order to enrich my data in case of a situation whereby my response rate is low:
  - Age and Gender
  - Highest level of education
  - Employment status
  - Total number of years employed in the field of social work
  - Total number of years with present employer
  - Employer Type
  - Primary Area of Responsibility with their Employer

Please find attached a copy of my ICEHR application including my consent form and the copy of the instruments I will be using. If you have any questions and would like to speak to me further, please contact me at 709-746-4361 or email me at meghanh24@hotmail.com

Thank you for your consideration,

Meghan Hillier

## Appendix J - ICEHR Approval Letter



Interdisciplinary Committee on  
Ethics in Human Research (ICEHR)

Research Grant and Contract Services  
St. John's, NL Canada A1C 5S7  
Tel: 709 864 2561 Fax: 709 864 4612  
[www.mun.ca/research](http://www.mun.ca/research)

ICEHR Number:	20151313-SW
Approval Period:	March 23, 2015 – March 31, 2016
Funding Source:	N/A
Responsible Faculty:	Dr. Michael Devine School of Social Work
Title of Project:	<i>Self-Care Patterns and Burnout in a sample of Social Workers in Eastern Newfoundland and Labrador</i>

March 23, 2015

Ms. Meghan Calder  
School of Social Work  
Memorial University of Newfoundland

Dear Ms. Calder:

Thank you for your email correspondence of March 9 and 23, 2015 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the above-named research project. Additionally, as per your email of March 19, we have updated the surname on your file from Hillier to Calder.

The ICEHR has re-examined the proposal with the clarification and revisions submitted, and is satisfied that the concerns raised by the Committee have been adequately addressed. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to March 31, 2016.

If you need to make changes during the course of the project, which may raise ethical concerns, please forward an amendment request form with a description of these changes to [icehr@mun.ca](mailto:icehr@mun.ca) for the Committee's consideration.

The *TCPS2* requires that you submit an annual update form to the ICEHR before March 31, 2016. If you plan to continue the project, you need to request renewal of your ethics clearance, and include a brief summary on the progress of your research. When the project no longer requires contact with human participants, is completed and/or terminated, you need to provide the annual update form with a final brief summary, and your file will be closed.

The annual update form and amendment request form are on the ICEHR website at <http://www.mun.ca/research/ethics/humans/icehr/applications/>.

We wish you success with your research.

Yours sincerely,

Gail Wideman, Ph.D.  
Vice-Chair, Interdisciplinary Committee on  
Ethics in Human Research

GW/lw

copy: Supervisor – Dr. Michael Devine, School of Social Work

## Appendix K - Email to Participants

Hello,

My name is Meghan Hillier-Calder and I am a student with the Master of Social Work Program at Memorial University of Newfoundland. I am writing to invite you to participate in my thesis research study about self-care patterns and burnout in Newfoundland and Labrador. The Newfoundland and Labrador Association of Social Workers (NLASW) have agreed to distribute my survey to individuals who have consented to participate in research. My goal is for the results of this study to provide insight to social workers who may be experiencing burnout or those that are at risk of burnout. Exploration into the arena of self-care and the relationships to burnout will hopefully provide social workers with inspiration to engage in more self-care in their own lives. The organizational context of the study will hopefully empower employers and organizations to place a larger focus on the importance of self-care and incorporate developed professional self-care activities into the workplace.

If you decide to participate in this study, you will complete a short online survey (can be completed in 20 minutes or less). Identifying information will not be collected from you as the survey is anonymous.

For the purposes of disclosure, I wish to advise you that I am employed as a Policy and Program Development Specialist with the Department of Child, Youth and Family Services.

This is a voluntary study and it is your choice to participate. If you'd like to participate, please click the link below that will take you to the consent form for your review and the survey for completion. If you have any questions about the survey, please contact me at [s34mah@mun.ca](mailto:s34mah@mun.ca) or call me at (709)-746-4361.

Survey link:

<https://www.surveymonkey.com/s/mswhillier>

Thank you very much.

Sincerely,

Meghan Hillier-Calder BSc, BSW, RSW

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