

STRESS IN CHILD WELFARE

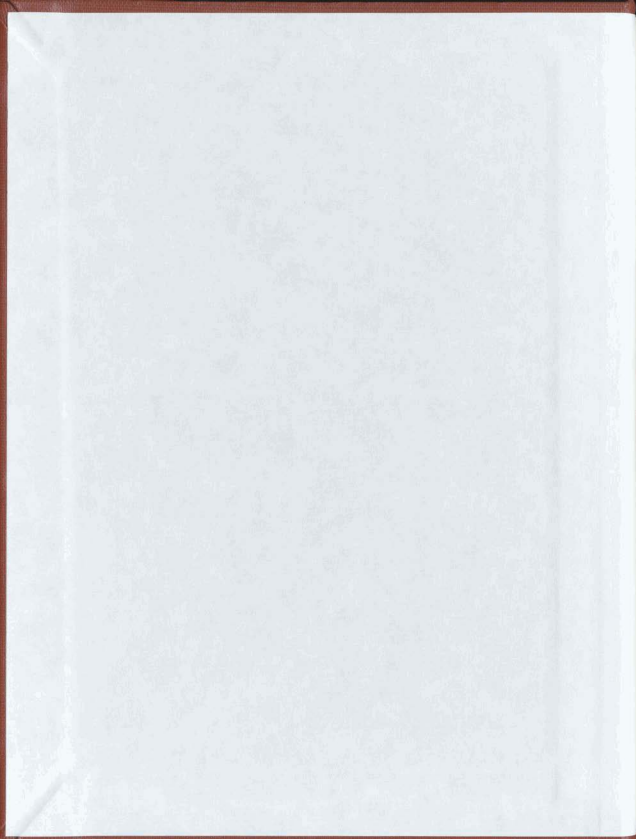
A STUDY OF PERCEIVED CAUSES AND LEVELS OF  
STRESS AMONG CHILD WELFARE WORKERS  
IN NEWFOUNDLAND AND LABRADOR

CENTRE FOR NEWFOUNDLAND STUDIES

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GORDON DUNNE B.A. (ed.), B.S.W.









STRESS IN CHILD WELFARE

A Study of Perceived Causes and Levels of  
Stress Among Child Welfare Workers in Newfoundland  
and Labrador

by

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A thesis submitted in partial fulfillment of the  
requirements for the degree of  
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### Abstract

The phenomenon of stress has received considerable attention in recent years. However, no studies have been done in Newfoundland to examine the subject of stress amongst social workers and particularly child welfare workers. This study was designed to : (1) identify elements in the Newfoundland Child Welfare Work environment which social workers perceive as being stressful; (2) to determine to what extent stress is being experienced by these social workers; (3) to examine variation in stress levels perceived by workers in different work settings and with varied biographical backgrounds and; (4) to identify the ways in which the child welfare worker, cope with stress.

A review of the literature revealed a theoretical framework for stress and the effects job stress can have on human service workers particularly social workers employed in the area of child welfare.

The instrument used in this study was an adapted version of the Wilson Stress Profile for Teachers published in 1979 by Dr. Christopher Wilson. The adapted stress profile uses respondent self-reporting of perceived stress in relation to a range of subject categories. The instrument was modified to reflect the nature of the child welfare work situation, different than the teaching

environment for which the original instrument was designed.

The sample consisted of child welfare workers employed by the Department of Social Services in the province of Newfoundland, a total of 62 people.

The study shows that the primary stressors reported by Child Welfare Workers in Newfoundland are **Organizational Factors, Time Management** and **Relationship with Child's Family**. Specifically, workers cited lack of on-the-job training, policy constraints, insufficient resources, role conflict and work overload as being very stressful. The stress level most often reported was moderate to high stress.

Workers reported least stress in the areas of relationships with colleagues and supervisors. They also reported relative success in utilizing various strategies to cope with stress. The most frequently cited coping mechanism was physical exercise.

Of the five geographic regions of the Province, the Labrador region reported the greatest stress, possibly as a result of isolation and fewer opportunities for peer group interaction and support.

In the area of management style, workers reported a laissez-faire management style to be most stressful. In regard to office size, workers in larger offices reported less stress than their peers in smaller offices. Peer support may have accounted for this finding.

Male child welfare workers reported significantly more stress than females. In addition, it was found that workers who were single experienced more stress than those who were married.

Based on the findings, recommendations are made suggesting areas for further study as well as specific actions to reduce current stressors in the work environment.



## CHAPTER 1

### INTRODUCTION

The subject of stress has received considerable attention since first introduced by Hans Selye in a medical context in the 1930's. Studies of stress and its' effects are currently being conducted in more than 20 institutes as well as in numerous university departments, hospitals, and other organizations around the world. Stress has become a major problem for both individuals and institutions in an era of accelerating change, characterized by the rapid growth of knowledge and technology. Over 6,000 separate reports on stress research have been produced in recent years. The largest and most comprehensive stress documentation centre in the world, the International Institute of Stress in Montreal, Canada, houses over 120,000 volumes on the subject. This output is in itself concrete evidence of the amount of attention the topic of stress has received, particularly in the last two decades (Gherman, 1981).

It is a generally accepted view today that people are being subjected to more stress-evoking situations than ever before. People are seen to be challenged by potentially dangerous stress and the personal disorientation caused by accelerated change within the span of a single generation. This accelerated change has personal, psychological, and social consequences. In combination with this, the

declining level of physical conditioning and good health habits has resulted in an increase in stress-related disorders amongst the general population.

It is generally understood that no one can live without experiencing some degree of stress (Selye, 1974). Any emotion, pleasant or unpleasant, causes stress. The stress which leads to an increase in performance such as that experienced by Olympic gold medal winners is viewed as positive stress or eustress. Negative stress, referred to as distress, leads to a decrease in performance and is of concern to professionals and others, particularly where it leads to deterioration in physical and/or psychological functioning.

One major source of stress for many people is their work place. While many people find their work pleasant, it is generally accepted that work can be a source of great anxiety and stress. Among the work factors that employees experience as stressful are tasks which are viewed as repetitive and boring, conflicts which are seen as petty and frequently personal, and performance expectations which are essentially unattainable. The workplace, with its stresses, strains and routines can create frequent tensions, anxieties, fears and resentments among employees (English & Pearson, 1955). Arndt & Chapman (1984) suggest that work is a contributing factor in stress related health problems. The costs associated with stress in the workplace include

loss in productivity, excessive absenteeism, employee turnover, increased health insurance premiums, and the premature retirement or death of key people. Gherman (1981) states that premature employee death costs American industry \$19.4 billion annually. He also claims that \$26 billion is spent on disability payments and medical bills. As well, he reports that the cost of recruiting replacements for executives who become victims of heart disease is about \$700 billion a year.

American industry loses more than \$10 billion annually through decreased executive performance and productivity in lost workdays, hospitalization, and early death caused by stress. Heart disease is responsible for an annual loss of 132 million workdays. For every employee who dies from an industrial accident, 50 employees die from cardiovascular diseases, which are often caused by stress-related factors. At least 85 per cent of all work accidents are caused by the inability to cope with emotional stress (Gherman, 1981).

It is estimated that one out of ten employees in the United States has an alcohol problem, and this costs \$16 billion a year in absenteeism and medical programs; half a million Americans use tranquilizers to obtain temporary relief from stress (Gherman, 1981). Such drug and chemical use results in job errors, accidents, and reduced performance. There is a growing body of evidence from studies in experimental laboratory settings (Kahn & Quinn,

1970) and in the workplace (Margolis, Kroes & Quinn, 1974) that suggests that occupational stress is a causal factor in these diseases. These workplace illnesses represent a serious cost to industry both in human and financial terms.

Occupational stress among human service workers is different than the stress felt by blue-collar workers. While many blue collar jobs are quite stimulating, others may be viewed as boring and/or quite physically demanding. With blue-collar workers stress is often seen to originate with understimulation and/or physical exhaustion. The origin of stress amongst human service workers can be described as emotional overstimulation and a consequent inability to relate to clients. Some writers consider stress among human service workers to be an occupational hazard of the job (Bramhall & Ezell, 1981).

Stress amongst human service workers, which interferes with their ability to perform efficiently and effectively, is often dealt with by techniques of detachment and emotional withdrawal. It is marked by physical, emotional and mental exhaustion and the development of a negative self-concept and negative attitudes toward life, work and other people. This process is frequently referred to as burnout (Maslach 1982).

Research has not been clear as to why some human service workers 'burn-out' while others do not. It is interesting to note, however, that rarely does burnout

appear in just one worker in an organization; rather, it affects many. Maslach (1978) notes the prevalence of burnout among professionals in human service organizations and suggests that the search for causes should be directed toward the operational and structural characteristics of the workplace rather than limited to an examination of deficiencies in the workers themselves. That is, burnout should be considered as systemic and not viewed simply as an individual problem.

Human service professionals are constantly under pressure. Rarely do they enjoy the luxury of feeling that the problems they deal with have been solved. For example, a social worker's intervention with an abusive parent whose behaviours are deeply ingrained may appear to be successful for the short term, but such behaviours are not simply terminated through immediate intervention. It is difficult to assess when change has finally taken place. As a result, social workers may not be able to rest, physically or emotionally, after the stress of the day or even the previous hour. Frequently, they are not able to resolve their stress or conflict and find themselves operating with less and less energy. The negative feelings produced by this descending spiral of energy find targets in the agency, the clients, or even the professionals themselves. The behaviours adopted to cope with this process frequently impair the functioning of the professionals and undermine

the quality of service of the agency (Bramhall & Ezell, 1981).

A model used by Selye to describe energy in persons under stress shows clearly and dramatically how human service workers can burn out from the 'daily battle' of the job. The energy curve (level) starts from a low point and rises quickly in an alarm reaction to a problem-situation. During the 'resistance stage' the energy level remains elevated to provide the mental and physical strength necessary to work the problem through. At this point, the stress is reduced and mind and body return to normal. Stress can be reduced by an action being taken, an insight being gained or a conceptual closure being achieved, i.e., the experience is put behind the person. Staying at the resistance stage for too long can produce exhaustion and eventual death. However, when repeated stresses are separated by resolution or rest, an even pattern of energy hills and valleys is produced (Bramhall & Ezell, 1981). It is this experience of unremittent stress that can play havoc in the lives of professionals whose first priority is intended to be service to others.

The area of child welfare poses particularly stressful situations for social workers since the successful resolution of complex human problems, as faced on a daily basis, is not easily achieved. These professionals are required to work intensely and intimately with people,

frequently with a long term and ongoing involvement. They become familiar with the clients' psychosocial problems and are expected to help alleviate these problems. Many aspects of this work involve tasks which are particularly upsetting or traumatic. Professional intervention involving child abuse and neglect, for example, can arouse strong feelings of emotion and personal stress, which can often be disruptive and incapacitating to the social worker. In order to perform efficiently and effectively in such situations, the professional may defend against these strong emotions through techniques of detachment or emotional withdrawal. By treating one's clients in a more remote or objective way it becomes easier to get the job done without suffering strong personal and emotional discomfort. However, when child welfare workers become unable to balance this almost paradoxical process of having to distance themselves from people in order to help them, they begin to lose the caring and commitment which they initially brought to the job (Maslach, 1978).

The failure to cope effectively with stress has numerous and varied consequences which include physical and emotional problems. Job burnout has been identified as an extreme response to job-related stress and is characterized by physical and emotional exhaustion including negative attitudes about client and self. Persons experiencing job burnout in the area of child abuse and neglect are

frequently seen to avoid work and client contact, to become clockwatchers, to stereotype clients, to be unable to concentrate on what the client is saying and to feel immobilized and helpless (Pines, Aronson & Kafry, 1981).

Burnout for child welfare social workers may also involve loss of concern for the client. It is characterized by emotional exhaustion in which staff may no longer have any positive feelings, sympathy or respect for clients. A cynical and dehumanized perception of clients may develop with derogatory labels being used. As a result clients are viewed as somehow deserving of their problems and are often blamed for their own victimization. Consequently, there is a deterioration in the quality of care they receive. The child welfare worker who "burns out" is unable to deal with the chronic emotional stress of the job and this failure to cope can be manifested in a number of ways, including low morale, impaired performance, absenteeism and high turnover (Berkeley Planning Associates, 1977; Corcoran, 1986; Maslach, 1978; Maslach and Jackson 1981; Perlman & Hartman 1982).

#### Stress in Child Welfare Work in Newfoundland

Concern has been frequently expressed about the effects of stress and burnout on child welfare workers in the Department of Social Services in Newfoundland. In staff meetings, workshops, labour management meetings and other forums, the subject of stress and its effects has been



raised. However, to date no research has been done in this area, to shed light on the factors which cause stress or precipitate high levels of perceived stress.

This study will address this problem and will examine the factors which may influence stress among child welfare social workers. It will examine the extent to which workers perceive or experience varying levels of stress. It is intended to clarify the nature of the problem of stress among child welfare workers in terms of their perception of the social, personal and situational factors which are seen to cause stress. By understanding the stressors which affect workers, and the extent to which these factors contribute to job stress, one can consider ways to prevent or alleviate stress. As a consequence one can then help to enhance the well-being of workers and improve the level of service to clients.

## CHAPTER 2

### Purpose

The purposes of this study are: (1) identify elements in the Newfoundland Child Welfare Work environment which social workers perceive as being stressful; (2) to determine to what extent stress is being experienced by these social workers; (3) to examine the differences in stress levels perceived by workers in different work settings and with different biographical backgrounds and; (4) to identify the ways in which these child welfare workers cope with stress.

Rationale: The rationale for this exploratory study is described below: Twenty years of professional work experience with the Department of Social Services in this province has led this researcher to conclude that there is a definite need for research in this area of social work. Managers, supervisors and social workers through staff meetings, workshops and conferences have regularly emphasized the stressfulness of child welfare work. Yet to date, no research has been completed in this department to document either the causes of this stress or the perceived levels of stress.

Although the term stress is used frequently in everyday conversation, it is both understood and explained differently by different people. In the area of child

welfare in this Province little is known regarding the specific elements in the work environment which cause stress and the degree to which stress is actually experienced. No studies in this area have been carried out in Newfoundland and Labrador. The question is raised as to whether the findings of studies completed elsewhere related to the subject of stress amongst child welfare workers are generalizable to the population of child welfare workers in Newfoundland. It is suggested that this Province has unique characteristics which may influence the findings of a study of stress among child welfare workers here. The largely rural nature of communities, a distinct cultural identity, a widely dispersed population (until recently a lack of communication among communities), and a seasonal economy are factors which make Newfoundland unique. One can reasonably speculate that the results of a study on stress in this Province will be affected by these variables. Also, it is a general perception that the stability of the family unit supported by the extended family in this province may, at least until recently, have contributed to fewer instances of family dysfunction (Sullivan, 1988). One could question, therefore, whether or not the complexity and severity of family problems, normally dealt with by child welfare workers in this province, exist to the same degree as in other parts of Canada or the U.S.A. (where most studies have been done). On the other hand, one could speculate that the

impact of family problems such as child abuse, which occur in rural Newfoundland, may have a more traumatic impact than in urban areas where such occurrences are more common. For example, recent events related to the church and child abuse in this Province have shocked the public consciousness (Evening Telegram, October 17, 1988). Also, Department of Social Services statistics show a dramatic annual increase in reported child abuse cases from 438 in 1987 to 710 cases in 1988.

It is this writer's view that the scale of some social problems in this Province may be different than in other economically depressed areas. This speculation is supported by others. For example, the Newfoundland Health Review (1987) by the Provincial Department of Health reports that the suicide rate for this Province is less than half the national average. This phenomenon exists contrary to the normal positive correlation between high unemployment and high suicide rates reported elsewhere. Hill (1983) reports that despite an unemployment rate in the 1970's which was almost double the national average, this province reported a lower incidence of suicide, homicide, divorce, mental illness, and mortality due to cirrhoses of the liver than the more economically prosperous provinces such as Alberta, British Columbia and Ontario. Similar differences for this province may be seen for other social problem areas. For example, family problems requiring child

welfare intervention may not be positively correlated with the high unemployment in this province. If these differences do exist, they will have implications for a study on stress-related factors for child welfare workers.

Another unique feature in this province is the high child welfare caseloads in comparison to other provinces. Since heavy workload is sometimes seen as a source of stress (Cherniss 1980, and Maslach 1976), one can reasonably assume that the high caseloads in this province may contribute to high stress among social workers.

In general, social work in the field of child welfare makes a number of heavy demands on the emotional life of its' practitioners. Handling very difficult situations with limited resources, regular contact with demanding, often resistant clients, and having responsibility for significant aspects of children's lives are all factors which can erode the idealism, conviction, and enthusiasm of the social worker. Protective service workers in particular are seen to experience stress in relation to role ambiguity and role conflict (Kadushin, 1974). This study will determine whether this is similarly true in Newfoundland, or whether there are variations related to geographical area or access to community resources. Such factors may be a source of stress and create conflict for the worker, out of a desire to meet clients' needs but recognizing at the same time the inadequacy of resources to respond appropriately.

Statistics for this province indicate that the number of children admitted to hospital for psychiatric care is much higher than the national average (Department of Health Statistics, 1988). It is recognized that in most Newfoundland communities there is complete lack of community based psychiatric services. Whether this can account for the higher (average) hospital admissions is uncertain. Nevertheless, social workers may experience stress from the discrepancy between their desire to help clients and the lack of adequate resources.

Child welfare workers in this province are employed by the Government of Newfoundland and Labrador and, therefore, work in a system which is primarily accountable to government decision makers who control the Social Services' budget. In such a setting budget restraints will affect the level of service available to meet the needs of child welfare programs. Recent Provincial Government concerns related to rising health and social service costs have placed increased emphasis on financial accountability. Because of this focus, supervisors and administrators face the difficulty of balancing the initiatives of a cost-benefit financial monitoring approach with service considerations to clients. Under such circumstances, caseworkers may perceive their supervisors as being more concerned with organization and bureaucracy than they are with client needs (Wasserman, 1971). This may be a factor

contributing to social worker stress and will be explored in this study.

It has been suggested that being able to identify the stressors in one's life is the first important step in stress reduction. This study will identify the stressors that child welfare workers experience and will identify the ways in which they cope with stress. Knowing what the stressors are in the work environment is the first step in learning to cope more effectively. Such knowledge and understanding may be the basis for remedial and/or preventative action. Workers may be empowered and motivated to act and thus improve their personal well-being (Girdano & Everly, 1979).

This exploratory study on social workers' perception of stress in the work environment will provide some understanding of the factors that contribute to stress as a basis for better planning of intervention strategies (Donovan 1987).

The study of stress, identifying stress factors and suggesting ways for more effective coping may foster better performance and more optimal levels of personal well-being. Learning to avoid stress-related situations can result in better service to clients. For the management of stress to be effective, its nature and origins must be identified and strategies for control must be devised (Chinnery, 1979).

## CHAPTER 3

Literature Review

Stress and the Work Environment: The work environment places many demands on employees, which result in the experience of stress for some people. Stress as defined by Selye (1976) is seen as the non-specific response of the body to any demand made upon it. The intensity and duration of this adaptation pattern prepares the organism for fight or flight. It is assumed to be closely related to the rate of wear and tear in the organism, and as a consequence is probably related to morbidity and mortality. Stress is not related to one specific disease but rather is seen as related to a variety of diseases. In other words, if environmental changes occur frequently, are of great magnitude and/or the organism is particularly vulnerable, stress reactions usually increase in intensity and duration (Levi, 1972).

Job stress may be seen as a condition in which some factor, or combination of factors within the work environment, interacts with the worker to disrupt his/her psychological or physiological homeostasis. It is clear from informal observation that individuals respond to identical job situations in very different ways. For this reason French and others at the Institute for Social Research, University of Michigan, conceive of job stress as



a poor person-environment fit (Margolis & Kroes, 1974). When the worker's needs are frustrated or his abilities mismatched with responsibility, job related strain is likely to occur (Margolis & Kroes 1974).

Job stress is seen to have a serious effect on employee health. Beehr and Newman's (1978) review of the literature showed consistent replication of findings which saw stress on the job as related to employee health and well being. Caplan et al's (1980) study of 23 different occupations shows that several major effects of job stress hold across occupations, and that particular stressors vary from occupation to occupation. These effects are job dissatisfaction, psychological symptoms such as depression and anxiety and somatic symptoms such as headaches and various risk factors in coronary heart disease.

A study by Shirom et. al. (1973), among 762 male Kibbutz members, found that there was a higher correlation between the job stressor, role conflict, and heart disease among white collar workers than among blue collar workers. That is, white collar workers experience heart disease and role conflict to a greater extent than blue collar workers.

Stress and the Human Services: Berkeley Planning Associates (1977) completed an evaluation of child abuse and neglect demonstration projects. From their observations they conclude that human service jobs pose demands that are very different from those of other professions because

workers must use themselves as the vehicles for meeting the needs of clients, who in turn do not always express gratitude or appreciation. Maslach (1976), in an article entitled "Burned Out", describes the emotional demands posed by clients, and Cherniss (1980) notes that a professional mystique contributes to burnout by creating unrealistic expectations among new human service workers, their clients, and their agencies.

Edelwich and Brodsky (1983) state that unrealistic expectations of therapists (e.g. expecting to be successful with all clients in spite of their having a variety of problems, and expecting immediate or quick success) can be devastating to the worker.

Assessing the extent of therapeutic success is difficult to accomplish in the helping professions. This lack of criteria for measuring accomplishment is found to be a source of stress for human service workers (Cherniss 1980, Cherniss and Egnatios, 1978, Daley, 1979, Deutch, 1984, Edelwich & Brodsky, 1983, Farber and Heifetz, 1982, Pines and Kafry, 1978,). Therapists report that their inability to help an acutely distressed client, and the lack of observable indicators of progress with clients were two very high stress factors in therapeutic work (Deutch, 1984, Hasenfeld 1982, and Weiner 1982).

The Farber and Heifetz study (1982) referred to above points out that when psychotherapeutic work is particularly

frustrating and only minimally successful - and this may often be the case when one is overworked or dealing with suicidal, homicidal, depressed, or especially resistant patients - disillusionment and burnout occur. The nature of the therapeutic relationship between child welfare worker and client is obviously similar and relevant to this field.

Complementing the work of Farber and Heifetz (1982) is the finding that, among the staff of community mental health programs, a sense of accomplishment in one's work is the single most important contributor to job satisfaction (Cherniss and Egnatios, 1978). Cherniss (1980) concludes that achieving a sense of efficacy is perhaps one of the strongest job related goals that human service workers bring to their work. With the current emphasis on accountability and program evaluation, it is recognized that there is little in the way of ongoing evaluation that provides frequent relevant feedback to the practitioner. Thus the worker is frequently unaware of whether his efforts are viewed as successful.

Similarly, Streepy (1981) found from a study of 108 direct service providers from 12 New Jersey family service agencies that the greater the positive feedback from clients the lower the burnout score. Likewise, in a survey of 215 psychologists, social workers, and psychiatrists, 74% of the respondents cited perceived lack of therapeutic success as the single most stressful aspect of their work (Farber and

Heifetz 1982).

Social Workers and Stress: Pines and Kafry (1978) report that stress among social workers will vary depending on the particular demands of the job and on the resources that are available to the professional. Social work practice is characterized by the use of empathic abilities which make the practitioner vulnerable to job stress. In the traditional client-centred orientation the focus is almost exclusively on the client and little attention is given to the stresses encountered by the professional.

Pines and Kafry (1978) conducted a study of stress among 129 social workers in the field of social services and found that eleven per cent of the social workers showed the most extreme form of work tedium. They reported that tedium was significantly and negatively correlated with such job satisfaction indices as work attitudes, overall job satisfaction, liking for the job, the caseload, and the agency. A positive correlation was seen with a desire to leave the job and the development of negative attitudes toward clients.

Stress among child welfare workers is also reported. Harrison (1978), in a Tennessee study, surveyed 112 child protection service workers and found that they experienced high levels of stress in relation to role ambiguity, role conflict and low degrees of satisfaction with promotional opportunities and with the work itself.

Role conflict as a source of stress is seen to exist when an individual in a particular work role is torn by conflicting job demands or doing things that s/he does not want to do (Jayaratne & Chess, 1984; Larocco, House & French, 1980). For example, the conflict between organizational demands and professional standards creates strain for the social worker who cannot meet both demands at the same time. S/he may be required to complete reports within a given schedule which limits her/his ability to provide the counselling time needed by families in crisis (Green 1966, Katz & Kahn 1978).

Much of the role strain in child welfare work seems to originate from the apparent contradiction between the social work roles of advocate, broker and enabler and the specific demands of a setting in which the social worker operating under the authority of law, often has to apprehend children. The difficulty of integrating these demands is seen as an example of role conflict (Harrison, 1978). Harrison's study found that the mean score for role conflict among 112 child protective service workers was higher than that of any other sample found, and that the mean role ambiguity score for the same group was found to be higher than that of any sample except one.

Institutional disregard for clients in favour of administrative, financial, and bureaucratic needs is seen to be a major source of stress (Cherniss, 1980, Edelwich and

Brodsky, 1983, Karger, 1981, Lewis, 1980). When agency resources and/or priorities dictate a particular level of service to clients which workers feel is inadequate, the worker is placed in the position of appearing to support a standard with which s/he is in essential disagreement. Such dilemmas can produce intolerable internalized conflicts and inner-directed anger (Lewis, 1980).

Other stressors noted in the literature include performance of work that is emotionally demanding, certain personality characteristics of the workers, and a person-centred orientation (House, 1981; McFadden, 1980; Pines, Aronson and Kafry, 1981). Cherniss, 1980, noted that since the practice of therapy is focused entirely on clients who need services, the professional role is defined by clients' needs. Clients' needs in child welfare situations are often so great that the worker's emotional resources are seriously taxed. For example, answering a child abuse call at night in a high crime area, working with a child who has been permanently damaged physically or emotionally, or removal of a child from his natural parents over their strong objections places considerable strain on a worker. Maslach (1976) reports in her observational study - "One social worker in child welfare stated that if he didn't leave his work at the office, he could hardly stand to face his own children. Likewise, when he was at work, he could not think of his family because he would then oversympathize

with his clients, leading to unbearable emotional stress" (p. 18). Other studies have also found high burnout rates among care providers working with child abuse clients, (Daley, 1979, Lecroy & Rank 1986, Maslach, 1982).

The social worker whose role is to seek out, explore, empathize and articulate the feeling dimension, in a sense underlines and highlights the agitation, hostility, aggression, and depression that a client may be feeling. The actual process of counselling may in itself add to the distressed feelings of the client. The worker's assumption, of course, is that this focus, if handled properly, will lead to relief for the client. Regardless of outcome, this type of process places the worker in a highly emotional environment characterized by considerable emotional upheaval and turmoil (McFadden 1980).

The continual exposure to events such as child and wife abuse, destructive marital arguments, difficult child placement decisions, depression, injury, death and suicide can create what has been termed an occupational hazard for the social worker. The social worker absorbs and responds to these tension-saturated circumstances, which take their toll in terms of the social worker's feelings of stress and anxiety (McFadden 1980).

It would seem then that the affective nature of social work as a profession has been identified as a major source of anxiety, tension and stress for the practitioner.

McFadden (1980) refers to "encounter stress" experienced by people who are simply exposed to high levels of contact with others. He states that certain jobs which involve virtually nothing else but contact with people, particularly unpleasant emotional contact, are extremely stressful for the people involved. People in these jobs are seen to have substantial adjustment difficulties linked to the 'encounter stress' of their daily activities.

McFadden (1980) also notes that besides the emotional component involved in social work, another feature promoting stress appears to be the "crisis" factor found in many settings. In personal interviews with social workers from different fields of work, the notion that crises were prevalent and stressful seemed to be quite common.

The nature of social work, according to McFadden (1980), is such that it can cause alienation of its' practitioners from their middle-class peer group, a potentially important support group. As human service professionals, social workers may feel more understanding of social deviants and as a consequence hold beliefs which are unpopular with his/her middle-class peer group.

McFadden (1980) also notes that social workers are caught between two different social ideologies. On the one hand there is Social Darwinism and the Puritan ethic which views people as responsible for their own fate and destiny. On the other hand is the humanitarian ethos which believes



that society plays the key role in terms of providing conditions, which can foster problems or promote well-being. Everyone is potentially dependent and the humanitarian ethos ensures the obligation of support from the community. Social work falls on the humanitarian side of this ideological dispute. However, society fluctuates between these beliefs. The social worker, as a representative of society, is faced with the difficult task of operationalizing these beliefs. For example, Kadushin (1974) reports that the child welfare worker is commissioned by society to perform certain tasks and then society denies him the resources to complete the tasks. Kadushin (1974) states that the child welfare worker has to implement a policy that reflects society's ambivalence and has to resolve, inside himself, the behavioral implications of that ambivalence.

Mc Fadden (1980) also refers to the profession of social work as stress provoking since it lacks those "tools of the trade" which help establish a firm social identity. Doctors have stethoscopes, mechanics wrenches, etc. He refers to the marginal position of social work among other professions and cites poor pay as one indicator of marginality.

It has also been noted by writers that people who work in the human service field tend to be sensitive to the needs of others, humanitarian, sympathetic and they want to help (Cherniss, 1980). Most social workers acknowledge the fact

that they enjoy working with people as one of the major reasons for their choice of social work as a career (Pines & Kafry, 1978). Social workers are responsive to the dedicatory ethic, and as Kadushin has stated the "work is not seen as a job but as a calling" in that the reward is inherent in the act of giving (Kadushin, 1974).

Persons with these characteristics work in an occupation that has a person-centred orientation. While most human relationships are seen as symmetrical the therapeutic relationship is viewed as complementary - that is, the flow of emotional supplies goes one way with the potential for emotional depletion on the part of the worker (Pines and Kafry, 1978). Those very attributes that make some people interested in and qualified for social work are also the attributes that make them sensitive to the many emotional pressures involved in that work. The intermingling of personal characteristics with work is one of the most significant occupational problems faced by the social worker who is constantly exposed to emotionally evocative experiences (Kadushin, 1974).

Allied Professionals - Teachers and Nurses: Kendell (1982), in her survey of 588 regular classroom teachers, examined several categories of stressors. She found that most teachers in her study experienced moderate levels of stress. The categories of Time Management, Parent/Teacher Relations, Student Behaviour and Teacher/Teacher relations

were considered by high school teachers as being significantly stressful for them. Teachers experience stress with having to teach children of below average intelligence, with spreading their time and energies over many areas, and with the perceived restrictions of life in a rural community. Teachers with 20 or more years of experience reported significantly higher levels of stress than teachers with four or less years of experience: teachers in medium sized schools (population of 201-400) perceived significantly higher levels of stress than did teachers from larger and smaller size schools.

Also Linehan (1987) conducted a study of stress among 235 nurses in a major health care facility in St. John's, Newfoundland. Wilson's instrument was modified for use with the nursing profession. The findings reveal similarities to the results of the teacher stress study showing that nurses experienced moderate levels of job stress.

Personal/Demographic Variables: Individual vulnerability will affect the extent to which stressors influence individual workers. Girdano and Everly (1979), note that aspects of personality are implicated in stress. They observe that the areas of self-concept, consistent behavioral patterns (Type A and Type B) and anxious reactivity affect stress levels among individuals. For example, poor self-expectation will likely lead to failure at behavioral tasks. The Type A personality, a

characteristic pattern of goal-oriented, ego-involved behaviour, is highly correlated with severe stress and coronary heart disease. Also, they note that anxiety reaction, a chronic anxiety or fear is part of a feedback process that perpetuates and adds to the stress response and lowers performance.

Nancy Ratliff (1988), in a review of the literature on stress among human service workers, also refers to the personality characteristics of workers which influence the extent to which they will experience stress. She refers to persons with neurotic anxiety as being more prone to stress and burnout. She notes that flexibility is another personality trait that affects stress reactions because flexible persons find it difficult to set limits and say no to extra demands. The combination of the emotional intensity of most human service work, the selective sample of people who choose to work in this area, and the client-centred orientation of the work contribute to high levels of stress (Pines, Aronson and Kafry, 1981).

Personal/demographic factors such as marital status, work experience, age, education and gender status are seen as significantly related to stress levels. Similar to Maslach's research (1982), Linehan's study (1987) confirmed a relationship between marital status and job stress. Single and divorced care providers tend to be at greater risk of suffering stress-related symptoms than do married

care providers.

With regard to work experience, a client follow up study by Isabel Wolock (1978) in eight family counselling agencies found that workers with eleven or more years of experience were less effective in their work than those with less experience. It was then proposed that burnout might account for the lowered effectiveness of the more experienced workers. Klas, Kennedy and Kendell-Woodward, in their study of teachers (1983), found that the more experienced teachers (20 or more years) reported the most stress.

However, Berkeley Planning Associates (1977), in an evaluation of Child Abuse Demonstration Projects, found that burnout occurred more often among younger and less experienced workers. The same result was found by Streepy (1981) and Maslach & Jackson (1981). Also, Corcoran (1986) found from a study of 139 social workers in Texas that as practitioners got older and gained more human service related experience they experienced less emotional exhaustion and depersonalization.

Age was generally found to be negatively correlated with burnout. Beck (1987) came to this conclusion from a study of 244 counsellors in family service agencies across the United States. Similar findings were reported by Maslach & Jackson (1981). Also Freudenberger (1980), and Maslach (1982) reported that younger care providers are more

predictive of emotional exhaustion and depersonalization for females but not for males. The variable 'increased contact with clients' is associated with decreased personal accomplishment for women, while for men, 'increased client contact' is associated with increased depression, emotional exhaustion and with an increased sense of personal accomplishment. Overall, it is clear that there are quite mixed findings relating to stress on the characteristic of gender.

Organizational Stressors: Organizational factors in human service settings may also contribute to worker stress. One such factor is reported to be work overload with few structured time-outs (Berkeley Planning Associates, 1977, Cherniss 1980, Freudenberger 1980, Larson, Gilbertson & Powell, 1978, Maslach, 1976, McFadden 1980, Perlman & Hartman, 1982, Solomon, 1979, Sze, & Ivker, 1986). French and Caplan (1973) have differentiated overload in terms of quantitative and qualitative overload. From their research they came to the conclusion that qualitative and quantitative overload produce at least nine different symptoms of psychological and physical strain: job dissatisfaction, job tension, low self-esteem, threat, embarrassment, high cholesterol levels, increased heart rate, less skin resistance, and more smoking.

Klas, Kennedy and Kendell - Woodward, in their 1983 study of 799 teachers in Newfoundland, found that time

susceptible to burnout than their older counterparts.

Educational level is seen to be a factor influencing one's perception and experience of stress. Social Workers with undergraduate degrees or those without degrees were found to have higher burnout rates than those with graduate level education (Streepy, 1981, Maslach & Jackson 1981).

Some studies show that males report significantly higher burnout rates than females. Beck (1987) came to this conclusion from his study of family service personnel in the United States. From a study by LeCroy and Rank (1986) of 106 social workers in two mid-western U.S. towns females scored much lower on two dimensions of burnout than males. Females scored significantly lower on 'negative feelings towards clients' and also on 'closeness to recipients' than males. However, males scored significantly lower on the emotional exhaustion dimension of the index.

Other studies, Jayaratne, Tripodi & Chess (1974), Maslach & Jackson (1981), (1985) report that females score significantly higher than males on the emotional exhaustion subscale of the Maslach Burnout Inventory but present mixed results on other subscales.

Jayaratne, Tripodi & Chess (1974) report that there are gender differences in relation to the extent to which burnout is experienced, but that these differences vary on specific sources of work stress. For example, decreased emotional support from supervisors and co-workers is seen as

management (work overload) was the most significant stressor reported by teachers. In 1976 Maslach studied the dynamics of stress and burnout by observation of 200 professionals including lawyers, physicians, psychologists and social workers. She reports that stress often becomes inevitable when the professional is forced to care for too many people. As the ratio increases the result is higher and higher emotional overload. Maslach also quotes social workers from her study as claiming that a high ratio of clients to staff was one of the major factors forcing a dehumanized view of clients: *"If I only had fifty clients I might be able to help them individually. But with 300 clients on my caseload-----"*p19.

Another organizational stressor is identified as being the amount of time required for administrative and paperwork tasks. This finding was from a study of 139 social service workers completed in 1978 by Pines and Kafry. Cherniss and Egnatios found a similar result in their 1978 study of 164 community mental health workers. Also, Edelwich and Brodsky (1983), and Maslach (1978) documented the time spent on routine paper work as being correlated to job dissatisfaction. The relationship of monotony to the tendency to treat clients as objects is discussed by Wasserman (1971). He acknowledges that while some bureaucratic practices cause dehumanization of clients, they are probably a psychic necessity for some workers.



A study of new professionals in human service organizations found a relationship between quantitative workload and burnout (Cherniss, 1980). When the most stressed persons were compared with those who were most resistant to burnout, it was found that the typical workloads of the burned-out subjects were much heavier.

Lack of training and orientation specific to the job has also been identified as a job stressor. Mattingly (1977) states that stress in clinical child care work can be seen to be partially attributable to the poor training of the child care worker. Cherniss and Egnatios (1978) found in their study of community mental health workers that inadequate training was a source of frustration and work alienation for the workers.

Other writers report that lack of training and lack of community resources are seen as major sources of stress for social workers (Hasenfeld, 1982, House, 1980, Steep, 1981 and Gillespie, 1981).

Another stressor identified in several studies is perceived effectiveness of leadership style or supervision. McFadden (1980) Wasserman (1971), in a study of social workers in a bureaucracy, found that only 25% viewed their supervisor as being competent and helpful. The majority perceived the supervisory position to be a bureaucratic control device. They found that the lack of resistance of supervisory personnel to the impediments of the system

probably accounted in part for the noticeable increase in cynicism among the new workers. This cynicism, combined with difficult clients and emotional fatigue, contributed to a situation of great stress. Only 25% of the workers felt that their supervisors had sufficient knowledge or expertise to help them make proper decisions. Most workers had to depend on fellow workers for consultation and emotional support. Green (1966), in a paper on "The Professional Social Worker in a Bureaucracy", noted that in a bureaucracy it is possible for a social worker to be hired, evaluated, promoted and fired by a supervisor who is not qualified in social work. A study conducted by Kermish and Kushin (1969) of workers in a Public Welfare Department reported that poor supervision and lack of encouragement and support from agency administration were two of the more frequently mentioned reasons for departure from a job and for dissatisfaction with the work situation. Likewise French and Caplan's (1970) study, using attitudinal measures of job satisfaction and pressure, found that a major source of stress at work has to do with the nature of the interaction with one's boss, subordinates and colleagues. This study is consistent with the Berkeley Planning Associates (1977) finding that poor supervision and communication were among the most potent predictors of stress among child abuse workers. Buck's study (1972) focused on the attitude and relationship of workers and managers to their immediate

boss. Buck used the Fleishman Leadership Questionnaire and found that those workers who felt their boss was low on "consideration" reported feeling more job pressure. Other studies of human service workers, Katzell, Korman & Levine, (1971), Olmstead & Christenson (1973) in Shinn (1984), found that type of leadership and relationships with co-workers to be related to worker satisfaction and alienation and job performance and turnover. Also Gillespie and Cohen (1984) found that workers' dissatisfaction with their supervisor was one of the major causes of burnout in child protective services.

Lack of social interaction and support among staff was found by several writers to be a source of stress for helping professionals (Cherniss, 1980, Cournoyer, 1988, Edelwich & Brodsky, 1980, French and Caplan, 1970, Kahn et al., 1964, Maslach, 1982, Pines, Aronson & Kafry, 1981). Maslach (1982), Edelwich and Brodsky (1980) and House (1981) found that peer group interaction on a regular basis provides emotional support to individual members as a mechanism to relieve job stress and help workers cope more effectively. House (1981) studied the relationship between stressors and symptoms of ill health in groups of workers who had good social support systems and in groups that did not. They found that under maximum levels of social support, symptoms of reported ill health increased only slightly, if at all, as stressors increase. In contrast,

when social support is minimal, symptoms of ill health increase dramatically as stressors increase. That is, perceived stressors bear little or no relationship to ill health when a person enjoys high levels of social support, but when social support is low, symptoms of ill health are high (McLean 1979). Similar findings were discovered by Caplan et. al. (1975) and Laracco, House & French (1980).

Pines, Aronson and Kafry (1981) studied the relationship between stress and social support systems in a study involving 290 students and 241 professionals. Results indicated that all of the social relations were negatively and significantly correlated with life tedium, i.e. the better the social relationships a person had, the less tedium there was.

In a study conducted among 164 community mental health workers in Michigan, Cherniss and Egnatios (1978) found that role conflicts, poorly defined objectives and sudden changes in personnel and rules were major sources of frustration and work alienation for the staff. Mattingly (1977), in a descriptive article, notes that child care practice is marked with a seemingly inevitable role conflict, that is, there is an ongoing conflict between client care and concern for administrative and financial requirements.

Professional training stresses autonomy and self regulation as important attributes of professionalism, yet in many organizational structures workers are denied input

into major decisions affecting their work life. This lack of control over and impact on one's work situation is seen as another organizational source of stress. French and Caplan's (1970) study, using attitudinal measures of job satisfaction and pressure, found that people who reported greater opportunities for participation in decision making reported significantly greater job satisfaction, low job-related feelings of threat, and higher feelings of self-esteem. LeCroy & Rank (1986) likewise found that an increase in job autonomy and professional self-esteem were negatively correlated with burnout. Buck (1972) used the Fleishman's leadership questionnaire and found that both managers and workers who felt most 'under pressure', reported that their supervisors always ruled with an iron hand and rarely tried out new ideas or allowed participation in decision making. Margolis, et al (1974) found that non-participation at work among a sample of over 1400 workers was the most consistent and significant indicator of strain and job-related stress. Kasl's (1973) study used a similar instrument and found that low job satisfaction was related to non-participation in decision making and that poor mental health was linked to close supervision and no autonomy at work. Green (1966) reports that bureaucracy limits the social worker's initiative and self-direction through its regulations, procedures and systems of hierarchical supervision thereby creating stress.

Wasserman (1971) describes the experiences of professional social workers in a large public agency. He states that workers view bureaucracy as tending to dehumanize recipients by viewing them as cases and numbers or as objects related to financial accountability. This system makes it difficult for workers to consistently treat their clients as worthwhile human beings without experiencing severe stress, emotional and physical fatigue and becoming cynical about the nature of social work.

Conclusion: This literature review points out that job stress can have serious effects on employee health and that stressors vary in different occupations. It has been seen that human service workers, are highly susceptible to job stress. Some of the job stressors identified as affecting human service workers, and in particular social workers in the area of child welfare workers are: the difficulty of measuring professional effectiveness, the nature of child welfare work, the emotional demands of clients, role ambiguity and role conflict, work overload, excessive paperwork, lack of job specific training, quality of supervision, nature of peer interaction and support, and the lack of professional autonomy.

This study will measure the extent to which these stressors identified in the literature are seen to affect child welfare workers in this province. Specific comparisons will be made with the findings of the Kendell

study (1982) on selected stressors in order to report the differences on perceived stress levels among child welfare workers and teachers.

## CHAPTER 4

Methodology and Instrumentation

To achieve the purposes of the study a questionnaire was sent to all child welfare social workers employed by the Department of Social Services in Newfoundland. The sample included 85 people. Workers who carry part-time child welfare caseloads were excluded because of the difficulty in being able to control for the effects on perceived stress originating with a mixed caseload. The questionnaire (see Appendix A) measured the levels of perceived stress among social workers in the study sample and assessed the factors that may influence that stress.

The questionnaire was comprised of two sections: Section I elicited biographical and background information on each respondent as follows: age, sex, marital status, whether the respondent has school-age or pre school-age children, education, work experience, type of caseload - specialized or generalized, caseload size, overtime worked, size and location of community of employment, number of child welfare and other workers in the respondent's place of employment, the level of education of the respondent's immediate supervisor, the number of sick days taken by the respondent in the previous year, methods of coping with stress, health problems and management style of supervisor. Section II included the Child Welfare Stress Profile for



social workers hereinafter called the CWSP. This stress profile was adapted from the Wilson Stress Profile for teachers developed by Dr. Christopher Wilson and published in 1979. Data analysis was completed on the teacher stress profile to check reliability and construct validity. The analysis was based on data collected from 57 teachers and included a comparison of pre/post profile scores and the State-Trait Anxiety Index. The analysis concerning reliability was assessed by examining pre/post profile test scores for all 57 teachers. Construct validity was measured by correlating the pre-scores on the profile test with scores on their State-Trait Anxiety Index cumulative scores. The P value was greater than 0.01. The results confirmed the construct validity and reliability (Kendell, 1983, Wilson, 1980).

Permission to use this instrument was obtained from Dr. Wilson in March 1988 (See Appendix B). The adapted stress profile uses respondent self-reporting of perceived stress in the subject categories relevant to social work/child welfare practice. The instrument was modified to reflect the nature of the child welfare work situation rather than the teaching environment for which the original instrument was designed.

Other instruments such as the Maslach Burnout Inventory were considered but it was decided not to use them (Maslach & Jackson 1981). This Inventory, a popular instrument for

measurement of stress and burnout among human service professionals, is mainly used to record statements of attitudes and feelings that characterize burned out workers. It has four categories: (1) Emotional Exhaustion (2) Personal Accomplishment (3) Depersonalization and (4) Involvement. Sub-items under each category were written in the form of statements about personal feelings or attitudes. Each statement is scored on the frequency and intensity of the particular feeling or attitude. This scale did not provide, however, a means to measure specific elements in the work environment which may produce feelings of stress. The Wilson scale identifies specific elements in the work environment which cause stress and is therefore more appropriate for this study, with adaptation for use in the child welfare work environment.

The modified Wilson Scale used in this study follows the model developed by Wilson where stress levels are seen to be: 1 - 8 = low stress; 9 - 15 = moderate stress; 16 - 20 = high stress. The overall stress score measure on the adapted instrument is as follows: 40 - 80 = low; 81 - 120 = moderate; and 121 - 200 = high.

This instrument provides the basis to analyze the differences between various groups of social workers on their perceived levels of stress and the factors which influence variation in stress levels.

The ten major categories on which stress is measured in

the modified CWSP are (1) Nature of Work, (2) Worker-Supervisor Relations, (3) Worker-Child's Family Relations, (5) Time Management, (6) Intrapersonal Conflicts, (7) Physical Symptoms of Stress, (8) Psychological/ Emotional Symptoms of Stress, (9) Stress Management Techniques, and (10) Organizational Factors.

On the original Wilson scale there were nine categories and four items per category with thirty-six items in all. However, in the revised scale there are ten categories and forty items with four questions added under the new category-Organizational Factors. The scores of each of the 10 categories are combined to derive an overall general stress score. The ten categories are described as follows:

Category 1: Nature of the Work refers to the nature of the work itself and where workers report the extent to which they feel stress. They do so by recording a level of stress on each of four sub scales within this category. One such subscale consists of the following statement: "I have difficulty working with clients who are demanding or troublesome". The respondent is asked to indicate the degree to which the source of stress occurs by circling a number from 1-5 that corresponds to the frequency of occurrence: 1 = low frequency, 5 = high frequency.

Category 2: Employee/Supervisor Relations refers to the relationship between the child welfare worker and

his/her supervisor as another category on which workers report the extent to which they feel stress. One subscale under this category consists of the statement: "I have difficulty in my working relationship with my supervisor". Again, the response score indicates the extent to which the worker feels stress in this particular area.

Category 3: Social Worker/Social Worker Relations

refers to the extent to which workers provide support to one another. One subscale for this particular category is stated as follows: "I get too little support from the people with whom I work". The score recorded will again indicate the level of stress felt in this category.

Category 4: Social Worker/Child's Family Relations

refers to the relationship between the worker and the family of the child who receives services from the child welfare worker. One subscale under this heading is expressed as follows: "Parents' disinterest in their child's well-being concerns me". Again the score will indicate the level of stress felt.

Category 5: Time Management refers to the worker's availability of adequate work time to keep up with job demands. A subscale statement "I have too much to do and not enough time to do it", will elicit a response score indicating the stress level felt on this category.

Category 6: Intrapersonal Conflicts refers to inner tension and conflict a worker may feel in relation to job demands. One subscale under this heading is expressed as follows: "I think badly of myself for not meeting the demands of the job". The score recorded will indicate the level of stress felt in this area.

Category 7: Physical Symptoms of Stress refers to the extent to which workers report physical symptoms which are seen to be related to job stress. For example, the score on the subscale "I experience headaches" would indicate the stress level felt on this category.

Category 8 : Psychological - Emotional Symptoms of Stress refers to the extent to which workers feel frustrated, angry, worried or depressed about their jobs. One subscale is expressed as follows: " I feel depressed about my job". The score again would indicate the level of stress felt.

Category 9: Stress Management Techniques refers to specific methods of coping with stress and the extent to which workers use effective or ineffective coping mechanisms. One subscale under this category is: "I am now using one or more of the following to relieve my stress: alcohol, drugs, yelling, blaming, withdrawing, eating, smoking". The score on this subscale will again reflect the level of stress.

Category 10: Organizational Factors refers to specific factors related to the organization or place of employment, identified in the literature as sources of stress for many social workers (Cherniss 1980, Cherniss & Egnatios 1978, Edelwich & Brodsky 1983, Pines, Aronson & Kafry 1981). This additional category was added to capture items such as lack of job specific training and orientation, role conflict, lack of resources to meet client's needs, and institutional disregard for the needs of clients in favour of administrative, financial and bureaucratic needs. For example, one subscale reads; "I am troubled by the fact that there are insufficient resources to do my job properly." The response score will indicate the level of stress felt on this category.

The adapted instrument was pre-tested by a group of eight social workers who had worked in the area of child welfare in the recent past. The test was administered to workers in the St. John's area, completed independently and returned to the researcher. These workers had no difficulty completing the scale, and could relate to the questionnaire items from their child welfare work experience.

Participation in this study was voluntary, with the use of a signed consent form.

The information provided allows some comparison with the findings of a similar study on stress levels experienced by teachers (Kendell 1983). Since questions in

this study have been changed and others added only selective comparisons can be made.

#### Administration and Analysis of the Questionnaire:

Questionnaires were sent to the Child Welfare Workers at their home addresses. To ensure confidentiality, the completed questionnaires were returned to a designated person at the School of Social Work at Memorial University of Newfoundland. This person was responsible for removal of all identifying information and for forwarding the questionnaires to the researcher. The consent forms were returned directly to the researcher.

Data were reported in aggregate form with no identifying information on individual respondents. Findings of five or less are not reported. For example, if only 5 MSW 's responded to a particular question their anonymity would be at risk should their responses be reported.

Descriptive statistical analysis was conducted to determine mean stress scores. As well, an analysis of variance was completed to determine the relationship between stress levels on each demographic characteristic with each of the ten stress categories studied.

Definitions: The major concepts used in this study and their meanings are summarized below:

- .1 Stress: non specific response of the body to any demands made upon it. Positive stress, which leads to an increase in performance, is called eustress.

Negative stress, which leads to a decrease in performance, is called distress (Selye, 1976).

- .2 Stressor: an event or condition that may be purely physical, social or psychological - including anticipation and imagination and that triggers a stress reaction (Girdano & Everly, 1979 p. 140).
- .3 Stress Reaction: physiological response of the body to adapt and cope with the perceived stressor. This response is triphasic and is called the "General Adaptation Syndrome". The three steps involved are alarm, resistance, and exhaustion and are primarily characterized by the release of certain adaptive hormones within the person's body.
4. Stress Level: - For each stress category as measured by the Child Welfare Stress Profile: low 1-8, moderate 9-15, and high 16-20. For overall stress score: low 40-80; moderate 81-120, and high 121-200.
5. Child Welfare Stress Profile: Through self-report the CWSP measures perceived stress in major stressor categories related to child welfare work and also provides an overall child welfare worker stress score. The major categories are: (1) Nature of the work (2) Employee-Supervisor Relations (3) Social Worker-Social Worker Relations (4) Social Worker-Child's Family Relations, (5) Time Management (6) Intrapersonal Conflicts, (7) Physical Symptoms of



Stress, (8) Psychological/Emotional Symptoms of Stress, (9) Stress Management Techniques, and (10) Organizational Factors.

- .6 Burnout - a state of physical, emotional and mental exhaustion marked by physical depletion and chronic fatigue, a feeling of helplessness and hopelessness. It is associated with the development of a negative self-concept and negative attitudes toward work, life, and other people (Maslach 1982).
- .8 Tedium: general experience of physical, emotional and attitudinal exhaustion. The experience is characterized by feeling of strain and "burnout", by emotional as well as physical depletion, and by negation of one's self and one's environment (Pines & Kafry 1978).

This chapter has provided a detailed explanation and description of the methodology and instrumentation used in this study of stress amongst child welfare workers. Chapter five presents the findings of this study.

## CHAPTER 5

### Findings and Data Analysis

#### Findings

Of the eighty-five questionnaires mailed to child welfare social workers, sixty-two (or 73%) were returned completed. Considerable interest in this study was evidenced in the high response rates from the St. John's, Central and Western regions, with 81%, 80%, and 77% respectively. Seventy-four per cent of the child welfare workers for the Province are employed in these three regions. The lowest response rate, 50%, came from the Eastern region where only sixteen or 18.8% of the Province's child welfare workers are employed. Of the six child welfare workers employed in Labrador, four or 66.6% responded to the questionnaire. The information received from the sixty-two respondents was further broken down by various demographic and other characteristics as follows:

Demographic Data: - Age: Fifty-seven respondents (92%) are 40 years of age or younger. Only five respondents (8%) are over 40 years of age. Sixteen respondents (26%) are between the ages of 31 to 40 years. The largest age category is 20-30 years with 41 child welfare workers (66% of the respondents).

It is noted that child welfare workers in this study are relatively young.

Gender: The vast majority of respondents, fifty-four workers, (87%) are female. Eight respondents (13%) are male. This finding is indicative of the female bias in social work practice (Meyer & Siegel, 1977).

Education: Fifty-seven respondents (92%) have at least one University degree. Thirty-seven child welfare workers (60%), have professional qualifications in social work, i.e. BSW or MSW degrees. Only one of these respondents has qualifications at the Master's level. It is noted that while the majority of child welfare workers have professional qualifications, twenty-five workers (40%) still lack the minimum qualifications.

Marital Status and Dependent Children: The majority of respondents, forty-three workers (69%) are either married or live in a common law union. Almost half of the respondents or twenty-seven workers (44%) have dependent children, either pre-school or school age. This is consistent with findings noted earlier related to age. The majority of child welfare workers in the study group are young, married and almost half have children.

Experience: Table I presents the findings on the number of years of experience in Social Work.

TABLE I  
Social Work Experience of Respondents

Years of Experience	Number of Respondents	Percentage
1 year or less	10	16
2-3 years	11	18
4-6 years	16	26
7-9 years	11	18
10-20 years	14	22
Total	62	100

The majority of child welfare workers in the study group have considerable experience in social work. Forty-one respondents (66%) have four or more years of experience while 25 workers (40%) have seven or more years of experience.

Size of Community Where Respondents Work: Table II presents the findings on population for the communities where respondents are employed.

TABLE II  
Size of Community Where Respondents Work

Size of Community (Population)	Number of Respondents	Percentage
< 1,000	3	5
1,000 - 10,000	27	44
10,000 - 50,000	10	16
> 50,000	21	34
No response	1	1
Totals	62	100

Respondents were divided equally between those working in small communities (population < 10,000), and those working in large communities (population > 10,000). The largest concentration of respondents, twenty-seven or 44%, work in communities with a population from 1,000 to 10,000. Most respondents either work in small communities or very large communities, with few in moderate sized communities.

District Office size: Table III presents the findings related to size of District Office where the respondents work.

TABLE III  
Size of District Office Where Respondents Work

Size of Office (Social Workers Employed)	Number of Respondents	Percentage
1	1	1.6
2 - 4	17	27.4
5 - 8	23	37.1
over 8	21	33.9
Totals	62	100

The majority of respondents, forty-four child welfare workers (71%), work in offices where there are five or more social workers. Twenty-three respondents (37%) report that there are from five to eight social workers in their office. It is concluded from these findings that most of the respondents work with others in their place of employment, with two-thirds being in moderate sized offices (2 - 8 social workers).

Number of Child Welfare Workers in Respondents' Office:

Table IV reports the findings in relation to the number of child welfare workers working in respondents' offices.

TABLE IV

## Number of Child Welfare Workers in Respondents' Office

No. of Child Welfare Workers	Number	Percentage
1	18	29.0
2 - 4	27	43.5
> 5	17	27.5
Totals	62	100

The largest group of respondents or twenty-seven workers, (43.5%) report working in offices having 2-4 child welfare workers. From this table one notes that most respondents, forty-four workers, or (71%) are working in offices with other child welfare workers.

Type of Child Welfare Workload: Forty of the respondents (65%) carry a generalized child welfare caseload, that is, one covering several child welfare program areas such as foster care, adoptions, child protection, etc. Twenty-two workers (35%) carry a specialized caseload, that is, one involving a single program area.

Caseload Size: The findings on child welfare caseload size are presented in Table V.

TABLE V  
Caseload Size

Number of Cases	Number	Percentage
20 - 70	16	25.8
71 - 80	14	22.6
81 - 100	12	19.4
101 - 170	14	22.6
No Response	6	9.6
Totals	62	100

While the average caseload size is 88 cases, the range 20 to 170 cases is quite large. The groups are distributed fairly evenly among the four caseload categories. From this data it is noted that the majority of workers, i.e. forty or 65%, have quite high caseloads (71-170 cases).

Overtime: The vast majority of respondents, fifty-five workers, (89%) report working some overtime. Half of those working overtime report working 3-5 hours a week. The average number of overtime hours worked per week is four. The findings confirm that overtime work is quite routine for this group.



Sick Days: Table VI presents the findings in relation to sick days taken by respondents:

TABLE VI  
Sick Days Taken by Child Welfare Workers

Sick Days	Number	Percentage
0	8	12.9
1 - 6	39	69.9
7 - 12	9	14.5
> 12	6	9.7
Totals	62	100

Fifty-four respondents (87%) report sickness that required absence from work during the past twelve months. However, the majority, thirty nine workers, (70%) report having only used from 1-6 sick days during that period of time. The sick leave entitlement is 24 days per year. Any more than three consecutive sick days must be documented with a medical certificate, as well as any annual sick days taken in excess of an aggregate of six.

Health Problems: Seventeen respondents (27%) report having personal health problems. Three workers (5%) report high blood pressure, while another three report suffering from ulcers. The remaining eleven respondents report suffering from different health problems ranging from headaches, allergies, asthma, to back pain, etc. No respondents report having heart disease.

It is evident from these findings that the majority of the respondents (73%) view themselves as relatively healthy.

**Methods for Coping with Stress:** Workers were asked to identify two methods they frequently use and find helpful in coping with stress. Two workers did not respond to this question and eight workers identified only one method of coping with stress. Table VII presents the coping methods most frequently used by Child welfare workers.

TABLE VII  
Methods of Coping with Stress

Method	Number of Responses	Percentage of Respondents*
Exercise	23	37
Reading/music/TV/movies	20	32
Socializing with Family & Friends	18	29
Time Out/Relax/Sleep	18	29
Talking to Co-workers/Case Conferences	9	15
Camping/Recreation/hobbies	8	13
Humour	5	8
Smoking/Eating/Drinking/Working O/T	5	8
Leaving town	3	5
Other	2	3

\* Column total > 100 because most respondents provided more than one response.

The most frequently used method to cope with stress is exercise. This response came from twenty-three workers or 37% of the respondents. The next most frequently used method is reading/music/T.V./ movies which is reported by 20 workers (32% of the respondents). Eighteen respondents (29%) report socializing with family and friends as a frequently used coping mechanism. Eighteen respondents (29%) report using time out/relaxation/sleep. Nine workers (15%) report using case conferences/talking to co-workers. Eight workers (13%) report taking part in camping/recreational activities/hobbies. Five workers (8%) employ humour in order to cope with stress. Three workers (5%) say they leave town. One worker prioritizes work and one states that he/she simply avoids work topics.

Coping mechanisms which may be viewed as less appropriate are noted by only five workers (8%). These include smoking, eating, drinking, and working overtime.

**Satisfaction in Social Relationships:** Workers were asked where they received most satisfaction in their social relationships. The majority (74%) report most satisfaction in relationships with family and relatives, while 20% find most satisfaction from community relationships. Only 5% find relationships in the workplace as their primary source of relationship satisfaction.

Management - Educational Background and Management Style:

Education of Supervisor: Table VIII presents the findings related to the educational level of the respondents' supervisor.

TABLE VIII  
Education of Supervisor

EDUCATION	NUMBER	PERCENTAGE
MSW	5	8.1
BSW	14	22.6
BA	14	22.6
No University Degree	12	19.3
No Response	17	27.4
Totals	62	100

It is noted that twenty-six respondents (42%) report having supervisors with less than professional degree qualifications. Approximately one out of every three workers (31%) have supervisors with professional qualifications i.e. BSW or MSW degrees. Why more than one of four of the workers (27.4%) did not respond to this question is not clear. It is probably reasonable to assume that these supervisors had less than professional or university qualifications since their workers would likely be aware of it. If this is so almost one-half (46.7%) have not completed university.

Management Style: Most respondents (71%) report that their supervisor's management style is democratic. Twelve workers (19%) report a laissez-faire supervisory style while 8% report an autocratic supervisory style. There were no responses from some workers (2%) on this question.

Forty-one respondents (66%) report having some input into management decision making. Eleven respondents (17.7%) report having frequent input, while the remaining ten workers (16%) see themselves as having no input at all.

#### Child Welfare Stress Profile

Part II of the Questionnaire provides information on respondents' perceived levels of stress in relation to ten potential sources of stress (ten stress categories). The stress level for each category may be reported as low (scores 1-8), moderate (scores 9-15) and high (scores 16-20). The overall stress level (score) for each respondent is calculated on the basis of the sum of stress scores as reported in each of the ten stress categories. The sum or composite score is reported as: low (40-80), moderate (81-120), and high (121-200).

Table IX presents the findings related to stress level by source of stress; these are rank ordered from highest to lowest.

TABLE IX  
Stress Level by Source of Stress (Ranked)

Origin of Stressor	Mean Scores	% low	% med	% high
1. Organizational Factors	14.12*	3	65	32
2. Time Management	14.03*	13	48	39
3. Social Worker/ Child's Family Relations	12.46*	10	76	14
4. Intrapersonal Conflicts	12.04*	14	71	15
5. Physical Symptoms of Stress	11.64*	18	67	15
6. Nature of the Work	11.09*	19	68	13
7. Psychological Symptoms of Stress	11.03*	31	63	6
8. Stress Management Techniques	9.69*	36	56	8
9. Employee/Supervisor Relations	7.19**	69	26	5
10. Social Worker/Social Worker Relations	6.09**	86	14	0

\* moderate stress

\*\* low stress

The major causes or sources of stress are reported to be Organizational Factors and Time Management, with high-

moderate stress levels ( $\bar{x}$ 's 14.12 and 14.03 respectively). The vast majority of respondents (97% & 87%) report moderate to high levels of stress in these categories. The only categories where low stress levels are reported are Employee Supervisor Relations and Social Worker-Social Worker Relations (69% & 86% respectively).

An analysis of variance was performed to determine if there were statistically significant relationships between demographic and work variables and any of the ten stress categories. The demographic and work variables included in the analysis were: age, gender, education, marital status, work experience, location by Region, number of child welfare workers, office size, caseload size, caseload type, management style, opportunity for participation in management decision making and satisfaction in social relationships.

From this analysis it was found that of the thirteen variables studied, there was found to be a statistically significant relationship between nine of the variables and one or more of the ten categories of stressors and their mean stress scores (see Table X). The remaining four variables for which no significant relationship was found were (1) education, (2) experience, (3) office size (number of social workers overall) and (4) satisfaction in social relationships.

TABLE X

Relationship\* Between Biographical and Work Variables and Stress Scores

Categories of Stressors		Biographical and Work Variables			
Nature	Gender		C.L. Size		
Worker/ Supervisor Relations	Gender	No. of Workers		Partic. Mgt.	Mgt. Style
Social Worker Relations	Gender	Region	C.L. Type		
Family Relations			C.L. Size	Marital Status	
Time Management	Age				
Intrapersonal Conflicts					Mgt. Style
Physical Symptoms					
Psychological Symptoms			C.L. Size		
Stress Management					
Organizational Factors					

\* Significant  $P < .05$ 

C.L. = Caseload



Table XI presents mean stress scores of respondents by gender and marital status.

TABLE XI  
Mean Stress Scores by Gender and Marital Status

Mean Stress Scores	Male	Female	Single	Married
Nature	13.12	10.79 **	10.42	11.39
Wrk/Supr Rel.	9.62	6.83 **	7.36	7.11
S.W.Rel.	9.50	5.59 **	6.15	6.06
Fam. Rel.	12.75	12.43	13.57	11.97**
Time	15.00	13.88	13.42	14.30
Intrapersonal Conflicts	11.89	12.07	11.73	12.18
Phy. Symp	12.37	11.53	11.42	11.74
Psy. Symp	11.50	10.96	10.68	11.18
Stress Mgt.	10.12	9.62	9.62	9.88
Org. Fac.	15.25	13.96	14.10	14.13
Overall Score	121.21	107.70	108.15	110.00

\*\* significant  $p < .05$ .

The overall stress score for males is high ( $\bar{x} = 121.2$ ) compared to females which is moderate ( $\bar{x} = 107.7$ ). This difference is consistent across 9 of the 10 stress categories. The only exception is the category Intrapersonal Conflict where females report moderate and slightly higher mean stress scores than males (12.1 compared to 11.9). These differences were not found to be statistically

significant.

However, significant differences between males and females were found on three categories of the C.W.S.P. These were Nature of Work, Worker-Supervisor Relations and Social Worker-Worker Relations. While both sexes report moderate levels of stress under the category Nature of Work, under the categories Worker Supervisor Relations and Social Worker-Worker Relations males report moderate levels of stress compared to low levels for females. Differences between groups on marital status are noted on overall mean stress scores ( $\bar{x} = 108.1$  for single compared to  $\bar{x} = 110.0$  for married) but these difference are not seen to be statistically significant. However, under the category Client's Family Relations single workers are seen to be significantly more stressed than workers who are married or in a common law relationship.

Table XII presents the mean stress scores by age grouping of respondents.

TABLE XII  
Mean Stress Scores by Age of Respondents

Mean Stress	20-25 yrs.	AGE 26-30 yrs.	31-50 yrs.
Nature	10.20	11.11	11.71
Wrk/Supr. Rel.	7.46	7.46	6.66
S. W. Rel.	5.33	6.34	6.33
Fam Rel.	13.20	12.80	11.52
Time	11.60	15.19	14.33**
Intrapersonal Conflicts	11.66	12.69	11.52
Phy. Symp.	13.00	11.03	11.42
Psy. Symp.	11.46	10.96	10.80
Stress Mgt.	9.46	10.23	9.19
Org. Fac.	13.60	14.65	13.95
Overall Score	107.00	112.50	107.38

\*\* Significant  $p < .03$

Differences between the three age groupings of the respondents and their overall stress scores are not seen to be significant. However, analysis of the individual categories of the C.W.S.P. reveals a significant relationship between Age and the stressor Time. Workers

between the ages of 26 to 30 report high moderate levels of stress related to Time Management ( $\bar{x} = 15.19$ ) compared to workers in the other age groupings who report moderate stress ( $\bar{x} = 11.60$  and  $14.33$ ). Comparison of overall mean stress scores across the three age groupings shows the 26-30 age category to have the highest mean score ( $\bar{x} = 112.5$ ).

Table XIII presents the mean stress scores for each stressor by region.

TABLE XIII  
Mean Stress Scores by Region

Mean Stress Scores	Location of Community (Region)				
	St. John's	East	Central	West	Lab.
Nature	11.33	10.85	11.11	10.94	10.75
Wrk./Supr. Rel.	5.79	7.37	8.00	8.00	10.00
S.W. Rel.	4.95	6.37	6.00	7.05	8.50**
Fam. Rel.	12.20	12.60	11.44	13.70	12.75
Time	14.66	14.50	12.77	12.88	17.00
Intra Personal Conflicts	12.33	12.62	11.88	11.05	13.75
Phy. Symp.	12.08	11.62	10.33	11.29	13.50
Psy. Symp.	10.87	11.37	10.66	10.23	15.50
Stress Mgt.	10.08	8.87	8.55	9.58	12.00
Org. Fac.	14.45	15.12	12.11	14.00	15.25
Overall Score	108.79	110.37	102.88	108.26	129.00

\*\* Significant  $p < .02$

Table XIII shows that there is no statistically significant difference among regions on the overall stress scores. However, a significant relationship is seen to exist between region and mean stress score on the category

*Social Worker-Worker Relations.* Workers in the Labrador region report the greatest stress on this category ( $\bar{x}$  = 8.50), although this represents a low level of stress. Workers in the St. John's region report the lowest stress in this area ( $\bar{x}$  = 4.95), again a low stress score.

In terms of overall total mean stress scores the regions may be ranked from highest to lowest as follows: Labrador, Eastern, St. John's, Western, Central.

Table XIV presents the mean stress scores by office size (i.e. number of child welfare workers employed in office).

TABLE XIV  
Mean Stress Scores by Office Size

Mean Stress Scores	No. of Child Welfare Workers		
	1	2 - 4	5 and over
Nature	11.38	11.07	10.82
Wrk. Supr. Rel.	6.44	8.62	5.70 **
S.W. Rel.	6.33	6.55	5.11
Fam. Rel.	12.83	12.51	12.00
Time	13.77	14.14	14.22
Intra Personal Conflicts	11.66	12.11	12.35
Phy. Symp.	11.27	11.59	12.11
Psy. Symp.	11.11	11.22	10.64
Stress Mgt.	8.83	9.92	10.23
Org. Fac.	13.33	14.70	14.05
Overall Score	107.17	112.48	110.17

\*\* Significant  $p < .03$

Differences between office size in terms of the number of child welfare workers and overall stress scores are not seen to be significant. However, analysis of the categories of the C.W.S.P. shows a significant relationship between office size and the category Worker-Supervisor Relations.

Workers in an office where there are five or more child welfare workers report significantly less stress in this area than those in offices with from 2-4 workers or those in offices with one worker ( $\bar{x}$ 's = 5.70, 8.62, 6.44 respectively). For all workers a low level of stress is reported on this category.



Table XV presents the mean stress scores by caseload size.

TABLE XV  
Mean Stress Scores by Caseload Size

Mean Stress Scores	Caseload Size			
	20-70	71-80	81-100	101-170
Nature	9.62	13.07	11.41	11.00 **
Wrk./Supr. Rel.	6.50	7.07	7.41	7.85
S.W. Rel.	5.37	6.35	5.66	7.28
Fam. Rel.	12.50	14.64	11.00	11.64 **
Time	12.50	15.35	16.16	14.21
Intrapersonal Conflicts	11.56	13.50	12.00	12.07
Phy. Symp.	10.68	14.21	10.83	11.64 **
Psy. Symp.	9.87	13.28	10.91	11.14
Stress Mgt.	9.12	11.78	9.00	9.57
Org. Fac.	13.68	16.00	14.16	13.71
Overall Score	101.43	125.28	108.58	110.14

\*\* Significant  $p < .03$

Analysis of variance for the four subgroups under size of caseload reveals a significant relationship to overall mean stress scores ( $p < .03$ ). The data reveals that social workers with the lowest caseloads (<71 cases) also have the lowest overall stress score ( $\bar{x} = 101.4$ , within the range for moderate levels of stress). But it is noted that once caseloads reach a maximum size >80 there is not a

corresponding increase in overall mean stress scores.

The only stress scores that fall at a high stress level are those for workers with caseloads between 71 and 80 ( $\bar{x} = 125.3$ ). See table page 73. These differences may be explained by the fact that generalized caseloads tend to be larger and less stressful than the specialized protection caseloads as frequently found in the area of child welfare. Further analysis of the data would seem to support this explanation. Analysis of the findings under the various subcategories of the CWSP reveal a statistically significant relationship between size of caseload (71-80) and the three stress variables Nature of Work, Client's Family and the Experience of Physical Stress. This is consistent with the experience of working with a protection caseload, which averages between 70-80 cases.

Analysis of variance also shows that there is not a statistically significant relationship between the total mean stress scores and type of caseload (specialized or generalized). However, on one category, Social Worker Relations, workers who carry a specialized caseload report significantly less stress than those with a generalized caseload ( $\bar{x}$ 's 5.22 and 6.57 respectively, both low stress scores). This is, nevertheless, consistent with the observation that a specialized caseload (usually a child protection caseload) is seen to be stressful. The category of Social Worker Relations may be reporting with less stress

because a specialized caseload usually means larger numbers of child welfare workers working together in one office, and the provision of more peer support.

Table XV1 outlines mean stress scores by management style.

TABLE XV1  
Mean Stress Scores by Management Style

Mean Stress Scores	Management Style		
	Autocratic	Democratic	Laissez-Faire
Nature	10.80	10.77	12.66
Wrk./Supr. Rel.	14.00	5.84	9.58 **
S.W. Rel.	6.40	5.77	7.25
Fam. Rel.	11.00	12.18	14.00
Time	13.40	14.04	14.75
Intra Personal Conflicts	12.20	11.56	14.41**
Phy. Symp.	11.60	11.34	13.08
Psy. Symp.	10.60	10.52	13.33
Stress Mgt.	10.20	9.34	11.08
Org. Fac.	13.60	13.90	15.33
Overall Score	113.80	105.29	125.50 **

\*\* Significant  $p < .02$

A statistically significant difference between overall stress scores and management style is noted, with a laissez-faire style seen to be the most stressful ( $\bar{x} = 125.5$  high) and democratic, the least stressful ( $\bar{x} = 105.3$  moderate).

Two categories of the stress profile, Worker Supervisor Relations and Intrapersonal Conflicts, appear to explain these differences in stress level in that a significant relationship between management styles is noted.

In the category Worker-Supervisor Relations, respondents who report having an autocratic supervisor have a mean stress score of 14.00 (high moderate stress), while those with a democratic supervisor score 5.84 (low stress) and those with a supervisor with a laissez-faire management style score 9.58 (on the low end of the moderate scale). Clearly, employees working under democratically styled management experience significantly less stress than employees who work under the other two management styles.

The other category where the relationship is statistically significant is that of Intrapersonal Conflicts. Workers who report having a supervisor with a laissez-faire management style experience highest stress on this category - 14.4 (high moderate) while those with an autocratic supervisor report moderate stress ( $\bar{x}$  = 12.20) and those with a democratic supervisor score lowest - 11.56 (still a moderate stress score). It appears that workers who experience no supervision at all are most stressed.

Table XV11 outlines the mean stress scores by Opportunity for Participation in Management Decision Making.

TABLE XV11

Opportunity for Participation in Management Decision Making

Mean Stress Scores	Participative Management		
	Not at All	Some	Frequently
Nature	11.60	11.09	10.63
Wrk./Supr. Rel.	9.30	7.29	4.90 **
S.W. Rel.	6.00	6.14	6.00
Fam. Rel.	12.60	12.41	12.54
Time	15.10	14.02	13.09
Intra Personal Conflicts	12.80	12.39	10.09
Phy. Symp.	12.00	11.90	10.36
Psy. Symp.	11.40	11.39	9.36
Stress Mgt.	11.60	9.34	9.27
Org. Fac.	15.20	14.24	12.72
Overall Score	117.60	110.24	99.00

\*\* Significant  $p < .02$

While a statistically significant relationship between overall stress scores and participative management is not present, one category of the stress profile, Worker Supervisor Relations, shows significant differences between groups. Worker-Supervisor Relations do not appear to be a

significant stressor except for those workers who are given no opportunity to participate in decision making. Even then, the stress score falls at the low end of moderate ( $\bar{x}$  = 9.30) compared to low levels where "some" and "frequent" opportunities to participate exist ( $\bar{x}$  's = 7.29 and 4.9 respectively). Table XVIII presents the overall mean stress scores by demographic and other characteristics in ranked order:

Table XVIII  
Ranked Overall Mean Stress Scores for Demographic and Work Variables

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Region (Labrador)	129.00 *
Management Style (Laissez-Faire)	125.50 *
Caseload (72-80)	125.28 *
Sex (M)	121.12 *
Participation in Management (None)	117.60**
Experience (4-6 years)	116.25 **
Education (B.S.W.)	114.27 **
Age (26 to 30 years)	112.50 **
Satisfaction (family/friends)	110.80 **

---

\* high stress score

\*\* moderate stress score

Table XVIII reveals that highest overall stress is related to where a person is geographically employed i.e. - region. Workers in the Labrador Region report the highest

stress with a total stress score of 129.00 (high).

Further, it is noted that high overall stress scores are being reported in relation to three other variables - a laissez-faire management style, moderate caseload size (72-80) and male gender status.

This will be discussed further under analysis of data.



### DATA ANALYSIS

Study findings show that the two biggest stressors are **Organizational Factors** and **Time Management**, with almost all respondents (97% and 87% respectively) reporting high and high-moderate stress levels for each of these two categories. Each of these will be discussed in relation to the findings of other researchers as reported earlier in the Literature Review.

Organizational Factors such as lack of on-the-job training and professional autonomy, insufficient resources and difficulty balancing the needs of parents versus those of children were given as specific examples of stress-evoking situations perceived by the respondents.

Child Welfare Workers in this study (68%) experience moderate to high levels of stress related to a perceived lack of "on the job training". This finding is similar to the research of Mattingly (1977) and Cherniss and Egnatios (1978) who found this factor to be a major source of stress for child care and community mental health workers.

Research findings identifying lack of professional autonomy (role conflict) and lack of resources, similar to the findings reported here, are found in Lewis's study of child protection workers (Lewis, 1980). He points out that when workers feel the service is inadequate, or below acceptable standards they will experience stress. Such dilemmas can produce intolerable internalized conflict and

inner-directed anger. Similar conclusions were reached by Cherniss (1980), Karger (1981) and Edelwich and Brodsky, (1983) in their research. In this current study 74% of the child welfare workers perceived that "Departmental policies and procedures prevented them from using their professional education properly", and reported stress levels in the moderate to high range. Current policy of the Department of Social Services prevents workers from limiting the intake of new cases. This coupled with high caseloads explains workers' frustration, since practice consistent with their professional education and training is thwarted by work circumstances.

Pines and Kafry (1978) report that stress among social workers will vary with the demands of the job and the resources available. Inadequate resources are found to produce stress for the professional. Child welfare workers in this current study report stress because of insufficient resources to do the job properly ( $\bar{x} = 3.95$  high-moderate stress). Ninety-four per cent of workers report moderate to high stress on this factor.

Finally, under Organizational Factors workers were asked to identify their level of concern about their ability to separate and balance the needs of neglectful/abusive parents with the needs of children requiring protection. Eighty-seven per cent of respondents report moderate to high stress in this area ( $\bar{x} = 3.79$  high moderate stress). Such

situations are seen to produce role ambiguity and role conflict. This is reported by Harrison (1978), in a study of 112 child protection workers, where he found workers to experience conflict between their roles as enabler, broker and advocate and the demands of their work setting where they often had to apprehend children. In summary, Organizational Factors are seen to be a primary source of stress for the Child Welfare Workers in this study. These findings are similar to the findings of research studies reported elsewhere.

Time Management: In this study 87% of respondents report moderate to high levels of stress related to factors associated with Time Management ( $\bar{x}$  = 14.03). Most stress in this area is reported in the sub-categories of work overload and excessive paper work. Similar findings were reported by others; Cherniss (1980), French and Caplan (1973), Klas, Kennedy, and Kendell-Woodward (1985), Kroes and Quinn (1974) Margolis, and Maslach (1976), report that work overload contributes to job stress. In this study, when workers were asked to indicate the extent to which they experience stress on the statement - "I have too much work to do and not enough time to do it", 89% of the respondents indicated a moderate to high level of stress ( $\bar{x}$  = 4.16).

Other writers reporting Time Management to be a significant stressor are Cherniss and Egnatios (1978), Edelwich & Brodsky (1983), Maslach (1978), Pines and Kafry

(1978), and Wasserman (1971). These writers refer specifically to the area of "too much paper work" as a stressor. This study produced similar results with the majority of workers (81%) reporting moderate to high stress on this particular factor ( $\bar{x} = 3.64$ ).

In summary, Time Management is seen to be a major source of stress for the child Welfare workers in this study. Again, these findings are similar to the research of others.

Social Worker - Child's Family Relations: The third highest stressor is Social Worker-Child's Family Relations in which area 90% of respondents report feeling moderate to high stress ( $\bar{x} = 12.46$ ). The two statements which reveal where greatest stress is perceived are "parent's disinterest in their child's well-being concerns me" and "the home environment of my clients concerns me". The workers' scores on these two items ( $\bar{x}$ 's = 3.8 and 3.58 respectively) indicate moderate stress. This finding reveals a considerable degree of concern among workers for the home situation of children on their caseloads. It also confirms a high level of concern on the part of workers for the apparent lack of interest of many parents in their parenting roles. Other writers Cherniss (1980) and Pines, Aronson, and Kafry (1981), similarly note that clients' needs in child welfare situations are so great that the workers emotional resources are seriously taxed. Similarly, this study points out that

child welfare workers in Newfoundland experience considerable stress when working with families on child protection caseloads.

Intrapersonal Conflicts: The fourth most frequently reported stressor is Intrapersonal Conflicts, where 86% of respondents report feeling moderate to high stress ( $\bar{x}$  = 12.04). The statements under this category which explain the reasons for these high levels of intrapersonal stress are : "I put self-imposed demands on myself to meet scheduled deadlines" (79% of the respondents) and "Child Welfare work is stressful to me", ( 71% of the respondents). Several writers, Cherniss (1980) and Pines and Kafry (1978), note that people who work in the human services tend to be sensitive to the needs of others, and are humanitarian and sympathetic. They note that the professional role is defined by clients' needs, and since these needs are rarely met adequately, workers feel stress. A similar conclusion can be drawn from the findings reported here.

Physical Symptoms of Stress: Workers report the fifth highest level of stress to be Physical Symptoms, with a  $\bar{x}$  of 11.64, which represents a moderate stress score. In this category eighty-two per cent of respondents report moderate to high levels of stress. Explanations for these stress levels are most clearly revealed in the statements "I find my job tires me out (76% of the respondents) and "I

statement "I worry about my job". Other writers, Pines & Kafry (1978) and Kadushin (1974) note that the very attributes that make some people interested in and qualified for social work are also the attributes that make them more sensitive to the many emotional pressures involved in the work. The findings of this study would appear to confirm the validity of this observation.

Stress Management Techniques: Levels of stress are seen to be modified by the extent to which workers are able to effectively draw upon or use stress management techniques. Under this category 69% of the workers report moderate to high stress levels, with an overall mean stress score of 9.69. In one subcategory of responses, workers reveal their need for more effective ways of coping with stress. Sixty-four percent of the workers responded positively to the statement "Stress management techniques would be useful in helping me cope with the demands of my job". An individual mean stress score of 3.19 (moderate stress) on this item was reported. The responses to the statement "I am unable to use an effective method to manage stress" indicate relatively low stress levels ( $\bar{x} = 1.98$ ). One can conclude that workers have been relatively successful in their use of various methods to cope with job stress. This conclusion is consistent with the findings reported earlier in this study.

Employee-Supervisor Relations: Relatively low levels

experience feelings of frustration and/or anger" (69% of the respondents). Other researchers report job stress to have a serious effect on employee health (Beehr, and Newman 1978, Caplan et. al. 1980, Cherniss 1980, and Maslach 1976).

Nature of the Work: This variable is seen to be the sixth highest stressor for Child Welfare workers. Eighty-one percent of respondents report moderate to high stress levels ( $\bar{x} = 11.09$ ) in this category. The two areas where workers report most stress are revealed in the responses to the statements "The nature of the problems my clients present makes my job stressful" (66% of the respondents) and "the difficulty of measuring success in my current job is stressful for me" (71% of the respondents). These findings are similar to research of Farber and Heifetz (1982). They found in a survey of 215 psychologists, social workers and psychiatrists, that 74% of the respondents cited perceived lack of therapeutic success as the single most stressful aspect of their work.

Psychological Symptoms of Stress: The category under which workers report the seventh highest level of stress is Psychological Symptoms of Stress ( $\bar{x} = 11.03$ ), representing moderate stress. Here, sixty-nine per cent of workers report moderate to high stress levels. Under this category an individual mean stress score of 3.16 (moderate stress) is reported for the majority of respondents in relation to the

of stress are reported under this category, with 69% of the workers indicating low stress ( $\bar{x} = 7.19$ ). Twenty-six per cent of the respondents report moderate stress and only 5% report high stress. These findings reveal that the majority of the workers do not feel stress in the relationship with their supervisor. The literature reports that poor supervision and communication with one's supervisor can be a major source of stress (French & Caplin, 1970, Berkeley Planning Associates, 1977, Buck 1972). The findings of this study reveal that for the majority of child welfare workers this does not appear to be a problem.

Social Worker-Social Worker Relations: Responses on this category reveal this to be the least stress inducing variable of all the ten categories, with eighty-six per cent of respondents reporting low stress ( $\bar{x} = 6.09$ ). Only 14% report moderate stress in this area and none report high stress. Kendell's (1983) study of teacher stress found Teacher/Teacher Relations to be slightly more stressful ( $\bar{x} = 6.73$  for teachers compared to a  $\bar{x} = 6.09$  for workers in this study). However, the stress level reported by teachers still falls at a level of low stress. Studies completed elsewhere found lack of social interaction and support among staff to be a source of stress for helping professionals (Cherniss 1980, French & Caplin 1970, Kahn et. al. 1964, and Maslach 1982). Edelwich & Brodsky (1983) state that regular peer group interaction provides emotional support to



individual members as a mechanism to relieve job stress and helps workers cope more effectively. This type of interaction and support is working quite effectively amongst child welfare workers in this Province, according to the these findings.

#### Comparison with Study of Teacher Stress

A comparison of this study's findings with Kendell's (1983) study of teacher stress on nine comparable stress categories is appropriate. The mean stress score and ranking for each of the nine stress categories are presented in Table XIX.

TABLE X1X

Comparison of Child Welfare Workers and Teachers: Perceptions of Stress Related to Work

Stressors in the Work Environment (Wilson 1979)		Ranked Order & Mean Stress Score			
Teachers (Kendell, 1983)	Child Welfare Workers	Teachers		Child Welfare Workers	
		Rank	Mean	Rank	Mean
Time Management	Time Management	1	12.50	1	14.03
Parent Teacher Relations	Social Worker/ Family Relations	2	11.63	2	12.46
Intrapersonal Conflicts	Intrapersonal Conflicts	3	11.23	3	12.04
Physical Symptoms	Physical Symptoms	4	10.80	4	11.64
Student Behaviour	Nature of the Work/ Client Problems	5	10.71	5	11.09
Psychological Symptoms	Psychological Symptoms	6	10.23	6	11.03
Stress Management Techniques	Stress Management Techniques	7	9.48	7	9.69
Teacher/Teacher Relations	Social Worker/Colleague Relations	8	6.73	9	6.09
Relations with Administration	Relations with Supervisor	9	6.38	8	7.19

It is noted that social workers' mean stress scores are higher than teachers' on all categories, with the exception of one, i.e. Social Worker-Colleague Relations where child welfare workers report lower stress than do teachers. A striking similarity is noted in the ranking for both groups. All categories rank in identical order, with the exception of Relations with Administration/Supervisors, where the ranking is reversed. The latter categories are seen to be low stressors for both teachers and child welfare workers.

From this comparison one can conclude that overall, child welfare workers experience greater stress than teachers but the factors which cause stress are very similar in their rank ordering.

#### Relationship Between Biographical and Work Variables and Stress Scores

This section will describe and discuss biographical and work variables where statistically significant relationships ( $P < .05$ ) are found among various categories of stressors.

Gender: A statistically significant relationship ( $P < .05$ ) is found between Gender and the categories Nature of Work, Worker-Supervisor Relations and Social Worker-Social Worker Relations. Males report significantly more stress than females on each of these categories. Another researcher reports similar gender differences. Beck (1987), in a study of 244 counsellors in family service agencies across the United States, found that males experience more

stress than females. Kendell's study of teachers reported similar gender differences (Kendell, 1983). While one may speculate as to an explanation for these findings, definitive conclusions are not possible since other researchers report quite mixed findings on gender status. (Jayarante, Tripodi, & Chess 1974, Le Croy and Rank 1986, Maslach & Jackson 1981, 1985). Nevertheless, a similarity between the professions of social work and teaching is noted in that both are over-represented by females (Meyer & Siegel, 1977). It may be difficult for male employees in these professions to acknowledge difficulty in their work situation, and as a consequence they may be less capable of drawing upon peer support, which may in fact compound the problem. This is obviously an area requiring further study.

Marital Status: A statistically significant relationship ( $p < .05$ ) between stress levels and the marital status of respondents was noted for only one category of stressor i.e., Worker-Child's Family Relations. On this variable single, divorced, and separated workers report significantly more stress than do married workers. This is consistent with Maslach's (1982) finding that single and divorced child care providers experience greater stress than married care providers. It may be speculated that single/divorced workers are less comfortable with family interactions than workers who are married because of their lack of personal experience with marriage and parenting or

their previous unsuccessful experience with marriage.

Age: A statistically significant relationship ( $p < .03$ ) between age and stress level was noted on the stress category **Time Management**. Of the four age groups, the group 26-30 years of age report the most stress. Some studies report that younger workers are more susceptible to burnout than their older counterparts (Beck, 1987, Maslach & Jackson 1981 and Corcoran 1986, Streepy 1981). It is noted that the older age groups report least stress in relation to managing their time. Further examination of the findings reveals that while the age group (26-30 years) report most stress, the youngest age group (20-25 years) report least stress. It appears that the older workers are able to manage their time relatively successfully. This may be explained on the basis of work experience and identification with the expectations of the organization. On the other hand, the youngest workers may find **Time Management** relatively unstressful because of their inexperience and a lack of clear commitment to the organization.

Region: A significant relationship ( $P < .02$ ) between geographic region and stress level is noted on the category of stressor - **Social Worker/Social Worker Relations**. Labrador, which reports the highest stress scores overall ( $\bar{x} = 129$ ), is seen to be very different from other regions on **Social Worker-Colleague Relations**. Here stress scores fall

in the moderate range ( $\bar{x} = 8.50$ ). This finding may be explained on the basis of geographic isolation. Labrador is the most distant of the five regions from major population areas. This reduces worker contact and therefore collegial support. Other writers also identify isolation and lack of social support as a stressor (Hasenfeld 1982, House 1980, Streepy 1981).

Office Size: (Number of Child Welfare Workers): A statistically significant relationship ( $p < .03$ ) between mean stress scores and offices of different size is found in relation to the stressor Worker-Supervisor Relations. That is, workers from larger offices report significantly less stress on this category than workers from smaller offices. Yet stress levels remain low. Larger offices may have a relative advantage over smaller offices in that they attract more qualified and experienced child welfare supervisors. In any case, the findings reported here reveal consistently low levels of stress on this category.

Caseload Size: A statistically significant relationship ( $P < .03$ ) between mean stress scores and Caseload Size is found for three categories of stressors i.e, Nature of the Job, Child's Family Relations, and Physical Symptoms.

The highest stress scores are reported by workers with caseloads of 71-80 cases, considered to be quite high for

the field of Child Welfare. Within this work setting this number of cases is consistent with a child protection caseload, a type which is seen to be most stressful. Other researchers report high burnout rates amongst child care providers working in the area of child abuse and protection. (Daley 1979, Lecroy & Rank 1986, Maslach 1982). High case or workloads are reported as causing stress by Cherniss 1980, French & Caplan 1973, Klas, Kennedy & Kendall-Woodward, 1985, Maslach 1976 .

Management Style: Statistically significant relationships ( $p < .02$ ) for stress levels and the variable Management Style are found on the two categories: Worker-Supervisor Relations, and Intrapersonal Conflicts. The highest overall stress score is reported from respondents working under a laissez-faire management style of leadership, where little if any supervision is provided ( $\bar{x} = 125.50$  high stress). However, workers who experience an autocratic style of supervision report greatest stress on the category Worker-Supervisor Relations ( $\bar{x} = 14.00$  high moderate stress). On the other hand, workers who experience a laissez-faire supervisory style report greatest stress on the category Intrapersonal Conflicts ( $\bar{x} = 14.41$  high moderate stress). The supervisor's lack of direction probably reduces the workers' feeling of self confidence and creates uncertainty for them in knowing how successful they are in their work. Similarities are noted in relation to the

findings reported on the variable Opportunity for Participation in Management/Decision Making. On that variable a significant relationship ( $P < .02$ ) between stress levels is found in relation to the category Worker Supervisor Relations. It is noted that workers who have most opportunity for input report least stress. Other writers report similar findings, in that leadership type is related to job satisfaction and turnover (Berkeley Planning Associates, 1977, Buck 1972, French & Caplan 1976, Gillespie & Cohen, 1984, Margolis et. al, 1974, and Wasserman 1971).

Caseload Type: (Specialized or generalized): A statistically significant relationship ( $P < .05$ ) between stress level on the variable Caseload Type is found on one category only... Social Worker-Social Worker Relations. Workers who carry a specialized caseload report lower stress ( $\bar{X} = 5.22$ ) on this category than workers who carry a generalized caseload, ( $\bar{X} = 6.57$ ), although both report low stress. This finding may be explained by the fact that workers with specialized caseloads work in larger offices where the opportunity for collegial support is greater. Other writers report that peer interaction and support help reduce stress (Hasenfield 1982, House 1980, Streepy 1981).

#### Other Biographical & Work Variables

This section will describe and discuss biographical and work variables for which no statistically significant relationships were found between stress levels and the



various categories of stressors. These categories, Experience, Education, and Satisfaction in Social Relationships, merit examination.

Experience: Workers with experience of 4-6 years report the most stress in comparison to those with more experience and those with less experience ( $\bar{x} = 116.25$ ). This finding is different from Kendell's (1983) study of teachers, where she found that teachers with 20 or more years of experience reported the greatest stress, significantly higher levels of stress than teachers with less years of experience ( $< 4$  years). These findings may be explained by the changed work environment of teachers, where they have less time and opportunity to get to know students on a personal basis. Adapting to the increased demands and specialization may be more difficult for the older teacher. Also, it may indicate that there are many stressors in the teaching environment which are accumulative (Klas, Kennedy, Kendell-Woodward 1985). On the whole, social workers in this study fall into a younger age group than Kendell's teacher sample.

Education: Workers with a higher level of education (i.e. the B.S.W. Degree) report higher mean stress scores ( $\bar{x} = 114.27$ ) than their counterparts with lesser qualifications ( $\bar{x} = 99.80$ ). Workers with professional education probably place greater expectations on themselves to help clients

than do less educated workers. Other writers point to the psychological costs associated with the attainment of professional education in practice areas where success is difficult to measure (Cherniss 1970, Cherniss and Egnatios 1978, Deutsch 1984, Edelwich and Brodsky 1983, Farber and Heifetz 1982, Maslach 1976, Pines & Kafry 1978). It may be that persons who do not have professional qualifications are less aware of some of these issues and as a consequence feel less stressed. Further research is obviously needed in this area.

Walsh (1987) points out that professional education itself may contribute to burnout. Professionals need some degree of autonomy and freedom to appropriately apply their knowledge and skills. Often in bureaucracies formalized procedures limit one's ability to be autonomous and make professional judgements. This problem is obviously complex and merits further study.

Satisfaction in Social Relationships: For this category the highest overall mean stress score (110.81 moderate stress) is reported by workers who find most satisfaction from relationships with family and relatives rather than on the job. Conversely, workers who report most satisfaction in relationships on the job also have the lowest stress scores ( $\bar{x}$  = 99.33). Similar findings are reported by Cherniss and Egnatios (1978); Maslach (1982); Pines, Aronson and Kafry (1981).

### CONCLUSIONS AND RECOMMENDATIONS

This study shows that the primary stressors reported by Child Welfare workers in Newfoundland and Labrador are **Organizational Factors, Time Management and Relationship with Child's Family**. The findings confirmed that there is a large organizational component to worker stress. The main contributors are seen to be: lack of on the job training, policy constraints, insufficient resources, role conflict, and work overload. Also, the working relationship with the child/client's family is seen to be a major stressor, especially where parenting skills and the child's home environment are less than adequate.

Child Welfare workers report least stress in relation to **Social Worker-Colleague Relations, Employee Supervisor Relations and Stress Management Techniques**. It appears that workers generally get along well with their co-workers and supervisors. In addition they appear to be relatively successful in utilizing various strategies to cope with job stress.

Of the five geographical regions of the Province, the Labrador region reports the greatest stress, possibly a result of isolation and reduced opportunities for peer group interaction and support. In the area of work, stress is seen to be related to **Management Style, Caseload Size, Gender and Office Size**. A laissez-faire management style is seen to cause the most stress, while a democratic

management style is experienced as the least stressful. High caseloads are also a major source of stress, particularly those associated with a child protection workload. With regard to gender status, males report significantly more stress than females. Office size appears to be a determining factor in stress level related to worker-supervisor relations. Workers from larger offices (five or more child welfare workers) report less stress than their peers in smaller offices. Peer support would appear to be a factor accounting for this.

Given these findings a number of recommendations appear appropriate.

#### Recommendations

**Recommendation # 1:** That the Department of Social Services establish a Task Force to identify the resources needed to improve child welfare services and to make specific recommendations on the ways and means of implementation.

**Rationale:** Workers express grave concern that there are insufficient resources for them to do their job properly. This concern was expressed by 94% of the respondents.

**Recommendation # 2:** That Regional Review Committees be established to review policies and procedures in child welfare which limit optimal utilization of professional social work knowledge and skills and to make

recommendations for change.

**Rationale:** Social workers express frustration with policies and procedures which limited their ability to make sound professional judgements. This lack of professional autonomy was viewed as a major stressor.

**Recommendation # 3:** That the Department of Social Services provide regular specialized in-service training programs for social workers and supervisors/managers employed in child welfare. Specific attention needs to be given to the subject areas of time management, case management, professional intervention and management style. The fact that male workers experience more stress than their female counterparts also needs to be addressed.

**Rationale:** Workers do not see themselves as adequately prepared and report lack of on-the-job training and orientation to be a major source of stress for them. Workers also report stress in the areas of time management, absence of perceived therapeutic success and variance in management style. Gender differences in perceived stress were noted.

**Recommendation # 4:** The Department of Social Services establish minimal standards of practice related to caseload size and type.

**Rationale:** Workers express serious concern regarding high caseloads, and their having simply too much work to do.

Such a system of "standards" will establish specific criteria related to Departmental expectations, given caseloads of varying size and complexity.

**Recommendation # 5:** The Department of Social Services provide work enrichment through the provision of a caseload mix where all child welfare workers have an opportunity to work with a variety of cases, ranging from the less difficult to the more complex.

**Rationale:** Workers express concern regarding their lack of success with many of their cases. A sense of therapeutic success and accomplishment in one's work role is seen to be a major factor in the prevention and/or the alleviation of worker burnout. A mixed caseload would provide a greater opportunity for successful work outcome.

**Recommendation # 6:** The Department of Social Services encourage the development of work teams at the District level amongst child welfare workers to give peer support and to develop creative approaches to intervention.

**Recommendation # 7:** The Department Social Services provide opportunity for sabbatical leave, job rotation, flexible work hours, job sharing, part-time staff, and positive feedback.

**Recommendation # 8:** The Department encourage and support regular meetings at the Regional level to bring together all

child welfare workers to discuss issues of concern related to the provision of quality services.

**Recommendation # 9:** The Department initiate annual Child Welfare Conferences.

**Rationale - Recommendations 6-9:** Workers report major stress in relation to the nature of the interaction with families on child welfare caseloads. Teams, through collegial support, can promote a sense of shared responsibility and at the same time foster new and creative ways to work with difficult cases. Regular child welfare meetings, especially in Labrador, would help promote peer interaction and support and thereby help alleviate stress (Workers in Labrador report the greatest stress). Also, the stressful nature of child welfare work as reported here suggests the need for decisive measures to ameliorate job related stress for workers.

**Recommendations # 10:** That the School of Social Work at Memorial University of Newfoundland establish a post BSW specialized diploma program in the area of Child Welfare.

**Rationale:** Respondents report high levels of stress in relation to the work demands of highly complex and difficult child welfare caseloads. They express a need for advanced training in professional intervention, since a lack of therapeutic success characterizes many aspects of their work.

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APPENDIX A  
QUESTIONNAIRE



•

-

Questionnaire  
Section I

7. NUMBER OF CHILD
- 
- WELFARE SOCIAL
- 
- WORKERS IN YOUR
- 
- OFFICE

<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
1	2-4	5-8	Over 8

8. NUMBER OF SOCIAL WORKERS IN YOUR OFFICE OVERALL

<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
1	2-4	5-8	Over 8

9. EDUCATION OF YOUR SUPERVISOR

    
 Highest University degree  
 Achieved, e.g., B.A. (S.W)  
 B.S.W., M.S.W.

    
 Other Training e.g.,  
 Certificate Program  
 in Social Services

    
 If no degree Number of  
 Years University

    
 Don't Know

10. NUMBER OF SICK DAYS TAKEN IN PAST 12 MOS.

<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
0	1-6	7-12	Over 12

11. TYPE OF CHILD WELFARE CASELOAD

    
 Specialized

    
 Generalized

12. IF SPECIALIZED, WHICH SPECIALITY

    
 Abuse/Neglect  
 Protection

    
 Foster Home  
 Program/Group  
 Home

    
 Adoptions

13. What is your caseload size (number of cases)?
- 

14. Do you work overtime?

          
 Yes

          
 No

Questionnaire  
Section I

15. If yes, number of hours per week. \_\_\_\_\_

16. FAMILY BACKGROUND INFORMATION

Please check ( ) one of the following three categories which identifies your current marital status.

Single	Married or Common Law Union	Divorced Separated/Widowed
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17. If you are a parent, how many pre-school or school age children do you have?

No. of Pre-school Children	No. of School Age Children
----------------------------	-------------------------------

18. Which management style best describes your immediate superior? Check one only.

Autocratic	Democratic	Laissez Faire
------------	------------	---------------

19. Are you provided opportunities in your work for participation in management decision making? Check appropriate box.

Not at all	Sometimes	Frequently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Where do you experience most satisfaction in social relationships? Check one category only?

One the job \_\_\_\_\_ In the Community \_\_\_\_\_  
With family & \_\_\_\_\_  
and Relatives

21. What two methods do you frequently use and find helpful in coping with stress?

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Questionnaire  
Section I

22. Do you have any of the following health problems.  
Check appropriate category?

(1) High Bloodpressure \_\_\_\_ (2) Ulcers \_\_\_\_

(3) Coronary Heart Disease \_\_\_\_ (4) Other \_\_\_\_

QUESTIONNAIRE  
SECTION II

This is a self-report type of survey and its validity and usefulness will depend upon your careful consideration and response to each item. As you read each statement, prepare to respond in terms of what is generally true for you rather than for a specific day or event you remember. Indicate the degree to which the source of stress occurs by circling the number that corresponds to the frequency of occurrence:

1 = low frequency                      5 = high frequency

Nature of the Work

1. I have difficulty working with clients who are demanding or troublesome . . . . . 1 2 3 4 5
2. I become impatient/annoyed when my clients do not adhere to an agreed upon treatment plan . . . . . 1 2 3 4 5
3. The nature of the problems my clients present makes my job stressful . . . . . 1 2 3 4 5
4. The difficulty of measuring success in my current job is stressful for me . . . . . 1 2 3 4 5

Employee/Supervisor Relations

5. My Supervisor/Manager makes demands of me that I cannot meet . . . . . 1 2 3 4 5
6. I feel I cannot be myself when I am interacting with my Supervisor/Manager . . . . . 1 2 3 4 5
7. I have difficulty in my working relationship with my supervisor/manager . . . . . 1 2 3 4 5
8. I feel the concerns of my Supervisor/Manager are quite different than the concerns that I have in working with my clients . . . . . 1 2 3 4 5

Social Worker/Social Worker Relations

9. I feel isolated in my job (and its problems) . . . . . 1 2 3 4 5

10. I feel my fellow Social Workers think I am not doing a good job . . . . . 1 2 3 4 5
11. Disagreements with my fellow Social Workers are a problem for me . . . . . 1 2 3 4 5
12. I get too little support from the Social Workers with whom I work . . . . . 1 2 3 4 5

#### Social Worker/Child's Family Relations

13. Families on my caseload are a source of concern or are troublesome for me . . . . . 1 2 3 4 5
14. Parents' disinterest in their child's well-being concerns me . . . . . 1 2 3 4 5
15. The home environment of my clients concerns me . . . . . 1 2 3 4 5
16. I feel that parents of children on my caseload do not think I am doing a satisfactory job of helping them to improve their relationship with their children . . . . . 1 2 3 4 5

#### Time Management

17. I have too much to do and not enough time to do it . . . . . 1 2 3 4 5
18. I have to take work home to complete it . . . . . 1 2 3 4 5
19. I am unable to keep up with the paper work . . . . . 1 2 3 4 5
20. I have difficulty organizing my time in order to complete tasks . . . . . 1 2 3 4 5

#### Intrapersonal Conflicts

21. I put self-imposed demands on myself to meet scheduled deadlines . . . . . 1 2 3 4 5
22. I think badly of myself for not meeting the demands of my job . . . . . 1 2 3 4 5

23. I am unable to express my stress to those who  
place demands on me . . . . . 1 2 3 4 5
24. Child Welfare work is stressful to me . . . . . 1 2 3 4 5

#### Physical Symptoms of Stress

25. The frequency I experience one or more of  
these symptoms is: stomach aches, backaches,  
elevated blood pressure, stiff neck and  
shoulders . . . . . 1 2 3 4 5
26. I find my job tires me out . . . . . 1 2 3 4 5
27. I experience feelings of frustratrion  
and/or anger . . . . . 1 2 3 4 5
28. I experience headaches . . . . . 1 2 3 4 5

#### Phychological/Emotional Symptoms of Stress

29. I am frustrated and/or feel angry . . . . . 1 2 3 4 5
30. I worry about my job . . . . . 1 2 3 4 5
31. I feel depressed about my job . . . . . 1 2 3 4 5
32. I find myself complaining to others . . . . . 1 2 3 4 5

#### Stress Management Techniques

33. I am unable to use an effective method to  
manage my stress (Such as exercise, relaxation  
techniques, etc.) . . . . . 1 2 3 4 5
34. Stress management techniques would be  
useful in helping me cope with the  
demands of my job . . . . . 1 2 3 4 5
35. I am now using one or more of the  
following to relieve my stress:  
alcohol, drugs, yelling, blaming, withdrawing,  
eating, smoking . . . . . 1 2 3 4 5
36. I feel powerless to solve my difficulties . . . . . 1 2 3 4 5

Organizational Factors

37. Lack of on-the job training and orientation is  
a source of stress to me . . . . . 1 2 3 4 5
38. Department policies and procedures prevent me  
from using my professional educational  
training properly . . . . . 1 2 3 4 5
39. I am troubled by the fact that there  
are insufficient resources to do my  
job properly . . . . . 1 2 3 4 5
40. Balancing the needs of neglectful or abusive  
parents and the needs of children requiring  
protection is stressful for me . . . . . 1 2 3 4 5



APPENDIX B  
LETTER OF PERMISSION TO USE  
INSTRUMENT



## ESCONDIDO UNION SCHOOL DISTRICT

980 NORTH ASH STREET, ESCONDIDO, CALIFORNIA 92027 (619) 745-7000 FAX (619) 745-8896

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March 28, 1988

Mr. Gordon Dunne  
15 Birchwynd Street  
St. John's, NF  
A1a 2n3

Dear Mr. Dunne:

In response to your letter of March 21, you are hereby granted permission to make multiple copies of the Wilson Stress Profile for your research.

I wish you good luck in the quest for your degree, and hope the profile will be of great use to you.

Sincerely,

Chris Wilson, Ph.D.  
Assistant Superintendent  
Curriculum & Instruction

CW:pt

APPENDIX C  
LETTER OF EXPLANATION OF THE STUDY

15 Birchwynd Street  
St. John's, Nf  
A1A 2N3

Dear Worker:

I am a candidate for the Degree Master of Social Work at Memorial University of Newfoundland. In order to fulfil the thesis requirements for this program, I am undertaking a study which will (a) explore stress factors in the child welfare work environment (b) examine levels of stress perceived by workers with various background characteristics and (c) identify the ways in which child welfare workers cope with stress.

The importance of this issue is evident in the current lack of understanding regarding the elements in the child welfare work situation which may cause stress. No studies in this area have been completed in Newfoundland and Labrador.

This study will provide the Department of Social Services with useful information with which it may plan intervention strategies to alleviate or reduce worker stress. While these results are anticipated, they are not guaranteed. Your participation should be undertaken, if you so choose, with the understanding that there are no guarantees of these outcomes. You are assured however that your participation in this study will not jeopardize your job security or employment status in any way.

In order to do a study of this nature your cooperation will be needed. I have prepared a two part questionnaire which will require about one half hour of your time to complete. Section I will elicit biographical and background information on each respondent. Section II is the Child Welfare Stress Profile which will explore stress factors in your work situation, and examine your perceived level of stress on each item.

Participation in this study is voluntary. If you decide to participate, a consent statement is attached for your signature which should be returned to the researcher at the above address. To ensure your personal anonymity, questionnaires should be returned to Mrs. Neva Johnson, Administrative Assistant, at the School of Social Work, Memorial University of Newfoundland, St. John's, NF. Mrs. Johnson will arrange for all identifying information (such as postmark) to be removed before forwarding the questionnaires to the researcher. Also, finding of five or less will not be

reported. A moderate risk of exposing your feelings and lifestyle is inherent in your responses.

However, all the information gathered will be held in the strictest confidence. The information will be reported in aggregate form only so that individual respondents cannot be identified. A copy of this research project will be placed in the Newfoundland Studies Section of Memorial University of Newfoundland. A summary of this research will be sent to you upon request.

I look forward to your cooperation in completing this questionnaire. If you should need any additional information I can be reached at the above address or by phoning 576-3451 (Bus.) or 739-9705 (Home). The finding should prove to be of interest to you and others in our common concern for improving the child welfare work environment. Thank you for your support.

Sincerely,

Gordon Dunne

APPENDIX D  
CONSENT STATEMENT

Any questions I have about participation have been answered and I give my consent to participate.

---

SIGNATURE

---

DATE

Consent Statement

This research project being undertaken by Gordon Dunne will fulfill the thesis requirement for a Masters Degree in Social Work from Memorial University of Newfoundland. The study will (a) explore stress factors in the child welfare work environment (b) examine levels of stress perceived by Child Welfare Workers in various work settings with various background characteristics and (c) identify the ways in which child welfare workers cope with stress.

The information obtained will be helpful to the researcher and to the Department of Social Services in better understanding the reasons for workers' stress. As a result the department may be better able to take appropriate action to alleviate some of this stress. However, if you agree to participate, you should understand that these outcomes are not guaranteed.

All the information gathered will be kept in the strictest confidence. The information will be reported in summarized form so that no individual can be identified.

You are free to not answer any questions or to not participate at all. If you consent, you are still free to withdraw from the study at any time.

Your participation in this study will not jeopardize your job security or employment status in any way.







