



The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers



Alison Salloum ^{a,*}, David C. Kondrat ^{b,1}, Carly Johnco ^c, Kayla R. Olson ^a

^a School of Social Work, University of South Florida, 13301 Bruce B. Downs Blvd., MHC 1400, Tampa, FL 33612-3807, United States

^b School of Social Work Indiana University, 902 W. New York Street, Education/Social Work Building, Indianapolis, IN 46202-5156, United States

^c Department of Pediatrics, University of South Florida, 880 6th Street South, Suite 460, Box 7523, St. Petersburg, FL 33701, United States

ARTICLE INFO

Article history:

Received 29 July 2014

Received in revised form 1 November 2014

Accepted 29 December 2014

Available online 3 January 2015

Keywords:

Child welfare

Self-care

Burnout

Secondary trauma

Compassion fatigue

Compassion satisfaction

ABSTRACT

Child welfare workers are routinely exposed to multiple traumatic events when working with children and families, and are at an increased risk of experiencing burnout and secondary trauma. Self-care is often recommended as a restorative or protective activity against the negative effects of working with traumatized individuals, although few studies have examined the benefit of self-care empirically. Trauma-informed self-care (TISC) includes being aware of one's own emotional experience in response to exposure to traumatized clients and planning/engaging in positive coping strategies, such as seeking supervision, attending trainings on secondary trauma, working within a team, balancing caseloads, and work–life balance. Compared with generic personal care activities, TISC is likely to be especially relevant for child welfare workers. This study examined the role of TISC on compassion satisfaction, burnout and secondary trauma which was assessed by administering surveys to a sample of 104 child welfare case managers and supervisors. Almost one third of the sample reported high levels of burnout (29.8%) and secondary trauma (28.8%), and low levels of compassion satisfaction (31.7%). Results suggested that workers who engaged in higher levels of TISC experienced higher levels of compassion satisfaction and lower levels of burnout, although there was no relationship with secondary trauma. Findings provide preliminary evidence that TISC may be a beneficial practice to reduce risk of burnout and preserve workers' positive experience of their job, however workers experiencing secondary trauma are likely to need additional specialized intervention to assist them with their recovery.

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1. Introduction

Child welfare work is a demanding and challenging role for a variety of reasons, including the emotional nature of the work, the severity and complexity of cases, and the high levels of organizational demand and workload. High levels of burnout and secondary traumatic stress can contribute to staff turnover (Boyas & Wind, 2010; Cahalane & Sites, 2008; Drake & Yadama, 1996; Mor Barak, Nissly, & Levin, 2001; Strolin-Goltzman, 2010; Zlotnik et al., 2005), as well as have deleterious consequences for the individual child welfare worker (CWW) and the children and families under their care. However, some workers experience pleasure from helping others known as compassion satisfaction (Figley, 1995a), and higher levels of compassion satisfaction may be protective against burnout and secondary trauma (Conrad & Kellar-Guenther, 2006). While there may be several factors that are protective or buffer against negative outcomes for the worker, self-care practices are often recommended (e.g., Child Welfare Committee

National Child Traumatic Stress Network, 2008; Maslach, 2003; Newell & MacNeil, 2010) despite minimal empirical research. In particular, trauma-informed self-care strategies that incorporate an understanding of trauma and the effects of trauma on the worker and clients, may play a significant role in burnout, secondary trauma and compassion satisfaction, although research in this area is limited.

Burnout refers to a syndrome characterized by emotional exhaustion, depersonalization and reduced feelings of personal accomplishment that results as a consequence of chronic exposure or work with populations which are vulnerable and/or suffering (Freudenberger, 1974; Maslach & Jackson, 1981; Pines & Aronson, 1988). Burnout is common in a range of helping professions, including CWWs (Meyers & Cornille, 2002). As workers become depleted in their emotional resources, they can develop negative and cynical attitudes towards the people they are helping (Maslach & Jackson, 1981). Left unresolved, increased burnout has the potential to impact on the quality of care provided by workers (Maslach, 1982), including impairing worker decision making about child risk (McGee, 1989), reducing job satisfaction (Jayaratne, Chess, & Kunkel, 1986), and increasing staff absenteeism (Maslach & Jackson, 1981) and turnover (Cahalane & Sites, 2008; Drake & Yadama, 1996; Mor Barak et al., 2001; Strolin-Goltzman, 2010; Zlotnik et al., 2005).

* Corresponding author. Tel.: +1 813 974 1535.

E-mail addresses: asalloum@usf.edu (A. Salloum), dkondrat@iupui.edu (D.C. Kondrat), cjohnco@health.usf.edu (C. Johnco), olson6@mail.usf.edu (K.R. Olson).

¹ Tel.: +1 317 274 6705.

Secondary trauma, also referred to as compassion fatigue, has been recognized in helping professions such as CWWs, and describes the experience of psychological distress and posttraumatic stress symptoms resulting from helping clients who have been exposed to trauma (Figley, 1995a). Secondary trauma is sometimes referred to as vicarious trauma, and although these concepts are related, vicarious trauma is theoretically oriented and refers mostly to the cognitive changes resulting from cumulative exposure to trauma populations rather than the experience of trauma symptoms. Reactions often involve similar symptoms to posttraumatic stress disorder (including increased arousal or avoidance symptoms such as hypervigilance, hopelessness, avoidance, intrusive imagery of a client's trauma, sleep disturbance, exhaustion, guilt and fear). Research suggests that 34%–50% of CWWs experience high or very high levels of compassion fatigue (Bride, Jones, & Macmaster, 2007; Conrad & Kellar-Guenther, 2006; Meyers & Cornille, 2002) although the relationship between secondary trauma and turnover has not been well examined.

Although working in child welfare is often discussed in the context of negative wellbeing outcomes, it can be a rich and fulfilling career for many individuals. One of the areas often associated with positive emotional experiences in CWW is compassion satisfaction. Compassion satisfaction refers to a positive benefit that one receives from direct interaction with individuals who are suffering or traumatized (Figley, 1995a, 1995b; Stamm, 2002). This can include feelings of pleasure as a result of being able to help others as part of their work, and CWWs often report a strong belief in the significance and value of their role (Meyers & Cornille, 2002). Higher levels of compassion satisfaction are associated with reduced risk of compassion fatigue (vicarious trauma) and burnout in CWWs (Conrad & Kellar-Guenther, 2006; Van Hook & Rothenberg, 2009), and thus is considered to be protective for staff.

Burnout and secondary trauma are significant problems within child welfare organizations given the potential impact on staff turnover. Staff turnover in child welfare organizations varies between studies, but is generally high with reported rates ranging between 14 and 60% annually (Drake & Yadama, 1996; Fulcher & Smith, 2010; Smith, 2005). The impact of staff turnover can be immense for the organization, remaining staff and the clients. Consequences can include increased workload burden on remaining staff (exacerbating the potential for burnout), increased financial burdens on organizations, and decreased availability and quality of services provided to children and their families (Graef & Hill, 2000). Turnover of staff can cause considerable disruption for children, and increased number of case managers have been associated with lower chance of permanency for children in child welfare services (Flower, McDonald, & Sumski, 2005). Understanding and addressing the factors impacting on staff turnover, including burnout and secondary trauma, are clearly important for all stakeholders to consider.

There are a number of personal and organizational factors that have been found to be associated with increased levels of burnout and secondary trauma in welfare workers more generally, with relevant personal factors including younger age (Augsberger, Schudrich, McGowan, & Auerbach, 2012; Boyas et al., 2012, 2012; Hamama, 2012; Lizano & Mor Barak, 2012; Mor Barak, Levin, Nissly, & Lane, 2006; Sprang, Craig, & Clark, 2011; Vredenburg, Carlozzi, & Stein, 1999), fewer years of professional experience (Hamama, 2012; Pearlman & Mac Ian, 1995; Sprang, Clark, & Whitt-Woosley, 2007) and personal history of trauma (Bride et al., 2007; Jenkins & Baird, 2002; Nelson-Gardell & Harris, 2003; Pearlman & Mac Ian, 1995). There are mixed findings on the effect of gender, with studies tending to find higher rates of compassion fatigue and burnout in female workers (Baum, Rahav, & Sharon, 2014; Sprang et al., 2007; Van Hook & Rothenberg, 2009), while others have failed to find a gender effect on symptomatology (e.g., Connally, 2011), or have found higher rates in male workers (Sprang et al., 2011; Vredenburg et al., 1999). A number of workplace factors associated with burnout and secondary trauma have also been identified, including salary (Font, 2012; Jayaratne &

Chess, 1984), workload/caseload demands (Bride et al., 2007; Jayaratne & Chess, 1984), and workplace and supervisory support (Bakker, Demerouti, & Euwema, 2005; Bride et al., 2007; Kickul & Posig, 2001).

Despite widespread assumptions and recommendations that encourage workers to engage in self-care practices to buffer against the negative effects of working with traumatized individuals (e.g., Maslach, 2003; Newell & MacNeil, 2010), there has been surprisingly little evaluation of the relationship between self-care and worker wellbeing. One study found that specific self-care practices have been associated with lower levels of burnout (socializing with family) and compassion fatigue (having a hobby, reading for pleasure and taking pleasure trips or vacations) in residential treatment facility childcare workers (Eastwood & Ecklund, 2008). Killian (2008) did not find any relationship between specific self-care practices and compassion satisfaction, compassion fatigue or burnout in therapists working with children who had been sexually abused, although did find a relationship between increased social support, decreased work hours and increased locus of control on levels of compassion satisfaction. Similarly, Bober and Regehr (2006) failed to find any protective effects of self-care against secondary stress in therapists. Conversely, another study did find that increased self-care practices were associated with lower levels of burnout and compassion fatigue, and higher levels of compassion satisfaction in hospice workers (Alkema, Linton, & Davies, 2008), although this has not been examined in CWWs. Clearly, research examining the role of self-care practices in relation to burnout, secondary trauma and compassion satisfaction in CWWs is limited and warranted.

The term self-care encompasses a range of activities that an individual may engage in with the purpose of managing their physical and emotional health (Lee & Miller, 2013), however trauma-informed self-care (TISC) practices may be especially relevant for CWWs. Trauma-informed care refers to the evidence-based practices for trauma, including understanding and recognizing the effect that trauma exposure has on children and families, as well as workers, and adequate knowledge and skill in responding to the effects of trauma exposure (Child Welfare Committee National Child Traumatic Stress Network, 2008). The National Child Traumatic Stress Network is one of many organizations that promote the value of self-care practices in CWWs. For example the Child Welfare Trauma Training Toolkit (Child Welfare Committee National Child Traumatic Stress Network, 2008) provides guidelines on managing personal and professional stress as one of the essential factors to working within a trauma-informed care framework. These guidelines highlight the importance of workers being aware of their emotional experience and planning positive coping strategies to prevent the risk of secondary trauma. Specialized trauma training has been associated with greater levels of compassion satisfaction and lower levels of compassion fatigue in mental health workers, and shows trends towards lower levels of burnout (Sprang et al., 2007), although this relationship has not been replicated in CWWs specifically and the relationship between TISC, burnout, secondary trauma and compassion satisfaction has not been tested empirically in child welfare workers.

The purpose of this study is to explore the role of TISC in predicting compassion satisfaction, burnout and compassion fatigue among child welfare workers. Holding constant gender, age, and years of experience (given their previous associations with outcome), it was hypothesized that 1) there would be a positive association between TISC and compassion satisfaction; 2) there would be a negative association between TISC and burnout and 3) between TISC and compassion fatigue.

2. Method

2.1. Participants

Child welfare case managers and supervisors were recruited from a large private child welfare organization in South Florida during three separate organizational trainings. Any case manager or supervisor

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