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QUALITATIVE STUDY EXPLORING THE RISK FACTORS OF BURNOUT:
PENNSYLVANIA SOCIAL WORK PROFESSIONALS IN CHILD WELFARE

A Dissertation Presented to
the Faculty of the Doctor of Social Work Program of
Kutztown University of Pennsylvania

In Partial Fulfillment
of the Requirements for the Degree Doctor of Social Work

By Nicole Ukaegbu

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This Dissertation for the Doctor of Social Work Degree

by Nicole Ukaegbu

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ABSTRACT OF THE DISSERTATION

A Qualitative Study Exploring the Risk Factors for Burnout:

Pennsylvania Social Work Professionals in Child Welfare

By

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Kutztown University, 2023

Kutztown, Pennsylvania

Directed by Dr. FangHsun Wei

Burnout is a concern that impacts many professionals in the workplace. This study focused on the risk factors of burnout for social work professionals in Pennsylvania's child welfare industry. The study was conducted with 10 professionals at children and youth services (CYS) agencies in Pennsylvania, where each of the professionals were interviewed to gain perspective on the problem of burnout. This study used a qualitative approach and was rooted in grounded theory to unravel the findings.

Four risk factor themes, nine risk factor subthemes, and two additional findings themes were generated during the data analysis process. Findings from the 10 participants showed role stress, caseload sizes, documentation, and ineffective training were risk factors of burnout for social work professionals in Pennsylvania. Some findings indicated there was limited time for CYS employees to complete tasks at work, which depleted workers' energies. Caseload sizes were larger than 10, which was taxing for staff.

Documentation expectations from agencies were excessive, which was stressful for these professionals. Lastly, training offered by CYS was not helpful in providing staff adequate knowledge to perform their job confidently.

Implications of the study provided remedies to combat the onset of burnout, such as educators providing students a mock caseload to practice in the classroom setting, which can increase the understanding regarding case requirements and reduce stressors once students enter an agency setting as professionals. An additional remedy is leaders assessing how to reduce documentation requirements in the workplace, which can alleviate the burden of staff writing excessive paperwork. Further, leaders highlighting wellness programs in organizations can encourage work–life balance. Recommendations for future research suggest exploration using quantitative approaches to assess if CYS administrators are aware that organizational risk factors influence burnout for professionals. In addition, further exploration on organizational risk factors for burnout impacting child welfare professionals in other U.S. states is encouraged.

Keywords: burnout, risk factors, child welfare, Pennsylvania

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Chapter 1: Introduction

Chapter 1 provides an overview of the social work profession. The chapter introduces the problem statement by exploring how burnout impacts social workers nationally and in the Pennsylvania region. The State of the Child Report (DePasquale, 2017) provided statistical insights into how the Pennsylvania child welfare system is broken and identified employee challenges working in Pennsylvania child welfare agencies. For example, there has been limited funding to keep up with increasing workloads and staff have been stressed; ultimately, children have suffered because employees are overworked.

Chapter 1 also presents the statement of purpose. The current study explored risk factors of burnout in child welfare through the focus on organizational stressors as possible links to this phenomenon. The study's significance highlights the contribution this study can provide to practice, leadership, and education for children and youth services (CYS) agencies and universities exploring burnout issues of professionals.

Social Work Profession

The social work profession is broad. According to Bransford (2008), the social and human service profession uses different names to describe the various roles employees engage in to support clients. Bransford suggested titles in the profession are characterized as social worker, but can also include friendly visitor, case manager, and case worker. A case worker can acquire a social work degree and work in child welfare (Bransford, 2008). A social worker must have a degree in social work and can also work across various industries, like mental health and residential (National Association of Social Workers [NASW], n.d.). A case manager can further acquire a social work degree

and can work in industries like behavioral health (NASW, 2013a). For the purpose of providing sufficient knowledge for the study from the array of titles associated with the social work profession, I use different roles to describe the social work profession, such as social worker, case manager, and case worker. In addition, I use additional roles in the helping profession, from educators to healthcare professionals, to convey comparisons between burnout concerns in these industries and the social work profession.

Problem Statement

Burnout negatively affects social work child welfare professionals nationally. According to Hombrados-Mendieta and Cosano-Rivas (2011), burnout is an array of physical, emotional, and interactional symptoms impacted by stressful events. Social workers who are employed in child protection exhibit high levels of burnout; further, these employees are vulnerable to poor working conditions, long work hours, and excessive documentation requirements (McFadden et al., 2015). Social workers who are burnt out report physical health implications, such as headaches and sleep disturbances (Bakker & Costa, 2014). One study with 751 social workers confirmed the career field of social work has issues with burnout (H. Kim et al., 2011). Due to varying degrees of stress, social workers in child protection have high turnover rates and poor retention in organizations (McFadden et al., 2015). McGowan et al. (2010) shared, “No issue has a greater effect on the child welfare system’s capacity to serve at-risk and vulnerable children and families than the shortage of a competent and stable workforce” (p. 84). According to McGowan et al., annual child welfare worker turnover has averaged at about 20%–40% and employees are likely to stay in their positions for only 2 years. Nationally, case manager turnover has been at 45%, and supervisory turnover has been at

44%. On average, it takes approximately 7–13 weeks to fill vacant roles, which negatively influences financial outcomes surrounding client–worker separation, replacement of employees, and training new staff. Professionals who are burnt out may detach from job tasks, withhold beneficial information, and take extended break periods (Bakker & Costa, 2014). Ultimately, burnout can affect social workers’ attitudes toward clients, the organization’s role, and themselves; further, their attitudes can be negative (Baciu & Vîrgă, 2018).

In Pennsylvania, child welfare professionals experience stressors at work that impact the quality of care for children. The State of the Child Report (DePasquale, 2017) presented a yearlong review outlining concerns with Pennsylvania’s child welfare system’s ability to keep children safe after reformation of child protective service laws. In 2016, 46 children died due to child abuse, and 79 children were near death in Pennsylvania that year due to neglect and abuse. The report also revealed half of the families out of the 125 children who died or were near death were already in the child welfare system. This finding was an indicator the Pennsylvania child welfare system urgently required intervention. The report outlined how state legislators implemented 24 pieces of legislation amending child protective service laws after the Jerry Sandusky child abuse scandal of 2011, and resources were not provided for caseworkers to accommodate those changes.

As Pennsylvania child welfare laws underwent reform, workers changed their ability to monitor at-risk children’s safety, leaving some county caseworkers and supervisors to surmise children were in less safe conditions. In 2015, an expert noted in the State of the Child Report that “the dam just broke” (DePasquale, 2017, p. 2),

insinuating there were limited people and funding to accommodate massive increases in caseloads for employees who were already overworked and stressed out; therefore, children suffered because of this problem. Areas that have prevented caseworkers from ensuring children's safety are inadequate training, heavy caseloads, and burdensome paperwork.

According to the NASW (2013b), social workers in child welfare professions experience stressful work environments, including high caseloads, increasing workloads, and limited training. Frustrations have been rising for child welfare county workers in Pennsylvania who have been required to complete burdensome paperwork associated with their cases (DePasquale, 2017). Additionally, Pennsylvania child welfare caseworkers have not had enough time to spend with their cases. For example, one Pennsylvania child welfare worker noted there was not enough time in the day to perform job tasks and stated, "We're burning out good workers. It's tough for a lot of folks to deal with the emotional aspects, plus, they just don't have enough time in the day to do the job" (DePasquale, 2017, p. 6).

The State of the Child Report (DePasquale, 2017) indicated employees left child welfare agencies in Pennsylvania because of burnout; ultimately, workers were overwhelmed and wanted to protect their mental health and well-being. One director of a Bucks County CYS agency revealed a disincentive to stay at the agency, suggesting alternative human service agencies offer a regular work schedule with less stress. Employees leaving their role highlights an urgency for administrators to protect caseworkers from becoming overwhelmed. The State of the Child Report explained how administrators polled 66 counties to determine caseworker turnover for the 2014–2015

fiscal year and primarily discovered ranges of 18%–50% in staff turnover. Additionally, in Allegheny County, being a children and youth caseworker was one of the most challenging employment positions and there was an expectation that 10%–20% of caseworkers would leave. The report further showed the worst counties for direct service turnover in 2016 were Dauphin County at 50%, Crawford County at 43%, and York County at 40%.

Limited scholarly social science research journals exist that have chronicled the personal experiences of risk factors for burnout for social work professionals in child welfare agencies in Pennsylvania. Ultimately, burnout experienced by social work professionals in Pennsylvania's child welfare system might be a source of concern for how children and families receive services in the Pennsylvania child welfare system.

Statement of Purpose

The purpose of this study was to explore risk factors of burnout among social work professionals employed in child welfare agencies in Pennsylvania. I explored if organizational stressors were risk factors for burnout among professionals. The following research question guided this study: What are the risk factors of burnout among social work professionals in Pennsylvania child welfare?

Child welfare social workers experience burnout because of organizational stressors such as demanding tasks, structural changes, and debilitating roles (Bainguel, 2019). Finney et al. (2013) characterized organizational stressors for staff in organizations such as inadequate training (i.e., a worker's limited ability to perform a job), limited resources (i.e., lack of resources to perform a job), staff ratios (i.e., levels of staffing), and workload (i.e., working overtime, number of assignments, and types of

tasks). Long-term job stressors can impact emotional exhaustion, cynicism, and limited personal accomplishment, which are descriptions of burnout; further, there is a growing need to research burnout and stressors in organizations to maintain healthy employees (Finney et al., 2013). Essentially, because burnout indicators are present in CYS agencies in Pennsylvania, there needs to be a more extensive study and expansive conversation about risk factors for these professionals.

Study Significance

Social workers have experienced barriers in social work practice with burnout. For example, burnout on the job can develop into negative feelings toward clients, can increase dissatisfaction toward the job, and links to persistent absences from work (Gorji, 2011). Further, social workers deal with stressors such as paperwork fluctuation, staff shortages, and high caseloads, which are risk factors of burnout (H. Kim & Stoner, 2008). My study adds valuable conversation to information presented in the 2017 State of the Child Report (DePasquale, 2017) because it explored if organizational risk factors impacted burnout for child welfare professionals. The current study's outcomes can be presented at conferences to expose burnout implications among Pennsylvania social work professionals, which can compel action toward solutions in the profession.

Several researchers have examined burnout among helping professions. Bainguel (2019) conducted focus groups with Louisiana child welfare social workers and explored the extent of burnout by assessing heavy workloads and lack of rewards associated with burnout. Bainguel found social workers in Louisiana experienced long hours, low pay, negative social interaction, and heavy workloads that led to burnout. However, Bainguel's study was specific to the Louisiana region. Bakker and Costa (2014) found a

positive relationship in a 7-year study with 2,000 dentists between burnout and dissatisfaction, which indicated dissatisfaction in the workplace impacts burnout. However, Bakker and Costa's study was not specific to social workers in Pennsylvania. Pritchett-Jackson (2021) conducted a study exploring relationships between burnout and self-care for social service professionals, finding lower levels of self-care related to increases in burnout. However, Pritchett-Jackson's findings did not examine if Pennsylvania child welfare social workers had the same experience with burnout and self-care. There is a gap in the literature because although the aforementioned studies provide an understanding of how burnout impacts professionals in helping professions, it is not clear if social work professionals in Pennsylvania have experienced similar plights. The current study's significance can reduce this gap in the research through identifying if social work professionals in Pennsylvania CYS agencies had the same concerns with burnout as participants in previous studies.

Employees have been leaving Pennsylvania CYS agencies because they are overwhelmed; further, there are fiscal implications to caseworker turnover. For example, for the 2015–2016 fiscal year, Bucks County lost 12 caseworkers and experienced \$405,132 in investment depletion due to turnover (DePasquale, 2017). The current study identified risk factors of burnout in CYS and may prompt social work organization leaders to reduce challenges for employees through conversations around program policies that can be effective in maintaining workers. These conversations might benefit the quality and longevity of care for children in addition to maintaining funds for hiring caseworkers.

Findings from the current study could result in enhanced partnerships between universities and CYS agencies. The Child Welfare Education Baccalaureates (CWEB) program and the Child Welfare Education Leadership (CWEL) program were created to enhance public child welfare services throughout Pennsylvania (University of Pittsburgh School of Social Work, n.d.). The CWEB and CWEL programs provide an educational and financial pathway for undergraduate and graduate students interested in becoming employed or maintaining employment in the 67 child welfare agencies in Pennsylvania. Students enrolled in approved colleges with social work programs are provided an educational fellowship or significant financial support during their school tenure in exchange for a contractual agreement to accept or maintain employment in a child welfare agency in Pennsylvania after graduation. Through the information provided in the current study, universities and CYS agencies associated with the CWEB/CWEL program partnership could gain knowledge into the burnout phenomenon for child welfare professionals in Pennsylvania and take approaches to reduce sources of burnout based on participants' personal experiences. The current study could encourage universities and child welfare agencies to work collaboratively and determine strategies that effectively address burnout characteristics. For example, collaborative work could take form with CYS agencies and university leaders having meetings around research presented on burnout and developing proactive solutions to support students moving toward a career in CYS. Overall, a strengthened partnership between CYS agencies and universities may boost resiliency and reduce stressors for professionals transitioning into CYS agencies.

Chapter Summary

Chapter 1 provided an overview of the social work profession, which gave insight into various roles associated with the industry. I introduced the problem statement, which provided insight into how burnout impacts child welfare professionals nationally. The chapter shifted to the statement of purpose, which outlined why it was pivotal to study burnout connections to organizational risk factors among child welfare employees in Pennsylvania. Lastly, the study's significance reviewed gaps in research regarding the impact of burnout among child welfare professionals in Pennsylvania and how the current study can provide an understanding of how employees in the region experience burnout in organizations. Chapter 2 introduces the literature review regarding the burnout phenomenon.

Chapter 2: Literature Review

Chapter 2 overviews corresponding literature around the history and relevance of the child welfare system. This chapter provides insight on the historical evolution of burnout and how psychologist Maslach (1976) defined burnout in human services professions. The chapter provides definitions and examples around the construct of burnout, which is emotional exhaustion, depersonalization, and limited personal accomplishment. The chapter also addresses health implications of burnout, including physical and psychological ramifications employees face. Lastly, the chapter touches on risk factors of burnout, such as role stress, high caseloads, excessive documentation, and ineffective training.

Child Welfare Services

Child welfare services are ongoing services designed to ensure families and children are safe and acquire resources to care for children successfully (Child Welfare Information Gateway, 2018). Child welfare services help vulnerable children, youth, and families, and provide a variety of intervention and prevention programs that support children at risk for neglect and abuse (National Association of Social Workers [NASW], 2013b). Child welfare services include (a) child placement; (b) family or out-of-home placements; (c) adoption; and (d) intervention, prevention, and treatment. In addition, child welfare services protect the well-being of children, strengthen families, and ensure permanency when children are unable to safely remain with their families; ultimately, services should be trauma informed; strength based; and respect the culture, values, customs, and beliefs of families (NASW, 2013b).

Child welfare services are supported by U.S. law. Child welfare services in the United States have been evident during multiple eras, such as colonial times to 1875, postcolonial times from 1875 to 1962, and through the modern government era beginning in 1962 when the social work profession helped facilitate child protection in accompaniment with law (Myers, 2008). The Child Abuse Prevention and Treatment Act (CAPTA) was passed on January 31, 1974, and addresses child abuse and neglect; furthermore, the legislation was amended several times and reauthorized on December 20, 2010 (Child Welfare Information Gateway, 2019). The CAPTA provides guidance and federal funding to states in support of assessment, prevention, prosecution, treatment, and investigation, in addition to providing grants to nonprofits and public agencies for projects and demonstration programs. The CAPTA defined *neglect and child abuse* as:

Any reason to act or failure to act on a part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm. (Child Welfare Information Gateway, 2022b, p. 1)

Protection for children is facilitated through public child protective services agencies, which receive, respond to, and investigate acts of neglect and child abuse. Additionally, child protective service agencies are tied to child welfare departments (e.g., foster care and adoption services) that have greater responsibility for child protection and are traditionally in county and state social services (Schene, 1998). Child welfare workers in child protective service agencies coordinate services to prevent child abuse, investigate issues of child abuse, analyze cases about neglect, promote safety for children/families, and assess resources, all to care and support children and families (Child Welfare

Information Gateway, 2018). Additionally, child welfare workers coordinate foster care services for children and facilitate reunification, adoption, or permanency for children and youth residing in foster care.

The Pennsylvania Department of Human Services (n.d.) Office of Children, Youth, and Families is a state agency that leads, plans, directs, and coordinates statewide children's child welfare programs. It also fosters development of state, family, and child services plans that convey how Pennsylvania adheres to federal guidelines to receive funding. Essentially, the programs consist of social services provided by county children and youth services (CYS) agencies, in addition to the Agency of Bureau of Juvenile Justice Services.

Burnout

Evolution of Burnout

The emergence of burnout stems from U.S. psychologist Herbert Freudenberg, when he revealed his colleagues were burnt out from working during the free clinic movement (Freudenberg, 1974). In 1967, the first free clinic surfaced in Haight Ashbury, San Francisco in California to support individuals suffering from medical conditions (e.g., venereal diseases, infections) and drug usage (Fontes, 2020). Additional free clinics emerged in New York in 1970 (Fontes, 2020). Freudenberg (1974) emphasized an informal term of burnout while assessing volunteers at Martin's Free Clinic in New York's East Village; he ultimately found these volunteers had reduced commitment, emotional depletion, and loss of motivation because of working with the various populations in the clinic (Schaufeli, 2017). Freudenberg suggested because human service professionals are dedicated to their work with vulnerable populations, they fall

into the trap of burnout, where they work long hours and very intensely. Freudenberg's work on this subject awarded him a Gold Medal Award by the American Psychological Association (Schaufeli, 2017).

In further examination of burnout, Schaufeli (2017) discussed Maslach, a social psychologist researcher who interviewed human service employees in California to explore workers' emotional arousals as they performed demanding job tasks, in addition to how employees coped with performing these obligations. After reviewing the employees' self-descriptions, Maslach labeled the psychological condition as burnout. Maslach (1976) conducted a study on 200 professionals, including childcare workers and social welfare workers, and found these employees dealt with stress by distancing themselves from their work clients. Maslach observed employees' feelings toward clients became cynical and negative, noting workers who were stressed had reduced coping skills and were burnt out. Ultimately, burnout was a factor in poor service delivery for clients and welfare services; further, work morale was lower, and workers had higher absentee and turnover rates. Maslach noted clients had to wait longer periods and received less attention from burnt-out professionals.

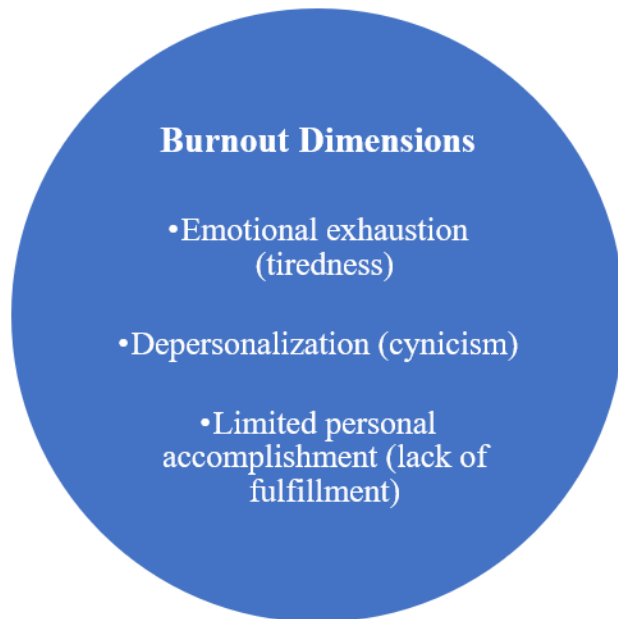
Dimensions of Burnout

Burnout is an array of physical, emotional, and interactional symptoms impacted by stressful events. Bianchi et al. (2015) stated symptoms of burnout include fatigue, loss of motivation, a cynical outlook on employment, and thoughts of ineffectiveness and failure. According to H. Kim et al. (2011), burnout involves emotional exhaustion, depersonalization, and limited personal accomplishment; thus, these dimensions are

further discussed to understand each context. See Figure 1 for a visual depiction of the dimensions of burnout.

Figure 1

Dimensions of Burnout



Emotional Exhaustion

Emotional exhaustion occurs when individuals engage in overwhelming job tasks (Bakker & Costa, 2014). Exhaustion is fatigue that stems from the devotion of excessive time and effort toward tasks not perceived as beneficial. As an example, a feeling of emotional exhaustion can arise regarding caring for a client with little chance of recovery (Mealer et al., 2016). Ultimately, individuals with significant work responsibilities and demanding work environments become overwhelmed. As a result, emotional exhaustion develops and can influence employees to detach from work responsibilities, adopt a late-

for-work pattern, and retreat from attending their jobs, which all impact employee performance (Aksu & Temeloğlu, 2015). Similarly, Rittschof and Fortunato (2016) indicated professionals who experience burnout are overextended emotionally and lack coping resources. For example, Pennsylvania caseworkers have had breakdowns from being overwhelmed, and many have stated they cry every night (DePasquale, 2017).

Depersonalization

Depersonalization is characterized as an indifferent or distant attitude toward a job (Mealer et al., 2016). Further, depersonalization entails cynical, negative, and calculated behaviors from an individual, such as when a person can act impersonally toward clients and coworkers. Depersonalization can be expressed through unprofessional commentary toward coworkers, blaming clients for their medical concerns, and lack of empathy or grief when a client passes away. Depersonalization can include a cynical mindset, such as employees who exhibit hostile gestures toward their colleagues in the workplace (Aksu & Temeloğlu, 2015). In addition, people they serve become objects, causing workers to project cynical and negative behaviors toward them. Pranjic and Bilić (2014) suggested depersonalization is one aspect of burnout that can be detrimental to employees and organizations because it characterizes reduced empathy and loss of sensitivity. Practitioners who experience depersonalization can detach from their clients in the workplace (Bakker & Costa, 2014). For example, one Pennsylvania child welfare caseworker detached from her clients due to intense job demands and felt like she sacrificed time with her own children to support children on her caseload (DePasquale, 2017).

Limited Personal Accomplishment

For the final aspect of burnout, Bakker and Costa (2014) stated *limited personal accomplishment* stems from employees losing confidence in their job performance. A reduced sense of personal accomplishment is the negative evaluation of someone's own performance, causing them to feel insufficient in their abilities to perform the job and experience poor professional self-esteem (Mealer et al., 2016). According to Aksu and Temeloğlu (2015), limited feelings of success manifest when employees begin assessing themselves negatively. Personal accomplishment connection with burnout is based on self-fulfillment; therefore, the more an individual experiences burnout, the more their personal accomplishment is diminished (Mukundan & Khandehroo, 2010). For instance, Mukundan and Khandehroo (2010) conveyed teachers who feel a lack of success and accomplishment in their work can have reduced professional efficiency and a negative outlook on their ability to perform as professionals.

Burnout Health Implications

Social workers with burnout can experience health complications. Bakker and Costa (2014) suggested burnout among professionals consistently links to medical complaints and declining health. Further, it is a risk factor for type 2 diabetes. Baciu and Virgă (2018) reported higher levels of drug, tobacco, and alcohol use among social workers who were burnt out and physical implications such as headaches and gastrointestinal infections. H. Kim et al. (2011) linked musculoskeletal disorders—mostly in women—and cardiovascular disease—mostly in men—to people who had experienced burnout. Additionally, common colds and flu-like illnesses were commonly found among burnt-out social workers.

Hussein (2018) stated stress is a factor for burnout among social workers. Essentially, the more vulnerable clients are perceived to be, the higher amounts of stress social workers develop. In fact, social workers working with children experience the highest levels of stress. If high levels of stress go unattended, a social worker's well-being and health outcomes may be negatively impacted. Further, stress can affect health conditions, including cardiovascular disease and musculoskeletal disorders.

Burnout can impact psychological distress levels (H. Kim et al., 2011). Impaired decision-making skills are a result of burnout, and professionals who are exhausted have limited concentration toward tasks, which increases the likelihood of making mistakes in their role (Bakker & Costa, 2014). Aydın and Şimşek (2017) found high levels of distress in social work staff in the United Kingdom, with 74% of respondents showcasing pathological levels of anxiety. These social workers had increased depression, anxiety, and irritability stemming from intense burnout. Schaufeli (2017) conducted a 7-year study and concluded high levels of burnout are a risk factor for future depressive symptoms. Ultimately, symptoms of burnout are job related but can also be generalized across all situations and influence depression.

Risk Factors

Role Stress

Bainguel (2019) stated stress is subjective; however, stress involves a constraining force, is physical, and can impact mental tension. Stress can also damage an individual's health due to the impact of stress on the autonomic nervous system.

According to Hussein (2018), high stress levels are associated with burnout and impact

how practitioners care for clients. H. Kim and Stoner (2008) indicated a professional with high stress levels is more likely to have negative attitudes toward clients.

The first risk factor of burnout is role stress. *Role stress* is the pressure workers experience when they are incapable of learning and understanding the rights and obligations associated with their work and how to perform their roles adequately (Wu et al., 2019). Wu et al. (2019) further indicated role stress is an imbalance influenced by external factors; therefore, role stress interrupts internal stability and impacts an individual's ability to express themselves with adequate role behaviors. Social workers feel burnt out when they inhabit higher levels of role-related stress, which is characterized by role overload, role ambiguity, and role conflict (H. Kim & Stoner, 2008).

Role Overload

According to Kwag and Kim (2009), *role overload* is an imbalance between demands placed on employees and resources provided to meet those expectations. Professionals who experience role overload must meet unrealistic deadlines, and they might not acquire the knowledge to perform all job tasks diligently. Role overload happens when there are various expectations associated with a role, such as large demands on job outputs with limited time to complete those outputs (Qazi & Nazneen, 2016). Employees with excessive job responsibilities may lack concentration and focus; therefore, their job cannot be completed (Sutanto & Wiyono, 2016). Wu et al. (2019) found role overload can be an internal role conflict where an employee can acquire many responsibilities in their workplace and must display multiple behaviors to satisfy their position in the organization. Sutanto and Wiyono (2016) showed the higher an employee

experienced role overload, the lower their performance. Employees with more work opportunities than they can bear can experience stress, negative feelings, exhaustion, and psychological health issues (Ee et al., 2017). Researchers have suggested employees with astounding work levels (i.e., role overload) are at risk of feeling emotionally exhausted, which is a symptom of burnout (Heverling, 2011; Kwag & Kim, 2009).

Role Ambiguity

Role ambiguity is employees' perceptions of uncertainty concerning various aspects of their job (Aydıntan & Şimşek, 2017). According to Yunus and Mahajar (2015), role ambiguity signifies a lack of clarity or instruction regarding a position's requirements. Role ambiguity results in unclear feedback for individuals regarding their responsibilities and performance from managers. When role ambiguity surfaces, there is not a clear picture of work objectives for employees, in addition to limited understanding regarding expectations of work activities from leadership.

Lloyd et al. (2002) stated social workers experience high levels of role ambiguity. Examples of role ambiguity are connected to organizational changes that undermine social work concepts, increased ethical dilemmas in meeting client needs, and dealing with clients' plights through reduced resources. Role ambiguity can influence elevated degrees of burnout for social workers due to limited feelings of personal accomplishment.

Role Conflict

Role conflict is "the simultaneous occurrence of two or more role requirements, so that performance of one of them makes the performance of the other more difficult" (Aydıntan & Şimşek, 2017, p. 11). Workers who experience role conflict may have incompatible and inconsistent job responsibilities and conflicting perceptions of their

role, which creates stress for employees due to the contradictory nature of the job. Aydınhan & Şimşek (2017) presented a story about an executive prompted to develop new skills in dealing with governmental regulations; however, this professional lacked training on required skills and could not effectively master the changes. Ultimately, workers who experience role conflict might not fulfill all job requirements and could deem the position too demanding. A simultaneous occurrence between two job requirements in which performance of one task makes the other task challenging can be pressuring for professionals.

Social workers experience role conflict when demands are in place without autonomy (Lloyd et al., 2002). For example, social workers may experience conflict due to limited input on clients they service, length of their clientele relationship, functions associated with their responsibilities, and value associated with their work. Further, social workers lack the resources and staffing abilities to complete the work expected of them. Lloyd et al. (2002) suggested social workers are impacted by changes in social policies and legislation that increase responsibilities for social workers with decreased autonomy and control. Stress derives from role conflict, and role conflict increases the amount of burnout and job dissatisfaction experienced by social workers.

Caseload

Another risk factor of burnout is caseload. Child Welfare Information Gateway (2022a) defined a *caseload* as:

The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members

and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region). (p. 2)

A high caseload is an indicator of burnout, and high caseloads can lead to exhaustion related to burnout (Heverling, 2011). Child Welfare Information Gateway (2022a) stated, “Large caseloads and excessive workloads in many jurisdictions can make it difficult for child welfare caseworkers (workers) to serve families effectively” (p. 1). Caseloads are remarkably high in child protection work, and child protection workers with high caseloads produce a low quality of care. For example, case workers in Steen’s (2010) study involving New York child protection systems could not provide legally required field visits to families efficiently.

As of 2017, CYS caseworkers in Pennsylvania averaged 10 new cases per week, but the case number should have been 10 new cases per month; a worker with a caseload of 35 cases was considered as having an out-of-control number of cases (DePasquale, 2017). Supervisors and administrators throughout the 13 Pennsylvania counties noted these unimaginable caseload sizes impact stress for workers. Further, there was not enough time to engage clients due to meetings and limited time in the day, even with a caseload of 15–20, especially if they were dealing with cases involving addiction. Additionally, caseworkers lacked the resources to fully care for the children’s needs on their caseloads.

Documentation

A third risk factor of burnout is documentation. Sutter (2003) defined *documentation* as “the process of identifying, collecting, and making publicly available existing records, such as correspondence, computer files, photographs, etc., that are of

enduring historical value. Documentation can also refer to the records themselves—the papers, photographs, etc.” (p. 2). Documentation may also involve creating new records to provide context for existing ones or to fill gaps in the historical record. For instance, Sutter (2003) stated:

An oral history interview might be recorded to fill in or complete a set of someone’s family papers or an organization’s records. Similarly, photographs of an individual or a building, or a videotape of a community event, may flesh out information on paper, or it may help tell a part of the story that isn’t reflected in the records. (p. 2)

The Northern Ireland Association of Social Workers (2012) conducted a study around bureaucracy of paperwork and face-to-face time with clients in child protection work. The Northern Ireland Association of Social Workers found 70% of the workweek was spent filling out paperwork, and the quality of social work would increase if there was reduced time spent performing such bureaucratic tasks. Ommaya et al. (2018) suggested documentation is often tedious and used to appease payer regulations, which makes clinicians feel an overwhelming responsibility to satisfy documentation demands in clinical records after servicing patients. Clinicians spend an enormous amount of time on nonclinical activities and mandated documentation that can lead to extra work hours and burnout. For instance, physicians in Ommaya et al.’s study spent about 50% of their time completing clinical documentation. In addition, nurses and clinicians reported dissatisfaction with the daunting process of electronic documentation; therefore, these professionals felt burnt out by their administrative tasks that were causing isolation, distress, cynicism, and emotional exhaustion.

According to Ranjbar and Ricker (2018), documentation contributes to burnout due to the urgency to meet billing standards for generating revenue, and multiple hours are spent adhering to electronic health records documentation, which reduces the opportunity to engage patients in purposeful ways. For example, Ranjbar and Ricker noted record keeping takes 2 hours for every 1 hour of patient care. Overall, Ommaya et al. (2018) suggested clinicians are burdened with administrative tasks that add limited value for patient care.

Training

A fourth risk factor of burnout is training. Masadeh (2012) defined *training* as: A planned process to modify attitude, knowledge, or skill behavior through a learning experience to achieve effective performance in any activity or range of activities. Its purpose in the work situation is to develop the abilities of the individual and to satisfy current and mutual manpower needs of the organization. Training endeavors to impart knowledge, skills, and attitudes necessary to perform job-related tasks. It aims to improve job performance in a direct way. (p. 63)

Training is essential in preventing burnout because employees want to excel in their positions; therefore, opportunities for training enhance workers' skills and confidence in their roles (Hills, 2019).

Childhood educators are at risk of burnout for not acquiring the skillsets to assist with challenging behaviors in the classroom; further, teachers employed in early childhood programs have reported they need more training around working with children regarding challenging behaviors (Stormont & Young-Walker, 2016). According to

Stormont and Young-Walker (2016), childcare educators in the United States experience 30% turnover rates working with children who have problematic behaviors; one of the leading factors of this turnover percentage is lack of training. As of 2016, educators in early childhood programs reported 67% of training for their positions already covered material they knew; further, 76% reported they needed more training programs regarding childcare. Ultimately, 35% of teachers felt stressed in caring for children, with 17% of teachers quitting their positions.

In the Monterey County Department of Social Services, Family and Children Services in California, newly hired social workers must attend standardized training; although training is available, workers have generally believed their orientation period was insufficient when placed in their new roles (Monterey County Civil Grand Jury, n.d.). According to Barford and Whelton (2010), youth and childcare employers cannot provide adequate training for workers; therefore, inadequate training and additional factors, such as limited support from policymakers, serve as a risk factor of high turnover in the child and youth care field. The reduction of long-term, committed employees is a concern in the industry; child and youth care work is incredibly stressful, and high turnover rates might stem from the effects of burnout.

Chapter Summary

Chapter 2 addressed the historical context of the child welfare system dating to postcolonial times up until the modern era. Burnout was also defined in this chapter as (a) emotional exhaustion, where individuals feel exhausted in their roles; (b) depersonalization, where employees acquire anger and frustration on the job; and (c) limited personal accomplishment, where staff feel inadequate in their positions. Chapter 2

addressed physical implications of burnout, such as type 2 diabetes, and psychological impacts, such as depression. Risk factors of burnout described in this chapter were role stress, which touched on concerns around role overload, role ambiguity, and role conflict. In addition to caseload sizes leaving workers emotionally exhausted, documentation requirements have increased distress in the profession, and ineffective training negatively impacts professionals' abilities to perform their roles, which associates with stress. Through exploring the literature, I found a gap in research regarding if experiences with burnout applied to Pennsylvania child welfare professionals; therefore, the current study explored burnout risk factors for Pennsylvania child welfare professionals. Chapter 3 provides a theoretical discussion regarding theories that connect with burnout implications in organizations.

Chapter 3: Theoretical Considerations

Chapter 3 explores job demands–resources (JD-R) theory, bureaucratic management theory, and conservation resource theory. The chapter provides an overview of each theory by assessing the origins of these theories and a description of how the theories function. Lastly, I make connections of how the JD-R theory, bureaucratic management, and conservation resource theories contribute to the overall problem of burnout in organizational settings.

JD-R Theory

According to Demerouti et al. (2019), researchers Evangelia Demerouti, Arnold Bakker, Friedhelm Nachreiner, and Wilmar Schaufeli introduced JD-R theory in 2001. The JD-R theory is used to predict organizational commitment, job burnout, work engagement, connectivity to work, and work enjoyment, in addition to job performance and employee well-being (Chavarría, 2016). The JD-R theory was inspired by job stress and job design theories and incorporates principles of Hackman and Oldham's (1976) job characteristics model (Chavarría, 2016).

According to Hackman and Oldham (1976), the job characteristics model unravels employees' responses to work, explores five job dimensions that impact three psychological states, and leads to personal and work outcomes. The five dimensions are (a) skill variety (i.e., a person with a range of skills and talents), (b) task identity (i.e., a job is completed as whole), (c) task significance (i.e., a job has an impact on other people's lives and internal/external stakeholders), (d) autonomy (i.e., a position allows freedom and independence for an employee to schedule work tasks), and (e) feedback (i.e., direct and clear information is provided based upon performance). The five

dimensions impact three psychological states, including (a) experienced meaningfulness of the work, (b) experienced responsibility for work outcomes, and (c) knowledge of the results and activities. Essentially, an employee is impacted by what they learn, what they perform well, and what they care about. Ultimately, a positive effect at work is reinforcing to an employee and incentivizes better performance; however, not performing well produces a negative, internal impact.

According to Demerouti and Bakker (2011), the JD-R theory looks at how demands and resources interact and predict outcomes in organizations. The primary assumption of the JD-R theory is occupations acquire risk factors of job-related stress, which can be classified into two categories (i.e., job demands and job resources). *Job demands* are the social, physical, psychological, and organizational outlooks of a job that require sustained cognitive or emotional skills and can influence certain physical or psychological implications (Demerouti & Bakker, 2011). Examples of job demands are elevated work pressures, irregular working hours, and unpleasant physical environments. Job demands are not always classified as negative; however, they can manifest into job stressors when expectations of demands require immense effort, and the employee cannot adequately recover. Alternatively, *job resources* are physical, psychological, social, and organizational aspects of a job that are responsible for stimulating personal growth and development, decreasing job demands associated with psychological and psychological costs, and providing functionality in achieving work goals (Demerouti & Bakker, 2011). Job resources do not always associate with job demands; however, they are pivotal and are used to achieve and protect other valuable resources. Job resources can be seen in the macro level of organizations (i.e., salary and career opportunities), the interpersonal level

(i.e., supervisory and coworker support), and the task level (i.e., performance feedback, skill variety, task identity, autonomy, and task significance).

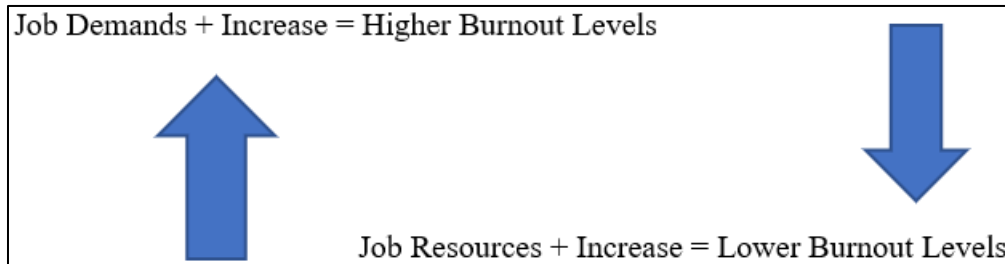
In connecting the JD-R theory to the problem of burnout, burnout connects with the demands of work and job resources (S. Kim & Wang, 2018). The two processes work differently; job demands is the energy-driven process and job resources is the motivation-driven process. Job demands and job resources are not measured alone and are examined through subvariables such as role stress, ambiguity, role conflict, task overload, physical workload, and time pressure, in addition to variables associated with job resources, like autonomy, peer support, and good relationships with supervisors. Lee and Ashforth (1996) conducted a meta-analysis on the relationship between job demands and job resources, in addition to outcomes at both the personal and organizational levels. Lee and Ashforth found predictors for exhaustion between job resources and job demands. Unmet expectations in organizations were considered job resources, and unmet needs strongly correlated with emotional exhaustion. Additionally, five out of eight job demands (i.e., workloads, stressful events, role stress, role conflict, and role ambiguity) were strongly connected to emotional exhaustion (Lee & Ashforth, 1996).

The JD-R theory reveals high job demands (e.g., workload) can exhaust employees' mental states and lead to health implications or burnout (Bakker et al., 2003). Further, reduced job resources denotes goal accomplishments for workers and elevates frustration among staff, which leads to reduced motivation and withdrawal from the job because resources are not present to meet high work demands. Ultimately, professionals engage in reduced commitment as a defense mechanism that aids in the prevention of

future frustration of not meeting workplace goals. See Figure 2 for the relationship between the JD-R theory and burnout.

Figure 2

The Relationship Between JD-R Theory and Burnout



Note. Adapted from “The Job Demands–Resources Model: Challenges for Future Research,” by E. Demerouti and A. B. Bakker, 2011, *Journal of Industrial Psychology*, 37(2), pp. 1–9 (<https://doi.org/10.4102/sajip.v37i2.974>).

A limitation to the JD-R framework is job demand and job resources might not always be distinctive in the model (Schaufeli & Taris, 2014). For example, an employee who experiences resource depletion should put more effort into achieving work goals. However, the JD-R theory typically argues effort toward goals is a function of job demand, which surmises a lack of resources could also be considered a job demand. Overall, Schaufeli and Taris (2014) argued the concepts of resources and demands should be redefined.

Bureaucratic Management

Bureaucratic management was well-known in the United States after World War II, and it was the dominant structure in organizations during the 20th century (Weinbach

& Taylor, 2015). According to Heady (1959), sociologist Max Weber was instrumental in adding to the conversation of bureaucratic management. Weber believed a bureaucracy was the most efficient option in maintaining organizational structure because it establishes rules, procedures, processes, clear hierarchy, formalized functions, and human relations in companies (Abun et al., 2021). Rules and procedures are efficient, which reduces the threat of nepotism and favoritism among employees. Bureaucratic management design has remained the leading model in organizations (Weinbach & Taylor, 2015).

Bureaucratic management structure has five principles (Weinbach & Taylor, 2015). The first principle is a vertical organizational hierarchy where a person exists at the top as the person in power and power decreases at each lower level of authority. For example, a management structure may consist of top managers, lower managers, and employees. Employees cannot shift to the top for communication, and top managers cannot shift to the bottom for communication; ultimately, the flow of management and communication to solve problems works through a channel where employees report to the lower superior before going to the higher superior (Abun et al., 2021). A second principle is the bureaucracy of rules where procedures should guide problem solving, and employees/managers should make organizational decisions based on appropriate regulations. Further, when problems arise, organizations should routinely review procedures and policies. A third principle consists of promotion and rewards based upon demonstrated technical competence, which suggests an employee who does the job well gets rewards, and sometimes gets to the next level in the organizational hierarchy (Weinbach & Taylor, 2015). The fourth principle is division of labor and occurs when

employees are bound by their job according to specialization and skills; further, employees are provided a job description for that role and are not concerned with other parts of the organization outside of their territory (Abun et al., 2021). The fifth principle of efficiency is when employees should accomplish job tasks with minimum time and effort. To increase efficiency, managers must revise rules and regulations to ensure effectiveness (Abun et al., 2021).

Bureaucratic management theory impacts burnout because employees may feel stressed by policies leaders create in bureaucratic settings. Formalization in agencies includes written rules; employees may experience job stress while working in bureaucratic organizations due to formalized organizational norms (Lait, 2000). Formalized organizations reduce autonomy for workers because they present repetitive procedures and depersonalize employee activities. Clients need innovative solutions for various problematic conditions; with limited autonomy to problem solve client barriers, formalization can increase stress for employees. Formalized settings can also increase administrative work for employees. Administrative tasks, such as documentation, reduce the time human services professionals spend with clients. Lait (2000) proposed organizations place a higher priority on completing paperwork as opposed to direct contact hours with clients. Heavy workloads, such as administrative tasks and high caseloads, can lead to work stress.

Although the benefit of bureaucratic management promotes an efficient work environment, this organizational design has several limitations: (a) friction, (b) insularity, (c) bloating, (d) risk aversion, (e) inertia, and (f) politics (Abun et al., 2021). *Friction* creates too much work in an organization, delays decision making, leads to excessive

paperwork requirements, and wastes too much overall time for workflow. Because of friction, there can be a delayed response to concerns in the external organizational environment. *Insularity* refers to managers who neglect to understand the emerging trends in the external environment and miss the opportunity to better serve clients. Further, leaders may spend too much time discussing issues and assessing internal organizational conflict. *Bloating* describes a company with too many managers or too many layers of management. Multiple managers can mean higher costs and limited organizational efficiency. *Risk aversion* refers to employees who have limited autonomy and follow administrators' procedures and rules out of fear of failure; therefore, staff do not explore new approaches and projects in the workplace. *Inertia* refers to professionals not being interested in organizational change because they believe changes are made by top management. Ultimately, the philosophy that changes are only made by top management decreases new opportunities from external environments. *Politics* refers to employees trying to gain power in organizations, which creates enemies among staff. Staff may begin blaming each other for organizational problems, and promotions may be based upon political connections instead of merit.

Conservation Resource Theory

Hobfoll (1989) introduced the stress model, conservation resource theory, to understand behaviors during stressful events. The model states individuals make efforts to retain their resources. Conservation resource theory is prominent in organizational psychology because it predicts the positive and negative implications of stress and emphasizes the roles of resource possession, lack of resources, and resources lost and

gained in organizations (Chen et al., 2015). Individuals essentially strive to protect objects of value and employ strategies that support fitting into organizations and cultures.

Conservation resource theory suggests people are inspired to protect their resources (i.e., conservation) and acquire new resources (i.e., acquisition; Halbesleben et al., 2014). Resources are conceptualized as things of value, such as objects, conditions, and additional areas of interest. Examples of resources are job security, autonomy, social supports, and emotional stability. The personal experience of an individual shapes the value of a resource, and Halbesleben et al. (2014) provided an example of time spent with family as a valuable resource for one individual but not valued by another individual. The first principle of conservation resource theory is primary resources loss, where it is more detrimental to lose resources than gain the resources lost. The principle suggests resources lost at work are more harmful than the value gained. As an example, an employee losing income at work is more impactful than this employee gaining income. The second principle is resource investment, which suggests people invest resources to recover from losses and gain additional resources. An example of resource investment is by using coping mechanisms, where coping is an investment in a resource to prevent loss of resources in the future.

The third principle of conservation resource theory is paradoxical, which suggests resources gain increased prominence as they relate to resources lost; essentially, when resource loss is elevated, resource gain becomes increasingly important in value (Hobfoll et al., 2018). A fourth principle conveys people acquire a defensive mode when resources are overstretched. Ultimately, the fourth principle allows people to wait for assistance or regroup, or allows the immediate stressor to pass.

In the connection to burnout, conservation resource theory's premise is individuals want to maintain resources they acquire, such as conditions (i.e., jobs) and energy (i.e., support; Çam & Öğülmüş, 2019). The theory suggests stress and tension will rise when resources are depleted or threatened, and burnout is likely to occur for individuals, especially when new resources are not provided. Loss of resources essentially impacts psychological trauma for workers; inevitably, employees will experience dissatisfaction, depression, and anxiety. As an additional response and form of protection, Çam and Öğülmüş (2019) suggested employees may plan to relocate or leave their positions in the workplace.

Conservation resource theory also has limitations. Resources, as they relate to managerial stress, can decrease or increase differently depending on the country or culture; thus, researchers should examine if the value and meaning of resources are different across cultures (Halbesleben et al., 2014). A universal assumption regarding a resource being valuable is not the premise for all cultural settings. Cultures could differ in how they value satisfaction and autonomy, which might determine a different value regarding resources.

Theoretical Frameworks and Risk Factor Connections

The theoretical frameworks used in the current study further show a few connections to the risk factors of burnout. The JD-R theory (Demerouti et al., 2019) shows connections to risk factors, such as role stress, by unveiling role conflict and workloads that are high and pressuring are considered job demands. Further, job demands might impact some degree of emotional exhaustion. Bureaucratic management theory (Weinbach & Taylor, 2015) shows connections to risk factors, such as high caseloads,

excessive documentation, and training. Essentially, the framework suggests organizational policies that promote high caseloads and documentation can influence elevated forms of stress for employees. Further, employees must understand their job task efficiently; therefore, managers must provide options that enhance work competency for staff (i.e., training). Lastly, conservation resource theory (Halbesleben et al., 2014) shows connection to the risk factor role stress because when work resources (i.e., autonomy) are depleted and not replaced, employees can experience increased levels of stress. Table 1 shows the connection for the risk factors of burnout to the theoretical framework.

Table 1

Connection for Risk Factors of Burnout to Theories

Theory	Risk factors of burnout
Job demands-resources theory	Role stress (i.e., role conflict, work overload)
Bureaucratic management	Caseload, documentation, training (i.e., excessive paperwork/high caseloads/work development)
Conservation resource theory	Role stress (i.e., limited work resources)

Chapter Summary

In Chapter 3, I discussed connections of burnout to the JD-R, bureaucratic management, and conservation resource theories. Additionally, I highlighted the origins and limitations of each theory and showed connections between the risk factors of burnout and theories. Chapter 4 addresses the research design for the current study.

Chapter 4: Research Design

In Chapter 4, I introduce a rationale for using qualitative research that revealed participants' stories. This chapter provides an outline of the formation and retention of child welfare professionals who work in children and youth services (CYS) agencies. I used purposive and snowball sampling to acquire participants. Chapter 4 reveals tools, such as NVivo, that I used to extract data from the sample and unravel connections and terminology from interviews to form themes in conjunction with the research question. I share validation tactics to present the accuracy of the current study. Ethical considerations in the current study connect with the code of ethics and Institutional Review Board (IRB) expectations toward confidentiality for participants. Issues of trustworthiness and limitations highlight pitfalls in the study. Finally, I share my positionality to introduce my experiences with burnout.

Rationale for Research

Creswell and Poth (2018) stated qualitative research emphasizes observers in the world and inhabits interpretative material that makes the world visible. Essentially, the world is transformed under a qualitative method and views are seen through representations, such as interviews and conversations. Qualitative researchers explore things in their natural settings to interpret a phenomenon and the meaning of people who acquire experiences. Qualitative research starts with assumptions and theoretical frameworks that inform the research problem. In studying the problem, qualitative researchers use a qualitative approach to collect and assess data that establish themes and patterns. A final written report or presentation is created to convey the voices of participants.

I used a qualitative method to unveil a more profound experience from participants regarding burnout. According to Padgett (2017), qualitative research explores the complexities participants might experience in their world using a holistic approach. A holistic approach favors natural observation, closeness, and reduced controlled conditions. Qualitative research is subjective and questions the reality of a subject matter. I intended to acquire a clear understanding of how child welfare professionals viewed burnout and tell their stories through the current study. Using a qualitative method allowed social work professionals an open and safe platform to express their feelings regarding roles in CYS agencies. Overall, I was interested in identifying risk factors among participants that could explain if burnout is a concern in child welfare agencies in Pennsylvania.

Research Sample

In qualitative research, there are different sample size considerations with no formal rules regarding the amount in the sample (Padgett, 2017). Instead, the expectation for sample size in qualitative research is to absorb intricate details about people who are studied and to specify information instead of generalizing (Creswell & Poth, 2018). I was interested in exploring the risk factors of burnout in Pennsylvania. I believed participants' responses would provide comprehensive information for this area of exploration.

Essentially, the current study's inclusion criteria were participants who were social work professionals and acquired experience in CYS agencies in Pennsylvania. I solicited professionals with bachelors, masters, and doctoral degrees in social work with experience working in child welfare. I sought participants who were of any gender, race, culture, ethnicity, or religion. Participants were 18 years of age and older. Social work

professional participants formally worked in CYS agencies in Pennsylvania, either previously or at the time of the study. Exclusion criteria for the current study were participants who had not acquired experience in CYS agencies in Pennsylvania, and professionals who had not acquired social work degrees; they were excluded from the current study.

Based on the inclusion and exclusion criteria, I collected data from 10 participants. I used snowball and purposive sampling to recruit participants. According to Padgett (2017), snowball sampling uses a referral system where participants are identified for a study through other participants in their network and among hidden populations. I used snowball sampling as a marketing tactic to increase participant recruitment based on personal contacts and already established study interviewees. Purposive sampling involves seeking out participants who can provide knowledge on the phenomenon (Padgett, 2017). I used purposive sampling to access CYS agency participants who could provide in-depth information on the subject of burnout.

Recruitment of participants for the current study began after the IRB's approval on December 2, 2019. For participant recruitment, I solicited personal contacts through text, chat, and email who met the criteria to be study participants and had affiliates in CYS agencies. I sought referrals from personal contacts and existing participants to enhance participation in the current study. Once a few participants were established, I sought referrals from interviewees to increase the sample size for the current study. Ten social work professionals from CYS agencies in Pennsylvania participated in the current study. I asked participants to spread information about the current study as another tactic to increase the participant pool. Participants received consent forms outlining the

structure and purpose of this project. I instructed interviewees to sign and return the consent forms before engaging in interviews.

Data Collection

According to Creswell and Poth (2018), data can be collected from people who experience a phenomenon through extensive interviews, during which open-ended questions can be posed. For the purpose of the current study, performing interviews was the best option to hear the stories of CYS employees. I implemented individual interviews with current and former employees who worked for CYS agencies in Pennsylvania. Padgett (2017) stated individual interviews are minimally structured and require a guide to format questions that entail a purpose for the study. An interview guide entails various questions to ask participants; some questions are prepared in advance, but other questions are probes. Padgett also revealed interview questions should be broad and open ended to encourage lived experiences from subjects. I facilitated in-depth individual interviews using semistructured open-ended questions and used the questions as a guide to facilitate the process with each participant. The guide helped to answer the research question. The open-ended questions focused on participants' burnout experiences in CYS in Pennsylvania. I allowed interviewees space to convey their emotions, experiences, and opinions about their roles. I conducted and audio recorded interviews on the Zoom platform. Interviews ranged from 20 minutes to 2 hours in duration. I used the following questions as a guide:

- What do you think about your daily job tasks?
- What are your thoughts about your job description?

- Name something that comes to mind about the amount of time it takes to complete your daily job responsibilities.
- Explain your perceptions about when you were trained in your departmental role?
- If you can pick a caseload size, how many cases would that reflect? And why?
- Name three things that come to your mind about the documentation in your position, and please elaborate on why you picked these three elements.
- Describe any stressors in your role.
- Does burnout happen in CYS? If so, what does it look like?

Padgett (2017) noted retaining participants is fundamental to the success of a qualitative study. Incentives can enhance participation in a study, and research projects may have allocated payments in their budget for these incentives. Making a decision on what to pay participants is both a financial and ethical decision. Essentially, paying a larger incentive can be perceived as taking advantage of participants; however, a smaller incentive can lead to retention concerns for the sample size. Newer researchers often consult with experienced professionals to assess appropriate financial rates for studies. Often, doctoral students use gift cards as incentives for participants. Based on suggestions from Padgett, I provided \$25 Amazon gift cards as incentives to attract and retain participants in the current study. The gift card was a low financial payment, and the reward was not perceived as a tactic to coerce participation in the study.

Data Analysis and Validation Procedures

I used grounded theory for data analysis. In the 1960s, Barney Glaser and Anselm Strauss founded grounded theory and were interested in using this design to

conceptualize individuals' behaviors in research (Glaser & Strauss, 1967). Essentially, Glaser and Strauss (1967) determined theories in research were not designed well for participants. Theories should be accumulated from data in the field, and the social processes, interactions, and actions should be explored by people. Therefore, grounded theory provides a study's framework using actions, processes, and interactions through connected categories of information based upon data collected from participants.

Grounded theory is an action to explain the understanding of the phenomena a researcher develops (Creswell & Poth, 2018). For example, memoing is used when a researcher writes down information and data collected and analyzed to formulate a theory, and theoretical categories are used to show how the theory works. Essentially, interviewing is the primary method for data collection with grounded theory, and researchers consistently compare data taken from participants to formulate theories and fill in gaps to elaborate on how the theory works. Researchers can also use inductive procedures by creating open categories where one category is the selective focus of the theory, additional categories are presented to form a theoretical model, and the intersection of theories becomes a discussion. Data collection is often less structured and works well by connecting meanings about a category.

According to Creswell and Poth (2018), limitations for grounded theory design include researchers needing to set aside a significant number of theoretical ideas so the theory can flourish. An additional limitation is researchers must recognize there is a systematic approach to using the grounded theory method with specified steps in the data analysis procedures. Researchers face barriers knowing when theories are sufficiently detailed or when categories are saturated.

To develop findings for the current study, I used NVivo to analyze interviews from the Zoom recording transcriptions. First, I exported the Zoom audio files to a computer document file. Then, I used NVivo to transcribe the audios into a Microsoft Word document. Third, to ensure accuracy of information, I listened to the recordings and edited the transcripts. Afterward, I used a method called *open coding*, which involves coding data into categories of information (Creswell & Poth, 2018). Open coding encourages researchers to describe what they see in the research, through their perspectives and interpretations, and develop detailed themes that support viewpoints as they relate to the core phenomenon of the study. For example, I created predetermined categorical themes of phrases for burnout based on risk factors in the literature review—which were role stress, caseload size, documentation, and training—and placed phrases, words, and meanings from interview transcripts under those themes. Lastly, I used a method called *causal conditions* to review factors associated with the phenomenon (Creswell & Poth, 2018). For instance, I assessed data to determine the risk factors of burnout; therefore, the data assessment process supported placing pivotal information under each categorical theme that could further support the development of findings. Through the discussed approaches, I generated findings for the current study. See Table 2 for the data analysis process.

Table 2

Data Analysis Process

Step number	Step description
1	Listened to interview audio
2	Journalled and predetermined code development
3	Inserted information into codes (i.e., role stress, caseload, documentation, training)
4	Reviewed connections for research question and codes
5	Transcribed interview audios

For validation, I engaged in member checking, which includes submitting interview transcripts to participants (Birt et al., 2016). Member checking enhances rigor and increases the idea of credibility and accurate interpretations for the phenomena in qualitative research. Essentially, member checking allows participants' perspectives to be fully represented and not misconstrued by a researcher's agenda. Member checking solicits feedback from participants where they can take the conclusions and interpretations from the study and assess them for accuracy and credibility of the encounters (Creswell & Poth, 2018). In member checking, participants should review documentation from the researcher to provide critical observations and alternative language to the body of work. To facilitate the member-checking process for the current study, I transcribed audio interviews through NVivo transcription services and provided transcripts of the audio interviews to participants via email. Afterward, participants confirmed the receipt and validation of the transcripts. All participants engaged in the member-checking process and noted no significant issues in the transcripts. Essentially, the member-checking process allowed participants to review interview transcripts, indicate the accuracy of the transcripts to their knowledge, and clarify any information.

Ethical Considerations

I used various measures for ethical considerations. I sought approval from the Kutztown University IRB to perform the current study. The IRB provided approval to begin conducting the study on December 2, 2019. Before general research projects can begin, participants must provide written consent for involvement in a study; further, a social work researcher must include access to support services during the study to reduce psychological distress (National Association of Social Workers [NASW], 2008). I provided each participant consent forms that clearly explained the study premise and provided behavioral health resources participants could access if trauma arose. Ultimately, all participants signed consent forms before entering the study. Participants should be protected when engaged in research by being informed of the limits to confidentiality, how confidentiality will be ensured, and when records containing data will be destroyed (NASW, 2008). For confidentiality measures, I conducted interviews privately over Zoom; further, all recorded interviews were stored with a password code on my private laptop to protect data files and participants' identities. Additionally, I assigned alias names to each participant to ensure confidentiality of their identities. At the conclusion of the current study, all data files will be deleted. Lastly, social work researchers should strive to report accurate findings and must take measures to correct errors (NASW, 2008). All participants were involved in the member-checking process where I provided interview transcripts for participants to review to ensure accuracy of the study. Participants did not voice concerns regarding the transcripts.

Issues with trustworthiness occurred with transcribing data through the NVivo transition service. NVivo only transcribed interviews at 70% accuracy and sometimes

misspelled words throughout the text. However, I ensured the transcripts' trustworthiness by correcting misspelled words in documents and representing participants' accurate word use. I listened to the recordings and compared them to written transcripts. If the transcript did not reflect the recordings accurately, I corrected the written transcript to match the interview audios.

Positionality Statement

I, Nicole Ukaegbu, was a clinical supervisor and licensed behavior specialist with over a decade of experience in the social work profession at the time of the study. Since my undergraduate years, I have spent a considerable amount of time building skillsets to enhance my knowledge as a leader and practitioner. After working in various positions over my professional tenure and observing how professionals become disengaged in their positions, I wondered if leaders in organizations understood why employees felt burnt out in their roles. As I progressed in both leadership and direct practice, I began making connections that organizational inferences—such as documentation, caseload size, training, and role responsibilities—were linked to professionals leaving their positions. Professionals often projected how organizational inferences, when in disarray, made them exhausted in their jobs. In addition, I noticed turnover in organizations was impacting the quality of care for clients. As a professional, I worked with various populations, including adults, families, and children, and I became interested in how burnout impacted CYS in Pennsylvania. My positionality as a social work professional working with programs that served children and families provided insight into possible challenges with burnout and staff members; however, my positionality did not generate bias about how burnout impacts alternative programs and agencies. Instead, I acquired curiosity to learn more

about the phenomenon. Essentially, I value the social work profession, and I understand children and families will lack adequate care if professionals are burnt out. As a leader, I understand organizational leadership is fundamental in reducing burnout for staff, and as I continue to progress in leadership, I want to be progressive in organizational change by listening to employees' experiences. Therefore, I sought to strengthen the profession by completing the current study.

Chapter Summary

I used a qualitative approach for the current study because it emphasized the participants' personal experiences regarding burnout in child welfare. The research sample was unveiled in this chapter, which consisted of child welfare professionals in Pennsylvania with social work degrees from CYS agencies. Study questions were open ended, and interviews lasted up to 2 hours. Data analysis procedures entailed listening to audios, transcribing interviews, journaling and generating codes, and reviewing connections to the research. The validation of the current study was performed by member checking by sending transcripts to interviewees to ensure document accuracy. Ethical considerations were provided through the distribution of consent forms to participants, which ensured their consent to participate in the study. Lastly, I conveyed personal connections to the area of burnout. Chapter 5 unveils the interview findings.

Chapter 5: Findings

In Chapter 5, I provide further information on participant demographics and a visual chart of the interviewees' information. I interviewed 10 participants from Pennsylvania who had experience working in children and youth services (CYS) agencies. The findings in this chapter focus on risk factors for burnout in organizations. I unveil findings for the risk factor of role stress, which highlights concerns around time restraints with work responsibilities, various role expectations, limited resources, and unclear job descriptions. Another risk factor pertaining to caseload findings centered around problematic areas, such as having large caseloads and the inability to support clients. A further risk factor was documentation, including demanding documentation requirements and limited client contact. An area of concern for the risk factor training was minimum job preparation. I also share additional findings involving staff support and retention issues in CYS agencies.

Participant Demographics

All participants in the current study were employees for CYS agencies in Pennsylvania with most of the participants concentrated in the southeastern region of the state. All participants worked in CYS agencies throughout the state of Pennsylvania. Participants consisted of 10 women who held bachelor's and master's degrees in social work and were licensed social workers. The social work professionals were between the ages of 20 to 60, held various roles in the agencies, had varying levels of experience, and ranged in ethnicities including Native American, White, African American, and multicultural (i.e., Asian and African American, and African American and Jamaican). For anonymity and confidentiality, I assigned each participant an alias name (i.e., social

worker participant [SWP]1). See Table 3 for the demographic information for each participant.

Table 3

Study Participant Demographics

Participant	CYS role	Gender	CYS years of experience	Degree or licensure
SWP1	Caseworker	Female	15	MSW, LSW
SWP2	Caseworker	Female	2	MSW
SWP3	Director	Female	17	MSW, LBS
SWP4	Intake department	Female	14	MSW
SWP5	Intake supervisor	Female	7	MSW, LSW
SWP6	Intake supervisor	Female	32	MSW
SWP7	Investigator	Female	3	MSW
SWP8	Caseworker	Female	2	BSW
SWP9	Caseworker	Female	12	MSW
SWP10	Caseworker	Female	10	MSW, LSW

Note. *CYS* = children and youth services, *SWP* = social worker participant, *MSW* = Master of Social Work, *LSW* = licensed social worker, *LBS* = licensed behavioral specialist, *BSW* = Bachelor of Social Work.

Risk Factor Themes Identified

For the current study, 10 social work professionals from *CYS* agencies in Pennsylvania participated in semistructured interviews. Interview questions were based on the literature review findings to determine if there were links to burnout participants experienced in congruence with the current study (see Appendix). Codes for data analyses were based on four subquestions that centered around the risk factor areas of role stress, caseload size, documentation, and training. Subquestions from the current study comprise the themes in this section, and I use texts from interviews to identify

findings in each theme. Ultimately, in the interviews, all 10 participants revealed burnout occurred while they were working in CYS agencies in Pennsylvania.

Risk Factor Theme 1: Role Stress

Findings of the study showed connections between the theme of role stress and time constraints with work responsibilities, various role expectations, limited resources, and unclear job descriptions. Ultimately, participants found limited time existed to complete their job responsibilities. Participants suggested there were multiple responsibilities associated with the role that created overwhelming thoughts. In addition, there was a considerable amount of time dedicated to locating resources for their clients. Furthermore, participants performed responsibilities outside the scope of their job description. Participants felt drained, stressed, and angry over these responsibilities.

Risk Factor Subtheme 1: Time Constraints With Work Responsibilities

Participants experienced time constraints performing their work responsibilities and shared it was challenging to complete their workload in the timeframes allotted, which led to a draining feeling. SWP5 noted her daily job responsibilities were scattered, and some of her responsibilities involved home visits, phone calls, and documentation. There was limited time available to perform her job responsibilities, and she worked late and took home job tasks. She revealed her job routine was draining, and she reflected on what she had to accomplish. Ultimately, SWP5 took monthly sick days off from work to replenish. SWP5 provided an example of her process, sharing:

So, personally, as a caseworker, I would try and get notes done during the day. I get a lot of my best work done in the morning, so I would typically start the workday at 8:30 a.m. and set aside like 10:30 a.m. to try and return phone calls,

get the paperwork done. . . . Some days, it literally felt like there was not enough time; I was either working late or taking my computer home to try and get notes done or caught up. . . . I typically take at least 1 day a month to get myself back together, just take time for myself. It was very draining some days, knowing what I had to accomplish or what I had to do. Even as a supervisor, it is very draining some days knowing what you have to do.

SWP1 was a caseworker who performed intakes and investigations throughout her unit that required time limitations. She believed there were strenuous time expectations to complete her tasks, which became overwhelming. SWP1 shared:

I actually had several roles throughout my career there, the majority of the time I was as a caseworker, an intake case worker. . . . I did do a lot of the investigations; then, the majority of my time there, very stressful, just with the magnitude of the decisions that I was making. . . . I think that's something that grows with experience. It is very overwhelming at first, and difficult to manage those and to try to meet all those deadlines, especially when you're pulled in many different directions and when you're on intake, if something comes in, you have to drop what you're doing obviously and respond to that. So, you have to make sure that you have those investigations complete and everything turned in by a certain time. . . . We had intake workers and ongoing workers. You both had different time expectations and limitations. Ongoing was a little longer in intake. It is a much shorter time frame; you have 30 to 60 days to complete an intake and decide what you're going to do and formulate a plan, collaborate with other agencies and resources in the area, and then if you're doing an investigation on

top of that, then there's more time frames again. You have 30 days to complete this. And in that time frame, you have to see the family, have an interview with the child, speak to any witnesses, work with law enforcement. It's very strict and structured, and you do feel overwhelmed and a lot of pressure.

Risk Factor Subtheme 2: Various Role Expectations

Participants expressed how expectations of the role could be overwhelming. Constant shifts that occurred in the role were tedious for participants. For example, SWP10 described expectations of her job—such as performing placements, completing paperwork, or participating in various court procedures—and how various tasks were overwhelming, especially if she shifted between field work and office work. SWP10 shared:

I just feel like so many different things that comes up because again, different days, if I'm doing placements, then that brings up a lot of different feelings versus if my day is scheduled with, like, mostly paperwork, or if I have a firm in court, then that invokes maybe something different. . . . So, I would say, for instance, if it was like in a placement situation, where you know, I would have to do a placement, and it's running long, you know, that will definitely be maybe a lot more, like, overwhelming. It impacts what I'm doing throughout the day versus if I'm sitting in the office, doing a lot of paperwork, and it's just me kind of copying things and pasting things.

SWP2 provided a narrative of some of her role expectations when she worked in general protective services interviewing children to assess if they disclosed abuse, set up forensic interviews that would further investigate claims of abuse, and doing home visits

and attending court appointments. In further reflecting upon performing her role expectations of forensic interviewing, home visits, and attending court, she expressed it could be overwhelming because she only had a specific amount of time in the day to perform work. Essentially, SWP2 would do the best she could in that timeframe, sharing:

General protective service, I have to interview the child to see what the child tells me. So, if a child discloses that they've been abused or touched inappropriately, then I have to set up a forensic interview. . . . I would set up the home visits, because you have to see, when the case first come in. . . . Sometimes, I have to go to court as well. . . . It could be . . . I realize that I can only do what I can do. There are 8 hours in a day, and I can only do what I can do within those 8 hours, so I give whatever, I do 100% of what I can do.

Risk Factor Subtheme 3: Limited Resources

Another area connected to the risk factor of role stress was limited resources, which influenced some stressors for participants regarding performing their job tasks. SWP5 spoke about her experience before the COVID-19 global pandemic began, where it was stressful not having the resources to assist schools or programs to support her clients who needed ongoing services and safety risk factors. SWP5 shared, "The most stressful thing was when my things were not able to be accomplished by schools lacking or not enough programs or services." SWP9 spoke about limited resources available for children with behavioral health needs and looking for resources was time consuming and taxing. SWP9 stated:

For this county, no, especially for our kids that need mental health or behavioral health support, there's really just not enough available here, so the caseworkers are constantly looking for resources, and that takes a good bit of your time.

SWP9 also alluded to how conflict developed around limited resources among simultaneous emergencies with clients, saying:

You're spending time at the [emergency room], or a crisis with your kids, knowing that if they do get a bed at a location, are they going to keep them there for the length of time that they need? But then at the same time, your phone's going off, and you're being called for to put out another fire, and there's another crisis. Like, you don't get to spend time with that child that they need; you're hoping that you're getting them into the best program possible or the best placement possible for what they need, knowing that we don't have enough here to even meet the need.

Risk Factor Subtheme 4: Unclear Job Description

Three participants had concerns with unclear job descriptions and doing more work than their job description stated, which connected to the risk factor of role stress. SWP2 conveyed her job description was different from her everyday responsibilities, and she believed she did more in her role than what her job description entailed. SWP2 unveiled many responsibilities in the job description were not detailed and she was angry over this notion. SWP2 conveyed:

Well, so it depends on day to day. I don't necessarily have a daily task because it seems to me that I'm putting out fires a lot, like I may set an agenda of what I plan to do like, as far as home studies, forensic interviews, and things of that

nature; however, if the case comes in, whether they're general protective service or a child protective service, whatever timeframe, you have to go and respond to it right away. . . . Well, you know, our job description, it states what it states; however, I think we do more than what our job states, so I guess maybe it don't match what it says and are a lot of things that's not laid out but is expected that you do.

Like SWP2, SWP8 also stated her job description should be clearer and she was doing more than the job description stated. SWP8 shared:

It makes me feel overwhelmed just because I'm not, I wasn't expecting it. I mean, as time went on, like I've gotten used to, I know what to expect now, but at first, it was just very daunting knowing that anything could be thrown at me that isn't in the job description. Like, I was doing far more than what my job description entitled.

SWP1 insisted her job description was blurry, which meant she was doing tasks not clear to her perception of the role, and as a worker, was pulled in many different directions in the job. She shared, "It's oftentimes blurry. Again, you will be pulled in many different directions, and if a response is needed, a response is needed regardless of who is there and what your role was at that time."

Risk Factor Theme 2: Caseload

Participants expressed how their caseloads were variable and large. Participants conveyed they should not have had large caseloads because it was exhausting and reduced their ability to support their clients.

Risk Factor Subtheme 1: Large Caseloads

Four participants stated they acquired large caseloads in their CYS agency, including caseloads consisting of more than 12 clients. The four participants believed they should not have had large caseload sizes and the amount was unreasonable for case expectations. SWP2 mentioned she and her coworkers felt exhausted about their caseloads. She shared:

I think they expect too much from us, because, like, at one point, I had like, about, 60 or 70. I mean, I had like a lot of cases. I had over 50 around Thanksgiving. I had more than 50 cases and I shouldn't have that many cases. . . . A lot of my coworkers, it does make them feel exhausted; sometimes, it does make me feel exhausted.

SWP1 revealed a large caseload size was just too much for one person to handle in the intake department. SWP1 shared:

I think the caseload size is too big for the staff that they have. I think that caseload sizes, especially for intake workers on a rotation in a rolling basis, I think it's just too much for one person to handle.

SWP6 suggested too many cases was too much for a person to handle and it elevated overwhelming thoughts of whether the work was done correctly or not. SWP6 said, "Too many cases is just too much for one worker to carry." SWP9 stated anything over 10 cases was overwhelming and the amount of work expectations could fluctuate. SWP9 shared:

The amount of work varies greatly. I spent the bulk of my time in our placement or what some people call out-of-home care. I would say anything more than 10

cases would probably be to the point of very overwhelming, and I know when I was in the department, I carried probably 12 to 14, and there are some workers right now that have more than that.

Risk Factor Subtheme 2: Inability to Support Clients

Participants conveyed large caseloads were overwhelming and created an inability to fully support their client's needs. SWP8 carried 16–18 cases. The case size was hard for her and made it hard to pay enough attention to clients. She never had enough time to show each client attention because she was working on various tasks. As an example of performing documentation requirements, SWP8 shared:

I usually had about 18ish, usually on average, usually 16–18 cases. . . . It's hard. . . . The most challenging part is trying to show everybody the attention that they need. . . . I'm always doing a bunch of things, a lot of documentation. There's just never, there was never enough time for me to be able to be in like, three places at once. It was very overwhelming to have that amount at one time.

SWP5 carried between 20–30 cases when she was a caseworker. She initially started her position excited about taking cases; however, as her caseload increased, she became overwhelmed and wondered how she could possibly help all her clients. Her caseload size prevented her from being able to structure her day appropriately and reduced the opportunity to organize priorities in her case tasks. SWP5 shared:

So typically, depending on how much work needed to be done with families, my typical caseload was anywhere between 20 to 30 cases on a good map. . . . I mean, when I first started out, I was super excited, like, you know, I want to save the world. Fresh out, wanted to use my degree, wanted to help all the people. As I got

more cases and got a little overwhelmed initially, I was overwhelmed, I was like, “How am I going to help all these people?” I didn’t initially have a plan on how I was going to structure my day.

SWP1 conveyed large caseload sizes were a detriment to families because she was not able to service everyone fully. Tasks associated with her cases were meeting clients, meeting with families, and performing interviews. Essentially, she had so many assigned cases that it was not enough time to provide the support needed for every client. SWP1 shared:

I think because of the caseload size, and the fact that they’re so big, is a detriment to the families that we serve . . . you have to see the family, have an interview with the child, speak to any witnesses. You know, you’re not necessarily able to spend the time that should be spent with each individual family and child that’s needed because you’re trying to see, you know, 30 kids in a month, and that’s just unreasonable.

SWP6 believed a caseload of 10 or less could provide staff with more client time because with “10 or less, you can spend more time with the client.”

Risk Factor Theme 3: Documentation

The theme of documentation connected with demanding documentation requirements and less client contact. Participants noted agencies had rigorous documentation demands, which was overwhelming for staff. In addition, participants worked less with clients and spent more time on documentation requirements. Focusing so much time on documentation could be stressful for participants and made them feel like less of a social worker.

Risk Factor Subtheme 1: Demanding Documentation Requirements

Four participants shared that documentation requirements were demanding in the workplace, which connected to the risk factor of documentation. Four participants conveyed documentation expectations were tedious and unnecessary. Documentation had to be completed for state regulators, in addition to CYS agencies. However, there were various redundant forms to complete, which led to participants feeling overwhelmed and frustrated. Documentation included case notes and assessments, which were documents outlining case progress and assessing the level of care for clients. Participants suggested modifications were needed for case notes and assessments to reduce the amount of paperwork. SWP6 unveiled the intricacy involved in her documentation proceedings, saying, “Making sure it’s in detail, documentation has to be sent to Harrisburg [A city in Pennsylvania with the Office of Children, Youth, and Family Headquarters], and Harrisburg reviews everything that they want in the domain has to be filled in and filled in correctly.” However, SWP6 expressed she felt overwhelmed and stressed about the documentation requirements associated with her caseload size, such as paperwork and the documentation accuracy for state requirements. SWP6 shared:

Overwhelmed, stressed, making sure that you’re making the right decision, making sure your paperwork is up to par. In intake, we have time limits that we had to complete. If information is not complete, we are cited by the state.

SWP3 described the documentation expectations associated with new case assignments:

When a case manager is assigned a case, they have 24 to 48 hours to go out and see the family and children. With that, they pretty much take almost a 50-page booklet that they had to sit in there with the families.

SWP3 was frustrated about the documentation requirements by the agency, especially when she had large caseloads. SWP3 shared:

I've been there where workers have had 19 to 20 cases, and they can't do everything that needs to be done. They will go out and see the families, but they are getting at the other political part that I need to worry about that paperwork. You know, if it's not documented, it didn't happen.

SWP3 shared it was challenging to request additional resources from state funders if paperwork was not documented fully. SWP1 suggested documentation requirements in her workplace were excessive and "just too much." Although documentation was important, modifications were needed. SWP1 shared:

Obviously, documentation is important and necessary, I just think that it's excessive at this point and a lot of it feels redundant. There's a lot of duplication. I think a lot of that could be weeded out. You know, there's so many plans for so many aspects. I think one plan to kind of cover that all; one assessment could kind of cover that all.

SWP9 also suggested documentation in the agency was extensive, documentation should be modified to fit on a single document, and the paperwork was stressful. SWP9 shared:

I think that's what brings up a lot of the frustration because you spend so much time on the paperwork, the documentation, not just gathering stuff for court, medical, drug and alcohol, stuff like that. That's obviously needed. The in-house forms and assessments, there are so many of them at this point. They become redundant and the information you're inputting in multiple forms, we keep questioning, why is there not one form to encompass all the information?

Risk Factor Subtheme 2: Limited Client Contact

Participants also revealed the time it took to complete documentation interfered with their time to work with children and families. Participants spent less time on client contact and more time on documentation requirements. SWP6 shared documentation was time consuming, saying, “It’s a lot of work, it’s time consuming; we are doing more paperwork sometimes than spending time with the client.” SWP9 thought documentation took time out from social workers’ time spent with children and families and was usually not what workers expected to do. SWP9 shared:

I think it’s different than what people imagine. As far as the caseworker for child welfare, we had a greater amount of time doing paperwork and less time with our families than what we would like, or what people starting in CYS may have had in mind.

SWP1 felt the documentation was overwhelming and reduced time with families, saying:

Overwhelming, yeah, that’s the best word to describe. It’s a lot of work. It’s a lot of paperwork. The paperwork kind of seems like it consumes more of the time that should be spent out in the field and one-on-one time with the families. . . . I think so much time is spent on paperwork and documenting that some of that could be spent out in the field and with families.

Risk Factor Theme 4: Training

The risk factor of training connected with minimum job preparation. Participants were trained through a program called Charting the Course or were trained as interns in CYS agencies. For three participants, training did not effectively provide them with adequate information about their job responsibilities, which was overwhelming for the

workers. Ultimately, three participants found CYS initial training programs did not prepare them to tackle challenging job tasks, which was discomfoting for staff.

Risk Factor Subtheme 1: Minimum Job Preparation

SWP8 noted her CYS training was conducted from 8:00 a.m. to 4:00 p.m. over a 2-month period and thought the training period taught valuable information; however, she realized the job requirements were more intricate than what was translated in the training. Ultimately, she was unprepared and overwhelmed when beginning her initial tasks. She believed her initial training provided her minimum job preparation for her position, and she learned the functions of the role through her supervisor instead. SWP8 shared:

So, when I interned, it was basically like almost 2 months worth of just straight training Monday through Friday, 8:00 a.m. to 4:00 p.m. We had to go over, like, 12 modules. It was very long and extensive. . . . Pretty overwhelmed, they taught us what they could. I guess, just like the facts, the base of it, but a lot of it just was a lot deeper than that, and a lot more difficult to deal with. I learned a lot of it from my supervisor, just being able to provide me with all that information as I'm going and led me in the right direction.

SWP5 spoke about her training with Charting the Course, which consisted of 10 days of learning from modules; however, she noted the training was not impactful in preparing her for job responsibilities, and she ultimately learned her role by working in the field. After the Charting the Course training causing limited job preparation, and dealing with her first experiences with confrontation, SWP5 still felt too awkward and intimidated to approach families. SWP5 stated:

I would say so, in [Pennsylvania], so you went through a program called Charting the Course. I think a 10-day or 10-module program where you would go to, I just went through different modules. . . . I think it was a lot of paperwork. I would say, like a lot of activities in the classroom setting, but I would say that like, for the most part, most of my knowledge and understanding of things came from actually being out in the field. . . . I took it like, being nervous to confront people or call people out on their stuff, so that was something that was big to learn in the training process. . . . It was awkward because for one, CYS was completely new to me. I wasn't sure how people were going to respond to me, calling them and accusing them of things, and I say accusing because that's how I felt at the time. Like, I felt like I was calling and accusing people of things that, you know, I don't necessarily look at it that way now, but it was very awkward. It was very, very intimidating, very intimidating, and it was very uncomfortable.

SWP10 said she received initial training through her internship and received further training off site from the agency; however, the training process did not prepare her for her role. She also unveiled new graduates coming out of school were stressed entering positions and were not prepared to tackle specific responsibilities after training.

SWP10 shared:

I did do an internship, which helped a little bit in regards to how to engage. . . . We had like, some training that you do off site, and no, it didn't really prepare me. It gave me some tips, things that I felt like I learned as in the social work class about how to be respectful, how to engage, how to maybe write for what they're looking for, but not specifically how to do the job. . . . I mean, you can sit in a

class and talk about what it will look like, but it rarely ever looks like what they train you for. . . . A lot of people talk to me, they are stressed, a lot of people are coming straight out of the school, they never have engaged, they never visited homes, and then they come to work at CYS, and off the rip, you're given a good amount of cases, and then you get trained, so you're trying to figure everything out.

Additional Finding Theme 5: Staff Support and Direct Practice Experience

Staff support and direct practice experience were factors that helped participants transition into their roles comfortably after the initial training phase. SWP9 revealed she trained with a system similar to Charting the Course years prior called Turning Hours. She initially felt as though she was drowning in the role; however, it was her existing work experience that helped her become more comfortable in her position. SWP9 shared:

So, back in the day, it was Turning Hours. And then, when you came and you took the training . . . almost like you would say you were drowning in over your head because you're just learning what is expected. . . . And I think I maybe came into it a little easier than most because I worked my way up through the agencies 'til I came into that position already with some experience and understanding what I was doing.

SWP1 expressed how ongoing training was productive for the role; however, she found learning from existing staff was more impactful on the learning process. SWP1 shared:

I think it is necessary, and they're adequate, especially after the initial training. The yearly requirements for training, I think is very, it's needed to help increase your knowledge base and to provide any updates you know. . . . I think that

learning from the staff who'd been there provided much more than any of those trainings could.

SWP4 revealed her training came from on-the-job learning; she initially stepped into a large caseload and had to learn the job quickly. SWP4 also noted learning her job was credited to her supervisory support and shared:

My caseload had doubled because there were less people. So, I learned quickly where you have to pretty much learn on the job. . . . It all depends on who was doing the training. My supervisor had been there for quite some time, so she could walk me through, and there was a couple other supervisors that I guess you got to know how to train.

SWP7 revealed her supervisor supported her with understanding her role responsibilities more effectively, sharing:

I had a really good supervisor, who I felt like believed in what I was doing, and how I was doing it, and could say to me, "I know that's how you learned, but now you are in a new job; we do it differently this way."

Additional Finding Theme 6: Burnout and Retention Concerns

All participants in the study expressed burnout exists in CYS. They observed burnout indicators from coworkers or experienced burnout themselves. There was a consensus among a few participants that workers who were burnt out were leaving CYS agencies, which increased retention concerns for the agencies. SWP8 believed employees were burnt out and doing the bare minimum of work, which led to limited clients and workers turning over in the agency. SWP8 shared:

100% exists. It looks like, a lot of people, burnout to me looks like when a case worker has just decided that they don't care, and they've just started to do the bare minimum. Some case workers will quit, some will stay on just because the benefits are good, but they're burnt out, and I know that they are burnt out because they are not serving the client the way that they need to be. They're just doing the bare minimum, not engaging with the client, and that's a large percentage of the workers.

SWP3 suggested there was a lot of burnout in the agency and workers resigned before beginning the job. She stated:

It's a lot of burnout, and people just end up resigning. You have some people that resign and never started, got out of this field completely. I know people that have resigned and moved on to be police officers, and I say for you to leave this department to go on to be a police officer, something ain't that right.

SWP5 suggested burnout was happening in her department and suggested it was a real crisis because of turnover rates; however, it was unclear if her agency recognized the burnout in her department. SWP5 stated, "Goodness. Absolutely. We have had a significant turnover in our department within the last year. . . . I don't know if my agency realizes it, but it is a real, true thing." SWP7 believed burnout was present with staff, and workers did not care about the work, quitting, or being fired from a position. SWP7 shared:

Paperwork will not get done. No matter what, your paperwork is not going to get done. You're going to be behind; your case notes are going to probably be like 6 months behind. It could be a year behind. It's like, you just go out in the field, and

you come back in the office and that's it, and that's what burnout looks like.

Yeah, nothing gets done anymore, and you don't care. They can fire you, or you can quit.

SWP4 suggested burnout existed in the agency, and she was contemplating leaving the profession. SWP4 shared:

Seem like it's getting worse each year, and that's why I'm trying to reassess whether or not I want to do this for the rest of my life. I don't think I want to. I am not sure, but I go to work every day, and I give my 100% every day, but I am trying to reassess it now, because it is taking a toll.

Conclusion

Chapter 5 addressed participant demographics for the current study. Chapter 5 also addressed the study's findings, which chronicled risk factors of burnout in organizations. First, role stress findings indicated participants had limited time to complete tasks, which drained workers; further, various role expectations were overwhelming for employees. Participants indicated they had scarce resources available to support clients, which impacted stress; further, lack of clarity in the job description prompted levels of frustration for them. Second, findings from caseloads showed employees had large caseloads that extended beyond 10 clients, which was overwhelming and impacted their ability to support clients because of the size. Third, documentation findings highlighted paperwork requirements from state payers (i.e., representatives in Pennsylvania who oversaw funding for CYS agencies/programs) and CYS agencies were demanding, which was stressful, and further modifications were needed to reduce redundancy. Fourth, training available at CYS agencies led to minimum job preparation

for employees, and participants then felt unprepared when tackling their cases. Lastly, additional findings in the study revealed employees learned how to perform their roles through staff support and working in the job instead of through the training process. Further, participants suggested employees were burnt out in CYS agencies, which was the reason for retention concerns. Chapter 6 (a) provides a discussion overview of the findings; (b) addresses limitations in the study; (c) explores implications for social work education, practice, and policy; and (d) provides further recommendations for research in child welfare.

Chapter 6: Discussion

The purpose of the current study was to assess the risk factors of burnout for social work professionals working in children and youth services (CYS) agencies in Pennsylvania. The findings of the current study implicated role stress, caseload sizes, documentation, and training were risk factors of burnout for employees in CYS agencies. A discussion of the findings presents an overview regarding the connections between role stress, caseload sizes, documentation, and training in correlation to burnout risk factors from the current study. Additional findings are presented in this section as valuable information for the burnout phenomenon. I present connections to risk factors and theoretical frameworks. I also review implications for social work education and for educators to build awareness around burnout in the classroom setting. Further, implications for leadership and policy highlight how administrators can use tactics to reduce burnout for workers in the field. The recommendations for social work practice section suggests the exploration of employee wellness programs enhance a positive outlook toward being employed in the workforce. I also discuss study limitations around retention, participants only working in Pennsylvania, an all-female sample group, and findings only applying to social work professionals. Finally, I discuss recommendations for future research through using quantitative approaches to assess risk factors of burnout in child welfare.

Discussion Overview

Risk factors of burnout in organizations are highlighted in the discussion. The discussion presents role stress and its relevance to burnout, such as frustration over the lack of clarity regarding job descriptions and limited time constraints. Additional

revelations revealed limited resources impacted the ability for workers to perform their jobs, and multiple role expectations in jobs were overwhelming for employees. The discussion transitions to the connection of caseload and burnout, where findings showed large caseloads made workers feel exhausted because of the needs associated with their cases. Additional highlights in the discussion suggest appropriate caseload sizes for staff to manage is 10. The discussion shifts to connections between documentation and burnout, where documentation responsibilities were tedious for staff members and were overwhelming. Additional findings revealed social worker participants (SWPs) had limited time to spend with their clients because of state documentation requirements. Finally, the discussion ends with the connection between training and burnout, where ineffective training provided at CYS agencies stagnated participants' knowledge regarding the scope of their positions. Further, professionals experienced a lack of job preparation when starting in the field, which was intimidating for them.

Role Stress Risk Factor and Burnout

There are various connections between the findings and literature around the risk factor role stress and burnout. One connection is through unclear job descriptions. According to Yunus and Mahajar (2015), when an individual experiences role ambiguity, there is unclear feedback about their job performance, unclear work objectives, and limited understanding of role requirements. Three participants stated unclear job descriptions made them overwhelmed because they were doing more than the job description stated. SWP2 conveyed it was daunting to know job assignments could arise not originally in the job description. Typically, SWP2 made sure family needs were met who were experiencing risk factors for safety; however, she shared any task in her

department could be thrown at her that was outside of this job premise. SWP2 shared she did much more than her role entailed. For instance, she had the role expectation of completing home studies and forensic interviews; however, if additional case assignments arose for general protective services or child protective services, she had to respond to those cases immediately, which took her away from her original work agenda. SWP1 noted the position was unclear, and workers were pulled in various directions. If an urgent response to a case was needed, no matter the role, employees had to respond.

Another connection to the literature and findings were time constraints and role overload. According to Qazi and Nazneen (2016), when there are various job tasks with high expectations for outcomes and limited time to complete those responsibilities, role overload arises, and workers feel a lack of power in their positions. Participants in the current study were drained because they did not have the time to complete their assigned workloads. For example, SWP5 thought it was impossible to complete the amount of phone calls and paperwork required; therefore, they took assignments home and used their own time to complete these assignments. Participants felt immense job pressure, and some allocated monthly sick days from work to rejuvenate. For instance, some pressure stemmed from a strict time structure at CYS agencies for ongoing workers, where an ongoing worker had 30 days to complete a plan for a family that included assessing a family, speaking with witnesses, and working with law enforcement. Ultimately, time pressures overwhelmed workers.

Limited resources from the findings are another connection to role conflict in the literature review. Role conflict can arise when social workers lack resources to assist clients effectively; therefore, employees can experience job dissatisfaction, which is

linked to burnout (Aydıntan & Şimşek, 2017). For example, SWP5 mentioned stress arose because she could not accomplish her work due to lack of resources to support children in schools who were vulnerable to safety risks and needed ongoing services during the COVID-19 global pandemic. SWP9 spoke about having to individually seek out behavioral health resources for her children because the designated county lacked the connection to networks, which often took a vast amount of time for caseworkers to locate. SWP9 had additional conflict; although she was able find a resource to support a child during a crisis, she was unable to spend time with a child before being called to support another client. Therefore, she did not know if that resource could entirely meet the needs of the child in crisis.

Role overload from the literature connects with the theme of various role expectations from the findings. Workers with large workloads can feel emotionally exhausted (Wu et al., 2019). For example, SWP10 described there were various tasks to do throughout the day, such as placements, court procedures, and paperwork; sometimes, all the tasks could become overwhelming, especially if there were various shifts between field work activities and office work. SWP10 suggested if a task (e.g., a placement) ran long, it would impact her work assignments for the remainder of the day, which was overwhelming. According to Wu et al. (2019), when role overload is high, employee performance is low. For instance, SWP2's workload consisted of doing forensic interviewing and home studies simultaneously while still being on call to respond to new cases. SWP2 stated there were only 8 hours in the day, and they could only accomplish so much in those hours. The tasks were overwhelming for this participant, especially because of the limited hours to complete assignments in the day.

Caseload Size Risk Factor and Burnout

Heverling (2011) noted high caseloads impact exhaustion associated with burnout because of the inability to complete all tasks associated with those cases. Based on the findings of the current study, participants carried the perception that they had high caseloads, which was a risk factor. Participants carried caseloads ranging from 12–50 cases, depending on the department, and these amounts led to overwhelming and exhausting emotions because of tasks associated with the cases. A few tasks associated with a caseload for participants were (a) reviewing incoming referrals assigned to the agency, (b) making contact with families to assess allegations of abuse, (c) completing intake and safety assessments, (d) finding resources for cases, (e) going to court proceedings, (f) conducting extensive investigations to determine case outcomes, and (g) completing strenuous documentation requirements. Recommended caseload size for best practice regarding case management in social services is 10–20 cases for moderately intensive services and 5–10 cases for highly intensive services (Ministry of Social Development, 2011). In addition, optimal caseload sizes are determined by case managers' capabilities and capacities, the intensive level of services provided to clients, and environmental factors. Participants shared similar sentiments that caseloads of 10 and below were manageable for staff.

Findings further indicated acquiring large caseloads impacted participants' abilities to give clients their full attention. Participants conveyed large caseloads were challenging and there was so much associated with the cases, which made it difficult to service everyone in the caseload. Steen (2010) suggested higher caseloads reduce the quality of care for clients, as seen with New York child protection workers who were

unable to make field visits because of large caseload amounts. Ultimately, participants believed the inability to fully service clients was detrimental toward client progress. Essentially, participants conveyed 10 cases was an appropriate caseload amount to have enough time and attention to work with clients.

Documentation Risk Factor and Burnout

Clinicians may feel an overwhelming responsibility to satisfy documentation demands in clinical records after servicing patients; further, documentation processes are tedious to satisfy payer regulations (Ommaya et al., 2018). Based on findings, four participants conveyed documentation requirements were demanding and stressful, including workers' stress regarding completing all required documentation, which was another risk factor. SWP6 suggested documentation must be written to perfection and all areas must be completed in full, based on the expectations of state payers in Harrisburg, Pennsylvania. SWP3 conveyed when a worker was assigned to a case, within 48 hours, the employee needed to complete an extensive 50-page booklet by gathering information on their clients in an intake session. Afterward, the case manager had another 48 hours to conduct risk and safety assessments for their clients. Further, if documentation was not submitted on time and completed correctly, they would receive citations from the state. SWP3 further shared that nondetailed documents could impact a program's ability to request additional resources because it was not justified in the paperwork. Participants also conveyed demands for documentation were excessive. SWP1 agreed documentation was important but thought paperwork was redundant and produced a lot of duplication. SWP1 suggested documents should be condensed. SWP9 also believed documentation

was redundant and led to stress. She believed workers were spending extensive amounts of time on paperwork and there were so many forms that it became repetitive.

Documentation requirements also limited the time spent with clients. Ommaya et al. (2018) suggested clinicians have to complete administrative tasks that add limited value to patient care. Lengthy time is spent toward documentation obligations that enhances billing standards for revenue but decreases client engagement (Ranjbar & Ricker, 2018). In the current study, SWP6 suggested workers spent more time on documents than client care. Further, SWP9 revealed social workers were initially unaware of the documentation responsibilities in child welfare that impeded client engagement until they were in the role. It took up to 4 hours for CYS employees to complete agency documents, such as intakes.

Training Risk Factor and Burnout

Childcare employers have not been providing adequate training for professionals, which is a stressor for employees; further, lack of adequate training links to burnout (Barford & Whelton, 2010). California's Monterey County Department social workers expressed their training orientation was ineffective toward helping them initially start their roles (Monterey County Civil Grand Jury, n.d.). Three participants in the current study conveyed the risk factor training distributed at CYS agencies provided minimum preparation toward understanding the scope of their position. For example, SWP8 revealed she went through a 2-month training with a lot of information about her role, but the position was much more complex than the provided information. Training time was lengthy and overwhelming. SWP8 ultimately learned a better scope of the position through support from her supervisor. SWP5 found she felt nervous to deal with

confrontation in the field after taking a 10-day training with modules, and it was a very awkward experience to confront clients. Although SWP5 suggested her training required a lot of written information and activities, her knowledge was enhanced as she built experience on the job. SWP10 shared she received training while in an internship but was still not prepared to tackle her role. In fact, SWP10 shared entry-level employees were stressed with engaging cases and workers believed they were too abruptly sent into the field after training.

Staff Support and Direct Practice Experience

Additional findings showed although CYS training was ineffective for staff being knowledgeable when starting their positions, there was impact on how staff support and direct job practice experience helped participants learn the role effectively. Barford and Whelton (2010) suggested employers in child welfare do not provide adequate training for employees. Participants conveyed coworkers and supervisors who had multiple years of experience in the agency provided tools, resources, and direction, which enhanced participants' skillsets and confidence toward performing their job efficiently. Further, participants credited their own resiliency for learning job tasks by directly practicing in the role and developing knowledge over time to navigate their positions independently.

Burnout and Turnover Concerns

A second additional finding showed burnout was present in CYS agency employees and increased retention issues. Participants believed staff members were burnt out. Behavior implications from staff members included employees not caring about their cases, not being concerned if they were fired from their roles, and not being concerned about quitting the position. According to McFadden et al. (2015), social workers in child

welfare have high turnover rates in agencies due to stress. Participants in the current study saw high turnover rates and were unclear if CYS agencies understood the urgency to address concerns causing this problem. In fact, SWP4 contemplated leaving her CYS agency soon because of job stress.

Risk Factor Findings and Theoretical Framework

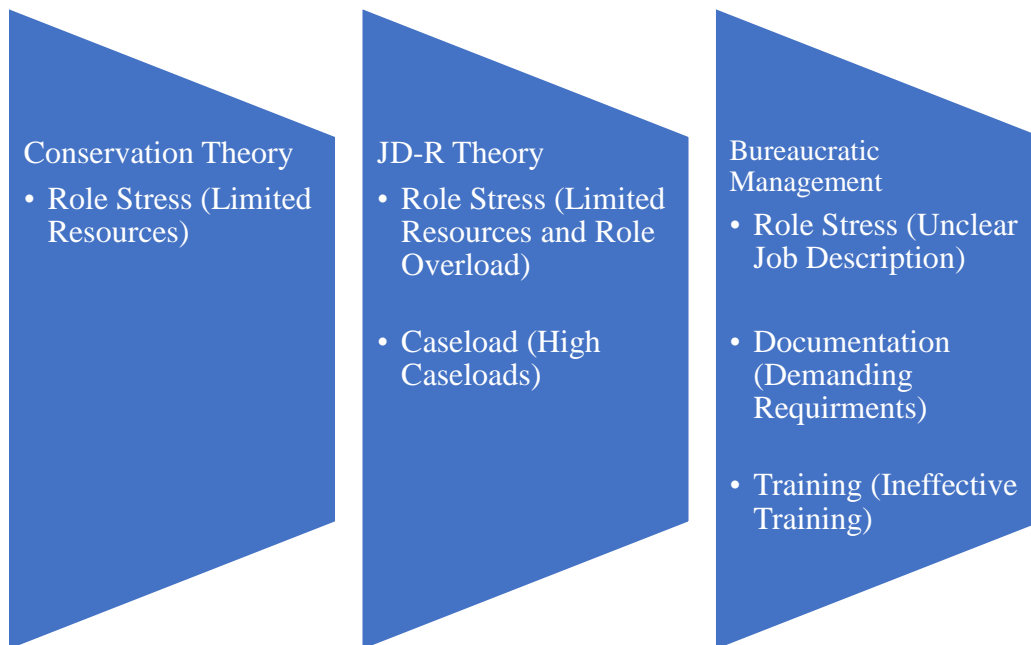
Some risk factor findings have connections to theoretical frameworks in the current study (i.e., job demands–resources [JD-R] theory and conservation resource theory). The JD-R theory (Demerouti et al., 2019) is a construct of job demands and job resources. According to Bakker et al. (2003), high job demands can exhaust employees; further, lack of job resources reduces accomplishments for employees, which leads to frustration for workers. Conservation resource theory additionally places inferences around job resources loss in organizations, which is a stressor for employees (Chen et al., 2015). The JD-R theoretical framework has a connection to role stress findings in regard to how job demands connect to role overload, overwhelming numbers of tasks to complete, and increasing job pressures (Demerouti et al., 2019). The JD-R theoretical framework also connected to the findings for caseloads, which notes higher caseloads equate to larger demands around cases and reduces the overall time spent with clients, which participants believed was detrimental to their caseload. Further, another connection is seen to both the JD-R and conservation resource theory through role stress' limited job resources, where a participant felt stressed because she did not have access to resources in her network to support safety issues with clients.

Agencies with a bureaucratic structure tend to have written rules that lead to stress in employees (Lait, 2000). A bureaucratic management framework can be seen as a

connection to the documentation risk factor due to the demanding organizational requirements participants fulfilled and the stress staff members experienced by completing this paperwork. Further, the bureaucratic framework can also be seen with components of role stress, such as unclear job descriptions, where employees feel job descriptions are confusing, lead to doing additional tasks outside of the initial job description, and create frustration for staff. An additional connection of the bureaucratic management framework can be seen through findings for ineffective training, where trainings provided by the agencies were ineffective, and participants did not feel prepared to perform their position adequately. Figure 3 demonstrates the relationship between theoretical frameworks and risk factor findings.

Figure 3

Risk Factor Findings and Theoretical Framework



Implications for Social Work Education

Although the current study explored organizational stressors in the workplace, colleges and universities that have social work programs should be aware of burnout indicators for professionals. Educators can educate students about burnout through proactive measures that can identify and deter burnout in the workplace. Ultimately, learning proactive techniques for burnout can build awareness and resiliency for students around this topic as they enter the workforce. Although students engage in internships with social work agencies, students are sometimes still unaware of what burnout can look like in practice.

One proactive measure to reduce future burnout in the workplace is for university educators to teach students about caseload sizes in social work positions. Caseload sizes are sometimes large for social workers, and caseload sizes can create an overwhelming feeling for employees. In social work practice classes, educators should provide examples and sample caseload size amounts that different social work professionals can handle in practice; therefore, students would be aware of caseload sizes and if they felt comfortable overseeing the case. For example, there can be exploration around what medical social worker caseloads entail, in addition to child welfare social worker caseloads and other factors. Understanding caseload sizes and how they are distributed to professionals in agencies across the social work profession can be a proactive way for students to identify which area in the profession works best for their career style. In addition, students can explore what they can physically and emotionally handle regarding caseload sizes as a potential employee when they transition into the agency setting.

Another proactive measure is for university educators to teach students about caseload management to reduce burnout in the workplace. Educators should inform students of the requirements associated with a large caseload size in an agency because the responsibilities associated with caseload sizes can be exhausting for professionals, especially if caseload sizes are large. For instance, requirements associated with a caseload can involve contacting families to update them about client progress, looking at referral placements to support clients, making consistent contact with clients to ensure they are reaching treatment goals, and others. Students need to be aware of the types of elements associated with a caseload so they can begin understanding the expectations of caseloads in agencies. Educators can create opportunities in social work practice classes where students can practice working with a mock caseload of clients so they can develop caseload management techniques. Caseload management techniques could include a worker creating an Excel spreadsheet caseload tracker in which they can prioritize which client needs will be addressed each day. Another technique to manage caseloads can be placing field direct treatment hours for clients at the beginning of the week and office work documentation hours at the end of the week. Students learning how to develop structure around managing caseloads can reduce stressors for students as they enter agencies with their caseload assignment.

Documentation consumption is another proactive area around burnout that educators should address in social work practice classes with students. Some social work education programs in colleges and universities employ course content regarding agency documentation to help students understand paperwork expectations. However, not all universities and colleges with social work programs employ content around agency

documentation; therefore, my suggestions toward students understanding agency paperwork will be helpful for social work academic programs. Professionals can acquire strenuous documentation requirements in an agency, which can be stressful for employees to complete. Documentation requirements in agencies can be time sensitive and require extensive pages to write. Educators can create assignments in social work practice classrooms in which students can practice writing techniques by using clinical documentation, such as treatment plans, client progress notes, and biopsychosocial assessments. Students can practice writing with the forms to increase efficiency with documentation writing. In addition, educators can apply in-class timed assignments, where students would complete a document by a required time in a classroom. For example, an educator can assign a client vignette where a student must compose a progress note based on the vignette in 20 minutes. Essentially, the in-class assignment can help the student write quickly and complete documentation under pressure. Building documentation skills can be beneficial for students when entering social work positions.

Another area to present in the classroom that can be proactive toward burnout for professionals is teaching about effective training in the workplace. Social work programs can design an elective around training that explores what effective training in agencies should entail. For example, training around documentation requirements in agencies could include a trainer giving a lecture around documentation protocols, exploring documentation content, and presenting documentation submission timelines for the department. Further, the trainer might provide opportunities for the trainee to practice the content of the documentation in sessions and provide documentation samples for the trainer to view. An employee can advocate for additional job support from leadership

during the probationary period of a position, which can be another aspect of the training process. An elective around training can provide students with knowledge around agency protocols for training, and this class can empower students to advocate for themselves when they feel additional support is needed on the job. Inevitably, a student starting a new position might feel less overwhelmed by knowing how training should be applied in an agency setting.

A final tactic educators can use to be proactive toward burnout is speaking about the importance of work–life balance in practice. Role stress can be stressful for employees regarding various components of the position. In social work practice classes, educators can introduce work–life balance suggestions, such as using benefits packages presented in agency positions or enjoying hobbies separate from social practice. Providing work–life balance suggestions can help a new professional reduce work fatigue.

Implications for Leadership and Policy

The current study provided a platform for 10 social work professionals to express their perceptions of burnout in CYA agencies in Pennsylvania. Participants conveyed caseload sizes should be lowered to spend more time with families and complete work efficiently. Interviewees mentioned training did not prepare them to perform their job tasks effectively. Participants noted there were too many paperwork requirements, and they were getting behind on their documentation. Further, interviewees conveyed stressors associated with their roles, such as not having a clearly defined job description.

Leaders finding preventative factors to protect workers from burnout in the workplace is imperative. According to Preston (n.d.), managers should evaluate job

demands to determine if they align with employee capabilities and have available resources to ensure the job is executed. For example, managers can hire more social workers to reduce caseload sizes for staff members. Findings suggested a caseload size of 10 clients would help employees meet their clients' needs; thus, a manageable caseload can be achieved when there is a sufficient number of workers in departments to balance caseload sizes.

Documentation advocacy is another preventative factor that can reduce burnout for employees. Some participants in the current study suggested some documentation required from state regulators were tedious to complete. Leaders should assess documentation barriers that staff share in programs and present the barriers to state funders to reform, reduce, or eliminate documentation requirements that are strenuous for staff. In addition, some participants expressed documents were lengthy in agencies and suggested documents should be condensed to as few forms as possible. Leaders should monitor the length of documents and refrain from adding unnecessary requirements to documentation forms that could extend the amount of work for staff. Overall, documentation practices should be reviewed by management consistently because participants noted documentation requirements reduce the quality of care and time spent with clients.

Training is the third preventative factor to protect workers from burnout. Leaders can provide interactive activities, such as role plays and practice drills that mimic their job tasks; therefore, once employees begin their role, they will be equipped with the knowledge and skills to execute their tasks confidently. Another example of a preventative factor for burnout is reducing paperwork requirements so staff can feel less

stress around completing documentation. Leaders can advocate to state program funders about the necessity to modify documentation components on a program level. Leaders can explore beneficial documentation for programs and documentation that can be eliminated or reduced in size. Further, leaders can explain their findings in monthly meetings to state funders and work collaboratively trying to decrease some of the paperwork burden.

Supervisory supports are an additional preventative factor that can reduce burnout for staff. A few participants unveiled supervisors were instrumental in helping them transition into their roles effectively because of their efficient knowledge and skillsets. Senior leadership should ensure they are hiring experienced and competent supervisors who can teach and train workers about how to perform their roles efficiently. Further, senior leadership should provide additional training and professional development opportunities that can enhance supervisor knowledge and skillsets in the profession so they can share with supervisees. In addition, management should ensure supervisors are paid well and engaged in workplace practices that can reduce supervisory burnout and promote self-care. Supervisors have a very important role in leadership because they oversee the direct service staff; therefore, senior management should consistently assess options to retain talented supervisors.

A final preventative factor to reduce burnout for employees is through clear job descriptions. Preston (n.d.) conveyed managers should define roles clearly and engage professionals with clear communication of expectations from the top. For example, program leadership should have well-defined job descriptions in writing and uphold what is stated in the document. A clear job description can create less confusion for workers

and possibly avoid doing job tasks out of scope with their positions, which can reduce feelings of anger for staff.

Implications for Social Work Practice

The current study found participants were overwhelmed, stressed, and angry from the organizational stressors that arose in their roles stemming from documentation, caseloads, and training. Leaders should identify tactics to improve the practice of social work for employees, which can reduce burnout and further increase longevity of care for clients. For a stress-free work environment, administrators should explore opportunities to create a relaxing work environment for staff.

An employee wellness program is one solution to create a relaxing work environment for professionals. Program administration can explore evidence-based wellness programs that encourage efficient nutrition, relaxation practices, engaging in hobbies, and proper rest (Preston, n.d.). Organizational policy should promote mandatory vacation and remote opportunities to work. Ultimately, investing in wellness programs could reduce symptoms of burnout including anger, stress, being overwhelmed, and being unappreciated. Further, employee job wellness programs might reduce long-term health implications from burnout, such as depression and headaches.

Another option that can create a relaxing work environment for practitioners is flexible scheduling. Organizations must create work schedules that do not conflict with an employee's outside commitments, which would reduce work-family conflict (Preston, n.d.). An example of a flexible schedule is allowing an employee to identify if a morning or afternoon shift works better for their lifestyle. Ultimately, professionals who have a flexible work schedule might feel more autonomy in their position.

Recommendations for Future Research

Further researchers can study if administrators in CYS agencies perceive organizational policies as a contributing factor for burnout among social work professionals. A quantitative approach can be used to examine if administrators see policies surrounding caseloads, documentation, training, and role stress as risk factors that lead to burnout for their staff. The importance of this type of study is to explore the outlook of leadership around burnout, and essentially determine if CYS administrators believe changes should be modified in CYS agencies based on the study's outcomes. This type of research can begin a conversation among organizational reform and solution-based work in CYS agencies to decrease burnout in organizations and the social work profession.

Another direction for future research is to conduct a similar study of child welfare social workers in a different state. A quantitative approach can be used to measure if social workers in child welfare agencies experience the same organizational stressors as CYS professionals in Pennsylvania. The study can explore if documentation, role stress, training, and caseloads are causing burnout. The significance of this proposed study can ignite a broad discussion around burnout in the profession across state agencies and possibly manifest into solutions to reduce the impact of burnout for professionals.

Limitations

The current study had data collection limitations. Some potential participants were nonresponsive during the interview process. Their lack of response impacted the retention of the study because I had to locate additional participants to meet the sample threshold for interviewing, which caused a slight delay in the interview process. Further,

some potential participants in the study were later found not to have social work degrees, which delayed data collection procedures slightly longer to locate additional responsive participants who met the study's inclusion criteria.

An additional limitation was interviews were conducted with only 10 participants in Pennsylvania; therefore, it is a challenge to generalize the study's outcomes to the entire population of child welfare professionals across the United States. For example, experiences of child welfare professionals in Pennsylvania might not apply to social workers in other states.

Another limitation centered around gender bias. All 10 participants in the study were women; thus, it may be challenging to generalize findings to male social welfare professionals. Men might not uphold the same perspective toward burnout as female participants in the current study. Including a combination of male and female participants and their perceptions on burnout may have added a richer context around the phenomenon.

A final limitation is the current study focused on CYS professionals with social work degrees. Although participants in the current study worked in various roles (e.g., case worker, intake worker), the sample was solely individuals with social work degrees. Therefore, the overall findings/discussions for the current study and recommendations for the current study related to implications for leadership, policy, education, and practice might only pertain to practitioners in the social work profession who hold social work degrees. Additionally, content from the current study might not resonate with employees in alternative industries.

Conclusion

Findings from the current study showed organizational inferences—such as role stress, caseload sizes, documentation, and ineffective training—are risk factors of burnout for child welfare professionals in Pennsylvania. First, the discussion addressed role stress and burnout, where participants had daunting feelings from their unclear job descriptions and lacked knowledge to interpret their role expectations. Further, participants felt a lack of power from time constraints to perform job duties. Additionally, role stress stemmed from a lack of connection to networks and resources that professionals had to seek support for their clients alone, which was stressful. Essentially, participants felt role stress because of the various exceptions in their jobs, which was overwhelming for professionals, with some workers projecting there were only 8 hours in the day to complete tasks.

The discussion shifted to caseload sizes where findings showed workers carried large case amounts, which could become overwhelming. The Ministry of Social Development (2011) suggested a caseload of 10 clients is more appropriate for staff to perform their job. Third, the discussion addressed tedious documentation demands required by state payers (i.e., representatives in Pennsylvania who oversee funding for CYS agencies/programs) that impacted high stress levels for participants. Participants found they were spending more time on documentation requirements from the state than servicing clients. Fourth, the discussion addressed training and burnout where participants thought they lacked a full understanding of their job requirements, even though training periods were long, which was overwhelming. Further, participants felt unprepared to handle conflicts with clients. The discussion presented additional findings,

where participants learned their roles from the support of coworkers and built more experience in the position. Further, burnout was present in CYS agencies, which unveiled retention concerns for these agencies. Lastly, the discussion provided connections to risk factor findings and theoretical frameworks.

Next, the discussion highlighted three implications in the current study. For the first implication, educators should provide awareness on what caseload sizes reflect in various social work positions and provide practice assignments on how to manage a caseload. Additionally, teachers should discuss in-depth documentation requirements in agencies and provide students with opportunities to practice writing with these documents as assignments. Furthermore, educators can provide knowledge around the training process in organizations and teach students how to advocate for more training support if necessary. Finally, educators can create electives that teach students how to practice work–life balance when they enter the social work industry. The second implication highlighted how leaders can reduce burnout for employees by hiring more social workers to balance the workload, creating interactive trainings where professionals can practice their job tasks before starting the role, advocate to state funders for modifications of documentation requirements in programs, employ experienced supervisors who supports staff, and write a clear job description that workers can understand and avoid deviation from the job description. The third implication suggested enhancing social worker retention in practice. Employee wellness programs should be created in agencies to support flexible schedules, remote options, and relaxed practices. Wellness programs could reduce health implications of burnout, such as headaches and depression.

Then, I recommended future studies use a quantitative approach to explore if CYA administrators believe risk factors for burnout exist in their agencies, in addition to exploring the risk factors of burnout for child welfare professionals in additional states. Ultimately, these are helpful recommendations for alternative studies based on the current findings.

The discussion shifted to outlining several limitations in the study. Some participants were nonresponsive for interviews or did not have social work degrees, which caused study delays and more time spent toward seeking additional participants. Further, interviews were only conducted with Pennsylvania child welfare professionals; thus, it might be challenging to generalize the findings across all states in the United States. Additionally, limitations surrounded participants' genders because all participants were female; therefore, it is unclear if male social work professionals experience the same risk factors for burnout. Finally, the sample size for this study consisted of professionals with social work degrees, therefore, findings might not apply to alternative industries within the helping profession.

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Appendix: Interview Questions

Demographic Questions

1. Your alias name will be _____
2. How old are you?
3. How do you identify regarding gender, race, and ethnicity?
4. Please provide your educational background.
5. Are you currently a licensed social worker?
6. Describe how you ended up at a children and youth services (CYS) agency or Children Youth and Family Services (CYFS).
7. How many years have you worked at CYFS or CYFS?
8. What role in CYFS or CYFS will you speak about for this study and how many years were you in that role?

Study Questions

- What do you think about your daily job tasks?
- What are your thoughts about your job description?
- Name something that comes to mind about the amount of time it takes to complete your daily job responsibilities.
- Explain your perceptions about when you were trained in your departmental role.
- If you can pick a caseload size, how many cases would that reflect? And why?
- Name three things that come to your mind about the documentation in your position, please elaborate on why you picked these three elements.
- Describe any stressors in your role.
- Does burnout happen in CYFS? If so, what does it look like?