



## Stress among child protective service workers: Self-reported health consequences<sup>☆</sup>

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### ABSTRACT

High levels of stress have been associated with several physical and mental health problems including coronary heart disease, acute myocardial infarctions, poor survival from cardiac events as well as changes in the immune and nervous systems. Among stressful professions, social work, with its focus on difficult to serve populations and modest compensation, has received only limited research attention. There is a substantial gap in the literature on how job-related stress among child welfare workers is related to their health and health habits. This study uses self-reported data from a sample of public child welfare workers ( $n = 511$ ) to explore the impact of job-related stress and its perceived effect on their health and well-being.

Qualitatively, participants mentioned 586 unhealthy habits or behaviors that they attributed to the stress of their positions (e.g. unhealthy eating, substance use, disturbed sleep, lack of exercise, irritability, self-neglect, other troubling behaviors). Additionally, these child welfare professionals described mental health ( $n = 214$  mentions), physical health ( $n = 160$  mentions), and work-life imbalance issues ( $n = 68$  mentions) that they associated to the stress of their positions.

Using the qualitative mentions of unhealthy habits by person, a ratio level variable was used to test for mean differences. Findings revealed significant differences in the quantity of unhealthy habits and length of employment at the agency, intention to stay, and self-perception of health.

This study makes a first step toward understanding the relationship of job stress and health among child protective service workers. Study findings have potential implications for the high rate of turnover in this field. Policy-makers may need to consider workers' stress and ability to practice self-care as they examine ways to improve retention and protective service outcomes.

### 1. Introduction

High levels of stress have been associated with several physical health problems including coronary heart disease, acute myocardial infarctions, poor survival from cardiac events as well as changes in the immune and nervous systems (Stults-Kolehmainen, Tuit, and Sinha (2014). Stress has many sources, including trauma exposures and secondary trauma, interpersonal and family conflicts and, most critically for this study, workplace difficulties where these and other problems can intersect (Dagan, Ben-Porat, & Itxhaky, 2016; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). Harvey et al. (2017) conducted a systematic meta-review of 37 review studies and concluded there is moderate level evidence from multiple-prospective studies that high job demands, low job control, high effort-reward imbalance, role stress, and

low social support in the workplace are associated with a greater risk of developing anxiety and depression symptoms.

Among stressful professions, social work, with its focus on difficult to serve populations and modest compensation, has received only limited research attention (Lloyd, King, & Chenoweth, 2002). More importantly, there is a gap in the literature on the relationship of workplace stress and health consequences and health-affecting personal habits among social workers – particularly social workers in child protective services agencies.

Workplace stress, which can stem from multiple sources, occurs when individuals experience responsibilities or demands that exceed personal and social resources (American Institute of Stress, 2017a). The sources can include duty overload, conflicting demands, lack of clarity in worker roles, and work-family conflict resulting from incompatibility

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in family and work responsibilities (Travis, Lizano, & Mor Barak, 2016). Additionally, Sonnentag, Pundt, and Albrecht (2014) identified four relevant categories of stressors that should be considered as stress sources: physical stressors (e.g., concerns for personal safety), task-related job stressors (e.g., time pressure and job complexity, poor tools (e.g., lack of information), role-stressors (e.g., overload and unclear expectations), social stressors (e.g., conflict and unpleasant interactions with those being served), career-related stressors (poor opportunities for advancement), and traumatic stressors (situations where others or workers are in harmful or extreme danger).

While research has explored the health consequences of the stress associated with police work and nursing, much less is known about stress for staff in child protective services. One study of police officers used heart rate monitors to gauge stress levels (Anderson, Litzenberger, & Plecas, 2002) and the Pittsburgh Sleep Index to evaluate effects of stress (Neylan et al., 2002). Additionally, the literature on police officer stress has explored the value of effective coping strategies to address workplace stress (Hart, Wearing, & Headey, 1995; Menard and Arter, 2013).

Research has also examined the contributors to stress among nurses (Applebaum, Fowler, Fiedler, Osinubi, & Robson, 2010; Dominguez-Gomez & Rutledge, 2009; LeSergent & Haney, 2005) and the literature has identified the association of high stress with weight gain, tobacco use, headaches, sleep deprivation, poor eating habits, and other negative health outcomes (Colditz, Manson, & Hankinson, 1997; Lin, Huang, & Wu, 2007; Samaha, Lal, Samaha, & Wyndham, 2007; Sarna et al., 2008; Van der Heijden et al., 2008; Zapka, Lemon, Magner, & Hale, 2009). Happell et al. (2013) examined the use of unhealthy coping strategies (e.g. substance use, antisocial behaviors) and healthy ones (e.g. socializing, activities). Research has also explored how stress and coping styles affect health and work performance for professional nurses (Jordan, Khubchandani, & Wiblishauser, 2016).

The literature on the relationship of work-related stress and unhealthy behaviors is not extensive and much of it is also focused on nurses. Han, Trinkoff, Storr, and Geiger-Brown (2011) in a secondary data analysis found for nurses working for at least a year that being overweight or obese was significantly associated with long work hours. Kouvonen et al. (2005) in a large Finnish study involving 45,810 workers reported lower job control, higher job strain, and higher effort-reward imbalance were associated with a higher Body Mass Index (BMI). More specifically, higher job demands and higher strain were significantly associated with a higher BMI among teachers and nurses. Similarly, a 2-year cohort study of Japanese workers reported that for the group that gained BMI, the behavior of eating to satiety was positively correlated with psychological stress which was related to job demand (positively) and job latitude, negatively (Nishitani and Sakakibara 2007). Another study of registered nurses found that perceived stress was a predictor of health limiting activities, that work environment ratings were higher (better) with lower stress with fewer instances of snack or fast food consumption (Tucker, Harris, Pipe, & Stevens, 2010). Finally, in a small study in a Midwestern hospital, most nurses (92%) rated their stress as moderate to very high; the presumed effects were: consuming more junk food (70%), consuming more food than usual (63%), not exercising regularly (69%), and binge drinking (22%) (Jordan et al., 2016). Even so, Zapka et al. (2009) did not find a relationship between perceived job stress and nurses' BMI (although the data were not shown); they reported that nurses who strongly agreed that their job was stressful ate more servings of fruits and vegetables.

While these studies do not conclusively indicate that work-related stress may directly affect the unhealthy habits of employees working in stressful positions, they do establish the need to further investigate the possible connection—especially in a population of child welfare professionals. An examination of stress and unhealthy habits is grounded in the theory of ego-depletion (Baumeister, 2002; Baumeister, Bratslavsky, Muraven, & Tice, 1998). In essence, the capacity to self-regulate and to self-control impulses to over eat, smoke, use substances, or do high risk

behaviors is related to the demands placed on coping capacities of the person, thus reducing ego-strength. Work-related stress may tax internal resources of the self, such that unhealthy habits become harder to resist. This qualitative study examines the relation between unhealthy habits and self-reported work stress among child welfare workers.

## 2. Stress and the child welfare worker

In fact, little is known about the impact of stress on the child welfare worker. However, worker's frequent exposure to client trauma may result in high levels of what has been called secondary traumatization – a stressful condition. Bride (2007) reported that 70% of social workers experienced secondary traumatization in the prior week; half of a sample of Colorado child protection workers self-reported secondary traumatization at “high” or “very high” levels (Conrad & Kellar-Guenther, 2006). Since estimates are that child welfare workers on average stay with their agencies only between two and four years with many leaving after one year (Boyas, Wind, & Ruiz, 2013), the stress that child protection professionals are exposed to may be a factor in leaving their positions (Boyas et al., 2013; Mor Barak, Levin, Nissly, & Lane, 2006; Nissly, Barak, & Levin, 2005; Shier et al., 2012; Smith & Clark, 2011).

Indeed, a study of social service workers in the United Kingdom found that work-related stress was the largest single factor contributing to their decision to leave the field (Coffey, Dugdill, & Tattersall, 2004). Another study of children's services staff in the UK found that the overall level of stress was about 20% above the clinical cutoff point (Antonopoulou, Killian, & Forrester, 2017). A Canadian study (Shier et al., 2012) found that “the presence of physical symptoms of stress has a significant negative effect effective on social worker satisfaction and a significant positive effect on intention to leave” (p. 133). Another Canadian study of hospital-based child protection professionals found that almost 40% of those who left their employment did so because of job stress and feelings of being burned out (Bennett, Plint, Clifford, 2005).

In this country, child welfare workers in California were found to experience higher workloads, more role conflict, and greater depersonalization than social workers operating in different capacities (Kim, 2011). Smith and Clark (2011) examined the presence of job burnout in a sample of 1001 child welfare workers by exploring the influence of job resource loss. Overall, findings revealed high levels of emotional exhaustion (44.3%) and positive associations between stress and burnout for the sample. Lee, Pang, Lee, & Melby (2017) in a study of child welfare workers found that almost two-thirds rated their work-related stress as either very high or high. Mor Barak et al. (2006) found that for child welfare workers four of the five strongest predictors of turnover intention involved lack of job satisfaction, low organizational commitment, high stress, and exclusion from the organizational decision-making processes.

Major gains have been made in understanding the demanding nature of working in child welfare, but little is known about the direct impact of these stressors on the worker's health. There is a substantial gap in the literature on how job-related stress in child welfare is related to the health and well-being of child welfare workers. A first step to a better understanding of the relationship of job-related stress to health among child welfare workers is to examine their own self-reported experiences with stress and how they see stress affecting their health.

## 3. Purpose of the study

This study was part of a broader study of job satisfaction among child protective service workers in one rural state. This part of the study focused on self-reports of job-related stress and worker's self-reported negative health habits in relation to their stress. This study examines how child protective service workers view their stress in relation to their perceived health and health habits. Thus, the study further advances the understanding of the self-reported effects of stress on health

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