



Exploring the self-care practices of child welfare workers: A research brief

J. Jay Miller*, Jessica Donohue-Dioh, Chunling Niu, Nada Shalash

College of Social Work, University of Kentucky, United States

ARTICLE INFO

Keywords:

Self-care

Child welfare

ABSTRACT

Child welfare workers experience higher rates of vicarious trauma, workplace stress, and compassion fatigue, when compared to other social service workers. Increasingly, social service agencies, in general, and child welfare agencies, specifically, recognize the importance of self-care in assuaging these problematic employee outcomes. However, research that explicitly examines the self-care practices of child welfare workers in nominal. This study *brief* explores the self-care practices of child welfare workers (N = 222) in one southeastern state. Results reveal that child welfare workers only engage in self-care at moderate levels. Additionally, data suggests that variables such as *health status*, *current financial status*, and *relationship status* significantly impact personal and professional self-care practices, respectively. After a terse review of relevant literature, this brief will explicate findings associated with this study, and identify salient discussion points and implications for child welfare training, practice, and research.

Child welfare workers experience higher rates of vicarious trauma, workplace stress, and compassion fatigue, when compared to other social service workers (e.g., Griffiths & Royse, 2016; United States General Accounting Office, 2003). These problematic employment experiences can negatively impact the services proffered to client populations. Indeed, as Lizano and Barak (2015) aptly summarized, these challenging workplace experiences can “pose a hazard” to children and families (p. 18).

Increasingly, social service agencies, in general, and child welfare agencies, specifically, recognize the importance of self-care in assuaging problematic employee outcomes (e.g., Grise-Owens, Miller, & Eaves, 2016; Salloum, Kondrat, Johnco, & Olson, 2015). Consideration to this issue, at least in part, can be attributed to increased attention to workplace turnover among the child welfare workforce (Kim & Kao, 2014). However, there is a dearth in the literature related to self-care in general (Dorociak, Rupert, Bryant, & Zahniser, 2017; Miller, Lianekhammy, Pope, Lee, & Grise-Owens, 2017) and in child welfare services, specifically (Griffiths, Royse, Culver, Piescher, & Zhang, 2017). This brief contributes to addressing these limitations in the current literature.

This study *brief* explores the self-care practices of child welfare workers (N = 222) in one southeastern state. Researchers utilized the Self-Care Practices Scale (SCPS; Lee, Bride, & Miller, 2016) to measure professional and personal self-care practices, respectively. Additionally, the study examines relationships between self-care practices and demographic, and other professional variables. After a terse review of relevant literature, this brief will explicate key findings, discuss salient

implications, and identify apposite areas for future research inquiry.

1. Background

1.1. Challenges facing child welfare workers

The literature and anecdotal practice evidence documenting the challenges plaguing the child welfare workforce is extensive. A myriad of researchers have examined problematic occurrences among child welfare workers. For instance, Kim, Ji, and Kao (2011) concluded that child welfare workers experienced higher caseloads, conflict, and had lower perceived personal accomplishment, when compared with social service workers employed in other contexts. Blome and Steib (2014) reached similar conclusions. In a study that examined dynamics associated with over 300 public child welfare workers, Lizano, Hsiao, Barak, and Casper (2014) reported that work-related strain increased job burnout and had an adverse impact on participants' perceived well-being. Salloum et al. (2015) asserted that child welfare workers are often exposed to traumatic events, thus, increasing their risk for post-secondary/vicarious trauma. Other authors have suggested that social service workers are disproportionately impacted by bureaucratic processes, resource restrictions and losses, and adverse political climates (Miller et al., 2016), among others. Indeed, these issues are likely to impact the child welfare workforce in particular.

These problematic occurrences impact child welfare workers, specifically, and the workforce, more broadly. Perhaps nowhere is this impact more prevalent than in workforce turnover. Several researchers

* Corresponding author.

E-mail address: Justin.miller1@uky.edu (J.J. Miller).

have suggested that challenges associated with providing adept child welfare services often lead individuals to leave their jobs. For instance, Schelbe, Radey, and Panisch (2017) asserted that stressors among new child welfare workers included high workloads, cumbersome administrative requirements, and working with challenging parents. These authors suggested that these challenges may impact retention among new child welfare workers. These findings are consistent with other works that have documented that many child welfare workers leave their jobs within their first three years of employment (e.g., Smith, 2005; Chenot, Benton, & Kim, 2009; United States General Accounting Office, 2003; Griffiths et al., 2017, etc.). Increasingly self-care is seen as a viable strategy for ameliorating many of these challenges in the profession.

1.2. Self-care

Self-care as a general construct can be somewhat difficult to define. This difficulty, in part, can be attributed to the subjective nature of self-care (Carlson, 2015). Difficulties aside, several authors have proffered definitions for *self-care*. Lee and Miller (2013) demarcated two domains of self-care: *personal* and *professional*. Lee and Miller described personal self-care as “a process of purposeful engagement in practices that promote holistic health and well-being of the self,” whilst they depicted professional self-care as “the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being” (p. 98). Other domains identified in the literature include physical, spiritual, social, and emotional aspects of self-care (e.g., Barker, 2003; Grise-Owens et al., 2016). Dorociak et al. (2017) integrated all of these themes by defining self-care as a “multi-dimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being” (p. 326).

1.3. Importance of self-care to child welfare workers

Evidence suggests that self-care may be a way to allay challenges plaguing the child welfare workforce. Despite the promise of self-care in the child welfare arena, there is a dearth in the literature associated with self-care among child welfare workers. In one of the few studies to explicitly examine self-care among child welfare workers, Salloum et al. (2015) concluded that workers who engaged in apposite self-care practices experienced higher levels of compassion satisfaction and lower levels of burnout. Studies with other social service workforce populations have concluded that fostering healthy self-care practices can be helpful in allaying professional burnout (Cohen & Gagin, 2005), increasing efficacy of professional practice (Sanso et al., 2015), and increasing perceptions of professionalism (Asuero et al., 2014), among other positive effects.

The implications derived from the literature are clear. The challenges facing the child welfare workforce are persistent and multifarious. Whilst fostering the development of adept self-care practices can assuage some of these challenges, a paucity of literature examines self-care concepts among this employee group. If child employers are to meet the needs of child welfare workers, it is imperative that they understand the self-care practices of this population. This brief addresses this gap in the literature and informs child welfare employers and employees about this important facet.

2. Aim and research questions

The primary aim of this exploratory research brief is to examine personal and professional self-care practices among child welfare workers in one southeastern state. This inquiry was guided by three research questions:

1. How often do child welfare workers engage in personal and professional self-care practices?
2. Are there differences in self-care practices by demographic (e.g., race, gender, etc.) and professional characteristics (e.g., education level, etc.), respectively?
3. What demographic and professional variables are significant predictors for personal and professional self-care practices, respectively?

Via examining these research questions, this study uniquely contributes to existing child welfare workforce literature. Few published studies, if any, have explicitly examined the self-care practices of child welfare workers.

3. Methods

3.1. Procedures and sampling

This study employed a cross-sectional, survey research design. A survey was sent to potential participants, electronically. Primary data were collected during the first quarter of 2017. Researchers utilized a snowball sampling approach, following institutional review board approval and the obtainment of a waiver of documentation of informed consent. The electronic, web-based survey was administered to child welfare agencies throughout the state. Participants were asked to forward the survey to other colleagues employed in child welfare settings.

All participants identified as child welfare workers employed in one southeastern state. Participants were offered a chance to win a \$500 cash card for their participation in the study. The incentive data (e.g., email) were collected via a separate link included at the end of the survey; thus, participant survey responses could not be connected to them. The survey, and associated protocol, was reviewed by an Institutional Review Board (IRB) and the protocol was approved.

3.2. Measure

The measure utilized for this study included two overarching parts. First, participants provided demographic information (e.g., race, age, etc.) and general professional information (time in child welfare practice, education level/type, etc.). Second, to collect primary data from participants in this study, researchers utilized the Self-Care Practices Scale (SCPS; Lee et al., 2016). SCPS is an 18 item measure designed to have participants explicate the frequency with which they engage in professional and personal self-care practices, respectively. SCPS utilizes a five-point Likert scale anchored at 0 (*never*) and 4 (*very often*). The scale includes scores in three areas: a summative *personal* self-care score (0–36), a summative *professional* self-care score (0–36), and a *total* score comprised of the sum of personal and professional self-care scores (0–72). Higher scores indicate more frequency related to engaging in self-care practices. Examples of items for the personal self-care scale are as follows: *I engage in physical activities* and *I spend quality time with people I care about*. Examples of items for the professional self-care scale include: *I acknowledge my successes at work* and *I seek out professional development opportunities*. For this study, measures for personal (Cronbach's Alpha = 0.81) and professional (Cronbach's Alpha = 0.77) care displayed high internal consistency.

4. Results

4.1. Study participants

A total of 222 (N = 222) participants took part in this study. Respondents were primarily female (94.6%), of white, non-Hispanic (85.1%) racial/ethnic background, and aged 36.09 years (Sd = 10.07). On average, participants reported working in child welfare for 10.43 years (Sd = 8.03) and working approximately 41.31 (Sd = 9.03)

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