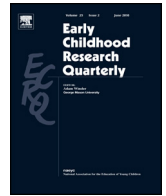




Contents lists available at [ScienceDirect](#)

Early Childhood Research Quarterly



Occupational stress and well-being among early head start home visitors: A mixed methods study

Allison L. West^{a,*}, Lisa J. Berlin^a, Brenda Jones Harden^b

^a University of Maryland, Baltimore, School of Social Work, 525 West Redwood Street, Baltimore, MD 21201, USA

^b Department of Human Development and Quantitative Methodology, University of Maryland, College Park, 1117 Benjamin Building, College Park, MD 20742, USA

ARTICLE INFO

Article history:

Received 8 January 2017
Received in revised form 5 September 2017
Accepted 27 November 2017
Available online xxx

Keywords:

Home visitation
Early head start
Occupational stress
Compassion satisfaction
Burnout
Secondary traumatic stress

ABSTRACT

The current, unprecedented scaling up of evidence-based home visiting makes it crucial to elucidate the factors and processes that promote successful program implementation. One key factor is the well-being of the workforce. Scant attention has been paid to the ways in which early childhood home visitors may be affected by their work with low-income, high-risk families, however. This mixed methods study examined Early Head Start (EHS) home visitors' *compassion satisfaction, secondary traumatic stress, burnout, and job withdrawal, and their associations with home visitor, family, and work characteristics*. Data included survey questionnaires ($N=77$) and individual interviews ($n=7$). A subset of home visitor survey data ($n=27$) was linked with data from EHS families ($N=102$) to examine the associations between home visitors' well-being and EHS families' psychosocial risks. Overall, EHS home visitors demonstrated moderate to high compassion satisfaction and more variable levels of secondary traumatic stress. The home visitors' occupational stress and well-being were associated with home visitor, family, and work characteristics. For example, home visitors' secondary traumatic stress was associated with EHS families' psychosocial risks. Home visitors' burnout was associated with job withdrawal. Both quantitative and qualitative data showed that home visitors were exposed to varying levels of EHS family risk and trauma, and that some home visitors were deeply affected by this exposure.

© 2017 Elsevier Inc. All rights reserved.

1. Introduction

Home visiting is a promising service strategy for promoting child health and development among vulnerable expectant families and families with young children (Gomby, 2007). Passage of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) legislation under the 2010 Affordable Care Act introduced an unprecedented era of dissemination of “evidence-based” home-visiting programs that had previously demonstrated positive effects, such as Early Head Start, Healthy Families America, and the Nurse–Family Partnership (Harding, Galano, Martin, Huntington, & Schellenbach, 2007; Love et al., 2005; Olds, 2006). With this new era came growing recognition of the need to elucidate the factors and processes that promote successful replication and scale-up of evidence-based home-visiting strategies (Goldberg, Bumgarner, & Jacobs, 2016; Paulsell, Del Grosso, & Supplee, 2014). One key factor known to

support implementation fidelity is the competence and confidence of the workforce (Bertram, Blase, & Fixsen, 2015). Home visitors must be selected, trained, and supported to promote intended outcomes while working with families with a wide range of strengths and needs.

The extent to which home visitor capacities fit with target population characteristics and specific program goals warrants further investigation (Duggan et al., 2007). Home-visiting programs typically target families with high levels of risk including poor infant health, poverty, domestic violence, parental substance abuse, and child maltreatment (Adirim & Supplee, 2013; Paulsell, Avelar, Sama Martin, & Del Grosso, 2010). Programs also intend to improve a broad range of outcomes (e.g., maternal and child health, school readiness, and economic self-sufficiency; U.S. Department of Health and Human Services Administration for Children and Families, 2015). When working with families with multiple, complex risks, home visitors must have the requisite capacities and supports to achieve intended outcomes.”

One question that has received little empirical attention concerns how the nature of the work both positively and negatively affects home visitors' capacity and motivation to carry out their roles. Work with vulnerable families might be experienced as

* Corresponding author. Present address: Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe Street, Baltimore, MD 21205, USA.

E-mail addresses: awest25@jhu.edu (A.L. West), l@ssw.umaryland.edu (L.J. Berlin), bjharden@umd.edu (B.J. Harden).

stimulating and rewarding, resulting in *compassion satisfaction* or, conversely, as stressful and overwhelming, leading to *burnout*, *secondary traumatic stress*, or *job withdrawal* (Stamm, 2002). To fill the gap in the literature on home visitor perceptions of their work, this mixed methods study examined the associations between home visitor, client, and work characteristics and compassion satisfaction, secondary traumatic stress, burnout, and job withdrawal among Early Head Start home visitors.

1.1. Professional quality of life

Stamm's (2010) model of Professional Quality of Life guided the current research. Stamm's model offers an ecological approach for understanding home visitors' positive and negative experiences in relation to their work with vulnerable children and families. This model, moreover, suggests that characteristics of the work environment, workers' exposure to secondary trauma in the work setting, and workers' personal characteristics play a role in the development of compassion satisfaction, secondary traumatic stress, and burnout.

Compassion satisfaction refers to the perceived satisfaction that helping professionals find in their job, the degree to which they feel successful in their job, and the degree to which they feel supported (Stamm, 2002). The term compassion satisfaction recognizes that work as a professional caregiver can be both challenging and rewarding, and that workers can be motivated by job satisfaction (Bride, Radey, & Figley, 2007). Compassion satisfaction reflects a worker's resilience, capacity for personal growth, and ability to find meaning in her/his stressful work experiences and client relationships.

Coined by Figley (1983), the term *secondary traumatic stress* describes the adverse psychological outcomes associated with the stress of helping or wanting to help a traumatized or suffering person. Although compassion is a necessary precursor to establishing trust within a helping relationship, this compassion can also be eroded as a result of working with clients who are suffering (Figley, 2002a). Secondary traumatic stress is thought to be a progressive and cumulative process that is caused by prolonged, continuous, and intense contact with clients, exposure to stress, and how the helper understands and uses her/his own personality, culture, beliefs and life experiences in the work (Coetzee & Klopper, 2010).

Although secondary traumatic stress stems from secondary exposure to trauma, *burnout* is a term generally used to describe an affective reaction to more general, ongoing occupational stressors that result in a reduced capacity to maintain an intense and meaningful involvement at work. The literature on burnout is extensive yet complex, because it is driven by a variety of conceptual approaches and definitions (Maslach & Leiter, 2008; Pines and Aronson, 1988; Shirom, 2003; Stamm, 2010). According to Stamm's model (2010), burnout refers to emotional exhaustion associated with feelings of hopelessness, anger, frustration, and difficulties in coping with the work or in performing one's job effectively. The onset of these symptoms is typically gradual.

Antecedents of compassion satisfaction, burnout, and secondary traumatic stress are multidimensional and can generally be grouped into three levels: worker, client, and work characteristics. Worker characteristics include factors such as gender (Linley & Joseph, 2007), ethnicity (Sprang, Clark, & Whitt-Woosley, 2007), age, years of experience (Craig & Sprang, 2010; Hamama, 2012), depressive symptoms (Maslach, Shaufeli, & Leiter, 2001), empathy (MacRitchie & Leibowitz, 2010; Sheen, Slade, & Spiby, 2013), adult attachment style (West, 2015), and personal trauma history (Baird & Kracen, 2006; Linley & Joseph, 2007; McKim & Smith-Adcock, 2016). Client characteristics include the nature and extent of trauma and risk to which workers are exposed (Boscarino, Figley,

& Adams, 2004; Cunningham, 2003; Sprang et al., 2007). Work characteristics include factors such as job demands, job control, and resources such as supervision and coworker support (Alarcon, 2011; Boyas & Wind, 2010; Lee et al., 2013; McKim & Adcock, 2014; Thompson, Amatea, & Thompson, 2014).

1.2. Associations between occupational stressors and home visitor, program, and family well-being

Secondary traumatic stress and burnout have been associated with negative outcomes for workers, organizations, and clients. For workers, burnout has been associated with negative health and mental health problems including physical illness, sleep disturbances, work/family conflict, impatience, moodiness, negative attitudes, and substance abuse (Burke, Greenglass, & Schwarzer, 1996; Cordes & Dougherty, 1993; Miller, 2011). Secondary traumatic stress has been associated with physical, emotional, social, mental, and spiritual exhaustion; difficulty separating work from personal life; reduced frustration tolerance; destructive attempts at self-care; loss of hope; reduced feelings of self-competence; functional impairment; loss of self-worth; diminished productivity; poor morale; and diminished capacity to enjoy life (Bride, Robinson, Yegidis, & Figley, 2004; Bride et al., 2007; Figley, 2002b; Gentry, Baranowsky, & Dunning, 2002; Showalter, 2010).

Negative impacts on workers may translate into negative outcomes for organizations. Burnout may lead to low productivity, reduced commitment to the job and/or organization, absenteeism, intent to leave, and job turnover (Dickinson & Perry, 2002; Maslach et al., 2001; Miller, 2011; Swider & Zimmerman, 2010). Burnout compromises decision-making and the workers' ability to attend fully to their clients (Lloyd, King, & Chenoweth, 2002; Maslach et al., 2001). Thus, work-related emotional exhaustion may erode the quality of the working alliance with vulnerable families (Bride et al., 2004, 2007; Gentry et al., 2002; Showalter, 2010).

Occupational stress is especially costly when it contributes to staff turnover. Recent studies have shown annual turnover rates of EHS home visitors to range from 10.5 to 16.3% per year (Vogel et al., 2011, 2015). In turn, absenteeism and turnover can lead to higher stress levels and financial costs for organizations (Maslach & Leiter, 1997). Turnover is costly because home visitors who leave take with them skills, knowledge, and experience that are not easily replaced, especially given the high costs of home visitor training (Coffee-Borden & Paulsell, 2010; Dickinson & Comstock, 2009; Larson & Hewitt, 2005). Although we are not aware of any data on the monetary costs of turnover specific to home visitors, studies have shown that the cost of turnover for workers earning an annual salary of less than \$30,000 is approximately 16 percent of the worker's annual salary (Boushey & Glynn, 2012). Home visitor turnover disrupts relationship-based work with families and is associated with reduced program effectiveness and increased family dropout (Gomby, 2007).

1.3. The nature of the work: early head start home visiting

Early childhood home visiting has a long history in the U.S., dating back to the 19th century when private charities sent "friendly visitors" to homes of the urban poor (Weiss, 1993). As interest in early child development increased throughout the 20th century, support for home visiting also increased, as did the development and evaluation of complex models such as Parents as Teachers, Healthy Families America, the Nurse–Family Partnership, and Early Head Start. Today, home-visiting models vary in terms of target audience, duration and frequency of visits, and outcome priorities. Home visiting has been shown to be a cost-effective strategy for improving a broad range of child and family outcomes, such as child health and development, maternal health, parenting includ-

Download English Version:

<https://daneshyari.com/en/article/6840638>

Download Persian Version:

<https://daneshyari.com/article/6840638>

[Daneshyari.com](https://daneshyari.com)