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What Factors of Working at a Private Mental Health Agency Affect a Mental Health Practitioner's Quality of Life?

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What Factors of Working at a Private Mental Health Agency Affect a
Mental Health Practitioner's Quality of Life?

Submitted by Liz Jones
May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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**Private mental health agency employment:
The impact on practitioner's quality of life**

by Liz Jones

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Abstract

The purpose of this study is to take a closer look at what factors of working at a private mental health agency affect a mental health practitioner's quality of life. This overall research question was broke down into four research questions which are: How does work-life balance impact a mental health practitioner's quality of life, How does workplace culture impact a mental health practitioner's quality of life, How does job-related stresses impact a mental health practitioner's quality of life, and lastly, How does workplace supervision impact a mental health practitioner's quality of life. Using a quantitative design, a survey was administered to 41 mental health practitioners, and 40 surveys were returned. The findings in relation to the research questions indicated that stress from work does affect the relationship with a spouse or partner, the majority of practitioners are at least somewhat satisfied with their job, most caseloads felt about right or too high, the majority experience burnout sometimes, and lastly that they feel they receive enough quality supervision. Implications for social work from this survey is that agency structure should be examined, more specifically in the realm of amount of paperwork and time allotted to this; supervision more specific on how to separate work and family life while having stress from work which leads into another implication of more continuing education on self care.

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Trying to balance work and family life can be a struggle. *Work-family conflict* (WFC) happens when the demands of work and home overlap and the expectations with each role can cause conflict for the individual and then affecting his/her life (Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006). A significant number of employed parents go through some, or a lot, of difficulty coordinating work and family demands (Warren & Johnson, 1995). Although families with children of any age might struggle with a balance between work and family, employed parents of younger children are more likely to experience greater work-family difficulty (Warren & Johnson, 1995).

In the U.S, the work force now includes more dual-earner couples who care for children or elderly dependents, while both the earners have careers, not just jobs as compared to the past recent years (Hill, Hawkins, Ferris, & Weitzman, 2001). It is also said that the average American worker now works six extra 40 hour work weeks per year on the job. Just five years ago it was reported that only three extra 40 hour work weeks were worked per year/per person on the job. By spending extra time at work, people lose time that could be spent with family or doing recreational and enjoyable activities. It is possible that all this extra work can lead to work stress and/or burnout.

If work stress cannot be resolved while on the job during working hours, then it is often resurrected at home which can negatively affect one's marriage and/or the relationships with children (Maslach, 1976). Maslach (1976) also found that social workers were returning to school to get advanced training for this kind of higher level, "nonclient" work which could be in result of burnout, stress and/or job satisfaction; or to prevent themselves from experiencing burnout.

Burnout refers to physical, emotional, and interactional symptoms related to job stress (Maslach & Jackson, 1981). It can include emotional exhaustion, a sense of lacking personal accomplishment, and depersonalization of clients. Cherniss (1980) and Pines and Maslach (1978) have also stated that symptoms of burnout can include the flu, gastrointestinal problems, headaches, fatigues, insomnia, substance abuse, poor self esteem, withdrawal behavior, difficulty in interpersonal relationships, rigid adherence to rules, inability to concentrate, and an intolerance toward and tendency to blame clients for their own problems. Not only is burnout a symptom of stress, but burnout can also cause stress and stress is defined by a symptom of some sort of pressure (Balloch, Pahl, & McLean, 1998).

Work at a private mental health agency can have some or all of the aspects described above about balancing work and family life, work stress, and burnout. Employees of private mental health agencies will work extra hours at times, due to the schedules of the clientele, which takes away time spent with their own children and spouses. This field of work can also lead to workplace stress and cause burnout. This brings up the over arching research question for this paper which is: What factors of working at a private mental health agency affect a mental health practitioner's quality of life? The paper will examine the impact of a career in a private mental health agency on individuals' work-life balance with the focus on family and marriage, organizational culture, job related stresses, and interventions such as supervision and continued education and training.

Literature Review

The literature review will focus on work in the mental health field and how it can affect one's quality of life. The focus will be on work-life balance, organizational culture, job-related stresses, and interventions. Most research focuses on social workers in general and not specifically on work at a private mental health agency.

Work-Life Balance

Effects of work on family.

Working outside of regular hours, or extra hours during the week, can negatively affect work-family balance. Olsen and Dahl (2008) reported that in the country of Sweden, individuals working outside of regular hours increased the work-family conflict. Not surprisingly, working longer hours also causes greater difficulty in combining work and family life. Other outcomes associated with negative work-to-family spillover is withdrawal from family interaction, increased conflict in marriage, less knowledge of children's experiences, less involvement in housework, shorter period of breast feeding for mothers with full-time employment, depression, greater likelihood to misuse alcohol, and an overall decrease in quality of life (Hill et al., 2001).

Types of work that may inflict more conflict to the work-family role are jobs that have psychological demands such as heavy workloads and pressure for output (Warren & Johnson, 1995). Occupations of higher levels within an organization or agency are also more difficult to attribute to work-family balance (Hill et al., 2001). Lambert et al. (2006) study of social workers and human service workers found that time-based conflict is the greatest concern for social and human service workers, followed then by work-roles behaviors, strain-based, and family roles behavior conflict. Time-based conflict arises

when the amount of time an employee is spending at work is interfering with his/her social and/or family life. Strain-based conflict is from stressful situations at work that cause the employee to suffer from tension, fatigue, irritability, excitability, depression and/or shock which affects the person's social and/or family life. The hours worked at a private mental health agency can differ, causing both time-based conflicts as well as strain-based.

Effects of work on marriages.

When stress is not resolved while on the job, it is often resurrected at home (Maslach, 1976). Jayaratne, Chess, and Kunkel (1986) stated that there are predictions about increased divorce rates and dysfunctional patterns of family interactions arising as a result of burnout on the job. It was anticipated that workers reporting high levels of burnout would also report less satisfaction with their marriages. The study found that those who had high burnout scores were significantly less satisfied with their marriage than were those who had low burnout scores. Marital dissatisfactions cannot help but worsen the psychological upset being experienced by the worker as a result of job stress. In this same study (Jayaratne et al., 1986), workers who reported being burned out were not more or less inclined to confide and discuss work situations and experiences with their spouses. A cause for a negative perception of marriage is that if the marital partner is unaware of the spouse's suffering, it is unlikely that he/she will put forth extra effort to support the spouse, leading to dissatisfaction in the marriage. In other words, the worker should let the partner know when support is needed when there are negative issues related to work. This may lead the burned-out worker to view the spouse as non-supportive.

Some positives for spousal support though, were that substantial proportions of respondents from Davis-Sacks, Jayaratne, and Chess's (1985) study wanted to talk with their spouses instead of supervisors after an event at work. Thus, if workers access spousal support there would be fewer feelings of burn out, depression, anxiety, and possibly better marriage satisfaction.

Organizational Culture

Organizational culture is "family friendly" when it implies that its philosophy structure is sensitive to the family needs of its employees and is supportive of employees who combine work and family as described by Warren & Johnson (1995). Policies that support employees and their families are: child and elder care referral services, financial support for near-site dependent care facilities, personal and parental leave policies, online and call-in parenting assistance, permanent part-time job opportunities for professionals and managers, and domestic partner benefits (Hill et al., 2001).

Those who are pressed for time and those whose work schedules interfere with home-life have decreased job satisfaction (Lambert et al., 2006). Working undesirable hours, too many hours, or working during times of family or social obligation can all lead to less job satisfaction. Flexibility in the timing (flextime) and location of work (flexplace) are two workplace characteristics that are seen as a way to reach balance in work and family life (Hill et al., 2001).

Flextime.

The amount of companies offering flextime and flexplace is increasing (Galinsky & Bond, 1998). Flextime gives employees the opportunity of more flexibility in scheduling (Hill et al., 2001). Work at a private mental health agency may have more

flexibility in timing and place as compared to an office position working eight to five Monday through Friday. This flexibility in work time and place in a private mental health agency is from having to schedule with clients and their parent's in times that work for them, which may not necessarily fall into the eight to five regular work day.

From a source not related to social work, Olsen and Dahl (2008) found that among 15 European Countries, flexibility in the work schedule increased the difficulty with work-family life balance. A reason for this could be because the line between work and family life became blurred. These findings conflict with a survey on IBM employees which revealed that the idea of flexibility to choose when, where, and how work is done was to be the most valuable way to improve work-family balance (Hill et al., 2001).

Flexplace.

A *virtual office* has been suggested for use since it gives the employee the capability to meet the professional needs of work by working from home when needed (Hill et al., 2001). Out of the IBM employees who were surveyed, 28% of those working 40 to 50 hours per week with flextime and flexplace responded having difficulty with work-family balance, compared to the 46% of those who do not have flextime or flexplace. Thus, it shows it is beneficial to offer more flextime and flexplace to employees.

Possible benefits of flexibility in the work place suggest that there would be less marital conflict, better monitoring of children, increased period of breastfeeding after the birth of an infant, and less depression (Olsen & Dahl, 2008). For example, some parents are forced to use vacation or sick days to care for a sick child if his/her place of

employment does not offer flextime or flexplace, which would allow them to care for the child. Thus, they might report lower rates of job dissatisfaction.

Irregular hours.

Working irregular work hours is considered to be starting and ending the work day somewhere between 6am-6pm but still working the standard nine hour work day (Olsen & Dahl, 2008). Olsen and Dahl (2008) conducted a study among 15 European countries, which states that those working irregular hours can be linked with increased sickness absence. Yanchus, Eby, Lance, and Drollinger (2010) found that work-family conflict was negatively related with health outcomes. Another study showed that employed parents working irregular shifts experienced more schedule incompatibility between work and family life as compared to those not working irregular shifts (Warren & Johnson, 1995). Research on shift work has shown that shift workers have less satisfactory marriages, higher divorce rates and more difficulties in relationships with their children than do families of employees working standard hours (Olsen & Dahl, 2008). Unpredictable working hours are significant sources of work-family conflict with negative effects for family, social life, and health. Working at a private mental health agency can result in some unpredictable work hours as issues with clients can occur at unscheduled times.

Supervisor support.

Supervisor support and flexibility influence work-family balance. Supervisor flexibility is when a manager or boss allows scheduling flexibility when family needs arise (Warren & Johnson, 1995). Being able to discuss family-related problems and

flexibility with supervisors when family emergencies arise reduces the level of work-family conflict.

Supervisor flexibility would include flexibility in the work schedule, permitting employees to come in late or leave early, to take occasional days off without pay, and to receive phone calls from family at work. When the supervisor is viewed as flexible by the employee, an employed mother may perceive less strain since she is able to alter the work schedule to meet family demands. Having a supervisor who is flexible is also related to lower levels of stress in employees (Warren & Johnson, 1995).

Job-Related Stresses

Job dissatisfaction.

"Job satisfaction had been defined as an effective state describing feelings about one's work" (Smith, Kendall, & Hulin, 1967). Balloch, et al. (1998) stated that social work staff, like managers, valued the 'challenge of the work', but the satisfaction which they derived from 'progress in a difficult case' highlighted the more individual focus on their work. In this same study, which surveyed over 1,200 workers in social service departments, social work staff also viewed 'feeling you have helped people' a great deal or quite a lot resulted in job satisfaction. This correlates with the study's finding that social work staff stated that the most stressful aspect of each job was not being able to get people the help they needed.

Balloch's et al. (1998) study that surveyed more than 1,200 social services workers included managers, social work staff, home care workers, and residential workers. The survey found that in five out of six surveyed categories, social work staff expressed the most dissatisfaction. The five areas were 'the way the department is

managed', 'the attention paid to suggestions', 'the relations between management and staff', 'rate of pay', and 'chance of promotion' (Balloch et al., 1998). These results of the study show that role ambiguity is an important source of dissatisfaction. Role ambiguity happens when uncertainty about the job and the expectations of others occur.

Job satisfaction can also be affected by size of caseload (Jayaratne & Chess, 1984). Jayaratne and Chess (1984) asked the question of "do you consider this caseload to be too high, about right, or too low" to 144 community health workers, 60 child welfare workers, and 84 family service workers. The results showed that 42.9 percent of child welfare workers compared to 19 percent in both family service and community mental health workers considered their caseloads to be too high. The child welfare workers had the smallest average number of cases on their caseloads, but yet they considered their caseloads to be too high.

Other sources of stress reported by social workers were being unable to get to planned work-load targets, having too much administration duties, and the amount of paperwork (Balloch et al., 1998). Workers are more satisfied when they have autonomy, are not limited by demands of funding sources, and are not stifled by bureaucracy (Arches, 1991). Job dissatisfaction can lead to burnout and when workers lack the autonomy they expect to use in their work with clients, this is likely to result in being dissatisfied and lead to some experience of burnout.

Burnout.

Maslach (1976) found that burnout correlates with indexes of human stress, such as alcoholism, mental illness, marital conflict and suicide. Responses to burnout are low worker morale, absenteeism and high job turnover (Maslach, 1976). Burnout often leads

to a deterioration of physical health. The professional can become exhausted, be frequently sick, and have insomnia, ulcers, migraine headaches, and more serious illnesses. Exhaustion by burnout is both emotional and mental which does not allow one to sleep. As stated earlier, caseload size can affect job satisfaction (Jayaratne & Chess, 1984) but it can also cause burnout when the professional has to provide care for too many clients (Maslach, 1976). Other complaints and symptoms of burnout are depression, irritability, psychosomatic complaints, lower levels of job satisfaction, and low self-esteem (Jayaratne et al., 1986).

There are negative side effects for professionals who have burned out from stress. Professionals may view their clients through a more derogatory lens by believing that their clients somehow deserve any problems they have (Maslach, 1976). Professionals tend to cope with stress by a form of distancing which not only hurts themselves but is damaging to all of their clients. Opportunities for withdrawing from stressful situations are important for professionals working in social services. Maslach (1976) states that the most positive form of withdrawal is called a "time out". These time outs are opportunities for the professional to voluntarily choose to do some other, less stressful work while other staff takes over client/patient responsibilities. Receiving social support from other staff members and supervisors can help with reducing burnout (Davis-Sacks et al., 1985; Maslach, 1976). Maslach (1976) states that seeking this social support eases stress and pain, fosters a sense of direction from the situation, and tends to neutralize the emotions. Burnout rates are lower for professionals who actively express, analyze and share their personal feelings with their colleagues. Other ways in which to reduce burnout include reducing amount of assigned paperwork, reducing caseload size,

increasing the extent of decision making power available to the worker, changing the characteristics of the organization such as increasing opportunities for job mobility and clarifying the channels of communication, and lastly having ways to help social workers develop more realistic expectations of themselves and their work. (Davis-Sacks et al., 1985).

Maslach (1976) was surprised to find how many social workers were returning to school to get more training for the kind of higher level, "nonclient" work which Maslach (1976) thinks might be a result of burnout or low job satisfaction. This "nonclient" work would include administrative jobs or teaching so the client contact is limited and one is able to stay "sane". As stated before, a result of burnout and workplace stress is that if the workplace stress is not resolved while on the job, it is often resurrected at home (Maslach, 1976) and research shows that there is less satisfaction with marriages with those who have high burnout levels (Jayaratne et al., 1986). Supervisors and co-workers may be more knowledgeable or familiar about the job stresses and may be able to provide more aid in resolving the stresses (Davis-Sacks et al., 1985). If burnout levels are low then one would assume that the amount of turnover at an agency would be low as well.

Turnover.

As stated earlier, low worker morale, absenteeism and high job turnover are responses to burnout (Maslach, 1976). Findings in Chen and Scannapieco's (2010) study revealed that although supervisor support influenced worker's desire to stay with their job significantly, the supervisor support was greater for workers of low self-efficacy than to workers of high self-efficacy. So this reveals that job satisfaction failed to improve the desire to stay for workers of low supervisor support and low self-efficacy.

Chronic stress, inadequate pay, lack of recognition, increased job demand and other negative job characteristics are identified as reasons relating to workers turnover (Drake & Yadama, 1996; Ellett, 2001; Scannapieco & Connell-Carrick, 2003; Scannapieco & Connell-Carrick, 2007). As stated with the lack of pay, turnover is also associated with dissatisfaction of benefits and promotion (Weiner, 1980; Phillips, Howes, & Whitebook, 1991; Scannapieco & Connell-Carrick, 2003; Stremmel, 1991). The turnover might lead to the disruption of the continuity and quality of care for children, increasing agency's training and replacement costs (Ellett, 2010), and it could also decrease the organizational effectiveness and staff productivity of the agencies (Balfour & Neff, 1993).

Interventions

Supervision.

A common recommendation for reducing burnout is to increase the amount of social support that workers receive from their supervisors and co-workers (Davis-Sacks et al., 1985). However, Jayaratne et al. (1986) stated that the reported high levels of burnout from workers did not differ significantly in their perceptions of the amount of support from the workers who reported low levels of burnout. Contradictory to that finding, Balloch et al. (1998) suggested that support from supervisors or a colleague is important in dealing with stress at work. This study then reported that almost half the managers and half the social work staff who took part in the study did not list their supervisor or manager among the most important sources of support. Research by Davis-Sacks et al. (1985) found that fewer than 15 percent of the participants indicated that they most wanted to talk with their supervisors following a work experience. Instead, the

worker would rather talk with their spouses or with co-workers. Topics that one might report they rather talk to their spouse or co-worker with are: doing something for a client which results in a positive change; or finding out that a child the worker returned to the family went to the hospital severely battered.

As mentioned above with turnover, job satisfaction had greater influence on high self-efficacy workers with regard to their desire to stay at a job; while supervisor support had greater influence on low self-efficacy workers in relation to desire to stay at a job (Chen & Scannapieco, 2010). This could account that supervisors are found to be able to improve worker's self esteem and self-efficacy.

Lastly, Davis-Sacks and colleagues (1985) found that a substantial proportion of their respondents either most wanted to talk with their spouses or with their co-workers after work events instead of supervisors. It was predicted that supervisor support and co-worker support would be more strongly associated with burnout than would spouse support (Davis-Sacks et al., 1985). This assumption was made because supervisors and co-workers may be in a better position to support workers and overcome job stresses than a spouse would be. This topic of spousal support and effects on family will be addressed later in this paper.

Continuing education and training.

Jerrell and DiPasuale (1984) stated that:

The provision of adequate mental health services to children and adolescents has been hampered by many obstacles. Most notable is the uneven distribution of mental health professionals, who frequently do not choose to practice in certain geographic areas, or in agencies where children and adolescents in need of mental

health services are found. Another, closely related obstacle is inadequate training and preparation of professional to render services appropriate to children, adolescents, and their families (p. 212-213).

Being able to improve community based mental health systems would mean assuring that appropriately trained staff and professionals are available where they are needed to deliver service to the target population. Balloch and colleagues (1998) found that social work assistants were working with children and being assigned difficult tasks for which they may not have received training. Self-efficacy can be gained with the more education one receives which also might help in handling feelings of burnout or job related stress. Self-efficacy is defined as an individual's beliefs about whether she or he could successfully perform a specific task for the job (Bandura, 1977) meaning the worker may feel more prepared for the assigned task for the job.

Despite the importance of partnership (interagency collaboration), social work education has offered minimal training in the development and maintenance of effective collaboration in education and practice (Packard, Jones, Gross, Hohman, & Fong, 2000). Jerrell and DiPasuale (1984) conducted a study with a questionnaire which divided up the participants into professional, bachelors, and paraprofessional's level of training. Among the employees who completed the questionnaire were social workers, counselors, psychologists, psychiatrists, teachers, registered nurses, and high school graduates. The results found that the main difference based on education level were that professionals spent most of their time in individual therapy and clinical charting and those of the lowest level of education spent most of their time in direct contact with clients. This

collaborates with the prediction by Maslach (1976) that more workers are getting higher level training to do "non client" work which could include this clinical charting

There are many effects of working at a private mental health agency that can negatively or positively affect aspects of the worker's life. Burnout is a concern for this field of work and it can cause many issues for the worker both physically and emotionally. Burnout also affects job satisfaction and job turnover. Supervisor support was not viewed as much of a help as one might think after reading through the research but continued education and workplace flexibility appear to have positive effects on the workers in this field. Lastly, families and marriages are also affected by this type of work. It can affect the relationship between worker and his or her children and the relationship of the marriage with his or her spouse.

The research questions being posed in this study are "How does work-life balance impact a mental health practitioner's quality of life?" "How does work place culture impact a mental health practitioner's quality of life?" "How does job-related stresses impact a mental health practitioner's quality of life?" and lastly, "How does workplace supervision impact a mental health practitioner's quality of life?"

Conceptual Framework

The purpose of the conceptual framework is to inform the reader of which lens was used in the creation and development of this research proposal. The conceptual framework allows the researcher to demonstrate self-awareness as well as allow the reader to critically assess the research through a theoretical lens. This research was oriented by systems theory.

Systems Theory

Systems theory was developed by Ludwig von Bertalanffy (Forte, 2007).

Bertalanffy developed this theory in hopes that it would cover concepts and principles universally to systems such as mechanical, biological, and social systems (Forte, 2007; Martin & O'Connory, 1989). This theory is important as it is a holistic approach to different levels in society and how they relate to one another. Forte (2007) quotes Bertalanffy (1969, p. 55) as saying "The whole is more than the sum of its parts." This means that in order to understand someone or something as a "whole" it is important to examine the different parts that make up this someone or something. By using this lens in the current research, it allows the researcher to examine and explore how different aspects of working at a private mental health agency can affect one's quality of life. This could include exploring how individuals interact with their families, communities, and other social systems.

Professional lens.

Through this researcher's professional lens, this research question and use of the systems theory has come up from personal experience working at a private mental health agency. Using this lens of systems theory allows more insight into the worker's life and story. Miley, O'Melia, and DuBois (2011) define a system as components made up into an organized whole that allow interaction with other entities. This relates to the current research because areas of work can influence and affect one's personal life just as one's personal life can affect areas of work.

Miley, O'Melia, and DuBois (2011) state that in systems theory, there are subsystems and the environment. Smaller systems within larger systems are subsystems,

and the larger system that includes the social system is the environment. Using systems theory in this current research will examine how the client system can affect the professional's system. It then also explores how the professional's system affects the family and marriage systems.

Stutzman, Miller, Hollist, and Falceto (2009) conducted a study on the effects of marital quality on children. This serves as a good example as a use of systems theory because parents are considered part of an individual's microsystem and this microsystem has the opportunity to affect the individual. This study did find that an increase in marital conflict resulted in an increase in a child's behavioral problems. Starzdins, Shipley, Clements, Obrien, and Broom (2010) also found that marital distress can affect a child's difficulties such as emotional and behavioral difficulties. Since work stress, burnout, and job satisfaction are all possibly factors when one works at a private mental health agency, marital distress can be a result.

Personal lens.

Since this researcher has work experience in this field of study, there is a personal lens which may have already developed biases toward the research. The systems theory perspective has influenced the researcher. This has led to research areas that have affected the researcher personally and/or areas that have affected co-workers personally. Often times there can be feelings of burnout and job related stress in this field of work and the researcher looks to co-workers and the supervisor as a way to help deal with these feelings. The researcher also relies on the spouse for support although issues of work or client stress may be difficult to discuss with the spouse for reasons of not understanding the situation or not knowing how to help make the negative feelings better.

Methods

Research Design

The method that was chosen for this research study was a quantitative survey with mental health practitioners who work at a private mental health agency. A quantitative method was chosen for this study as it will gather more data and it will allow the study to be completed more efficiently (Monette, Sullivan, & DeJong, 2011). Surveys also allow the participant to report more accurately since there is not a face-to-face interview where the participant may think the researcher is making judgments about them. Monette and colleagues (2011) also describe that a strength of survey research can be done in a short period of time and that there is potential for generalizability.

Sample

This study surveyed all the mental health practitioners working at a private mental health agency, which is approximately 50 people, in a rural city in Minnesota. A mental health practitioner is someone who “is responsible for providing direct treatment services to children with severe emotional disturbance and their families” (Metro Social Services, 2009). The researcher found this agency through personal employment and received permission from the agency's founder and lead mental health professional who is a Licensed Clinical Social Worker (LCSW) (see Appendix A for letter of agreement).

Data Collection

Data collected was done using a survey developed by the researcher drawing from the literature. Validity has been established given the researcher's knowledge in this field and literature. Questions on the survey were also developed based off of findings of the literature review (see Appendix B for survey) which enhances the survey reliability and

validity. The surveys were handed out to the mental health practitioners at an all-staff meeting of mental health practitioners. The researcher left the room during the time in which the participants were completing the survey. When the surveys were completed they were placed into a manila envelope in order to maintain participant confidentiality.

The complete survey consisted of 30 questions. The first set of 10 questions focused on demographic information with two sub-questions focusing on whether the participant has children. These questions are varied with ratio and nominal level of measurement. Some of the nominal questions asked for the participant to answer either "yes" or "no" to the specific question on the survey. The other nominal questions collected information on educational level and licensure. The ratio level of measurement questions throughout the survey were fill-in-the-blank questions relating to demographic information, education, and work experience.

Questions 11 through 19 focused on collecting data about work experience. This set of questions consisted of ratio, ordinal, and nominal level of measurement. There were several Likert scales for the ordinal measurements that asked the participant to respond to the question ranging in answers from "strongly disagree" to "strongly agree". The nominally measured questions had the participant respond with a "yes" or "no" response.

Lastly, questions 20 through 30 consisted of information gathering on work-stress experiences. Here, there were two sub-questions focusing on how much stress is taken home after work, and how the stress affects the relationship with a spouse or partner. These last set of questions consisted of nominal and ordinal level of measurements. The nominal level of measurements have several questions that ask for a "yes", "no", or

"N/A" response and then there was one question with responses of "too high", "about right", or "too low". The ordinal level of measurement questions consisted of Likert scales with responses ranging from "never/very little stress/very negatively/not satisfied" to "always/a lot of stress/very positively/all the time/very satisfied".

Protection of Human Subjects

The researcher had received permission from the agency to use the employees as participants in the survey. The agency liaison had read through and signed the University of St. Thomas Institutional Review Board (IRB) agency consent form (see Appendix C).

Before handing out the surveys, the researcher read the University of St. Thomas IRB consent form to the participants (see Appendix D). The researcher also answered any questions from the participants before the surveys are administered. By the participant completing the survey, he/she gave his/her consent. If the participant did not give his/her consent to the survey, they did not complete a survey and returned a blank one into the manila envelope. Lastly, the participants were informed that there were no risks or benefits to participating in the survey.

In order to assure the participants their anonymity and confidentiality, the researcher left the room once the surveys were dispensed and only returned to the room when all surveys had been placed into the manila envelope to maintain that the participant's confidentiality was kept from the researcher. Additionally, there was no individual identifying information on the survey.

Data Analysis

The results of the survey were entered into the statistical analysis program, Minitab. The researcher ran descriptive and inferential statistics to complete the data

analysis plan. Descriptive statistics included frequency distributions, bar charts, and histograms in order to describe demographic information. Inferential statistics included chi-squares in order to see the association between different variables. Appendix E contains a complete list of the statistical tests that are addressed for this research project.

Strengths and Limitations

The findings are based on a sample of mental health practitioners from a private mental health agency in a rural setting. The first strength of this research is that it used a survey which is a helpful tool when data is to be collected from a large number of subjects. This research also assures anonymity which enhances the participant's to be honest in regards to their work at a private mental health agency.

Since this survey was completed during an all staff meeting for the mental health practitioners, one would hope that all the employees be present. This was not what actually happened as scheduling changes occur with individual's schedules and they were not able to attend the all staff meeting when the surveys were completed. Another limitation is the location of the surveyed participants which is a rural community. The findings of this study may not be generalized to the findings in an urban or metro location, or other private mental health agencies in general. Things to consider about not being similar to other private mental health agencies are amount of client contact hours, and the amount of supervision employees receive. Lastly, there are limitations to doing surveys with closed-ended questions. A limitation of this is that the surveys only measure what people say about their thoughts, feelings, and behaviors; not directly measuring those thoughts, feelings, and behaviors and there is no space in the survey for additional information from the participants.

Findings

The findings review the responses to four research questions which were measured from a survey conducted on 40 mental health practitioners at a private mental health agency. The research questions were “How does work-life balance impact a mental health practitioner's quality of life?”, “How does workplace culture impact a mental health practitioner's quality of life?”, “How does job-related stresses impact a mental health practitioner's quality of life?” and lastly, “How does workplace supervision impact a mental health practitioner's quality of life?”

Research Process

The surveys were handed out an all staff meeting for the mental health practitioners at the agency on January 12, 2012. Forty-one mental health practitioners were in attendance at the meeting, so 41 surveys were handed out. Forty surveys were returned making it a 98% return rate. Seven of the 40 respondents were male, making 33 of the respondent's female. Eighteen respondents have a bachelor's degree, whereas 22 respondents have a master's degree. Sixteen respondents have some type of licensure as shown in Table 1. Fourteen of the respondents have a social work license; seven are Licensed Social Workers (LSW), five are Licensed Graduate Social Workers (LGSW), and two are Licensed Individual Clinical Social Workers (LICSW).

Table 1: Licensure

Type of License	Number	%
Nursing	1	2.5%
School Counseling	1	2.5%
LSW	7	17.5%
LGSW	5	12.5%
LICSW	2	5%
Totals (16)	16	100%

Work-Life Balance and Quality of Life

The first question considered in this study was, *How does work-life balance impact a mental health practitioner's quality of life?* The first survey question asked was whether stress from work affects the respondent's relationship with their spouse or partner and the responses were "yes", "no", or "N/A". The second survey question used to analyze this research question was how the stress affects the relationship with their spouse or partner with five answers ranging from "very negatively" to "very positively". This was analyzed using a chi-square test where it was hypothesized that those who reported stress from work affected her relationship with her spouse or partner would also report that it negatively affected the relationship.

Overall, 25 of the participants are married which accounts for 62.5% of the responses. Fifteen of the participants are not married accounting for 37.5% of the responses. Thirty-two participants answered the question asking if stress from work affects their relationship with their spouse or partner while the remaining eight participants responded "N/A" to this. This means that seven of these reported relationships are not with a spouse but instead a partner in which stress may or may not affect the relationship.

Seventeen respondents responded that stress from work does affect their relationship with their spouse or partner. Of the 17 responses, nine participants found that the stress from work negatively affects their relationship with their spouse or partner and eight participants found that the stress from work neutrally affects their relationships with their spouse or partner, showing that none of the participants found that stress from work positively affects their relationship with their spouse or partner. The results of the

test were statistically significant as the p -value = 0.000 which rejects the null hypothesis. Thus, this analysis does find a significant relationship between respondents reporting that stress from work negatively affects their relationship with their spouse or partner.

Workplace Culture and Quality of Life

The second question considered in this study was, *How does workplace culture impact a mental health practitioner's quality of life?* The first survey question used for this analysis asked the participant whether their job allows flexibility of their schedule. The participant answered this question by choosing one of five answers ranging from "strongly disagree" to "strongly agree". The second survey question in which this was analyzed asked the participants how satisfied they were with their job in general. This question also had five answer options ranging from "not satisfied" to "very satisfied". This was analyzed using a chi-square test where it was hypothesized that a workplace that offers flexibility of schedules will have higher job satisfaction among employees.

Of the forty responses, only one participant "disagreed" that the job allows flexibility of their own schedule, meaning that they felt that the job's scheduling was not flexible. Thirty-six responses were among the "agree" to "strongly agree" that there is flexibility in the work schedule, and only three respondents were "undecided". For the question of whether participants were satisfied with their job in general, 13 were "not satisfied" to "somewhat satisfied"; 15 participants were "satisfied"; and 12 participants were "quiet satisfied" and "very satisfied".

Although the vast majority of participants "agreed" and "strongly agreed" that the job allows flexibility of their schedule, this did not cleanly match up with the findings of the overall job satisfaction. The one participant who reported that they "disagreed" that

the job allows flexibility with the schedule, they also reported they were "satisfied" overall with their job in general. On the other end, the 14 participants who responded that they "strongly agreed" that the job allows flexibility of the schedule, all reported being "satisfied," "quite satisfied," and "very satisfied."

In order to run a chi-square, the researcher had to combine responses in order to have adequate numbers for the calculation. Because of this, the answers to the question regarding whether the respondent thinks their job allows flexibility of their schedule were condensed. The responses of "strongly disagree", "disagree", and "undecided" were combined into a category and the responses of "agree" and "strongly agree" were combined into a separate category. The answers to the question regarding satisfaction with their job in general were also condensed. The responses of "not satisfied" and "somewhat satisfied" were combined, "satisfied" was left on its own, and "quite satisfied" and "very satisfied" were combined. The $p\text{-value} = 0.380$ making this test statistically insignificant and failing to reject the null hypothesis. Thus, this analysis did not find a significant relationship among a workplace that offers flexibility of schedules and job satisfaction among employees.

Job-Related Stress and Quality of Life

The third question considered in this study was, *How does job-related stresses impact a mental health practitioner's quality of life?* The first survey question used to analyze this research question was whether the participant believed their caseloads were "too high", "about right", or "too low". The second survey question analyzed asked the participants if they experience feelings of burnout in their work. The participants chose between five responses ranging from "never" to "all the time". This was analyzed using a

chi-square test where it was hypothesized that a workplace that has employees with caseloads that are "about right" or "too low", will have fewer employees with feelings of burnout.

The results were that 16 participants feel that their caseloads are "too high", 21 participants feel their caseloads are "about right", and two participants believe their caseloads are "too low". The majority of participants, 24, responded that they "sometimes" have feelings of burnout. Two participants responded that they "never" have feelings of burnout; three participants are "undecided"; eight participants experience feelings of burnout "often"; and two participants experience feelings of burnout "all the time".

Another question measured the approximate client contact hours worked per week by employees. The results of this survey question ranged vastly from six client contact hours per week up to 30 client contact hours per week. The highest percentage of responses at 42.5% (17 participants) reported 26 client contact hours per week, and five more participants reporting client contact hours between 27 and 30 per week. Overall, the 22 participants who all reported client contact hours between 26 and 30, did not necessarily report that their caseload was "too high" since only 16 participants did claim their caseloads felt "too high."

In order to run a chi-square, the researcher had to combine responses in order to have adequate numbers for the calculation. Because of this, the question regarding if one feels their caseload is too high, about right, or too low, had to have the responses of "about right" and "too low" combined into a separate category from "too high." The question regarding if one feels they experience feelings of burnout in their work, also had

to be condensed. The responses of "never" and "sometimes" were combined into a category and the responses of "undecided," "often," and "all the time" were combined into a category. The p-value= 0.250 making the test statistically insignificant and failing to reject the null hypothesis. Thus, the relationship between those who report caseloads that are "about right" or "too low," and report of fewer feelings of burnout is not significant.

Workplace Supervision and Quality of Life

The fourth research question considered in this study was, *How does workplace supervision impact a mental health practitioner's quality of life?* The first survey question used in this analysis asked the participant to respond either "yes" or "no" to whether they feel they receive enough quality supervision to meet their needs. The second survey question asked whether the participant takes stress from work home with them at the end of the work day. The participants were given five responses to choose from ranging from "never" to "always". This was analyzed using a chi-square test where the hypothesis is that a workplace that provides quality supervision will help employees have less stress after the work day.

Although 33 of the participants did report that they do receive enough quality supervision to meet their needs, 27 participants responded that they "agree" and "strongly agree" that they receive enough support during the weekly staff meetings with their supervisor, meaning that 13 participants "disagreed" and were "undecided" with receiving all the support they need during the weekly staff meetings with their supervisor. This differs from the overall number that feel they receive enough quality supervision.

In order for the researcher to run a chi-square, the researcher had to combine responses in order to have adequate numbers for the calculation. The responses from the question regarding whether one takes stress from work home with them at the end of the work day were combined. The responses "never" and "sometimes" were combined into a category and the responses "undecided", "often", and "always" were combined into a separate category. The p-value= 0.787 making the test statistically insignificant and failing to reject the null hypothesis. Thus, there was no significant relationship between a workplace that provides quality supervision and employees reporting they take less stress home with them at the end of the work day.

Out of the 40 participants, 33 responded that they do receive enough quality supervision to meet their needs, while seven responded that they do not receive enough quality supervision to meet their needs. The majority of the participants responded that they "sometimes" (18 participants) or "often" (15 participants) take stress from work home with them at the end of the work day.

Conclusion

The findings section reported the results of the four research questions which consisted of: 1) *How does work life balance impact a social worker's quality of life?* 2) *How does workplace culture impact a social worker's quality of life?* 3) *How does job-related stresses impact a social worker's quality of life?* 4) *How does workplace supervision impact a social worker's quality of life?* Three of the research questions tested statistically insignificant and failed to reject the null hypothesis, and one research question tested statistically significant rejecting the null hypothesis. The evaluation of

results, implications for social work and the strengths and limitations of the research are presented next.

Discussion

The discussion section of this paper will go over strengths/limitations of the research, evaluation of the results, implications for social work, and lastly implications for social work policies. The four research questions being reviewed are: 1) *How does work-life balance impact a social worker's quality of life?* 2) *How does workplace culture impact a social worker's quality of life?* 3) *How does job-related stresses impact a social worker's quality of life?* 4) *How does workplace supervision impact a social worker's quality of life?*

Strengths/Limitations of the Research

A strength of this research and this survey is that of getting a closer look at how employees are feeling at this private mental health agency. This information could be beneficial for supervisors and directors of the agency. Another strength of this survey is that it found that the social workers made up the highest percentage of employees at this agency which is a positive find for the social work field in general and the work that they do.

A limitation to this study was that of sample size. It was predicted that 50 surveys would be administered and returned but the researcher only received 40 surveys. This was in result of some mental health practitioners not being present at the meeting. In the future one may want to consider and look more closely to online anonymous surveys in order to increase the response rate.

A limitation that the researcher noticed specifically with the survey correlated with the first research question, *How does work-life balance impact a social worker's quality of life?*. The research found that 23 of the 40 participants responded to how stress from work affects their relationship with their spouse or partner from “very negatively” to “very positively.” The chi-square that was run found that six participants who responded "no" to whether stress from work affects their relationship with their spouse or partner went on to answer how it affected the relationship when they should have skipped the proceeding question asking how it affects the relationship. This could possibly mean that the survey question was confusing. This was the only inferential research question which found some discrepancies with answers on the survey.

Evaluation of Results

When evaluating the first research question, work-life balance and quality of life, the research found that 17 participants felt that stress from work does affect their relationship with their spouse or partner, 15 did not feel that stress from work affects their relationship with their spouse or partner and eight responded "N/A." Of the 17 participants who felt that stress from work does affect their relationship with their spouse or partner, nine responded that it "negatively" affects the relationship, and eight responded "neutral". The literature stated that high levels of stress and burnout can lead to less satisfaction with marriages (Jayaratne, Chess, & Kunkel, 1986). Some workplace stresses can cause a work-family conflict and cause less satisfaction with marriages. This includes working outside of regular work hours (Olsen & Dahl, 2008), having heavy workloads, and pressure for output (Warren & Jackson, 1995). Sixteen participants from the survey responded they felt that their caseload was "too high." Stress from work can

cause burnout along with negative effects on a marriage. Burnout can be caused by work load size which many of the employees at this agency described being "too high." Even though the research findings were not significant, there is still a connection of the research to the literature.

With the second research question, workplace culture and quality of life, the researcher had to condense answers in order to have an accurate reading of the data. A further breakdown of this question and data is as follows. The vast majority, with 22 responses responded that they "agree" that the job allows flexibility of their schedule, with 14 participants following at "strongly agree" that the job allows flexibility of their schedule. In the research done by Hill and colleagues (2001) it states that flexibility in timing (flextime) and location of work (flexplace) are two workplace characteristics that are seen as a way to reach balance in work and family life. Of these 22 responses, nine then went on to report that they are only "somewhat satisfied" with their job in general. Overall, three participants are "not satisfied" with their job in general, 10 participants are only "somewhat satisfied", 15 participants are "satisfied", 11 participants are "quite satisfied" and one participant is "very satisfied." Research from Olsen and Dahl (2008) stated that in 15 European countries, flexibility in the work schedule did not necessarily result in higher job satisfaction and actually increased difficulty with work-family life balance. With 27 respondents reporting at least being "satisfied" with their job in general, and 28 respondents at least reporting that they "agree" there is job schedule flexibility, one could lead to a conclusion that with this research, job flexibility of schedule provokes higher job satisfaction in general.

The results of the third research question, job-related stress and quality of life, revealed that the majority of participants (21) felt their caseloads were "about right". Of these 21 responses, two "never" have feelings of burnout, 13 "sometimes," one is "undecided," four felt "often," and one participant has feelings of burnout "all the time." Jayaratne, Chess and Kunkel (1986) found in their research that those who had high burnout scores were also significantly less satisfied with their marriages than those with low burnout scores. This same study also pointed out that caseload size can affect job satisfaction. Interestingly, the two participants who felt that their caseloads were "too low," also reported that they "sometimes" have feelings of burnout. Finally, of the 16 participants who reported that they felt their caseloads to be "too high," nine had feelings of burnout "sometimes," two were "undecided," four felt "often" and one participant felt burnout "all the time." Davis-Sacks et al. (1985) stated some ways in which to reduce burnout; such as reducing amount of assigned paperwork, reducing caseload size, changing characteristics of the organization such as increasing job mobility, and receiving support from other staff members and supervisors.

Lastly, the fourth research question analyzed whether those who felt they received enough quality supervision took less stress from work home with them at the end of the work day. Davis-Sacks et al. (1985) thought that increasing the amount of support from supervisors and co-workers would reduce burnout, and therefore overall work stress; this did not hold true with the findings from this research. The vast majority of participants with 33 responses said that they felt they received enough quality supervision, leaving only seven feeling that they do not receive enough quality supervision to meet their needs. Within these 33 responses that felt they receive enough quality supervision, three

felt they "never" take stress from work home with them at the end of the work day, 14 felt they "sometimes," two felt "undecided," 12 felt "often," and two felt "always" that they take stress from work home with them at the end of the work day. Of the seven participants who responded that they felt they do not receive enough quality supervision to meet their needs, four felt they "sometimes" take stress from work home with them at the end of the work day and three "often" felt this way. Davis-Sacks et al. (1985) then found that only a small percent of workers wanted to debrief with a supervisor, but would rather debrief with a spouse or co-worker after a work experience. This current survey did not measure if employees debriefed with co-workers, but given that only seven participants did not feel they receive enough quality supervision, it is an assumption that many of these participants benefit from the supervision as well as debriefing with the supervisor.

Implications for Social Work

Interestingly with the fourth research question, even though 33 participants feel that they receive enough quality supervision, 12 of these respondents reported that they "often" bring stress from work home with them at the end of the work day. This could possibly coincide with the finding that workers may prefer to talk with their spouses or co-workers rather than a supervisor after events (Davis-Sacks et al., 1985). Future research could focus on how one already does separate work and home life if one is able to separate the two. Research could also focus on what makes it difficult to not bring stress from work home with them. Does the context, the mental stress, of the work prevent some workers from not bringing stress from work home with them, or is it the demand of doing paperwork and clerical duties on top of all the client contact hours?

The stress from work has the most effect on the relationship with the spouse or partner and following that is relationships with friends. Maslach (1976) stated that if stress is not resolved while on the job, it is often resurrected at home which comes as no surprise with this research finding that stress from work mostly affects spousal/partner relationships, and in a negative or neutral way. A consideration to make within this surveyed agency and others alike, is whether employees do not need as much formal support and supervision because of receiving informal support from work colleagues. As stated in the literature, Davis-Sacks and colleagues (1985) stated that workers would prefer to talk or debrief with spouses or co-workers as compared to supervisors. This is another area for future research; measuring employees ability to, and wanting to, debrief with a work colleague over a supervisor.

Another interesting find was that of client contact hours worked per week versus total amount of hours worked per week. The majority of participants (22 participants, which equals 55% of the responses) reported between 26 to 30 client contact hours per week but when asked how many total hours worked per week, 29 participants (72%) reported spending between 40 and 50 hours worked per week. This shows that there are a lot of employees putting in many hours dedicated to paperwork or some other source of work outside of client contact time.

Continuing on with the theme of doing many hours of work outside of client contact hours, the survey also revealed that 30 of the 40 participants either "strongly disagree" or "disagree" that there is enough time to get work done during the work day. Although there are many policies that an agency like this need to follow, in terms of paperwork, this finding of 'not having enough time to get work done during the work day'

and also the finding of participants spending many more hours doing paperwork after their client contact hours, could lead one to believe this influences having more feelings of burnout as compared to those who are able to get their work done within the work day and are not spending an excessive amount of hours doing paperwork.

Implications for Social Work Policy

Consideration of implementing more supervision on how to separate work and home life for those who do take stress from work home with them could be considered for future agency policies. Both training the individual employees and having continuing education credits for supervision could be mandatory for agencies to ensure that supervisors continue to stay educated on how to supervise employees suffering from having stress from work overlap with their home lives. Another consideration in regards to supervision is that of having more training be mandatory to even become a supervisor. More training for one to become a supervisor could focus on, but not limited to, having professional boundaries with employees, and also how to help employees manage the work-life balance.

Although it is inevitable that stress from work will overlap with home life, considerations for more continuing education on self care should be assessed as well. This would include, but not be limited to, how to manage stress, burnout, and how to benefit from an agency that offers flexibility of work place and schedule.

There should possibly be some restructuring to the agency's policies and procedures since there appears to be an adequate amount of time being put into work that is not client contact hours which could be affecting the overall burnout and stress of the job. Since the agency is regulated by the state, policy should be examined all the way up

to the state's level. Reducing the number of either client contact hours, or the amount of paperwork would most definitely have some sort of impact on job satisfaction, burnout, employee turnover, and affects on life in general.

Conclusion

Although none of the research findings were significant, the researcher found some themes among the surveyed individuals and explored them within this discussion section. Overall, there are more areas of growth and exploration that could result from future research. Policy changes should be considered at the highest level (i.e. the state's policy) since this is what in general impacts the smaller private mental health agencies. So, although the findings were not significant, one now has a better lens on what factors of working at a private mental health agency affect a mental health practitioner's quality of life.

References

- Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work, 36*(3), 202-206.
- Balhour, D., & Neff, D. (1993). Predicting and managing turnover in human service agencies: A case study of an organization in crisis. *Public Personnel Management, 22*, 473-486.
- Balloch, S., Pahl, J., & McLean, J. (1998). Working in the social services: Job satisfaction, stress, and violence. *British Journal of Social Work, 28*, 329-350.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191-215.
- Bertalanffy, L. von. (1969). *General systems theory*. New York: Braziller.
- Chen, S., & Scannapieco, M. (2010). The influence of job satisfaction on child welfare worker's desire to stay: An examination of the interaction effect of self-efficacy and supportive supervision. *Children and Youth Services Review, 32*, 482-486.
- Cherniss, C. (1980). Staff burnout: Job stress in the human services. *Studies in Community Mental Health Series, 2*, 191-199.
- Davis-Sacks, M., Jayaratne, S., & Chess, W. (1985). A comparison of the effects of Social support on the incidence of burnout. *Social Work, 30*(3), 240-244.
- Drake, B., & Yadama, G. (1996). A structural equation model of burnout and job exit among child protective services workers. *Social Work Research, 20*, 179-187.
- Ellett, A. (2001). Human caring, self-efficacy beliefs and professional organizational culture correlates of employee retention in child welfare. *Dissertation Abstracts International, 61*, 3350A-3351-A.

- Forte, J. (2007). *Human behavior and the social environment*. Thomson, Brooks/Cole.
- Galinsky, E., & Bond, J. (1998). *The 1998 business work-life study: A source book*.
New York: Families and Work Institute.
- Gibbs, J. (2001). Pre-service education and qualification- the impact on recruitment and retention in rural child protection. *Rural Social Work, 6*, 19-28.
- Hill, J., Hawkins, A., Ferris, M., & Weitzman, M. (2001). Finding an extra day a week: The positive influence of perceived job flexibility on work and family life balance. *Family Relation, 50*(1), 49-58.
- Jayarathne, S., & Chess, W. (1984). Job satisfaction, burnout, and turnover: A national study. *Social Work, 29*(5), 448-453.
- Jayarathne, S., Chess, W., & Kunkel, D. (1986). Burnout: Its impact on child welfare workers and their spouses. *Social Work, 31*(1), 53-59.
- Jerrell, J. & DiPasuale, S. (1984). Staffing patterns in rural health services for children and adolescents. *Community Mental Health Journal, 20*(3), 212-222.
- Lambert, E., Pasupuleti, S., Cluse-Tolar, T., Jennings, M., & Baker, D. (2006). The impact of work-family conflict on social work and human service worker job satisfaction and organizational commitment: An exploratory study.
Administration in Social Work, 30(3), 55-74.
- Martin, P. & O'Connor, G. (1989). *The social environment: Open systems applications*.
White Plains, NY: Longman.
- Maslach, C. (1976). Burned out. *Human Behavior, 5*(9), 16-22.
- Maslach, C., & Jackson, S. (1979). Burned-out cops and their families. *Psychology Today, 12*, 59-62.

- Maslach, C., & Jackson, S. (1981). The measurement of the experienced burnout. *Journal of Occupational Behavior, 2*, 99-113.
- Metro Social Services (2009). Mental Health Practitioner. Retrieved from http://www.metrosocialservices.org/jobs_mental_health_practitioner.php
- Miley, K, O'Melia, M., & DuBois, B. (2011). *Generalist social work practice. (Updated 6th Ed.)*. Boston: Allyn and Bacon.
- Monette, D., Sullivan, T., & DeJong, C. (2011). *Applied Social Research: A Tool for the Human Services (7th ed.)* Belmont, CA: Brooks/Cole.
- Olsen, K. & Dahl, S. (2008). Working time: Implications for sickness absence and the work-family balance. *International Journal of Social Welfare, 19*, 45-53.
- Packard, T., Jones, L., Gross, E., Hohman, M., & Fong, T. (2000). Using focus groups to design an interagency training program for child welfare workers. *International Journal of Continuing Social Work Education, 3*(3), 18-26.
- Phillips, D., Howes, C., & Whitebook, M. (1991). Child care as an adult work environment. *Journal of Social Issues, 47*, 49-70.
- Pines, A., & Maslach, C. (1987). Characteristics of staff burnout in mental health settings. *Hospital and Community Psychiatry, 29*(4), 233-237.
- Scannapieco, M., & Connell-Carrick, K. (2003). Do collaborations with schools of social work make a difference for the field of child welfare: Practice, retention, and curriculum. *Journal of Human Behavior in the Social Environment, 7*, 35-51.
- Scannapieco, M., & Connell-Carrick, K. (2007). Child welfare workforce: The state of the workforce and strategies to improve retention. *Child Welfare, 86*, 31-52.

- Smith, P., Kendall, L., & Hulin, C. (1969). The measurement of satisfaction in work and retirement. Chicago: Rand McNally.
- Stemmel, A. (1991). Predictors of intention to leave child care work. *Early Childhood Research Quarterly, 6*, 285-298.
- Strazdins, L., Shipley, M., Clements, M., O'Brien, L., & Broom, D. (2010). Job quality and inequality: Parents' jobs and children's emotional and behavioural difficulties. *Social Science & Medicine, 70*, 2052-2060.
- Stutzman, S., Miller, R., Hollist, C., & Falceto, O. (2009). Effects of marital quality on children in Brazilian families. *Journal of Comparative Family Studies, 40*(3), 475-492.
- Warren, J. & Johnson, P. (1995). The impact of workplace support on work-family role strain. *Family Relations, 44*(2), 163-169.
- Weiner, N. (1980). Determinants and behavioral consequences of pay satisfaction: A comparison to two models. *Personnel Psychology, 33*, 714-757.
- Yanchus, N., Edy, L., Lance, C., & Drollinger, S. (2010). The impact of emotional labor on work-family outcomes. *Journal of Vocational Behavior, 76*, 105-117.

Appendix A
Agency Letter of Agreement

Appendix B

Work at a Private Mental Health Agency

The purpose of this survey is to study the work patterns of those who work at a private mental health agency. This survey is voluntary and confidential. If you choose to participate, please complete the survey and return in the manila envelope provided.

Demographics

1) What is your gender?

Male ___ Female ___

2) What is your age? ___

3) Are you married?

___ Yes

___ No

4) Do you have children?

___ Yes (Go to question #5)

___ No (Go to question #7)

5) How many children do you have? _____

6) What are the ages of your children? _____

7) What level of education have you obtained?

___ Bachelors

___ Masters

___ Other: _____

8) What is your degree? _____

9) Are you licensed?

___ Yes (Go to question #10)

___ No (Go to question #11)

10) What is your license? _____

Work Experience

11) How long have you been working at this agency? ___ year ___ months

12) Approximately how long have you worked in the mental health field? ___ years

13) What is your approximate client contact hours count per week? _____

14) Approximately how many hours do you work per week including paperwork time and client contact hours? _____

15) I feel there is enough time during the work day to get all my work done.

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

16) My job allows me to have flexibility of my schedule.

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

17) My job allows me to have flexibility of my work location.

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

18) I feel I receive all the support I need during the weekly staff meetings with my supervisor.

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

19) I feel that I receive enough quality supervision that supports my needs.

Yes

No

Work-Stress Experiences

20) I take stress from work home with me at the end of the work day.

1	2	3	4	5
never	sometimes	undecided	often	always

21) How much stress do you feel that you bring home with you after work?

1	2	3	4	5
very little stress	a little stress	average stress	much stress	a lot of stress

22) Does stress from work affect your relationship with your spouse or partner?

Yes (Go to question #23)

No (Go to question #24)

N/A (Go to question #24)

23) How does stress affect your relationship with your spouse or partner?

1	2	3	4	5
very	negatively	neutral	positively	very
negatively				positively

24) Does stress from work affect your relationship(s) with you children?

Yes

No

N/A

25) Does stress from work affect your relationships with other family members?

Yes

No

N/A

26) Does stress from work affect your relationship(s) with your friend(s)?

Yes

No

N/A

27) Do you experience feelings of burnout in your work?

1	2	3	4	5
never	sometimes	undecided	often	all the
				time

28) Does the challenge of your work satisfy you?

Yes

No

29) Do you consider your caseload to be too high, about right, or too low?

Too high

About right

Too low

30) How satisfied are you with your job in general?

1	2	3	4	5
not	somewhat	satisfied	quite	very
satisfied	satisfied		satisfied	satisfied

Thank you for your time

Appendix C

Appendix D
Consent Form
University of St. Thomas

**What Factors of Working at a Private Mental Health Agency Affect a
Mental Health Practitioner's Quality of Life?**

I am conducting a study about what factors of working at a private mental health agency affect a mental health practitioner's quality of life. I invite you to participate in this research. You were selected as a possible participant because of your work at this private mental health agency.

Background Information

The purpose of this study is to take a closer look at the over arching research question which is "What factors of working at a private mental health agency affect a mental health practitioner's quality of life?" There are four research sub questions that include "How does work-life balance impact a mental health practitioner's quality of life?" "How does work place culture impact a mental health practitioner's quality of life?" "How does job-related stresses impact a mental health practitioner's quality of life?" and lastly, "How does workplace supervision impact a mental health practitioner's quality of life?"

Procedures

If you consent to be in the study, you will be asked to do the following: complete the survey by answering all of the questions to the best of your ability and then place the survey into the manila envelope provided. This survey should take no longer then 10 minutes in order to complete.

Risks/Benefits and Compensation

There are no risks or benefits involved for participating in the study. There is also no compensation provided for participating in the study.

Confidentiality

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify the participants in any way. The types of records I will create include inserting the information obtained into the statistical analysis program, MiniTab. The surveys will be destroyed on May 14, 2012 when the Clinical Research Presentation is completed.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas, St. Catherine University, or the School of Social Work. If you decide to participate, you are free to withdraw at any time until the survey is placed into the manila envelope.

Contacts and Questions

My name is Liz Jones. You may ask any questions you have now, or you can contact me at [REDACTED]. My research chair, Katharine Hill, may be reached at [REDACTED] with any questions or concerns.

Statement of Consent

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study.

Thank you for your time and, if you choose to, your participation in the study.

Questions towards participants for understanding of consent form:

- 1) What is the overarching research question?
- 2) How are you, the participant, giving your consent to participate in this survey?
- 3) What are the risks and benefits for participating in the survey?

Appendix E

Data Analysis Plan

Descriptive Statistics

1. Participants' gender: nominal; bar chart (1)
2. Participants' age: ratio; histogram (2)
3. Participants' marriage status: nominal; bar chart (3)
4. Participants' children: nominal; bar chart (4)
5. Participants' amount of children: ratio; histogram (5)
6. Participants' children ages: ratio; histogram (6)
7. Participants' level of education: nominal; bar chart (7)
8. Participants' degree: ratio; histogram (8)
9. Participants' licensed: nominal; bar chart (9)
10. Participants' type of licensure: ratio; histogram (10)
11. Participants' length at agency: ratio; histogram (11)
12. Participants' length of work in field: ratio; histogram (12)
13. Participants' client contact hours: ratio; histogram (13)
14. Participants' total amount of work hours: ratio; histogram (14)

15. Participants' feeling of enough time to get work done (15)
16. Participants' feeling of job flexibility in schedule (16)
17. Participants' feeling of job flexibility in work location (17)
18. Participants' feeling of receiving support in staff meetings (18)
19. Participants' feeling of quality supervision: nominal; bar chart (19)
20. Stress brought home (20)
21. Amount of stress brought home (21)
22. Stress affecting spousal/partner relationship (22)
 23. Participants' stress affecting relationship with spouse/partner: nominal; bar chart (23)
24. Participants' stress affecting relationship with children: nominal; bar chart (14)
25. Participants' stress affecting relationship with other family members: nominal; bar chart (25)
26. Participants' stress affecting relationship with friends: nominal; bar chart (26)
27. Participants' feeling of burnout (27)
28. Participants' satisfaction with challenge of work: nominal; bar chart (28)
29. Participants' view of caseload: nominal; bar chart (29)
30. Participants' satisfaction in general (30)

Inferential Statistics

Chi-square.

1. Stress (q#22) and relationship (q#23): nominal and ordinal
2. Job flexibility (q#16) and job satisfaction (q#30): ordinal and ordinal
3. Caseload (q#29) and burnout (q#27): nominal and ordinal
4. Supervision (q#19) and stress (q#20): nominal and ordinal