

St. Catherine University

SOPHIA

Master of Social Work Clinical Research Papers

School of Social Work

5-2014

Stress among Social Work Professionals in Mental Health Care Settings

Emily Ann Willems
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/msw_papers



Part of the [Social Work Commons](#)

Recommended Citation

Willems, Emily Ann. (2014). Stress among Social Work Professionals in Mental Health Care Settings. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/410

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact amshaw@stkate.edu.

Stress among Social Work Professionals in Mental Health Care Settings

by

Emily Ann Willems, BSW

MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and the University of St. Thomas

St. Paul, Minnesota

In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

Sarah M Ferguson, MSW, MA, Ph.D, LISW

Joan Stauffer, MSW, LGSW

Stacy Rutt, MSW, LICSW

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 the findings of this study. This project is neither a Master's thesis nor a dissertation.

Abstract

The purpose of this research project was to compare stress among professionals in a mental health care setting. This research question sought to answer the following question: Do mental health care social workers experience higher levels of stress in comparison to other mental health care professionals? Empirical research suggests that mental health social workers experience higher levels of stress, than comparable occupational groups therefore this research project explores stress among mental health care social workers in comparison to other mental health care professionals (Lolyd, King, Chenoweth, 2002). In order to compare stress levels among professionals a stress survey was distributed to professionals in a mental health care setting which included; Social Workers, Nurses, Physicians, Psychologist, Psychiatrist, Doctor, Chaplin, Speech Therapist, Occupational Therapist, and Physical Therapist. In order to measure and compare stress among professionals a Perceived Stress Scale (PSS) was distributed (Cohen, Devert, 2012). The results of this survey reported that there is a significant difference between the stress levels of individuals who responded to the survey. According to the results of this survey mental health care social workers experience less stress in comparison to other mental health care professionals, therefore this study rejected this researcher's hypothesis. While the findings did reject the suggested hypothesis research does indicate that social workers do still experience high levels of stress, which makes this research project important to the field of clinical social work. This research is important to the field of clinical social work because of the implications for future education. In order to deviate from stress in the social work field, self-care is a technique that should be taught in social work programs. In addition, social work

programs should integrate mindfulness practice into curriculums, because this practice proves to be an effective technique that alleviates stress.

Acknowledgments

There are many who have supported and inspired me along this journey. This process has proved to be challenging at times and I do not know what I would have done without the support of my family and my friends. I relied on my family and friends for their constant support, laughter, and words of encouragement. In addition to recognizing my family and friends I would like to thank my professor Sarah Ferguson. You have helped me remain sane during this process and reminded me to take things just one day at a time and I thank you for that. I would like to thank my committee members for taking time out of their busy schedules to attend committee meetings and provide feedback. Finally I would like to thank all of my previous supervisors, professors, and colleagues for helping mold the professional I am today and more importantly the professional I aspire to be in the future.

Table of Content

Abstract.....	i
Acknowledgements.....	iii
Table of Content.....	iv
Table of Figures.....	vii
Section I: Introduction.....	1
Introduction of the topic.....	1
Purpose Statement.....	1
Section II: Literature Review.....	2
Social Work.....	3
Mental Health Social Work.....	5
Source of Stress.....	7
Role Ambiguity.....	8
Workload.....	9
Mental Health Act.....	9
Source of Support.....	10
Section II: Conceptual Framework.....	10

Limitations of Literature.....	11
Strengths of Literature.....	12
Section III: Methodology.....	12
Research Design.....	12
Sub-Research Questions.....	13
Study Variables and Data Collection Instruments.....	14
Sampling Method and Data Collection Process.....	14
Measures for Human Subjects.....	14
Section IV: Data Analysis.....	15
Descriptive Statistics.....	15
Research Questions.....	16
Section V: Findings.....	22
Section VI: Discussion.....	22
Relationship between Stress and Mental Health Care Professionals.....	22
Clinical Training-Mindfulness.....	24
Core Competencies of Social Workers.....	25
Strengths and Limitation of Design.....	28

Recommendations for Further Research.....30

Implications for Future Social Work.....31

Section VII: Conclusion

List of Tables and Figures

Figure 1. <i>Group Statistics</i>	19
Figure 2. <i>T-Test for Equality of Variances</i>	21
Figure 3. <i>T-Test for Equality of Means</i>	21

Introduction

There is evidence to suggest that social workers experience relatively high levels of both work-related anxiety and trait depression when compared with normative populations and workers in other professions (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). In a study investigating stressors 68% of community mental health center social workers reported being under stress. Studies indicate that mental health social workers experience greater emotional exhaustion than either psychiatrist or psychologists and more depersonalization than psychologists (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005).

For the purpose of this literature review 'mental illness' will be defined as "a medical condition that disrupts a person's thinking, feeling, mood, and ability to relate to others and daily functioning" (NAMI, 2013). Serious mental illness includes: major depression, schizophrenia, bipolar disorder, panic disorder, obsessive compulsive disorder (OCD), posttraumatic stress disorder (PTSD) and borderline personality disorder. It should be noted that mental illness is not the result of personal weakness, lack of character or upbringing and it can affect persons of any age, race, religion or income.

In order to fully grasp the concept of mental health social work and its connection to stress, mental health social work will be defined. A mental health social worker will be defined as an individual who has a minimum degree of a MSW who works in a mental health care setting and provides services in three broad levels of health care; prevention, treatment and rehabilitation (Canadian Association of Social Workers, 2013). For the purpose of this study a mental health social worker must have MSW because BSW are

not trained in clinical social work and therefore are unable to engage in the diagnosing process.

The literature will examine previous research conducted regarding the stress mental health social workers experience and will provide information obtained from a survey that was distributed to a variety of professionals including; nurses, social workers, psychologist, psychiatrist, doctors, Chaplin, speech therapist, occupational therapist and physical therapist who work in a mental health care setting. In order to fully understand the connection between mental health social workers and stress, articles were collected to provide information that supports the hypothesis that mental health care social workers experience higher levels of stress in comparison to other mental health care professions. Also themes will be established in order to understand the primary factors that contribute to stress among this specific population of professionals.

The following review of the literature includes various sections. It will first present statistics regarding the stress levels of mental health social workers. Then factors will be discussed to determine why mental health social workers are more stressed compared to other professionals who work within the mental health settings. Limitations and strengths will be further analyzed. The lay out was designed to provide a range of information that answers the question: Do mental health care social workers experience higher levels of stress in comparison to other mental health care professionals?

Literature Review

There is evidence to suggest that social workers experience relatively high levels of both work-related anxiety and trait depression when compared to other professions

(Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). In a study investigating stressors, 68% of community mental health center social workers reported being under stress. Studies indicate that mental health social workers experience greater emotional exhaustion than either psychiatrist or psychologist (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005).

The number of individuals being diagnosed with a mental illness is increasingly rising, not only in the United States but internationally as well. It is estimated that 26.2 percent of Americans ages 18 and older which is roughly one in four adults suffer from a diagnosable mental disorder each year (National Institute for Mental Health, 2013). Due to the increase of mental illness diagnosis and the prevalence of stress among mental health care social workers evidence will be provided to support the question: Do mental health social workers experience higher levels of stress working in comparison to other mental health care professionals?

Social Work

The National Association of Social Workers (NASW) was established in 1955. The NASW's primary function includes; "promoting the professional development of its members, establishing and maintaining professional standards of practice, advancing sound social policies, and providing services that protect its members and enhance their professional status" (NASW, 2013). Ethical issues have always been a focus of the social work profession. Throughout the profession's history social workers have been concerned with matters of right and wrong and matters of duty and obligation (The Evolution of Social Work Ethics, 1998).

Social Work began not as an established profession but instead an act of charity (University of Michigan School of Social Work, 2013). The roots of US social work date back to the early 19th century. It began as the efforts of upper-class women and men in church-based and secular charitable organizations to address issues such as; poverty, urbanization, and immigration. These untrained social workers also known as “friendly visitors” sought to help individuals through moral persuasion and personal example (University of Michigan School of Social Work, 2013). Through history the government’s efforts have proven to be largely insufficient or ineffective in addressing growing social problems, because of this private benevolent societies and self-help organizations began to emerge.

The social work profession has always had the broad purpose of trying to make it possible for every individual to have the most productive life which he and she is capable of. As time progressed so did the roles of social work in society. Today many American’s enjoy privileges because early social workers saw the miseries and injustices that were prominent in our nation, and sought to stop it. Many of the benefits that Americans take for granted came about because social workers worked with families and institution’s and spoke out against abuse and neglect. Social workers ensured civil rights to all people regardless of gender, race, faith, or sexual orientation. Social workers strived to provide adequate treatment for mental illness and developmental disabilities and ensured affordable human treatment (NASW, 2013)

Social Work professionals are involved in the continuum of human service organizations and delivery (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). According to the U.S. Department of Labor Bureau of Labor Statistics (BLS) social work

is one of the fastest growing careers in the United States. Social Work as a profession has continuously grown over time and is expected to grow by 25% between 2010 and 2020. Currently more than 650,000 people hold social work degrees. Over time the profession has cultivated and developed a set of values that has given meaning and purpose to social work careers. Social works commitment to the vulnerable and oppressed essentially forces the profession to focus on the well-being of individuals and social justice (NASW, 2013).

Social works understanding of professional values and ethics has matured considerably throughout the years. During the earliest years of the profession's history, social works attention was primarily focused on developing a set of values upon which the mission of social work could be based. Over time the profession has cultivated and developed a set of values that has given meaning and purpose to social work careers. As noted above social works commitment to the vulnerable and oppressed populations force the profession to focus on the well-being of individuals and social justice which is rooted in the professions rich value base (Reamer, 2006). This deep commitment to the vulnerable and oppressed contributes to the high levels of stress mental health social workers experience.

Mental Health Social Work

Mental illness is prevalent both in the United States and internationally. It is estimated that roughly 26.2 percent of Americans ages 18 and older, which is about one in four adults, suffer from a diagnosable mental disorder every year (National Institute for Mental Health, 2013). For many individuals, living with a mental illness makes it

difficult to function in everyday life, which causes them to call upon the help of social services. In severe cases, nearly all aspects of people's lives are affected by these disabilities including their careers, families, and support systems. Mental illness is not discriminatory, or sexist, it affects the young, old, men, women, and the rich and poor. For some individuals suffering from a mental illness, living a "normal" life may seem very difficult or even impossible. Therefore professionals in this field try to ensure that their client's needs are met while they are coping with their mental illness (National Institute for Mental Health, 2013).

As noted above the number of individuals diagnosed with a mental illness has been on the rise each year since the 1970's. Although the reason is ultimately unclear to why mental illness is continuing to rise among Americans it is clear that the need for mental health professionals is also on the rise. According to government sources, "60% of mental health professionals are clinically trained social workers, compared to 10% of psychiatrists, 23% of psychologists and 5% of psychiatric nurses" (National Institute of Mental Health, 2013).

A mental health social worker also known as a clinician or therapist provides support and resources to these individuals so they may begin working on recovering from their mental illness. Recovery from mental illness is typically the main goal of mental health social work. Mental illness is something that cannot be cured but can be managed. As previously indicated, recovery from a mental illness is often a long and bumpy road with various obstacles. However, care and support from a mental health social worker can help make this road smoother (Taylor, Brown, 1988)

Social workers help their clients adjust to major lifestyle changes such as; the death of loved one, disability, divorce or loss of job. Social workers see people within their environment (PIE) as part of family, an employee in an organization, or a community member. Mental health work is multi-faceted, combining psychological and social practical elements. These professionals have special skills in assessing, treating, and preventing psychological, behavioral, emotional, social and environmental problems affecting individuals negatively. Mental health social workers may also provide substance abuse treatment and help people experiencing depression, anxiety, a crisis or trauma (NASW, 2013). When reflecting upon the wide array of tasks mental health social workers are asked to fulfill it is evident why stress is a prevalent among this population of professionals.

Sources of Stress

The American health care system has radically changed the way services are financed, organized, and delivered (Acker, 2004). This radical change was a response to the rising costs of treatment and increasing health care utilization. This change massively influenced the mental health care system. Mental health care workers primarily social workers face new challenges because of increased client load, decreased funding, low salaries and limited opportunities for continued education. These challenges not only influence the care provided to clients it also leads to increased stress among mental health care.

Those social workers involved with clients who suffer from serious mental illness are affected adversely by their work (Coyle, Eddwards, Hannigan, Fathergill, Burnard,

2005). Mental health social workers that work with client's whose diagnosis is categorized as "serious or enduring", experience high levels of stress. The amount of stress being endeavored by this population of professionals relates to the high number of burn-out among mental health social workers.

In a study evaluating mental health social workers, half stated they were emotionally drained as a result of their work. Factors associated with burn out were "workload, degree of involvement with patients, lack of social support and role ambiguity" (Prosser, Johnson, Zuipers, Szmukler, Bebbington, Thornicof, 1996). Sources of stress reported were; lack of supervision, peer organizational support and lack of other resources. A frequently reported source of stress among this profession was also the "fear of not being able to help the people they needed, too little time to perform duties to the person's satisfaction, rationing of scarce services and the meeting of imposed deadlines and emotional demand of clients" (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). All of these, are contributing factors to why mental health social workers experience greater emotional exhaustion in comparison to other professionals.

Role Ambiguity

Role ambiguity is a contributing factor to stress among mental health social work. Role ambiguity is associated with anxiety, depression, and is subjective to work load (Caplan, Jones, 1975). A contributing factor of stress among mental health social workers is lack of clarity in job description. As noted above clinical social work professionals are responsible for various tasks including; family consultations, discharge planning, diagnostic assessment and chemical dependency assessments. In a profession

that is demanding role ambiguity is often a source of stress. Mental health social workers experience high levels of burnout in comparison to other mental health professionals due to contributing feelings of lack of personal accomplishment which is a result of role ambiguity. Along with role ambiguity and lack of personal accomplishment in the workplace mental health care social workers experience high levels of stress because of workload.

Workload

In a study conducted in the United Kingdom, 81% of local authorities report having problems both recruiting and retaining social workers (Evans, Huxley, Gately, Webber, Mears, Pajak, Medina, Kendall, Katona, 2006). Contributors of these staff shortages are due to excessive workload, and work pressure. In this same study it was noted that this type of work pressure can lead to burnout which causes staffing shortages. It was reported that social work staffing is more problematic than any other professional group, primarily in mental health care facilities. In mental health care facilities stress is at an all-time high among social work professionals due to the high demands of work load (Evans, Huxley, Gately, Webber, Mears, Pajak, Medina, Kendall, Katona, 2006).

Mental Health Act

Fulfilling responsibilities under the Mental Health Act is a contributing factor to stress and burnout (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). The proposal for mental health legislation currently being drafted may only serve to increase this area for all mental health professionals, through extra responsibility. Factors associated with increased stress; have no sense of personal achievement from work; workload; and not

feeling valued as an employee. With the shift towards integrated mental health care across the social health care system, inter-agency and inter-professional conflict may become more prominent, which is why social support in the work place is important (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005).

Social Support

Researchers in the social sciences have sought to identify factors of reducing and eliminating the negative effects of stress in the work setting (Ganster, Mayes, Fusilier, 1986). An outcome of this research determined that “social factorize effect”, strain the degree of support that an individual receives. Social support is defined as the “gratification of a person’s basic social needs through environmental supplies of social support” (Kaplan, Cassel, Gove, 1977). Social support immensely influences a person’s ability to cope and excel primarily within the work place. Mental health social workers often experience burn-out as a result from limited social support. Social support provides areas for consultation and improvement within the work place primarily in mental health care settings when stress is prominent.

Conceptual Framework

The conceptual framework for this research focuses on Solution-Focused Therapy (Cooper, Lesser, 2011, p. 191). Solution-Focused Therapy is a type of therapy that many mental health care social workers engage in because this form of therapy is designed to meet the client where they are at. Solution-Focused Therapy is instrumental when working with mental health care patients because some of the patients are mandated.

The term mandated often evokes strong feelings in practitioners because it conjures up images of resistant, difficult, uncooperative, hostile and negative clients (Cooper, Lesser, 2011, p. 191). Mandated clients often expect to be judged harshly for the events that often brought them to receive services, which makes the engagement process challenging and creates barriers to rapport building. Dejong and Berg proposed that solution-focused interviewing is empowering among mental health patients because it invites the clients to be their own authority on what they want changed in their lives, and how they want the changes to happen (Cooper, Lesser, 2011, p. 191).

Mental health social workers engage in Solution-Focused therapy primarily for the purpose of empowering their clients (Cooper, Lesser, 2011, p. 191). As noted above in the literature review those diagnosed with a mental illness are stigmatized by society and are vulnerable and oppressed. Using Solution-Focused Therapy allows the patient to have control which is something that might be unfamiliar to them. Solution-Focused Therapy sets the stage for the construction of cooperation because of the power given to the patient. This therapy emphasizes the importance of self-determination by providing the client with the opportunity to decipher what they want to gain out of the service being provided, which allows the mental health care social worker to gauge what the patient finds important.

Limitations of Literature

While the literature thoroughly addresses the role of mental health social workers and the stress that contribute to burn out among the profession there are various limitations that can be identified throughout the readings. When evaluating research articles each study used a different instrument to determine the outcome measure by

creating their own instruments. Also reported findings were often not supported through statistical data which could be identified as a limitation within the study.

Another limitation could be the researcher's bias and perceptions of stress regarding mental health social workers. The purpose of this study was for this researcher to provide information to support that mental health social workers experience higher levels of stress than other professionals, because of this the information provided could be skewed in order to support what the researcher wanted.

Strengths of Literature

While there are multiple limitations in the studies, there are also numerous strengths that can be identified. It is clear through the articles that although there is little statistical data, all of the articles do correlate with one another leading this researcher to believe that mental health social workers do experience higher levels of stress working in the mental health field than other professionals. The information provided an adequate lay out of the factors that contribute to mental health care social workers becoming stress and how that can lead to high burn out rates as well.

Methodology

Research Design

The purpose of this quantitative study was to discover if mental health care social workers experience higher levels of stress in comparison to other mental health care professionals. A cross-sectional research design, primary analysis was applied to the responses of a random sampling of licensed clinical social workers, nurse practitioners, psychologists, psychiatrist, doctors, speech therapists, occupational therapists, physical therapist and Chaplin at a hospital in Minnesota. In order to determine the amount of stress the respondents are experiencing a Perceived Stress Scale (PSS) was used. In

addition a demographic question was asked in order to obtain information regarding professional standing (Cohen, Devert, 2012). The questions examined the respondent's thoughts and feelings during the last month. The stress scale consists of ten questions and will be answered using a likert scale consisting of numbers 0-4. The numbers represent thoughts regarding stress; 0-never, 1-almost never, 2-sometimes, 3-fairly often, and 4-very often. By learning the degree of self-reported stress levels this research assessed: Do mental health care social workers experience higher levels of stress in comparison to other mental health care professionals?

Sub-Research Questions

In conjunction with this research question, also seeking answered were the following questions: (1) In the last month, how often have you been upset because of something happened unexpectedly at work? (2) In the last month, how often have you felt that you were unable to control the important things in your life? (3) In the last month, how often have you stressed at work? (4) In the last month, how often have you felt confident about your ability to handle work related problems? (5) In the last month, how often have you felt that things were going your way at work? (6) In the last month, how often have you found that you could not cope with all the demands of your job? (7) In the last month, how often have you been able to control irritation at work? (8) In the last month, how often have you felt that you were on top of work related tasks? (9) In the last month, how often have you been angered because of things that happened were outside of your control at work? (10) In the last month, how often have you felt job tasks were piling up so high that you could not complete them? (Cohen, Devert, 2012)

Study Variables and Data Collection Instruments

In this study, which attempted to answer the question: Do mental health care social workers experience higher levels of stress in comparison to other mental health care professionals?, the dependent variable was the level of stress reported, and the independent variable was the reported profession of the mental health care professionals. Stress was measured using a Perceived Stress Scale (PSS) (Appendix A). The PSS is a classic stress assessment instrument that was originally developed in 1983 in order to help individuals understand how different situations affect feelings and perceived stress. The PSS was developed by Dr. Sheldon Cohen, to examine personal stress. In order to gain an understanding of work related stress the questions were altered so the respondent's answers correlated to stress in the workplace rather than stress at home (Cohen, Devert, 2012).

Sampling Method and Data Collection Process

The population surveyed for this research project consisted of a random sample of clinical social workers, nurse practitioners, psychiatrists, psychologists, doctors, physical therapists, occupational therapist, speech therapist and Chaplin that work with the MI population at a hospital in St. Paul MN. The survey was distributed electronically in order to keep the respondents anonymous. The survey was distributed and collected using St. Thomas University Qualtrics program. After the surveys were complete the information was gathered by this researcher for analysis.

Measures for Protection of Human Subjects

Measures were taken to protect the rights of the human subjects participating in this research. No identifying information was gathered or used in this research project. Participants were informed of the purpose of this research and were advised that this research project was in compliance with current Saint Catherine University Institutional Review Board Standards. The participants who decided to participate in this survey were informed that the survey is optional and they had nothing to gain or lose from participating in the survey. The evidence collected from the survey will be destroyed after the final research paper is submitted in May of 2014.

Data Analysis

Descriptive Statistics

Descriptive statistics were run on all variables in order to provide an understanding of the data set. A measure of central tendency and dispersion was used to demonstrate respondent scores of the PSS. General data analysis was used to demonstrate descriptive qualities of the respondents of this project. These descriptors include demographic information; [1. what is your professional title?]. These descriptive qualities of the respondents were included in order to compare stress among mental health care professionals.

Research Questions

The questions noted below are all dependent variables. The independent variable of this research design is the professional role which will be established at the beginning of the survey (Rubbin, Babbie, 2001, p. 44-46).

In the last month, how often have you been upset because of something happened unexpectedly at work? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt that you were unable to control the important things in your life? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt stressed at work? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt confident about your ability to handle work related problems? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other

professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt that things were going your way at work? In the last month, how often have you found that you could not cope with all the demands of your job? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you been able to control irritation at work? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt that you were on top of work related tasks? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you been angered because of things that happened were outside of your control at work? This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

In the last month, how often have you felt job tasks were piling up so high that you could not complete. This study was interested in the relationship between professional role and stress at work. A T-Test was used to test the hypothesis that mental health care social workers experience higher levels of stress in comparison to other professions. The level of stress will be measured by compositing the scores of the PSS and compared to the identified professional role.

Do mental health care professionals experience higher levels of stress (dependent variable) in comparison to other health care professionals (independent variable)? A quantitative analysis was used to test the hypotheses that mental health care social workers do experience higher levels of stress in comparison to other mental health care professionals. Levels of stress was measured by compositing scores of the PSS and compared to professional roles in mental health care settings.

Findings

The purpose of this research project was to compare stress among professionals in a mental health care setting. This research question sought to answer the following question: Do mental health care social workers experience higher levels of stress in

comparison to other mental health care professionals? The research project sought to answer this question, by distributing a stress survey to all professionals in a mental health care setting including; Social Workers, Nurses, Physicians, Psychologist, Psychiatrist, Doctor, Chaplin, Speech Therapist, Occupational Therapist, and Physical Therapist. In order to measure and compare stress among professionals a Perceived Stress Scale (PSS) was distributed (Cohen, Devert, 2012). The survey was distributed to roughly 30 mental health care professionals. Out of the 30 distributed surveys only 10 were completed. Of the 10 surveys completed, 7 were completed by social workers. The other professionals consisted of a nurse, psychologist and one 'other'. The sum of all the professionals was configured, and the results are noted below

Descriptive statistics

Figure 1. *Descriptive statistics for the relationship of stress between Social Workers and other Mental Health Care Professionals*

Group Statistics

	Please Identify your professional title	N	Mean	Std. Deviation	Std. Error Mean
PSS	Social Worker	7	12.2857	5.99206	2.26479
	Other Professionals	3	18.6667	4.04145	2.33333

As previously noted the purpose of the survey distributed, was to examine stress levels between mental health care professionals. In order to measure and compare stress among professionals a Perceived Stress Scale (PSS) was distributed. The PSS-10 scores are obtained by reversing the scores of the four positive items, e.g., 0=4, 1=3, 2=2, 3=1,

and 4=0 and then summing across all 10 items. Questions 4, 5, 7, and 8 are the positively stated items. Scores around 13 are considered average and scores receiving 20 points or higher are considered high stress (Cohen, Devert, 2012).

The results of this research project rejected the hypothesis; do mental health social workers experience higher levels of stress working in comparison to other mental health care professionals? Figure 1 can be identified as a standard T-test. A T-test is a test that is used to determine if two sets of data are significantly different from each other. A T-test is often used to provide statistical data to support a hypothesis. The purpose of this research paper was to compare stress among professionals by comparing the means of stress, therefore a T-test was used to support the hypothesis that; do mental health care social workers experience more stress than other mental health care professionals?

The results above show that the mean of stress among social workers was 12.2857 in comparison to the mean of stress among other professionals 18.6667. The PSS scoring scale indicates that the higher the mean of stress the greater the stress the individuals are experiencing. Therefore, according to the results of the PSS, 'other professionals' experience more stress than social workers. This was not what was predicted to occur. The expectation was that social workers would experience more stress.

Independent Samples Test

Figure 2.

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	Df	
PSscale	Equal variances assumed	2.015	.194	-1.660	8
	Equal variances not assumed			-1.962	5.821

Figure 3.

	t-test for Equality of Means				
	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
				Lower	
PSscale	Equal variances assumed	.135	-6.38095	3.84286	-15.24260
	Equal variances not assumed	.099	-6.38095	3.25172	-14.39721

The “Mean Difference” statistic indicates the magnitude of the difference between means (figure3) -6.38095. When combined with the confidence interval for the difference, this information can make a valuable contribution to explaining the importance of the results. In order to gain an understanding of the significance of this test the p-value must be examined. The 2-tailed Sig[nificance] needs to be less than .05 to indicate a significance difference. Since the 2-tailed Sig[nificance] is .135 and .099 it should be stated that the p-value is 0.036 making this difference significant.

Overall when examining the results of this T-test there is a significant difference between the means of stress between social work professionals and other professionals. The purpose of this research was to examine the proposed hypothesis: Do mental health care social workers experience more stress in comparison to other mental health care professionals? The results of this survey reported that there is a significant difference between the stress levels of individuals who responded to the survey. According to the results of this survey mental health care social workers experience less stress in comparison to other mental health care professionals, therefore this study rejected this researcher's hypothesis.

Discussion

Relevance to Literature Review

Relationship between stress and mental health care professionals.

In a study comparing stress among professionals it was discovered that mental health social workers experience higher levels of stress than comparable occupational groups (Lolyd, King, Chenoweth, 2002). Mental health care social workers experience relatively high levels of both work-related anxiety and trait depression in comparison to normative populations and workers in other professions. In a study evaluating mental health social workers half reported that they were emotionally drained as a result of their work (Prosser, Johnson, Zuipers, Szmukler, Bebbington, Thornicof, 1996). Social workers involved with clients who suffer from serious mental illness are affected adversely by that kind of work (Coyle, Eddwards, Hannigan, Fathergill, Burnard, 2005). Mental health social workers, whose primary focus is on clients whose diagnosis is

categorized as "serious or enduring", experience high levels of stress. The amount of stress being endeavored by this population of professionals relates to the high number of burn-out among mental health social workers.

Role ambiguity is a contributing factor to stress among mental health social work. Role ambiguity is associated with anxiety, depression, and is subjective to work load (Caplan, Jones, 1975). A contributing factor of stress among mental health social workers is lack of clarity in job description. As noted above clinical social work professionals are responsible for various tasks including; family consultations, discharge planning, diagnostic assessment and chemical dependency assessments. In a profession that is demanding role ambiguity can become a source of stress. Along with role ambiguity and lack of personal accomplishment in the workplace mental health care social workers experience high levels of stress because of workload (Caplan, Jones, 1975).

In the United Kingdom a study comparing stress among professionals discovered that social workers experience work overload in facilities where one has little control over workload (Evans, Huxley, Gately, Webber, Mears, Pajak, Medina, Kendall, Katona, 2006). It was reported that social work staffing is more problematic than any other professional group, which puts them at risk for high levels of stress. Contributors of these staff shortages are due to excessive workload, and work pressure and can essentially lead to burnout. In mental health care facilities stress is at an all-time high among social work professionals due to the high demands of work load.

The results of this research project rejected what current research indicates, that mental health care professionals experience higher levels of stress in comparison to other mental health care professionals. While the results of this study rejected the researcher theory it did propose another question: Do mental health care social workers experience less stress in comparison to other professionals because of clinical training, self-awareness and mindfulness practice?

Clinical Training-Mindfulness

Mindfulness is a practice that has been in existence for centuries, but has only been brought to the forefront of clinical work within the past forty years (Siegel, Germer and Olendski, 2009, p. 42). Mindfulness is a concept that many social workers are embracing as it means to develop more authentic and impactful work with clients, and is used for stress reduction (Siegel, Germer and Olendski, 2009). The practice of mindfulness has been acclaimed as a meaningful way to teach empathy to practitioners as technique to deviate stress (Shapiro and Carlson, 2009). Mindfulness-Based Stress Reduction (MBSR) seeks to teach practitioners to recognize the space between the moment when something stressful or painful happens, and their reaction to it (Baum, 2010). The choice to observe, acknowledge, and consider those moments and feelings of discomfort, rather than immediately react to or judge them, is the essence of what mindfulness is (Baum, 2010).

In a recent survey of psychotherapists in the United States 41.4 percent of those surveyed said they do “mindfulness therapy” at least some of the time during work with clients (Simon, 2007). While cognitive behavioral therapy continues to be the most

commonly used therapeutic approach (68.8 percent), psychoanalytic therapy is now third (35.4 percent) behind mindfulness (Siegel, Germer and Olendski, 2009, p.24). It is through mindfulness that social workers are able to train their minds to behave in a way that helps them learn from suffering, bring them close to living lives of fulfillment, and diminishing stress (Siegel, Germer and Olendski, 2009).

When examining the relationship between stresses among professionals it could be indicated that social workers experience less stress due to clinical training such as mindfulness. The contradictory results of this study may reflect a shift in clinical social work training. Social workers experience less stress due to clinical training such as mindfulness. Continued education is emphasized in the social work profession and empowers professionals to become self-aware and competent regarding skills such as mindfulness practice.

Core Competencies of Social Work

In addition to clinical mindfulness, the “Core Competencies of Social Work” provide evidence that indicates why social work professionals might experience less stress in comparison to other professionals. In addition to mindfulness training social work majors are guided by ten core competencies that reflect the standards of the Council on Social Work Education and the Departments mission and goals. Each competency area has performance outcomes-practice behaviors of knowledge, values, and skills needed for generalist practice. The purpose of these competencies is to build curriculums that are designed so that students upon completion of the major will be able to demonstrate the integration and application of the competencies in practice with

individuals, families, groups, organizations and communities. These competencies guide the practice of social work and indicate why social work professionals experience less stress (Department of Social Work, 2014).

Competency 1 helps explain why social work professionals experience less stress in comparison to other professionals. Competency 1 “Identify as a social worker and conduct self accordingly”. This competency is followed by outlining practice behaviors; “Advocate for client access to the services of social work, Practice personal reflection and self-correction to assure continual professional development, Attend to professional roles and boundaries, Demonstrate professional demeanor in behavior, appearance, and communication, Engage in career-long learning, and Use supervision and consultation” (Department of Social Work, 2014). Competency 1. provides various practice behaviors that help social workers “Identify as a social worker and conduct self accordingly”, however, the two most prominent practice behaviors that provide evidence to why social workers experience less stress include; “Practice personal reflection and self-correction to assure continual professional development, and use supervision and consultation” (Department of Social Work, 2014).

Practicing personal reflecting and self-correction not only ensures continual professional development, but also provides professionals with the opportunity to avoid burn-out. Lynda Monk was a MSW that worked in high stress work environment for her first ten years as a social worker. In Lynda’s article she stated “I did my best to consistently practice self-care as a way of managing stress and mitigating the effects of exposure to both direct and indirect trauma that were just part of the job” (Monk, 2011). In Lynda’s article ‘Reflective Journal Writing for Social Work Well-Being’ Lynda

discussed her struggles with coping with the stress associated with working with “difficult patients”. The article addresses the need for self-care in order to provide an effective way to process emotions, cultivate boundaries, reduce stress and reframe the sometimes painful impact of witnessing the suffering of others on a daily basis (Monk, 2011).

As identified by Council on Social Work Education and the Departments, supervision is a component that helps reduce stress among social work professionals. The NASW and ASWB Task Force on Supervision Standards maintain that “supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers” (National Association of Social Workers, 2008). Providing supervision ensures that professional standards and quality of services are being delivered by competent social workers. Supervision was created to protect clients and support practitioners, by providing a safe environment for practitioners to collaborate, in the hopes of reducing stress. Supervision provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy (National Association of Social Workers, 2008). Supportive supervision decreases job stress that interferes with work performance. Supervisees are often faced with increased challenges that contribute to job stress including; the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments. Essentially supportive supervision is underlined by an environment of safety and trust, where supervisees can develop their professional identity, by reducing stress (National Association of Social Workers, 2008).

Strengths and Limitations of Design

It is important to consider, when evaluating this research project that the results may be contradictory to the literature simply because of the lack of participation amongst professionals. The descriptive statistics showed that the majority of the individuals that chose to participate in this survey were mental health care social workers. The other three professionals consisted of a nurse, psychologist and another professional that was unidentified. It is important to consider that the results are not prominent when comparing stress among professionals because this study only compared stress between seven social workers and three other professionals. In order to really compare stress amongst professionals, more individuals of different professions would have to partake in the survey.

Strengths

One major strength of this research project was the anonymity of this research study. Having the opportunity to send the survey through 'Qualtrics' ensured that the respondent's identity would be kept anonymous. The anonymity of the survey allowed the respondents to answer honestly without having to feel judged or concerned about their professional stance within the hospital.

Another strength of this study was the PSS tool used to decipher stress among professionals. This tool made analyzing stress relatively easy for the researcher. The questions remained clear and there was only 10 questions making the survey quick to complete for the respondents. Since the survey took on average 1 minute and 5 seconds, there was no indication of any respondents dropping out of the survey.

Limitations

This research project was foremost limited by the lack of respondents. The number of respondents that completed the survey was 10. Of the 10 respondents 7 of the respondents were social work professionals, 1 identified as a nurse, 1 identified as a psychologist, and 1 identified as 'other'. Having only 10 respondents really limited the researcher's ability to compare stress amongst the professionals.

Another limitation of this study was the setting that the survey was distributed in. The survey was distributed to mental health care professionals at a hospital in the mid-west. It should be noted that if the survey was distributed to multiple facilities the response rate would have increased, possibly changing the results.

An additional limitation of this project was the stress scale used. The PSS was created to measure stress among individuals in their environment, not to assess stress among mental health care professionals. Creating, or using a more detailed stress test could have created more accurate results specific to those who work within the mental health care setting.

Recommendations for Further Research.

The results of this study indicate that there is a difference between the stress levels of professionals. While there was a significant difference between the stress social workers experience and other professionals experience it should be noted that only 10 individuals completed the survey. Therefore ongoing research may be helpful in making more conclusive assertions.

Ongoing research projects in this field of study would also benefit from gaining more knowledge on the limitations of stress amongst social work professionals. With

additional information provided about the limitations and causes of stress, stress could be avoided in this profession, maybe through implicating mindfulness practice more regularly into the profession.

In order to really gain a better understanding of stress among mental health care social workers it would be more beneficial to distribute this survey to multiple facilities. The survey distributed through this research project was limited to a hospital, therefore it is uncertain if this data provides an accurate depiction of stress among social work professionals.

Using a different tool to measure stress might have been more influential in this study as well. The PSS scale was originated to detect stress among individuals in their environment, not specifically for professionals who work in a mental health care setting. The Likert scale used in this tool could be perceived as vague with multiple meanings for each numerical value. Should further research use the PSS, it would be worthwhile to do further data analysis to determine if analyzing the sub-scores of this tool would demonstrate any other important themes relevant to the concept of stress.

Implications for Future Social Worker

The National Association of Social Workers (NASW) recognizes and acknowledges the unique and valuable contributions of social work as a profession. The NASW identified various stressors that are prevalent in social work such as long hours, time constraints and deadlines, large and professionally challenging client caseloads, limited or inadequate resources, crisis and emergencies, low pay, and safety concerns (Whitaker, Weismiller, & Clark, 2006). Due to the prevalence of these stressors in the

profession, the NASW supports the practice of professional self-care for social workers. The NASW supports the practice of professional self-care as a means of maintaining social work competence, strengthening the profession, and preserving the integrity of their work with clients (National Association of Social Workers, 2009).

Education, self-awareness, and commitment are considered key components to the NASW to promoting the practice of professional self-care. In recognition of social workers as valued professionals, the NASW supports the establishment and implementation of organizational policies and practices that address and enhance the safety in the workplace. Organizations can identify as “supportive” by; examining the “organizational culture, redefining workload, providing essential supervision, encouraging self-care practices allowing for group support, and creating a supportive work environment” (National Association of Social Workers, 2009).

In order to deviate from stress in the social work field, self-care is a technique that should be taught in social work programs. Training should be implemented to social work students primarily in their field experiences. Education of “self-care” into social work student standards should be implemented into policies, foundation and advanced curriculums, field practicum, assignments and projects. Development of continuing education programs on professional self-care and conditions such as; stress, prevalence of burnout, compassion fatigue, secondary traumatic stress and vicarious trauma should be integrated into social work education”(National Association of Social Workers, 2009).

Conclusion

In conclusion the information obtained in the literature review does indicate that mental health care social workers do experience more stress in comparison to other professionals however, the data collected rejected the literature collected. As evidenced by the data acquired through this research project, there is a statistically significant difference between the stress among social workers and other mental health care professionals. While the information was not expected or desired by this researcher the relationship does open the door to the potential for developing more social work education programs that focus on stress reduction. Continuing research supporting this relationship will seek to enhance the practice of social work in the future.

References

- Acker, G. M. (2004). The effect of organizational conditions on job satisfaction and intention to leave among social workers in mental health. *Community Mental Health Journal, 40*(1).
- Baum, W. L. (2010). Mindfulness based stress reduction: What is it? How it works. Crisis Knocks, 3/18/12. Retrieved from:
<http://www.psychologytoday.com/blog/crisis-knocks/201003/mindfulness-based-stress-reduction-what-is-how-it-helps>.
- Canadian Association of Social Workers. (2013). The Role of Social Work in Mental Health. In *Social Workers Make a Difference*, from <http://www.casw-acts.ca/en/role-social-work-mental-health>
- Caplan, R. D., & Jones, K. W. (1975). Effects of Work Load, Role Ambiguity, and Type A Personality. *Journal of Applied Psychology, 60*(6), 713-719.
- Cohen, S., & Janicki-Deverts, D. (2012). [Who's stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006 and 2009.](#) *Journal of Applied Social Psychology.*
- Cooper, M. G., & Lesser, J. (2011). *Clinical Social Work Practice: An Integrated Approach* (4th ed., p. 191). Boston, MA: Pearson Education.
- Coyle, D., Edwards, D., Hannigan, B., Fothergill, A., & Burnard, P. (2005). International Social Work. *A systematic review of stress among mental health social workers, 48*(2), 201-211. Doi: 10.1177/0020872805050493

Department of Social Work. (2014). Competency Areas and Practice Behaviors. In

Department of Social Work. Retrieved April 16, 2014, from

https://www.bemidjistate.edu/academics/departments/social_work/curriculum/competency_areas/

Duetsch, C. J. (1983, October 20). Self-Reported Sources of Stress. *Professional Psychology: Research and Practice*.

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T., & Katona, C. (2006). British Journal of Psychiatry. *Mental health, burnout and job satisfaction among mental health social worker in England and Wales, 75-80*

Fishel, A. H. (2008). *Women's Health Care in Advanced Nursing Practice* (pp. 253-254). N.p.: Singer Publishing Company.

Ganster, D. C., Mayes, B. T., & Fusilier, M. R. (1986). Role of Social Supports in the Experience of Social Work Stress. *Journal of Applied Psychology, 71(1)*, 102-110.

Gered, K. E., & Segal, E. (2011, April). Importance of Empathy for Social Work Practice: Integrating New Science. *Social Work, 56(2)*, 141-146.

Kaplan, B. H., Cassel, J. C., & Gove, S. (1977). Social Support and Health. *Medical Care, XV(5)*.

Lloyd, C., King, R., & Chenoweth, L. (2002). Social Work Stress and Burnout. *Journal of Mental Health, 11(3)*, 255-265.

Mitchell, C. G. (1997, December 17). Perceptions of Empathy and Client Satisfaction with Managed Behavioral Health Care. , 404-412.

Monk, L. (2011). Reflective-Journal Writing for Social Work Well-Being. *Self-Care*. Retrieved April 16, 2014, from <http://www.bcasw.org/wp-content/uploads/2012/11/Reflective-Journal-Writing-H1.pdf>

Nami. (2013) Mental illness. In *National Alliance on Mental Illness*, from http://www.nami.org?Template.cfm?Section=By_Illness

NASW. (2013). Social Work Profession. In *National Association of Social Workers*.

Retrieved October 15, 2013, from

<http://www.socialworkers.org/pressroom/features/general/profession.asp>

National Association of Social Workers. (2008). Best Practice Standards in Social Work Supervision. In *National Association of Social Workers Association of Social Work Board*.

Retrieved April 16, 2014, from

<http://www.naswdc.org/practice/naswstandards/supervisionstandards2013.pdf>

National Association of Social Workers. (2009). Professional Self-Care and Social Work. In *NASW*.

Retrieved April 14, 2014, from

<https://www.socialworkers.org/nasw/memberlink/2009/supportfiles/ProfesionalSelf-Care.pdf>

National Institute of Mental Health. (2013). The Numbers Count: Mental Disorders in America. In *National Institute of Mental Health*. Retrieved, from

<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml>

Prosser, D., Johnson, S., Kuipers, E., Szmukler, G., Bebbington, P., & Thornicroft, G. (1996).

British Journal of Psychiatry. Mental Health, 'burnout' and Job Satisfaction among Hospital and Community-Based Mental Health Staff, 169, 334-337.

Reamer, F. G. (2006). *Social Work Values and Ethics* (third ed., pp. 1-10). Chichester, NY: Columbia University Press.

Reamer, F. G. (1998, November 1). *The Evolution of Social Work Ethics*. Retrieved from <http://digitalcommons.ric.edu/cgi/viewcontent.cgi?article=1169&context=facultypublications>

Rubin, A., & Babbie, E. (2001). *Research Methods for Social Work* (4th ed., pp. 44-46). Belmont: Wadsworth.

Shapiro, s. L. and Carlson, L. E. (2009). *The art and science of mindfulness: integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association, Xvii, p. 107-117. Doi: 10.1037/11885-000.

Siegel, R.D., Germer, C.K., and Olendzki, A. (2009) *Mindfulness: What is it? Where did it come from?* In D. Fabrizio (Ed.), *Clinical Handbook of Mindfulness* (pp. 17-35). New York: Springer

Taylor, S. E., & Brown, J. D. (1988). Illusion and Well-Being: A Social Psychological. In *American Psychological Association, Inc.* Retrieved October 15, 2013, from <http://psycnet.apa.org.ezproxy.stthomas.edu/journals/bul/103/2/193.pdf>

University of Michigan College of Social Work. (2013). The Roots of US Social Work. In *From Charitable Volunteers to Architects of Social Welfare: A Brief History of Social Work.* Retrieved October 15, 2013, from <http://archive.ssw.umich.edu/ongoing/fall2001/briefhistory.html>

Whitaker, T., Weismiller, T., & Clark, E. (2006) Assuring the sufficiency of the frontline work-force: A national study of licensed social workers [Executive Summary]. Washington, DC: National Association of Social Workers.

Appendix A

February 3, 2014

Emily Willems
[REDACTED]

Dear Ms. Willems

Please be advised that the following study has been approved through expedited review by the [REDACTED] Institutional Review Board on February 3, 2014:

Stress among Social Workers in the Mental Health Field

As the primary investigator, you are required to make periodic reports, at least annually, to the IRB. These reports shall include the number of subjects enrolled, progress to date, and an assessment of the study's overall disposition. Any proposed changes to this study that affect human subjects must be brought to the attention of the IRB prior to their initiation. An exception to this rule is any change made in an emergency situation for the protection of human subjects. All investigators are required to notify the IRB of any unanticipated event immediately.

Please reference the following [REDACTED] IRB number for this study in all future correspondences: **HE 14 02 001**. Approval of this study has been granted for a period of one year and expires on February 3, 2015. You may access our website at [www.\[REDACTED\].org/irb](http://www.[REDACTED].org/irb) to obtain a copy of the "*Project Evaluation and Review Report*" form which will be used to complete your annual study review or final report. This review is due no later than January 5, 2015 for the January 19, 2015 IRB meeting.

If you have any questions regarding this communication, please contact our office at 651-232-5363.

The [REDACTED] Institutional Review Board wishes you every success with this research study.

Sincerely,

Dean R. Huska
Chair, [REDACTED] Institutional Review Board

Appendix B

*St. Catherine University IRB**Protocol Exemption Notification*

To: Emily Willems
From: John Schmitt, IRB Chair
Subject: Protocol #105
Date: 12/20/2013

Thank you for submitting your research proposal to the St. Catherine University Institutional Review Board (IRB). The primary purpose of the IRB is to safeguard and respect the rights and welfare of human subjects in scientific research. In addition, IRB review serves to promote quality research and to protect the researcher, the advisor, and the university.

On behalf of the IRB, I am responding to your request for Exempt level approval to use human subjects in your research. The application # **105: Stress Among Social Work Professionals** has been verified by the St. Catherine University Institutional Review Board as Exempt according to 45CFR46.101(b)(2): Anonymous Surveys - No Risk on 12/20/2013. The project was approved as revised. You may begin your research at any time.

One note - the reviewer asked what demographic questions would be asked as part of the survey. Since no demographic questions were included as part of the revised application (pages 4-5), it is assumed that this information will not be collected. If at a later date you decide it would be helpful to collect this data so you are better able to describe your participants, you will need to submit an amendment to this project and have it approved before proceeding.

Please note that the request for additional data or any other changes to your protocol may affect its exempt status. You must request approval for any changes that will affect the risk to your subjects using the Amendment Request Form. You should not initiate these changes until you receive written IRB approval. Also, you should report any adverse events to the IRB using the Adverse Event Form. These documents are available at the Mentor IRB system homepage, which can be accessed through the St. Catherine University IRB homepage. When the project is complete, please submit a project completion form.

If you have any questions, feel free to contact me or email via the Mentor messaging system. We appreciate your attention to the appropriate treatment of research subjects. Thank you for working cooperatively with the IRB; best wishes in your research!

Sincerely,

John Schmitt, PhD
Chair, Institutional Review Board
jsschmitt@stkate.edu

Appendix C

The PSS was developed by Dr. Sheldon Cohen, to examine personal stress. In order to gain an understanding of work related stress the questions were altered so the respondent answers correlated to stress in the workplace rather than stress at home (Cohen, Devert, 2012).

- (1) In the last month, how often have you been upset because of something happened unexpectedly at work?
- (2) In the last month, how often have you felt that you were unable to control the important things in your life?
- (3) In the last month, how often have you stressed at work?
- (4) In the last month, how often have you felt confident about your ability to handle work related problems?
- (5) In the last month, how often have you felt that things were going your way at work?
- (6) In the last month, how often have you found that you could not cope with all the demands of your job?
- (7) In the last month, how often have you been able to control irritation at work?
- (8) In the last month, how often have you felt that you were on top of work related tasks?
- (9) In the last month, how often have you been angered because of things that happened were outside of your control at work?

(10) In the last month, how often have you felt job tasks were piling up so high that you could not complete them?