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Halaina I. Howard
St. Catherine University

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The Experiences of Social Workers with Organizational Support for Professional

Burnout and Vicarious Trauma

by

Halaina I. Howard, BS

MSW Clinical Research Paper

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Master of Social Work

Committee Members
Catherine L. Marrs Fuchsel, Ph.D., LICSW (Chair)
Angela K. Lewis-Dmello, MSW, LICSW
Kathleen E. Caron, 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 the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Social workers and therapists have been experiencing professional burnout and vicarious trauma for quite some time. However, the preventative measures, interventions, and responses of organizations to slow down or limit the symptoms of professional burnout and vicarious trauma seem deficient. The purpose of this research study was to explore the experiences of social workers with organizational support related to professional burnout and vicarious trauma. This qualitative study gained insight into the personal experiences of social workers. Eight social workers were interviewed, two of the participants were licensed independent clinical social workers (LICSW), one was a licensed independent social worker (LISW), and five were licensed graduate social workers (LGSW). The participants have experience working in domestic abuse agencies, residential treatment, hospitals, schools, outpatient mental health, child protection, prisons, community centers and homeless youth programs. The major findings from this study were the importance of teamwork, co-workers, and supervisors in lessening social worker's experiences with professional burnout and vicarious trauma. It was important for social worker's to be a part of an organization that was aware of professional burnout and vicarious trauma and offered trainings on the topic. It was also important for the participants to be a part of organizations that were structured in a way that promoted social workers having a voice. Implications for future research include the examination of the organizational responses and the impacts on professional burnout and vicarious trauma in order to differentiate where there are more positive effects.

Keywords: professional burnout, vicarious trauma, organization, support

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The Experiences of Social Workers with Organizational Support for Professional Burnout

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Social workers are at risk of professional burnout, vicarious trauma, and the

emotional and psychological effects that follow, yet the responses to these issues have

received little attention (Newell & MacNeil, 2010). The social work profession is often

known for helping vulnerable populations improve their current situation while

challenging social injustices (Newell & MacNeil, 2010). Many social workers choose to

become therapists, advocates, case managers, or supervisors for a variety of agencies.

Social workers are often working with people from diverse backgrounds. The populations

and nature of the profession can be mentally and emotionally challenging, often leaving

self-care needs unmet (Hamana, 2012). Many professionals can experience professional

burnout and vicarious trauma as a result (Newell & MacNeil, 2010).

Professional burnout is often the result of a gradual process that occurs due to a

variety of factors such as the population the person works with, as well as the

organization (Newell & MacNeil, 2010). Professional burnout can be defined as extreme

exhaustion that is felt physically, emotionally, mentally, and spiritually due to continual

contact with populations that are distressed (Newell & MacNeil, 2010). Some of the

symptoms associated with professional burnout are sleeplessness, exhaustion, irritability,

and poor work performance (Jordan, 2010). Vicarious trauma can be defined as a change

in the professional's beliefs and views due to his or her experiences of closely working

with individuals who have encountered trauma (Newell & MacNeil, 2010). The onset is

often rapid or acute, and the symptoms are persistent (Jordan, 2010). Symptoms of

vicarious trauma are changes in trust, beliefs about safety, and intrusive thoughts (Jordan,

2010). Other symptoms include depression, anxiety, nightmares, and hypervigilance (Dreier & Wright, 2011). Approximately 53% of social workers identified their symptoms of vicarious trauma not only impacted their professional lives, but also their personal lives (Choi, 2011).

Approximately 40-81% of people in the United States have been exposed to a traumatic event in their lifetime (Bride, 2007). The number increases with the individuals therapists are serving, as therapists are often providing services to populations who have experienced childhood sexual abuse, domestic violence, and physical assault (Jordan, 2010). For example, 82 to 94% of people receiving outpatient or inpatient mental health services have experienced at least one traumatic event in their lives (Bride, 2007). These high rates of trauma exposure suggest that therapists will most likely encounter clients who have survived one or more traumatic experiences. The empathic attunement and continual listening to clients with a history of trauma can increase the likelihood of the professional experiencing professional burnout or vicarious trauma (Jordan, 2010). Additionally, social workers under the age of thirty are at a higher risk of burnout (Hamana, 2012a).

Social workers and therapists have been experiencing professional burnout and vicarious trauma for quite some time. It was not until the past two decades where studies began to focus on the impacts on social workers (Newell & MacNeil, 2010). Professional burnout and vicarious trauma impact not only the person, but also the organization (Oser, Biebel, Pullen, & Harp, 2013). When social workers experience professional burnout and vicarious trauma organizations often experience an increase in turnover, which can have a negative impact on agency budgets and resources (Oser et al., 2013). Furthermore,

many social workers experience vicarious trauma or professional burnout on a daily basis and many organizations and social workers are unaware of the symptoms and risk factors (Newell & MacNeil, 2010). Social workers need to increase their awareness and the way organizations lack of awareness can impact their personal and professional lives. Specific strategies must be developed to increase the levels of organizational support. Through increasing education on the topic, many can influence the views and opinions of others. The purpose of this research project is to inform the public, social work profession, and professionals within the field of social workers' experiences with organizational support and the factors that influence their reports of professional burnout and vicarious trauma. The research question in this study is: What are the experiences of social workers with organizational support related to professional burnout and vicarious trauma?

Literature Review

The majority of literature on professional burnout and vicarious trauma of social workers focuses on the definitions, symptoms, and factors associated. The aim of this literature review will be to present evidence-based information defining professional burnout, vicarious trauma, organizational support, and the impact it has on social workers. The literature review will also focus on the profession's responses to social workers experiencing professional burnout or vicarious trauma. The literature review will first address professional burnout.

Professional Burnout

The concept of burnout emerged during the 1980s when many people began to focus on individuals working in positions that were emotionally demanding (Hamama, 2012b). The positions included human services, care-giving roles, and helping

professions (Hamama, 2012b). Freudenberger defined burnout as, "a state of fatigue or

frustration brought about by devotion to a cause, way of life or relationship that failed to

produce the expected reward" (Hamama, 2012a, p. 1335). The definition was expanded

by Maslach to include the emotional experiences of social workers and other helping

professionals (Hamama, 2012a). The concept of burnout has also been defined as

professional burnout.

      Signs of professional burnout. Newell & MacNeil (2010) note that signs of

professional burnout are apparent at organizational and individual levels within an

agency or work setting. The symptoms of professional burnout at the organizational level

include attendance issues, such as staff who are regularly absent or late, minimal

completion of job duties, and poor client care (Newell & MacNeil, 2010). Signs at the

interpersonal level include workers who have difficulty understanding clients, trouble

interacting with clients, and conflicts with co-workers. In 1986, Maslach and Jackson

believed there to be three specific components of burnout: emotional exhaustion,

cynicism, and feelings of incompetency and achievement at work (Hamama, 2012b).

      Emotional exhaustion is a social worker's feelings of depletion due to the

overwhelming needs of others they are working with (Newell & MacNeil, 2010).

Depersonalization or cynicism is the detachment of social workers from their clients and

work due to the negative shift in thoughts and feelings about their work (Newell &

MacNeil, 2010). A reduced sense of personal accomplishment is a social worker's

feelings of incompetency and inadequacy in their job performance (Newell & MacNeil,

2010). The majority of relevant research points to demographics, environmental and

organizational factors, and social support at work as the variables that contribute

substantially to the experiences of professional burnout (Hamama, 2012b).

  Factors associated with burnout. As reported by Hamama (2012a), age and

gender are the two demographics associated with burnout. Hamama's (2012a) research

study found Israeli social workers under the age of thirty were more likely to experience

burnout than older social workers. However, a study of 591 social workers in Israel found

that older social workers reported higher rates of depersonalization compared to the

younger social workers (Hamama2, 2012). Associations between gender and burnout

cannot be supported due to the higher numbers of females in the field of social work in

comparison to males (Hamama, 2012b). However, according to Hamama (2012a), there

are higher rates of burnout among female social workers in Israel compared to male

social workers. Kim, Ji, & Nao (2011) found female social workers reported worse

physical health than male social workers. Physical health symptoms have been associated

with rates of burnout (Kim et al., 2011). Kim et al. (2011) completed a longitudinal study

of 406 social workers in California. The authors found older social workers were more

likely to report adverse physical health symptoms than social workers of a younger age.

  Education level of social workers is another factor associated with burnout (Kim

et al., 2011). There was a higher burnout rate of social workers with an MSW when they

did not feel supported by the head of the agency versus social workers with their BSW

(Hamama, 2012b). Previous research has presented that social workers with higher

education reported higher rates of burnout, which could be contributed to feelings of

boredom with their job expectations (Hamama, 2012b). Bachelor's and Master's level

degrees, as well as training and education programs can help mitigate the factors of

burnout and adverse health (Kim et al., 2011). Educating social work students about the risk factors and warning signs associated with professional burnout at Bachelor's and Master's level could be associated with burnout rates. (Newell & MacNeil, 2010). Social worker's not only experience professional burnout, but are also at risk for being impacted by vicarious trauma.

Vicarious Trauma

Over the last decade the concept of vicarious trauma has received a great deal of attention in the literature (Jordan, 2010). Vicarious trauma is a change in the professional's beliefs and views due to the experiences of working closely with individuals who have encountered trauma (Newell & MacNeil, 2010). Social workers can be indirectly traumatized through the direct work he or she does with individuals who have experienced trauma (Choi, 2011). The terms that have been used to describe this indirect trauma are vicarious trauma, compassion fatigue, and secondary traumatic stress (Choi, 2011). A major distinction between vicarious trauma and secondary traumatic stress is vicarious trauma changes the individual's thought process, whereas secondary traumatic stress changes the individual's behavior (Newell & MacNeil, 2010). These terms are used interchangeably in the literature; however for the consistency of this study vicarious trauma will be the term used.

Signs and symptoms of vicarious trauma. The onset of symptoms of vicarious trauma are often quick and persistent (Jordan, 2010). Signs of vicarious trauma are changes in trust, beliefs about safety, and intrusive thoughts (Jordan, 2010). Other signs include depression, anxiety, nightmares, and hypervigilance (Dreier & Wright, 2011). The symptoms of vicarious trauma experienced by social workers can be similar to the

symptoms experienced by the trauma survivors he or she is working with (Choi, 2011). There are many factors that influence a social workers experience with vicarious trauma.

Factors associated with vicarious trauma. Factors associated with vicarious trauma are supervision, social support, and organizational culture and support (Joubert, Hocking, & Hampson, 2013). Other factors associated with vicarious trauma are years of experience and personal trauma history (Michalopoulos & Aparicio, 2012). Michalopoulos & Aparicio (2012) completed a survey study of 160 social workers in Maryland. The majority of the random sample were Caucasian women in their mid-forties with a Master's degree. The results found that the more experience the social worker had, the less severe his or her symptoms of vicarious trauma were (Michalopoulos & Aparicio, 2012).

Another factor associated with vicarious trauma is a social worker's self-care practice (Cox & Steiner, 2013). Self-care is a popular concept within the field of social work, but there is not a specific meaning within social work research (Cox & Steiner, 2013). It has been said that it is "an ethical imperative for professional helpers" (Cox & Steiner, 2013, p. 52). Activities associated with self- care are exercising, eating healthy, taking breaks at work, and engaging in recreational or spiritual activities (Cox & Steiner, 2013). Self-care is believed to be a necessity for social workers to counteract the symptoms of vicarious trauma (Cox & Steiner, 2013). If a social worker is utilizing coping strategies inside and outside of work, then they are better able to maintain and do the challenging work (Cox & Steiner, 2013). Due to the nature of the profession, social workers are not only at risk for experiencing professional burnout, but also vicarious

trauma. Organizational support has a significant influence on a social worker's experiences of professional burnout and vicarious trauma.

Organizational Support

Organizational support can be defined as the overall work environment and structure of the organization that can help maintain social workers and their job performance (Choi, 2011). Four major factors of organizational support are the sociopolitical support, access to information, access to resources, and organizational culture (Choi, 2011). According to Newell & MacNeil (2010), the major organizational risk factors for professional burnout are the setting and bureaucracy restraints of the organization, lack of resources for clients, poor supervision, and minimal support from co-workers. Other organizational characteristics previously researched are workload and time spent with traumatized clients (Choi, 2011). The previously listed organizational characteristics and risk factors fall within the four identified factors of organizational support. It is important to understand organizational support and characteristics, and the impact it can have on a person's view on his or her self, well-being, and job satisfaction (Shier & Graham, 2013). One characteristic of organizational support is the sociopolitical support within the agency.

Sociopolitical Support

Sociopolitical support can be defined as the support that individuals gain through peers, coworkers, supervisors, and the organization (Choi, 2011). Social support in the work environment is created through the support of co-workers, supervisor, or the head of the agency (Hamama, 2012a). Higher levels of sociopolitical support show lower rates of vicarious trauma among social workers (Choi, 2011). The functions of a supportive

work environment are listening and attentiveness, emotional support, professional

support, professional challenge, mental challenge, and shared worldview (Hamama,

2012a). Professional challenge can include the individual's level of interest and skill for

the particular work he or she is doing or the physical environment of the job (Hamama,

2012a). Mental challenge can include a person having difficulty finding meaning in their

work or feeling they are unable to grow at their current profession (Hamama, 2012a). A

supportive work environment can decrease and even prevent burnout (Hamama, 2012a).

Prior studies found social workers with higher amounts of social support at work

experienced greater job satisfaction (Acquavita, 2009).

         According to a study of 767 child welfare social workers at different stages in

their careers, the authors found retention rates among social workers earlier in their

careers were associated with peer and supervisor support (Chenot, Benton, & Kim, 2009).

The study also found social workers with their MSW were more likely than those without

their MSW to leave an organization where they did not feel supported (Chenot et al.,

2009). Social support is especially important for social workers in the earlier stages of his

or her careers (Chenot et al., 2009). Previous studies have found no association between

peer support and retention rate (Chenot et al., 2009).

         Social workers that work with adults and children reported social support in the

work environment to be a significant factor in decreasing the burnout (Hamama, 2012a).

The level of support and closeness therapists experience with their co-workers and

supervisors can act as a buffer against stress of the profession (Dreier & Wright, 2011).

This closeness can provide the therapists with the support, humor, and processing

necessary to reduce stress (Dreier & Wright, 2011). Social support is also a protective

factor for social workers in developing symptoms of vicarious trauma. Social support

often provides the individual with the space and support to process the stress of being

exposed to trauma (Michalopoulos & Aparicio, 2012). Informal support has also been

identified as an important structure to decrease symptoms of vicarious trauma (Joubert et

al., 2013). The authors defined informal support as the social workers discussing

difficulties with their co-workers in a relaxed manner (Joubert et al., 2013). Choi (2011)

similarly found that support from peers, supervisors, and work teams were associated

with lower levels of vicarious trauma symptomology. The personal connection that social

workers feel towards others was found to be a protective and predictive factor of the

development of vicarious trauma (Choi, 2011).

      Supervision. As reported by Chenot et al. (2009), supervisor support was a

greater predictor of retention rates among social workers who were at an early and middle

stage of their careers than peer support. Similarly, the support of a supervisor was the

only support that was predictive of job satisfaction among a survey of 119 social workers

(Acquavita, 2009). However, 154 social workers providing services to survivors of

family or sexual violence found no prediction between quality of supervision and

vicarious trauma (Choi, 2011). According to Hamama (2012a), a research study of 232

Israeli social workers found a higher retention rate when the social workers felt supported

by the head of their agency. Social workers have identified that having supervisors that

do not support them or are often critical is a factor that increases stress (Harr, 2013).

There continues to be discrepancies in the literature about factors that predict retention

rates among social workers. Supervision in social work programs that focuses on

intervention skills has been identified as a factor to reduce burnout (Joubert et al., 2013).

Supervision has been an essential part of social work practice as it provides social workers with a supportive space to reflect, learn, and develop in order to provide the best services for clients (Joubert et al., 2013). Supervision provides supervisors the opportunity to notice any administrative or personal needs that the supervisee may be experiencing and offer supports (Joubert et al., 2013). An exploratory study of 16 oncology social workers, found the most valued components of supervision to be the supervisor linking professional practice to frameworks while providing support and guidance (Joubert et al., 2013).

The amount and type of support the therapist received is a factor that reduced the negative impacts to the therapist's well-being (Dean & Barnett, 2011). Studies have shown that the less a social worker talks about the adverse effects from their job and the less supervision they have, the worse their vicarious trauma symptoms become (Dreier & Wright, 2011). Dean & Barnett (2011) found similar effects on therapists when they had little supervision. Therapists who received adequate supervision felt that they were better able to process through work related difficulties, such as maintaining appropriate boundaries with their clients (Dean & Barnett, 2011).

Access to Information

Access to information can be defined as having open communication and a clear understanding about the organizations goals, mission, productivity, work flow, and management's plans to meet the goals (Choi, 2011). O'Donnell & Kirkner (2009), defined inclusion and exclusion as social workers feeling of involvement in making decisions regards to the organization, as well as having access to information and resources. Inclusion increases the job satisfaction and retention rate of social workers

(O'Donnell & Kirkner, 2009). Higher retention rates, and job satisfaction are linked to lower rates of burnout (O'Donnell & Kirkner, 2009). A person having autonomy within an organization is a factor that can decrease burnout (Font, 2012). Autonomy is a person's ability to make their own decisions in regards to their work (Font, 2012). The association between autonomy among social workers and burnout rates is not conclusive (Font, 2012). A feeling of constriction within their role was associated with burnout among child welfare workers (Font, 2012). The environment the individual worked in was also a factor that decreased negative impacts among therapists (Dean & Barnett, 2011).

Access to Resources

Access to resources is a social workers access to materials, space, knowledge, time, skills, and funds to better provide services to their clients (Choi, 2011). If social workers have more access to strategic information, they are better able to contribute to their agencies goals and advocate for their client's needs (Choi, 2011). One type of access to resources is the training opportunities that are provided to social workers (Choi, 2011). A study of 36 family centered social workers unanimously identified access to training as an organizational factor that allowed them to do their jobs (Trute, 2010). Not having training opportunities influenced stress, which is a factor that often leads to burnout (Harr, 2013). Having access to adequate working conditions, flexibility with assignments, and access to vacation time is linked to higher job retention of social workers (O'Donnell & Kirkner, 2009). Inadequate resources impacts social worker's feelings of empowerment and support (Harr, 2013). However, having access to resources did not predict vicarious trauma in social workers (Choi, 2011).

Organizational Culture

Organizational culture can be defined as, "the shared norms, beliefs, and behavioral expectations that drive behavior and communicate what is valued in organizations" (Choi, 2011, p. 227). According to Harr (2013), it is important for organizations to demonstrate a commitment to a positive and supportive work environment by supporting and recognizing their staff. According to Trute (2010), participants identified the agency's organizational culture as the expectation of how services should be provided. The organizational culture impacted the social workers effort on completing their job requirements. One type of support that can decrease stress in the workplace is the use of humor, especially in jobs that are stressful (Harr, 2013). Another type of support is to acknowledge employee's successes in the workplace (O'Donnell & Kirkner, 2009). Organizational culture that encourages social workers to discuss their experiences and reactions to client trauma is a protective factor for social workers developing vicarious trauma symptoms (Cox & Steiner, 2013).

Two ways that organizations can provide this type of culture is through information debriefings with co-workers and an "open door policy" among supervisors and more experienced social workers (Joubert et al., 2013). The social workers also identified the organization's management system for their caseload sizes and accrued days off were protective factors (Joubert et al., 2013). The caseload size impacts a social worker's experience with vicarious trauma. This is especially evident when their caseloads consist of individuals who have experienced a great deal of trauma themselves (Jordan, 2010). When social workers have a high number of clients that have traumatic histories they are exposed to more stories and traumatic details (Jordan, 2010). It is

important for social workers to have accrued days off as it allows the individual to have

more time to process their experiences in between work (Joubert et al., 2013). There are

many effects that can result from organizations not supporting social workers.

One effect of organizations not supporting their social workers is the impact on

the implementation of services (Trute, 2010). Trute (2010) completed a qualitative study

in Manitoba, Canada through semi-structured interviews and focus groups with open-

ended questions. The participants were 36 social service professionals from two different

disability services organizations. The participants from Trute (2010) were program

managers, supervisors, service coordinators, and key informants. Service coordinators

provide direct services to the families, supervisors and program managers provide direct

and indirect supervision of the services coordinators, and key informants knew specific

information about the organizations and family centered services (Trute, 2010). The

service coordinators and key informants participated in approximately one hour-long

interview, and the program managers and supervisors participated in a two hour-long

focus group (Trute, 2010).

The study focused on organizational factors that the social workers felt inhibited

him or her to implement their family-centered services. The majority of the participants

supported the family centered services that the organizations offered; however felt there

were many factors that hindered the implementation of the services. The themes that

emerged as supportive or hindering of the implementation of the services were caseload

size and activity, supervision, collateral service provision, training, and policy (Trute,

2010). Participants identified that the high caseloads, limited resources, poorly defined

policies, inadequate supervision and training as factors that hindered the implementation

of services. The participants identified coordination of services and relationships with other providers as the most important aspects of collateral service provision to implement services. The identified factors support the impact of the organization on the ability of the social workers to implement their services. The findings identified similar themes across the different service providers, which suggest a need for organizational improvements (Trute, 2010).

Organizational Responses

There is minimal current research on how social work organizations respond to social workers experiencing professional burnout or vicarious trauma. Existing methods and models have not undergone necessary testing to assess their efficacy in preventing and intervening in cases of professional burnout (Newell & MacNeil, 2010). Literature supports that organizations have a responsibility to intervene, and there is literature with suggested methods, but their needs to be more research about efficacy (Hamama, 2012a).

One suggestion for agencies is to adjust some of their policies to focus on increasing opportunities for support for social workers. Policies can also focus on providing workers with an increased sense of autonomy and control over their work (Hamama, 2012a). Agencies can provide Employee Assistance Programs, discounted yoga and massage sessions, as well as additional time away from work to process the traumatic event (Joubert et al., 2013). Agencies can also encourage individuals to seek out additional resources when vicarious trauma symptoms are noticed (Cox & Steiner, 2013).

An additional suggestion is providing social workers with on-site trainings specific to their job (Hamama, 2012b). The agencies should focus trainings on vicarious

trauma, as well as regularly administer instruments that measure the risk of burnout and vicarious trauma symptoms (Newell & MacNeil, 2010). Another suggestion is for agencies to create a culture where individuals can be open about their experiences with professional burnout and vicarious trauma (Choi, 2011). Social workers are often expected to either show or hide emotions consistently (Newell & MacNeil, 2010). At one hospital in Australia the Social Work Department started providing monthly case discussions where social workers could link the cases to theory. The case discussions provided social workers with an open space to discuss their work with their peers (Joubert et al., 2013). Agencies are encouraged to provide social workers with the time to take breaks throughout the day to engage in a relaxing activity while at work (Hamama, 2012b).

Supervision is a strategy for agencies to decrease the likeliness of social workers experiencing symptoms of professional burnout and vicarious trauma (Cox & Steiner, 2013). It is important for agencies to have supervisors who are trained to notice the signs of professional burnout and vicarious trauma and to direct them to specific strategies and coping skills (Cox & Steiner, 2013). The National Association of Social workers (NASW) and the Association of Social Work Boards (ASWB) are two of the major governing bodies for social workers in the United States. The NASW and ASWB created a Task Force on Supervision Standards (NASW, 2008). The NASW and ASWB have created specific qualifications and standards to provide supervision to social workers (NASW, 2008). There are suggestions for agency responses, as well as educational responses.

Educational responses. One suggestion is for social work educators to include material focused on features, warning signs, and symptoms of professional burnout and vicarious trauma (Newell & MacNeil, 2010). A specific strategy for Bachelor's and Master's level programs is to include organizational risk factors associated with burnout and vicarious trauma. This information will inform students of the risk factors prior to their career search (Newell & MacNeil, 2010). Another suggestion is for courses to focus their lectures on self-care strategies that the students can practice as a preventative measure (Newell & MacNeil, 2010). Educators can also inform students about the impacts of personal trauma and specific skills they can utilize to help them with their experiences (Cox & Steiner, 2013). Social work organizations play an important role for social workers as they greatly impact their experiences with professional burnout and vicarious trauma.

Importance of Organizational Support

Social workers are at risk of numerous emotional, and psychological effects due to the direct services they provide. Unfortunately, the educational and organizational supports are often overlooked (Newell & MacNeil, 2010). Social workers and therapists have been experiencing professional burnout and vicarious trauma for quite some time. There are numerous factors that increase and decrease the risk of social workers developing symptoms of professional burnout or vicarious trauma (Newell & MacNeil, 2010). "The single largest risk factor for developing professional burnout is human service work in general" (Newell & MacNeil, 2010, p. 59). Professional burnout and vicarious trauma impact not only the person, but also the organization. Professionals are the means of production for an organization, and without professionals that are

functioning well organizations cannot expect to deliver favorable outcomes for the populations they serve (Oser, Biebel, Pullen, & Harp, 2013).

Conclusions

Organizations often experience an increase in staff turnover as a result of social workers experiencing professional burnout and vicarious trauma, thus costing the organization a considerable amount of time and money (Oser et al., 2013). Organizations continue to play a critical role in the likelihood of staff experiencing professional burnout and vicarious trauma symptoms. Organizations that provide low social support and supervision, inadequate training, high caseloads, and unfairness in organizational structure and policies contribute to symptoms (Newell & MacNeil, 2010). However, the preventative measures and interventions to slow down or limit the processes seem deficient. Literature supports that organizations still have significant work to do in terms of developing, testing, and implementing interventions aimed at supporting social workers at risk for professional burnout and vicarious trauma. Social workers provide important services to a variety of vulnerable populations and organizations need to increase their awareness of their impact on social workers ability to provide adequate services. Organizational support impacts personal and professional lives, and strategies to increase the levels of organizational support need to be established. Through increasing education on the topic, many can influence the views and opinions of other social workers and organizations. The purpose of this research project is to inform the public, professionals, and organizations about the experiences of social workers within organizations and the organizational factors that influence their experiences of burnout and vicarious trauma. The research question in this study is: What are the experiences of

social workers with organizational support related to professional burnout and vicarious trauma?

Conceptual Framework

Systems Perspective

Systems perspective will be the conceptual framework used to guide this research study. Systems perspective emerged during the 1940s and 1950s as many disciplines focused on how interactions within a system and with other systems influenced the outcome (Hutchinson, 2011). Systems perspective was highly influenced by functionalist sociology and gained the attention of social work during the 1960s (Hutchinson, 2011). Systems perspective focuses on the influence that a variety of systems, as well as the functions within a particular system, have on an individual's behavior (Hutchinson, 2011). Each part of the system directly impacts how the system functions (Hutchinson, 2011). There are particular roles and processes that are a part of each system, and each of those pieces impacts the system as a whole, as well as the individuals within the system (Hutchinson, 2011). The main ideas of systems perspective are systems are made up of parts, each part influences the other parts, all systems are subsystems, systems maintain boundaries, and interactions are dynamic (Hutchinson, 2011).

Social work organizations are made up of many parts, and all of those parts directly impact the individuals and their experiences with professional burnout and vicarious trauma. For example, each social worker attended an institution where they were taught specific material and skills to prepare them for their future profession. Each professor played a specific role and were instructed by the institution about what material

they were expected to cover. Many social work programs are not expected to focus the

curriculum to include material focused on features, warning signs, and symptoms of

professional burnout and vicarious trauma. However, focusing the curriculum can

influence the individual (Newell & MacNeil, 2010). The agency impacts the social

worker they are a part of, as well as the other systems involved.

A concept of systems perspective is the influence of subsystems. Professors are

subsystems of the specific social work program, which is also a part of a larger

educational system. Both systems impact the learning and future work of the social

worker. Within the various social work systems there are subsystems of social workers,

supervisors, and administrative staff. Social work agencies have a variety of employees

that play specific roles within the agency. One role within social work agencies is the role

of a supervisor.

Supervisors have been an essential part of social work practice. Supervisors

provide social workers with a supportive space to reflect, learn, and develop in order to

provide the best services for clients (Joubert et al., 2013). According to systems

perspective, when the behaviors of a person within a specific role or social position do

not fit within their role the system may not function properly (Hutchinson, 2011). If

supervisors are not playing the role expected, and are not supporting the social workers

within their organization, it may lead to an increase in stress (Harr, 2013). The

organizational systems continue to play a critical role in the development of professional

burnout or vicarious trauma symptoms (Newell & MacNeil, 2010).

An additional concept of systems perspective is that each system has a boundary

that identifies who and what is in the system and who and what is not (Hutchinson,

2011). Social work agencies also have boundaries around their system, which can impact

what policies, training, and supports are provided for staff. If agencies are open to

adjusting some of their policies towards increasing supportive opportunities throughout

the entire agency, then there may be a decrease in rates of professional burnout and

vicarious trauma among social workers (Hamama, 2012a). The interactions within the

system are dynamic and influence both stability and change within the system

(Hutchinson, 2011).

Chaos Theory

There are a few key concepts of chaos theory that provide an important

framework for looking at this research study. Chaos theory emerged from systems

perspective; however the focus shifted towards the processes of systems that influence

the change that occurs within systems (Hutchinson, 2011). One concept of chaos theory

is open and closed systems (Hutchinson, 2011). Closed systems are those that do not

interact with other systems, and open systems are those that are exchanging resources and

interactions with other systems (Hutchinson, 2011). Open systems are the healthier of the

two as resources and information can be better received (Hutchinson, 2011). Chaos

theory is often used by clinical social workers when helping their clients find new

solutions for ongoing problems (Hutchinson, 2011). It is important for social work

agencies to consider the concepts of chaos theory as it is necessary for systems to be open

and responsive to change.

<div align="center">**Methods**</div>

Research Design

The purpose of this research study was to explore the experiences of social workers with organizational support related to professional burnout and vicarious trauma. The research design was exploratory and qualitative as the purpose was to gain insight into the personal experiences of social workers (Monette, Sullivan, & DeJong, 2011). Each story represents a facet of a social worker's experience, and the sample honors some of the unique perspectives of professionals in the field (Monette et al., 2011). Qualitative research can be defined as, "data in the form of words, pictures, descriptions, or narratives rather than numbers and counts" (Monette et al., 2011).

The interview was semi-structured and the questions were open-ended. Each participant's story had subjective meaning and this researcher had a greater understanding through listening to the perceptions of the women (Monette et al., 2011). Each participant provided great detail and insight into her experience, which allowed this writer to have a better understanding. The research method was grounded theory as was an inductive process that moved from the specific words of the transcript to the more general themes that emerged (Connelly, 2013). Grounded theory often focuses on interviews with specific participants (Padgett, 2008).

Sample

This study consisted of eight participants. The participants were social workers from four different agencies. The participants were found through purposive sampling as this researcher identified key agencies and respondents to contact due to their experiences with organizational support, professional burnout, and vicarious trauma (Padgett, 2008). This researcher had previous knowledge of specific agencies that experienced professional burnout and vicarious trauma, as well organizational support. This

researcher sent e-mails (see Appendix A) via previously obtained contact information. This researcher then used snowball sampling as the key respondent was asked to lead this researcher to other participants (Monette et al., 2011). When the participants contacted this researcher they were informed of the purpose of the research study and that their participation would involve a single, hour-long interview at a location and time of their choice (see Appendix B). This researcher also attached a copy of the interview questions and consent form for the participants to voluntarily review prior to the interview (see Appendix D).

Protection of Human Subjects

The participants in this research study reviewed the consent form and were asked to sign it, which was reviewed by St. Catherine University's International Review Board (see Appendix C). The participants were informed that the interview would take approximately one hour. The interview was recorded on this researcher's password protected cell phone and transcribed by this researcher. The participation of the participants was completely voluntary as there were no direct benefits or incentives offered. The participants were informed that they will be asked a series of open-ended questions in relation to their experiences with organizational support related to professional burnout and vicarious trauma (see Appendix D). The questions were open-ended and worded carefully to prevent minimal disturbances to the interviewee's emotional well-being. If at all during the interview the participant experienced unwanted emotional responses, the participants could refuse to answer a question or they could end the interview. This researcher provided the participants time to debrief after the interview if they wanted to discuss anything that came up for them during the interview. This

researcher provided the participants with a list of counseling resources to access if they

wanted to talk to someone in the future (see Appendix E).

The participants were also informed that the people that would view the transcript

would be this researcher, faculty advisor, and committee members. The participants were

also informed that some of their quotes would be selected, de-identified, and included in

the research paper. The participants were informed that the research paper would be

public information; however all of their responses and participation would be kept

confidential. This research study was completed under the supervision of Dr. Catherine

Marrs Fuchsel. The participants were completely voluntary, and therefore, there was

minimal risk of harm. The audiotapes were kept on this researcher's password protected

cell phone and destroyed after transcription. The research results, transcripts were at this

researcher's home, in a locked filing cabinet, where they were destroyed after analyzing

the data on May 5, 2015. This researcher did not include any identifying information in

the research study nor when consulting about the data with the research chair or

committee members. All identifying information was kept confidential and only

participant's quotes were used under a pseudonym.

Data Collection

The interview consisted of 10 questions pre-approved by Dr. Catherine Marrs

Fuchsel and this researcher's committee members in order to maintain the validity (see

Appendix D). Validity is the accuracy of the variable being measured (Monette et al.,

2011, p. 115). The interviews took approximately one hour. The questions that were

asked were in response to the current literature about social worker's experiences with

professional burnout, vicarious trauma, and organizational support. The questions began

with asking the interviewee about his or her educational and work experience. The questions led to more specific questions about his or her current line of work and what his or her job entailed. The bulk of the interview questions were about the positive and challenging aspects about the interviewee's profession, coping strategies, and organizational support that was or was not received. This portion of the interview allowed the researcher to gain more insight into the experiences of the participant. The interview was wrapped up by asking the interviewee what changes she would like to see made at her current or previous organizations.

The interview followed a nonscheduled-standardized structure, as the researcher asked specific questions related to the topic. The researcher had the freedom to ask the questions in the order that kept the interview conversational and allowed the participants to expand and elaborate in certain areas of importance to her (Monette et al., 2011). After the interview was completed, the interview was transcribed and coded by this researcher.

The interview took place at a location of the participant's choice. If the participant did not have a location that allowed their privacy to be maintained, this researcher offered to reserve rooms at a university or community library. This researcher used an audio taping device on her password protected cell phone. This researcher tested the audio taping device prior to the interview to ensure the interview content would be clear and easily understood. This researcher took field notes when needed; however, the majority of the information was audio taped.

Data Analysis

The analysis of the data was completed through grounded theory methodology. Grounded theory is an inductive process as it moves from the specific words of the

transcript to the more general themes that emerge (Connelly, 2013). The method began

with an open coding process by looking at the transcript to find common words and

phrases (Connelly, 2013). The words and phrases that continued to repeat themselves

were then further developed into themes or categories (Connelly, 2013). It was important

to find similarities first and then to find differences and to consistently compare the

categories (Connelly, 2013).

After the first coding process, this researcher then completed a second coding

process in order to test the reliability. Reliability can be defined as, "a measure's ability

to yield consistent results each time it is applied" (Monette et. al., 2011, p. 119). This

researcher compared the similarities and differences in codes and themes from each

transcript, which led to the development of the major themes. In order to test the validity,

this researcher took notes and read the transcript verbatim.

Strengths and Limitations

The first strength of this study was the knowledge it added to further support the

need for organizational support for social workers. It was especially important for those

experiencing professional burnout and vicarious trauma. Social workers serve vulnerable

populations, and if they are experiencing professional burnout or vicarious trauma they

are unable to maintain the job performance that is required. Another strength of this study

was its ability to inform social work organizations, as well as other professional

organizations that work with the same vulnerable populations (e.g. paramedics and police

officers) about changes that need to be made so that these agencies can support staff in

more informed and effective ways. An additional strength of this study was the sample

consisting of social workers with differing professional and personal backgrounds,

experiences, and perceptions. The varying experiences and perceptions provided this researcher with more information on the topic. A final strength of this study was that this topic was personal to this researcher, as this researcher has experienced professional burnout and vicarious trauma and is passionate about the matter. This researcher knew the important questions to ask and the information to pay close attention to.

The first limitation of the study was the amount of time to conduct the interviews and gather the data. The researcher had a limited amount of time to collect the data. An additional limitation was a small sample size of eight participants, which does not allow for generalizability. Another limitation was the lack of demographic diversity as all of the participants were Caucasian, females, in their late twenties to early thirties. Many of the participants did not have a great deal of post MSW experience. A final limitation was the closeness of the topic to this researcher, which could have allowed for personal bias that could have impacted the findings of this study.

Findings

In this section, I will be discussing six major themes over eight interviews. The six themes are (a) *lack of awareness,* (b) *importance of supervisory support,* (c) *importance of co-workers,* (d) *importance of trainings,* (e) *organizational culture, and* (f) *impact on services to clients*. The participants were given pseudonyms to maintain confidentiality. The pseudonyms given were Hillary, Stephanie, Susie, Alyssa, Lisa, Alexa, Lindsay, and Katie. This writer interviewed eight women, ages 27-35, working in the field of social work. The participants have worked in a variety of social work settings in differing roles. The participant's length of experience within the field of social work ranged from 3-15 years. All of the participants were licensed social workers. Two of the

participants were licensed independent clinical social workers (LICSW), one was a

licensed independent social worker (LISW), and five were licensed graduate social

workers (LGSW). The participants have experience working in domestic abuse agencies,

residential treatment, hospitals, schools, outpatient mental health, child protection,

prisons, community centers and homeless youth programs. The participants have

experience working with men, women, children, families, groups, and couples from

diverse backgrounds. The participants also have experience in a variety of roles such as

therapist, child protection worker, supervisor, program director, residential counselor,

advocate, community development, and outreach. This writer will now present the

following themes that emerged.

Awareness

In this category this writer will be discussing the theme of awareness. The general

idea of this theme is the awareness of organizations to social worker's experiences of

vicarious trauma and what is being done to address it. All eight of the participants

discussed organization's awareness to professional burnout and vicarious trauma. Five of

the participants discussed ways that their organizations showed awareness of professional

burnout and vicarious trauma. Three of the participants discussed organizations that were

unaware of vicarious trauma's impact on social workers. Three participants also discussed

their own lack of awareness as a result. For example, Susie's response to a past agency's

lack of awareness of vicarious trauma included:

> '…With the hospital they really wouldn't do anything. I mean they had employee
>
> appreciation day, but that was once a year and you'd get some bullshit pen. I'm
>
> serious, it's like are you kidding me? I get this stupid pen…I didn't even know

what vicarious trauma was until I went back to school. Oh that's what I've been

experiencing.

She later stated:

You know, I don't think those words were even used at other agencies that I

worked with. I think that they might have said things like, oh we don't want you

getting too exhausted from the work or you know they may have used the word

burnout, never the word vicarious trauma or secondary traumatic stress. I think

most often they would say use your vacation time that was allotted to you because

that was important for self-care. They talked about self-care but not in that kind of

framework.

Katie discussed an organization that lacked awareness and support:

I feel like no one knew what it was or no one cared about it…It's interesting

because the treatment center worked with clients with trauma, we didn't know

anything about trauma informed care…No one had any care about the impact it

had on the workers themselves, like it wasn't even a thought, which boggles my

mind. Especially some of the stuff others went through and hearing about it, that

there wouldn't be any kind of care or consideration for how that impacts the

workers there. It's so ridiculous.

Hillary stated, "When I was doing my first internship they didn't talk a whole lot about

vicarious trauma and professional burnout." When asked about changes she would like to

see at an agency she worked at, Katie said:

Raising awareness within the agencies, because I don't think people do anything

about it because they don't know enough about it. Or even if they do identify it

they don't know how to manage it or what the organization can do to help it.

Katie described her experience with an organization that was aware of vicarious trauma:

> Just having conversations about vicarious trauma and having conversations about
> secondary trauma and being aware of this stuff helps us. To know that other
> people are looking out for you and that you can look out for other people…so
> being able to lean on other people in that way and just being aware of it.

In many of the participant's experiences with awareness, they also mentioned the importance of supervision. The next theme that emerged was the importance of supervisory support.

Importance of Supervisory Support

The second theme that emerged was the importance of supervisory support. The general idea of this theme is the importance of the supervisory relationship. All eight of the participants identified supervisors as a source of support. The participants identified supervision meetings contributed to feelings of support, especially when the meetings were more frequent. Five participants identified regular, weekly, and continual supervision was important to them feeling supported at an organization. The other three participants discussed how a lack of supervision influenced their experiences of feeling less supported. A majority of the participants discussed the importance of their supervisor understanding the work that they do. A sub-theme that emerged was the change in supervision support for social workers in supervisor roles or those that had obtained their independent license. The following is an example of the importance of supervisory support.

Alyssa stated:

I know my supervisor feels that when we are really getting burnt out and it's

getting tough, they're going to jump in to direct us to either take some time off, be

with your family, or they're going to direct us to do things for ourselves.

Alyssa then discussed a different supervisory experience she had with two supervisors:

The first one would always flip it back and talk about what I was doing wrong.

And then my second supervisor did similar things…he would just talk about how

the system sucks, there was no containment and like didn't help me through it.

Yeah the system sucks but how am I going to get support in my job right now.

Lindsay discussed a time she felt supported by a supervisor when she first began working

at the treatment center:

My supervisor was very supportive and there were many times you could go into

his office and you would cry and he would be able to just let you cry. He would

talk you through it…If you had a difficult client on the unit and he knew that you

were stressed out doing that…He would come in and take over and do it. Not to

step on your toes but knowing that's what you needed and you learned from it and

it was amazing to have that.

In response to how her current agency responded to professional burnout and

vicarious trauma Katie responded, "Weekly supervision, being able to have someone to

talk to about everything and get constructive feedback." She also said, "You have to have

supervision, to be able to have someone that you can go to with your issues that you can

trust."

Lisa stated, "I wasn't going to spend an hour out of my day to say hey look so

come supervise me. Um, but it probably happened once a month and when it did it was

helpful."

Alyssa mentioned the importance of the type of supervision and how her current

supervision was not clinical and did not feel supportive:

> I am getting supervision, they say its clinical supervision but my supervisor
>
> doesn't do clinical supervision…so it's literally checking on where my clients are
>
> at in treatment, so very task oriented. I've been there a year and I don't think we
>
> have ever talked about any trauma that I'm going through, like secondary or
>
> vicarious trauma that I'm going through or any sort of feelings.

> In response to how Hillary's current agency responds to professional burnout and

vicarious trauma she said, "Through the support of my supervisors and through the

support of other people it is normalized to the point where it is more comfortable to sit

down and have some informal counseling."

> Susie said, "My clinical supervisor really checks in with me regularly

about…how I'm experiencing vicarious trauma or burnout, really checks in regularly so

we can monitor how my symptoms change or how I'm experiencing vicarious trauma."

Three of the participants were in supervisory roles and discussed how supervision

changed for them as a result. A sub-theme that emerged was a change in supervision.

> **Change in supervision.** This sub-theme emerged with social workers who were

in a supervisor role or had obtained their independent license.

> Alexa stated, "I already was licensed so I had my supervisor, like an

administrative supervisor…It was by no means a clinical supervisor.'

Lisa stated:

> There's always a crisis that needs to be dealt with that there's never time to sit

back and say hey what kind of self-care did you do for yourself this week or are

you experiencing vicarious trauma and what's that like and what can we do to

help. There's really none of that, it's just what can we do for staff that are under

you to support them and what can we do for families.

When asked about if she receives supervision, Stephanie responded how the type

of supervision she receives has changed, "So I don't for my social work license since I

already have it. I have bi-weekly meetings with my supervisor and they are about an hour

long…Discussing larger decisions that have to be made and what not."

Susie had a different experience in her supervisory role at her current agency.

Susie explained her current supervision," I think the main reason that it has felt so

supportive is because of the amount of supervision I receive there, even as a licensed

clinical social worker, I continue to participate in group supervision and bi-weekly

supervision."

Supervisors were a major source of support. However, when supervisors were

unavailable or unsupportive the participants identified co-workers being a key form of

support.

Importance of Co-Worker Support

A third major theme that emerged was the importance of co-worker support. A

majority of the participants discussed the importance of co-workers, and feeling

physically and emotionally close to their co-workers. Many of the participants discussed

that being part of a cohesive team, with co-workers they felt supported by improved their

ability to the work and their experiences with professional burnout or vicarious trauma.

The participants discussed the importance of working in close proximity to their co-

workers. Many of the participants provided examples of supervisors that were not supportive and then discussed the importance of their co-workers. For example, Katie explained, "The staff really band together to create that support but I didn't feel it from anywhere else." She also said, "I felt supported by the staff and I think that's why I created so many good friendships there, because the staff really got together to be that support."

Stephanie stated:

> We are dealing with people, people are difficult, people have really challenging lives and that's stressful. When you are managing programs that affect them and help them essentially to be alive in certain cases and so where do I get that support, I mean I think we build a culture within our own teams that fosters teamwork and it fosters being open and honest and communicating. Especially our shelter, it's a 24 hour program, we have to be able to work as a team and support each other and that I think reduced stress. Whether it's intended to or not, it does. When you can trust your co-workers, so that's been really helpful for me.

> When asked about changes she would like to see Hillary said, "To say okay we all

work together, we work with this guy, I've gone through this, or I've had similar feelings or similar experiences, sit down and talk through it."

> Alyssa stated, "We take a whole day where we just are with our co-workers, are with our team, and we do a lot of team building activities, getting to know you type stuff…Ways that we can work with each other so that we have a productive and safe environment for ourselves and for our clients. I think that is the domestic abuse agency."

Lisa said, "Everybody checks in with each other all the time and are so supportive after sessions and just give you what you need and you just feel full after you leave there."

Hillary said, "I have a few people where we can exchange stories and ask for support and get it because we have a lot of empathy for each other's experiences." She also stated, "Colleagues are very in tuned to what it looks like when somebody is experiencing extreme burnout and trauma and I think that kind of approach is really impactful and effective and I'm happy with that process."

Alexa mentioned, "I had a hard group and my co-worker texted me in the evening to see if I recovered." She also said, "I think I got more support from peers."

Lisa is in a supervisor position and the following quote is in response to where she finds support at work. Lisa said:

> I'm really close with a lot of the youth counselors too and they are all really experienced and do a really good job. I think I'm pretty fortunate on my unit to have such great people, so just having conversations with them and taking time out of my day to spend time with them, I think they value that a lot too. I think that's where I find a lot of support and happiness and cohesion.

When asked about how her current agency responds to professional burnout and vicarious trauma Lindsay explained the agency's lack of response and how she finds support from her co-workers:

> They don't. Because the agency is so overwhelmed, like what we just talked about with the numbers, they can't even. I've had a client die and I had a brief meeting with my manager and that's it. My co-workers are the ones that will

support and what not, and kind of get you through…And it contributes to burnout.

She also stated:

> I think there has been a time at my child protection position where I felt
>
> supported, when I had a reasonable caseload and you could go and talk things out
>
> with your supervisor of your co-workers, lots of times your co-workers. If it was a
>
> strong group, which I did have, they rallied around each other and they helped
>
> wherever they could help.

The participant's not only discussed the importance of co-workers and teamwork, but also the importance of being physically close to their co-workers.

Alyssa described her experience about feeling isolated when she was not around co-workers for extended periods of time:

> When you experience vicarious trauma or burnout you are feeling very isolated in
>
> your work and I think I feel a lot more isolated at the mental health clinic than I
>
> do at the domestic abuse agency. One, they don't have as many meetings, so you
>
> know I'll be doing 3 weeks of work alone and I don't meet with anybody else.
>
> Alexa discussed how she felt supported by her supervisor being in close

proximity, "My supervisor is right across the hall." She added, "I mean if I have clinical issues, he is literally across the hall, I feel very well supported."

Lindsay explained the importance of proximity to her co-workers:

> In the last 3 years in the job, workers have been dispersed. So we don't have one
>
> office building where we are at, we are throughout the entire county and we are
>
> mobile. We are mobile workers. Whether I go to an office in Brooklyn Center,
>
> maybe another worker that does my job will be there and maybe not. So if I have

a problem I have to try and find somebody by making multiple phone calls or

sending an email. That's how I'm not supported. So you miss that comradery of

everybody being together and being able to vent, throw out ideas, just whatever

and I mean it would just be sitting in your cube and yelling something and

somebody responding to you.

Katie described an experience of the proximity of the head of the agency:

I also think the higher ups were so detached from us, he always made decisions

about what was going on and I saw him twice. He would just walk through the

units or something, he was not involved and he didn't make an effort to know

what was going on or know the kids or staff. I also felt the higher ups didn't get to

know the kids either, the ones that were in the building. I think that helped to not

feel supported. Like at the domestic abuse agency, the executive director is in the

building.

The participant's also discussed specific ways organizations contributed to feeling more

supported. Participants felt supported by organizations when trainings were offered.

Importance of Trainings

A fourth theme that emerged was the importance of trainings. The general idea of

this theme was participants feeling more supported when organizations offered trainings.

All eight of the participants identified trainings being important to feeling supported at an

organization. Six participants discussed the benefit of having trainings specifically about

vicarious trauma, professional burnout, and self-care. Many of the participants also

discussed organizations that did not provide adequate training and the negative impact it

had on the participants, as well as the services to clients: Hillary described her training

experience was focused on vicarious trauma and professional burnout:

> In the DOC right now it is very acknowledged, normalized. There's even training
> on it. The trainings, the understanding, the open dialogue about it I think is the
> most beneficial. There's a general understanding. Aside from wanting to support
> their employees, I think they are afraid that people are going to quit. That's just
> my personal opinion. I think if you didn't have that type of support more people
> would be apt to saying what the hell am I doing.

Lisa voiced an experience at an organization where she felt supported and was able to
further support her clients:

> They offered a training on self-care, meditation, mindfulness training that I signed
> up for that was at the agency. It was two sessions, like three and a half hours long
> each. So that was really helpful, spending my afternoon in a calm atmosphere,
> being mindful and just learning some of that and being able to pass that along to
> kids and families.

Katie described feeling supported at her current job because of the trainings she received.
She stated:

> There's a lot of trainings. We are trained in vicarious trauma and professional
> burnout and secondary trauma, and we talk about it all the time. So we know what
> it is and we can recognize it and it's a topic of conversations.

She further explained:

> I feel like that shows a level of commitments to the staff when you're willing to
> educate them, because it means that you care about not only the services the kids
> are getting but the knowledge that your staff has. I feel like you're just investing

in them, which makes you feel like you are valued.

Stephanie related to similar support:

> We have regular annual trainings around self-care and burnout and trauma, all
> these different pieces. And we can only provide so much information, it's more
> about the implementation and then being able to use those skills when you are
> facing X, Y, Z.

Susie was an additional participant that identified the importance of trainings being
specifically about vicarious trauma and professional burnout.

She further explained:

> I think it's an important topic, people are talking about it more and more, but
> people in this field still need more education around this topic. I think the fact that
> I worked in this field for several years before even hearing about vicarious trauma
> or burnout alone can demonstrate there's an increasing need for conversation
> around it. So that people can understand what they're going through. Especially in
> this field, because sometimes people think there's something wrong with them or
> they're not able to do their job or they don't have the skills to do their job. But
> really, what they're experiencing is vicarious trauma or burnout or secondary
> traumatic stress and they really need knowledge and information about it. So they
> can manage the symptoms and I think that people need to have that framework in
> order to do their jobs well. So we are not serving clients and people well in the
> human service field without this knowledge.

Many of the participants discussed the importance of trainings for themselves, as well as
for their clients. The participants also provided specific examples of organizations that

created a supportive or unsupportive culture.

Organizational Culture

A fifth major theme that emerged was organizational culture. The general idea of this theme was the culture that organizations created impacted the participants feelings of support. Participants discussed varying examples that contributed to an organizations culture. The organizational culture impacted their experiences with professional burnout and vicarious trauma. The participants discussed how organizations viewed taking time off and the unrealistic expectations that were often placed on them. Participants also discussed the ability to have a voice at an organization. A sub-theme that emerged was the ripple effect. Alexa discussed how she liked her current organization's view of taking time off:

> What I like here is I think you can say you need a break or you need time off. You
>
> need support and it not seen as weakness, which I think is an agency norm that
>
> other agencies that I've worked at don't have that and so that's been really nice.

Lisa related:

> At the preschool taking a mental health day was like yup do it, we're proud of
>
> you, we're happy that you did it, good job. So that felt really good, there's not that
>
> shame or guilt associated with taking time off. Just like, you wake up one
>
> morning and I can't do this today and everyone's okay with it. So that was really
>
> helpful.

She later explained a different experience of how time off was viewed:

> I think at day treatment it was definitely seen as weakness. Yeah, even my
>
> internships. I think calling in…Was definitely seen as oh she can't handle this.

When really, it was like I'm too damn tired and you're not really supportive.

Katie discussed her experience with an organization that encouraged time off, "I think they encourage time off and encourage vacations and taking care of yourself. If there's a hard session no one would think badly of you if you cancelled the next one to take care of yourself."

Stephanie explained the way taking time off is often viewed and the impact:

I think that does play a big role and helping staff understand that is what that is for, especially in our field. I think sometimes there is a gap in that and it's almost taboo sometimes to take off of work because then you're not looked at either by your co-workers or the thoughts in your mind that you're not doing as good of a job as you could and that is not my perspective at all. It's we all need to do what we need to do to be here and do a good job when we are here and that sometimes means not being here.

Hillary described her hesitancy about taking a vacation:

I take periodic vacations as I have been there a little longer, the first year I was a lot less apt to take vacations. I was worried are people going to look at me and think I am slacking or anything like that. People look at that and say maybe I should take a vacation.

Susie explained an organization's current response to taking time off:

I think the agency as a whole responds to it by being really flexible when staff need additional time or time off, making sure that staff are aware of what their needs are and that there's boundaries between personal life and professional life and to be really clear and concrete about it.

The majority of participants discussed how organizations often created unrealistic

expectations and the negative impact this culture had on them.

Katie mentioned, "If someone didn't show up you just had to stay and you'd work

24 hours in a row and it wouldn't be a big deal. That was just expected and it's not okay."

She later described expectations as a residential counselor:

There's so much responsibility put on them because they're supposed to see

everything that happens and be in control of everything when that's not possible.

So, I feel like finding a way to be reasonable and make it function so they don't

have to see everything that happens in the same room. There's no way we are

going to be able to see everything that happens to 10 people in the same room, it's

just not reasonable. So they like set you up to fail.

Stephanie explained her job expectations at a previous organization:

I've had to wear multiple hats and I'm not an expert in those hats essentially. I

haven't felt supported in that sense because that puts a lot on me, on someone to

be more than they want to be essentially, and to have to take on more and juggle

more and all those different pieces and that just hasn't felt supportive to me in the

past.

Lisa said, "It's literally impossible not to schedule people back to back. We have

so many people to see. Today I had 6 therapy sessions."

Lindsay stated, "The demands on the job are greater and the risk is greater, so we

are not supported in that way."

Alexa voiced her frustration about an expectation of a former organization:

She applied for a narrative exposure training and a TF-CBT training the same fall

with ridiculous expectations for the number of clients that were going to be able

to be seen, they are both intensive trainings. So pretty much people had to fill

their 32 hour a week requirement with trauma and just no thought to whether one,

that would be possible or two, what would happen to clinicians, it was just burn

out city.

Alyssa stated "There was an overabundance of patients coming in and there

weren't enough staff and it got to the point where we weren't safe." She later gave the

following example:

At one time I was in a girls group doing an anger management group and I had 14

girls that were extremely overstimulated and were pretty dysregulated and weren't

able to calm themselves down easily and I didn't have any other support.

The following quotes are examples of participants expectations placed on

themselves. Stephanie stated, "It's always stressful, every day. I think within social work

for me that's something I knew I was getting into. It's not a big surprise."

Hillary related:

I think also in social work, there's kind of this expectation, it's going to be a

painful experience, it's going to be emotionally draining and difficult and so I

think for burnout too…there's just that higher threshold that people hold

themselves to."

Katie described a similar expectation placed on herself, "Well you chose to do

this job so you know you're going to have to deal with hard stuff and you just have to

learn how to deal with it."

Susie placed a similar expectation on herself, as she also explained, "You can't

take away the vicarious trauma and the burnout, it's a job hazard, it's never going to go away."

The expectation surrounding caseload size also impacted many of the participant's feelings of support. Lindsay described her caseload size influencing her decision to change positions:

> I had a choice to go to family assessment or to stay in field and I guess burnout could be me saying 18 cases…is the life or death of a child at this point and I can't keep myself in that position so I need to leave and that's what it came down to.

She further discussed caseload size and said, "There's lots of promises that things will get better and in the last 2 years things have not gotten better, they've actually gotten worse." She later voiced her concern:

> The recent kind of recommendations that came through are, they want each supervisor to have 8 supervisees and each supervisee, so each worker, to have no more than 10 cases. So supervisors right now have about 10 supervisees, and the seasoned workers, some of them then have 24 cases I've heard, 18 is pretty normal throughout, when you're saying 10 is the most you want to have people to have, I've always said 8 is ideal, 10 is manageable, you get about 10 then you're screwed and we are functioning at 18.

When asked what changes she would like to see at her current agency, Susie suggested, "Making sure that caseloads are not too big." She also suggested:

> When you are working solely with clients who have experienced trauma it's important to not have too large of caseloads or too much work because you need,

you need the extra time in order to continue to do your job well because the client

population is so tough to work with.

The participant's discussed the negative impact of unrealistic expectations. The

participant's also discussed the impact of having a voice within the organization they

worked for. Many of the participants discussed the importance of having a voice within

the organization they worked for and feeling that they were being heard. Some of the

social workers mentioned the ability to have a voice in the organization decreased

feelings associated with professional burnout and vicarious trauma. They also expressed

increased investment in their work and ability to do the work.

Katie voiced a time she felt supported:

So I also feel supported because I think our ideas are really valued and they want

everyone to feel part of the decision making process and creating new curriculum

and creating new intakes and how we interact with the client. Everyone clearly

values everyone's opinion, so it makes me feel more invested and want to care

more about what's going on, to be more involved in it.

Susie related:

It's been a place where I can be my true self. I can share experiences and my

opinions. I have a voice about the work that I'm doing and um I can create

change. I feel like I can create change.

Lindsay discussed her experience:

We would go to meetings and talk about kids and it would be a collaborative

decision on things being made. It wasn't you're just the line staff, we are admin

staff, we are the professionals in this and we are making the decisions in this. It

was you matter just as much, you know just as much, if not more about these kids

than the administration, and therapists do. Your opinions matter and that's what

we are going to take.

Alyssa explained how having a voice was helpful for her:

And we talk about it and we talk about our experience in dealing with it and it

doesn't necessarily mean we talk about a solution, but we get everybody's

perspective and it's a collaborative thing so everybody feels a part of this agency

and a part of what's going on. Um, and had that opportunity to have a voice and I

think that really is helpful, because often times I think with vicarious trauma we

feel isolated in our work and when we don't have that support from other people

or that other people don't understand where we are coming from it can keep us

even more isolated.

As the participant's discussed organizational culture, a sub-theme that began to emerge

was the ripple effect that often impacted the culture of the organization.

The ripple effect. The sub-theme that emerged was the ripple effect. The general

idea of this sub-theme is the influence of organizations structure on the overall culture of

the organization. Many of the participants discussed those that are higher up in

administrative and supervisory roles and the influence they had on them. A majority of

the participants discussed the need for changes in the structure of an organization to

improve their experiences with professional burnout and vicarious trauma. Some of the

participants mentioned funding for the organization as a change they would like to see.

Alexa described an experience where she did not feel supported at an agency:

I think it started at the top by the president of behavioral health, which was my

department. She had her social work degree, but she was kind of racist and like definitely was financially minded. She seemed more like a business person. I don't even know how she got in the field, no sense of social justice and really only cared about productivity or money coming in. Did not care about how things were going to be implemented or the mental health of people who were going to implement them.

Katie explained an agency she felt supported at and the impact of funding. "It's well run, it's well organized, it's well funded. They have a really strong mission so you know what you're working towards, which I think is all very important in feeling supported as well." Hillary responded to the same question:

I brought up an ethical concern that I heard, somebody made this awful joke during one of our staff meetings and I brought it up and I said this is completely inappropriate and upsetting. I was then called into the head honcho, I can't even remember what his title was, and I received the message that you can't speak this way about the organization and you definitely can't take this opinion to class. I was called in there by myself and I felt that was extremely inappropriate as well. So, I called my supervisor, he came, and things went sour there. And I think they don't send students to probation and parole anymore.

Alyssa described an agency she felt supported at:

Overall our agency has a very feminist philosophy and so instead of at other agencies you know there's a chain of command kind of thing. Where you can't talk to the administrator or you can't talk to the director, you have to go to your immediate supervisor. I think at every meeting, at any point, if we feel like we

have a problem we can talk to even the higher ups and we don't feel like it's a

hierarchy. It feels very equal, so I think that's a really big thing.

She later made a statement about an organization she did not feel supported at, as she

stated, "I think there were some lawsuits and I know the CEO was fired. So maybe it's

changed now."

One change Lindsay said she would like to see her current agency make was, "A

better understanding of management to understand what we actually go through,

individually, and not just say you are welcome to go to a therapist."

Stephanie reported on her experiences with professional burnout and vicarious

trauma at her place of employment:

We do regular surveys to assess where staff are at and then we put in place action

plans to address some of those concerning areas and kind of do a recheck. So

there's a lot of different things that we do here and even as a broader organization

to try and alleviate some of those issues because they are very much a reality of

our work.

All eight of the participants discussed the need for changes in the hierarchal structure of

an organization to improve their experiences with professional burnout and vicarious

trauma. All eight participants also discussed how organizational culture and structure

impacted their services to clients.

Impact on Services to Clients

A sixth theme that emerged was impact on services to clients. The general notion

of this theme was the organizational support for social workers impacted their ability to

provide services to clients. A majority of participants discussed the ability to provide

better services to clients when they were receiving support from the agency they worked

for. Alyssa discussed an agency where she did not feel supported:

> I would walk in and I would ask them about what's going on on the floor, we
>
> need more staff, I'm feeling unsafe because we don't have enough staff or I feel
>
> like the kids are unsafe there aren't enough staff.

She later explained how feelings of burnout impacted her services to clients:

> I feel like I was completely burnt out and I got to the point where I would be very
>
> distant from the client, you know. I love working with kids and I started to feel
>
> myself being jaded, getting annoyed with them, frustrated. Not being able to bring
>
> that back or contain that or let that out in an appropriate way kept me really upset
>
> and frustrated and annoyed and so I felt like my work with them, and the
>
> treatment that I was providing for them was not up to par and was not where it
>
> should have been.

Katie related with her experience of the impact of burnout:

> For me when I feel burnt out, what do I do, I feel like I just zone out. I always
>
> explain it this way, like I feel full, like nothing else can come into me right now
>
> and everything just bounces off. So like if I have a client and I am feeling full, I
>
> can't take anything more on so it affects them.

Katie added, "I think the health of the workers there is really important, because they

want you to be able to stay long term and obviously the work is better when you're not

burnt out."

Susie described how feeling supported impacts services to clients:

> I would say there's a ton of focus on use of self and on secondary trauma and

vicarious trauma and conversations about um, making sure that that's being

managed so that I can continue to function as a therapist and I think frankly, like

best practice, that I can provide the best quality services.

She added, "I wasn't getting the kind of support that I needed to grow professionally in

my work and therapy with my client."

The participants candidly discussed their personal and professional experiences

with vicarious trauma and professional burnout. All eight of the participants discussed the

impact organizations had on these experiences and how it impacted the services they

provided to clients. A great deal of the findings coincided with the literature. The

following section will discuss the findings of this study and previous studies.

Discussion

This research study poses the question: "What aspects of organizational support

help with social workers experiences of professional burnout and vicarious trauma?" This

writer interviewed eight women, ages 27-35, working in the field of social work. The

participants have worked in a variety of social work settings in differing roles. The

participant's length of experience within the field of social work ranged from 3-15 years.

All of the participants had a license in social work. Two of the participants were licensed

independent clinical social workers (LICSW), one was a licensed independent social

worker (LISW), and five were licensed graduate social workers (LGSW). All of the

participants had experience working in a variety of organizations. After reviewing the

literature, this researcher's findings are both similar and contradictory to existing

literature.

Supervisory and Co-Worker Support

Two major findings of supervisory and co-worker support coincide with existing literature. According to a study of 767 child welfare social workers at different stages in their careers, the authors found retention rates among social workers earlier in their careers were associated with peer and supervisor support (Chenot et al., 2009). Findings from previous studies indicate that higher levels of sociopolitical support (e.g. peers, coworkers, supervisors, and the organization) was related to lower rates of vicarious trauma among social workers (Hamama, 2012a; Choi, 2011). A supportive work environment can also decrease and even prevent burnout (Choi, 2011; Hamama, 2012a). The participants in this research study identified supervisors, co-workers, and feeling part of a team as sources of support. This finding is similar to results on the importance of supervisory support impacting social workers feeling supported at an organization (Chenot et al.2009). The authors found that supervisor support was a greater predictor of retention rates among social workers who were at an early and middle stage of their careers than peer support. The participants discussed the importance of supervisory support in the context of supervision meetings.

The participants identified the supervision meetings of importance to feeling supported, specifically the frequency of the meetings. Five participants identified regular, weekly, and continual supervision was important to them feeling supported at an organization. The other three participants discussed a lack of supervision influenced their experiences of feeling less supported. Four participants also discussed times where their supervisors were often unavailable and felt unsupported as a result. This finding was also represented in the literature. Dean & Barnett (2011) found that the amount and type of support the therapist received is a factor that decreased the negative impacts to the

therapist's well-being. This research study also found trust and emotional support as being central to the supervisory support. Two participants provided specific examples where they cried in their supervisor's office and how they subsequently felt that their supervisors were supportive. Studies have shown the less someone talks about the adverse effects from their job and the less supervision they have, the worse their vicarious trauma symptoms become (Dreier & Wright, 2011).

One relevant finding that was not in the literature was the type of supervision received. Five participants discussed the type of supervision they received was important to feeling supported. Three participants discussed a reflective and clinical style of supervision and the benefits of this type of supervision. One participant specified that this type of supervision lessened her experience of vicarious trauma. Three participants discussed an administrative and task oriented supervision style and how this style was not beneficial to decreasing experiences of professional burnout or vicarious trauma. The participants discussed the importance of their supervisor having an understanding about the work that they do, which was not found in previous studies. The participants mentioned the relationship with their supervisor impacted their ability to provide adequate services to clients.

The participants discussed the importance of co-workers. This finding was not associated with directly impacting their ability to provide adequate services to clients. However, five of the participants provided examples of supervisors that were not supportive and then discussed the importance of their co-workers acting as that source of support. The co-worker support that was discussed was emotional and professional support. One participant discussed a specific example of a co-worker reaching out to her

about her experience with vicarious trauma and the support she felt from that co-worker. Another participant discussed being thankful for how attuned her co-workers were when she was experiencing professional burnout and vicarious trauma. Participant's also mentioned the importance of consulting with co-workers about their clients and having a place to vent about frustrations and difficult experiences. This finding coincides with previous studies of social support often providing the individual with the space and support to process the stress of being exposed to trauma (Michalopoulos & Aparicio, 2012). Six of the participants specifically mentioned the importance of being part of a team and feeling able to discuss their experiences with professional burnout and vicarious trauma. One participant discussed the importance of cohesion among co-workers. Previous studies in the review of the literature does not specify cohesive teams as a factor to help with social workers experiences professional burnout and vicarious trauma.

Organizational Culture

One major finding of this research study that was not found in the literature was the unrealistic expectations placed on the social workers by the organization and themselves. All eight of the participant's discussed what supervisors or the organizations expected of them. Five of the participants discussed the significant amount of expectations and pressure that was placed on them by the organization. One participant spoke specifically about her job in child protection and how she was expected to have twice the amount of cases that is considered manageable. Another participant discussed days where she was seeing clients back to back all day for therapy because there was no other way to see all of them. Four participants spoke about the expectations that they placed on themselves. The general idea was that being a social worker consists of

knowing the details of the job and that the job is going to be difficult. All of the

participants discussed the negative impacts of these expectations and how it often could

lead to professional burnout or increased experiences of vicarious trauma. This finding

was not seen in the literature in this capacity.

An additional finding in this study was the view on taking time off. The literature

discusses the importance for social workers to have time off, but it does not mention the

impacts of how taking time off is viewed within an organization. Seven of the social

workers discussed the importance of taking time off from work, whether it was a two

week vacation or a mental health day. Five of the participants discussed organizations

that encouraged them to take time off and how beneficial it was to lessening their

experiences with professional burnout and vicarious trauma. Two participants discussed

organizations where they felt shame and guilt around taking time off and how that

increased feelings of professional burnout and vicarious trauma. Findings from two

studies suggests access to vacation time is linked to higher job retention and agencies are

encouraged to provide social workers with the time to take breaks throughout the day to

engage in a relaxing activity while at work (O'Donnell & Kirkner, 2009; Hamama,

2012b).

Ripple effect. Another important finding in this study that was not found in the

previous studies was the ripple effect or how hierarchal structure greatly impacts the

participant's ability to provide adequate services to clients. One study discussed

organizational culture and was defined by Trute (2010) as the expectation of how

services should be provided. This definition could be related to the idea of well-defined

polices. However, none of the participants identified policies as factors that hindered their

ability to provide services. All eight of the participants identified the influence of the organizations structure and their ability to provide adequate services. The major theme that was discussed among participants was those that are higher up in the organization influence the changes and decisions that are made in the organization.

All eight of the participants discussed the need for changes in the hierarchal structure of an organization to improve their experiences with professional burnout and vicarious trauma. One participant discussed how she felt her supervisors were not well supported, and therefore unable to provide her with adequate supervision and support. An additional finding in this study was the importance of having a voice or the ability to make change within an organization. All eight of the participants discussed the importance of feeling that they have a voice within the organization and that their voice is being heard. This finding is consistent with findings from O'Donnell and Kirkner's (2009) study. O'Donnell and Kirkner (2009) completed a two-year longitudinal study looking at factors associated with retention rates of MSW graduates in public child welfare. The major finding of the study was higher retention rates were most associated with supervisor support and commitment to the organization. Commitment to the organization was defined by the social worker feeling a sense of belonging, which also was identified as inclusion within an organization (O'Donnell & Kirkner, 2009). O'Donnell & Kirkner (2009) defined inclusion as social workers feeling of involvement in making decisions regards to the organization, which increases the job satisfaction and retention rates.

Impact on Services to Clients

Another interesting finding of this study was all eight of the participants identified a lack of organizational support impacted their ability to provide adequate services to clients. A study by Trute (2010) found high caseloads, limited resources, poorly defined policies, inadequate supervision and training as factors that hindered the implementation of services. All of the factors found in Trute's (2010) study were found in this study, except for poorly defined policies. Inadequate supervision was previously discussed. All eight participants identified trainings being important to feeling supported and being able to provide adequate services. Six participants discussed the benefit of having trainings about vicarious trauma, professional burnout, and self-care. Many of the participants also discussed organizations that did not provide adequate training and the negative impact it had on the participants, as well as the services to clients. One participant discussed how she felt it showed the organizations commitment to the staff when they were willing to educate the employees. A study of 36 family centered social workers unanimously identified access to training as an organizational factor that allowed them to do their jobs and opportunities for trainings influenced social worker's stress, which is a factor that often leads to burnout (Trute, 2010; Harr, 2013). Findings in this research study suggest similar importance. All eight of the participants in this researcher's study identified trainings as being important to feeling supported and their ability to provide adequate services to clients.

High caseloads were also mentioned by all eight participants as an impact on the quality of services social workers were able to provide. High caseloads was also an unrealistic expectation placed on the participants. One participant discussed how great the risk of high caseloads was for her work as a child protection worker. Another interesting

finding that was not found in studies in the literature was the connection between lack of

resources and high caseloads. All eight of the participant's listed either increased funding

or decreased caseload sizes as an organizational change they would like to better support

social workers experiencing professional burnout and vicarious trauma. One participant

discussed the lack of funding directly impacted the caseload sizes, which were double the

amount that was suggested by the agency. Another participant discussed her caseload was

full of clients who have experienced trauma and the inability for the size to decrease due

to the lack of funding for the organization. Findings in previous studies indicate that

caseload size impacts a social worker's experience with vicarious trauma and is

especially evident when their caseloads consist of individuals who have experienced a

great deal of trauma themselves (Jordan, 2010). One participant in this research study

discussed a similar impact from her caseload of clients who had all experienced trauma.

Conclusion

The findings of this study were both similar and added upon existing literature.

One of the main findings that was consistent with previous studies was the importance of

the support of co-workers and supervisors to lessening social workers experiences with

professional burnout and vicarious trauma. One finding in this study that was not as

prevalent in prior studies was the importance of trainings. The participants in this study

stated that when trainings were offered by organizations they often felt more supported

and more aware of vicarious trauma and professional burnout. An additional finding in

this study and previous studies was the impact of organizational support on a social

worker's ability to provide adequate services to clients. Next, this writer will review the

strengths and limitations of this study.

Strengths and Limitations

The first strength of this study is the knowledge it adds to further support the need for improved organizational support for social workers. Many of the findings of this study were not found in the current research on professional burnout and vicarious trauma. It is especially important to add to existing knowledge on the topic because many social workers experience professional burnout and vicarious trauma. Social workers provide services to vulnerable populations and if they are experiencing professional burnout or vicarious trauma they are unable to maintain the job performance that is required to provide adequate services to clients.

An additional strength of this study is it informs social work organizations about changes that need to be made in order to better support social workers experiencing professional burnout and vicarious trauma. This study could also serve to inform other professional organizations that work with the same vulnerable populations (e.g. paramedics and police officers). It is important for social work organizations to know and understand how to better support their social workers. Organizational support largely impacts the social workers experiences of professional burnout and vicarious trauma. When organizations are better able to respond to social workers experiences with these, they are more likely to create a supportive and sustainable agency that is able to retain experienced social workers.

An additional strength of this study is it consisted of a sample of social workers with varying professional and personal backgrounds, experiences, and perceptions. The sample size came from very different professional backgrounds, including those in supervisory roles. It was beneficial to gain insight into the perspectives of social workers

in a supervisory role and their views of organizational support. This researcher was provided more information and understanding on the topic. This study consisted of findings that were in depth and rich, which will add to the current existing literature and understanding of the topic of professional burnout and vicarious trauma.

The first limitation of the study was the amount of time to conduct the interviews and gather the data. This researcher had a limited amount of time to collect the data. The topic of professional burnout and vicarious trauma is one of great depth and is difficult to capture interviews conducted in one hour. An additional limitation was the small sample size of eight participants, which does not allow for generalizability. An additional limitation of this study was the lack of demographic diversity among the participants. All of the participants in this study were Caucasian females. The participants were also in their late twenties to early thirties, and therefore do not have a great deal of post MSW experience. As previously stated, Hamama's (2012a) research study found Israeli social workers under the age of thirty were more likely to experience burnout than older social workers. There was also a higher burnout rate of social workers with an MSW when they did not feel supported by the head of the agency versus social workers with their BSW (Hamama, 2012b). This study was unable to gain information among social workers from different racial, gender, and age backgrounds. A final limitation was the closeness of the topic to this researcher, which could allow for personal bias. The strengths and limitations of the study provide implications for future social work practice, research, and policy.

Implications for Social Work Practice, Research, and Policy

Practice. The previous research and current findings show the importance and need for social workers to have adequate and effective supervision within the organization they are employed. The findings demonstrate increased experiences of professional burnout and vicarious trauma when social workers are not receiving adequate supervision. The findings also suggest the benefit of a reflective style of supervision. One suggestion is for supervisors to not only provide a reflective style of supervision, but to also receive that same type of supervision. Another implication for practice is the importance of meetings in person as opposed to email or phone correspondence. The findings suggest the importance of being in close proximity to ones co-workers and the benefits of having regular meetings. One suggestion is to have weekly team meetings that provide social workers with the space to discuss their personal experiences with professional burnout and vicarious trauma, as well as case consultation on specific clients.

An additional implication for practice is increasing the awareness of vicarious trauma and professional burnout within organizations. The findings of this study suggest the importance of organizations being aware of the signs and impacts of vicarious trauma and professional burnout. Many social workers may not be aware of the signs and impacts because they have never been informed of the topic. One suggestion is for organizations to have on-site trainings specific to professional burnout and vicarious trauma. It is important for organizations to have an open dialogue about this topic and to increase the awareness. A final implication is the need for social workers to have adequate support from the organization they are employed with. Social workers need support from their organizations to continue to be effective practitioners.

Research. The previous research and current findings demonstrate areas for more social work research. One suggestion is for future research to focus on professional burnout and vicarious trauma individually. The research method should consist of interviews, as it is the most effective method at obtaining comprehensive and informative findings. It is important to understand the impacts of each concept and specific organizational responses for each. An implication for social work research is to examine the organizational responses and the impacts on professional burnout and vicarious trauma in order to differentiate where there are more positive effects. A final implication for social work research is to further study how organizations can create a more effective structure to promote social worker's having a voice and being able to make changes within the agency.

Policy. One suggestion is for organizations to adjust their policies to focus on increasing opportunities for support for social workers. As previously discussed, supervision is important for social workers to receive. One suggestion is for agencies to have policies within their organization requiring regular, frequent clinical supervision in addition to administrative supervision for each social worker. The policy should also include things that allow social workers to have more decision-making opportunities within the organization and within their own work. An additional suggestion is for organization's to have a policy specific to the maximum number of clients a social worker can have on their caseload. This writer agrees with the suggestions from the literature of organizations providing Employee Assistance Programs, discounted yoga and massage sessions, as well as additional time away from work to process the traumatic event (Joubert et al., 2013). This writer suggests organizations include specific responses

to professional burnout and vicarious trauma within their policies. Vicarious trauma and professional burnout significantly impacts the social work profession and it is important for organizations to adequately respond and support the professionals.

Conclusion

In this study, this researcher interviewed eight participants using qualitative research methods. This researcher found the importance of the support of co-workers and supervisors to lessening social workers experiences with professional burnout and vicarious trauma. This researcher also found the importance of teamwork and proximity to co-workers as a source of support. This study found that when trainings were offered by organizations participants often felt more supported and more aware of vicarious trauma and professional burnout. Participants often discussed professional burnout in the context of no longer being able to do the work, which can often lead to experienced social workers leaving an organization. Vicarious trauma and professional burnout significantly impacts social work professionals, the organizations, and clients. It is important for organizations to adequately respond and support professionals in the field of social work.

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Appendix A

Transcript of E-Mail

Dear _____,

I hope this message finds you well. I am currently in my last year of my Graduate of Social Work program at St. Catherine University/University of St. Thomas. I am conducting a research study for my capstone project where I am exploring the experiences of social workers with organizational support related to professional burnout and vicarious trauma. I am under the supervision of Dr. Catherine Marrs Fuchsel. I contacted you, as I know you are knowledgeable on the topic and the purpose of my research study is to gain insight into the personal experiences of social workers as each story is important. I am looking for social work professionals to participate in a 10-question interview about their experiences with organizational support, professional burnout, and vicarious trauma. The interview will take place at location of the participant's choice and should last approximately one hour. It would be greatly appreciated if you passed this information along to your colleagues who may be interested in participating. Thank you for your time. Please let me know if you have any other questions

Sincerely,
Halaina Howard
halainah@gmail.com
651-249-6579

Appendix B

Transcript of E-Mail Response

Dear _____,

Thank you for your interest in participating in my research study. The purpose of this research study is to inform the public of the experiences social workers have with organizational support and the factors that influence their experiences of burnout and vicarious trauma. I greatly appreciate you taking time out of your schedule to meet with me and discuss your experiences. I would like to schedule a one hour-long interview with you at a location of your choice. I do ask that the location you choose is one where we are able to have privacy, as your confidentiality and anonymity is important to me. Please let me know a date, time, and location that work best for you. If you do not have an indentified location please let me know, as I am able to reserve a room at a university library. I will e-mail you a consent form for you to look over prior to our meeting. Please let me know if you have any questions or concerns. Thank you again for contacting me. I am looking forward to meeting you.

Sincerely,
Halaina Howard
halainah@gmail.com
651-249-6579

Appendix C

Consent Form

The Experiences of Social Workers with Organizational Support for Professional Burnout and Vicarious Trauma
INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating the experiences of social workers with organizational support for professional burnout and vicarious trauma. This study is being conducted by Halaina Howard a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Catherine Marrs Fuchsel, a faculty member in the School of Social Work. You were selected as a possible participant in this research because of your background in social work and your experiences with organizational support, professional burnout, and vicarious trauma. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this research project is to inform the public of the experiences social workers have with organizational support and the factors that influence their experiences of burnout and vicarious trauma. This includes the social worker's individual experiences of professional burnout and vicarious trauma. This will also include the social worker's individual experiences with organizations where they did or did not feel supported. Social workers are at risk of professional burnout, vicarious trauma, and the emotional and psychological effects that follow, yet the responses to these issues have received little attention (Newell & MacNeil, 2010). This study with add a greater understanding and knowledge of the need for organizational support for social workers that experience professional burnout or vicarious trauma. This information will be useful for social workers and the general public, as it will provide information to support the need for the implementation of preventative measures within social work organizations.

Approximately 8-10 people are expected to participate in this research.

Procedures:
If you decide to participate, you will be asked to complete an interview at the location and time of your choosing with the researcher. You will be asked a series of open-ended questions in relation to your experience with organizational support related to professional burnout and vicarious trauma. The interview will be audio taped and transcribed by the researcher. The transcript will be reviewed by the researcher, advisor, committee members, and coding partner. Specific quotes will be used in the research study, which will be public. However, the responses and participation will remain confidential. This study will take approximately one hour over one session.

Risks and Benefits of being in the study:
The study has minimal risks. The questions are carefully worded to prevent any disturbances to the interviewee's emotional well being. There is the possibility of the topic eliciting emotional responses. The interviewee can discontinue the interview at any time. At the end of each interview this researcher will facilitate a short debriefing process in which the participant can review their experience and identify any concerns that the discussion triggered for them. This

researcher will provide a list of resources that they may access if they want to discuss their concerns in the future (see Appendix E). The audiotapes will be kept at this researcher's home, on a password-protected computer where they will be destroyed after transcription.
There are no direct benefits to you for participating in this research.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable, individual quotes that are de-identified may be used. I will keep the research results in a locked file cabinet in my house and only I will have access to the records while I work on this project. I will finish analyzing the data by May 5, 2015. I will then destroy all original reports and identifying information that can be linked back to you. I will delete audio recordings off of my personal cell phone after they are transcribed.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:
If you have any questions, please feel free to contact me, Halaina Howard at (651) 249-6579. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel at (651) 690-6146 will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Your signature indicates that you agree to be audio-taped. Even after signing this form, please know that you may withdraw from the study.
_____

I consent to participate in the study and I agree to be audiotaped,

_____
Signature of Participant   Date

_____
Signature of Researcher   Date

Appendix D

Interview Questions

1) What is your education background?
2) Briefly tell me about your previous work experience within the field of social work.
3) What does your current job position entail?
4) How well do you think your education and experience prepared you for your work?
5) How do you define vicarious trauma and professional burnout?
6) Tell me about an agency you worked at where you felt supported.
7) Tell me about an agency you worked at where you did not feel supported.
8) How does your current agency respond to professional burnout and/or vicarious trauma?
9) How have past agencies responded to professional burnout and/or vicarious trauma?
10) What changes would you like to see at your current or previous organizations to better support employees experiencing professional burnout or vicarious trauma?

Appendix E

List of Counseling Resources

COPE: 612-596-1223

Fairview Counseling Center: 612-672-6999

Health Counseling Services: 612-436-0295

Minnesota Mental Health Clinics: 651-454-0114

Walk-In Counseling Center: 612-870-0565