“NEVER GROW WEARY OF DOING GOOD:” EXPRESSIONS OF EMOTIONAL LABOR AND THE PRESENCE OF BURNOUT AND COMPASSION FATIGUE IN CHILD WELFARE SYSTEM EMPLOYEES AND VOLUNTEERS

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ABSTRACT

Though previous literature has investigated Compassion Fatigue (CF) and Emotional Labor (EL) independently, further research is needed to examine the connection between the two concepts within the helping professions. The objective of this study is to explore the relationship between the presence of CF and the expression of EL by Child Welfare Service (CWS) employees/volunteers in organizational settings. Utilizing three scales, the Professional Quality of Life (Pro-QOL), the Dutch Questionnaire on Emotional Labor (D-QEL), and the GNM Emotional Labor Questionnaire, this study analyzes CWS employees'/volunteers' (n= 65) levels of EL, burn-out, and CF. Results indicated a statistically significant positive correlation between EL and burn-out and between EL and CF. These findings reveal CWS employees'/volunteers' reliance on EL to execute role responsibilities places them at risk for experiencing the adverse effects of burn-out and CF, leading to bleak consequences for themselves, their clients, and the organizations for which they are employed.

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CHAPTER I

INTRODUCTION

Child Welfare Service (CWS) employees and volunteers consistently engage in emotional labor (EL) to carry out commonplace organizational tasks and positional responsibilities. Individuals in social work-related roles such as Child Protective Services (CPS) caseworkers, PAL (Preparation for Adult Living) coordinators, CASA (Court Appointed Special Advocates) volunteers, Higher Education Foster Care Liaisons, Foster Parents, and others frequently engage in EL. These professionals utilize EL to gain client cooperation, build rapport, establish interpersonal relationships, advocate for clients, extend compassion, and maintain a professional demeanor. While EL is needed to aid CWS professionals in their positional roles, its use can lead individuals to experience the adverse effects of burn-out and compassion fatigue (CF).

In the years following initial research on EL (Hochschild, 1979) and CF (Freudenberger, 1974), scholars have composed studies examining the concept's components and characteristics. EL scholarship has traditionally concerned customer service providers in positions such as flight attendants (Hochschild, 1983), store clerks (Guy, Newman, & Mastracci, 2008), and sales representatives (Ashford & Humphrey, 1993). CF has been studied most often in helping professions such as those working in the medical field, with many studies emphasizing nursing (Sabo, 2006; Fetter, 2012; Joinson, 1992; Lanier, 2019). CF has also been examined in the military (including its health professionals) (Clifford, 2014), television news staff (Dworznik, 2009; Reinardy, 2013), and police officers

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(Papazoglou, Koskelainen, & Stuewe, 2018), among others.

Concentrating on positions within the social work field, researchers have recently begun to explore the relationship between CWS employees and burn-out/CF. Multiple studies concerning these individuals and burn-out/CF have recently been published (Nelson-Gardell, & Harris, 2003; Siebert, 2005; Adams, Boscarino, & Figley, 2006; Bride, 2007; Pryce, Shackelford, & Price, 2007; Sprang, Craig, & Clark, 2011; Boyas, Wind, & Kang, 2012; Bates, 2018). Conversely, minimal research regarding CWS employees' use of EL has been conducted (Gray, 2009). No research, however, has explored the presence of *both* burn-out/CF and EL in CWS employees *and* volunteers. Due to its high EL requirement and association with burn-out and CF, this study's research focuses on professionals employed in and volunteering for the United States CWS.

To examine CWS more closely, a complete description of its services, as well as a brief outline of paid and volunteer positions, including positional responsibilities, educational and training requirements, statistics, and other pertinent information, is provided as follows.

The Child Welfare System

In the United States, the child welfare system (CWS) is a governmental program comprised of multiple services. Each service functions to promote the well-being of children by (1) ensuring safety, (2) attaining permanency, and (3) enabling families (CWS clients) to provide adequate care for their children. Each state maintains the primary responsibility of its child welfare services while operating under the umbrella of the Federal Government, which provides states with funding and legislative initiatives. Child Protective Services (CPS) act as the dominant organization spearheading the CWS. Nationally, both the CWS and the CPS's

primary missions concern (U.S. Department of Health and Human Services, Children's Bureau, 2013; DePanfilis & Salus, 2003):

- Conducting thorough investigations of all reports of alleged child abuse and neglect
- Equipping families to care for and safeguard their children from harm
- Organizing the placement of children into foster care or kinship homes when needed
- Negotiating reunification, adoption, or alternative care for children exiting foster care

The CWS's vast network encompasses public organizations such as the Department of Family and Protective Services (DFPS), private child welfare agencies such as The Bair Foundation, community-based organizations such as The Heart Gallery of West Texas (U.S. Department of Health and Human Services, Children's Bureau, 2013), and faith-based organizations such as Michigan's Faith Communities Coalition on Foster Care, in addition to community professionals including law enforcement officers, health care providers, mental health professionals, and educators, among others (DePanfilis & Salus, 2003).

Cross-network collaboration occurs most frequently to prevent, identify, investigate, and treat child abuse and neglect (2003) and to provide a broader scope of services to families identified as at-risk. Services provided include but are not limited to foster care, residential treatment, mental health care, substance abuse treatment, parenting skill classes, employment assistance, financial or housing assistance, and in-home family preservation (U.S. Department of Health and Human Services, Children's Bureau, 2013).

Within a single region, each CWS service area sustains a wealth of organizations, and each organization manages numerous personnel and volunteers. Multifaceted positions within the CWS and its networks can include Child Protective Services (CPS) caseworkers,

foster care providers, family law attorneys and judges, Court Appointed Special Advocates (CASAs), social workers, Higher Education Foster Care Liaisons, Preparation for Adult Living (PAL) coordinators, direct care staff, kinship providers, and various other volunteers (Education Reach for Texans, 2015).

Child Protective Services

According to the Texas Department of Family and Protective Services' (DFPS) (n.d.) website, CPS offers positions for Family-Based Safety Services Specialists, Special Investigators, Conservatorship Specialists, Foster/Adoptive Home Development workers, Preparation for Adult Living (PAL) coordinators, and Human Services Technicians, among others. More detail concerning these positions is provided later. Individuals can achieve employment in CPS entry-level positions without a bachelor's degree and with as little as 60 college credit hours, plus two years of relevant work experience. Approved work experience can include social, human, or protective services, or paid or volunteer work with agencies that serve at-risk families and populations (Texas Department of Family and Protective Services, n.d.).

CPS utilizes a seven-stage organizational process to conduct its services (DePanfilis & Salus, 2003; DePanfilis, 2018):

1. Intake- Receiving and evaluating reports of abuse and neglect
2. Initial Assessment or Investigation- Evaluating child(ren)'s safety and risk
3. Family Assessment- Engaging with family members to understand and identify strengths and weaknesses
4. Case Planning- Designing a safety plan, case plan, and concurrent permanency plan

5. Service Provision- Implementing the case plan
6. Family Progress- Continuing assessment of family efforts towards reunification
7. Case Closure- Terminating the case after family goal achievement

Primary causes for child intake include physical abuse, neglect, sexual abuse/ exploitation, emotional abuse, parental substance abuse, abandonment (U.S. Department of Health and Human Services, Children's Bureau, 2019), traumatic experience, unsafe home environment, and incarceration of a guardian (Unwavering Champions for Children and Families, 2020). Physical abuse is defined in most states as "any nonaccidental physical injury to the child and can include striking, kicking, burning, and biting the child, or by any action that results in a physical impairment of the child" (U.S. Department of Health and Human Services, Children's Bureau, 2019, p. 2).

In their definition of physical abuse, approximately 42 states include acts or circumstances that threaten the child with harm or create a substantial risk of harm to the child's health or welfare, and 15 states include various forms of human trafficking (2019). Neglect is consistently defined as "the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm," with 25 states including "failure to educate the child" in the definition (2019, p. 1). The Annie E. Casey Foundation (2020) reported that in 2016, there were an estimated 676,000 maltreatment cases nationwide.

Both incidences of physical abuse and neglect can comprise traumatic experiences (Türk-Kurtça & Kocatürk, 2020). The American Psychiatric Association (2013) defines trauma as real or intimidating exposure to the threat of death, serious injury, or sexual

assault. Exposure to trauma can occur in "one (or more) of the following ways: (1) directly experiencing the traumatic event(s), (2) witnessing, in person, the event(s) as it occurred to others, (3) learning that the traumatic event(s) occurred to a close family member or close friend (in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental), [or] (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s)" (American Psychiatric Association, 2013, p. 271).

Put another way, in its basic state, trauma concerns being subject to a life-threatening encounter (Baldwin, 2020). Generally, trauma develops in an array of contexts, including family/life experiences, maltreatment, sexual abuse, family violence, physical abuse, parent/caregiver discipline methods (DePanfilis, 2018), emotional abuse, physical neglect, and emotional neglect (Türk-Kurtça & Kocatürk, 2020). Aside from domestic and environmental influences, trauma can also materialize from other external factors such as CPS's initial assessment process. During this process, a child might witness conflict between caregivers and caseworkers during the investigation, experience physical removal from their home, and encounter placement in the child welfare system (foster care or the like) (DePanfilis, 2018). Not all children who are exposed to trauma continue to experience symptoms in the later stages of their life. However, some (with less intensive trauma) may continue to exhibit symptoms for many years following the encounter (Türk-Kurtça & Kocatürk, 2020). Trauma, whatever the degree, is generally accepted as a frequent occurrence for those working within CWS. However, other positional factors may prove to be just as unavoidable.

Caseload

In 2019, in Texas alone, the average daily caseload for family-based safety services specialists, investigators, conservatorship specialists (those who maintain legal responsibility for a child), kinship specialists, and foster/adoptive home development workers combined was 19. Kinship specialists maintained the most daily caseloads at an astounding 37.1, and family-based safety services specialists maintained the least daily caseloads at a more manageable 10.6 (Child Welfare Information Gateway, n.d). Acknowledging the disproportion in caseloads and potentially damaging results, in December of 2019, a court order issued in Texas by Senior U.S. District Judge Janis Graham Jack granted a ruling to reform workloads. The legislation mandated caseload standards to 14-17 children per CPS conservatorship caseworker and 14-17 investigations per CPS abuse investigator (Honest Austin, 2020) who previously had approximately 24 caseloads per investigator (Garrett, 2019). According to the Executive Director of the Wisconsin Counties Association, Mark O'Connell (2018), both clients and CPS employees suffer negative results when caseloads are higher than recommended, such as unmet minimum standards and increased turnover rates leading to extended periods of out-of-home placement(s) for children.

H1: Those CWS employees/volunteers exposed to higher caseloads (14+) and who have higher levels of surface acting are more likely to experience CF than those with fewer caseloads and lower levels of surface acting.

Foster Care Providers

Foster care, or out-of-home care, is a service provided by the states for children who are either unable to reside with their families due to safety and other concerns or are unable to live with an appropriate non-custodial parent, relative, or close family friend (Child

Welfare Information Gateway, n.d.; Texas Higher Education Coordinating Board, 2017). Courts grant temporary legal custody, or conservatorship, to the Department of Family and Protective Services (2017), and children are then removed from their homes and placed in foster care. Foster care can pertain to placement in licensed foster homes with one or two-parent households (who receive payment for hosting children), short-term or emergency shelters, group homes, residential treatment centers, and Supervised Independent Living facilities (SIL).

Emergency shelters provide children with immediate shelter for either short- or long-term care while awaiting family reunification, placement in foster care, or adoption. Each shelter abides by its own regulations and standards. According to the Children's Bureau (2020), group homes can be utilized as an alternative to foster homes. They are licensed through a state's Department of Human Services and can house approximately 4-12 children. Residential treatment centers provide care for children who need higher levels of specialized treatment due to the experience of extreme trauma. Center employees provide trauma-informed care in a home-like environment. The length of treatment services varies depending on the child(ren) and the facility. SIL refers to a voluntarily extended stay in foster care by children who are eighteen and older. CPS provides support services to young adults who learn to be independent while outside of a foster home (an adult does not provide 24-hour supervision). SIL facilities can include apartments, college dorms, shared housing, and host homes (Texas Department of Family and Protective Services, n.d.).

Concerning one and two-parent foster homes, two placements are available based on a child's individual needs, traditional foster care and therapeutic foster care (TFC). Traditional foster care parents provide care for children who require fundamental support and

guidance and do not show signs of significant mental health or behavioral issues, are developmentally on-target, and exhibit age-appropriate behaviors. TFC parents provide individualized, treatment-orientated, and structured care for children who demonstrate current emotional, behavioral, physical, or medical needs, who have unique concerns due to past traumatic experiences or abusive circumstances, and who would otherwise be placed in an institutional setting (Boyd, 2013; Beyerlein & Bloch, 2014; Unwavering Champions for Children and Families, 2020). Licensed foster home providers care for the largest portion of children in out-of-home care (U.S. Department of Health and Human Services, Children's Bureau, 2020).

The foster parent's responsibility is to provide daily supervision, protection, and nurturing to all children in their care. Essentially, they are responsible for their foster child(ren)'s overall health and well-being. Generally, foster parents are required to provide adequate sleeping/boarding space, help children learn life-skills, maintain mandatory case-related paperwork, document child behaviors, interact as a team with caseworkers and others involved in reunification efforts, act as a role model to birth families, and agree to a non-physical discipline policy. Further, to remain licensed, foster families are legally required to maintain current fire and health inspections of their homes, renew CPR and First Aid certifications as needed, agree to tuberculosis (TB) testing, and complete 20 or more hours of training annually (Texas Department of Family and Protective Services, n.d.).

Individuals interested in becoming foster parents are not required to have a formal education, and provider licensing rules and regulations vary from state to state. Generally, to become a licensed provider, potential foster parents must be 21 years old, financially stable, and responsible (Texas Department of Family and Protective Services, n.d.). Additionally,

basic requirements include completing an initial application, agreeing to conduct a home study (family assessment), providing references, submitting to a background check, agreeing to conduct a home safety check, and attending 10-30 hours of orientation and pre-service training (National Foster Parent Association, 2020). TFC parents receive approximately twice as much initial and ongoing training as traditional foster care parents receive (Boyd, 2013). Initial and ongoing training is needed to prepare potential and existing foster parents to provide adequate care for the growing number of foster children needing homes.

National Foster Care by the Numbers

According to the 2018 census, the estimated number of children in foster care in the United States at any point was 437,283, with 262,956 children entering foster care and 250,103 children exiting foster care (U.S. Department of Health and Human Services, Children's Bureau, 2020). Foster children were dispersed across the following placement options: nonrelative foster homes- 46%, kinship homes- 32%, institutions- 6%, trial home visits- 5%, group homes- 4%, pre-adoptive homes- 4%, and supervised independent living- 2%. Classified run-aways made up 1% (2020). The length of stay (time between entering and exiting foster care) depends on individual circumstances, family situations, and the options available in the community (Annie E. Casey Foundation, 2020). Of the approximately 250,000 children who exited foster care in 2018, the average length of stay was 14.7 months. Of those children leaving foster care, 34% spent 1-11 months in care, and 3% spent more than five years in foster care (U.S. Department of Health and Human Services, Children's Bureau, 2020). With the average foster child remaining in care for more than a year, more assistance is required to help serve this unique population.

Court Appointed Special Advocates

Court Appointed Special Advocates (CASA) is a program first developed in 1977 to benefit children in the child welfare system by pairing them with trained volunteers who speak on their behalf during court hearings. The CASA program has 950 sites in 49 states and boasts 93,300 dedicated volunteers who, nationally, serve 271,800 abused and neglected children (National CASA/GAL Association for Children, 2020). Volunteers, known as CASAs, are appointed by a judge to advocate for children in court by providing a third-party perspective of each child's life. This outsider's view functions to aid a judge's decision in making rulings concerning the child. Essentially, a CASA provides best-interest advocacy by learning about the child and their life, engaging with the child during visits, making recommendations about placement and services, collaborating with other professionals in the child's life, and reporting what they have learned and observed to the judge.

A CASA's role includes relationship building, investigation, facilitation, advocacy, and monitoring (Gershun & Terrebonne, 2018). As such, CASAs must be willing to make a 12-month commitment and devote an average of 10-15 hours per month to each case (CASA Speaks for Kids, 2018). Unlike CPS caseworkers, a CASA's caseload is limited to one to two children or sibling groups at a time depending on the capability of the volunteer. Volunteer contact with the client (child) generally occurs weekly, with physical contact being mandated monthly (Felix, Agnich, & Schueths, 2017). Each CASA volunteers with their appointed child until the case is closed and the child is placed in a safe, permanent home (National CASA GAL, 2019).

Initially, each CASA is provided with 30-40 hours of research-based training. Materials from the National CASA Volunteer Manual boasts well over 300 pages. The

manual covers an array of critical topics such as the development of child abuse and neglect laws, dealing with conflict, reporting and monitoring, culturally competent child advocacy, the role of the CASA, sample cases, trial preparation, self-care for volunteers and the like (The National CASA Association Volunteer Training Curriculum, 2007). Annually, CASAs are required to complete 12 continuing education hours. Though the services CASAs provide are crucial to children's success in foster care, unfortunately, their services do not carry over into adulthood.

Preparation for Adult Living Coordinators

The Preparation for Adult Living (PAL) program, a service of the Texas Department of Family and Protective Services, provides foster youth (ages 16-21 for those who qualify and who are expected to age-out of care) the support services needed to transition to successful adulthood. As is typical with youth in foster care, many of the children who qualify for PAL services have suffered emotional and psychological trauma and need the added assistance the program provides into early adulthood (DFPS, n.d.). The program's mission is to improve youth's self-esteem, increase their ability to make responsible decisions, and successfully face the challenges that accompany adulthood. Essentially, PAL coordinators serve as the primary points of contact for youth exiting foster care, functioning to link youth to crucial transition services and resources (Texas Foster Youth Justice Project, 2018).

When a youth turns 16 years old, their PAL coordinator administers the Casey Life Skills Assessment to determine the youth's general readiness to live independently (DFPS, n.d.). The results are then used to develop an individualized plan utilizing skills training for the youth. The goal of the plan is to improve independent living outcomes (DFPS, n.d.).

Regarding direct aid for youths, PAL coordinators contract with local businesses and organizations such as financial institutions, car dealerships, workforce solutions, and others to provide training opportunities. Independent living skills training addresses various topics such as health, safety, housing, transportation, job readiness, financial management, life decisions/responsibility, and personal and social relationships.

Positional responsibilities require coordinators to collect outcomes and data, develop regional annual plans and budgets, provide education and training to CPS caseworkers, caregivers, and the community about youths' available services and participate in state-wide meetings to improve program outcomes, understand policy changes, and use best practices. PAL coordinators also document services rendered, provide follow-up reports, manage caseloads, and plan, coordinate, and supervise state-wide conferences and events (Texas Department of Family and Protective Services, n.d.). Moreover, coordinators manage support services based on youth's needs and available funding. Support services include vocational assessment and training, GED classes, driver's education, counseling, and volunteer mentoring (DFPS, n.d.).

The PAL coordinator position is considered an entry-level position, and employees do not need a bachelor’s degree to apply. PAL coordinators can gain employment with as little as 60 college credit hours and the same equivalent two years of relevant work/volunteer experience required of CPS caseworkers. Employees undergo basic caseworker training in conjunction with on-the-job training provided by other PAL staff. Additionally, coordinators receive ongoing training and have the opportunity to obtain diversified caseworker certifications (DFPS, n.d.). Of the previously described CWS positions, PAL coordinators

work most closely with community partners to extended services to foster youth beyond their childhood, one service being increasing educational opportunities in higher education.

Texas Higher Education Foster Care Liaisons

According to the National Foster Youth Institute, nationally, more than 23,000 children will *age-out* (turn 18 while still in CPS custody; also known as emancipation) of foster care annually (Sorrell, 2017). Children who age-out of the system are at a greater risk of becoming homeless than those who are adopted or reunified with family. As disturbing, only 50% of emancipated foster youths will obtain gainful employment before age 24. The chance of an emancipated foster youth earning a college degree at any point in his or her lifetime is less than 3% (Sorrel et al., 2020), though research has shown more than 80% report wanting to attend college (Texas CASA, 2017). To combat the bleak outcomes of emancipated foster youths, Texas CASA rallied for the implementation of Foster Care Liaison positions at institutions of higher education during the 84th Legislative Session in 2015 (2017).

Higher Education Foster Care Liaisons act as a point of contact for degree-seeking current and former foster youths by providing educational and support services both on campus and in their community. In June 2015, the Texas Education Code (TEC) Section 51.9356 was added to the 84th legislative session. The code mandates, “each institution of higher education must appoint at least one employee to serve as a liaison for students formerly in the conservatorship of the Texas Department of Family and Protective Services (DFPS)” (Texas Public Law, 2015). The law requires higher education foster care liaisons to provide current and former foster youth with information concerning support services and

other available institutional resources, as well as any additional essential information (Texas Higher Education Coordinating Board, 2017).

While the Texas Education Code helped implement points of contact on college and university campuses, the position's qualifications are left open to interpretation. The position does not require a degree in social work or approved work-related experience with social, human, or protective services, or volunteer work with agencies that serve at-risk families and populations. Therefore, an institution's Foster Care Liaison might serve in their primary roles as a dean of financial aid and scholarships, counselor, tutorial and disability services coordinator, academic advisor, administrative assistant to the president, or coordinator of veteran services and financial literacy, among others (Texas Higher Education Coordinating Board, n.d). Education Reach for Texans (2015), an organization whose mission is to empower Texans to champion post-secondary success for former and current foster youth, confirms most professionals serving as Higher Education Foster Care Liaisons do so in addition to their primary roles at their institution. Therefore, many Higher Education Foster Care Liaisons are unfamiliar with the child welfare system's structure, services, and protocols.

CHAPTER II

LITERATURE REVIEW

Organizational Communication

An emergent area of study, effective organizational communication is essential to the success of any institution. The focus of organizational communication is on messages sent and received between those contained within the same organization. While seemingly simplistic, workplace communication is much more complex than merely transmitting and receiving messages. Organizational communication creates institutional norms, which in turn dictate the structure and standards of the workplace environment. Employees within an organization convey messages through written (or typed), face-to-face (verbal and nonverbal), visual (print and non-verbal), and various other mediums. Organizational communication functions to help employees (1) perform job-related responsibilities, (2) enforce and adapt to organizational changes, (3) complete tasks while complying with institutional policy regulations, (4) develop interpersonal relationships with peers, and (5) conduct managerial operations (Venditti, n.d.).

Organizational communication transpires directionally three ways: top-bottom (supervisor to subordinates), bottom-top (subordinates to supervisors), and horizontally (peer to peer or employee to client/external associate). Top-bottom communication is formal and involves managerial messages pertaining to rules, regulations, policies, employee feedback, etc. Bottom-top communication is also formal and refers to employee inquiries such as requests, grievances, and clarification. Horizontal communication is quite different and can be formal or informal depending on the context and individuals involved in the exchange. Horizontal communication occurs when co-workers engage in conflict management, discuss

shared interests, or exchange institutional instruction. Additionally, horizontal communication takes place between employees and clients or employees and external associates when gaining rapport, establishing relationships, disclosing information, and determining organizational growth strategies.

Historically, communication scholars have researched numerous organization-related topics such as culture and symbols, information flow and channels, power and influence, decision making and problem-solving, communication networks, and ethics, among others. A common area of study is that of interpersonal relationships. An interpersonal relationship within an organization's confines pertains to the close relationship among two individuals who share an institutional affiliation, co-workers, for instance (Interpersonal Relationships: Research Starters Topic, 2018). The interpersonal contact that transpires between a caregiver/employee and their client most often occurs in the context of a formal institution, such as a child welfare office or a school (Maslach, 2015).

Within these formal institutions or organizations, role responsibilities, positional requirements, workplace stressors, and organizational demands, expectations, and objectives all intersect to influence an employee's well-being. Employees not only contribute to an organization's structure but are also by-products of their organizations. In a well-maintained, employee-centered institution where individuals thrive, being a by-product can be encouraging and rewarding. However, when overrun organizations fail to recognize the strain they place on their employees, coupled with poor working conditions and little support, employee morale deteriorates, and being viewed as a by-product becomes less than desirable. Persevering in organizational positions that are mentally, emotionally, and spiritually taxing

can have significant implications for some professionals, especially those in the public service and helping professions, such as CWS employees.

Focusing attention on organizational communication within CWS, this study utilizes a conceptual lens to measure how employees' and volunteers' use of EL to accomplish positional tasks affects these professionals' overall wellbeing. Analyzing the organizational requirements that lead to EL's employment aids in developing a deeper understanding of how EL's outcomes influence the organization, its employees/volunteers, and their clients. This chapter will investigate EL by providing a complete account of its operational definition, development, and processes and by outlining how is praxis leads to undesirable consequences such as burnout.

Emotional Labor

The majority of public service positions involve some aspect of interpersonal interaction, whether by phone, email, or most common, face-to-face communication (Newman & Guy, 2004). Public service employees are expected to render service with a smile, evoke pleasant speaking voices, be up-beat, treat each client with the same enthusiasm as the last, maintain cheerful dispositions, and remain cool, calm, and collected in unpredictable situations. Executing these expectational elements is inherently known as the work of emotional labor. Emotional labor (EL), or emotional work as American sociologist Arlie Hochschild (1979) initially labeled the construct, was first described as the act of attempting to alter the degree or quality of one's felt emotions; that is, *managing* one's feelings or emotions to meet the expectations of others. Concerning the workplace, EL involves regulating one's emotional display to align with an organization's expectations, particularly to the employee's role (Hochschild, 1983). EL is not the mere act

of *controlling* or restraining one's emotions. Emotion is prone to deeds of management; therefore, EL is the more expansive act of inducing or constructing, as well as censoring, one's feelings (Hochschild, 1979).

Most recently, EL has been operationalized as the practice of managing feelings and verbal and nonverbal cues for organizational objectives (Grandey, 2020). Though the term *emotional labor* carries many implications among researchers, Hochschild (1983) was clear that EL specifically regards actions performed in exchange for *paid* wages. For this research, EL can be understood as the invisible, conscious act of adjusting and expressing an employee's emotional displays to conform to organizationally desired norms and expectations during client interactions (Morris & Feldman, 1996; Hsieh & Guy, 2009). Other distinct competencies found to be related to EL, and contribute to EL's effects in the workplace, include "self-awareness, self-control, empathy, active listening, conflict resolution, and cooperation with others" (Guy & Newman, 2004, p. 290).

EL has been studied extensively in various occupational and demographic contexts. Commonly studied professional roles include flight attendants, bill collectors (Hochschild, 1983), sales representatives (Ashford & Humphrey, 1993), public service positions (Guy, Newman, & Mastracci, 2008), social workers (Gray, 2009), teachers (Yilmaz, Altinkurt, Guner, & Sen, 2015), and nurses (Baclolamenti, Biagioli, Zaghini, & Sili, 2018). In addition, workplace EL research about job performance (Kim, Hur, Moon, & Jun, 2017), organizational interactions (Miranda & Godwin, 2018), and organizational behavior (Rafaeli & Sutton, 1989; Kanfer, Lord, & Klimoski, 2002) has been of great interest to investigators.

Three foundational workplace characteristics involve EL, positions that (1) necessitate either person-to-person or voice-to-voice interaction with the public, jobs that (2)

require employees to conjure a specific emotional state in oneself and another (their client), and organizations that (3) permit an employer to demonstrate a certain level of control over an employee's emotional endeavors (Hochschild, 1983; Guy et al., 2008). The degree and intensity of an individual's emotional work can vary among employees depending on circumstantial (e.g., organizational norms) and personal (e.g., competence) determinants (Hsieh & Guy, 2009). The work of displaying organizationally controlled emotions to clients is considered a labored practice because the act involves effort, forethought, anticipation, and situational adaptation to publicly portray emotions that they may not genuinely feel internally (James, 1989).

Regulating emotions to complete organizational tasks is a pillar of social service providers. Provider positions involve person-to-person interactions that require psychological knowledge and complex emotive skills (Mastracci, Newman, & Guy, 2010). Social workers and other providers are often charged with manifesting higher-order emotion skills to maintain empathic engagement throughout complicated client interactions. Miranda and Godwin (2018) found child protective social workers reported having high levels of EL, scoring between "usually" and "often," when engaging in critical decision-making. These decisions are frequently made during intense situations that are often fueled by trauma, hostility, and anguish (Thomas & Otis, 2010). Accordingly, the use of EL by social service providers in decision-making practices is beneficial when employees work to display the emotions required to diffuse heated disputes and guide positive client interactions/outcomes.

Professionals undertake three tasks when conducting EL: (1) being aware of and managing their own emotions, (2) motivating themselves, and (3) identifying the emotions of others (clients, co-workers, etc.). Engagement in these tasks helps employees act

appropriately, thereby assisting clients in achieving relational goals. For example, the social worker performing a family assessment has to utilize EL to display empathetic emotions when establishing the connection needed to obtain information and desired parent participation (Guy & Newman, 2004). Consequently, social service professionals can take advantage of EL benefits to increase organizational productivity while serving their client(s) (2004). Additionally, CWS employees adept at the interpersonal/EL aspect of face-to-face service assist in humanizing the government for their clients, thereby gaining client trust and disclosure (Mastracci et al., 2010; Gray, 2009).

Though various professions involve EL, Mastacci et al. (2010) suggest no two individuals exercise EL identically; this is especially true concerning gender differences. Organizationally, EL applies to both males and females; yet EL involves 'softer emotions,' embodying such qualities as caring and nurturing. Therefore, EL is often viewed as *women's work* (Guy & Newman, 2004). Regardless of the environment, women are expected to execute more emotional management than men (Hochschild, 1989). While caring work is all but unavoidable for women in the workplace, it is often voluntary for men. As a result, EL's relevance as a workplace asset remains dismal at best. Guy and Newman (2004) went as far as to boldly attribute the marginalization of EL to pay discrepancies between men and women. They argued the work of EL is not covered in annual performance reviews and is, therefore, undervalued. Additionally, Mastracci et al. (2010) contended public administration training fails to understand EL in its entirety, choosing to concentrate solely on the portion that requires cognitive skills.

H2: Female CWS employees/volunteers will experience higher levels of emotional labor when compared to male CWS employees/volunteers.

EL can be expressed one of three ways: to the self by the self, to others by the self, and to the self by others (Hochschild, 1979). Accordingly, the organizational purpose of EL is to intentionally alter one's emotions/actions and the emotions/actions of others (Hsieh & Guy, 2009) so that coworkers collaborate, cooperate, and carry out tasks to completion (Guy & Newman, 2004; Kanfer et al., 2002). For example, flight attendants perform EL upon others when they try to encourage depressed coworkers before a flight. Hochschild (1983) found this expression of EL (to others by the self), in particular, provided strong social support, contributed to the safe expression of opposing opinions, and allowed flight attendants to disclose their true feelings without the fear of breaching role requirements, thereby demonstrating the value of EL employed as workplace peer support. Likewise, Kim et al. (2017) confirmed that in specific work-related contexts, support from coworkers could be just as valuable to employees as other workplace support services such as human resources.

Miranda and Godwin (2018) recently extended previous EL research focusing solely on direct communication when they created multiple classifications of EL by examining three varying degrees of interactions. First-degree interactions are those consistent with the traditional, real-time person-to-person exchanges involved in standard EL and mandate the purposeful alignment of one's intellect and affection (Hochschild, 1983; 2012). Second-degree interactions are characterized by limited immediate client contact. Though limited, these interactions still constitute EL due to frequent organizational interplay among colleagues. Furthermore, some individuals may be required to use EL to mediate circumstances, depending on organizational culture type and varying interpersonal exchanges (Frost, 2003). Lastly, third-degree interactions are void of direct client interfaces and involve

minimal organization contact, if any. These interactions are made up of organizational reports or audits, such as is common in child abuse cases. Due to the sensitive nature of information often included in reports, EL is still utilized in third-degree interactions so that employees can neutrally continue their work.

Morris and Feldman (1996) extended Hochschild's (1979; 1983) earlier research on EL by asserting EL is best understood in terms of four categorical elements. First is the frequency of emotional display. That is, how often an individual engages in emotional management. The next element considers the range of emotions that are required to be outwardly displayed. The third element is the emotional dissonance produced as a byproduct of "having to express organizationally desired emotions not genuinely felt" (Morris & Feldman, 1996, p. 987). Lastly, the fourth element is the attentiveness paid to the required display rules.

Display/Feeling Rules

Hochschild (1979; 1983) claimed general organizational and profession-related norms dictate the expectations of service workers' emotional expressions. For example, employers expect waitstaff to appear attentive and accommodating, caseworkers to appear empathic and compassionate, and priests to appear either joyful and optimistic or somber and tranquil depending on the circumstances. Ashforth and Humphrey (1993) described these commonly accepted, learned (Morris & Feldman, 1996) expression norms as *display rules.* These rules actively induce, suppress, or shape feelings. Display rules also determine the range, magnitude, duration, and target of emotions an employee should experience (Ashforth & Humphrey, 1993).

Rafaeli and Sutton (1989) contended that societal norms, occupational norms, and organizational norms influence display rules' composition. Societal norms are commonly accepted practices that dictate how and what emotions are appropriate to display during service interactions (Ashforth & Humphrey, 1993). Client expectations create these societal norms, and norms can vary greatly depending on client culture. Occupational and organizational norms are organizationally created and are less vague and more localized and specific than societal norms. Work roles that involve person-to-person interactions between employees and clients demand greater degrees of vocal and facial expression management. These roles also require employees to have significant mastery over their emotional expression(s) (Morris & Feldman, 1996). Because display rules concern outward, observable behavior, it is easy for clients, supervisors, and coworkers to detect one's degree of rule conformity (Ashforth & Humphrey, 1993).

A critical factor in determining the effort an individual will contribute to the expression of organizationally solicited emotion is a display's duration (Morris & Feldman, 1996; Miranda & Godwin, 2018). Extended emotional displays lead to less scripted interactions that demand more attention and emotional endurance (Hochschild, 1983). The more nonroutine an organizational task is, the more prolonged provider/client interactions tend to be, and the more frequent the EL (Morris & Feldman, 2020).

For example, the receptionist who engages in short, scripted interactions (smiles, asks clients' names, schedules appointments) will exhibit minimum display and EL efforts. However, the caseworker tending to an upset family member for an extended period, in an unscripted interaction, exudes more display effort and, therefore, more EL. As interactions extend in length, more personal client information may emerge, making it difficult for

employees to mask their reactions. As a result, employees may violate organizational norms (James, 1989).

H3a: Those CWS employees/volunteers who have more frequent and longer face-to-face interactions with their clients will engage in greater levels of surface acting.

H3b: Those CWS employees/volunteers who have more frequent and longer face-to-face interactions with their clients will engage in greater levels of EL.

Deep Acting

Employees comply with display rules by way of their professional persona, either through surface acting (pretending) or deep acting (authentic expression) (Hochschild, 1983; 1997; 2012), combined with expressions of unscripted, spontaneous emotion (Ashforth & Humphrey, 1993). Deep acting is the practice of genuinely experiencing the emotions or mental state one is required to display (1993; Morris & Feldman, 1996) by focusing on one's inner feelings and regulating their emotions. Deep acting demands greater cognitive exertion because the individual is actively working to change their felt emotions to align them with the emotions required by organizational circumstance(s) (Brotheridge & Lee, 2003; Moshin & Ayub, 2020). When engaging in deep acting, one must vigorously labor to conjure visions, mental images, reflections, etc. to form the necessary and appropriate associated emotion(s) (Ashforth & Humphrey, 1993).

Interestingly, the process of deep acting occurs *prior* to one's reactive emotive development and expression. Before communicating an emotion, deep acting enables one to attempt to experience the other's condition and then behave according to one's prediction of another's response to the possible behavior (Yilmaz, Altinkurt, Guner, & Sen, 2015). Therefore, deep acting can be understood as a proactive, rather than a reactive, emotive

response to others. Accordingly, the ultimate goal of deep acting is not to shape one's inner feelings (Yang, Chen, & Zhao, 2019) but instead reshape a situation or the impression of a situation (Grandey, 2000).

Although deep acting requires an individual to expend more effort, its affirmative effects on the individual, organization, and client(s) are worth its continued practice. Deep acting has been shown to produce positive workplace outcomes, such as increased professional efficiency and client satisfaction (Grandey, Fisk, & Steiner, 2005; Hülsheger & Schewe, 2011). Deep acting's capacity to align internal and external feelings functions to minimize emotional dissonance, resulting in more significant expressions of one's authentic self, as well as improved workplace competencies (Brotheridge & Lee, 2003). Moreover, Brotheridge and Lee (2003) discovered deep acting was also positively affiliated with feelings of individual achievement and affiliation to one's organizational position, thereby contributing to productive organizational outcomes.

Surface Acting

The alternative to engaging in deep acting to adhere to organizational display rules is to exercise surface acting. Unlike deep acting, which is more genuine, surface acting requires one to pretend to replicate emotions they are not experiencing at the time. Surface acting is achieved by exhibiting a deliberate display of verbal and nonverbal signals, including vocal tone, body language, and facial expressions, among others (Ashforth & Humphry, 1993). When engaging in surface acting, one pushes away their authentic self, choosing instead to don an emotional mask, the end product being a reduction in the perception of their overall well-being (Brotheridge & Lee, 2003).

As the name implies, surface acting occurs at the surface level and focuses on outward, observable behavior. Surface acting is accomplished by using words and body language to pretend to feel a particular emotion that one is not feeling (Yilmaz et al., 2015). For example, when depressed caseworkers mask their genuine emotions by smiling at their child clients to appear happy and warm, they engage in surface acting. Essentially, surface acting is the acting method described as *impression management,* which refers to Goffman's (1959) analysis of self (role) in everyday life.

Though surface acting is repeatedly utilized to comply with organizational display rules, its effects often have harmful results for employees, clients, and corporations alike. Brotheridge and Lee (2003) found increases in surface acting was "significantly associated with higher levels of emotional exhaustion, depersonalization, the requirement to hide and control one's emotions, self-monitoring of [one's] expressive behaviour [*sic*], and negative affectivity" (p. 375). Prolonged surface acting in employees also causes increased levels of job withdrawal and absenteeism, leading to decreased work engagement, which, in turn, causes burn-out (Yilmaz et al., 2015; Nguyen, Groth, & Johnson, 2016; Barry, Olekalns, & Rees, 2019). These harmful effects could be the result of employee difficulty in continuously acting in ways that are at odds with their true selves. In essence, individuals engaging in surface acting must come to view themselves as performers on a stage, a role they, presumably, did not sign up to play.

Impression Management

According to Hochschild (1983; 2012), the workplace setting is best conceptualized as a stage in which employees function as actors. Each actor performs (EL) for a distinct organizational audience (supervisor, coworkers, clients, etc.). Hochschild's (1983; 2012)

dramatic imagery stems, in part, from Goffman's (1959) ground-breaking work on impression management (IM). IM is the process of attempting to regulate how others perceive one's persona; that is, trying to control the impression others form of them. Goffman (1959) analogized human interactions as a kind of theatrical production where one interactant operates as an actor, and the other(s) functions as the audience. He suggested there are two categories of scenes, *frontstage* and *backstage.* Frontstage involves an actor's performance in an audience's presence, while backstage lacks the audience aspect.

There are multiple terms Goffman (1959) defined to explain the elements of IM's theatrical performance. An *encounter* is the total sum of all the components of a continuous interaction between distinct individuals. Within the child welfare field, frontstage encounters occur between the employee and their client(s). A *performance* is one participant's total activity during a specific occasion that works to influence other participants in any way. A caseworker trying to persuade foster parents to accept their client for placement, for example. The *audience* is others who share in the performance; they can also be described as observers (e.g., clients) or co-participants (e.g., coworkers) depending on their involvement level. Finally, a *part* or *routine* is a pre-determined course of action occurring during an encounter, such as a CPS employee's scripted pitch to potential foster care providers during an inquiry meeting.

Similar to EL's purpose, an employee's performance functions to serve the task's objective on the frontstage. The Higher Education Foster Care Liaison working to recruit an emancipated youth performs their part to evoke a favorable image. In this way, the employee uses IM to convey a positive impression not only of themself, but also of the organization and their services. IM is not restricted to the use of a single individual. Workers employed

within the same organization can co-operate to act in a single or repeated performance. Goffman (1959) referred to multiple performers co-operating as a *performance team*.

In this respect, each team member stages their performance either in conjunction with or opposite their teammates' performance. In either case, performances ultimately complement each other as a complete act, furthering a collective purpose. For CWS employees, a collective purpose might include maintaining a given impression. Successful frontstage team performances between a caseworker, supervisor, and co-workers could foster a positive impression of the organization, which is IM's fundamental aim. Not all IM, team or individual, is executed without complications, however. Personal dilemmas can occur when employees feel forced to act or perform in ways that are contrary to their true feelings.

Emotional Dissonance

Generally speaking, surface acting and impression management both produce a sensation known as emotional dissonance (ED). ED is a conflict between one's genuine inner (felt) and contrived outward (expressed) feelings, which, over time, drains one's emotional reserves and increases the prospect burn-out (Morris & Feldman, 1997; Grandey, 2000). Similar to cognitive dissonance, an imbalance between what one believes and how they behave, ED is an imbalance between the emotions one feels and the emotions they exhibit particular to the workplace. ED has been classified as both a by-product (Hochschild, 1983) and a component of EL (Kruml & Gedds, 2000; Morris & Feldman, 2020).

To address ED, employees frequently respond in one of two ways, they either adjust their surface acting to reduce ED or they chose to engage in deep acting (Hochschild, 1983). In either instance, ED is not without harmful consequences to the individual. Zapf (2002) found respondents claimed ED is the most troublesome aspect of performing emotional

labor. The feeling of ED often alerts employees of the notion they may not be well-suited for a particular work environment or organization. To cope with being in stressful workplace situations and circumstances, individuals may resort to absenteeism (Edwards 1991; Indregard, Knardahl, & Nielsen, 2017; Grandey 2000). In their study of 7758 employees from 96 organizations, Indregard et al. (2017) found ED "significantly predicted the presence of medically certified sickness absence" (p. 89). While ED can be upsetting to the individual, ED is not the only workplace issue employees must be concerned with encountering.

Burn-out

The construct *Burn-out* was initially introduced by American psychologist Herbert Freudenberger (1974) when he attempted to prescribe meaning to the adverse outcomes of exposure to nontraumatic, work-related, chronic (Maslach & Jackson, 1981) stress over time in nurses and physicians. Freudenberger (1974) interpreted this phenomenon as a term meaning to break-down, deteriorate, or become drained by placing extreme demands on one's self or resources. Burn-out is a multidimensional "syndrome of emotional exhaustion and cynicism that frequently occurs among individuals who do 'people work' of some kind" (Maslach & Jackson, 1981, p. 99). Today's modern definition of burn-out is described as the physical, emotional, and mental expenditure materializing as a result of one's inability to handle the pressures of their workplace (Dworznik, 2009).

Burn-out can manifest in any work environment and is most common in those exposed to the prolonged demands of positional requirements, causing exhaustion, depersonalization, and a reduction in the sense of personal accomplishments (Adams, Boscarino, & Figley, 2006; Sabo, 2006; Bates, 2018). Burn-out's dispiriting implications

illustrate the construct best as a three-dimensional model: emotional exhaustion, depersonalization, and inefficacy.

Emotional exhaustion, the personal strain dimension, pertains to depletion of one's physical and emotional reserves, leading one to distance themselves both mentally and emotionally from their job duties, possibly as a means to contend with overwhelming workloads (Maslach & Leiter, 2008). Of the three, this dimension is the most widely reported and highly evaluated in burn-out literature. Individuals who exhibit high emotional exhaustion levels have been found to feel psychologically depleted (Maslach, 1993).

Depersonalization, the interpersonal dimension, pertains to adverse, cruel, or apathetic responses towards one's clients, prompting one to distance themselves from certain aspects of their job. This dimension materializes from an instantaneous response to exhaustion. Individuals experiencing high depersonalization levels state they frequently feel cynical, despondent, or indifferent regarding their clients (Maslach, 1993).

Finally, inefficacy, the self-evaluation dimension, pertains to perceptions of incompetency, low job productivity, and reduced workplace accomplishments. This dimension is the most fluid of the three, demonstrating the dimension's ability to relate directly to the other two dimensions and yet remain independent of them at the same time (Maslach & Leiter, 2008).

Though the literature has shown burn-out is generally present in employees in the helping professions, burn-out can be experienced by employees in sectors other than caregiving. According to Sabo (2006), burn-out can occur when an employee encounters a discrepancy between their expectations and those of the organization resulting in ill-feelings. Generally, these negative feelings have a gradual onset and build in intensity over time

(Stamm, 2010). In early research, Maslach and Jackson (1981) found burn-out often begins to actualize within the first few years after an individual begins work at their place of employment. At this point, employees start to experience typical organizational changes such as an exit of a well-liked co-worker or a shift in leadership positions, leading to disappointment if employees held these people in high regard (Freudenberger, 1974).

More recent research by Maslach, Wilmar, and Leiter (2001) found burn-out can occur much later in an individual's career as well; one cause could be individuals' long-term exposure to reoccurring workplace stressors (Ciftcioglu, 2011). Another explanation is that burn-out follows the pattern of cumulative processes, developing steadily over time (Clifford, 2014). Ergo, the longer one endures workplace stressors, the more the stressor's effects contribute to additional strain on the individual, leading to burn-out.

RQ1: Of all the CWS positions surveyed, who experiences burn-out the most and who experiences burn-out the least?

RQ2: When does burn-out occur most often, in the early stages of current employment (1-5 years) or in the later stages (6 or more years)?

Organizational Factors

Burn-out is a distinct occurrence directly linked to the workplace environment and its conditions (Maslach, Schaufeli, & Leiter, 2001). Research on burn-out has resulted in an abundance of organizational, demographic, and individual risk factors for experiencing the syndrome. Organizational risk factors can vary by profession, but literature suggests some aspects transcend occupational confines. These include role conflicts, time pressure, and a lack of social support, autonomy, and feedback (2002; Seibert, 2005). An unsupportive workplace environment (Adams et al., 2006; Reinardy, 2013), inadequate system operations

(Stamm, 2010), lack of institutional resources, long hours, little downtime (Clifford, 2014), unclear organizational boundaries, budget cuts, managerial inefficiencies, and inadequate job training (Bates, 2017) also contribute to burn-out. Adverse reactions to the job itself, such as "job dissatisfactions, low organizational commitment, absenteeism, and intention to leave the job" (Maslach & Leiter, 2008, p. 499) increases burn-out potential as well.

For fast-paced and high-demand occupations, such as E.R. nurses and television journalists, excessive workloads consistently emerge as a decisive risk factor for burn-out (2008; Stamm, 2010; Reinardy, 2013). Stamm (2010) found those who have personal contact with clients and their traumatic materials and those enduring stressful working conditions (Sprang, Craig, & Clark, 2011), such as police officers and child welfare employees, are more susceptible to symptoms of burn-out.

Further, employees who experience a reduction in the quality of care they grant their clients, have increased absenteeism, or contribute to high turnover rates are also at risk for burn-out (Maslach & Jackson, 1981). Those who maintain negative workplace evaluations may also experience burn-out (Maslach & Leiter, 2008). Not surprisingly, those employed within the social service professions have experienced various distressing organizational factors in excess over their careers, ultimately leading to a 75% lifetime burn-out rate (Seibert, 2005).

H4: Those CWS employees/volunteers with higher caseloads will experience greater levels of burn-out.

H5: Lack of appropriate ongoing job-related training positively predicts burn-out.

Demographic Factors

It is essential to understand burn-out is linked directly to organizational components.

However, Maslach et al. (2002) found that beyond organizational and client-related causes, demographic variables carry significant, influential implications. An individual's age, gender, marital status, location, and education level account for the likelihood of experiencing burn-out. Employee age is the most consistent variable attributed to burn-out. Those under the age of 30 are reported to have higher risks of experiencing burn-out earlier in their career (2002; Sprang et al., 2011), primarily because they have less professional experience (Clifford, 2014). Sprang et al. (2011) found that gender strongly indicated burn-out, with males being notably more susceptible to burn-out. Marital status is shown to be a predictor of burn-out as it occurs more frequently in single individuals than those who are married or previously married. Burn-out is also more prevalent in those who have children than those who do not (Clifford, 2014). Married individuals/parents often receive emotional support from their spouses and children, who act as sounding boards, which helps to safeguard against burn-out. Additionally, familial relationships provide practice in dealing with interpersonal issues and emotional conflicts (Maslach, 2003).

H6: Those CWS employees/volunteers who are married will have lower levels of burn-out.

An individual's place of residence can also influence the likelihood of burn-out. Sprang, Clark, and Whitt-Woosley (2007) found residing in extremely rural areas can increase burn-out rates. Presumably, rural areas often lack the resource pools, support systems, and funding available in larger cities. Interestingly, one's characteristics and personal life are considered risk factors for burn-out as well. Individuals who possess low morale (Maslach & Jackson, 1981) and inadequate or depleted private lives (Bates, 2017) have higher burn-out rates than those who do not. One reason could be individuals with low self-esteem and little social lives might not possess the self-motivation or have the social

support needed to bolster their defense against burn-out.

Finally, individuals with higher education levels are more prone to experiencing burn-out than those with lower education levels. One explanation could be that individuals with higher education levels hold prominent positions with more responsibilities and are, therefore, more stressful than part-time or entry-level positions (Maslach & Jackson, 1981; Sprang et al., 2002). Additionally, some personal factors also contribute to burn-out, such as perfectionism, being goal-oriented, and taking pride in one's work. Employees with a growth mindset can become more easily disappointed when faced with external (organizational) determinants that prohibit or confound professional growth (Henson, 2020).

Burn-out Symptoms

Burn-out symptoms, and the degree to which they are experienced, vary among individuals (Freudenberger, 1974) and materialize in physical, emotional, and behavioral forms, with physical symptoms being the most apparent. Physical symptoms of burn-out can include feelings of exhaustion and fatigue, persistent seasonal cold, recurrent headaches, gastrointestinal disturbances, sleeplessness, shortness of breath, excessive rigidness, crying (Freudenberger, 1974), hopelessness (Maslach & Jackson, 1981), rapid pulse, weakness, dizziness, lingering illnesses, hypertension, and head, back, or muscle aches (Radziewicz, 2001), as well as cynicism (Bates, 2017).

Behavioral symptoms include resistance to organizational change, negative verbal comments, bursts of anger, stubbornness, instantaneous irritation and frustration (Freudenberger, 1974), decreased productivity, intention to leave the job, and reduced position commitment (Maslach et al., 2002). Work/client disengagement, overworking or underworking (Bates, 2017), less empathic attention to clients (Aycock & Boyle, 2009), and

delinquency are additional symptoms. Further, some individuals suffering from burn-out may experience absenteeism, record-keeping errors, sarcasm, impersonal or stereotyped communications (Radziewicz, 2001), and insensitivity in the workplace (Stamm, 2010). Burn-out has been shown to correlate with relational conflicts (Maslach & Jackson, 1981; Clifford, 2014), difficulty with intimacy (Bates, 2017), and increases of drug and alcohol abuse (Papazoglou, 2018).

Behavioral symptoms of burn-out are not confined to the individual suffering from the syndrome. One study found that police officers who were experiencing burn-out reported they were more likely to get angry with their wives and children (Maslach & Jackson, 1981). Maslach, Schaufeli, and Leiter (1981) asserted when employees experiencing burn-out have negative impacts on their coworkers, causing task interruptions and interpersonal disputes, burn-out can become *contagious* (Sprang et al., 2002). Additionally, burn-out can result in employee complacency regarding task execution, thereby creating severe safety hazards for some organizations (Miranda & Godwin, 2018), ultimately putting the employee, the institution, and its clients at risk. It is evident that when an employee suffers from burn-out, their organization is weakened and suffers as a consequence as well.

While physical and behavioral symptoms are moderately identifiable, emotional symptoms can be more difficult for others to recognize. These symptoms can include growing suspicion and paranoia (Freudenberger, 1974), emotional exhaustion, depersonalization, adopting a pessimistic or cynical attitude, negative self-evaluation (Maslach & Jackson, 1981), apathy, being critical of others, boredom, anxiety, and feeling isolated (Radziewicz, 2001). Additionally, emotional difficulties can cause one to have no lasting ideologies (Stamm, 2010), develop a loss of concern for those they are caring for,

experience feelings of ineffectiveness (Thompson, Amatea, & Thompson, 2014), and to be dissatisfied with their employment.

Further, current research has found some individuals experience intrusive thoughts, altered imagery of work/clients, feelings of hopelessness, difficulty focusing (Bates, 2017), and emotional withdrawal (De La Rosa, Webb-Murphy, Fesperman, & Johnston, 2018). The physical, behavioral, and emotional symptoms of burn-out can significantly alter one's sense of health and well-being. Consequently, burn-out can act as a precursor to other substantial occupational conditions such as compassion fatigue and secondary traumatic stress.

Compassion Fatigue

Within professional literature, *compassion fatigue* (CF) and *secondary traumatic stress* (STS) both refer to the same phenomenon and are often used interchangeably. However, CF is the term preferred for use with the helping professions. STS symptoms are comparable to those of posttraumatic stress disorder (PTSD), though STS does not meet the criteria for a diagnosis under PTSD (Figley, 1995). The critical difference between STS and PTSD is that STS is specific to professionals working with traumatized populations and results from the indirect, or secondary, trauma one experiences when treating a traumatized client. CF is indistinguishable from secondary traumatic stress disorder (STSD) and is commensurate to PTSD (Figley, 1995). For this research, which is focused on CWS employees and volunteers, the term *compassion fatigue* is utilized.

H7a: EL will be positively correlated with burn-out.

H7b: EL will be positively correlated with CF.

Compassion Fatigue is a concept introduced by Dr. Charles Figley (1995), clinical research professor and founder of the Traumatology Institute at Tulane University (Tulane

Traumatology Institute, n.d.). Figley established CF studying the unique conditions and experiences of those working with traumatized individuals in the mental health professions and others who assume caregiving roles, particularly nurses (Thompson et al., 2014). CF has been described as a sudden "state of exhaustion and dysfunction— biologically, psychologically, and socially— as a result of prolonged exposure to compassion stress" (Figley, 2015, p. 253). Defined, CF is the "natural and consequential behaviors and emotions resulting from knowing about a traumatizing event and the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7).

Essentially, CF leaves one drained of charitable strength, attentiveness, and the motivation to empathize. CF is a psychological response to one's distressed clients, and, described scantly, is the intangible price paid by those caring for clients who are traumatized or are suffering (1995). That is the toll on one's mental, emotional, and physical health associated with providing care to people who have experienced trauma or are suffering in some way.

While CF and burn-out may appear to have overlapping qualities, they are distinctly unique concepts. Despite its relation to burn-out, which is specific to institutional cultures and practices, CF is specific to caring for others and results from direct and repeated exposure to client-related issues. CF is a syndrome associated with one's profession and specific client interaction requirements. The very term *compassion* can be understood as an act, being moved (physically, emotionally, etc.) to alleviate another's suffering. Thus, CF does not constitute weakness or deficiency. Instead, individuals develop the syndrome while in the workplace when absorbing another's anxiety or agony (Lanier, 2019). CF's onset can occur almost spontaneously, with no prior indication, leading one to alter their behavior in

some fashion (Figley, 2015), such as commencing surface acting.

Three processes must ensue for an individual to truly experience CF. First, they need to have a sense of personal connection, or relationship, with their client. Then, they have to possess the capacity to identify, understand, and relate to what it is their client is feeling. Finally, they must exhibit a strong perception of uselessness while maintaining a belief that nothing could possibly alter the outcome of their situation (Henson, 2020). Accordingly, CF results in emotional, physical, social, and even spiritual depletion that fully envelopes an individual and causes a substantial decline in one's eagerness, capacity, and energy to nurture and tend to others (Clifford, 2014).

CF is a common occupational threat for those who work in the caregiving professions, though it can be perilous to other professionals. Physicians, nurses, social workers, clergy, counselors, disaster workers, etc., each share a direct link to CF's potential development. These professionals treat others who are victims of trauma, are stressed, unable to cope, and regularly exhibit fear, anxiety, or loss of control (Joiner, 1992; Kyer, 2016). Consequently, CF occurs due to treating others (clients) who have suffered an initial trauma. In this way, CF can be thought of as a *second-hand* syndrome; one does not need to witness trauma first-hand to withstand its impact. Alternatively, exposure to trauma material can ensue from direct practice (e.g., a CPS investigation), in organizational settings (a courthouse), and by coexistence with others who have been traumatized (friends, family, foster children, and coworkers) (Ludick & Figley, 2017).

Cumulative exposure to indirect or vicarious traumatic stressors can essentially become infectious for professionals such as CWS employees (Figley, 1995). These employees frequently interact with vulnerable populations who have gone through

experiences that comprise crises (maltreatment, neglect, and sexual or physical abuse) and trauma. To illustrate, a recent study found that foster children present high levels of traumatization, psychopathology, and disturbing trauma-related disorders, with 32% of the sample exhibiting symptoms of PTSD (Haselgruber, Solva, & Lueger-Schuster, 2020).

Another study reported 93% of the therapeutic-level foster youth in their sample were exposed to at least one or more traumatic occurrences. Of the 93%, almost half were subject to four or more occurrences (Dorsey, Burns, Southerland, Cox, Wagner, & Farmer, 2012). These results suggest foster children mirror more clinical populations (Haselgruber et al., 2020), leaving the professionals caring for them susceptible to CF. CWS employees are at high risk for CF, and up to 50% of caseworkers have suffered from the syndrome (Peterson, 2018).

CF symptoms are not confined to *professional* individuals; foster parents providing care to traumatized children are also at risk. Caregivers can be exposed to second-hand trauma by a child's verbal expression (recounting traumatic events), traumatic depiction and sketches of the incident(s), or through direct observation. Additionally, vicarious trauma can occur by learning of trauma from CPS case reports, hospital records, legal documents, etc., (Grillo & Lott, 2010) or by information gained from CWS employees at the initial time of placement. When foster parents suffer from secondary trauma that results in CF, the care they provide to their foster child is compromised. Caregivers can feel ineffective, become disengaged, or try shielding themselves from further encounters with traumatic material by withdrawing from their foster child(ren) (2010).

For those in the caring professions, employing empathy to serve traumatized populations is a critical skill to hone. Through empathic engagement, employees form a

connection with their clients and attempt to relieve their anguish. Empathizing allows foster parents and CWS employees/volunteers to recognize client suffering and extend a level of compassion when treating them. Yet, emotional connections are often hazardous because empathic concern/responses often require discussion of traumatic experiences, role-playing, and reenactment (Figley, 2002), thereby acting as direct avenues to the likelihood of developing CF (Nelson-Gardell & Harris 2003; Ludick & Figley, 2017; Peterson, 2018). In essence, empathetic responses increase CF vulnerability because they propel individuals into their client's situation, causing them to mirror, or mimic, fear, pain, or suffering similar to their clients.'

CF Risk Factors

CF's most significant risk factor is working directly with and having repeated exposure to suffering or traumatized populations, which is routine work for CWS professionals. These individuals frequently oversee high caseloads of foster children who have experienced first-hand trauma, causing CF's chances to increase (Bride, 2007). Whitt-Woosley, Sprang, and Eslinger (2020) confirmed the dose of exposure to traumatized children was determined to be a direct risk factor for CF symptoms; meaning foster and group home parents are just as likely to experience CF symptoms as well. The level of care provided (basic, therapeutic, or higher) to the child(ren) has also been identified as a pathway to CF's development, as has lack of caregiver support and resources.

The National Child Traumatic Stress Network (2016) emphasized those who work directly with traumatized children are not the only people within an organization who are in danger of CF. Individuals employed in supportive roles, such as secretaries, drivers, custodial staff, etc., may also be inclined. Unlike their (clinically) trained counterparts, they lack the

opportunity to work through and address stories/information they hear while carrying out their positional responsibilities. Other organizational-related factors include lack of job/position experience, limited training, organizational seclusion, and fewer years of experience (Sprang et al., 2011; Whitt-Woosley et al., 2020).

Aside from organizational factors, other notable risk factors can heavily influence the likelihood of CF. Individual determinants such as being female (Bride, 2007; Peterson, 2018), an inability to say 'no,' and, as mentioned earlier, being highly empathetic or sympathetic towards the plight of others (Nelson-Gardell & Harris 2003; Ross &Osofsky, 2012; Ludick & Figley, 2017; Peterson, 2018), increase the chances of CF. Another decisive factor associated with CF is one's history of unresolved personal trauma (Ross & Osofsky, 2012; The National Child Traumatic Stress Network, 2016). Individuals who have not been able to work through their traumatic past may find it more challenging to address others' trauma material.

H8: Those CWS employees/volunteers with a previous history of personal trauma experience who interact frequently with clients will experience CF at rates higher than those CWS employees/volunteers who do not have a previous history.

Occasionally, individuals express interest in becoming a foster parent or CWS employee because they seek to help others who have experienced trauma similar to theirs. However, doing so makes them more susceptible to CF. Further, people who gauge their self-worth by the ability to help others, place impractical demands on their selves or others, do not make ‘self-care’ a priority, have low social support, or have difficulty balancing work and home/family obligations are also in danger of CF (Adams et al., 2006; Ross & Osofsky, 2012; Bates, 2017). Stemming from both the organization/position itself and the individual,

CF risk factors are seemingly all but unavoidable.

CF Symptoms

CF symptoms are many and cause one to experience a clear shift in their attitudes, values, and beliefs. An individual experiencing CF may exhibit intrusion (re-experiencing), avoidance, or arousal symptoms (Bride, 2007). Intrusion symptoms involve reoccurring dreams of a traumatic event, hallucinations, flashbacks, and feeling or acting like reliving the trauma. Avoidance refers to the evasion of reminders affiliated with the trauma. These symptoms include numbing responses, avoiding thoughts, feelings, certain people and places that are trauma-associated, and refraining from communication about the event. Avoiding such situations in life can lead to less interest in special occasions, withdrawal from others, and a perception of an abbreviated future. Finally, arousal symptoms consist of anxiety, trouble falling or staying asleep, irritability, negative emotions, and decreased self-worth (2007; Ross & Osofsky, 2012). One or more of these symptoms combined can significantly alter an individual's world view. CF symptoms can cause a modification of one's spiritual beliefs, self-perception, judgment, and feelings of personal safety, control, and independence (Greenwald, 2005).

Organizational Consequences of Burn-out and CF

The consequences of burn-out and CF have significant potential implications for not only the individual, but for their client(s) and the institutions in which they are employed as well. Organizations are complex entities that often enforce particular decisions as part of reactive responses to internal or external factors. The consequences of reactive responses are not isolated to the individual who executes them. Instead, they cascade throughout the organization and can increase employees' burn-out and CF levels, thereby effecting external

partners, clients, and others. For instance, when a CWS organization responds to a strain in monetary resources by cutting their budget, the end goal of keeping from exhausting funds may result, but other departments suffer from the aftermath. With newly enforced budget restrictions, HR departments cannot hire new employees, which can result in managers being overwhelmed and overworked, caseworks taking on more clients than recommended, and tension within workplace relationships, the sum of which is an increase in burn-out and CF (Maslach & Leiter, 2014).

As the strain of professional burn-out and CF extends overtime, it can affect an organization's bottom line. Burn-out and CF have been linked to an increase absenteeism and a loss of productivity and found to positively correlate with individuals either changing positions within their profession, quitting (job turnover), or abandoning the profession altogether (Aycock & Boyle, 2009; Boyas, Wind, & Kang, 2012; Clifford, 2014; Papazoglou, 2018). Currently, the child welfare career field maintains a 30% annual turnover rate for public agencies, such as CPS, and up to a 65% annual turnover rate for private agencies, such as The Bair Foundation (Casey Family Programs, 2017). When child welfare agencies cannot retain employees, they suffer more than the loss of the employee. They must invest additional time and limited resources to acquire qualified professionals to fill the position, which results in a further cost to the organization. In Texas alone, this price is approximately $54,000 annually per departing employee (2020).

Just as concerning, studies have found the implications of burn-out and CF can move past the organization, extending externally to its clients. Employee burn-out and CF can cause the quality of care or services clients receive to be compromised (Figley, 1995; Pryce, 2007; Maslach & Leiter, 2014). Clients tend to suffer the most as a result of interacting with

frontline employees (caseworkers, volunteers, direct care staff, foster parents) who experience burn-out and CF because these employees repeatedly lack the resources, strength, opportunity, and desire to form adequately functioning relationships with clients. Client-employee conflicts can ensue as a result. These conflicts increase positional strain on the employee, thrusting them past the point they feel they can sustain themselves (2014).

Additionally, when employees no longer feel as though they can perform their roles sufficiently, increases in workloads or other workplace stressors can cause employees to further retrack from positional responsibilities. Clients then tend to be treated as objects rather than fellow human beings. This treatment is due in part to a phycological shift in viewpoints— employees start to believe they are treating a *problem* (object) and not a *person* (client). For caregivers who view their clients in this manner, the *manner* in which they care for their clients also changes. Essentially, employees begin to function on autopilot, processing clients as if working on an assembly line. When autopilot occurs, clients become dehumanized, causing employees to then become dispassionate, unconcerned, and insensitive (Maslach, 2015). Evidently, the organizational consequences of burn-out and CF can be disastrous for all involved.

Employing EL as the primary conceptual lens, this research has identified ways CWS employees' and volunteers' role requirements cause them to struggle (internally and externally). To perform responsibilities and produce organizational outcomes, they often must act in a manner that is at odds with their truly felt emotions. Consequently, these actions leave CWS employees and volunteers as vulnerable as the clients they work so diligently to serve. This study has demonstrated both the value and need of CWS professional's expressions of EL while also exposing the vailed dangers of its use.

Chapter III

METHODOLOGY

To test the proposed research questions and hypothesis, participants (*n*=142) were asked to answer a survey containing three different scales indicating their EL, burn-out, and CF levels. The scales were randomly presented one at a time using an online survey developed in Qualtrics. The first scale, the Professional Quality of Life (Pro-QOL), measured the effects of burn-out and CF on those who help traumatized or suffering clients. The next scale, the Dutch Questionnaire on Emotional Labor (D-QEL), measured participants' ability to regulate workplace emotions. The final scale, the GNM Emotional Labor Questionnaire, determined the participants' EL outcomes in their workplace. The scales combined worked to give a holistic view of the EL, CF, and burn-out of those employed and volunteering within the child welfare workforce.

Participants

Initially, participants were recruited through a survey link sent to the Education Reach for Texans' (REACH) Research Chair, Dr. Norton, who distributed the link to child welfare employees who have attended the REACH conference in the previous year, 2019. Those initial participants were asked to take the survey and distribute it to other child welfare workers within their area who might qualify to participate in the survey. The investigator also wrote a 'sharable' public post on her personal Facebook page, stating she was inviting potential participants who qualified to complete her survey and asked her Facebook 'friends' to share the post on their Facebook pages as well. Further, the investigator joined private social work and foster care Facebook groups where the link to the survey was also posted.

All participants gave their consent before commencing the survey. Only participants who were employed or volunteered within the child welfare field qualified to take the survey. The qualifying question asked, "Are you currently employed for or do you volunteer with the US child welfare system in any of the following capacities: CASA employee, CASA volunteer, higher education foster care liaison, foster parent- traditional care (levels 1 & 2), foster parent- therapeutic care (levels 3 & up), other foster/house parent (please indicate position), PAL coordinator, other PAL employee (please indicate position), CPS or DFPS caseworker other CPS or DFPS employee (please indicate position), or none of the above." If participants indicated "none of the above," they were directed to the end of the survey (*n*= 18). Participants who did not complete the survey were also omitted from the data (*n*=59). After omitting those who did not qualify for the survey and those with incomplete data, the total number of participants for the survey was 65.

Participants were asked demographic questions, including age, gender, current position, years employed in current position, marital status, and education level. Additionally, participants were asked the frequency and duration (hours per week) spent in direct client interaction, if they have a history of previous personal trauma (yes or no), received initial job training, receive ongoing job training and how frequently, and the approximate number of current cases/clients. Participants were asked one open-ended question after the survey: "Is there any information you would like to share with the researcher?"

Five participants were male, while 60 participants were female. A total of 52 participants reported to be Caucasian, five reported to be Black or African American, one

said to be Asian, four reported to be Hispanic, and one reported to be Other. Two reported being both White and Hispanic.

When asked to indicate their highest level of education, one participant reported having a high school diploma or equivalent, two reported having some college but no degree, and one reported having some trade, technical, or vocational training. Additionally, one reported having an associate degree, 25 reported having a bachelor's degree, and 32 reported having a master's degree. Three reported having a Doctoral or other professional degree. The youngest participant's age was 23 years old, while the oldest participant's age was 67; the average participant's age was 41.

Of the 65 participants surveyed, two reported being a CASA employee as their position within the CWS. Six reported being a CASA volunteer, 13 reported being a Higher Education Foster Care Liaison, 20 reported being foster parents (15 providing traditional care, four providing therapeutic care, one providing family placement care), and three reported being a PAL Coordinator. Twenty-one reported being employed by CPS (11 being caseworkers and 10 working in positions other than a caseworker). No participants reported Other PAL Employee as their position.

Measurements

Professional Quality of Life Scale (ProQOL)

The ProQOL is a 30-item scale developed in the late 1990s (Stamm, 2010). Version 5 (2009) was utilized for this study. The scale is used most commonly by mental health and human service professionals. Questions measure both the positive and negative effects of those helping others who are suffering or have experienced trauma. The ProQOL contains three subscales that measure for burn-out (Cronbach's $\alpha = .62$), compassion satisfaction (CS)

(Cronbach's α = .91), and compassion fatigue (CF)/secondary traumatic stress (STS). As explained earlier in this research, the terms CF and STS are used interchangeably (Cronbach's α = .87). The ProQOL measures CF in two parts (see Appendix A):

1. Concerns specific items such as "exhaustion, frustration, anger, and depression typical of burn-out" (Stamm, 2010, p. 12).
2. Concerns the aspect of STS that is compelled by anxiety and vocational trauma (2010).

Questions concerning compassion satisfaction (n=10) and one question from the burn-out scale were omitted from the survey, leaving 19 questions for burn-out and CF/STS. Of the 19 items, five were reverse scored. Some examples of questions include, "I feel worn out because of my help as a child welfare employee," "As a result of my position, I have intrusive, frightening thoughts," and "I find it difficult to separate my personal life from my life as a child welfare employee," among others (see Appendix B). Responses were measured on a 5-point Likert scale, with 1 being "*Never*" and 5 being "*Very Often*." High scores indicate either burn-out or CF accordingly. Low scores reflect a positive attitude about one's ability to be effective in the position they are employed within.

Dutch Questionnaire on Emotional Labor (D-QEL)

The D-QEL is a 13-item scale developed by Briet, Naring, Brouwers, and Droffelarr (2005). The English version of the scale was utilized for this research. The scale can be adapted for use by various professionals. Questions measure how participants manage their emotions while in the workplace. The scale contains four subscales that measure surface acting (5 items) (Cronbach's α = .87), deep acting (3 items) (Cronbach's α = .68), emotional consonance (2 items), and suppression (3 items). For this research, questions measuring

consonance and suppression items were omitted. The remaining eight adapted items consisted of questions such as, “I work hard to feel the emotions that I need to show others,” “I put on a “mask’ in order to express the right emotions for my job,” and “I work at conjuring up the feelings I need to show to clients” (see Appendix C). Responses were measured on a 5-point Likert scale, with 1 being “*Never*” and 5 being “*Always*.” High scores indicate participants engage in surface or deep acting or both.

GNM Emotional Labor Questionnaire

The GNM Emotional Labor Questionnaire was developed by Guy et al. (2008). The questionnaire aids in understanding the nature of EL in the workplace and its outcomes on job satisfaction, pride in work, and burn-out. GNM reveals the demands of positions that place employees in intense work situations by breaking the concept of labor into several factors. The questionnaire is utilized across a variety of occupations. GNM has 48 items and contains six subscales that measure emotion work (Cronbach’s $\alpha = .84$), false face acting (Cronbach’s $\alpha = .75$), pride in work (Cronbach’s $\alpha = .77$), job autonomy (Cronbach’s $\alpha = .81$), emotional labor (Cronbach’s $\alpha = .73$), and burn-out. Some items, such as those about burn-out, were omitted from the survey, leaving 23 items. Questions included “I feel like my work makes a difference,” “I perform my job independently of supervision,” and “My work involves dealing with emotionally charged issues as a critical dimension of the job” (see Appendix D). Items were measured on a 7-point Likert scale, with 1 being “*Never*” and 7 being “*Always*,” indicating the strongest degree of agreement.

CHAPTER IV

RESULTS

RQ1 inquired, of all the CWS positions surveyed, who experienced burn-out the most and the least? To answer RQ1, a basic means comparison was performed. Of the categories that had more than five participants (CASA volunteers, Higher Education Foster Care Liaisons, foster parents providing traditional care, CSP caseworkers, and other CPS employees), results indicated CPS caseworkers experienced burn-out the most (M= 2.70, SD= .72), while CASA volunteers experienced burn-out the least (M= 2.0, SD= .53).

RQ2 asked, when does burn-out occur most often, in the early stages of current employment (1-5 years) or in the later stages (6 or more years)? To address RQ2, an Independent T-test was employed. Results revealed those in the early stages of current employment (M= 2.35, SD= .68) experienced burn-out less than those in the later stages (M= 2.42, SD=.70), $t(63)$= .33, p<.74.

H1 predicted those CWS employees/volunteers exposed to higher (14+) caseloads and who had higher levels of surface acting were more likely to experience CF than those with fewer caseloads and lower levels of surface acting. Multiple regression was employed to examine caseloads and surface acting as predictors of CF. Table 1 reports the statistics associated with this analysis. H1 was partially supported as CF was significantly associated with greater caseloads and with less surface acting.

Table 1
Predictors of Compassion Fatigue

	β
Caseload	.02**
Surface Acting	-.62**

$F(2, 62)=18.618$, Adjusted $R^2= .355$, $p<.001$.
***$p<.001$.

H2 predicted female CWS employees/volunteers will experience higher levels of EL when compared to male CWS employees/volunteers. An Independent Sample T-test was conducted to evaluate the relationship between participants' sex and levels of EL. Results between the two variables showed no significance, $t(63)= -.45$, $p<.66$. However, females ($M= 5.95$, $SD= .99$) experienced higher levels of EL when compared to males ($M= 5.75$, $SD= .83$).

H3a predicted those CWS employees/volunteers who have more frequent and longer face-to-face interactions with their clients will engage in greater levels of surface acting. Multiple regression was employed to examine more frequent and longer face-to-face interactions with their clients as predictors of surface acting. Table 2 reports the statistics associated with this analysis. H3a was unsupported as surface acting was not statistically associated with more frequent and longer face-to-face client interactions.

Table 2
Predictors of Surface Acting

	β
Frequent Face-to-Face Interactions	-.14**
Longer Face-to-Face Interactions	-.15**

$F(2, 18)=395$, Adjusted $R^2= .042$, $p<.679$.
***$p<.679$.

H3b predicted those CWS employees/volunteers who have more frequent and longer face-to-face interactions with their clients will engage in greater levels of EL. Multiple regression was employed to examine more frequent and longer face-to-face interactions with their clients as predictors of EL. Table 3 reports the statistics associated with this analysis. H3b was partially supported as EL was significantly associated with more frequent face-to-face interactions with clients and with less longer face-to-face interactions with clients.

Table 3
Predictors of Emotional Labor

	β
Frequent Face-to-Face Interactions	.13**
Longer Face-to-Face Interactions	-.06**

$F(2, 18)= .85$, Adjusted $R^2= -.091$, $p<.845$.
***$p<.845$.

H4 predicted those CWS employees/volunteers with higher caseloads would experience greater levels of burn-out. Multiple regression was employed to examine

caseloads as a predictor of burn-out. Results indicated caseload was not a predictor of burn-out, $F(1, 63)= .37$, Adjusted $R^2= 006.$, $p<.546$. H4 was unsupported as caseloads were not significantly associated with burn-out.

H5 indicated a lack of appropriate ongoing job-related training positively predicts burn-out. To test H5, an Independent Sample T-test was performed. Results revealed those without ongoing job-related training ($N= 14$) ($M= 2.51, SD= .75$) did experience burn-out more than those who receive ongoing job-related training, but not significantly ($N= 51$) ($M= 2.33, SD= .66$), $t(63)= -.87$, $p<.39$. Therefore, H5 was not supported.

H6 predicted those CWS employees/volunteers who were married would have lower levels of burn-out. To test this hypothesis, an Independent Sample T-test was performed to explore the relationship between participants' marital status and levels of burn-out. Contrary to H6, results between the two variables indicated no significance. Therefore, H6 was unsupported. However, those CWS employees/volunteers who were married ($M= 2.32, SD= .59$) did have lower levels of burn-out when compared to those who were unmarried ($M= 2.50, SD= .89$), $t(63)= .96$, $p<.34$.

H7a predicted EL would be positively correlated with burn-out. To test the correlation between EL and burn-out, a Bivariate Correlation Analysis was executed. Results determined a statistically significant positive correlation between the two variables, $r= .38$, $n= 66$, $p= <.00$. Therefore, H7a was supported.

H7b predicted EL would be positively correlated with CF. To test H7b, a Bivariate Correlation Analysis was performed. Results indicated a statistically significant positive correlation between EL and CF, $r= .42$, $n= 66$, $p= <00$. Accordingly, H7b was also supported.

H8 suggested those CWS employees/volunteers with a previous history of personal trauma experience and who interact frequently with clients would experience CF at rates higher than those CWS employees/volunteers who do not have a previous history. Multiple regression was employed to examine the relationship between a previous history of personal trauma and frequent client interactions as predictors of CF. Table 4 reports the statistics associated with this analysis. The model was not significant, but previous trauma did positively predict CF. Therefore, H8 was unsupported.

Table 4
Predictors of Compassion Fatigue II

	β
Previous History of Personal Trauma	.38**
Frequent Client Interactions	.04**

F(3, 51)=3.30, Adjusted R^2= .16, *p*<.03.
***p*<.03.

Supplemental Analyses

To further investigate the data and reveal additional findings, several supplemental analyses were conducted. Supplemental analysis one executed a Bivariate Correlation Analysis to test the correlation between surface acting and burn-out. Results determined a statistically significant negative correlation for the two variables, *r*= -.63, *n*= 65, *p*= <.00. To examine the relationship between deep acting and burn-out, supplemental analysis two employed a Bivariate Correlation Analysis. Results indicated deep acting was also significantly negatively correlated with burn-out, *r*= -.41, *n*= 65, *p*= <.00. Finally,

supplemental analysis three used a Bivariate Correlation Analysis to determine the correlation between pride in work and burn-out. Results indicated a statistically significant negative correlation between the two variables, r= -.52, n= 65, p= <.00.

CHAPTER V

DISSCUSSION

RQ1 asked, of all the CWS positions surveyed, who experiences burn-out the most and the least? Unsurprisingly, data analysis revealed CPS caseworkers experienced burn-out the most. Because burn-out is a common occurrence in those who do 'people work' (Maslach & Jackson, 1981), one possible explanation is employees' long-term exposure to stressors unique to their workplace. Organizational factors such as caseload, unrealistic performance demands, and high turnover rates result in emotional exhaustion— a key component of burn-out. The data analysis also revealed CASA volunteers were least likely to experience the syndrome. Presumably, these volunteers are more resistant to burn-out due to low caseloads (1 child/sibling group), lessened client interaction requirements, and the option to deny an initial case, additional cases, or take a respite. As one participant pointed out, "Since I am a volunteer. . . I have more control over how many cases I work at a time. I choose to only do one at a time because I also work full time *[sic]* in an unrelated field."

RQ2 asked when burn-out occurs most often, in the early stages of current employment (1-5 years) or the later stages (6 or more years)? The results found those in the early stages of current employment experienced burn-out less than those in the later stages. This finding is concurrent with recent research by Maslach, Wilmar, and Leiter (2001), who found individuals can also suffer from the syndrome much later in their employment than previous literature suggested. A possible cause for this finding is that individuals employed within a position in the same organization for longer than five years are exposed to workplace stressors for an extended time. Limited relief from organizational stressors can cause burn-out symptoms to accumulate over time making it difficult to perform one's

occupational role. In the words of one participant, “to stay in CPS as a career for very long, it has to be a mission, a calling in life.”

H1 predicted those CWS employees/volunteers exposed to higher caseloads (14+) and who had higher levels of surface acting were more likely to experience CF than those with fewer caseloads and lower surface acting levels. H1 was partially supported in that greater caseloads were associated with CF. It is probable CWS employees/volunteers with more caseloads would likely experience CF as CF results from (1) the knowledge of traumatizing events and (2) the stress associated with helping traumatized or suffering individuals (Figley, 1995). Therefore, caseloads are a strong determinate for CF in CWS employees/volunteers. However, from the acquired data, it was found CF was not associated with surface acting.

H2 predicted female CWS employees/volunteers would experience higher levels of emotional labor when compared to male CWS employees/volunteers. This hypothesis was unsupported by the data. A possible explanation is the number of male participants was incomparable to the number of female participants and, therefore, males were not accurately represented in the study. Though the data found no significance, results indicated females did experience higher EL levels compared to males.

H3a predicted those CWS employees/volunteers having more frequent and longer face-to-face interactions with their clients would engage in greater levels of surface acting. H3a was unsupported as surface acting was not statistically associated with more frequent and longer face-to-face client interactions. However, H3b, those CWS employees/volunteers having more frequent and longer face-to-face interactions with their clients will engage in greater levels of EL, was partially supported. EL was significantly

associated with more frequent face-to-face interactions with clients. Support for H3b could be contributed to the high level of first-degree interaction with the client, which often causes employees/volunteers to repeatedly manage their emotional displays to align with organizational expectations (Hochschild, 1983).

H4 predicted those CWS employees/volunteers who maintained higher caseloads would experience greater levels of burn-out. Results for this hypothesis indicated caseloads were not significantly associated with burn-out levels. Interestingly, the data analysis did not provide support for previous studies which found organizational factors such as excessive workloads (caseloads) consistently emerged as a decisive risk factor for burn-out (Maslach & Leiter, 2008; Stamm, 2010; Reinardy, 2013). It could be the participants in this study did not maintain high levels of caseloads, particularly CASA volunteers, as previously discussed, and foster parents who, together, represented over one-third of the sample. These participants could also have less organizational interaction as they primarily work out of their homes.

H5 indicated a lack of appropriate ongoing job-related training positively predicts burn-out. Results did not support this hypothesis, showing inadequate ongoing job training may not lead to the experience of burn-out. While participants reported commonly receiving initial job training, this study's findings could imply ongoing job training is not necessarily needed to combat burn-out symptoms. Other organizational or demographical factors could be more determinate predictors. One participant lamented, "I think burn-out has a lot to do with people going into the profession because 'they can' but aren't well-suited for the job. . . the worst part of being a social worker is the other social workers, at least the ones that never should have become one."

H6 predicted those CWS employees/volunteers who were married would have lower burn-out levels than those who were not. Findings indicated H6 was unsupported; married individuals did not have lower burn-out levels. These findings are perplexing as literature attributes the support of others (spouses) as a safe-guard against burn-out; this could be the result of the sample population, which included mostly married participants. Consequently, a greater sample of unmarried participants were needed to constitute a more balanced representation of marital status.

H7a predicted EL would positively correlate with burn-out. Results supported H7, as data determined a statistically significant positive correlation between EL and burn-out. H7b predicted EL would positively correlate with CF. Results indicated a statistically significant positive correlation between EL and CF. Therefore, H7b was also supported. These results confirm EL acts as a precursor to the experience of both burn-out and CF. Such findings are significant because EL is heavily relied upon by those in the helping professions, such as CWS employees/volunteers, to carry out daily occupational duties. As a result, these professionals are placed at a greater risk for encountering burn-out and CF, which can lead to adverse consequences for themselves, their clients, and the organizations they are employed within.

H8 predicted those CWS employees/volunteers with a previous history of personal trauma experience and who interact more frequently with their clients would experience CF at rates higher than those CWS employees/volunteers who did not have a previous history. The results found no significance. However, previous trauma did positively predict CF. An argument that frequent client interactions might not predict CF in those with previous trauma histories could be that participants did not engage in extended client interaction (times per

week vs. hours per week). Further, participants might have been able to successfully cope with their own trauma or did not encounter client's trauma material during interactions. One explanation for the previous finding, trauma predicts CF, could be one's unaddressed personal trauma (Ross &Osofsky, 2012; The National Child Traumatic Stress Network, 2016). Those who are unable to resolve their traumatic pasts might have difficulty approaching their clients' traumatic material.

Supplemental analysis one examined the correlation between surface acting and burn-out. The data revealed a statistically significant negative correlation for the two variables. A possible explanation could be that CWS employees/volunteers utilized surface acting as a means of IM, attempting to make a good impression first for themselves and their organizations. A participant agreed, “it all depends on the caseworker which reflects back on their skill set.” When individuals possess the ability to engage in shorter durations of surface acting, it leads to lower levels of emotional exhaustion, and, consequently, lower levels of burn-out.

Supplemental analysis two explored the relationship between deep acting and burn-out. Data indicated deep acting was significantly negatively correlated with burn-out. The more an employee engages in deep acting, the less susceptible they are to burn-out. These findings are significant for CWS organizations. Though the word *structure* is left open to interpretation, one participant commented, “The structure of the [CPS] department is an absolute nightmare and needs a major overhaul.” Restructuring organizational and positional norms to encourage deep acting can have positive implications for all involved, possibly the most beneficial being contribution to productive organizational outcomes (Brotheridge & Lee, 2003) and the ability to withstand burn-out’s adverse consequences.

Finally, supplemental analysis three investigated the connection between pride in work and burn-out. Results indicated a statistically significant negative correlation. As employee's pride in work level rises, their burn-out level decreases. Pride boosts employees' emotional commitment to their organization and drives employees to perform beyond basic role expectations (Katzenbach, 2003). Pride in one's work can help to alleviate negative feelings by allowing employees to feel as though they are positively contributing to organizational outcomes. This notion is echoed in comments left by two participants, "This work is exhausting but can be very rewarding. . ." and "Child welfare is the toughest job but can also be the most rewarding."

CHAPTER VI

LIMITATIONS AND FURTURE RESEARCH

Although every effort was made to make language utilized in the survey clear, one limitation within this research comes from the wording of a few particular items. Items referred to participant's employment and volunteerism within the CWS as their *job*. For instance, one item measuring EL states, "My job is interesting," and another measuring surface acting reads, "I pretend to have the emotions I need to display for my job." For participants who volunteered within the CWS but who were not employed by CWS, such as CASA volunteers and foster parents, this wording could have led them to unconsciously rate their paid occupational position and not their CWS volunteer position.

A second limitation of this study was the vast participant pool used. While the intention of incorporating participants from various CWS positions, both paid and volunteer, was to gain better insight into their experiences, the study would have benefitted more from recruiting either one sample or the other. Some volunteers may feel freer to end their involvement in the CWS than paid employees, because volunteers do not receive monetary compensation. As a result, volunteers do not encounter the same organizational stressors. Additionally, while all CWS employees/volunteers interact frequently with clients, foster care parents usually provide care for foster children twenty-four hours a day. Therefore, answers from each group were harder to compare accurately and realistically. Future studies should limit the participant pool to either paid CWS employees and volunteers or foster care providers.

A third limitation was the low male-to-female participate ratio. Only five participants reported being male; therefore, the survey population was skewed towards females. The low

male participation rate is relevant because it made it difficult to rely on previous claims to support H2: females will experience EL more than males. Had there been a more balanced representation of male and female participants in this study, some of the results could have been different from those reported here.

Survey length also contributed to the limitations of the study. The research survey consisted of three scales containing multiple items and various other demographic and position-related questions. Although the approximate survey length was 10-15 minutes, many participants did not complete the survey. Respondents likely suffered from participation fatigue and chose to exit the survey before its conclusion. Accordingly, over half of the participant entries could not be used and were omitted due to incomplete responses. Future research should keep scale inclusion to a minimum and consider excluding any unnecessary items.

Finally, though not a part of the original sampling strategy, before the survey publication, a faculty member in the Social Work Department of Angelo State University suggested that the researcher contact the local Department of Family and Protective Services office regarding distributing the survey to their staff. When in contact with DFPS, the researcher was made aware of protocol for researching within their organization. The protocol included submitting a formal request for external research to gain access to employee participants through DFPS using Form 2704. DFPS approval can take up to ninety days. Though the researcher completed the required paperwork, the researcher did not receive DFPS approval before the survey's close. Having gained DFPS research approval might have granted the researcher access to a bigger participant pool. Researchers expressing

interest in acquiring participants through DFPS offices should submit appropriate paperwork at least three months before survey publication to ensure timely approval.

CHAPTER VII

CONCLUSION

This study's objective was to explore how expressions of EL and the presence of CF affect the well-being of CWS employees and volunteers. Based on quantitative analysis of EL, burn-out, and CF, it can be concluded that reliance on EL's use to perform occupational and role responsibilities increases individuals' likelihood of experiencing burn-out, CF, or both. The results indicated those employed and volunteering within CWS positions are at greater risk of encountering burn-out and CF due to organizational factors such as managing significant caseloads and engaging in frequent and more prolonged face-to-face interactions with their client(s). Further, caseworkers suffer from burn-out at rates higher than other CWS employees and volunteers, particularly those persevering in positions continuously for longer than five years.

This research provides new insight into literature concerning the helping professions by addressing the lack of a collective focus on EL and CF in CWS employees and volunteers in previous studies. By examining EL and CF as distinct but related concepts, this study established a clear connection between individuals' EL execution and burn-out and CF experience. This analytical lens also allowed for a better understanding of the influence that occupational factors, norms, and requirements have on employees' professional, interpersonal, and personal lives. Further, surveying a wide range of paid and unpaid CWS positions permitted professionals less represented in research (CASAs, PAL coordinators, and Higher Education Foster Care Liaisons) inclusion into the study. Utilizing this broad scope also provided awareness of the EL, burn-out, and CF levels associated with varying CWS positions' role requirements.

To conclude, CWS positions involve caring for humanity's most fragile and vulnerable, clients who typically comprise of children that have suffered, and often are still suffering, from life-altering trauma. CWS professionals encounter some of the most tragic situations and circumstances imaginable. The very nature of their work, *people work*, presents unique occupational stressors for CWS employees and volunteers. The ability to routinely manage these stressors through expressions of EL places taxing demands on their mental and emotional reserves. Consequently, employees and volunteers pay the ultimate price to provide care for their clients— their psychological, sociological, emotional, and physical well-being suffers from the *cost* of caring (Maslach, 2015). As individuals choose to persist in the daunting work that is child welfare, burn-out and CF remain formidable occupational hazards. After all, "who cannot bear the weight of souls without sometimes sinking into the dust [themselves]?" (Spurgeon, 1992, p. 185).

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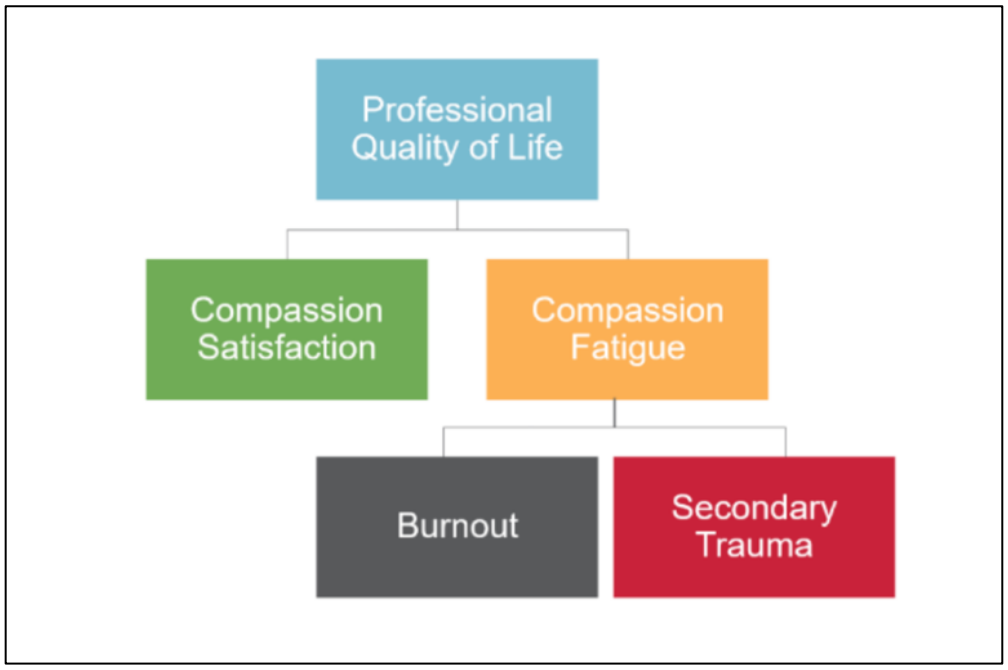
APPENDIX A



Conceptual Model for the Professional Quality of Life Scale (ProQOL)

APPENDIX B

Professional Quality of Life Scale (ProQOL)

1. I am happy.
2. I am preoccupied with more than one person I help.
3. I feel connected to others.
4. I jump or am startled by unexpected sounds.
5. I find it difficult to separate my personal life from my life as a child welfare employee.
6. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
7. I think that I might have been affected by the traumatic stress of those I help.
8. I feel trapped by my job as a child welfare employee.
9. Because of my helping, I have felt "on edge" about various things.
10. I feel depressed because of the traumatic experiences of the people I help.
11. I feel as though I am experiencing the trauma of someone I have helped.
12. I have beliefs that sustain me.
13. I am the person I always wanted to be.
14. I feel worn out because of my work as a child welfare employee.
15.I feel overwhelmed because my case [work] load seems endless.
16. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
17. As a result of my helping, I have intrusive, frightening thoughts.
18. I feel "bogged down" by the system.
19. I can't recall important parts of my work with trauma victims.
20. I am a very caring person.

APPENDIX C

Dutch Questionnaire on Emotional Labor (D-QEL)

1. I work hard to feel the emotions that I need to show others.
2. I put on a show at work.
3. I put on a “mask’ in order to express the right emotions for my job.
4. I pretend to have the emotions I need to display for my job.
5. I put on an act in order to deal with [clients] in an appropriate way.
6. I make an effort to actually feel the emotions I need to display towards others.
7. I fake a good mood.
8. I work at conjuring up the feelings I need to show to [clients].

APPENDIX D

GNM Emotional Labor Questionnaire

1. My work is satisfying.
2. My job provides career development opportunities.
3. My job is interesting.
4. I am proud of the work I do.
5. I am doing something worthwhile in my job.
6. I feel like my work makes a difference.
7. To be effective, I must be creative in my work.
8. I don't feel like my work is a waste of time and energy.
9. My work gives me a sense of personal accomplishment.
10. I help co-workers feel better about themselves.
11. I attempt to keep the peace by calming clashes between coworkers.
12. I help co-workers deal with stresses and difficulties at work.
13. I perform my job independently of supervision.
14. I make my own decisions about how to do my work.
15. My job requires me to be "artificially" or "professionally" friendly to [clients].
16. My job requires that I pretend to have emotions that I do not really feel.
17. My job requires that I hide my true feelings about a situation.
18. I cover or manage my own feelings so as to appear pleasant at work.
19. My job requires that I am nice to people no matter how they treat me.
20. My work requires me to guide people through sensitive and/or emotional issues.
21. My work involves dealing with emotionally charged issues as a critical dimension of the job.
22. My job requires that I manage the emotions of others.
23. My work requires me to provide comfort to people who are in crisis.

APPENDIX E

ANGELO STATE UNIVERSITY
College of Graduate Studies
Institutional Review Board

1/3/2021

Dr. Erica Bailey
Dept. of Communication and Mass Media
Angelo State University
San Angelo, TX 76909

Dear Erica:

The project that you submitted to the IRB for your student Giovanna Scott titled, *"The Presence of Compassion Fatigue in Child Welfare Employees*" was reviewed and approved by Angelo State University's Institutional Review Board for the Protection of Human Research Subjects in accordance with federal regulations 45 CFR 46.

This protocol has been approved effective January 3, 2020. If the study will continue past next year, please submit a notification of continuation at that time. P1ease note that any revisions to these approved materials must be approved by the IRB prior to initiation. All unanticipated problems involving risks to subjects or others, and any unexpected adverse events must be reported promptly to this office.

The approval number for your protocol is #BAI-010321. Please include this number in the subject line of in all future communications with the IRB regarding the protocol.

Sincerely,

Teresa (Tay) Hack Digitally signed by Teresa (Tay) Hack Date: 2021.01.03 15:46:30 -06'00'

Teresa (Tay) Hack, Ph.D.
Chair of the Institutional Review Board

Dr. Teresa Hack, IRB Chair | ASU Station #11025 | San Angelo, Texas 76909
Phone: (325) 486-6121 | Fax: (325) 942-2194

APPENDIX F

ANGELO STATE UNIVERSITY
College of Graduate Studies
Institutional Review Board

1/5/2021

Dr. Erica Bailey
Dept. of Communication and Mass Media
Angelo State University
San Angelo, TX 76909

Dear Erica:

The request by your student, Ms. Giovanna Scott, was received by the IRB to amend protocol #BAI-010321, " *The Presence of Compassion Fatigue in Child Welfare Employee,*" that was originally approved on January 3, 2021. The amendment request has been reviewed and approved effective January 5, 2021.

Please note that the protocol will expire one year from its original approval date. If the study will continue past January 3, 2022, please submit a request for continuation before that date allowing sufficient time for review. Please note that any revisions to this protocol must be approved by the IRB prior to initiation. All unanticipated problems involving risks to subjects or others, and any unexpected adverse events must be reported promptly to this office.

Sincerely,

Teresa (Tay) Hack
Digitally signed by Teresa (Tay) Hack
Date: 2021.01.05 12:52:13 -06'00'

Teresa (Tay) Hack, Ph.D.
Chair, Institutional Review Board

Dr. Teresa Hack, IRB Chair | ASU Station #11025 | San Angelo, Texas 76909
Phone: (325) 486-6121 | Fax: (325) 942-2194

BIOGRAPHY

Giovanna Scott is a graduate of Robert Lee High School in Robert Lee, Texas. She earned her BA in Communication in 2019 and her MA in Communication in 2021, both from Angelo State University. She is married to her high school sweetheart of twenty years and is a mother to three daughters. She is currently a Teaching Assistant for the Department of Communication and Mass Media at Angelo State University and aspires to teach at the college level. As a master's student, Giovanna served as one of two Student Vice Presidents for Phi Kappa Phi. She received the 2017 Howard College Presidential Medal Award, is a Who's Who among College & University Students honoree and was nominated to represent the Department of COMM & MM for the 2019 ASU Presidential and Distinguished Student Award. Giovanna is also the 2021 honoree for Outstanding Graduate Student for the College of Arts and Humanities in Communication.

Previously, Giovanna and her husband cared for 18 children placed in the foster care system. She served as the student manager for ASU's Fostering Ram Success program. As the student manager, she provided support, encouragement, and guidance to ASU students previously or currently placed in foster care. She was recently recognized as one of San Angelo's 20 UNDER 40 for dedication to her community and to the students she helped to become and remain successful at ASU. She is the only student to have ever been nominated for the honor. She continues to serve this particular population today by working as a board member for the Concho Valley Home for Girls and by researching topics related to the child welfare system.