

Residential Child & Youth Care Workers' Perspectives of Job Stress and Knowledge of Interventions

by

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## Abstract

Burnout has been proven to affect the psychological, emotional, and physical well-being of human service employees, organizations' economic status, and those in care. Physical illness and mental health issues can be costs to individuals who provide care to others, with resulting increases to organizational overhead, and reductions of best-practices. This study seeks to provide information for Child and Youth Care educational institutions, Residential Child and Youth Care organizations, and individual Residential Child and Youth Care Workers about the importance of a unified awareness intervention to minimize burnout development and its effects. This qualitative study was developed to examine Residential Youth Care Workers perspectives of job stress, their knowledge of educational, organizational, and personal strategies available or practiced to deal with stress, factors that might contribute to stress development within their work cultures, and potential intervention(s) to assist decreasing burnout development. A semi structured interview format was utilized with recommendations for proactive strategies being drawn from the analysis and previous research.

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## **Chapter One: Introduction**

Child and Youth Care [CYC] is a vast field. Professionals work with children, youth and families who exhibit a variety of developmental and/or anti-social behaviours, and in a multitude of settings. Although other human service professionals share similar solution focused, behavioural, cognitive, and developmental theoretical approaches, CYC is unique due to the therapeutic relationships that are developed with children, youth, and families within their living environments. Residential Child and Youth Care Workers [RCYCWs] utilize an individual's, or family's natural life events as teachable moments. The goal is to provide socially acceptable choices for individuals in order for them to fulfill life's needs and discover resources that will foster successful future developments.

Nova Scotian children and youth who reside in residential group care have been placed there by Community Services because of a myriad of negative experiences, such as having been sexually, physically, or mentally abused, neglected and/or abandoned. The residents of group homes may be, but are not inclusive of teenage parents, sex trade victims, substance abusers, and sex offenders. On-going intensive interventions and support are required because of the level of risk these individuals pose to themselves or others.

The therapeutic relationships RCYCWs attempt to develop with children, youth, and families are complex due to family of origin dynamics. Creating an environment of safety and trust within group care facilities requires a healthy team and program. Every child, youth, and family possesses unique concerns requiring individual interventions regardless of the group environment. Successful interventions rarely occur without the input of residents and their sources of support. Facilities cannot always provide the level of safety and trust

required for children and youth to overcome their trauma(s). This is a reality that I struggle to accept at times.

To avoid the potential burnout consequences of their work, RCYCWs need to be aware of the potential emotional challenges, actively engage in self awareness, and develop strategies to cope with job stressors. The purpose of this study was to enhance my knowledge, self awareness, and development strategies to provide best practice within therapeutic relations and remain emotionally, psychologically, and physically healthy. I also wanted a medium through which I could share my story, validate others' experiences, and potentially contribute to the field by affecting positive change.

Research examining the extensive effects of occupational burnout has identified variables influencing the experiences of job stress, as well as potential preventative and intervention approaches. It has been argued that holistic preventative approaches might assist early recognition and action (Decker, Bailey, & Westergaard, 2002; Maslach, 1979). Why then are we not acting or advocating for further training and support for our profession? Why are we not using the skills practiced with children, youth, and families to explore potential barriers to best practice and healthy living for ourselves?

As noted earlier, the field of CYC is immense, but the data attained is from the Residential Child and Youth Care Worker perspective, and conclusions drawn might not be transferable to all domains of the CYC field. We are our greatest resource, nobody understands the stressors of our job better than our own.

*Italics represent my story.*

## Terminology

- Child and Youth Care Worker [CYCW]: a Child and Youth Care worker is a professional who assesses the needs of children, youth and families in an attempt to provide psycho-social interventions in various therapeutic contexts.
- Residential Child and Youth Care Worker [RCYCW]: a CYCW who works in a residential group home; a temporary placement for children or youth who cannot live with their families due to safety concerns.

## *My Story*

*My mother's family of origin consisted of 15 children, nine boys and six girls. As child number six, my mother's family responsibility included the care of two younger sisters. Mom became a registered nurse and within the first year of her career became a stay at home mother, ultimately of three. I was the youngest and only daughter. Mom role-modeled care of others before self. Her ability to be non-judgmental set her apart; individuals felt safe sharing and being cared for by her.*

*My father's family of origin consisted of six children, five boys and a girl. My father was child number one. His family responsibility was helping his father who had cancer and later died, then survival. Dad initially joined the navy, but worked many jobs until he retired, not by choice but due to physical necessity. Work was life, and life was work. He modeled an impeccable work ethic.*

*I was drawn to peers exhibiting antisocial behaviour, some of which*

*spent time in and out of youth detention facilities. I wanted to help. At nineteen years old my awareness of opportunities to assist others was limited, as was, my educational self esteem. I did not feel university was a viable option. The Nova Scotia Community College, in Windsor, offered a one year Corrections Program. The Halifax Correctional Center [HCC] was a 10 minute walk from my family home so I enrolled in the college program, believing this career would meet my need to help others.*

*My initial practicum placement at the HCC was not an appropriate fit for my values. The approaches I witnessed and were required to implement did not feel like helping. The environment was sternly controlled due to safety concerns; the lack of flexibility and personal opportunity for contribution felt disempowering. I was uninterested, even bored with the job role. The opportunity to experience the position as a student, not a new casual worker, was a blessing, as otherwise I would have been a turnover statistic. My instructor selected my second placement at a residential group home for teens, which I had been unfamiliar with until the course, it kept me mentally and physically occupied. I felt I had a say in how the program functioned, was happy with the pay, and had fun with my team. I remained a casual for seven years I was not yet ready to commit to RCYC work. I am not sure when I made the decision to make it my career.*

*Within my initial four years of RCYC, and first stage of CYC development, I was exposed to youths' life stories: their experiences of sexual, physical, and emotional abuse; neglect; and abandonment. My physical well-*

*being was jeopardized when a resident attacked me with a pair of scissors pinning me in a corner. My own fist the only object blocking the weapon from piercing my neck, two team members came to my aid. No support or debriefing was provided to assist me in processing the emotions such situations were invoking. I lacked the sufficient level of emotional intelligence and self-efficacy, my training was insufficient, and support inadequate; a trauma informed practice was not yet implemented. The Child and Youth Care scope of practice did not exist. There were no ethical guidelines, code of conduct, or mission statement to guide me.*

*I could not cope with the emotional and psychological strain I was experiencing. I became emotionally numb, although identified my lack of feeling as desensitization. I perceived my emotional reactions as an individual weakness and did not trust any other person adequately enough to share. Thought distortions: all or nothing thinking, "should" statements and personalization and blame, became unhealthy coping mechanisms. I relied on behavioural modification techniques with youth to provide myself with a false sense of safety and control. After eight years being drug free, I began using marijuana and experimented with magic mushrooms. I needed support and guidance. Job stress was impacting my well being, but I was unaware what I could do to help myself.*

Individual workers exposed to vivid and traumatic material of clients can develop unfavorable changes in regards to professional views of self, others, and the world identified



as vicarious traumatisation [VT] (Baird & Kracen, 2006). VT disrupts an individual's perspective in five psychological areas: safety, trust, esteem, intimacy, and control. Changes in individuals due to these disruptions are invasive, cumulative and permanent (Baird & Kracen, 2006). If traumatized individuals feel that there is a lack of support and safety to deal with their perceived stress, they may begin to experience various syndrome symptoms (Maslach, Schaufeli, & Leiter, 2001). Unless sufficient support is provided, perpetually challenging client behaviour does not provide RCYCWs with enough time or energy to recharge, or to implement strategies to cope effectively. A reduced sense of accomplishment will result, as well as increased exhaustion, and depersonalizing of clients.

*As a Residential Child and Youth Care Worker for 23 years I provided support and guidance to 12 to 18 year old teens and their families within multidisciplinary teams 24/7, 365 days of the year in community group homes. I felt challenged, occasionally stuck, and twice experienced burnout.*

### **Burnout Syndrome**

The term "burnout" was coined in the early 1970s almost simultaneously but independently by Herbert Freudenberger (1974) and Christina Maslach (1979) who each examined the phenomena using different approaches. Maslach's from a scientific perspective as a psychological researcher, Freudenberger's from a clinical point of view as a practicing psychiatrist (Schaufeli, 2003). Despite their varied approaches their findings were in agreement that burnout is a syndrome created by the emotional demands of one's work (Schaufeli, 2003; Seti, 2007). What they did not agree on were the factors leading to the onset of symptoms. Maslach identified the causes of burnout as being linked to

interpersonal, organizational, and social factors (Maslach, 1979). Freudenberger argued that burnout is a mental disorder brought on by personal characteristics of employees (Freudenberger, 1974).

*The first time I experienced burnout development I thought something was wrong with me mentally! I'm not meant to do this work! I am weak!*

Both researchers initially defined burnout as consisting of two elements: emotional exhaustion, and a reduced sense of accomplishment (Maslach, 1979). Maslach and Jackson (1986) added the depersonalization of the client by employees to the meaning of burnout. Researchers have spent years studying factors that might contribute to the development of burnout, and interventions that might avoid burnout development.

Prolonged exposure to stressful job environments erodes the psychological defences that are used for coping and adapting (Raider, 1989). Seti (2007) has argued that burnout symptoms manifest themselves differently, building gradually, and unconsciously, impacting an employee's job behaviour and professional identity. Burnout may be manifested physically, emotionally or psychologically (Barford & Whelton, 2010). The following table represents symptoms individuals may experience due to burnout (Barford & Whelton, 2010):

<b>Physical symptoms</b>	<b>Emotional symptoms</b>	<b>Psychological symptoms</b>
Exhaustion	Increased sadness	Depression
Skin irritations	Irritability	Anxiety
Headaches that linger	Inability to show caring	
Stomach problems	Quick to anger	
Insomnia	Cry easily	

Maslach et al., (2001) have noted parallel findings that link occupational burnout and employee substance abuse.

*Mental images replayed over and over in my mind as I tried to sleep. Anxiety built as I thought of potential scenarios, not only with clients but my shift partners. Strategies to deal with potential situations were compiled. I did not live, or practice in the moment. Gravol was used as a sleeping aid. I socially isolated myself, called in sick routinely due to irritable bowel symptoms and migraines, was pessimistic to the plight of the clientele, and was not satisfied with my work. The energy I had went to applying a perception of strength, a mask, to hide my perceived weakness.*

Burnout syndrome does not have a single unifying theory and is not universally recognized despite it having been recognized as a worldwide phenomenon (Eriksson, Starrin, & Janson, 2008; Schaufeli, 2003; Schaufeli, Leiter, & Maslach, 2008). Global research supports the link between burnout, job performance, absenteeism, and turnover in part due to changes within working environments due to liberalization, globalization, and privatization which all bring a variety of new expectations to non-western societies with differing values and social environments (Schaufeli, 2003).

The Netherlands and Sweden have identified burnout as a medically defined disorder, while other countries have identified it as a syndrome (Schaufeli 2003). Schaufeli (2003) reported Dutch data indicated 4 to 7% of the working population suffers from burnout so severe it requires medical attention. It has been estimated that between 6 and 8% of human service employees experience burnout to the extent that it requires medical intervention

(Schaufeli, 2003). Schaufeli and Enzmann (1998) compared data from 57 US studies to 27 Dutch studies and found that significantly higher levels of emotional exhaustion and depersonalization exist in the US, indicating that the numbers of employees affected by burnout are higher.

### **Burnout Measures**

During the pioneering phase of empirical research on burnout, qualitative approaches were utilized with small numbers of participants who were predominately from human service professions in health care. In the 1980s quantitative approaches were developed, allowing for broader investigations of persons in a variety of occupations and with larger numbers (Maslach et al., 2001).

The Maslach Burnout Inventory [MBI] is one such measure. It consists of three versions; the Human Service Survey [HSS], the Educator Survey [ES], and the General Survey [GS]. Each is a twenty-two item, pen and paper, inventory that quantitatively measures emotions, attitudes, and beliefs using a seven point likert scale, with the totals identifying low, medium, or high rates of burnout (Bahner & Berkel, 2007; Maslach et al., 2001; Maslach & Jackson, 1981; Leiter & Schaufeli, 1996). Factor analysis has confirmed MBIs reliability (Leiter, 1991). The HSS is the most commonly used test to measure scales of emotional exhaustion, decreased personal satisfaction, and personal accomplishment (Leiter, 1991). An individual exhibits burnout if the central signifier, exhaustion, is present and is accompanied by one other of the burnout dimensions (Barford & Whelton, 2010; Schaufeli, 2003).

## **Stages of Burnout Development**

Despite arguments that burnout is manifested differently across individuals, research has indicated that it can be a gradual process consisting of regular stages. Eriksson et al's, 2008 interview research, with 32 Swedish service sector workers diagnosed with burnout and on long-term sick leave, determined there to be eight stages of burnout development, as follows:

Stage 1: Experiencing extensive organizational change and cutbacks.

Stage 2: Experiencing conflict within previously stable work groups.

Stage 3: Experiencing increased work and relationship demands.

Stage 4: Experiencing incompatible and contradictory expectations.

Stage 5: Experiencing lack of trust towards others and decreased confidence in self impacting self esteem.

Stage 6: Experiencing strong emotions and health problems, tiredness and exhaustion obvious.

Stage 7: Experiencing personal collapse as normal brain or body functions cease.

Stage 8: Experiencing absence due to sickness.

Other assessment tools have been designed to broaden testing. The Copenhagen Burnout Inventory [CBI] was developed to assess the three domains related to work and personal life (Borritz, Bultmann, Rugulies, Christensen, Villadsen, & Kristensen, 2005). Although a broader approach, it has not been proven to be as reliable or as valid for identifying worker burnout (Borritz et al., 2005). The Burnout Measure was developed to investigate whether the core dimensions of exhaustion consist of three separate categories: mental, physical, and emotional (Pines, Aronson, & Kafry, 1981) however the research has

not supported this hypothesis (Queally, 2003).

### **Burnout Prevention and Management**

Research on the causes of occupational burnout has identified six core dimensions that can reduce occupational stress and identify whether an individual and the job they want to pursue is an appropriate fit (Maslach, 2001). Employees need to perceive that their job environments consist of:

- A balanced workload.
- Feelings of control in regard to decision making.
- Appropriate reward for work.
- Fairness among employee management relations.
- Similar values.
- A sense of community.

If a worker perceives that one or more of these dimensions is not present they may experience burnout (Maslach & Goldberg, 1998; Raiger, 2005). Individual development plans could address these areas in helping identify potential areas of job stress.

The job demands-resources model has been the most frequently cited research to explain the etiology of burnout (Jenaro, Flores, & Airas, 2007). It proposes that burnout arises when the physical, social, or organizational demands made on individuals are not balanced with available resources to effectively deal with them. Resources allow individuals to achieve work goals, decrease the effect of physiological and psychological stresses and allow for individual development and personal growth (Jenaro et al., 2007). When resources are not balanced with demands coping strategies need to be utilized by employees and

organizations to counter the negative effect of stress. The process of burnout development appears to begin if supports or appropriate interventions are not provided.

Positive psychology theorists are attempting to change the direction of burnout research by examining the engagement of employees (Schaufeli, 2003). Further research is required to uncover to what extent psychological processes are responsible for burnout and work engagement in individuals (Schaufeli et al., 2008). It has been highlighted by Schaufeli et al. (2008) that researchers will need to examine the job-demands resource model to see if supporting further engagement by employees in their work environments will decrease burnout symptoms or amplify them.

### **Individual Characteristics and Burnout Management**

Early research on burnout examined the stress experienced by individuals and the possible demographics, personality characteristics, and work related attitudes that might contribute to job stress (Maslach, 2003; Maslach et al., 2001). Findings indicate that although individual factors do play a role, situational factors within one's work environment have greater significance, indicating that burnout is more of a social phenomenon, rather than an individual one (Maslach et al., 2001).

Raider (1989) has indicated there is an interaction between personal and situational work factors in the development of burnout that can only be understood within the environmental work setting, and an employee's lack of engagement occurs when the individual's positive state of mind is eroded. Job engagement is contrary to the three dimensions of burnout, characterized by energy, involvement, and efficacy (Maslach & Goldberg, 1998; Raiger, 2005; Schaufeli et al., 2008). Research examining

improved engagement by creating a better *fit* between an individual and their job has introduced significant findings and possible prevention to burnout (Raiger, 2005).

**Gender and Family Status.** Maslach et al. (2001) explain that differences between genders in relation to the manifestation of burnout are minimal. They note that small variations such as men indicating consistently higher levels of cynicism and women having higher rates of exhaustion may be influenced by gender role stereotypes and job availability.

Having children might be conducive to burnout and employee turnover, but Zellmar (2008) highlights that further research is needed to see if this is the case or if in fact it is incompatibility with work policies that is the real issue within the human service professions.

**Age.** Being younger than 30 or 40 years has been identified as one of the most influential demographic factors of experiencing burnout (Maslach et al., 2001). Barford and Whelton (2010) found significantly higher levels of depersonalization in a study of 94 Child Care Workers [CCW] from eight Canadian agencies. The hypothesis that age is an antecedent to burnout was not supported by this study as significant levels of exhaustion were not found to accompany depersonalization. Significant levels of decreased personal accomplishment were also not found (Barford & Whelton, 2010). Attrition is a significant problem in CCW, therefore while older employees might have superior immunity against work related stress, what is likely happening is that younger employees leave the job (Maslach et al., 2001). Age and work experience can be confused and further research is needed (Maslach et al., 2001).

**Ethnicity.** There is limited research on the relationship between ethnicity and burnout, thus the relationship between these factors has not been established (Maslach et al., 2001). Evans, Bryant, Owens, and Koukos (2004) studied 131 female CCWs consisting of



82 Caucasian Americans [CA] and 49 African American [AA] participants for ethnic differences in burnout, coping strategies, and intervention acceptability. The study utilized the MBI, an intervention acceptability questionnaire, and the Coping Orientations to Problems Experienced Scale. The results indicated that AAs experienced higher levels of depersonalization as well as emotional exhaustion, but depersonalization was the only component predicted by ethnicity. The findings also indicated AA participants utilize significantly different coping strategies, and these coping strategies were predictive of all three burnout components. The AA group had an increased willingness to participate in interventions for stress management than CA (Evans et al., 2004).

**Personality Characteristics.** Employers need to examine not only environmental factors to diminish the impact of turnover, but the personality characteristics of employees they hire (Barford & Whelton, 2010). Personality characteristics have been studied to determine who may be at greater risk of developing burnout. Neuroticism, characterized by depression, anxiety, or hypochondria, as well as, low self-esteem are individual variables linked to all three burnout dimensions (Barford & Whelton, 2010; Maslach et al., 2001). Likewise, Manlove (1993) found positive correlates with all three burnout facets in reference to neuroticism in her study of 188 CCWs. Extraversion has also been identified as a significant risk factor (Barford & Whelton, 2010).

Interventions in relation to personality traits are rare, time consuming, expensive, and have not shown the same positive results as interventions for organizational characteristics (Seti, 2007). The variance within personal accomplishment for CCW was found to be related to personality traits of individuals such as extraversion, neuroticism, and conscientious factors (Barford & Whelton, 2010). This is an important finding as it contradicts previous

research that indicates organizational factors as most heavily influencing how burnout is seen and treated (Barford & Whelton, 2010).

**Emotional Intelligence.** Human service workers appear to experience burnout differently than other service sector employees (Maslach et al., 2001). The empathetic approach needed during direct contact with clients is exceedingly demanding psychologically and emotionally (Barford & Whelton, 2010; Maslach et al., 2001). Individuals who have the ability to express, identify, and understand not only their emotions, but the feelings of others, and to adapt to these emotions cognitively are defined as emotionally intelligent (Gorgens-Ekermans & Brand, 2012). Studies involving human service employees who have been identified as having positive levels of emotional intelligence display significantly lower stress levels, and decreased levels of burnout development (Augusto-Landa, Lopez-Zafra, Berrios-Martos, & Pulido-Martos, 2012; Gorgens-Ekermans & Brand, 2012; Reza, 2012).

Augusto-Landa et al. (2012) studied 251 teachers for a relationship between perceived emotional intelligence, and the ability to predict burnout. The study identified a direct effect between an individual's perceived emotional intelligence and the likelihood that they will experience burnout. Reza's (2012) study with 147 teachers found emotional intelligence and agreeableness defined ones' level of depersonalization, while Gorgens-Ekermans and Brand's (2012) study of 122 nurses found emotional intelligence to be a moderator of higher levels of burnout.

These findings indicate skill development training in emotional intelligence could be a significant intervention for burnout development in human service employees as it might provide enhanced skill development in regards to emotional awareness and repair.

**Perception.** Inexperienced human service workers often place unique pressures on

themselves by adopting an idealistic, or naïve view of job expectations, and client outcomes; this is referred to as professional mystique (Leiter, 1991; Raider, 1989; Shinn, Rosario, Morch, & Chestnut, 1994). These employees are often viewed as dedicated and cooperative within residential treatment environments, although fellow co-workers may view their beliefs as being altruistic (Raider, 1989). Once individuals become aware that the realities of the work are not congruent with such ideologies, their crushed expectations can leave them frustrated and alienated, which can increase their susceptibility to burnout development (Raider, 1989; Raiger, 2005; Seti, 2007).

An employee's commitment is negatively affected when unrealistic beliefs regarding the choices made by their clients are challenged (Leiter, 1991; Shinn et al., 1984). Manlove (1993) studied 188 CCWs to evaluate the effects of employee's organizational commitment on the three factors of burnout. Significant results were found as employees exhibited less emotional exhaustion and greater personal accomplishment when committed. Preliminary findings from data provided from over one hundred burnout workshops, between 1976 and 1980, indicated that persons entering human service fields with high levels of motivation and idealism eventually suffered within both their personal and professional life when disillusionment set in (Pines et al., 1981). Moreover, human service workers are usually not provided with the opportunity to experience completion or follow-through with their clients. This is perhaps the most significant contributor to the experience of diminished personal accomplishment, which leads to higher levels of exhaustion (Seti, 2007). Freudenberger stated:

Child and youth care workers often cannot know if the work that they have done so diligently with a child has really been effective. They may never see

that child again, may never know that all the effort they put in really *did* pay off, but only for the next agency. The child may leave an agency to soon, may leave as a negative, rebellious, angry, and depressed individual. The disturbing feeling of 'unfinished business' takes its toll. (as cited in Seti, 2007, p. 201)

**Self-Efficacy.** Jerusalem and Hessling (2008) define self-efficacy as an individual's belief that they are capable of achieving a course of action that is required to attain a given goal. Self-efficacy has been found to be related to an individual's motivational orientation, social competency, conflict solving ability, and stress adaptation. It is also recognized as a general health protective factor to many physical and mental diseases. Levels of self-efficacy vary, highlighting the importance of individual characteristics' in burnout development. Their two research studies, conducted in the German school system, found self-efficacy promotion can be accomplished through teaching strategies. The benefits indicate that those who possess higher levels of self-efficacy are able to cope with new and difficult demands, as demands are perceived as challenges, and are taken on with greater persistence and effort. Therefore, fostering the development of self-efficacy could assist an individual to deal with the antecedents of burnout development by increasing self-regulation and coping efforts.

Poulin, MacKenzie, Soloway, and Karayolas (2008) designed two mindfulness-based interventions to promote well-being and decrease stress in human service workers. Forty nurses participated in a traditional relaxation method, which was compared with a mindfulness intervention. Both strategies increased levels of relaxation and life satisfaction, while the mindfulness training lowered emotional exhaustion scores. The second study provided 28 teacher trainees with wellness education based in mindfulness. Those

participants who were in the experimental group showed increased mindfulness, life satisfaction, and an increased ability to teach self efficacy, compared to over 16 control participants.

These findings indicate the importance of implementing self-care curriculum in academic settings for human service workers, as well as ensuring organizational professional development initiatives related to self-care. Their findings in the advancement of self-efficacy education might increase levels of optimism in employees and provide clients an opportunity to learn these skills via their care takers.

**Support.** Human service workers who have support in the form of a friend, family member, co-worker, manager, or supervisor might have reduced development of burnout and turnover rates (Ducharme, Knudsen, & Roman, 2008; Lambert, Altheimer, & Hogan, 2010; Pines et al., 1981). Lambert et al's 2010 survey examined 160 private correction staff on the relationship between burnout and social support and found a correlation with all three burnout dimensions. The data demonstrated that various forms of social support exist and these variations influence the dimensions of burnout differently. Research conducted by Barford and Whelton (2010), as well as Manlove (1993), with CCWs, concluded that having a supportive significant other in one's personal or work life decreased feelings of emotional exhaustion. A study by Maslach et al. (2001) found that those who are single, in particular men, appear more prone to burnout, even over divorced workers.

### **Organizational Environments**

Organizational characteristics are believed to be the most significant experiences affecting burnout development (Barford & Whelton, 2010). Research has identified stress

inducing occupational and management issues in the areas of clients, leadership and management styles, interpersonal relationships, training, and organizational factors (Dillenburger, 2004; Pines et al., 1981). In human service organizations stress inducing environments have been connected to turnover, absenteeism, frequent physical and psychological symptoms, disruption of interpersonal relationships, reduction in service quality, and negative effects on colleagues which increases the possibility of burnout contagion (Barford & Whelton, 2010; Maslach et al., 2001).

**Client Factors.** Human service work is viewed as a unique job due to its client-centered focus. Pines et al. (1981) notes that employees attempt to provide knowledge and resources to empower clients to meet their own needs and live in socially accepted ways. The client chooses whether they will receive the help. Thus, the relationship is not complementary. Employees are expected to maintain a detached concern, even when they are exposed to violent and emotionally intense situations.

Bahner and Berkel (2007) explored the role of demographic variables, job-setting variables, supervisor support and personality characteristics. Job-setting variables affected individuals' personal accomplishment. Batterer intervention employees reported spending 14 hours a week with clients during a 40 hour work week. Human service employees who deal with perpetrators and the nature of their behaviours, who see high client recidivism, and who lack social support have increased feelings of powerlessness and inadequacy.

**Organizational Culture.** Raiger (2005) defines an organizations culture "as a pattern of basic assumptions that are considered valid and that are taught to new members as the way to perceive, think, and feel in an organization" (p.72). She further states that a healthy organizational culture promotes a positive environment that establishes increased job

satisfaction, retention, productivity, and emotional well-being of human service workers. To determine if an organization's culture is healthy, an assessment needs to be performed to see how the public receives and accepts the implementation of services provided. Additional literature discussed by Raiger supports the positive effects of implementing interventions to foster healthier organizational cultures, and promoting positive environments to decrease turnover and improve client's quality of care although additional research is recommended at an emic level. Therefore, employees' well-being can be assisted by organizations identifying work values and ethics within mission statements and professional codes that are shared globally. As previously stated, Bahner and Berkel (2007) examined burnout in 115 individuals employed within batterer intervention programs. Their results were significant. Emotional exhaustion and depersonalization fell in the moderate range of burnout, predicted by job setting variables, and an employee's personality. Job setting variables positively affected lower levels of burnout. Further exhaustion, the key component of burnout has been associated with situational factors, rather than individual differences of employees.

**Work Load.** Occupational stress is felt by workers who perceive an imbalance between the realities of job demands and their ability to achieve favourable outcomes within the work context. Occupational environments with consistently unbalanced workloads do not provide employees time to rest or restore, with exhaustion resulting. Researchers have found an association between exhaustion and workload imbalance for human service workers (Leiter, 2005). Social workers report a lack of time to satisfactorily perform duties as the primary cause of their stress over client related issues (Dillenburger, 2004). Police officers who participated in an informal survey reported 70% of their stress was due to work overload, while 50% of human service workers reported stress in relation to work overload

(Pines et al., 1981). Workers involved in long term burnout rehabilitation reported that when increased job resources, or decreased job demands were implemented they improved in job satisfaction and decreased depression (Hatinen, Kinnunen, Makikangas, Kalimo, Tolvanen, & Pekkonen, 2009).

**Role Conflict & Ambiguity.** Studies related to human service workers have shown a high to moderate burnout rate in relation to role conflict and ambiguity (Barford & Whelton, 2010; Maslach et al., 2001). Individuals reported high levels of work pressure, decreased job commitment, and elevated levels of emotional exhaustion when job roles and expectations were not understood (Barford & Whelton, 2010; Manlove, 1993). In Manlove's (1993) study of 188 CCWs, a positive correlation was found between an employees work role ambiguity and all components of burnout.

**Supervisor & Employee Support.** Social support has been a well-researched variable in relation to the development of burnout. Employees that have supervisor, co-worker, and personal support experience fewer burnout symptoms (Maslach et al., 2001). Manlove's (1993) previously noted study also explored the impact positive supervisor and co-worker relations have on burnout dimensions, finding that when CCW participants perceived that support was available, a significant reduction in depersonalization levels were found.

Putnik, Jong, and Verdonks' (2011) study examined the responses of 14 human service professionals to questions about seeking help with burnout. They found that while supervisors might acknowledge greater workloads, they do not provide strategies for balancing the added strain. Other employees were identified as incompetent, if acknowledged at all. The study recommended that supervisors and health care practitioners



receive further education about burnout, as employees will often deny symptoms and over-extend themselves, reaching a breaking point. They found that only those who had previously experienced burnout symptoms sought medical and psychological assistance when symptoms recurred.

**Empowerment and Autonomy.** Raiger (2005) found that levels of stress decreased in work environments when employers provide access to information, resources, support, as well as, opportunities to learn and develop. Hierarchical organizations have high turnover, low job satisfaction, and swift burnout due to centralized decision making (Pines et al., 1981). Substance abuse treatment counsellors had significantly lower levels of exhaustion when they had sufficient decision making authority in performing job tasks (Ducharme et al., 2008).

### **Coping Strategies and Interventions**

Burnout prevention and coping strategies that address job and individual variables appear to have positive implications (Bahner & Berkel, 2007). Jenaro et al. (2007) examined 211 human service workers exposed to coping strategy interventions meant to improve employee quality of life and service delivery. The study indicated that coping strategies alone do not prevent burnout development, but might prevent worker turnover. When coping strategies were implemented with individuals who reported higher job and salary satisfaction, greater personal accomplishment was reported.

Training that focuses on the realities of client outcomes, availability of supervisor support, work-life balance skills, and the actuality of demands in relation to resources needs to be implemented by organizations and human service education programs. As reported in

the research, these approaches will assist in decreasing emotional exhaustion, the key component of burnout development (Barford & Whelton, 2010; Schaufeli, 2003).

Contradictory evidence exists within burnout dimensions and burnout levels. Therefore, examining job specific data before designing burnout intervention and coping strategies is recommended. Future studies will need to examine the feasibility of specific supports and interventions for specific human service jobs. These studies might indicate that for each institution, company, or job setting, unique supports and interventions need to be implemented, refined and altered.

A gap in longitudinal studies examining burnout intervention success as well as cost effectiveness not only exists but is vital at a personal and organizational level (Maslach et al., 2001). Longitudinal approaches are required to provide further empirical evidence on whether traits, such as empathy, can be increased in employees through training and to identify qualities that may increase risk of burnout development (Schaufeli, 2003).

### **Summary**

In this chapter, I have introduced the vast and unique field of CYC and its scope specifically related to RCYC, the purpose of the study and previous burnout syndrome literature. Research indicates burnout development can be contributed to a multitude of predominately organizational influences, although individual factors may play a role. CYC educational factors are not summarized as research is not available, although research indicates individuals can be taught emotional intelligence, self-efficacy, cost of caring awareness, and potential coping strategies.

In the following chapters I will detail my quest for answers outlining my

methodology and findings, as well as, educational, workplace and individual recommendations to support RCYCWs in an effort to decrease burnouts impact on individual employees, organizations, and the children and youth for whom we care.

## **Chapter 2**

### **Looking For Answers**

Although there is ample research on burnout and significant findings regarding steps to effectively deal with job stress there appears to be a lack of awareness or implementation regarding these interventions. Further research into why current findings are not being implemented by RCYCWs, Child and Youth Care [CYC] educational settings, and the RCYC organizations are needed. Burnout is threatening the social perception of Residential Child and Youth Care [RCYC] services, the health and professional image of care providers, and the care of children, youth and families served.

This study seeks to provide RCYC organizations, CYC educational institutions, and individual Residential Child and Youth Care Workers [RCYCW] with recommendations on the importance of a unified intervention as a strategy to minimize burnout development and its effects. This qualitative study was developed to examine RCYCW perspectives on personal, educational and organizational interventions provided and practiced to deal with job stress, as well as intervention suggestions. The data provided could potentially assist RCYC organizations, educational programs, and individuals develop strategies to deal with the effects of stress. This study has been designed following Howitt (2010) in order to study availability of existing data. Questions were formulated from information obtained through a literature review on causes of stress and proactive interventions.

## **Methodology**

### **Method of Participant Selection**

Purposeful sampling was used for participant selection. Only RCYCWs with a minimum of three years experience were approached. Each individual was informed that a semi-structured interview of approximately 60 to 90 minutes would be used to gather data on job stress related to RCYCW. Participants' rights were explained and all were made aware that the interviews would be summarized by the researcher from the recordings. A time, date, and location for each interview was agreed upon between individual participants and myself.

In describing demographics I am including my own, as I share my perspectives in the data analysis. Participants consisted of three Caucasian females and one Caucasian male. Age range varied: one was between 21 and 30 years old, one between 31 and 40, and two between 41 and 50. Two held diplomas and a University degree, while the other two held Nova Scotia Community College [NSCC] Child and Youth diplomas. Two participants were single, one was married, and one was in a common-law relationship. Two participants had another human service job of 4+ hours a week, two did not work elsewhere.

### **Method of Data Collection**

Individuals perceive stress differently as the concept of stress is constructed subjectively within one's mind and is based on experience and knowledge of the individual (Guba, 1990). In order to capture unique perspectives semi-structured interviewing was used. As I have experienced burnout development requiring sick leave on two occasions, I

needed to be reflexive of the possible biases that might come up for me during the research process. I maintained empathetic neutrality to allow participants the opportunity to share their perspective on the topics (Guba, 1990; Patton, 2002). I used pre-determined questions and probes (Appendix C) to guide participants through the material while allowing for discussion flexibility. Probing questions were used to elicit further information when I sensed the individual might have had more to say or further clarification was required.

Semi-structured interviewing does have drawbacks. Social constructivists argue that the realities generated in qualitative research are constructed by the interaction between interviewer and participant and cannot be predicted or controlled (Guba, 1990). I took into account these limitations in my discussion of the findings.

A demographic questionnaire (Appendix B) was utilized to gather data such as: age range, gender, marital status, education level, length of time participant intended to remain in current RCYC position, number of hours worked in additional job(s), and if so, were they human service positions.

### **Ethical Considerations**

Consent forms (Appendix A) were provided to participants and reviewed with them prior to the interviews. The letter of consent addressed the voluntary nature of the study and confidentiality measures. Questions were answered in an attempt to ease participants' possible anxieties. Individual participants were provided a duplicate copy of their consent form upon the completion of the interview. Participants were reminded that they did not have to answer any question(s) that made them feel uncomfortable, that they could take a break or withdraw at any time during the process. Participants answered all questions and

did not feel a break was needed. Two participants asked that small portions of their data not be used in the final thesis document due to confidentiality concerns. At the end of each interview session my Non-violent Crisis Intervention training was utilized to determine if the participant appeared to be experiencing anxiety. No adverse effects were apparent. A list of resources for mental health supports (Appendix D) were provided to all participants in case they should experience negative emotions from the interview.

Participants were asked to provide their e-mail address if they would like an electronic copy of study findings. In compliance with Mount Saint Vincent University ethics protocol, the data summaries will be kept for five years, and no identifying material of participants will be utilized. A password secure personal computer and two memory cards were used to save the data.

### **Data Analysis**

The interviews were digitally recorded and summarized. The probability of attaining an inclusive sample due to the restrictions of the study cannot be confirmed. Generalization of the data is not the goal, but rather individual's rich perspectives. I am aware that my novice status in conducting qualitative interviews to the reader will result in limitations of the research findings.

### **Reliability & Validity Issues**

As I am a RCYCW with over twenty years of experience I have perceptions of my own regarding job stress and its effects. My experience of work related stress, self awareness, and individual development was the catalyst for this study. These noted biases

might affect the process of the study and therefore the findings. As Patton (2002) notes of the issues pertaining to bias, I needed to acknowledge the ideological origins of my own perspectives as well as the participants during the interview process, analysis, and documentation of the research findings. I used predetermined questions or probes noted on the interview guide to help me remain neutral while responding to participant's answers. I remained neutral by not validating or challenging perceptions similar to my own. To further limit the impact of bias I also looked for data that would also contradict my own perceptions and experiences.

Reliability in qualitative research methods is difficult to achieve. Howitt (2010) explains this to be the case because individuals' perceptions are not fixed but often defined by the situation, therefore replicating the study might not elicit the same findings. Howitt suggests that the use of valid measures supports the reliability of concepts being measured. He further argues that reliability is supported when questions are asked in the most straightforward and tangible manner. My review of the questions along with that of my supervisor, and a friend, not involved in the study, has provided re-assurance that this criterion has been met.

### **Findings**

The findings from this study mostly support those identified in the literature, and reassured me - *I am not weak! I can do this job! I am human!*

On being asked the length of time they intended to continue working in their current position participants, answers varied. One replied, "Forever!" Another stated, "I'm not sure." A



third said, "1-5 yrs." A fourth, "unknown." That three of the four lacked a long term commitment to the field might help explain the preponderance of negative feelings toward the work and related signs of burnout potential. Research has indicated that a lack of employee commitment can affect burnout development. Further research needs to be conducted to determine whether an employee's reason(s) for departure are due to a lack of commitment, or to increased levels of self-efficacy, emotional intelligence, and stress awareness thus assisting an individual identify a lack of job 'fit.' CYC educational programs may be able to implement increased job role awareness. With an enhanced knowledge students may choose increasingly appropriate jobs for themselves within the CYC field, decreasing turnover and organizational costs. Research has shown employees have increased levels of individual and job engagement when their job is a better 'fit' (Raiger, 2005).

Researchers may need to examine whether an individual's age, or length of time employed in RCYC, contributes to the development of depersonalization, one of the characteristics of burnout. Cynicism toward the work did not appear to be influenced by the age, or gender of participants as all indicated some form of skepticism or misgiving toward one's educational training, management role models, or team member values and/or ethics.

As discussed in chapter one, research has indicated that burnout development can occur in gradual, regular stages despite arguments that individuals manifest the syndrome uniquely (Eriksson et al., 2008). On reflection, I followed Eriksson et al. (2008) eight stages of burnout development, and would concur with the order noted. The data of one participant indicated stage five burnout development, although the order of experienced stages was unclear. A change and/or conflict within previously stable work groups, increased work demands and/or relationship demands, incompatible and contradictory expectations, a lack of trust towards others and

decreased confidence in self esteem indicated stage five. Two participants' data showed evidence of stage six as strong emotions and exhaustion were also evident. Only myself had experienced stage eight burnout development requiring an extended period of time off.

Significant team change and periods of increasingly demanding behaviours, without sufficient resources to cope effectively, were noted again and again by participants. Team changes may interfere with a person's previously established coping strategies. New team dynamics require individuals to exert energy in an effort to adapt. Change is particularly difficult for persons working with high risk behaviours, because the extra time and energy required to work on establishing healthy team dynamics is not available, escalating strain levels. Participants stated: "Where I am at currently, we just need another staff." "You are so busy dealing with these couple that are off the wall, other youth suffer." The children, youth, and families RCYC teams support are not the only ones affected. Team members cannot support each other because they do not have the time or energy.

An individual's team and supervisor were acknowledged as participants' finest coping resources. One stated emphatically: "Co-workers, team members are huge! You spend 12 hours a day with them, they are your biggest [support]." A valued leader recognizes these concerns and assists employees with potential resources. Team members that are not provided with necessary support might lose respect for managers and supervisors.

### **Expectations**

The semi-structured interview format evoked tone, cadence, and volume change indicative of strong emotions when sharing information pertaining to supervisor and management behaviour. RCYCWs witnessed or experienced unethical behaviour, lack of respect, and a 'protect your own mentality' by management when feedback concerned a supervisor's

performance.

Expectations of professionalism, defined by participants as following CYC ethics and boundaries, were unmet in relation to managers, supervisors, and co-workers. Inappropriate behaviour by organizational members has a significant impact on an individual's stress level. One stated: "When I first started I had the expectation supervisors and managers should be nothing but professional, abide by the code of ethics, everything else a supervisor is expected to be, to be a true leader. I have experienced things, in the last couple of years, that do not display that. I think that leads to a lot of stress and burnout on YCWs." A supervisor modeling inappropriate behaviour is not okay. Data detailing observed unethical behaviour is not included here due to confidentiality concerns of participants.

Participants noted the importance of a respected supervisor, defined as an individual who fulfills their job role, noting: "I think supervision is core to everything." "If you are not supervised it could go all bad." "If supervisors do not have their stuff together, how are workers supposed to?" When your team's a mess the decreased confidence and inconsistent messages negatively affect the environment and the context of the therapeutic relationship. Furthermore, safety and trust cannot be established, minimizing the chance for successful change, or a positive view of one's self. Decreased self-esteem can lead to externalized blaming and thus to conflict. When expectations are not met by team members, organization, or system, a lack of trust may develop which can lead to decreased confidence in self impacting self esteem stage five of burnout development.

Participants shared naive expectations regarding the intended impact their work would have on clientele, based on optimistic ideas had as a child, or presented in educational settings. One participant stated; "you face the reality of what it is, what CYC actually is, in comparison to

what you thought when you came into it.” “It’s about the little things rather than the big overall.” High levels of motivation and idealism need to be balanced with reality to protect human service workers from developing unrealistic expectations and goals. In relation to clients, participants’ expectations were limited.

Participants wanted to help and residential care became the setting. Participants stated their perceptions shifted over the years, causing them to question: “Why am I here?” “What are we doing for these kids?” Empathy boundaries are impacted when RCYCWs repeatedly deal with crisis behaviour, making it difficult for RCYCWs to distinguish anti-social behaviour as fulfilling the needs of the child, youth and/or family. RCYCWs in crisis facilities rarely get to observe successful patterns of behaviour from their clientele. When employees perceive that their ability to achieve favorable outcomes are not likely due to an imbalance between job demands and resources, stress is experienced. As a result boundaries may become blurred. RCYCWs may begin to personalize the behaviours of clients resulting in cynical perceptions. Occupational environments exhibiting high behaviour levels consistently exhibit unbalanced workloads and do not provide employees time to rest, or restore. Exhaustion results, the core component of burnout.

### **Perceptions**

Ambiguous or misleading educational training was perceived by participants to contribute to their disillusionment regarding their potential impact with children, youth and families. Entering the CYC field employees often place unique pressures on themselves adopting an idealistic, or naïve view of job effect, and client outcomes. When one realizes expectations inherent in the job role are not being met doubt and shame may be experienced (Anderson-Nathe, 2008a). One participant stated: “Your view from changing lives, goes to hoping you can get a

young person to shower.”

Anderson-Nathe (2008b) discusses the unrealistic hope placed on YCWs to be super competent and the effect this myth can have on an employees' self perceptions. YCWs who engage in narrative sharing may normalize and de-traumatize individual perceptions, if they can do so without fear or shame. Knowing others share your reactions diminishes feelings of loneliness and negative self talk. Helping RCYCWs understand that ‘not knowing’ happens, and its okay, decreases burnout symptoms and improves practice (Anderson-Nathe, 2008a). No-one else, but us, can understand what it is we do in residential group care. We are our greatest resource.

RCYCWs' lack of awareness related to job role demands, and residential environments, caused frustration. CYC educational programs need to provide a realistic picture of job environments and demands in RCYC, “not sugar coated.” An individual with high levels of self-efficacy may burnout trying to attain goals that are not realistic.

### **Self-Efficacy**

Self efficacy research has further highlighted the importance of individual factors in relation to burnout development. An individual's motivational orientation, social competencies, conflict solving abilities, and stress management, relate to self-efficacy. Individuals possessing elevated levels of self-efficacy see obstacles as challenges and possess enhanced persistence and effort to meet goals. A self-efficacy curriculum fostered self-regulation, learning, and coping efforts and were proven to assist an individual to deal with the antecedents of burnout and coping skills.

Team members experiencing strain may become reactive, creating conflict within a previously established team. One participant put it this way: “Co-worker conflict, creates a lot of

stress for me. I realize that is a lot about me, I have to learn not to let that stress me out.” Team members’ unmet expectations within CYC work might be due to a lack of understanding of the scope of practice. Participants found it difficult to describe the type of work they do, with two replying: “That is the hardest question to answer;” “I can’t really explain what I do.” Role confusion or ambiguity experienced by social service employees may increase susceptibility to burnout.

Participants’ related their perceptions of job stress to a lack of others considering the work a vocation, and deficient or ineffective supervision: “You have dedicated workers who do their job, then you have ones who don’t. If the supervisor is not present to notice, or pick up on that you are left in a mess.” Employees who feel improperly compensated for their job performance can experience decreased confidence in self-esteem. “Wish [RCYC] was a performance based pay scale.” “Workers who do not do the work you do, make more money than you do, because they have been there longer. That can add to burnout.” An individual’s self-image as a RCYCW becomes diminished when expectations are not met. Perceptions of effectiveness and value fade; optimism toward intended goals wanes.

For RCYCWs to continue to develop self awareness, skills, and work goal achievements, resources that decrease physiological and psychological stress need to be implemented. Client and employee mental health issues add to relationship demands although increased client aggression and insufficient resources appear to further stress levels. The job-demands resource model explains the etiology of burnout as an imbalance between the physical, social, or organizational demands made on individuals and the levels of support available (Jenero et al., 2007). The noted demands leave one with “no time or energy.” The resources that are provided, “help us put a band aid on [behaviours] not help us get to the core of things.”

I alone identified health problems, although two participants acknowledged leaving shifts exhausted, of feeling that they had nothing left to give.

*I developed irritable bowel syndrome, eczema, insomnia, migraines, depression, anxiety, was exhausted and sore. I began taking time off regularly to lie in bed, by Christmas I had used my sick, vacation, and statute days. I knew I was not well and felt out of control.*

*I went to my doctor and fell apart. When I left I felt validated. She had listened, placed me on sick leave, diagnosed anti-depressants, and wrote a referral for a cognitive behavioural therapist. Burnout was not diagnosed nor was it mentioned. My inability to trust another with my perceived weakness, kept me from unveiling my mental state. The repeated somatic symptoms, time off, and overall verbal negativity were clear signs of concern but were not detected, or addressed.*

## **Support**

*At different times in my career a healthy team and respected supervisor have provided me with strength, optimism, and safety. But that support has not always been the case.*

An inadequate level of support was indicated as existing in RCYCW. Supervisory support was noted as being difficult to access due to their lack of presence in facilities. RCYCW is about being in the moment. Employee triggers are unique and reactions may be delayed, support needs to be available to access when feelings surface for employees.

Debriefing was identified as a credible support, although not consistently provided. Supervisors appear to judge what situations and employees require assistance with processing an event, without a complete awareness of an individual's history, or potential triggers. If not provided with the opportunity to debrief, RCYCWs might conclude that their feelings are not valid, decreasing emotional intelligence development, and thereby increasing the potential for burnout development.

If supervisors are not present in facilities they cannot observe RCYCWs' behaviours, ask questions, provide alternate strategies, and/or physical and emotional support. Trust and safety might not be established with team members if supervisors are not on hand to model and practice professional working relationships. Research has shown that unless an authority figure intervenes on behalf of employees demonstrating burnout development, they will continue to place the needs of others ahead of their own. How can the various levels of CYC work collectively to implement stress awareness and strategies proven by research, to decrease burnout development?

### **Summary**

In this chapter I have provided the methodology of the study as well as findings based on RCYC participants' data. Areas of focus included individuals' expectations, perceptions, self-efficacy, and support.

In the subsequent chapter I will provide recommendations to RCYC educational settings, organizations, and individuals to potentially assist stress awareness initiatives and coping strategies to diminish burnout development, therefore its affects on RCYCWs, organizations bottom line, and the quality of care to our clients.



### Chapter 3

#### Recommendations

From the research literature and participant data, I conclude discussions need to be implemented at educational, organizational, and individual levels to generate a collective approach to stress awareness and coping strategies. RCYW's are striving to foster professional development, and credibility within the field. Maintaining a healthy culture within RCYC to sustain effective CYCW's is essential to reach these goals. The unique nature of empathetic engagement needed during direct contact with children, youth and families is exceedingly psychologically and emotionally demanding. Although research has found individual characteristics play a role in burnout development, it also indicates that the greatest influences are issues within organizations (Maslach et al., 2001). An understanding of how dysfunctional patterns create stress needs to be presented in educational environments to promote early intervention strategies in their developmental journey prior to and during their career.

#### Educational Recommendations

*I possessed a Nova Scotia Community College diploma as a Correctional Worker when hired as a Residential Child and Youth Care Worker, as no Child and Youth Diploma existed in 1991. I worked full time and part-time as I completed my Bachelor of Arts degree at Mount Saint Vincent University [MSVU], majoring in psychology and minoring in sociology. The flexibility of shift work and a steady income made it possible. I attended RCYC training, CYC workshops, and conferences. I did not, to my recollection, ever receive stress awareness training.*

In Nova Scotia, recognized, therefore certified CYC training is provided by two year college diploma programs. In September 2014, the Nova Scotia Community College (NSCC), adopted the Child and Youth Care Certification Boards “Competencies for Professional Child and Youth Work Practitioners” guide as the programs outcomes (Mattingly, Stuart, & VanderVen, 2010). The multidimensional concepts of burnout exhaustion, feeling ineffective, and cynicism have been widely researched. Implementing instruction to meet competencies expectations in CYC educational programs may increase stress management and wellness practices along with foundational attitudes required for professionalizing the CYC role (Mattingly et al., 2010).

It is encouraging to note that research has found that individuals who have received instructions in areas of perception, self efficacy, and emotional intelligence can develop the necessary self awareness and coping skills and/or strategies to deal with job stress and avoid the development of burnout. Longitudinal research is needed to document the affects of CYC educational institutions implementing professional competency instruction on stages of burnout development in Nova Scotia RCYCWs.

*I was looking for an opportunity to teach and empower upcoming generations of potential CYCWs. I needed a change of context. I was hired by the Halifax, Nova Scotia Eastern College to instruct their 15 month Child and Youth Care Program. The new culture provided positive mental, emotional, social, and physical challenges. After 23 years working the floor in residential facilities I was unaware of how vast the field of Child and Youth work had become. My perceptions were narrow. I met new and inspiring people who shared their own passions and challenges.*

Educational programs have the potential to provide CYC students a foundation for dealing with probable job stress in the field. Individuals who have the ability to express, identify, and understand their emotions, the feelings of others, and to adapt cognitively to these emotions, are defined as emotionally intelligent (Gorgens-Ekermans & Brand, 2012). Individuals possessing positive levels of emotional intelligence have lower stress levels, therefore decreased levels of burnout development. Participants possessed the self-awareness and knowledge to recognize stress is a unique experience. CYC educational settings can provide field knowledge and practical experience, awareness of the costs of caring and potential coping strategies the individual needs to make the choice to practice and reflect on what strategies are effective in decreasing their stress levels.

As a CYC instructor I practice the recommendations set out in, “The 25 Characteristics of Youth Care” (Garfat & Fulcher, 2011) in an attempt to establish therapeutic relationships with my students. The goal is to create an environment of safety and trust. The students become a team, and are provided with direction, resources, challenges, and support to develop awareness of self and CYC competencies. Perspectives are shared and activities provided to challenge individuals to examine thoughts, feelings, and behaviours in an effort to increase emotional intelligence and self-efficacy. These skills are further practiced during their field placements and in their personal lives.

Field placements are an invaluable experience and offer an opportunity for students to enhance their emotional intelligence and self-efficacy. Educational programs and organizational settings have an opportunity to work together to provide realistic opportunities, discussions, and context specific feedback. Individuals may experience and identify potential challenges, or triggers, and have the support and time to develop individual strategies to effectively cope when

hired. An awareness of one's personality traits may assist in the process.

Personal accomplishment, a component of burnout, has been related to individual personality traits contradicting previous research that individual factors do not play a significant factor in burnout development (Barford & Whelton, 2010). Personality assessments conducted in educational CYC programs, or RCYC facilities, might increase an individuals' self awareness and knowledge of strategies to manage job strain. An awareness of a co-worker's personality might provide direction for potential conflict resolution approaches, which could potentially decrease team conflict and stress.

The participants identified gaps in their CYC education in the areas of physical and spiritual awareness -- two components required for healthy balanced lifestyles (Wagman, Hakansson, Matuska, Bjorklund, & Falkmer, 2012). Research is needed to confirm if these gaps still exist in present day RCYC curriculum.

### **Curriculum Outcomes**

*As an Eastern College instructor I have been provided the opportunity to foster module outcomes to assist students in developing knowledge and strategies to protect themselves from the costs of caring in the field of CYC. An awareness of previous literature, my own experience and participants data assisted in the design of these outcomes.*

- An awareness of: burnout, vicarious trauma, compassion fatigue, and post-traumatic stress disorder as potential costs of caring.
- Life balance awareness and reflection: the importance of mental,

physical, spiritual, and intellectual components to maintain healthy lifestyles.

- Self-awareness development: personality assessments, learning style assessments, family of origin influences, reflection and identification of values and beliefs.
- Self-efficacy development: positive perception and skill development to reach individual goals.
- Emotional intelligence awareness: practicing expressing and listening to others attitudes, beliefs, values, and feelings in a safe environment.
- Introducing potential coping strategies: mental health awareness, exercise, meditation, laughter yoga, etc.
- Individual developmental plans: recognizing potential triggers or challenges and practice possible strategies to cope effectively.

### **Workplace Recommendations**

Research has found that factors contributing to burnout development are employees' experiences within their work environments. Characteristics of organizations, such as client issues, leadership and management styles, interpersonal relationships, and training opportunities, are considered as triggers for burnout development. These findings indicate that organizations designing interventions to support employees and supervisors need to be aware of the environmental concerns specific to their milieu.

Interventions developed for diverse employee populations need to reflect cultural awareness, as studies have shown that African Americans [AA] utilize dissimilar coping

strategies than Caucasian Americans (Evans et al., 2004). Research also identifies AA employees as potential leaders and role models due to a greater willingness to participate in stress management strategies (Evans et al., 2004). Participants in this thesis research provided organizations strategies to support RCYCWs from a Caucasian perspective.

When RCYCWs can identify a client's behaviour as fulfilling a need, behaviours are recognized as symptoms of trauma, not personal attacks. Strain becomes harmful when the resources necessary to support and manage behaviour safely, or provide clients sufficient opportunities for change, are unavailable or unattainable. This claim was supported by the information presented from the interviews as participants expressed lack of resources or supports as strain inducing more so than client behaviours contradicting previous research findings (Bahner & Berkel, 2007).

RCYCWs are passionate and empathetic; a healthy work-life balance is often difficult to maintain.

*My perspectives of the world can darken very quickly when working with youth involved in the sex trade, and incidents of sexual assault. Developing a protective boundary in these areas is particularly difficult, for myself. I was 19 years old when I began working with female youth, some of whom were just three years younger than myself. I sympathized, instead of empathized with their horror stories. These young women continued to smile, laugh and live. They were resilient.*

*A youth who I felt a particular connection with was sexually assaulted during one of my 12 hour overnight shifts. Earlier in the evening I had attempted to convince her to remain at the group home. She called to check in*

*later, and I knew she was under the influence of alcohol and potentially other narcotics. She was assaulted some time after that call. She laid charges against her attacker and was further victimized by our justice system, she persevered and won. The emotions I experienced as a care provider were raw. A fellow team member advocated on her behalf as I was unable to provide her the support she needed. I needed assistance to process my feelings of guilt and blame but none were provided.*

Support affects all three burnout components: cynicism, exhaustion, and a reduced sense of accomplishment. A lack of consistent support to deal with the unique challenges of RCYC work was repeatedly identified by participants. A sense of shared goals, feelings of safety and understanding need to exist within work environments to overcome stress. Participants repeatedly mentioned the need for RCYCWs to gather and discuss their feelings; not to gripe, but to process events through perspective sharing. Knowing that others share an understanding of the stressors affects emotional and psychological well being because it confirms that what is being experienced is not abnormal. Organizations that cultivate employee opportunities to voice concerns and be solution-focused may fulfill this need. When facilities are experiencing quiet moments, occasions exist for management to schedule further meetings and/or training focusing on program and life balance development.

*Early in my career team retreats were a yearly event. The time away from our work environments, to share perspectives and develop program strategies to address strain was an empowering tool. Having fun and furthering relationships with co-workers, off the floor, improved morale.*

The participants recognized that supervisors require updated resources to perform job expectations as team leaders. Burnout awareness and training for managers is important as RCYCWs will not ask for help and push themselves until burnt-out if an authority figure doesn't intervene (Putnik et al., 2001). Yearly or bi-annual employee assessments that adopt stress scales could assist employees examine life energy balance and determine developmental goals specific to stress intervention. Pen and paper short answer assessments exist to identify a RCYCWs level of stress. These quick assessments offer highly reliable data and could be utilized to assess when teams are requiring increased resources and/or supports. Performance based pay scales were suggested as a way to diminish the strain and/or resentment of team members who do not fulfill job role expectations. Senior RCYC experience is just as valuable as the encouraging energy and fresh perspectives of those entering the field.

New and seasoned RCYCWs present different challenges for organizations. Participants recommended that extra support is needed for first year workers to help process individual stressors, and to develop coping strategies. One stated: "Six months in the field, experiencing stress for the first time, you may not have the skills to handle the stress or maybe a shock to you about how stressed you are feeling." Seasoned workers need to receive updated education and inspiration. Participants suggested that workplaces provide affordable professional development initiatives and incentives related to self-care. Pay incentives for employees who attain higher levels of education and/or training or recognition such as the Child and Youth Care Certification may have superior benefits for all involved.

Participants identified three organizational supports available to deal with job stress: an Employee Assistance Program [EAP], debriefing, and articles via the Child and Youth Care



Network [CYC-Net]. Three participants utilized their organization's EAP. One reported using the program to attain counselling services to discuss work related stress. Two sought assistance for other personal concerns one had a positive experience another did not. The fourth stated they would use the EAP if needed. Participants stated that EAPs were not sufficient to deal with their on the floor stress as supports need to be easily accessible and in the moment. Debriefing, as stated earlier, was not always available and although participants accessed articles from the CYC-Net, they were not thought of as being sufficient for dealing with stress. Current training that addresses increased levels of client mental health problems, addictions, and violent behaviours was identified as being insufficient or unrealistic for RCYC environments to implement.

### **Recommendations for Individual Strategies**

Individuals respond differently to stress, although most will experience negative behavioural, mental and/or physical effects (Barford & Whelton, 2010). Reflection is required to develop individual stress self awareness. I have found questions such as the following helpful in identifying impacts of stress and potential coping strategies.

- How does stress exhibit itself, mentally, behaviourally, and physically for you?
- What is causing you this physical, mental, and behavioural reaction?
- Are you experiencing a stressor due to your job culture, or an individual expectation?
- What are your beliefs and values?
- How do you react when you feel they are being challenged?
- What strategies have been affective in decreasing stressful situations for you in the past?
- How are your spiritual, mental, physical, and socio-emotional needs being balanced?

Individuals need to choose to participate in their well-being and surround themselves with their own support group. Maintaining healthy behaviours is difficult. RCYCWs observe the children and youth in our care struggle to make positive change(s). A support group sharing like minded goals based on values and morals is required to succeed.

The participants identified strategies to deal with concerns of safety and/or trust with superiors, diminished supervision presence, and team conflict. Contracting a non-affiliated therapist/councillor with experience in RCYC was identified by three participants (one of those being myself). The confidentiality inherent in these roles provides the level of safety and/or trust required to effectively process specific issues experienced by RCYCWs. Participants felt debriefing and prolonged support/counselling was necessary to effectively process the emotional impacts of client interactions. Regularly scheduled, guided support groups may also allow RCYCWs an environment to share perspectives and feelings if safety and trust can be established.

*I have had two therapists during my career. The first assisted me in acknowledging my twisted thinking and discover the power of negative thought patterns on ones perspectives. On a daily basis I still practice the cognitive behavioural techniques I was introduced to. The second I sought to help me process my feelings and recognize the importance of compassion for self.*

Strategies suggested to address the lack of supervisor presence consisted of making sure managers: check in with employees regularly, listen when approached by an employee, provide extra support and/or suggestions to team members during demanding periods, and possess cultural diversity awareness.

An apparent lack of understanding might exist in the RCYC field regarding knowledge of

strategies to effectively deal with burnout development. In response to being asked to describe training or education received in regards to handling job stress, the participants noted their having received minimal, if any organizational support. One said: “No zero, not a lot of focus on self care.” The responses conflict with the extensive list of training, workshops, and conferences that were identified in response to a question that asked participants to tell me about the training, or workshops they had attended as a RCYCW. In answer, a number of resources to cope with increasingly challenging behaviours were named, such as: “Non-Violent Crisis Intervention, Aggression Replacement training, mental health training, addictions training, suicide intervention training, and anger management. These previously stated trainings have been implemented to support RCYC concerns of progressively more physical, addicted, and mentally unstable youth, children, and families. These identified trainings are not necessarily being recognized as related to burnout prevention as participants expressed current methodologies were unrealistic to implement in RCYC facilities. An intervention identified by a participant as potentially useful a website detailing training, workshops, or presentations related specifically to the field of RCYC.

*I have had the opportunity and privilege of attending a multitude of training opportunities and CYC conferences. Lorraine Fox spoke at a CYC conference presented by Mount Saint Vincent University within the first five years of my career. Her style, language, and personality stirred interest; listening and engaging with other CYCWs on topics related to CYC motivated and inspired me. I knew I needed to continue interacting with others in the field and support the Nova Scotia Child and Youth Care Association, who were providing me some of these educational and socio-emotional events.*

My own experience indicates RCYCWs' need to invest in lifelong learning to maintain best practice and well being. Time and effort dedicated to self reflection was crucial for me to foster personal development and self awareness. The opportunity or awareness to foster my emotional intelligence or self-efficacy in my educational or organizational settings was not apparent to me. Individual change can be difficult as one's work culture influences internal and external patterns of solving problems. If one starts adopting new ways of being, not supported by team members and/or the organization, one might experience resistance. Being open to constructive feedback and possessing a willingness to challenge yourself is also necessary for an intervention to be effective in facilitating change, although trust and respect are required in a team or with a supervisor for this to occur. If one does not perceive a work environment fulfills these expectations it might be necessary to make a change.

*As for the children, youth and families we assist change is difficult.*

*The support of friends, family, therapy, and amazing team members, have been instrumental in my attaining help, and not feeling judged when implementing self-care practices. I engaged in unhealthy coping strategies for many years and I can slip back if not taking time to reflect on my feelings and behaviour or have another care enough to point out my perspectives are becoming pessimistic.*

CYC workers need to ask if their organization's values, mission statement and practices support their own. Is there a culture of safety and support? Is there someone available to talk to who will listen? What do you want to contribute to your healthy work/team culture? Do you feel you are making a difference? Finding the appropriate job "fit" may well be an effective strategy

in decreasing burnout development (Raiger, 2005). An individual needs to be committed to the development of their knowledge and well being with the support of educational and organizational settings to foster professional practice in the field of CYC.

### **Summary**

As a Residential Child and Youth Care Worker who has experienced the emotional, physical, and psychological effects of burnout within my professional and personal life, I was seeking answers not only for my own benefit but fellow RCYCWs. This process has assisted myself and I hope Residential Child and Youth Care settings, Nova Scotia Community Services, Nova Scotia Community Colleges, and Residential Child and Youth Care Workers discuss and take action to develop specific interventions to assist RCYCWs deal with their unique stressors. Based on previous research and my own findings, strategies exist to assist RCYCW cope with stress. The lack of awareness and/or implementation of these potential interventions at an educational, organizational and individual level appears to be the issue. RCYCWs are unique, but not superhuman, we need to employ strategies of support to maintain healthy RCYCWs for all involved, potentially changing CYC culture, furthering best practice initiatives and our professional recognition.

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## Appendix A

### Informed Consent

Charlene Pickrem, a M.A Child and Youth student at Mount Saint Vincent University is researching job stress perspectives of Youth Care workers as her Master's thesis. Part of this research involves collecting data from individual Youth Care workers.

You, \_\_\_\_\_, are invited to serve as a research participant in this project, intended to gather information concerning job stress, awareness of interventions, and ideas on proactive stress interventions. The purpose of this study is to obtain information that will help to guide recommendations within Child & Youth Care educational settings and organizations to diminish employees' level of job stress and its negative effects on an individual, client, and organization.

As a research participant you will be asked to complete a brief demographic questionnaire and participate in a one-on-one semi-structured interview the intention of which is to gain your perceptions on stress, supports, and interventions. Your answers will be used for the purpose of the study. The interview will be approximately 90 minutes in length and will be digitally recorded. The interview location will be chosen by participant and researcher.

Access to the digital recordings will be limited to the researcher and advising supervisor. Digital recordings not in the process of being summarized, or analyzed, will be locked in a lock box within a file cabinet in the researcher's home office. A summary of the responses to the interview questions will be transcribed, and analyzed for key themes. Recordings will be destroyed once the research process is complete however, the summaries will be kept for five years.

No identifying information will be provided to an employer, organization, or individual unless participants share information regarding child abuse, harming themselves or others. The researcher has a legal duty to report any crimes of child abuse or harm to others attained via the research process. Any information you provide to the researcher, other than those mentioned above, will not result in any reprimands or promotions because no one will know who provided the answers except the researcher and advisor.

General findings and some specific, but non-identifying quotes, may be written in the final thesis. Agency administrators and/or other participants in the study may request a copy of the thesis upon completion. In the event that a publication (e.g. journal article or public presentation) is derived from the research, no information will be used that would identify you or the organization for which you work.

Participation is voluntary; you are free to withdraw your consent to participate at any time during this study (expected to end summer 2014) without any consequences to yourself or your employment status. This means your participation, lack of or withdrawal at any time from the

study will not be shared with anyone, other than the researcher's advisor. Your data will be destroyed upon your withdrawal from the research. If you find discussing work related challenges or stressors to be frustrating or anxiety provoking, you will be reminded of your right to withdraw or skip questions and you will be provided with a list of referral sources for counseling.

The ethical components of this research study have been reviewed by the University Research Ethics Board and have been found to be in compliance with Mount Saint Vincent University's Research Ethics Policy. If you have questions about how this study is being conducted or you wish to speak to someone not directly involved in the study, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research office, at 457-6350 or via e-mail at [research@msvu.ca](mailto:research@msvu.ca).

Before signing this consent please ask the researcher who is present, Charlene Pickrem, any questions you may have. If you have any further questions you can contact the researcher at [REDACTED] or [REDACTED]. If necessary you can also call the researchers advisor Dr. Donna Varga at (902) 457- 6325.

I have read and understand the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher \_\_\_\_\_ Date \_\_\_\_\_

In order to maintain confidentiality, please provide your phone number. Only the researcher and advisor will have access to your answers and identification information.

Last 4 digits of your phone number: \_\_\_\_\_

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If you would like a copy of the research when completed please provide an e-mail address for the researcher, your e-mail will not be accessed for any other purpose.

\_\_\_\_\_.

## Appendix B Demographic Questionnaire

Last 4 digits of your phone number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (for coding purposes)

### Demographic Questionnaire:

The following questions are being asked in order to investigate patterns between these areas and responses to the interview questions. You can skip any of the questions you feel uncomfortable answering

#### Age

21- 30 \_\_\_\_

31- 40 \_\_\_\_

41- 50 \_\_\_\_

51- 60 \_\_\_\_

61- 70 \_\_\_\_

Prefer not to answer \_\_\_\_\_

Gender: \_\_\_\_ Prefer not to answer \_\_\_\_\_

Marital status: \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Length of time you intend to continue working in your current position: \_\_\_\_ Prefer not to answer \_\_\_\_\_

Highest level of education you have completed after high school: \_\_\_\_\_  
Prefer not to answer \_\_\_\_\_

Do you have an additional job?    Yes            No            Prefer not to answer \_\_\_\_\_

If yes, is your other job also in the human service sector?    Yes            No

How many hours do you work at this other job? \_\_\_\_\_ Prefer not to answer

### **Appendix C**

#### **Interview Questionnaire**

1. Could you describe the type of work you do?
2. How long have you been working as a Child & Youth Care worker?  
Probe: same employer
3. Please tell me about the education & training you have as a CYCW?  
Probes: education, on the job training, workshops.
4. I am wondering if you would be able to tell me what expectations you had regarding Child & Youth Care work before you started?  
Probe: clients, employers
5. Could you describe how your expectations might have changed over the years?  
-Follow up: Why do you think they have changed?
6. Do you find that there are opportunities in your current job for professional development?  
If yes, probe: Please describe what those are.  
If no: Can you tell me the types of opportunities you would like to see in place?
7. I am wondering if you could describe the types of stresses you experience on the job?
8. Are there some types of job stresses you find more difficult to handle than others?
9. Could you describe any strategies you use to help you deal with job stress?  
Probes: At work, home.
10. Can you describe any training or education you have received specifically in regards to handling job stress?  
If yes, probe: where from, do you think it was helpful
11. Are you aware of services or resources available to help individuals in the CYC field experiencing job stress?  
If yes: Are any of these ones that you would be willing to use?  
If no: Could you tell me why you would not use them?
12. Who do you feel needs to be responsible for job stress awareness?
13. Who do you feel needs to be responsible for designing and implementing interventions for stress?
14. Would you be able to identify services or resources that you think should be available?

15. What do you think you can personally do in your workplace to help reduce job stress?
16. What do you think educational programs can implement in their curriculum to help individuals deal with on the job stress related to Child & Youth Care?
17. What do you think CYC employers can implement to help individuals deal with on the job stress?
19. Is there anything else you would like to add?

## **Appendix D**

### **List of Supports**

#### **Roth Associates in Psychology**

255 Lacewood Drive, Suite 203  
Halifax, Nova Scotia, Canada  
B3M 4G2

Phone: (902) 454-6166

Fax: (902) 454-8975

Email: [info@rothassociates.ca](mailto:info@rothassociates.ca)

#### **Campbell Counselling Centre**

Phone: 1-800-504-1072 (Toll Free)

E-mail: [bryancampbell@live.ca](mailto:bryancampbell@live.ca)

Location: Halifax, NS

Toll free from anywhere within Nova Scotia: 1-800-504-1072. Information recorded in voice messages or forwarded via email is confidential. All counselling sessions are by appointment only. Thank you!

#### **Mental Health Assistance Program**

Registered Nurse confidential

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Does your organization have an **Employee Assistance Program**? If so this is another avenue to utilize if requiring support.