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Jonathan Mitchelmore  
Hope and Burnout Among Clinicians  
Who Work with Children at Risk of  
Abuse, Neglect, or Exploitation

### **ABSTRACT**

This research study was a quantitative, exploratory investigation of the relationship between hope and burnout among clinicians who work on cases involving children at risk of abuse, neglect, or exploitation.

An electronic questionnaire, featuring the Maslach Burnout Inventory – Human Services Survey (MBI-HSS) and the Hope Trait Scale, was administered anonymously to 74 social workers currently practicing in the United States. The major areas of inquiry included levels of hope and levels of burnout. Demographic characteristics of the participants were correlated with their reported levels of hope and burnout.

Participants had higher-than-average scores on the Hope Trait Scale, and lower-than-average scores on the MBI-HSS. Hope scores correlated negatively with emotional exhaustion and depersonalization, and positively with personal accomplishment. Age and number of years worked were revealed to correlate positively with hope and negatively with burnout.

**HOPE AND BURNOUT AMONG CLINICIANS WHO WORK WITH CHILDREN AT  
RISK OF ABUSE, NEGLECT, OR EXPLOITATION**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Masters of Social Work.

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2013



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## **CHAPTER I**

### **Introduction**

This study explores the relationship between hope and burnout among social workers who work on cases involving children at risk of abuse, neglect, or exploitation. It was conducted through an Internet-based quantitative questionnaire, administered to 74 practicing clinicians. This study was motivated by a desire to explore the strengths of social workers whose work puts them at an especially high risk of burnout. Despite overwhelming systemic challenges, such as increasing caseloads and budget cuts, many workers in this field remain committed to serving society's most vulnerable members.

The recent downturn of the U.S. economy is an important, relevant factor to consider in the need to explore hope and burnout among child welfare workers. Examining trends in child maltreatment has shed light on the negative relationship between poverty and child well-being (Sell, Zlotnik, Noonan, & Rubin, 2010). The recent U.S. budget process known as the sequestration has mandated a 7.8% across-the-board cut in discretionary programs and a number of mandatory programs. Although certain programs critical to providing services to children and families in the child welfare system are exempt from cuts, many other funding sources for child welfare services are subject to sequestration, including Title IV-B part 1, Child Welfare Services, the Promoting Safe and Stable Families Program, the Child Care and Development Block Grant, Head Start, and the Social Services Block Grant (Child Welfare League of America, 2013). The current climate of economic hardship for many in the United States, combined with budget cuts



that further strain agencies and workers who seek to help children and families, make the topic of hope and burnout among social workers even more relevant.

Burnout is a cognitive syndrome that reflects a deterioration of an individual's relationship to his or her work. It is a prolonged response to chronic stressors on the job (Maslach, Schaufeli, & Leiter, 2001). The concept of burnout was initially derided as "pop psychology" when it was first introduced in the 1970s (Maslach et al., 2001). Early research was based on case studies rather than theory, and unlike the traditionally top-down approach of research on the workplace, burnout research relied on a bottom-up, or "grassroots" approach (Maslach, 2004). In the 1980s, burnout was increasingly recognized as a legitimate area of study. Maslach and Jackson (1981) developed the Maslach Burnout Inventory (MBI) as a standardized measure of burnout and, as a result, research focused increasingly on cross-sectional, quantitative studies. This led to a more refined theoretical framework based on individuals' relationship to their work as a continuum between the opposite poles of burnout and engagement (Maslach, Leiter, & Jackson, 2011). In the past 20 years, there has been an increasing number of longitudinal studies which have looked at the relationships between organizational factors and the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment) (Maslach et al., 2001). Burnout has been studied extensively, especially among all sectors of helping professions, who tend to be most prone to burnout (Freudenberger, 1980).

The topic of burnout is especially important for social workers, who are at particularly high risk (Acker, 1999). Studies on burnout among social workers have looked at many areas, including domestic violence and sexual assault advocates (Bemiller & Williams, 2011), HIV human service workers (Speakes-Lewis, 2011), school social workers (Tam & Mong, 2005), and public child welfare workers (Barford & Whelton, 2010; Kim, 2011). Social workers who work

in child welfare have been shown to experience particularly high levels of burnout (Anderson, 2000) relative to other types of social workers (Kim, 2011). This has resulted in high rates of turnover (General Accounting Office, 2003). In a study of 305 Title-IV-E educated social workers, emotional exhaustion and personal accomplishment – two dimensions of burnout – were found to be predictive of staying versus seeking employment elsewhere (Cahalane & Sites, 2008).

In addition to systemic challenges, social workers in child welfare work with a population that, later in life, tends to fare poorly in areas such as employment, criminal justice involvement, and educational attainment (Courtney, Dworsky, Lee, & Raap, 2010). Between 25,000 and 30,000 youth age out of the child welfare system each year without successfully reuniting with their families of origin or finding another permanent placement (U.S. Department of Health and Human Services, 2009). In a national survey, 25% of foster youth reported having been homeless at least one night between 2.5 and 4 years after exiting foster care (Cook, 1991). Among the nation's homeless adults, 3 in 10 report a history in foster care (Roman and Wolfe, 1995). The recent economic downturn adds yet another challenge for emancipated youth. Child welfare workers have to cope not only with organizational barriers such as insufficient supervision and large caseloads, but also working on emotionally draining cases with clients who often face considerable hardships as they age out. These are important factors to consider when thinking about how social workers who focus on cases involving child abuse are at high risk of burnout.

It is important to distinguish between burnout and compassion fatigue. The latter refers to a caregiver's reduced capacity to be empathic (Figley, 1995). Burnout differs from compassion fatigue in that it is not directly related to the caregiver being exposed to traumatic subjects (Adams, Figley, & Boscarino, 2008). The onset of burnout symptoms is cumulative and more

gradual. Compassion fatigue, unlike burnout, may result from the caregiver being exposed to a single traumatic event (Figley, 2002). Whereas compassion fatigue results from working directly with clients, burnout reflects a number of factors that, ideally, can be improved or minimized in order to reduce the risk of burnout.

Many studies on burnout have focused on the challenges and negative effects that social work has on individual workers (Schwartz, Tiarniyu, & Dwyer, 2007). It has also been suggested that providing care to clients can have positive effects on caregivers that help prevent burnout (Bennett, Ross, & Sunderland, 1996). Increased awareness and legitimization of the phenomenon of burnout and its risks has led to research on, and advocacy for, self-care interventions and coping strategies (Arrington, 2008; NASW, 2009). However, burnout remains high among social workers and leads to high rates of job dissatisfaction and turnover (Samantrai, 1992; Whitaker, Weismiller, & Clark, 2006; Zlotnik, DePanfilis, Daining, & Lane, 2005). It is not far-fetched to assume that human services budget cuts in the past five years have led to a higher risk of burnout among social workers due to the increased demands placed on them.

Much of the research has focused on the negative symptoms associated with burnout. However, in the last decade, Positive Psychology (Seligman and Csikszentmihalyi, 2000) has sought to use a strength-based approach to focus on the positive characteristics of human psychology. Hope Theory (Snyder, Harris, Anderson, & Holleran, 1991) is one of the theoretical lenses that has been used to better understand what may help reduce the likelihood of burnout among social workers by focusing on strengths rather than deficits among this population.

According to Snyder et al. (1991), hope refers to one's sense of successful agency and ability in planning to meet goals. It differs from job satisfaction in that it refers primarily to a way of thinking, rather than the sum of feelings an individual holds for his or her job (Snyder,

2002). Hope reflects thoughts about specific goals along with self-appraisal of one's ability to come up with ways to reach these goals (Snyder et al., 1991). Furthermore, hope is not limited to one's work. According to Hope Theory, a goal can be anything one wants to achieve (Snyder, Lopez, Shorey, Rand, & Feldman, 2003). Also, unlike job satisfaction, hope can exist as a stable personality trait that applies to all areas of one's life (Snyder et al., 2003). An individual could, theoretically, have low job satisfaction and still remain hopeful. For this reason, it is of interest to explore how hope might play a role in helping workers overcome job-related stress and low levels of job satisfaction.

Hope Theory has been used to research the relation between hopefulness and burnout among social workers (Schwartz et al., 2007). Although social workers who specialize in child welfare tend to be at highest risk for burnout (Kim, 2011), little research has been done to study hope and burnout among professionals who work on cases involving child abuse. This is unfortunate, since child welfare continues to struggle with high rates of turnover (General Accounting Office, 2003) and a poor public image which affects morale among child welfare workers (Child Welfare League of America, 2002). Hope represents a motivational tool and goal-oriented way of thinking which, according to Snyder (2002, p. 251), allows high-hope people to make reachable the "seemingly unreachable." By researching hope among social workers with an especially high risk of burnout, this study seeks to contribute to the exploration of hope as a factor in the effort to reduce risks of burnout among all helping professions.

## **Chapter II**

### **Literature Review**

This literature review comprises five major sections. It begins with a consideration of the concept of burnout and how it has been researched, defined, and measured. The review continues with two sections that discuss research studies related to burnout: the first among social workers in general; the second among social workers who work with children at-risk of abuse, neglect, or exploitation. The next section focuses on burnout as seen through the lens of Hope Theory. This chapter ends with a formal statement of purpose for this study.

#### **Burnout**

Burnout is a cognitive syndrome which is an individual's prolonged response to chronic stressors on the job (Maslach, Schaufeli, and Leiter, 2001). The term "burnout" entered common usage in the 1970s in the United States, especially among people working in the human services (Maslach et al., 2001). While the concept of burnout as an experience in the workplace was not new at the time, several factors during the second half of the 20<sup>th</sup> century led to a heightening awareness and an explosion of research on this phenomenon (Schaufeli, Leiter, & Maslach, 2009).

In the 1960s, President Lyndon B. Johnson's "War on Poverty" sought to wipe out poverty in the United States. The efforts of idealistic public service workers were frustrated by systemic factors, which led to a wave of disillusionment among these workers (Farber, 1983). In the 1950s, the professionalization and bureaucratization of human services in the United States

resulted in a “clash of utilitarian organizational values with providers’ personal or professional values” (Schaufeli et al., 2009, p. 207). Work that service workers once considered a calling was now transformed into an occupation. In the 1970s, the country was shifting from an industrial to a service economy, and psychological pressures accompanied these major social changes (Schaufeli et al., 2009). The result was focused research on burnout, starting with Freudenberger (1974) and Maslach (1976), who worked independently to research and define burnout and its effects.

Freudenberger (1974), while working in the free clinic movement in New York City in the 1970s, had observed physical and behavioral signs among clinic volunteers including exhaustion and fatigue, irritability, loss of motivation and productivity, and cynicism – symptoms that Freudenberger himself experienced. To describe the signs he observed, Freudenberger used the term “burnout,” which at the time was used to describe the destructive effect of chronic drug abuse (Schaufeli et al., 2009). Whereas Freudenberger’s model of burnout emphasized the psychology of the individual, Maslach looked at the relationship between individual and environmental factors (Farber, 1983).

The majority of research on burnout is based on the multi-dimensional definition developed by Christina Maslach and her colleagues who came across the term “burnout” while interviewing human service workers in California (Schaufeli et al., 2009). This definition allows for burnout to be measured using the Maslach Burnout Inventory (MBI) – a 22-item scale which has been shown to be valid and reliable, and is the most widely used burnout instrument (Dowd, 1985; Kahill, 1988). According to this model, burnout is defined as a response to chronic interpersonal stressors on the job (Maslach & Jackson, 1981). The three dimensions of burnout

are emotional exhaustion, depersonalization, and personal accomplishment (Maslach, 1982, 1998).

**Emotional exhaustion.** Burnout stems from the everyday stress of interaction(s) between helper and the individual(s) being helped (p. 17). The helper's emotional resources are depleted from emotional over-involvement in their work with clients. This results in the helper reducing his or her level of meaningful involvement with recipients and using emotional distance as a buffer. Detachment becomes a form of self-protection (p. 4).

**Depersonalization/cynicism.** Maslach describes a change from positive to negative in the helper's attitude toward clients as a hallmark of burnout (p. 27). The clients become the objects of resentment and blame for the helper's emotional exhaustion, which results in the helper forming increasingly negative opinions of them. The helper reduces involvement at work and may abandon the ideals that led him or her to become a helper in the first place (Maslach, 1982, p. 18). Indifference becomes a protective factor, especially when overwhelming caseloads require a helper to limit the time he or she spends with a client (p. 64). Emotional detachment can also result from a helper's lack of control over outcomes of his or her work, especially when work is dictated by frequently changing policies or institutional rules (p. 64). In turn, negative feelings about clients can turn inward and the helper develops a growing sense of inadequacy for failing to relate to clients. This sense of failure translates to a feeling of ineffectiveness, or reduced personal accomplishment.

**Personal accomplishment.** A helper's cynicism can impair his or her ability to effectively serve clients. This growing sense of ineffectiveness reduces the helper's confidence, and also reduces the confidence that others have in the helper (Maslach, 1982, p. 7).

## **Social Workers and Burnout**

Those most prone to burnout are people who attend to the recognized needs of others, and whose dedication leads to their engagement in long hours of hard, intense work (Freudenberger, 1980). Burnout is particularly relevant to the field of social work because of the cumulative effects of helping clients in traumatic situations on a day-to-day basis (Acker, 1999). In a cross-sectional, quantitative study of 128 social workers, Acker found that the greater the involvement of social workers with clients with severe mental illness, the more they experienced levels of emotional exhaustion and depersonalization.

Additionally, burnout can impact the physical health of social workers (Kim, Ji, & Kao, 2011). In a longitudinal, quantitative study of 406 California-registered social workers over a three-year period, Kim et al. (2011) looked at job-related factors (age, gender, years in the field, income) linked to burnout and had participants complete a questionnaire on physical health at one-year intervals. The study found that health problems were most severe among respondents with high burnout levels. Conversely, social workers with low burnout levels had the least severe physical health problems. The study was limited by its sample size, by its focus on California-registered social workers, and by its length (three years). Authors of the study also noted sample attrition as contributing to possible bias in the results. Kim et al. (2011) recommend further research on a national level and for a more extended period of time.

Awareness of the risk of burnout and its effects on turnover and physical health has led to research on, and advocacy for, coping strategies for people who work in the helping professions. The National Association of Social Workers (NASW) recognizes self-care as a fundamental component of best practices in social work and considers it critical to the survival of the profession (NASW, 2009). This has led to efforts by social work schools to integrate self-care



into their curricula (Moore, Bledsoe, Perry, & Robinson, 2011). The first author of a qualitative study devised an assignment for 22 students in a graduate level class for foundation social work practice. The students were asked to keep a biweekly self-care journal to chronicle actions they took in order to maintain emotional, physical, psychological, social, and spiritual health during a semester. Analysis of the journal entries showed stress reduction to be an important goal in order to improve the ability to focus on school work and clients. Several students even expanded the assignment, indicating that they saw value in journaling as a way to learn and implement self-care techniques. There is a need for quantitative studies of larger samples to further examine how much social work students are taught about self-care strategies, how prepared they feel once they are out of school and have entered the field, and how many social work schools are taking steps to address this fundamental need (Moore et al., 2011).

In addition to journaling, many other self-care strategies have been discussed for individuals working in helping professions. Skovholt, Grier, and Hanson (2001) provide a developmental framework to prevent depleted caring among helping professionals, specifically career counselors. This framework calls for increasing one's professional self-understanding and creating a work environment that fosters personal growth. Skovholt et al. (2001) underline the importance of actively seeking out and creating a supportive workplace rather than waiting for an employer to meet one's needs. The ideal workplace they describe includes mentor and peer support, opportunities to mentor others, and time reserved for having fun. While this framework for self-care is useful for consideration, further research is required to examine how applicable it is for social workers who face the challenges of decreasing budgets, increasing caseloads, and clients with more severe problems than the ones seen by career counselors.

Many social workers in mental health acknowledge the role that self-care activities such as meditation, therapy, and exercise play in alleviating stress (Arrington, 2008). In a national survey of 3,653 self-selected NASW members, a majority of respondents (75% of child welfare/family social workers, 74% of health social workers, and 72% of social workers in mental health) acknowledged the importance of exercise in stress reduction (Arrington, 2008). In addition to exercise, study participants also mentioned a number of other coping strategies to reduce stress such as meditation, therapy, gardening, listening to music, watching television, massage, camping, fishing, painting, pilates, yoga, reading, spiritual development, and martial arts (Arrington, 2008). Despite general awareness among social workers of the importance of self-care and knowledge of stress reduction coping strategies, risks leading to burnout remain high due to job-related stress and dissatisfaction.

Social workers have been experiencing increasing workplace challenges, which constitute barriers to effective practice (Whitaker, Weismiller, & Clark, 2006). In a national quantitative study based on a random sample of 10,000 social workers drawn from social work licensure lists of 48 U.S. states and the District of Columbia, respondents most often cited complaints that included increases in paperwork, caseload size, severity of client problems, waiting lists for services, and assignment of non-social work tasks (Whitaker et al., 2006). Participants in the study also most frequently reported decreases in job security, social worker staffing levels, availability of supervision, and reimbursement levels. A startling 12% of respondents reported that they planned on leaving the profession within two years (Whitaker et al., 2006).

Similar job dissatisfaction was observed among child welfare workers in a qualitative study on factors in the decision to leave that line of work (Samantrai, 1992). Twenty-seven participants who had worked for the child welfare department of an urban California county were

separated into two groups: those who had left public child welfare, and those who had stayed. The results from semi-structured individual interviews showed that lack of flexibility in job assignments and poor relationships with immediate supervisors were the factors that distinguished workers who stayed from those who left (p. 456). One of the striking themes in the study is that once workers had lost hope for change in their work, wages, benefits, and job security were not enough to make them stay (p. 456). Among the participants who remained in the field, some struck a hopeful note and stated they were motivated to change the system from within. While the study was limited to a small sample size drawn from one county, it highlights the importance of hope as a determining factor in attrition/retention of child welfare workers.

### **Burnout Among Child Welfare Workers**

Child welfare workers work with the most vulnerable segment of society: children. These workers play key roles in delivering or connecting clients to services that include foster care, family preservation, adoption services, and child protective services. There is a great need for this type of social worker in the United States, as is evident by reports that 2,400 children are victims of child abuse each day (U.S. Department of Health and Human Services, 2002). Due to the high caseloads and heavy demands of the work, child welfare workers tend to be at highest risk for burnout among social workers (Kim, 2011). In a quantitative study, Kim (2011) used data from a sample of 408 social workers randomly selected from a California registry of clinical social workers. The study revealed that social workers in public child welfare reported the highest levels of work overloads and role conflict – two predictors of burnout and turnover intention. The study was limited, however, by its sample size and its restriction to child welfare workers in California.

Burnout has been found to be one of the factors that negatively impacts retention among workers who specialize in child welfare (Zlotnik, DePanfilis, Daining, & Lane, 2005). Zlotnik et al. (2005) conducted a systematic review of research on the effectiveness of strategies to recruit and retain child welfare social workers. This literature review, based on 25 studies (15 quantitative, 5 qualitative, and 5 mixed-method), found that emotional exhaustion – one of the dimensions of burnout measured on the Maslach Burnout Inventory – was a predictor of turnover.

Much of the literature on social workers who work with children at risk of abuse points to high rates of burnout and attrition, and many of the studies on burnout among child protection workers focus on negative qualities related to emotional exhaustion, depersonalization, and reduced personal accomplishment. Issues faced by child protection workers are similar to issues faced by other types of social workers, including caseload size, severity of client problems, paperwork, job security, staffing levels, and availability of supervision (Whitaker et al., 2006). Many social workers based in schools, hospitals, private agencies, and private practice also work on cases of child abuse and, as a result, are faced with high risks of vicarious traumatization and burnout (Azar, 2000).

### **Hope Theory and Burnout**

With the emergence of Positive Psychology (Seligman & Csikszentmihalyi, 2000) at the beginning of the new millennium, research on burnout has moved from a focus on negative qualities associated with the erosion of engagement in work to a more positive focus: human resource strengths and capacities that are quantifiable and measurable (Schaufeli, Leiter, & Maslach, 2009) and that can be nurtured (Snyder, 1994, p. 211). Seligman and Csikszentmihalyi (2000) look to emphasize positive, subjective experiences that include hope for the future (p. 5).

In this vein, Hope Theory (Snyder, Harris, Anderson, & Holleran, 1991) is one lens through which researchers have attempted to better understand burnout and the qualities that help human service workers cope with job-related stress.

According to Snyder (1994), hope is a motivation construct which consists of the sum of mental willpower and waypower that one has for one's goals (p. 5). Willpower refers to the determination and commitment that an individual calls on to help move toward a goal (p. 6). Waypower is defined as one's mental capacity to come up with one or more effective ways to reach these goals (p. 8).

While Snyder's concept of hope is similar to that of self-efficacy (Bandura, 1982), hope differs in several ways. Unlike self-efficacy, hope is not situation-specific (Snyder, 1994). Also, the difference between the willpower component of hope theory and the efficacy expectancies of self-efficacy can each be summarized by two different statements. Hope is characterized by the statement, "I *will* achieve my goals," while self-efficacy is characterized by the statement, "I *can* achieve my goals," (Robinson & Snipes, 2009). Hope suggests more of a willingness to initiate and continue movement toward a goal, along with the perception that one can generate several routes to reach that goal. Self-efficacy, on the other hand, suggests a motivation that is based on one's perception of being able to effectively carry out a specific sequence of actions to reach a goal (Snyder, 1994, p. 324).

Using Snyder's definition of hope, studies have linked high hope to high athletic and academic performance (Curry, Snyder, Cook, Ruby, & Rehm, 1997) and the ability to recover from illness (Vernberg, Snyder, & Schuh, 2005). Curry et al. (1997) performed three separate studies on college athletes (n=370; n=9; n=106) comparing hope scores with classroom achievement, sport achievement, affectivity, and physical ability. Results of the studies indicated

a positive correlation between hope and academic achievement, and hope and sport achievement. The studies were limited by being restricted to student athletes of a specific school and the findings are, therefore, not generalizable to the greater population of student athletes. Also, two of the studies focused exclusively on female athletes. Finally, the studies were restricted to college-age student athletes and did not include older and younger populations. Further research on the role of hope in sport and academic achievement among a larger, more diverse sample is indicated.

Vernberg et al. (2005) used a sample of 202 participants with rare and debilitating health conditions to look at the relationship between hope and symptoms (both management and duration). The study concluded that there was a significant, positive correlation between hope and participants' ability to manage symptoms. The study also noted a negative correlation between hope and duration of respondents' symptoms. This study was limited by its sample size and its focus on a specific health condition. Further research should explore the role of hope among larger samples of respondents suffering from other health conditions.

While the literature on burnout is extensive, few studies have focused on the relationship between hope and burnout, perhaps due to the relatively recent emergence of Positive Psychology and Hope Theory. Gustafsson, Hassmen, and Podlog (2010) examined the relationship between hope and burnout among 178 competitive athletes aged 15 to 20 in a quantitative study. Hope was found to have a significant and negative correlation with all three burnout subscales. Low-hope athletes scored significantly higher on all three burnout dimensions than did medium- and high-hope athletes. Agency thinking was revealed to be a significant predictor of all burnout dimensions. Based on these results, Gustafsson et al. (2010) surmise that

hope may be associated with health and well-being. Further research using a larger sample size is indicated in order to test the generalizability of these findings (Gustafsson et al., 2010).

Another study (Sherwin et al., 1992) asked 81 nurses in chronic-care rehabilitation units in six different hospitals to complete the Hope Scale and the Maslach Burnout Inventory. Results of the study showed that higher levels of hope among participants were associated with lower emotional exhaustion and depersonalization, along with greater personal accomplishment. Further research on hope and burnout among a larger, more diverse sample is indicated.

A quantitative study by Schwartz et al. (2007) looked at a national sample of 1,200 social workers, categorized by the NASW as being in clinical practice, to find out whether social work clinicians decline in hope or have increasing burnout over the course of their careers. Variables in this study included age, practice setting, and number of years in practice. The study found that among the 676 respondents, social workers in private practice were more hopeful and reported less burnout. The study also revealed a relationship between social worker age, level of hope, and practice setting.

Results of this study showed an increase in social worker hope in public practice, and a decrease in private practice such that as social workers in both settings age, their hope scores converge. This finding brings up the question: do levels of hope for social workers change as workers age? Or do levels of hope remain relatively stable – similar to personality traits? If the latter is true, does it then follow that workers with high hope remain in public settings while those with low hope change work settings? This study was limited by its focus on private and public clinical practice. It would be useful to look at differences among a wider variety of social workers (such as gerontological or child welfare). The study also lacked a breakdown of participants by race and ethnicity. The results of the study left many unanswered questions about

why hope scores vary the way they do and how hope impacts burnout among different types of social workers.

The literature showed that little research has been done to study the relationship between hope and burnout among social workers who work on cases involving child abuse. What role does hope play in mitigating the factors that lead to burnout among social workers who work on cases involving children at risk of abuse, neglect, and/or exploitation?

### **The Present Study**

The purpose of this study is to explore the relationship between hope and burnout among social workers who work on cases involving child abuse. The results of this study will provide data that may contribute to the effort to retain social workers in and prepare new workers for the challenges of working with at-risk children.



## **CHAPTER III**

### **Methodology**

#### **Study Purpose and Research Questions**

This study explored, and sought to elucidate, the relationship between levels of hope and burnout among social workers who work on cases involving child abuse. The research focused on hope as defined by Snyder (1994), and burnout, as defined by Maslach (1998). The study was conducted through a quantitative questionnaire administered to practicing clinicians via the Internet.

**Exploratory questions.** 1) What are the levels of hope among social workers in the sample? 2) What are the levels of burnout among social workers in the sample? 3) Is there a correlation between levels of hope and levels of burnout among social workers in the sample? 4) Do any of the demographic characteristics of the social workers in the sample correlate with their reported levels of hope and burnout?

#### **Research Design**

Because this study aimed to explore the relationship between two specific, measurable variables – hope and burnout – this study used a descriptive, fixed method design in the form of a survey administered via the Internet. This survey consisted of a section collecting demographic information, followed by two multiple-choice instruments: The Maslach Burnout Inventory – Human Services Survey (MBI–HSS) and the Hope Trait Scale. The survey concluded with a page offering hyperlinks to online resources (HelpPro Therapist Finder, NetworkTherapy.com

Provider Directory) for participants in need of additional support after they had completed a survey on a potentially triggering topic.

## **Sampling**

The study recruited social workers who work on cases involving children at risk of abuse, neglect, or exploitation by their families. Participants were required to be currently working in this capacity, in the United States, and to have at least one year of experience in this role. Most of the participants in this study were likely to reside and work in California due to the location of this researcher. However, because the survey was administered online, it was accessible to social workers located in any region of the United States.

The study used nonprobability convenience methods for sampling -- mainly snowball sampling -- to recruit participants. An invitation to participate was sent by email to a number of the researcher's classmates and colleagues. The email (see Appendix F) asked for their participation, if eligible, and encouraged them to forward the email to colleagues who might fit inclusion criteria. The email also included a link to the questionnaire on SurveyMonkey.com.

Recruiting a sufficient number of respondents proved to be challenging. The researcher contacted the NASW's Child Welfare Specialty Practice Section to ask for permission to send a recruitment email to members of the section. The cost of purchasing the contact list proved to be prohibitive, and the list was limited to mailing addresses and did not include email addresses.

Initial attempts to contact child protective service agencies were unsuccessful. The use of snowball sampling limited recruitment to colleagues and classmates of the researcher. This sampling method took longer than anticipated to gather a sufficient number of respondents. Many contacts did not know of anyone who might meet eligibility criteria.

Of the 94 respondents who accessed the survey on SurveyMonkey.com, 20 were not included in the sample. These respondents who were excluded either did not meet inclusionary criteria and were exited from the survey (12 respondents), did not click ‘Yes’ on the Informed Consent page (2 respondents), or did not complete the MBI–HSS and the Hope Trait Scale (6 respondents). This resulted in a sample of 74 social workers. Because of the sampling method and the relatively small size of the sample, results of the study are not generalizable and should not be considered representative of the entire population of social workers in the United States.

### **Limitations**

The fact that the survey was administered online limited participation to individuals with access to the Internet, which suggests many respondents may have been of a higher socioeconomic status than the general population. Respondents also had to be relatively comfortable with electronic surveys. This may have ruled out older clinicians who may have preferred to fill out the survey on paper.

Controlling for diversity of the sample was made difficult by the anonymous nature of the survey and the snowball sampling method. Because of the need to obtain a large enough sample size, there was less of an opportunity to focus on obtaining a diverse participant pool than was desired.

### **Ethical Considerations**

The study posed a low risk to participants. However, because participants were asked to reflect on aspects of their job that are perceived as negative, participation in the survey may have caused some uncomfortable feelings such as frustration or disillusionment, or brought up memories of negative experiences. Participants were informed during the Informed Consent process that they had the right to refuse to answer any question on the survey without

repercussion or exit the survey at any time (see Appendix C for Informed Consent Form).

Participants were also given information about online resources at the conclusion of the survey for additional support.

Participants were informed during the Informed Consent process that if they used any identifying information about clients, this information would be treated confidentially and immediately deleted by this researcher.

Participation in the study provided participants an opportunity to reflect upon the concepts of hope and burnout in working on cases of child abuse. Clinicians may have benefited from participating in the survey by using it to examine and evaluate the expectations they have of their work. Participants may have also benefited from the opportunity to think about types of self-care resources that they might personally find helpful. Lastly, participants' responses contribute to the development of knowledge about the risk of burnout and the role of hope in working with at risk children. No tangible benefit was offered to participants in this study.

### **Data Collection Methods**

Each participant anonymously responded to a quantitative, self-administered, online questionnaire on SurveyMonkey.com. Potential participants who clicked the link in the recruitment email were directed to SurveyMonkey.com and prompted to answer three screening questions to assure that they met inclusion criteria. Only once participants answered “yes” to each screening question were they directed to the Informed Consent form (Appendix C) and the questionnaire (Appendix E). If potential participants answered “no” to any of the screening questions, they were directed to a disqualification page (Appendix D) where they were informed that they did not meet eligibility requirements. They were then thanked for their time and directed away from the survey.

The first series of questions on the survey gathered demographic information. These multiple-choice questions asked participants to identify their age, gender, race/ethnicity, U.S. state in which the participant works, number of years of work experience, approximate number of hours worked each week, average number of clients on caseload, type of work setting (urban, suburban, rural), degrees earned (BSW, MSW, other), and specific work setting (hospital, agency, school, outpatient clinic, private practice, field, other) (see Appendix E).

**Instruments used in study.** After providing demographic information, participants were given a brief re-introduction to the nature of the study followed by instructions on how to complete the survey. Participants were then asked to fill out the Maslach Burnout Inventory – Human Services Survey (MBI–HSS) and the Trait Hope Scale.

*Maslach Burnout Inventory – Human Services Survey (MBI–HSS).* Participants were instructed to read 22 statements of job-related feelings. They were asked to rate each statement on a 7-point Likert-type scale (from Never to Every Day) based on how often they have that feeling concerning their job.

*Hope Trait Scale.* Participants were instructed to read 12 statements related to intrinsic motivation, goal-setting, and hopefulness. Participants were asked to rate each statement on an 8-point Likert-type scale (from Definitely False to Definitely True) on how accurate they thought each statement reflected how they feel about themselves.

The entire survey was expected to take between 10 and 20 minutes to complete.

## **Data Analysis**

All data gathered from the survey was securely stored on SurveyMonkey.com. Data was analyzed with assistance from the statistical analyst at Smith College School for Social Work. Anonymity of the respondents was ensured by coding all demographic data and using descriptive

statistics. SPSS software was used to analyze the data. Cronbach alpha was run on each set of questions. Subscales of the MBI–HSS and the Hope Trait Scale were created by summing the appropriate groups of questions. Scores were created only for participants who answered all questions in a particular subscale. Pearson correlations were run between demographic variables and the instrument subscales. T-tests were run to determine if there were differences in the five subscales by area (urban/suburban/rural).

## **CHAPTER IV**

### **Findings**

This study explored levels of hope and burnout among social workers who work on cases of children who are at risk of abuse, neglect, or exploitation. A quantitative survey was administered using SurveyMonkey.com. 74 respondents completed the survey after meeting eligibility criteria and clicking ‘Yes’ on the Informed Consent form.

The following research questions were explored: 1) What are the levels of hope among social workers in the sample? 2) What are the levels of burnout among social workers in the sample? 3) Is there a correlation between levels of hope and levels of burnout among social workers in the sample? 4) Do any of the demographic characteristics of the social workers in the sample correlate with their reported levels of hope and burnout?

### **Description of Participants**

The 74 participants were social workers currently employed in the United States and with at least one year of work experience in direct service on cases involving children at risk of abuse, neglect, or exploitation by family members.

Although there were 94 initial respondents, 20 were excluded from the study. These excluded respondents either did not meet inclusionary criteria and were exited from the survey (12 respondents), did not click ‘Yes’ on the Informed Consent Page (2 respondents), or did not complete the MBI–HSS and the Hope Trait Scale (6 respondents). This resulted in a sample of 74 social workers.

**Age.** Participants were split into age brackets to facilitate comparison with figures provided by a national study of social workers (Whitaker et al., 2006). The median age was 35.5 and the mean was 38.22. Age distribution ranged from 24 to 67, which is similar to the age range of Whitaker et al.'s study of social workers in the United States. However, social workers in this study were, on average, significantly younger than social workers in the national survey. The majority of respondents (40%, n=31) were in the 25 to 34 age bracket, followed by 35 to 44 (16.25%, n=23). Respondents 65 and older (1.25%, n=1) were the least represented age bracket. At the national level, the NASW's survey found that social workers tended to be 45 or older (62% of the sample), compared with 38% of workers 44 and younger.

Table 1: Age Distribution

Age	Frequency	Percent
24 and under	2	2.7%
25-34	31	41.9%
35-44	23	31.1%
45-54	11	14.9%
55-64	6	8.1%
65+	1	1.3%

**Gender.** The majority of participants identified as women (94.6%, n=70). The study also included three men (4.1% of participants) and one participant who identified as 'Other' and specified their gender identity as 'genderqueer'.

**Race and ethnicity.** The largest racial/ethnic group identified as White or Caucasian (59.5%, n=44), followed by Hispanic, Latino, or Spanish origin (17.6%, n=13). Five participants identified as Mixed Race or Biracial (6.8%), five identified as Black or African American (6.8%), three identified as Asian (4.1%), and one identified as Middle Eastern. Three Participants



selected Other: one identified as Afro Caribbean (Jamaican), one identified as South Asian/Indian, and one participant declined to state their race/ethnicity.

There was more diversity among the study's participants than among a national survey of social workers (Whitaker et al., 2006). At the national level, 86% of respondents reported being White, 1% reported being Asian, and 4% reported being Hispanic/Latino. The national survey showed a similar percentage (7%) of respondents who reported being Black/African American.

**U.S. states.** Participants came from seven U.S. states. The majority listed California (82.4%, n=61). This was predicted due to the location of the researcher's professional network. The next most represented states were Washington (5.4%, n=4), Massachusetts (5.4%, n=4), and New York (2.7%, n=2). The three remaining participants all came from different states: Connecticut, Maryland, and New Mexico.

**Years of experience.** One participant's response to this question was ruled invalid, which resulted in a total of 73 valid responses to this question. Participants were split into six groups to facilitate comparisons with a national survey of social workers (Whitaker et al., 2006). Years of experience ranged from 1 to 33. The mean number was 9.73 and the median number was 7. Almost two thirds of respondents had fewer than 10 years of experience (64.4%, n=47). The average amount of participants' work experience compared with that of participants in the national survey of social workers. In both this study and the NASW survey, nearly two thirds of respondents had fewer than 10 years of experience. Table 2 illustrates the distribution of this study's respondents according to years of experience.

Table 2: Years of Experience Distribution

Years of Experience	Frequency	Percent
1-4	22	30.1%
5-9	23	31.5%
10-14	11	15.1%
15-19	8	11%
20-24	4	5.5%
25+	5	6.8%

**Work hours per week.** There were 73 valid responses for this question. More than half of the participants stated they work at least 40 hours per week (53.4%, n=39). Four participants reported working between 50 and 59 hours per week, and one participant reported working 60 hours per week. Thirty-four participants (46.6%) indicated working 39 or fewer hours per week. The participants were split into six groups to facilitate comparisons across groups with national figures from the NASW (Whitaker et al., 2006). The distribution of reported hours worked per week was similar to the numbers reported in the NASW survey. A majority of respondents (46.6%) reported working between 40 and 49 hours per week.

Table 3: Work Hours per Week Distribution

Hours Worked	Frequency	Percent
0-9	7	9.6%
10-19	10	13.7%
20-29	9	12.3%
30-39	8	11%
40-49	34	46.6%
50+	5	6.8%

**Number of clients on caseload.** There were 73 valid responses. More than half of the participants reported having fewer than 30 clients on their average caseload (58.9%, n=43). Participants who reported having 40 or more clients on average represented 26% of the sample (n=19). While 4.1% reported having 90 or more clients (n=3), 51.3% (n=38) reported caseloads that are smaller than the national average of 24 to 31 children for child welfare workers (Bailey, Clark, Weismiller, & Whitaker, 2004). The study participants' smaller caseloads may have contributed to higher hope scores and lower burnout scores.

**Type of work area (urban/suburban/rural).** Respondents who reported working in urban settings represented 66.2% (n=49), followed by those in suburban settings (32.4%, 24). Only one respondent reported their work setting as rural (1.4%).

**Academic degrees.** A majority of participants reported having a master's in social work (MSW) (85%, n=63). Four participants reported having a bachelor's degree in social work. Several participants reported 'Other', with three participants reporting being licensed clinical social workers, two reporting master's degrees in marriage and family therapy, two reporting that they are currently in MSW programs, one reporting a doctorate in clinical psychology (PsyD), one reporting a master's in developmental psychology, one reporting a master's in public health (MPH), and one reporting a master's in school counseling.

**Primary work setting.** Almost half of the participants listed school as their primary work setting (44.6%, n=33), followed by 31.1% in agencies (n=23), 6.8% in outpatient clinics (n=5), 6.8% in the field (n=5), and 5.4% in hospitals (n=4). One participant reported working in private practice. A number of participants specified: one participant listed "DPSS/Permanency Programs," one participant listed government, one participant reported working per diem as a

hospital social worker, one participant reported “K-12 schools,” one participant reported “residential,” and one participant reported their work setting as split between agency and field.

**Exploratory question 1.** What are the levels of hope among social workers in the sample?

The scores on the Hope Trait Scale reflect relatively healthy levels of hopefulness among the majority of respondents. While there were outliers with low or high scores on the agency and pathway subscales, 30 out of the 74 respondents scored 28 or 29 on agency (willpower), and 30 out of the 74 respondents scored between 26 and 28 on pathway (waypower). A score of 24 reflects a “normal” score on one of the Hope Trait Scale subscales.

The mean number for agency was 27.15, with a median of 28. The distribution of agency subscale scores ranged from 15 to 32, with a standard deviation of 3.21. This suggests that the group of participants, as a whole, has an above average level of determination and commitment to the work. Outliers included three participants who scored 20 or below and 13 who scored 30 or above.

The mean number for pathway was 26.32, with a median of 27. The distribution of pathway subscale scores ranged from 13 to 32. This suggests that the group of participants has an above average belief in their ability to come up with one or more effective ways to achieve their goals. Outliers included five participants with scores lower than 20 and 14 participants with scores higher than 30.

A Cronbachs alpha was run on each set of questions to test internal reliability. The test showed that all subscales of the Hope Trait Scale had internal reliability above the acceptable cutoff of 0.6.

**Exploratory question 2.** What are the levels of burnout among social workers in the sample?

The scores on the MBI-HSS revealed that, overall, the group of respondents had moderate levels of emotional exhaustion and personal accomplishment, and low levels of depersonalization.

The mean number for emotional exhaustion was 24.54, with a median of 25 (a score of 27 or above is considered high; 17-26 is considered moderate; 0-16 is considered low). The distribution of scores on the emotional exhaustion subscale ranged from 5 to 48, with a standard deviation of 10.89.

The mean number for depersonalization was 6.65, with a median of 5.50 (a score of 13 or above is considered high; 7-12 is considered moderate; 0-11 is considered low). The distribution of scores on the depersonalization subscale ranged from 0 to 22, with a standard deviation of 5.04.

The mean number for personal accomplishment was 38.74, with a median of 40 (a score of 39 or above is considered lower burnout; 32-38 is considered moderate burnout; 0-31 is considered higher burnout). The distribution of scores on the personal accomplishment subscale ranged from 23 to 48, with a standard deviation of 6.19.

A Cronbachs alpha was run on each set of questions to test internal reliability. The test showed that all subscales of the Hope Trait Scale had internal reliability above the acceptable cutoff of 0.6.

**Exploratory question 3.** Is there a correlation between levels of hope and levels of burnout among social workers in the sample?

The strongest correlation between subscales of the MBI-HSS and Hope Trait Scale was a positive correlation between personal accomplishment and agency. Moderate negative correlations were observed between emotional exhaustion and agency, and depersonalization and agency. There was a positive correlation between personal accomplishment and pathway in the moderate range. Correlations were weak between emotional exhaustion and pathway, and depersonalization and pathway.

As shown in Table 4, all correlations between subscales of MBI-HSS and Hope Trait Scale were significant:

There was a significant negative correlation between emotional exhaustion and agency ( $r=-.504$ ,  $p=.000$ ). This correlation is in the moderate range.

There was a significant negative correlation between emotional exhaustion and pathway ( $r=-.300$ ,  $p=.009$ ). This correlation is in the weak range.

There was a significant negative correlation between depersonalization and agency ( $r=.405$ ,  $p=.000$ ) in the moderate range.

There was a significant negative correlation between depersonalization and pathway ( $r=.282$ ,  $p=.015$ ) in the weak range.

There was a significant positive correlation between personal accomplishment and agency ( $r=.607$ ,  $p=.000$ ) in the strong range.

There was a significant positive correlation between personal accomplishment and pathway ( $r=.489$ ,  $p=.000$ ) in the moderate range.

These results suggest a relationship between levels of hope and levels of burnout among the participants. Participants who had higher scores on the Hope Trait Scale subscales appeared to have lower scores on the MBI-HSS.

A Pearson correlation was run between the MBI-HSS subscales and the Hope Trait Scale subscales to analyze the relationship between hope and burnout among the sample of participants who completed the two instruments in the survey.

Table 4: Correlations Between MBI-HSS Subscales and Hope Trait Scale Subscales (n=74)

		Agency	Pathway
Emotional Exhaustion	Pearson Correlation Sig. (2-tailed)	-.504* .000	-.300* .009
Depersonalization	Pearson Correlation Sig. (2-tailed)	-.405* .000	-.282** .015
Personal Accomplishment	Pearson Correlation Sig. (2-tailed)	.607* .000	.489* .000

\* Correlation is significant at the 0.01 level (2-tailed).

\*\* Correlation is significant at the 0.05 level (2-tailed).

**Exploratory question 4.** Do any of the demographic characteristics of the social workers in the sample correlate with their reported levels of hope and burnout?

A Pearson correlation was run between Age and the subscales of the MBI-HSS and Hope Trait Scale. As Table 5 shows, there was a significant positive correlation between age and pathway ( $r=.257$ ,  $p=.027$ ) in the weak range. There was no significant correlation between age and any of the other four subscales.

In this case, the older the participant, the higher the participant's belief in their ability to come up with one or more effective means to achieve their goal(s).

Table 5: Correlations Between Age and Subscales of the MBI-HSS and Hope Trait Scale

		Age
Emotional Exhaustion	Pearson Correlation	-.122
	Sig. (2-tailed)	.300
Depersonalization	Pearson Correlation	-.183
	Sig. (2-tailed)	.119
Personal Accomplishment	Pearson Correlation	.211
	Sig. (2-tailed)	.071
Agency	Pearson Correlation	.179
	Sig. (2-tailed)	.127
Pathway	Pearson Correlation	.257*
	Sig. (2-tailed)	.027

\*Correlation is significant at the 0.05 level (2-tailed).

Due to the small number of men (three out of 74 participants) in the sample, a t-test was not run to see if there was a difference in the subscales by gender.

There were too many categories of race/ethnicity with small numbers in them to run an analysis by this variable.

Pearson correlations were run to see if there was a relationship between the number of years worked and subscales of the MBI-HSS and Hope Trait Scale.

As Table 6 shows, there was a significant negative correlation between the number of years worked and emotional exhaustion ( $r=-.286$ ,  $p=.014$ ) in the weak range. This suggests that the more years a participant has worked, the less emotionally exhausted they feel.

There was a significant negative correlation between the number of years worked and depersonalization ( $r=-.317$ ,  $p=.006$ ) in the weak range. This suggests that the longer a participant has worked, the less emotionally detached they feel from their clients and work.



There was a significant positive correlation between the number of years worked and personal accomplishment ( $r=.275$ ,  $p=.018$ ) in the weak range. This suggests that the more years a participant has worked, the greater their sense of effectiveness and success.

There was no significant correlation between the number of years worked and agency.

There was a significant positive correlation between the number of years worked and pathway ( $r=.254$ ,  $p=.030$ ) in the weak range. This suggests that the more years a participant has worked, the greater their belief in their ability to come up with solutions and ways to achieve their goals.

Table 6: Correlations Between Number of Years Worked and Subscales

		Number of Years of Experience
Emotional Exhaustion	Pearson Correlation	-.286*
	Sig. (2-tailed)	.014
Depersonalization	Pearson Correlation	-.317**
	Sig. (2-tailed)	.006
Personal Accomplishment	Pearson Correlation	.275*
	Sig. (2-tailed)	.018
Agency	Pearson Correlation	.212
	Sig. (2-tailed)	.072
Pathway	Pearson Correlation	.254*
	Sig. (2-tailed)	.030

\*Correlation is significant at the 0.05 level (2-tailed).

\*\*Correlation is significant at the 0.01 level (2-tailed).

T-tests were run to determine if there were differences in the five subscales by area (urban/suburban/rural). Because there was only one participant who reported working in rural areas, the t-tests were only run for urban and suburban variables.

As shown in Table 7, there was a significant difference in depersonalization ( $t(71)=2.130$ ,  $p=.037$ , 2-tailed). Those in urban areas had a higher mean depersonalization score ( $m=7.31$ ) than those in suburban areas ( $m=4.79$ ). There were no significant differences in the other four subscales by area.

Table 37: T-tests of Subscales by Work Area (Urban/Suburban)

		N	Mean	Standard Deviation
Emotional Exhaustion	Urban	49	24.80	11.29340
	Suburban	24	23.25	9.65604
Depersonalization	Urban	49	7.31	5.18091
	Suburban	24	4.79	3.64726
Personal Accomplishment	Urban	49	38.84	5.30859
	Suburban	24	39.13	7.37983
Agency	Urban	49	26.84	3.38099
	Suburban	24	28.00	2.58760
Pathway	Urban	49	26.04	3.95790
	Suburban	24	27.04	3.14130

### Summary of Major Findings

In general, participants in the study reported relatively normal levels of hope and low levels of burnout. Age appeared to be one of the only demographic factors to have any significant effect on any of the subscale scores.

Among the subscales, pathway appeared to be affected by a participant's age. The older a participant, the higher the likelihood that they would have strong belief in their ability to come up with ways to achieve their goals.

Number of years worked was another variable that had a significant relationship with subscale scores. In terms of burnout, the more years a participant had worked, the lower their

scores were on emotional exhaustion and depersonalization, and the higher their scores were on personal accomplishment.

In terms of hope, the more years of experience a participant had, the more likely they were to feel confident in their ability to come up with effective solutions to achieve goals. Number of years worked did not, however, have a significant effect on a participant's level of willpower.

Participants in urban areas had, on average, higher scores on the depersonalization score than participants in suburban areas. This suggests the possibility that working in an urban setting may increase the chances of social workers becoming emotionally detached from their work.

## **CHAPTER V**

### **Discussion**

The present study sought to address the following exploratory questions: 1) What are the levels of hope among social workers in the sample? 2) What are the levels of burnout among social workers in the sample? 3) Is there a correlation between levels of hope and levels of burnout among social workers in the sample? 4) Do any of the demographic characteristics of the social workers in the sample correlate with their reported levels of hope and burnout? This chapter will discuss the findings presented in the previous chapter, beginning with a look at the participants and where they fit in the context of the larger U.S. population of social workers. This chapter will also present the study's limitations, suggestions for future research, and implications for clinical social work.

#### **Characteristics of Participants**

**Age.** This study's participants were, on average, younger than the national population of social workers. A large majority of respondents (41.9%) reported ages between 25 and 34. A national workforce study of social workers (NASW, 2006) found that the largest percentage of social workers (33%) reported being in the 45-54 age bracket, followed by 24% in the 55-64 age bracket. Social workers aged 34 to 44 represented 22% of the workforce. This national survey revealed that the percentage of social workers aged 45 and older is greater than for the U.S. civilian labor force, where 69% of workers are between the ages of 25 and 54 (NASW, 2006).

One explanation for the relative youth of the study's participants could be that older potential participants may not have felt comfortable taking a survey on the Internet. Also, participants were recruited via email, which may not be the preferred method of communication for older potential participants. However, the majority of this study's participants were also younger than participants in a national study on the attitudes of child welfare workers toward mobile technology tools (Whitaker, Torrico Meruvia, & Jones, 2010). Whitaker et al. administered a survey electronically to 930 members of the NASW Child Welfare Specialty Practice Section. Of the 283 respondents, 52% were over the age of 46.

It might also be that older social workers have already participated in multiple studies, perhaps on burnout, and were not as interested as younger social workers in completing the survey. A search of the literature on burnout in social work was limited in its scope (starting from 1978) and yet produced 739 results. Human service professions have been the focus of burnout research since the early 1970s. Yet another study on the topic of burnout may contribute to "burnout fatigue" among individuals who have worked in human services long enough to already be well acquainted with the risks and symptoms.

**Gender.** All but four of the 74 participants identified their gender as female. This is consistent with national figures that show that a majority of social workers are female. In fact, the profession of social work is becoming further female-dominated as evidenced by the finding that workers near retirement age are significantly more likely to be male than younger social workers. Among the general surveyed workforce of social workers, only 9% of social workers between the ages of 25 and 34 reported their gender as male (NASW, 2006). Given the average age of the study's participants (38), and the small number of participants aged 55 or older (7), the very small number of male participants is not a surprise.

**Race and ethnicity.** This study's participants were predominantly White (59.5%). However, there was more diversity among participants in the study than there is in the U.S. population of social workers. According to the NASW's latest figures (2006), 86% of the national population of social workers are White, 7% are Black/African American, 4% are Hispanic/Latino, 1% are Asian/Pacific Islander, and 1% are Native American/Alaskan. Participants in the study included higher numbers of Hispanic/Latino (17.6%), Black/African American (6.8%), and Asian (4.1%) social workers.

The increased diversity in the sample relative to the NASW's figures on the national workforce can be explained in part by the fact that a majority of the respondents reported California as their state of residence/work. According to the U.S. Census Bureau (2011), 38.1% of the population of California are Hispanic/Latino, 13.6% are Asian, and 6.6% are Black/African American. The percentages for Hispanic/Latino and Asian persons are higher than the national average (U.S. Census Bureau, 2011).

Diversity is an important consideration when thinking about hope and burnout among social workers. Could social workers who are members of traditionally oppressed groups be at greater risk for burnout? One might consider the cumulative effects of microaggressions from clients and coworkers. One might also examine the impact on the work environment in agencies that stubbornly hold on to assimilationist beliefs and are resistant to change. Social workers who must cope with racism, sexism, homophobia, ageism, ableism, and any other form of oppression may be more likely to suffer emotional exhaustion and depersonalization, and may more readily question their sense of personal accomplishment in a hostile environment. They may also feel reluctant to bring up with supervisors their concerns about loss of hope or risk of burnout if they do not feel supported.

Diversity may also help cultivate hope. Social workers from traditionally oppressed groups may rely on strong cultural ties and values which enable them to maintain high levels of hope in the face of challenges and barriers. Further research on hope and burnout among social workers might yield valuable information on how diversity affects these two variables.

### **Levels of Hope**

The first research question sought to measure levels of hope, as defined by Snyder (1994), in the sample of social workers who participated in the study. The majority of hope scores among the sample of social workers were above average. A review of the literature did not reveal findings on levels of hope among the general population of social workers in the United States. Therefore, it is not possible to compare the average hope scores of the study's participants with those of the larger workforce.

One explanation for the healthy hope scores among the participants might be that social workers with healthy levels of hope may have been more willing to participate in the survey than those with lower levels of hope. According to Snyder (1994), willpower is a major component of hope. Potential participants low in hope would likely have low levels of agency (willpower), resulting in a decreased likelihood that they would have the desire and commitment to complete the survey. Potential participants with low levels of hope might also have refrained from participating due to low levels of waypower, suggesting they might not have held much confidence in their ability to find multiple ways to effectively and efficiently accomplish a goal. If this were their general frame of mind, the thought of participating in a research study might have brought up all sorts of feelings related to how they cope with challenges in their work.

Another important consideration is self-selection in terms of choice of careers. Individuals who decide to enter the field of social work may be more hopeful than the general

population. Whitaker (2008) found that the most commonly reported motivation for individuals to enter social work was to help people. This suggests that those choosing to become social workers believe they have sufficient willpower and waypower to effect change and help clients. The relative youth of the participants would indicate that these social workers are at the beginning of their careers and may have sustained the hope that may have guided them into the profession.

### **Levels of Burnout**

The second research question sought to measure levels of burnout in the sample of social workers who participated in the study according to Maslach's three-dimensional model of burnout (1982, 1998). While Azar (2000) found higher risks of burnout among social workers who work on child abuse cases, the present study found normal to lower-than-average levels of burnout among the sample. This finding may be partly explained by the fact that potential participants with higher-than-average levels of burnout may have been more likely to have high levels of emotional exhaustion and depersonalization, and lower levels of personal accomplishment. This might have negatively impacted their willingness to participate in a survey on job-related stressors.

The wealth of research on burnout also suggests that many potential respondents may simply be burnt out on the subject of burnout. This may help explain why so few older social workers (50 and older) were among the sample. Social workers who have been in the field longer have had more opportunities to read about and participate in research on workplace issues. Younger workers would be more likely to view participation in a study as a novel experience worthy of exploration.



### **Correlations Between Hope and Burnout**

The third question sought to explore correlations between levels of hope and levels of burnout among the sample. The findings of this study were consistent with prior research on the relationship between levels of hope and levels of burnout in individuals. Gustafsson et al. (2010) found that hope had a significant and negative correlation with all three burnout subscales. The present study found all correlations between subscales of the MBI-HSS and Hope Trait Scale to be significant. In addition, Gustafsson et al. (2010) found agency (willpower) to be predictive of all burnout dimensions among that study's sample. Schwartz et al. (2007) also found negative correlations between hope and burnout for social workers in both public and private practice.

These findings all suggest that high levels of hope may reduce the likelihood of emotional exhaustion and depersonalization, and increase the likelihood of personal accomplishment. They might also suggest that individuals with already high levels of hope in their personal lives stand a better chance of avoiding burnout in their work.

### **Correlations with Participant Characteristics**

The fourth question asked whether demographic characteristics of the study's participants correlated with their levels of hope and burnout. Age was one of the only demographic variables with a significant effect on hope and burnout among the participants. This was in line with prior research. Schwartz et al. (2007) found that the age of social workers correlated negatively with burnout and positively with hope, except in the cases of social workers in private practice where age correlated negatively with hope. Since only one of this study's participants reported working in private practice, Schwartz et al.'s findings on age and hope among social workers in private settings was less relevant than those of social workers in public practice.

One explanation for why age correlates positively with hope is that social workers with high levels of hope remain in the profession, whereas workers with lower levels of hope may leave the field. In essence, those individuals with higher levels of hope are better equipped to cope with the stresses of their jobs and may, in fact, see increases in hopefulness as their waypower, or ability to generate alternative solutions to problems, benefits from a greater number of years of experience.

Similar to age, the number of years worked was another variable that correlated with hope and burnout. The findings showed that the longer a social worker had been in the profession, the lower the scores for emotional exhaustion and depersonalization, and the higher the scores for personal accomplishment as well as for waypower and agency. This was predicted by Schwartz et al. (2007) who found similar patterns among their sample. However, their study also found a fairly consistent level of burnout among all levels of experience in public settings, which this study did not find.

As in the case of age, workers with more experience may have had high levels of hope to begin with and, as a result, been better able to cope with job-related stresses that can lead to emotional exhaustion and depersonalization. This finding suggests that agencies may benefit from supporting longer-term employees by building on their strengths and perhaps calling upon them to help provide support and training on burnout and hope to younger employees.

### **Study Limitations**

**Sample.** The small size of the sample (n=74) greatly limits the generalizability of the findings. Also, the sample was defined to include all social workers who currently work on cases involving children at risk of abuse, neglect, or exploitation. This resulted in a sample which included workers in a variety of settings including schools, hospitals, outpatient clinics, and

private practice. Future research would benefit from a focus on social workers who are employed in one setting, such as public child protection agencies. This would avoid a large number of variables. In the current study, it was challenging to fully explore an hypothesis due to the breadth of job descriptions among the participants.

Another limitation was the small number of U.S. states represented in the sample. One suggestion to address these limitations would be to invite members of the NASW's Child Welfare Specialty Practice Section (SPS), which would allow for a clearer comparison of the sample's characteristics with available demographic information about the greater population of NASW Child Welfare SPS members.

Recruitment for future studies should not be limited to email. Invitations by letter to participate could be mailed in order to reach potential participants who are less comfortable with electronic communication. It is also important to note that the sample was self-selected. As suggested previously, social workers with high levels of hope and low levels of burnout may have felt more able and willing to participate in research on those two variables. Social workers with symptoms of burnout or low hopefulness may have felt uncomfortable with the study's topics. This may have led to higher-than-average hope scores and lower-than-average burnout scores among the sample of participants.

Non-female social workers were under-represented in the sample. While social work is a female-dominated profession, future research should strive to include a larger percentage of male participants as well as participants who do not identify with the gender binary.

**Study design.** A limitation of the study was its cross-sectional nature. A longitudinal study over a period of at least two or three years would present a clearer picture of levels of hope and burnout among participants over time, and would help examine whether hope increases

result in burnout decreases and, conversely, whether increases in levels of burnout lead to decreases in hope. Another limitation was the fact that the survey was administered electronically. This may have affected the response rate among potential participants who are not as comfortable working with electronic media. Future research should strive to offer participants the option of completing the survey online or on paper.

### **Implications for Clinical Social Work Practice, Training, and Policy**

Social work suffers from being a profession that is not very well understood by the general public. The NASW used eight focus groups in three cities to conduct research on perceptions of social workers and found that actual knowledge about the profession is shaped primarily through the media, especially by news stories about child welfare (NASW, 2004). Most respondents were also confused or unaware of educational requirements to become a social worker. Shedding more light on topics such as burnout and hopefulness among social workers can help educate the public and promote the profession.

Most respondents scored relatively high on hope and low on burnout, which suggests that hope may be a factor worthy of further exploration and integration into professional education and field practice. Koenig and Spano (2007) argue that the cultivation of professional hope should be included as a goal in all MSW programs. They describe how most professional education programs continue to use theoretical models that focus on client pathologies, deficits, and environmental problems (p. 51). Adopting a strengths-based model to help educate future social workers on how to develop and sustain professional hope might help better equip social workers to cope with job-related stressors. This might help to address the problem of high turnover and low retention rates, especially among child welfare workers (General Accounting Office, 2003).

The notion that hope should be better integrated into professional development of social workers appears to have support. In July 2012, the NASW held a national practice conference in Washington, D.C. The event was named “Restoring Hope: The Power of Social Work.” This event was organized to celebrate the positive impact that the social work profession has in the United States and internationally. However, hope should also be seen as a value among social workers which should be celebrated and cultivated.

Koenig and Spano (2007) contend that “hopefulness about clients’ positive change and growth is a means to actualize fundamental values in social work” (p. 55). They argue for social work educators to consider “hope-inducing models” as part of the criteria for selecting content for BSW and MSW programs. They also suggest that social work students be directly taught how to foster hope, and how hope can affect their practice. As for the agency setting, Koenig and Spano (2007) state that group supervision, more so than individual supervision, provides greater opportunity to foster hopefulness by creating norms within the group that reflect agency endorsement of positive qualities such as active experimentation and the use of creativity. The agency’s goal should be to foster an affirmative environment that communicates hopefulness about the possibilities for growth and change.

According to Snyder, Lopez, Shorey, Rand, and Feldman (2003), hope-fostering techniques can take the form of individual or group interventions. Snyder et al. go on to write about interventions that focus on goals, pathway thinking, and agency thinking. These include guidance in establishing goals that feature clear markers in order to monitor progress toward these goals (p. 128). Goals must also be broken down into smaller “subgoals” in order to prevent an “all-at-once” imperative regarding achievement. To help improve pathway thinking, hope training must include identifying multiple ways in which to work toward one’s goals (p. 129).

Enhancing one's agency involves selecting goals that are important to one's values, rather than limiting oneself to goals that are imposed by peers or authority figures (p. 130). Helping an individual feel that they have chosen their own goals can be a source of motivation. Another technique to develop agency thinking is to keep a diary of ongoing self-talk to identify if one's internal dialogue is low or high in self-criticism (p. 130).

Hope Theory suggests that social workers can foster and sustain hope through trainings, as well as individual and group supervision. Agencies might benefit from organizing seminars on how to create and sustain a culture of hopefulness in order to combat employee burnout and reduce rates of turnover. In a profession that requires dedication to the needs of others, and often involves long hours of hard, intense, and emotionally draining work, raising levels of hope among social workers seems an important goal.

## **Conclusion**

This research explored levels of hope and burnout among social workers who work with children at risk of abuse, neglect, or exploitation. The findings of this study demonstrated that among the sample of participants, high levels of hope correlated negatively with low levels of burnout. The study also showed that age and number of years worked were important factors in the hopefulness of participants.

This research indicates a need for further examination of the role of professional hope for social workers, and research on how hope may be cultivated and sustained among the national workforce, as well as child welfare workers and clinicians whose work includes at-risk children.

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## Appendix A: Human Subjects Review Approval

School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 22, 2013

Jonathan Mitchelmore

Dear Jonathan,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

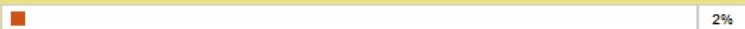
Marsha Kline Pruet, M.S., Ph.D., M.S.L.  
Vice Chair, Human Subjects Review Committee CC:

John Erlich, Research Advisor

## Appendix B: Screening Questions

**Hope and Perceived Burnout Among Child Protection Workers** Exit

Eligibility Criteria (1 of 3)

 2%

**\* The following questions will help determine whether you meet the eligibility criteria for participation in the survey.**

**Do you currently work with children who are at risk of abuse, neglect, or exploitation?**


Yes

No

Next

**Hope and Perceived Burnout Among Child Protection Workers** Exit

Eligibility Criteria (2 of 3)

 4%

**\* How long have you worked on cases involving children who are at risk of abuse, neglect, or exploitation?**

Less than one year

One year or more

Prev Next

**Hope and Perceived Burnout Among Child Protection Workers** Exit

Eligibility Criteria (3 of 3)

 6%

**\* Do you currently work in the United States?**

Yes

No

Prev Next

## Appendix C: Informed Consent Form

Hope and Perceived Burnout Among Child Protection Workers

Exit

Informed Consent (1 of 2)

7%

Dear Participant,

My name is Jonathan Mitchelmore and I am a Master's student at the Smith College School for Social Work. I am conducting research for my thesis on the relationship between hope and burnout among social workers who specialize in child welfare. The information you provide could help improve burnout intervention and prevention efforts in order to help create a supportive work environment for all child protection workers.

In order to participate, you must currently be providing services to children who are at risk of abuse, neglect, or exploitation and you must have been working in this capacity for at least one year. You are eligible to participate if you are at least 18 years of age. This questionnaire will take approximately ten to twenty minutes to complete.

You will be asked to answer questions about your general level of hopefulness as well as your feelings about your work. Some of the questions may remind you of unhappy past or present experiences. In the case that you should need support, links to resources will be provided at the end of the questionnaire.

The information you provide will be kept strictly anonymous. Settings on SurveyMonkey.com will ensure that your email address is not collected in connection to your survey. To protect your privacy, the survey will only be identified with a code number and printed surveys will be kept in a locked file cabinet behind a locked door in my office. The information gathered in this study may be published in scientific journals and presented at professional meetings, but only group patterns will be described and your identity will not be revealed.

The decision to participate is entirely up to you. You may refuse to take part in the study or withdraw at any time. Additionally, you may decline to answer any questions throughout the survey. The data will at no time be used without your consent.

In order to withdraw, you must exit the questionnaire without submitting. Since the survey is anonymous, there will be no way to identify your particular questionnaire.

You have the right to ask questions and have them answered at any time. If you have any other concerns about your rights as a research participant, please contact me, Jonathan Mitchelmore, at [REDACTED]. You can also reach the Smith College Institutional Review Board at (413) 585-7974. The results of this study can be made available to interested research participants. Respondents are welcome to contact me for more information.



Informed Consent (2 of 2)



**\*Consent**

By clicking 'YES', you are indicating that you have read, and understand, the information above and that you have had an opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.

Choosing 'YES' indicates that you have decided to volunteer as a research subject. Choosing the 'YES' option will direct you to the beginning of the survey.

Choosing 'NO' indicates that you do not want to volunteer as a research subject. Choosing the 'NO' option will exit the survey.

- Yes
- No


Prev

Next

## Appendix D: Disqualification Page

Hope and Perceived Burnout Among Child Protection Workers Exit

Disqualification Page

 100%

Unfortunately, you do not meet the eligibility criteria for participation in this study.


Thank you for your time and for your interest in my research.

Prev Done

## Appendix E: Questionnaire

**Hope and Perceived Burnout Among Child Protection Workers** Exit

Demographic Questions (1 of 10)

 11%


The following ten questions are for demographic purposes.

1. What is your age?

Prev Next

**Hope and Perceived Burnout Among Child Protection Workers** Exit

Demographic Questions (2 of 10)

 13%

2. Please select the gender you most identify with.

Woman

Man

Transgender

Other (please specify)

Prev Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (3 of 10)



#### 3. How do you identify racially/ethnically?

- Black or African American
- Hispanic, Latino, or Spanish origin
- Asian
- Middle Eastern
- Native American or Alaskan Native
- Pacific Islander
- Mixed Race or Biracial
- White or Caucasian

Other (please specify)

Prev

Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (4 of 10)



#### 4. In which U.S. state do you work?

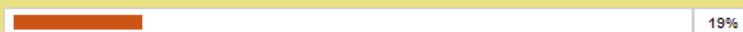
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Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (5 of 10)



#### 5. How many years have you worked on cases involving children who are at risk of abuse, neglect, or exploitation?

Prev

Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (6 of 10)



6. Approximately how many hours per week do you work on cases involving children who are at risk of abuse, neglect, or exploitation?

Prev

Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (7 of 10)



7. What is the average number of clients you have on your caseload?

Prev

Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Demographic Questions (8 of 10)



8. In which type of area does your work take place?

- Urban
- Suburban
- Rural

Prev

Next

Demographic Questions (9 of 10)



9. Which degree(s) do you have?

- Bachelor's in Social Work (BSW)
- Master's in Social Work (MSW)

Other (please specify)

Prev Next

Demographic Questions (10 of 10)



10. Which of the following is your primary work setting?

- Hospital
- Agency
- School
- Outpatient Clinic
- Private Practice
- Field

Other (please specify)

Prev Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Survey Questions



This study explores the relationship between hope and perceived burnout among direct service providers who work on cases involving children who are at risk of abuse, neglect, or exploitation. It consists of two questionnaires: The Maslach Burnout Inventory - Human Services Survey (MBI-HSS), and the Hope Trait Scale. The study should take approximately ten to twenty minutes to complete.

Because persons in a wide variety of occupations will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey, please think of these people as recipients of the service you provide, even though you may use another term in your work.

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Prev

Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### MBI - HSS Instructions



On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, click "Never" among the options listed below the statement. If you have had this feeling, indicate how often you feel it by choosing and clicking one of the options listed under the statement (for example, "A few times a year"). An example is shown below.

#### Example: I feel depressed at work.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
How often:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you never feel depressed at work, you would choose "Never" under the heading "How often." If you rarely feel depressed at work, (a few times a year or less), you would choose "A few times a year or less."

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Please click Next to begin survey.

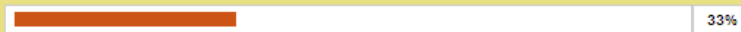
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Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

MBI - HSS (1 of 22)



1. I feel emotionally drained from my work.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
How Often:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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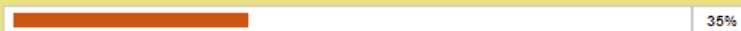
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## Hope and Perceived Burnout Among Child Protection Workers

Exit

MBI - HSS (2 of 22)



2. I feel used up at the end of the workday.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
How Often:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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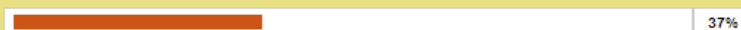
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## Hope and Perceived Burnout Among Child Protection Workers

Exit

MBI - HSS (3 of 22)



3. I feel fatigued when I get up in the morning and have to face another day on the job.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
How often:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Questions About Your Goals



Instructions: On the following pages are 12 statements that may or may not describe you. Please read each statement carefully and choose one of the 8 options below the statement that best describes you. An example is given below.

Example: I am feeling tired.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click Next to begin.

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Goals (1 of 12)



1. I can think of many ways to get out of a jam.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prev Next

## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Goals (2 of 12)



2. I energetically pursue my goals.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (3 of 12)



3. I feel tired most of the time.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (4 of 12)



4. There are lots of ways around any problem.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (5 of 12)



5. I am easily downed in an argument.

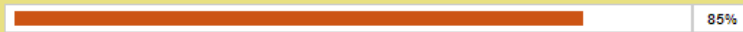
	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (6 of 12)



6. I can think of many ways to get the things in life that are important to me.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

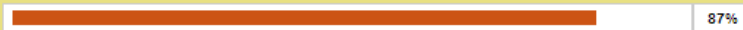
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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (7 of 12)



7. I worry about my health.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (8 of 12)



8. Even when others get discouraged, I know I can find a way to solve the problem.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

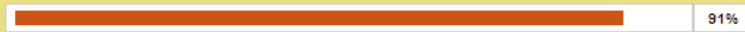
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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (9 of 12)



9. My past experiences have prepared me well for my future.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (10 of 12)



10. I've been pretty successful in life.

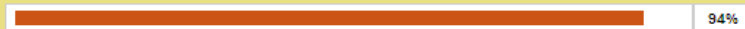
	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

Goals (11 of 12)



11. I usually find myself worrying about something.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Goals (12 of 12)



#### 12. I meet the goals that I set for myself.

	Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
This statement is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

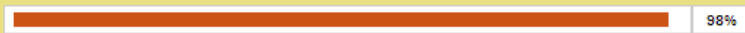
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## Hope and Perceived Burnout Among Child Protection Workers

Exit

### Resources



Thank you for taking the time to complete this survey!

The topic of burnout can bring up negative thoughts and feelings. Below is a list of online resources if you would like to find additional support.

HelpPro Therapist Finder - <http://www.helppro.com/>

NetworkTherapy.com Provider Directory - <http://www.networktherapy.com/directory/>

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## Appendix F: Recruitment Email to Social Workers

Dear Colleague,

My name is Jonathan Mitchelmore and I am a graduate student in my final year at the Smith College School for Social Work. I am doing an exploratory research study for my master's thesis on the relationship between hope and burnout among child protection workers.

I would like to invite you to participate in my study which consists of a brief online survey. You are receiving this email because of your experience working in child welfare.

My study focuses on levels of hope and levels of burnout among direct service social workers who provide services to children who are at risk of abuse, neglect, or exploitation. By participating in this research and sharing your insights into your own work, you could help to elucidate the role that hope plays for child protection workers. Your responses could benefit child welfare workers, supervisors, and educators.

You are eligible to participate in my study if you are currently working – and have worked for at least one year – in direct service on cases with victims of child abuse and neglect.

Participating in the study is very easy. The only requirement is to fill out a user-friendly, online survey which should take between ten to twenty minutes to complete. If you become a participant, an informed consent form will be presented to you as part of the online survey. You will be asked to check a box to indicate that you agree to participate.

If you meet criteria for participating, I encourage you to take part in my study. Participation is anonymous. I will have no way of knowing if you did or did not participate. Below is a link to the website containing my thesis survey.

I encourage you to forward this email to any acquaintances or colleagues you know of who may be eligible to participate. Forwarding this email to other potential participants would be extremely helpful.

\*Please follow this link to the survey:

<https://www.surveymonkey.com/s/https://www.surveymonkey.com/s/ZVQGP6P>

If you have any questions about my research or the nature of participation, please feel free to reply to this email or contact me at a later date. You may email me at any time, before taking the survey or after completing it.

Thank you for your time and interest in my research topic.

Sincerely,

Jonathan Mitchelmore

MSW Candidate, Smith College School for Social Work

## Appendix G: Follow-Up Recruitment Email

Dear Colleague,

This is a follow-up to a previous email I sent you on [date] inviting you to participate in my study on the relationship between hope and burnout among child protection workers. I realize that your time is valuable, so I will not be sending you any further emails after this one.

If you have already participated in my study, I would like to thank you for taking the time to help me in my research.

If you have not already participated in my study, I would like to invite you to participate. The only requirement is to fill out a user-friendly, online survey which should take between ten and twenty minutes to complete.

I encourage you to **forward this email** to any acquaintances or colleagues you know of who may be eligible to participate. Forwarding this email to other potential participants would be extremely helpful.

\*Please follow this link to the survey: <https://www.surveymonkey.com/s/ZVQGP6P>

If you have any questions about my research or the nature of participation, please feel free to reply to this email or contact me at a later date. You may email me at any time, before taking the survey or after completing it.

Thank you for your time and interest in my research topic.

Sincerely,  
Jonathan Mitchelmore  
MSW Candidate, Smith College School for Social Work