



“Suffering in silence”: How social workers in child welfare practice experience and manage burnout

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ABSTRACT

Social workers in child welfare practice encounter dilemmas, tensions, contradictions, ambiguities, and ambivalence as they attempt to meet the competing demands of the Tri-sphere — the formal child welfare system, the professional theories and values guiding practice, and the child welfare service recipients. This study explored how these encounters result in worker burnout and how that is managed. The study used a constructivist grounded theory approach. Data were collected in St. John's, NL, Canada, employing in-depth individual interviews with 18 frontline child welfare social workers. Findings reveal that child welfare social workers regularly experience varied feelings and emotions of burnout and utilize a variety of self-care strategies to manage. Recommendations include a call for child welfare agencies to provide opportunities for workers to feel heard and acknowledged about any negative feelings and emotions, strengthen positive peer supports, and promote essential self-care practices such as offering reduced membership cost for physical activities.

1. Introduction

Child welfare work is characterized by three spheres: the formal child welfare system, the professional theories and values guiding practice, and the child welfare service recipients; hereinafter termed as “the Tri-sphere”. There are a variety of competing and oftentimes contradictory demands between these spheres. Child welfare workers are at the centre of the Tri-sphere and must deal with these competing and contradictory demands. They must deal with any role tensions with individuals, including community partners who may neither be aware of agency rules and protocols nor understand the values influencing child welfare work. Child welfare workers must make case decisions, usually based on subjective criteria. They must also deal with negative emotions that arise from working with families in crisis, secondary exposure to trauma, and a negative public perception of the child welfare system (Caringi et al., 2012; Nielsen et al., 2023). Given these job characteristics, child welfare workers are prone to unique stressors that may result in burnout — a syndrome characterized by emotional, physical, and mental exhaustion (Caringi et al., 2012; Phillips et al., 2020).

This paper seeks to enrich the burnout literature by including the voice of child welfare practitioners on how burnout is experienced and managed in their work. More specifically, the paper presents findings of a qualitative study that explored how competing job demands create burnout for child welfare social workers and how they manage any burnout experiences.

2. Literature review

2.1. Burnout

Studies have shown that different job demands unfolding from multiple sources may have a profound impact on job stress and burnout. According to McFadden et al. (2015), burnout is the experience of physical, emotional, and mental exhaustion that can come from long-term involvement in emotionally demanding work situations. Previous studies identify burnout as encompassing three core features: emotional exhaustion, depersonalization, and reduced personal accomplishment (Eisenberg, 2022; Maslach & Jackson, 1981). Emotional exhaustion occurs when job demands lead to a lack of equity and reciprocity in relationships between workers and service recipients (Conrad & Kellar-Guenther, 2006; McCarty & Skogan, 2013), depersonalization results from feelings of detachment or lowered interest in work (Caringi et al., 2012), and reduced personal accomplishment occurs when individuals perceive their work-related efforts to be making no difference or ineffective (Phillips et al., 2020). Burnout has detrimental consequences, including increased health problems, decreased work performance, absenteeism, heightened turnover, social withdrawal, and substance abuse among workers (Demerouti et al., 2001; Maslach et al., 2001; Stanley & Sebastine, 2023; Zaniboni et al., 2013).

Given the impacts of burnout, researchers have attempted to understand how it is experienced and managed among various professionals. For instance, studies that examine burnout among nurses have found that job satisfaction and feeling of control over work are

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linked to burnout (Cha & Baek, 2023; Acea-Lopez et al., 2021), as have relationships with coworkers, managers, coworkers, and patients (Al Sabei et al., 2023; Kilroy et al., 2022; Moisoglou et al., 2024). Although burnout can occur in any field of practice, research suggests that child welfare workers are particularly at risk of burnout because of the competitive job demands and conditions of child welfare work (Anderson, 2000; Conrad & Kellar-Guenther, 2006; Nielsen et al., 2023). Child welfare workers usually manage high workloads (Thomas et al., 2014) with time pressure (He et al., 2018). The tasks involved can be complex, excessive, and conflictual (Phillips et al., 2020). Previous research suggests that work complexity and conflicts as well as excessive job demands tend to undermine work performance (Demerouti & Bakker, 2023; LePine et al., 2005; Schaufeli, 2017). Under these conditions, child welfare workers are less satisfied and have an increased likelihood of feeling depleted, stressed, and burned out (Grawitch et al., 2015). This can be especially exacerbated because child welfare workers are constantly exposed to the suffering and pain of individuals and families (Phillips et al., 2020; Travis et al., 2016), poor working conditions and long working hours (Anderson, 2000), and onerous administrative structures (Aarons et al., 2009; Leake et al., 2017). These work situations have been attributed to increased likelihood of feeling stressed and burned out (Linzano et al., 2012; Phillips et al., 2020; Schaufeli, 2017).

Recognizing the challenges of child welfare work and risk of burnout among child welfare workers, some previous studies have examined ways to improve the conditions that contribute to burnout. Interventions to improve the work environment, such as enhanced salary, education and training opportunities, and recruitment incentives have been proposed (Gomez et al., 2010; Griffiths et al., 2017; Linzano & Mor Barak, 2012; Williams et al., 2011). Despite advances in our understanding of burnout, more is still needed to understand the social and emotional factors contributing to burnout in child welfare context, as well as how to prevent or reduce the negative consequences of burnout among child welfare workers.

3. Theoretical framework

The study draws on constructivist ground theory. Grounded theory attempts to construct theory originating in the data rather than impose or verify preconceived ideas or theories. Employing theoretical sensitivity (Glaser, 1978), researchers are advised to approach the data with an open mind but not an empty head (Kelle, 2005). Grounded theorists leaning on constructivist stance have dispelled the idea of a neutral observer or value-free expert (Charmaz, 2016, 2017). With these notions in mind, I recognize that as a Black social work academic with a professional career background in child welfare, I bring my own experiences and perceptions to the research, including the data analysis and meaning construction processes. However, to avoid the co-construction being a narrow interpretation, I interrogated the data, nascent analyses, and the decisions made at every step of the research process (Charmaz, 2017, 2020).

4. Methodology

I employed a qualitative research design in this study. According to Creswell (2013), qualitative research helps researchers to explore human experiences in personal and social contexts, and to gain greater understanding of the factors influencing these experiences. Qualitative research uses an inductive, bottom-up, orientation to the construction of knowledge, placing emphasis on the subjective understanding of an experience (Creswell, 2013). By using qualitative method, researchers can get a complex and detailed understanding of a social issue through the process of talking directly with people and allowing them to tell their stories outside what researchers normally expect to find or might have read in the literature (Babbie & Benaquisto, 2010). Thus, qualitative research approach facilitates different ways of knowing, capturing diversity, and creating room for a range of participant perspectives,

meanings, interpretations, and subjective experiences (Liamputtong, 2009; Pernecky, 2016).

To ensure trustworthiness of the study, I was transparent throughout the process. For instance, I addressed my political position and any possible sources of bias, participants were told about the nature of the study and the nature of information requested from them, and the study design incorporated member checking which provided an opportunity to verify data with participants – thus, participants were provided an opportunity through follow-up interviews to add or make changes to information they shared.

4.1. Sampling and recruitment

Purposive sampling was used to recruit the study participants. Inclusion criteria included the requirement of at least 6 months frontline child welfare practice experience and being comfortable sharing practice experience. Sampling was carried out in the Canadian province of Newfoundland and Labrador's city of St. John's and towns of Bell Island and Ferryland, selected for their ability to increase variability within the sample and for the existence of established social work networks available to the researcher. In Newfoundland and Labrador, social work is a regulated profession under the Social Workers Act and child welfare services are delivered directly by the provincial government. Recruitment was facilitated through mail-outs to available membership lists provided by the province's professional association – the Newfoundland and Labrador College of Social Workers (NLCSW), and by word of mouth.

4.2. The sample

In total, 18 social workers participated in the study. Participants ranged in age from 25 to 49 years and all participants were in current practice at the time of the interviews. Most of them ($n = 16$) came to practice child welfare in the St. John's Metro region after having practiced in a similar role either in another region of the province or in another Canadian province. Participants were predominantly female and White/Caucasian, and they had practiced in child welfare for a broad period ranging from 1 to 13 years, with an average of 6 years of practice experience. Out of the total participants, 22 percent worked in other areas of social work prior to child welfare while 78 percent came into child welfare as their first career in social work. Most participants, comprising 72 percent, had a Bachelor of Social Work (BSW) degree while 27 percent had a Master of Social Work (MSW) degree. Sixty-seven percent of participants were in a relationship: 28 percent were married, 33 percent were in a common-law relationship, and 6 percent were cohabiting. Participants who reported their relationship status as single were 33 percent. In relation to religious self-identification, two-thirds of participants identified with Christianity/Catholic, 17 percent as spiritual but no religion, and participants were almost evenly split between Atheist (1 participant, or 6 percent) and non-religious/non-spiritual (2 participants, or 11 percent).

4.3. Data collection

The 18 social workers in the study were individually interviewed. Ethical approval was sought and obtained through Memorial University of Newfoundland's Ethics review board prior to commencing data collection. A discussion of informed consent was held with each participant. This discussion included a review of procedures designed to protect confidentiality as well as an invitation to identify a pseudonym and to review the transcript. Interviews took place from August 2020 to November 2020. Two interviews were conducted with most participants ($n = 15$) and the rest ($n = 3$) were interviewed once. Each initial interview lasted between 50 and 90 min, and each follow-up interview was about 30 min in length. The interviews were conducted virtually using Skype ($n = 11$), over Zoom ($n = 2$), and through telephone ($n = 5$)

at the request of the participants. The interviews were open-ended and were guided by two major questions: (1) How do social workers in child welfare practice experience competing demands imposed by the Tri-sphere?, and (2) How do social workers in child welfare practice manage their emotions and feelings resulting from the competing demands imposed by the Tri-sphere?.

4.4. Data analysis

I employed a flexible, emergent, and interactive grounded theory approach, adopting some data analysis techniques from Corbin and Strauss (2008) but embracing the constructivist leanings of Charmaz (2006). The interview transcripts were analyzed digitally. I followed the general structure of initial coding, focused coding, constant comparison of data, member checking, memo writing, and inductive theory development (Charmaz, 2006). I began data analysis right from the first interview. I started the formulation of ideas by reading and re-reading the transcripts to identify and label individual words, phrases or sentences from participants' responses. Using Microsoft Word, I created a table with columns for emerging themes, voices of participants that relate to the themes, and key ideas developed from participants' responses in relation to the broader themes. The key ideas, serving as my own interpretations and preliminary analytic notes, were useful in keeping me grounded in the research, ensuring that new and emerging ideas were not lost or forgotten. As is appropriate for grounded theory research, the constant comparative method, a continuous cycle of data collection, analysis, collection, and analysis, all taking place within the context of theoretical sampling, was used (Strauss & Corbin, 1998). Data collection continued until data saturation — when the collection of more data did not result in new perspective or information (Charmaz, 2006; Glaser & Strauss, 1967). I share some of the study findings in the next section.

5. Findings

This section presents findings of the study. The findings have been organized into thematic areas according to the research questions. In line with traditional qualitative research and constructivist grounded theory, illustrative quotes taken directly from interview transcripts are used throughout this section. The emphasis here is on allowing the participants to speak for themselves. The findings are presented with attention to honoring multiple participant perspectives. Each participant has been identified with a pseudonym.

5.1. How child welfare social workers describe their experiences

The first open-ended question asked participants to describe how they experience the competing demands of the Tri-sphere: the child welfare system, the child welfare service recipients, and the theories and values guiding social work practice. This question yielded three main themes:

(a) *Feeling stressed and overwhelmed.* Most commonly, participants described feeling

stressed and overwhelmed with work. Some are feeling this way because their opinions are not included in case decisions, their perspectives are often ignored by supervisors in decision-making. Vanessa reflects this experience in the following quote:

I am the person doing all the home visits and seeing and getting all that information, but my supervisor made that decision only by herself. What I say don't really matter. It is stressful and I don't think this is how we should work. [Vanessa, MSW, 6 years experience]

Many participants feel stressed and overwhelmed when they have to implement case plans and services that they do not agree with. Their negative feelings and emotions increases as they are unable to reveal their personal positions to clients but are rather compelled to accept

responsibility for service decisions and any resulting actions. Anna for example says:

It feels very stressful for me. I call it suffering in silence. You can't tell a client that, oh I agree with you but my manager doesn't. Because as a department, if the department made the decision, well, we made the decision. So you really have to own that. But it is stressful and almost maybe heartbreaking in a way because there are lots of things I don't agree with my manager but I don't have a final say on what we decides or what we do. [Anna, MSW, 6 years experience]

Some are feeling stressed and overwhelmed due to negative public stereotypes about social workers and child welfare work. They reported regular encounter with people who believe social workers are heartless and just enjoy taking children away from parents. Participants identified these encounters to be stressful and overwhelming. Ashley for example says: "she called me a baby snatcher and accused me of trying to do anything possible to destroy her family. People have so many stereotypes about this work, and I find that to be stressful".

One participant provided a unique experience. Her experience reflected feeling stressed and overwhelmed because of negativity among workers within the workplace. The agency is perceived and experienced negatively by child welfare workers who then shares their negativity with other colleagues at the agency who in turn develops negative perceptions. This dramatically causes more people to feel stressed and overwhelmed. She says:

There is a bit of a negative view overall in this department. I feel overwhelmed and I think everyone is feeling overwhelmed because there is a lot of commiseration in this work. And by that, I mean you are having a bad experience and I'm having a bad experience, and we talk together and then our bad experiences meshes into this master beast, and then we talk to the next person, and talk to the next person. So, what originally was just a small doubt in my mind has now turned into a big stress. So where does it end, so it keeps going just like anything, everybody is angry. [Gail, BSW, 6 years experience]

Another source of feelings of stress and overwhelm described by participants was exposure to sensitive and heart-wrenching situations such as severe neglect, sexual abuse, and physical harm. Participants described seeing in their daily practice the worst of what people can do to each other and how children are impacted by some heinous behaviors. Here is how Stephanie spoke about this:

I didn't expect things to go the way they did. I was overwhelmed and stressed about all the disclosures. Her dad sexually abused her and it was repeated by her uncle who continued to do it multiple times. That disclosure was really awful and thinking about it is stressful for me. [Stephanie, BSW, 4 years experience]

And for many other participants, feeling stressful and overwhelming relate to high caseloads, which are busy with multiple demands that are challenging to fulfill. Jennifer had the following to say:

Our files are extremely large and we get overworked. The standard is 20, so it is not supposed to be more than 20 files, but I can't remember the last time I had less than 23. Sometimes I have up to 28. I am trying to call a million people a day, trying to schedule meetings with people and stuff like that. Even just getting drug screens or someone's prescription. Everything can be so overwhelming. [Jennifer, BSW, 1 year experience]

In general, the child welfare social workers in this study expressed that they feel stressed and overwhelmed because they regularly encounter heart-wrenching situations, they encounter negativity in the workplace, they are negatively viewed by the public, yet they are usually silenced when they offer opinions during decision-making. They reported feeling stressed and overwhelmed for being under pressure to juggle the increasing demands of their workload.

(b) *Feeling terrible.* Many participants described feeling “terrible” at work. The most commonly cited reason for terrible feeling amongst participants was when they are compelled to become intrusive with services, such as forcefully entering people’s homes to provide service and when collecting information about people without their consent. As John highlighted:

I normally ask the parents I work with to provide consent for me to obtain collateral information from other individuals and professionals such as doctors, the police, counsellors, and teachers. But sometimes the parents are unwilling to provide their consent. And so I go ahead to use the powers of the legislation to talk to people I need to talk to and to collect whatever information I need to collect. I feel terrible for doing that, but at least I get the job done. [John, MSW, 3 years experience]

Court interventions make participants to feel terrible. For some, they feel terrible when they are enforcing court order to dictate services to families. For others, they feel that way when they are put in situations of sharing clients’ “secrets” through court documents and proceedings. Rebecca for example says:

They were very angry about some of the information on the court documents. That was information they gave me themselves, but I think they believed they were giving me the information as secrets and they never thought it would be used against them in court. I continue to work with the family after the court order was granted. I think they now see me as a horrible person. I am living with that terrible feeling. [Rebecca, BSW, 4 years experience]

Overall, participants have talked about feeling terrible when they are compelled to exercise court order or child welfare legislative authority to provide services against the wishes of service recipients.

(c) *Feeling of failure.* Participants described experiences of working in child welfare as leading them to fail as social workers. They chose to be social workers with the goal making others to feel supported and happy. Therefore, when clients are self-reporting to be unhappy and unsupported by services, that makes participants to see themselves as failures. Participants further discussed policy and agency practice limitations that impede their ability to fulfill some of the wishes, needs, and positions declared by clients receiving services. Below is one example of participants’ description of their feeling of failure:

I feel like a failure. I feel that I have failed that family. I find that a lot. I feel that people think I’m failing them because I’m not helping, but I don’t have the ability to. I feel like no matter how hard I try to be helpful to families, I crash with the policy and then there will be no room for me to do anything further. And I feel like I’m failing the clients, I’m failing myself and my ideals and my values and my theories. It’s not a good feeling. [Lucy, BSW, 6 years experience]

And for others, feeling of failure relates to bad or undesirable outcomes for service users. Participants described the outcomes they look to see from their work: safety, permanency and wellbeing of children, and parents and families who are able to resolve or show commitment to resolve identified child protection concerns. When these outcomes are not met, participants see themselves failing in their job. Peter expressed this experience:

They continued to use drugs and their mental health got worse. After all the work with them, they didn’t do well so the children came into foster care. I think it is a failure. I feel that way. Because we did not want to go that route, but they did not show any progress and the children had to be placed in foster care. [Peter, BSW, 6 years experience]

In summary, participants reported a general sense of failure: failure to influence the child welfare system that employed them, failure to fulfill clients’ wishes and positions, and failure to adhere to their social work theories and values.

5.2. How child welfare social workers manage their negative emotions and feelings

The second research question examined how participants manage any negative emotions and feelings they experience because of the competing demands of the Tri-sphere. Participants described personal and professional self-care strategies, captured under four themes: (a) counselling, (b) co-worker support, (c) recreational or leisure activities, and (d) changing job. These themes are discussed below.

(a) *Counselling.* Participants received counselling to cope with negative emotions and feelings from work. Predominantly, counselling supports have been obtained through the Employee Assistance Program (EAP). Counselling service helped participants to develop boundaries and work-life balance. It has also helped them to be able to alter the meaning of challenging situations by refocusing on practice situations that brought them fulfillment. Rebecca for example said:

I go to EAP. That is how I deal with the stress. Through the EAP Counselling I am understanding things differently. A lot of people will blame me for what happened in their lives, but I try to stay positive. You have to have an understanding that they have been with their lives a lot longer than you’ve been involved with them and, no, you haven’t created those situations. [Rebecca, BSW, 4 years experience]

One participant, Gail, utilized counselling as a strategy to avoid being pulled down by other workers’ negativity. Gail says:

I have done counselling through the EAP because I found that the views here were very negative and very toxic for a while. That’s not helpful, it doesn’t help you in your personal life, it doesn’t help in your work with your clients. [Gail, BSW, 6 years experience]

General, social workers in the present study have received formal counselling services to deal with burnout. They noted that counselling services have helped them to address burnout by altering the meaning of negative situations that causes stress, refocusing on positive situations that brought fulfillment, and getting the platform to vent about work.

(b) *Co-worker support.* Participants generally described their co-workers as good sources of support. Emotional support was one main form of co-worker support described by participants. Participants have felt understood by their colleagues and are often able to debrief or vent with each other. Nicole discussed this form of support when she says:

I talk to co-workers and that helps to relieve stress. Chatting about things or venting to them because they are understanding of what I am going through. [Nicole, BSW, 2 years experience]

Reassurance or encouragement was another form of co-worker support described by participants. Co-workers share their own experiences to help normalize the child welfare experience. Participants found encouragement or reassurance in knowing that they were not alone with their negative experiences and feelings at work.

Just knowing that the co-workers are right there for you. Talking to them and knowing that it happened to them too. They encourage you, you know, saying to you, don’t worry, you didn’t do anything wrong, it was not your fault, it is like that for me too, you didn’t cause it. [Ellen, BSW, 2 years experience]

Co-workers have also provided “practical” support. Participants described practical support to include assistance with meetings with clients as well as completing case forms and documentation. Jennifer reflects this when she says:

The other workers on my team, they are available for me when I am stuck and needs practical support. They help with case forms, when I am not really sure what to do. The other day I was just so swamped, so they helped with interviewing the child and completing the safety for me. Just knowing that there are people there who are willing to

help you when needed, that helps me to feel better and that gets me going with this job [Jennifer, BSW, 1 year experience]

In all, co-workers have helped to ease stress by listening to what their colleagues are experiencing, validating experiences, offering different perspectives, and providing practical solutions such as assisting with workload. Participants have found these to be helpful in managing burnout.

(c) Recreational or leisure activities.

Participation in recreational or leisure activities such as going to the gym, swimming, going for walks, and taking holidays are self-management techniques used by child welfare social workers to deal with burnout. These activities have helped participants to release negative energy and emotions associated with work. Anna reflected this point by saying:

I took a holiday. I think it is important to be able to take time away because it really gets too much in this job. Every year I try to travel out. I am also a swimming instructor and I play volleyball every weekend. I keep myself busy so that I don't have to keep thinking about things at work. [Anna, MSW, 6 years experience]

Not all participants have always found personal self-care strategies to be helpful. For example, Bob, who indicated that he participates in sports and other recreational activities almost on daily basis, had the following to say:

There are days you just want to go out and sit in your car and pull your hair out, which has been happening to me. And to say that, make sure you practice self-care, go out for a walk, sometimes that doesn't help you. Sometimes I feel like I can walk to Vancouver and I'm still going to be just as stressed as when I left here 14 days ago. [Bob, BSW, 10 years experience]

Thus, many participants manage their stress through recreational or leisure activities such as swimming, gym, going for walks, and taking holidays. However, there are times when those activities have not been effective due to the level of stress involved in child welfare work.

(d) Changing job

Many participants have expressed that the complexity of demands means job change would be the best approach to improving their wellbeing. They are not hopeful of success in child welfare. They are contemplating job change as the best solution to the negative emotions and feelings they experience in child welfare practice. Lucy was unequivocal about this when she remarked: "nothing is changing in this job. It doesn't make any difference no matter what I do... I just think about a way out of this. Lately I think a lot about getting a different job". Contemplating job change makes participants to feel better as they become hopeful about an end to their negative experiences. Peter talked about this by saying:

I think the best way is to quit. I think about this everyday and I have been looking for something different to do. Even just by doing job search for something different makes me feel better. I feel better because I become hopeful that there is an end to what I am going through in this work. I mean, I see less stressful job options out there and that makes me feel better when I think about quitting CSSD [Peter, BSW, 6 years experience].

However, participants explained why they are still working in child welfare despite the desire for career change. Some are staying because of decent pay and job security in child welfare work. Anna for example says:

I constantly think about doing something different. Maybe doing Counselling. But I feel stuck here. I feel like there is nothing that is going to pay me as good. I have been searching for jobs but so far there has been nothing interesting. I need another job with a good pay as CSSD, and it should be a permanent job [Anna, MSW, 6 years experience].

And for others, they are worried that if they quit child welfare practice, families would be left without the support they require. Ashley speaks to this worry when she explained:

Almost everyday at work I say to myself, can I keep doing this? This work is very unique, in that it sometimes feels impossible, sometimes you don't know what to do and you feel like you want to leave the job, but you also know that you want to make positive changes in the lives of families and you are passionate about that. And if you were to leave and all the other social workers who share your goal and passion were to also leave then there would be no one to support the families. [Ashley, MSW, 6 years experience]

Participants overwhelmingly identified job change as the solution to the negative emotions and feelings they experience in child welfare practice. Some talked about daily contemplation of job change whilst others were actively searching to find other career options that may be less stressful. Expectedly, three participants quit their positions after the initial interviews and were no longer available for participation. As such, a follow up interview with them could not be completed to see whether their wellbeing improved further after quitting.

In summary, the experiences shared by participants reveal that the competing demands of the Tri-sphere create feelings of stressed, overwhelmed, terrible, and failure for child welfare social workers. Participants manage these negative experiences through counselling, co-worker support, recreational or leisure activities, and contemplation of job change. The next section discusses the study findings.

6. Discussion

Social workers in child welfare practice encounter negative emotions or stresses that arise from the competing demands of the Tri-Sphere: the child welfare system, the child welfare service recipients, and the theories and values guiding social work practice. Child welfare workers are imposed with multiple and oftentimes contradictory demands to follow workplace legislative policies and practices, be client-focused, and maintain the integrity of the social work profession. This results in tensions in terms of accountability and what should get priority, thereby causing workers to be feeling stressed, overwhelmed, terrible, and a sense of failure – characteristics described in the literature as burnout (Kristensen et al., 2005; Leake et al., 2017; Lizano & Mor Barak, 2012).

Given the nature of child welfare work, it is not surprising that participants in the current study reported feelings of stress, overwhelm, terribleness, and failure. Child welfare work is busy and time sensitive (DePanfilis & Salus, 2003; He et al., 2018). Workers are imposed with challenging demands, including investigating maltreatment reports and achieving child permanency within mandated timelines, coordinating services, scheduling family visitation and completing paperwork. They develop negative emotions from working with families in crisis especially when they become the target of family hostility as well as witnessing horrible cases of child abuse and neglect. All these factors are reported in the literature to cause vicarious or secondary trauma (Bride et al., 2007; Caringi et al., 2012).

Additionally, child welfare workers manage caseload numbers higher than agency standards. For example, workers in this study noted their agency standard allowed for a maximum of 20 cases per worker, yet at they were assigned from 23 to 28 cases at the time of this study. Caseloads were similar among workers in the city of St. John's and those in the towns of Bell Island and Ferryland. As the workers clearly noted, the "extremely large", "unrealistic", and "unmanageable" caseloads make them overwhelmed and stressed. This is exacerbated by public misconceptions about child welfare work (Caringi et al. 2012; Herbert, 2007), as stated by Asheley: "she called me a baby snatcher and accused me of trying to do anything possible to destroy her family. People have so many stereotypes about this work, and I find that to be stressful".

One unique insight from this study, which is not discussed in earlier studies, is that commiseration amongst work colleagues causes burnout

in child welfare. Suffice to note that this is not a commonly experienced issue as it was noted and discussed by only one participant in this study. For this participant, child welfare work environment involves a shared concern among workers about their negative experiences and negative views. These shared experiences then form a “master beast” that creates a toxic workplace that becomes stressful for everyone. This practice is not an agency requirement, rather an informal practice initiated by workers. It may be a suggestion that some informal workplace practices that perhaps initially offered benefits may later turn out to add to workplace toxicity. Similarly, Mathieu (2012) argues that informal peer debriefing or consultation at the workplace can be a positive influence on the well-being of frontline workers, in that they are usually easily accessible and between workers with first-hand knowledge of the nature of the work. However, there is also a potential that they can breed negativity and inadvertently contribute to a toxic work environment due to the contagion effect of stressful experiences between colleagues. The solution to prevent this kind of toxicity may not necessarily lie in making informal peer debriefing to be illegitimate at the workplace. Rather, it may be a suggestion that making peer debriefing or consultation a formally recognized practice can allow for a more intentional interaction, including setting structure and parameters.

The findings point to burnout among child welfare workers due to the influence of child welfare norms, rules, policies, or laws on workers’ actions and decisions. Participants in the study hold the view that their primary professional obligation is to fulfil the needs, interests, and wishes of their clients. However, when under competing and conflictual situations, most workers have followed their agency rules and regulations and practices — and not their social work professional values and education nor the expectations and the diverse socio-cultural values of child welfare service recipients — to guide their actions and decisions. Professional values and demands from families are treated as a secondary matter. This gives workers the general sense that they are betraying their professional values, ethics, and principles. These negative feelings or emotions were noted to cut across all participants regardless of how long they worked in child welfare. This finding clearly shows that burnout among child welfare workers is not defined so much about years of working in child welfare, although it appears to be stronger among those who have worked for a longer time.

This study underscores the importance of managing burnout through self-care strategies. Self-care refers to purposeful engagement in activities to decrease distress, promote healthy functioning, and enhance well-being (Brucato & Neimeyer, 2009; Dorociak et al., 2017). The conceptual literature generally categorizes self-care activities into areas of life reflecting themes such as emotional self-care, spiritual self-care, social self-care, and physical self-care (Bloomquist et al., 2015; Grise-Owens et al., 2016). Within each of these areas, a breadth of activities or strategies are considered based on an individual’s needs and preferences (Skinner, 2015). The study demonstrates effectiveness of counselling services to help with managing burnout among child welfare workers. Counselling creates an opportunity for workers to vent about their negative work experiences as well as provide tools to help with altering the meaning of negative situations that gives stress by refocusing on positive situations that brought fulfillment. The study also corroborated earlier studies which suggest that receiving positive social support from co-workers can be effective to reduce stress and lower feelings of burnout (Collings & Murray, 1996; Lloyd et al., 2002; Thomas & Lankau, 2009). Co-workers can offer emotional support, better understand one’s experiences, and are helpful resources for venting or debriefing. Co-workers have shared their own practice experiences to help normalize negative feelings encountered at work. Child welfare workers in this study have also turned to co-workers for assistance with work, such as completion of case forms, documentation, and direct service to clients. In this way, co-workers’ support appears to have a positive property in managing participants’ feelings of burnout. However, co-worker support can also create negativity and contribute to burnout, as discussed earlier in this paper.

Unlike previous studies which identify emotional support from managers as part of job resources to manage burnout (Collings & Murray, 1996; Lloyd et al., 2002; Phillips et al., 2020; Thomas & Lankau, 2009), participants in the current study did not speak about seeking managers’ help with their emotional challenges. This is an interesting finding given that many participants sought the help of their managers when needing guidance to make decisions or act in challenging situations. Perhaps, those in managerial roles are more focused on providing support in areas related to performance indicators, targets, transparency, scrutiny, and accountability as opposed to supporting the emotional well-being of their frontline workers. It may also be the case that frontline workers see management style as a source of burnout, so the workers find no reason to approach their managers as a way of managing burnout.

Furthermore, the study showed child welfare workers can manage burnout through participation in recreational or leisure activities such as going to the gym, swimming, going for walks, and taking holidays. Keeping oneself occupied with these activities can act as a conduit for releasing negative energy and emotions associated with work (Demir et al., 2003; Puig et al., 2012). Lippke et al. (2015) investigated the relationship between stress, physical activity, and body mass index and concluded that nonphysically active participants were stressed at a higher level compared to those who were active. Similarly, Pressman et al. (2009) found that individuals who engage in more frequent enjoyable recreational or leisure activities had more positive emotions, heightened self-esteem, and better psychological and physical functioning.

Despite the importance of recreational or leisure activities, they are not always effective for managing the level of burnout in child welfare work. As one participant notes:

There are days you just want to go out and sit in your car and pull your hair out, which has been happening to me. And to say that, make sure you practice self-care, go out for a walk, sometimes don’t help you. Sometimes I feel like I can walk to Vancouver and I’m still going to be just as stressed as when I left here 14 days ago. [Bob]

To clarify, Bob believes in managing negative emotions through recreational activities and he actively participates in sports and other recreational activities almost on daily basis, but this does not always translate to a better feeling for him. Like many of his colleagues, Bob talked about high level of stress regularly experienced at work and indicated that no stress management strategy is effective at all times. This leaves Bob and his colleagues with cyclical feelings of job dissatisfaction and low morale. Some of them intended to quit child welfare practice because, as Lucy explains, “nothing is changing in this job. It doesn’t make any difference no matter what I do.” They felt burned out from the accumulated tension resulting from the competing demands of the Tri-sphere and no management strategy worked for them as they would have liked. A few weeks after the initial interviews, Lucy and two other participants had resigned. Indeed, prior research studies have linked workers’ burnout to high turnover rates in child welfare (Acker, 1999, 2003; Conrad & Kellar-Guenther, 2006; Mor Barak et al., 2001; Phillips et al., 2020).

7. Conclusions and recommendations

In the spirit of “nothing about us without us”, this study amplifies the voices of child welfare social workers to broaden the perspectives through which the complexity of burnout is examined. This study shows that burnout is a major concern in child welfare practice. Workers currently deal with burnout through their own efforts of self-care practices or changing careers. Given that workplace support has been shown to mitigate employee burnout (Acker, 1999; Noble & Irwin, 2009; Um & Harrison, 1998; Winnbust, 1993), it is imperative for child welfare agencies to offer support with burnout. Managers or supervisors should provide opportunities for workers to feel heard and

acknowledged about any negative feelings and emotions. Child welfare agencies should strengthen peer supports, offer opportunities for training and professional development on burnout, and promote essential self-care practices such as offering additional paid time off and reduced memberships for physical activities. Prioritizing the health and well-being of workers is the next logical step in addressing burnout in child welfare.

8. Limitations of the study

The findings of the study reported in this article need to be interpreted with some limitations in mind. Firstly, the sample was entirely White/Caucasian. Considering the diverse backgrounds of individuals and communities receiving child welfare services, the widely disproportionate number of non-White/Caucasian families involved in the child welfare system (Antwi-Boasiako et al., 2022; Edwards et al., 2023; Ma, 2021; Robichaud et al., 2020), and the promise of the social work profession to maintain a diverse professional social workforce who would demonstrate cultural awareness and sensitivity in their practice while enhancing competence to work with people from diverse cultures (CASW, 2005), this study's lack of diverse racial and ethnic perspectives is a significant limitation. This raises the question: how has the social work profession and child welfare agencies kept pace with population trends in terms of attracting and maintaining child welfare social workers from diverse racial and ethnic backgrounds? This limitation may be a call for the social work profession and child welfare agencies to strengthen the diversity of their recruitment of new social workers to provide child welfare services to families and communities.

Additionally, care should be taken when applying these findings beyond the context in which they were derived. I analyzed and interpreted the study data through a constructivist lens, a framework that is inherently subjective. Therefore, replication of the exact analyses might prove challenging for another researcher and the findings and conclusions drawn in the study are not intended and should not be taken as static or the ultimate reality across persons. Rather, the findings represent the realities of the 18 participants who were involved in this research and the stories shared were sufficiently profound that they warranted attention by scholars and practitioners of child welfare.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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