

DISSERTATION

PUBLIC CHILD WELFARE CASEWORKER RETENTION  
IN COLORADO: A MIXED METHODS STUDY

Submitted by

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## ABSTRACT

### PUBLIC CHILD WELFARE CASEWORKER RETENTION IN COLORADO: A MIXED METHODS STUDY

Retention of caseworkers in public child welfare has been a concern for the past few decades. High turnover rates can impact outcomes for children and families, and the caseworkers who remain. This sequential, explanatory, mixed methods study used both quantitative data, collected by electronic survey, and qualitative data, collected in focus groups with caseworkers and interviews with supervisors of caseworkers to learn more about caseworkers in eleven Colorado counties. Results from the survey, which included validated scales Professional Quality of Life (ProQOL), Leader-Member Exchange, and Psychological Safety showed a relatively healthy workforce in terms of psychological and organizational factors with a strong commitment to child welfare work. In line with previous research, good supervision and support from supervisors, and work team contribute to retention. One of the ProQOL subscales, compassion satisfaction, a sense of professional competence and self-efficacy, was strongly correlated with intent to stay in one's current position. Another subscale from the ProQOL, burnout, was strongly correlated with decreased intent to stay.

Focus groups with caseworkers revealed other stressors not included in the survey questions that influence intent to leave or stay. These included paperwork, caseload size in relation to the amount of paperwork, upper management making policy decisions without a clear understanding of the impact on caseworkers' workloads, sometimes negative focus on deficits, lack of practice flexibility, and poor communication. Lack of communication or poor

communication encompasses pending policy changes, practice changes, and the progress of efforts to improve conditions for caseworkers based on their input and requests.

Recommendations for change include reducing paperwork; improving communication; improving relationships between supervisors and caseworkers, and managers and caseworkers; and removing barriers to direct service with families.

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## TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES .....	ix
LIST OF FIGURES.....	x
Chapter 1. Introduction .....	1
Problem Statement .....	2
Purpose of the Study .....	4
Conceptual Framework .....	5
Social Ecological Theory .....	8
Social Exchange Theory .....	10
Operational Definitions.....	12
Hypotheses and Research Questions .....	14
Hypotheses and Quantitative Research Question .....	15
Qualitative Research Questions .....	17
Mixed Methods Research Questions .....	17
Delimitations.....	17
Researcher Motivations .....	18
Chapter 2. Literature Review .....	19
Historical Background .....	19
Explanation of Psychological Terms .....	20
Burnout .....	20

Secondary Traumatic Stress.....	21
Compassion Fatigue.....	21
Vicarious Trauma.....	22
Compassion Satisfaction.....	24
Vicarious Posttraumatic Growth.....	26
Early Research .....	26
Organizational Factors .....	29
Current Literature.....	31
Location .....	32
Organizational Culture and Organizational Climate.....	33
Caseloads and Workloads .....	34
Supervisor Support.....	35
Psychological Theories .....	37
The Current Study.....	39
Chapter 3. Methods .....	43
Study Context.....	43
Survey Development.....	44
Survey Response Rates .....	47
Study Design.....	49
Research Questions and Data Analyses .....	50
Quantitative Hypotheses and Research Question .....	51
Qualitative Research Questions .....	52
Mixed Methods Research Questions .....	52

Human Subject Research Considerations .....	53
Data Collection .....	53
Measurement.....	54
Key Variables.....	54
Measurement or Instrument Reliability .....	55
Sampling Strategies .....	56
Quantitative Sampling .....	56
Qualitative Sampling .....	57
Data Analyses .....	58
Quantitative Data Analyses.....	58
Quantitative Research Hypotheses Data Analyses .....	59
Quantitative Research Question Data Analyses .....	60
Qualitative Data Analyses.....	62
Chapter 4. Results and Findings from Phases One and Two.....	63
Phase One: Quantitative Results.....	63
Description of the Quantitative Sample.....	63
Quantitative Research Hypotheses and Question Data Analyses .....	67
Quantitative Results Summary .....	76
Phase Two: Qualitative Findings.....	77
Qualitative Research Questions .....	77
Focus Groups Overview .....	79
Supervisor Interviews .....	81
Qualitative Findings Summary .....	82



Qualitative Research Questions .....	84
Chapter 5. Conclusions .....	88
Mixed Methods Research Questions .....	89
Social Exchange and Socio-Ecological Theories .....	94
Recommendations for Retention in Colorado.....	97
Recommendations for Addressing Retention Concerns .....	98
Limitations .....	100
Further Research .....	102
Conclusion .....	103
References .....	104
Appendix A. Dear Director Memorandum .....	114
Appendix B. Email Invitations to Caseworkers and Supervisors .....	115
Appendix C. Consent to Participate for Focus Groups and Supervisor Interviews.....	117
Appendix D. Survey Questions Used to Answer Research Questions .....	122
Appendix E. Focus Groups and Supervisor Interviews Protocols .....	124
Appendix F. Professional Quality of Life Scale (ProQOL) Version 5 (2009) .....	126
Appendix G. Psychological Safety and Leader-Member Exchange Scales .....	128
Appendix H. Survey Factor Ranking Results .....	129

## LIST OF TABLES

Table 1. Ages of Participants .....	64
Table 2. Total Years of Professional Child Welfare Experience.....	64
Table 3. Highest Level of Education Received .....	65
Table 4. Field of Study for Highest Level Degree.....	65
Table 5. Intent to Stay in Current Position .....	65
Table 6. Means, Medians and Standard Deviations for Key Variables .....	66
Table 7. Odds Ratios and Significance of Hierarchical Ordinal Regressions Assessing the Unique Contributions of Demographic, Psychological, and Organizational Variables to Predict Intent to Stay in Current Position .....	72
Table 8. Comparison of Survey <i>t</i> scores for ProQOL Subscales and ProQOL Manual Cut Scores.....	83
Table 9. Low, Moderate, and High Sum ProQOL Subscale Scores .....	90

## LIST OF FIGURES

Figure 1. Conceptual Framework of Child Welfare .....	7
Figure 2. Phases of Sequential, Explanatory Mixed Methods Research .....	50
Figure 3. Histogram Demonstrating Distribution of Intent to Stay Responses with Normal Curve.....	67
Figure 4. Revised Conceptual Framework of Child Welfare .....	96

## Chapter 1

### Introduction

Child protection is an essential service provided by public child welfare agencies to children, families, and communities to ensure child safety, and improve family functioning. Every state has public child welfare agencies, administered at the state or county level, and regulated by federal, state and local regulations and policies. Workers enter child welfare for a variety of reasons. They may have the option to decrease student loan debt, or receive clinical supervision required for advanced licensure. Many are motivated to enter public child welfare by a strong personal commitment to help children and families, a sense of calling. However, the field has a history of high turnover rates (Bernotavicz, 2000; Gibbs, 2009; U.S. GAO, 2003). For example, in the year 2000 Georgia's professional child welfare staff had a 44% turnover rate (Ellett, et al., 2007). Estimated turnover rates range from 30-40% to just over 20%, "with the average tenure for child welfare workers being less than 2 years" (APHSA, 2005; U.S. GAO, 2003, p. 5). The short average tenure is a concern because it can take close to two years to learn and develop the knowledge, skills, and abilities necessary to become an effective caseworker (Ellett, et al., 2007). Preventing turnover and increasing retention are important goals for child welfare agencies nationally and at the state and local level. This is the situation in the state of Colorado. The average turnover for front-line caseworkers in eleven large counties' Child, Youth and Family Division agencies has been just over 26% for the past ten years according to data collected by the Applied Research in Child Welfare (ARCh) collaborative project (2016).

In comparison, turnover rates of classroom teachers in kindergarten through high school education were just below 16% in 2012 across the country. Of that number about half left the profession altogether and half, close to 8%, changed schools, but remained in the profession

(Carver-Thomas & Darling-Hammond, 2017). Of those leaving the teaching profession, 30% are not retirement age. This level of attrition, well below the turnover rate for caseworkers, has already led to teacher shortages in some areas. Concerns for more teacher shortages across the country, if the trend continues, are driving recruitment of students into education programs, and interest in early career teacher retention (Carver-Thomas & Darling-Hammond, 2017).

### Problem Statement

Workforce turnover in child welfare is a problem with potentially long-term consequences for a vulnerable population, abused and neglected children. Turnover leads to lack of continuity. Losing staff creates breaks in services for families and strain for caseworkers who remain and must take extra cases (APHSA, 2005; U.S. GAO, 2003; Weaver, Chang, Clark, & Rhee, 2007). High turnover rates in public child welfare impact the ability for children involved in the system to have positive outcomes, such as remaining safely at home or quickly achieving stability. When caseworkers change, children and youth in out of home placements are more likely to experience multiple placements and stalled progress towards permanency (Strolin-Goltzman, Kollar, & Trinkle, 2010). They may also lose one more supportive relationship with a caring adult.

Child welfare agencies have federal and state mandates not only to provide child protection services, but also to meet outcomes in the best interests of children and their families. Turnover can prevent agencies from meeting federally mandated outcomes of safety, permanency, and well-being for children involved with the system (Quality Improvement Center for Workforce Development, 2016). There are also local community expectations to keep children safe. Turnover can erode trust when other professionals, such as school counselors or

judges, also experience the loss of caseworker continuity and knowledge. Keeping trained, experienced caseworkers in the field is a crucial component of meeting these mandates and expectations. When turnover occurs, children and agencies lose the expertise of an experienced worker, and the child's family loses someone who knows their history and current circumstances (U.S. GAO, 2003; Weaver, et al., 2007). Agencies must spend time and money to recruit, hire, train, and bring onboard new caseworkers to replace those who leave. Retention of caseworkers in child welfare is vital for the children and families they provide services to, and the child welfare agencies that must use resources to train and supervise them.

Why do public child welfare caseworkers leave? Research to understand turnover with an eye to prevention has been focused primarily on preventable or undesired turnover, the loss of competent frontline workers who choose to leave the agency (APHSA, 2005; Dickinson & Painter, 2009; Strolin, McCarthy, & Caringi, 2005). Desired turnover occurs when workers are fired, fail to complete initial training, or are encouraged to resign. Non-preventable turnover occurs due to life changes, such as marriage, childbirth or adoption, moving when a partner is transferred or returning to school (Strolin, McCarthy, & Caringi, 2005). However, some non-preventable turnover, such as deciding to retire or go back to school, can be motivated by the same factors that lead to preventable turnover, and thus may also be preventable (Cohen-Callow, Hopkins, & Kim, 2009).

Studying actual turnover is hampered by the expense and logistical difficulties of contacting people after they leave the agency, and county run systems may not track caseworkers from one county to another in the same state. Only a few longitudinal studies have followed caseworkers to examine individual retention of the same worker at two or more time points (Kim & Kao, 2014). Most studies are cross-sectional and use proxies, intent to leave for turnover and

intent to stay for retention. Intent to leave is one of the strongest predictors of job exit (Mor Barak, Levin, Nissly, & Lane, 2006). However, caseworkers harboring an intent to leave may delay their departure indefinitely and become less engaged with children, families, and colleagues than caseworkers that intend to stay (Shim, 2010).

National concern for turnover in child welfare led to creation of the Quality Improvement Center for Workforce Development in 2016 to foster retention research in public child welfare through agency and university partnerships. The basic realities of ensuring children are safe and well cared for within their homes makes for some consistency in child welfare work nationally and internationally (Kim & Hopkins, 2015; Horwitz, 2006; Goddard & Hunt, 2011; Taylor, Beckett, & McKeigue, 2008). However, agencies are situated in complex social, environmental and organizational contexts that can vary from state to state or county to county within the same state (Ellett, et al., 2007). This study of caseworker turnover and retention was conducted in Colorado. It is one of nine states in the U.S. with a county administered child welfare system. Colorado counties have more autonomy than counties in states where child welfare agencies are administered at the state level, such as neighboring New Mexico, Wyoming, and more than 35 other states (Child Welfare Information Gateway, 2012).

### Purpose of the Study

The primary purpose of this study was to inform the eleven participating Colorado counties about their frontline child welfare workforce motivations and intention to stay so they can begin to strategically plan and implement retention interventions. This study is associated with a multi-phase research project to help the counties learn how they can hire, train, and retain caseworkers. The larger research project is being conducted under the auspices of a long-

standing collaboration between the Colorado State University Social Work Research Center (SWRC) and the eleven counties' Child, Youth and Family Divisions. This collaboration is called the Applied Research in Child Welfare project, also known as ARCh. The participating counties at the time of this study were Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa and Pueblo, and contain a mix of urban areas and small cities, pockets of poverty and affluence.

The study combined both quantitative and qualitative data to provide a deeper understanding of caseworkers in the participating counties. The counties have some flexibility to design or use a variety of retention interventions targeted for their workforce and community. They want to know more about their workforce to make informed choices regarding intervention strategies. Increasing retention has the potential to improve outcomes for children. It can also free-up some resources being used in the on-going process to bring new caseworkers on-line, perhaps to provide additional advanced trainings. Caseworkers encounter a variety of family situations, including domestic violence, substance use and inter-generational trauma, that pose different risks to child safety and are not covered in-depth during initial training. Advanced training also has the potential to improve outcomes for children and families when caseworkers develop a better understanding and engagement skills in a variety of family difficulties.

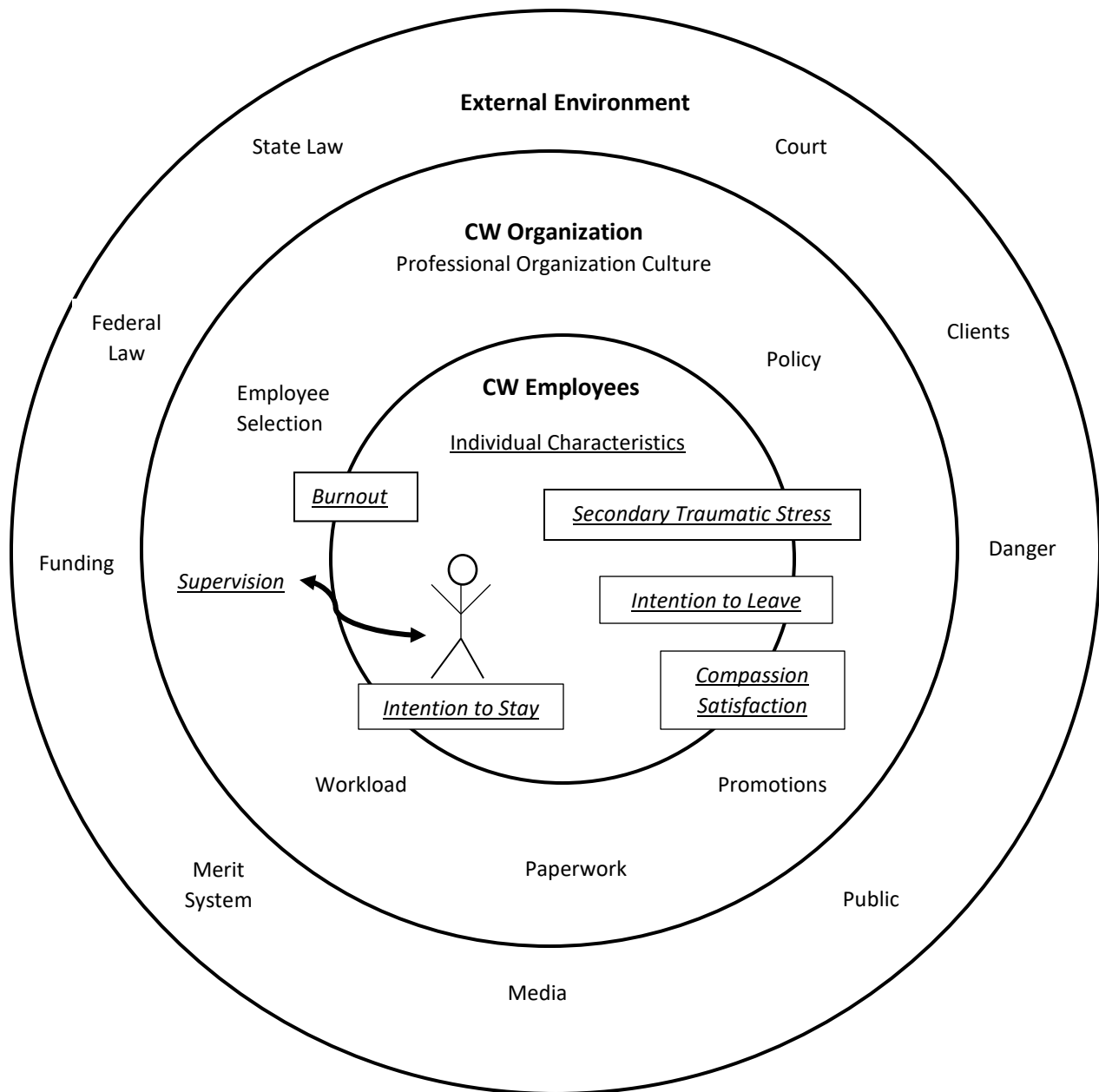
### Conceptual Framework

Public child welfare workers are situated in a complex interweave of vulnerable children, defensive parents, laws, regulations, service agencies, values and beliefs in “areas where everybody considers themselves an expert—parenting and family life” (Ellett, Ellis, Westbrook, & Dews, 2006; Taylor, Beckett, & McKeigue, 2008, pg. 25). The complexity of the social-



environmental context with multiple interacting systems and entities makes it difficult to sort out and isolate specific factors that influence intent to leave. The variety of rural, urban and suburban settings within county and state run systems makes it difficult to generalize findings between states and regions (Strolin-Goltzman, Auerbach, McGowan, & McCarthy, 2008).

Theoretical frameworks of turnover are needed to increase understanding and support the development of evidence-based strategies to increase caseworker retention, so children and families in the system can receive better care and have better life outcomes (DePanfilis & Zlotnik, 2008; Kim & Kao, 2014). Child welfare retention research is often based on conceptual frameworks focused on interactions between various individual and organizational factors that could influence intentions to leave or stay (Dickinson & Painter, 2009; Park, 2016; Weaver, Chang, & Gil de Gibaja, 2006). Figure 1 is a visual representation of a conceptual framework of interacting systems in child welfare work that was used to guide this research study.



*Figure 1.* Conceptual framework adapted from “A qualitative study of 369 child welfare professionals’ perspectives about factors contributing to employee retention and turnover” by A. J. Ellett, J. L. Ellis, T. M. Westbrook, and D. Dews, 2007. *Children and Youth Services Review*, 29, p. 268. Copyright 2000 by A. J. Ellett; adapted with permission. The double-sided arrow represents social exchanges between caseworker and supervisor. Changes and additions in *italics*. Study factors underlined.

### *Social Ecological Theory*

Ellett's conceptual model illustrates the multiple interacting systems of public child welfare, and is also a good fit for the socio-ecological theoretical perspective. The "ecology of human development" described by Bronfenbrenner is a life-long developmental process encompassing interactions with, and impacts from, multiple nested systems (1977, p.514; Oishi & Graham, 2010). These are formal and informal systems located from very near to very far from the individual (Bronfenbrenner, 1977). When it was initially proposed as a method to study child and adolescent development in the natural environment of daily life, social ecological theory included multiple relationships within the family and between family members and the outside world (Bronfenbrenner, 1977). A primary concept is that individuals and systems interact with each other and have the potential to create changes in each other as a result of those interactions. Thus, it is vital to expand inquiry into other relationships and how systems interact to build a more complete picture (Oishi & Graham, 2010).

Social ecological theory has been used to develop and implement community responses to public health concerns, such as smoking, with multiple level interventions (Schölmerich & Kawachi, 2016). Intervening on more than one level takes into account the community or social context in addition to the individual's motivations and behavior. Laws, social norms and expectations can influence behavior and internal, psychological states. Creating interventions at more than one level is difficult and requires resources, coordination, careful planning and evaluation (Schölmerich & Kawachi, 2016). There may be limited potential for multi-level interventions to increase caseworker retention beyond the county or office level. However, the use of this theory is helpful in understanding the complexity of child welfare work.

Becoming a seasoned caseworker is a professional developmental process which can take up to two years (Ellett, et al., 2007). As new caseworkers learn how to do their work they develop knowledge, learning procedures and developing skills, guided by their supervisors. They have the potential to change the individuals and families they work with, and be changed in turn (Bride, Jones, & McMaster, 2007). Legislative decisions, including state and federal regulations and funding, impact their day-to-day work on multiple levels, from salaries to the resources available to families (Ellett, et al., 2007). Their work brings them into the larger community to interact with formal and informal systems, including schools, hospitals, extended family, neighbors and others.

Two constructs were removed from the framework's inner-most circle for this study, Human Caring and Self-Efficacy. The replacement construct of Compassion Satisfaction encompasses self-efficacy and caring within a professional helping role (Bride, Jones, & MacMaster, 2007; Stamm, 2010). Secondary Traumatic Stress and Compassion Satisfaction are placed in boxes that extend from the inner circle to the middle circle because both are impacted by interactions between individual characteristics and components in the Child Welfare Organization (Handran, 2012; Shim, 2010). Psychological theories of secondary traumatic stress and social exchange theory from organizational research have been used to understand and explain both retention and intent to leave in previous studies (Dickinson & Painter, 2009; Park, 2016; Weaver, Chang, & Gil de Gibaja, 2006). An arrow that represents the relationship between a caseworker and supervisor, based on social exchange theory, connects them between the inner and middle circles. Intention to leave and intention to remain were also added to the framework. The distinction between intents is made because caseworkers may intend to leave, but remain in

their positions and withdraw through absenteeism and decreased engagement with clients and colleagues (Cohen-Callow, Hopkins, & Kim, 2009; Shim, 2010).

A caseworker will be affected by multiple factors, and interact with systems at multiple levels. The areas where direct changes can be made to increase retention may be limited to the agency or even the team level, depending on how the system is governed and the larger political situation. For example, the rise in neo-liberal policies in this country and across the globe can make it more difficult to hire additional caseworkers or provide additional services to families, due to a political commitment to austerity, individualism and smaller government (Beddoe & Maidment, 2014). In one early retention study the authors chose to make only the recommendations that would be well-received and were more likely to lead to real changes (Bernotavicz, 2000). However, it is important to examine areas where changes are not under local control, or are not possible given the nature of the work, for a better understanding of how to support and retain caseworkers.

### *Social Exchange Theory*

Another component of the conceptual framework is the relationship between the caseworker and supervisor. Social exchange theory has been used to frame retention and turnover research and inform conceptual models (Lawler, 2002; Smith, 2005; Weaver, Chang, & Gil de Gibaja, 2006). At the most basic level, “exchange theory starts with a simple metaphor involving two persons, each of whom provides benefits to the other, *contingent upon* benefits from the other,” and “has as its focus the flow of *benefits through social interaction*” (Emerson, 1999, emphasis in original, p. 32 & 33). When two people have multiple mutually beneficial social exchanges over time, they can build a mutually interdependent relationship, and their subsequent actions will support that ongoing relationship (Emerson, 1999).

Social exchange theory includes emotions as an essential component of how individuals develop and maintain connections to other individuals, groups, and the workplace (Lawler, 2001). One perspective of behavior is that people act out of self-interest, constantly weighing past and possible future rewards, costs, and punishments that result from any interaction or exchange between two individuals (Lawler, 2001). Lawler proposed that both sides act on feelings as well as thoughts, and are not rationally calculating the costs and rewards in the moment before every word or action (2001). Positive emotions as a result of successful social exchanges lead to positive impressions of and stronger connections to the social unit, which can be a work team (Lawler, 2001). Support from co-workers and supervisors, in the form of information, help with tasks, and encouragement have the potential to increase positive emotional connections to the team or organization and thus increase retention (Lawler, 2001; Park, 2016).

Supervisors provide training and instruction, support and encouragement to caseworkers, and can be held liable for their mistakes in the agency and the media. They expect caseworkers to carry out their tasks competently and ethically, while meeting timelines and other agency expectations. They also expect caseworkers to accurately report their actions and interactions with children and caregivers during consultation. The ongoing benefits to both parties make it an exchange relationship. In addition, when one caseworker helps another co-worker on the same team it can benefit the supervisor, and strengthen both team cohesiveness and the relationship between the supervisor and helping caseworker. (Emerson, 1999). Social exchange theory has been used to inform models of relationships between supervisors and caseworkers, and connections between caseworkers and the larger organization (Benton, 2016; Willis, 2010).

There is a collegial aspect to the interactions between caseworkers and direct supervisor that is different from the strictly delineated hierarchical relationships found in work settings where there is a minimal personal investment in the work, such as fast food, or in highly structured settings where immediate obedience is expected and crucial, such as the military. This connection can facilitate mutual trust, respect and obligation, relationship qualities that can develop over time between supervisors and workers in professional, collegial roles (Graen & Uhl-Bien, 1995). In addition, child welfare work is based on multiple human relationships, so social exchange theory, or a social exchange conceptual model that considers relationships in the workplace captures an integral component of the work environment (Lawler, 2002; Smith, 2005; Weaver, Chang, & Gil de Gibaja, 2006).

### Operational Definitions

Social caseworkers are the frontline staff who provide direct child welfare services to children and families in Colorado public child welfare agencies. They may be licensed or unlicensed social workers or have a degree in another field, such as psychology or criminal justice. The term “caseworkers” is used to refer to public child welfare frontline workers in general and those who participated in the study. Case-carrying caseworkers have an assigned caseload of children or families. They may work with families referred for services to assess and increase child safety, referred to as intake, or with families after children have been removed and placed with kin, foster care, or some other out-of-home placement, referred to as ongoing. Or, they may have a blended caseload of intake assessments and ongoing cases, or handle only cases where sexual abuse has occurred or is suspected. Non-case carrying caseworkers also work with children and families, but do not have an assigned caseload they are responsible for.

There are some differences in the workload for case-carrying caseworkers. For example, intake workers may be assigned higher or lower priority assessments, and must have face-to-face contact with the children immediately or within several days and determine current safety and risk for future harm. Intake cases are time-limited to 60 days or less. Ongoing cases do not have time limits, and cases can go on for months or even years. Ongoing caseworkers have timelines, and must have face-to-face contact with children on their caseloads at least once a month. They also must have contact with birth and foster parents on a regular basis, and prepare regular court reports. Ongoing caseworkers may have emergency situations, but they are generally better able to control their schedule and experience fewer day-to-day surprises than intake caseworkers. For both roles, there is paperwork (in a computer system) that must be completed at specified times, in addition to referrals for services and other administrative tasks.

Colorado, unlike many other states, includes juveniles designated “in conflict” in the child protection population. These juveniles may have a previous history of abuse and neglect, but are generally not being maltreated at the time they enter the system via this designation. This area of work is known as Program Area Four (PA4). These adolescents may have a variety of behaviors that place them at risk of conflict with caregivers, local schools, and the courts, including not following caregivers’ expectations, substance use, fighting and other illicit activities. Intake and ongoing casework with children who have been abused or neglected is known as Program Area Five (PA5). Some counties have caseworkers that work with both populations, and some counties have blended positions that work with both intake and ongoing cases. Prevention services provided to families that may be at risk of neglecting or abusing their children are known as Program Area Three (PA3).



Secondary traumatic stress (STS) is a term used to describe the psychological impact on a professional helper of secondary, or indirect, exposure to traumatic material through hearing about life events, seeing the impact of those events, or both (Bride, 2012; Bride, Jones, & McMaster, 2007; Figley, 2002; Stamm, 2010). Burnout (BO) refers to the psychological impact of workplace stress not due to exposure to traumatic material (Maslach, 1998). Stressors can include workload, policies, relationships with colleagues, and other workplace components. Compassion satisfaction (CS) refers to the sense of self-efficacy and purpose that arises from helping people in a professional role (Bride, Jones, & McMaster, 2007; Stamm, 2010). These three subscales are found in the Professional Quality of Life Scale (ProQOL). Each subscale includes ten questions with five level Likert scale response choices. Leader-Member Exchange (L-MX) is a measure of the social exchange relationship that develops between a supervisor and worker as they work together (Graen & Uhl-Bien, 1995). It is based on mutual trust, respect and obligation, aspects of a relationship that depend on multiple interactions over time (Graen & Uhl-Bien, 1995). Psychological Safety is a measure of how well team members know each other and work together to create a safe environment to learn from mistakes (Edmondson, 1999).

### Hypotheses and Research Questions

The survey used in this study was developed by a committee over several months through group discussions and revisions. Survey questions ask about age, education level and field, marital status, work role, and a variety of other demographic characteristics. The committee members wrote questions and chose some previously developed scales and a subscale based on their knowledge, experience and questions about their specific county workforce. The Professional Quality of Life Scale (ProQOL) for helping professions was included in the survey. It includes subscales for Secondary Traumatic Stress (STS), Burnout (BO) and Compassion

Satisfaction (CS) (Stamm, 2010). Two other, shorter scales were also included in the survey, the Leader-Member Exchange scale (L-MX) based on social exchange theory, and the Psychological Safety Scale (Psy-S) based on work team shared beliefs (Edmondson, 1999; Graen & Uhl-Bien, 1995). Being on the frontlines in child welfare is stressful, sometimes thankless work, and this study is based on hypotheses about how the psychological and organizational impact of the work can influence caseworkers to remain in the field, as expressed by intent to stay. These components are a supportive relationship with their supervisor (L-MX), trust in team members and safety to admit mistakes (Psy-S), high levels of Compassion Satisfaction (CS), and low levels of both Secondary Traumatic Stress (STS) and Burnout (BO).

#### *Hypotheses and Quantitative Research Question*

1. Caseworkers with lower levels (means) on the Leader-Member exchange (L-MX) scale will have a lower intent to stay in their current position than caseworkers with higher levels (means) on the L-MX scale.
2. Caseworkers with higher levels (means) of Secondary Traumatic Stress (STS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels (means) on the STS subscale of the ProQOL.
3. Caseworkers with lower levels of Compassion Satisfaction (CS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with higher levels of CS on the ProQOL.
4. Caseworkers with higher levels of Burnout (BO) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels of BO on the ProQOL.
5. Caseworkers with a lower combined level of secondary traumatic stress (STS) education and support for self-care will have a lower intent to stay in their current position.

6. How well does a model that includes the demographic characteristics of experience in public child welfare (PCW), highest level of education and field of study (education) combined with the psychological factors of secondary traumatic stress (STS), compassion satisfaction (CS), burnout (BO) mean scores, and the organizational factors of leader-member exchange (L-MX) and psychological safety (Psy-S) mean scores predict intent to stay in one's current position as a caseworker?

Model 1 (demographics): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; and intent to stay in current position.

Model 2 (demographics and psychological factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); and intent to stay in current position.

Model 3 (demographics, psychological and organizational factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); organizational variables of leader-member exchange scale (L-MX) and psychological safety (Psy-S) scale means; and intent to stay in current position.

### *Qualitative Research Questions*

7. What do caseworkers believe leads to turnover?
8. How do caseworkers maintain a sense of compassion satisfaction in the work they do with children and families?
9. What can supervisors do to improve support for caseworkers and increase retention?

### *Mixed Methods Research Questions*

10. How do the focus group responses and identified themes help explain the survey results?
11. How does the combination of survey responses and focus group themes provide information for implementing caseworker retention strategies?

### **Delimitations**

The author chose the scales and subscales to present to the group developing the caseworker survey, and the group chose which ones to include. They were chosen based on previous studies of caseworkers in Colorado and across the nation, and what the group wanted to measure. Another consideration was the ability to compare the results of the current survey to other studies in the state or other locations, and contribute to the consistency of measurement in the field of caseworker retention. The subscales presented to the survey development group were Emotional Exhaustion, Safety Organizing and Safety Climate. These were all previously used to assess safety culture in the Tennessee child welfare workforce (Vogus, et al., 2016). The full scales presented to the group were the most recent version of the Professional Quality of Life Scale (ProQOL) (Stamm, 2010); the Secondary Traumatic Stress Scale (STSS) (Bride, Robinson, Yegidis, & Figley, 2004); Impact of Events Scale-Revised (IES-R) (Weiss, 2007); the Trauma Informed Organizational Culture Survey (TIOC) (Handran, 2013); and also included in the

Tennessee survey, Stress Recognition, Leader-Member Exchange scale and Psychological Safety (Vogus, et al., 2016). The survey used in the Tennessee study was used across that state at two time points. Both the ProQOL and TIOC have been used with child welfare caseworkers in Colorado.

### *Researcher Motivations*

In qualitative studies, the researcher must reflect on their motivations and decision-making throughout the research process. This study has an integral qualitative data collection and analysis phase. So, in the spirit of reflexivity, here is a brief description of some experiences and motivations for this research study.

I received a IV-E stipend during my MSW program and had a contract to work for the New Mexico State Children, Youth, and Families Department (CYFD) for two years in Albuquerque. In my first month at work, one of the more experienced workers in my intake unit wondered out loud how long I would stay. In my two years there all the members of my team left, including my first supervisor, and the four other workers turned over twice. Most of them left the agency. After one year, I was considered an experienced worker and encouraged to apply for a senior position.

I worked for another three years in a small city and rural county where I carried both intake and on-going cases. Eventually, the stress of the work and organizational culture took a toll on me. I left public child welfare to become a school social worker, another position that allowed me to work with children. My primary motivation for this research is to contribute to the body of knowledge about caseworker retention, and inform the development of retention strategies that provide compassionate, positive support for this important work.

## Chapter 2

### Literature Review

A range of studies on retention and turnover in child welfare have led to sometimes conflicting results. Although turnover has been an issue of concern for decades, the focus of research is dispersed, and often lacks theoretical underpinnings crucial to developing effective interventions (Benton, 2016; DePanfilis & Zlotnik, 2008; Kim & Kao, 2014; Weaver, Chang, & Gil de Gibaja, 2006). The primary goal of understanding child welfare turnover and retention is to devise strategies that help agencies hire and keep caring, dedicated workers who are effective with families. The high rates of turnover, and the bureaucratic nature of child welfare have led to piecemeal research in this area. State and county agencies sometimes create their own surveys and do not take the time to determine if the questions measure what they are intended to measure, or if what they are measuring is relevant. When there are recommendations from previous studies, such as lowering caseload sizes, agencies can be constrained from carrying them out by budgets and budget cuts, state or county requirements for hiring procedures, and the turnover they are attempting to prevent (APHSA, 2005; GAO, 2003). Or, as Bernotavicz notes, some recommendations may be left out altogether to focus on those more apt to be well-received and acted upon by state or local child welfare agencies (2000).

### Historical Background

Earlier research in child welfare turnover and retention tends to be atheoretical, a laundry list of factors, that can be divided between the personal, the organizational, and the nature of the work (Bernotavicz, 2000; Ellett, Ellis, Westbrook, & Dews, 2006; Strolin, McCarthy, & Caringi, 2005). For example, in a report on child welfare worker retention in Maine, the organizing

framework used is personal, agency, and work factors to divide the multiple, complex issues (Bernotavicz, 2000). A research review of child welfare studies from 1974 to early 2004 found only 25 original studies that used retention or turnover as a dependent variable, and the categories of personal or organizational factors were used to organize variables (Zlotnik, DePanfilis, Daining, & Lane, 2005). Another review of research in child welfare turnover found the categories of individual, supervisory and organizational factors were frequently used (Strolin, McCarthy, & Caringi, 2005). Personal factors include demographic characteristics and psychological states, while organizational factors include a broad range from culture to climate. Organizational factors may include components present in any organization, and others specific to child welfare. These include salary, supervision, agency support, workload and caseload, role conflict, promotion opportunities and others. Often, organizational and psychological factors are included in the same research study, in recognition of the complex social-ecological context.

### Explanation of Psychological Terms

#### *Burnout*

The emotional burden or stress of working in this field have been areas of research focus for a few decades. Various measures have been used in attempts to quantify this internal state. One of these measures is the Maslach Burnout Inventory (MBI) which has three subscales: emotional exhaustion, reduced personal accomplishment and depersonalization. Emotional exhaustion develops over time and is a feeling of losing the ability to give emotionally or psychologically to clients (Maslach, 1989). Reduced personal accomplishment is a decrease in or lack of professional self-efficacy, a belief in one's ability to be effective (Maslach, 1989). It can be precipitated by lack of resources and clients with complex, enduring problems.

Depersonalization is detachment and distance, a protective response to emotional drain (Maslach, 1989). Depersonalization can increase to the level of “negative and cynical attitudes and feelings about one’s clients” and can lead to callousness and alienation (Maslach & Jackson, 1981 p. 99).

### *Secondary Traumatic Stress*

When PTSD was initially included in the Diagnostic and Statistics Manual III (DSM-III) in 1980, it was the first time a disorder was included that had an external source (Andreasen, 2010; American Psychiatric Association, 1980). People do not get PTSD because they are psychologically, genetically, or neurologically flawed, an assumption made in the other diagnoses in the DSM-III, but because they have been exposed to a life-threatening event (Andreasen, 2010). While PTSD can result from direct or primary exposure to a traumatic, potentially life-threatening event, secondary traumatic stress disorder (STSD) or secondary traumatic stress (STS) can result from witnessing or hearing about the traumatic experience that someone else, a friend, family member or client has experienced directly (Valent, 2002; Valent, 2012). Figley, whose work with Vietnam Veterans helped pave the way for the inclusion of PTSD in the DSM III, asserts the only difference between PTSD and secondary traumatic stress disorder is who has direct experience of the traumatic event, and notes that both groups can have the same symptoms and long-term changes in perspectives and beliefs about the world (2002). He also points out the possibility that some human service professionals are experiencing secondary traumatic stress instead of burnout.

### *Compassion Fatigue*

“Compassion fatigue is a more user-friendly term for secondary traumatic stress disorder” (Figley, 2002, p. 3). It was proposed as a substitute to avoid the stigma of having a



diagnosis so similar to PTSD, a mental health disorder (Figley, 2002). According to Bride, compassion fatigue and secondary traumatic stress can be used interchangeably, because they refer to the same cluster of symptoms and experiences (2012). The scale measures several clusters of symptoms from the diagnostic categories of PTSD, intrusive thoughts and images, avoidance of reminders, and hyperarousal, because they can also be experienced by those who work with traumatized populations (Bride, Radey, & Figley, 2007). Professionals with scores in the highest ranges of the secondary traumatic stress scale may be experiencing a higher level of symptoms more characteristic of PTSD (Bride, Radey, & Figley, 2007). Figley believes professional caregivers are at risk because the nature of the therapeutic relationship brings the professional close to the client's pain (2012). The helping relationship depends on empathy, being able to feel with people by entering their world as much as possible (Bride, 2012). Compassion fatigue, also described as an overuse of empathy or the cost of caring, can adversely impact one's ability to feel empathy and compassion (Bride, 2012; Figley, 2002).

### *Vicarious Trauma*

Vicarious Trauma, a term that has been used interchangeably with secondary traumatic stress and compassion fatigue is based on theory (Pearlman, 2012; Valent, 2012). McCann and Pearlman developed the "constructivist self-development theory" by blending concepts from object relations, self-psychology, and social cognition theories to understand how people respond to traumatic events, and to guide the process of trauma therapy (1990, p. 6; 1992). It is based on the view "that adaptation to trauma is a result of a complex interplay between life experiences . . . and the developing self" (McCann & Pearlman, 1990 p. 6). This "self," developed over the life span has four aspects that are interrelated and multi-faceted. These include the ability to maintain an inner sense of self, psychological needs, and cognitive schemas or assumptions about how the

world works, and a range of interaction (social) and executive function skills they label ego resources, (McCann & Pearlman, 1990). This development of self occurs in a social and cultural context of family, subculture, society, place, and time (McCann & Pearlman, 1990; 1992). An individual's response to a traumatic event can be shaped by the current developed self, and the developed self can be changed by traumatic events (McCann & Pearlman, 1990). Professional helpers and trauma therapists also have a trajectory of self-development, and the process of working with trauma survivors can change the helper's sense of meaning, connection to others, identity and world view (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). According to this theory, the process of working with trauma survivors, hearing stories, and seeing the wounds of child physical and sexual abuse and other horrors gradually depletes the helper's energy, leading to an increase in pessimism, distrust of others, and loss of faith in the world as a safe place (Figley & Kleber, 1995).

Another theoretical underpinning of vicarious trauma is the concept of countertransference (Pearlman & Saakvitne, 1995). A construct originated by Freud, it "*is the totality of the clinician's conscious and unconscious affective and behavioral reactions to the client, including reenactments and transference perceptions*" [emphasis in original] (Tosone, 2012 p. 156). It can occur in any therapeutic relationship, was coined before the concept of trauma therapy was developed and is not synonymous with secondary traumatic stress, vicarious trauma, or compassion fatigue, although it has been used interchangeably with those terms (Tosone, 2012). Countertransference is the helping professional's internal and subjective experience of the helping process with a particular client, while the process is going on (Figley & Kleber, 1995; Pearlman & Saakvitne, 1995; Tosone, 2012).

Various aspects of responses professionals in child welfare experience have been ascribed to countertransference. Workers may have rescue fantasies, perhaps wanting to take children home, or they may want to protect themselves from painful details and knowledge about child abuse, perhaps refusing to believe children's stories about their experiences or assigning blame to the child for provoking the abuse (Dane, 2000). Workers may become angry at children who remain loyal to abusive parents, or angry at parents who refuse to enter treatment or leave an abusive partner, and find themselves wanting to deal out punishments (Dane, 2000). Relating war stories or trying to top co-workers' tales of atrocities, filthy environments, or other grisly details, can also be a form of countertransference, especially when it arises from an unconscious fascination with the stories (Dane, 2000). It can also lead to dehumanizing clients, an insidious form of depersonalization. Workers may feel ashamed and shocked when, or if, they realize the extent of their unconscious reactions (Dane, 2000). In contrast to the many terms used to describe and measure the negative impact of being a helping professional, there has also been some effort to describe and measure the rewards, including vicarious posttraumatic growth and compassion satisfaction.

### *Compassion Satisfaction*

Child welfare workers enter the field for a variety of reasons, including wanting to help children and families. It is important for them to have a sense that their efforts make a difference, that they are helping (Conrad & Kellar-Guenther, 2006). Compassion satisfaction is a sense of accomplishment in the ability to make a difference in people's lives (Stamm, 2002). It can counteract or prevent burnout and secondary traumatic stress through the sense of personal self-efficacy, hope, a positive attitude towards work, and energy for being of service to others (Stamm, 2002; Wagaman, Geiger, Shockley & Segal, 2015). For child welfare workers this

might be supporting a parent to complete substance abuse treatment and become a better parent, or finding appropriate, loving relatives to care for children. Focusing on successes, feeling grateful, and remembering all the things that do go well can increase compassion satisfaction (Administration for Children's Services-New York University (ACS-NYU), Children's Trauma Institute, 2011). Compassion satisfaction has not been the focus of research to the same extent as compassion fatigue and vicarious traumatic growth, the experience of observing growth in those who have been impacted by trauma (Hyatt-Burkhart, 2014). A study of professionals providing services to sexual violence survivors found that higher levels of compassion satisfaction helped buffer anxiety related to secondary traumatic stress, but not depression related to secondary traumatic stress (Samios, Abel & Rodzik, 2013). Because this was not a longitudinal study, The researchers caution against drawing conclusions about what is causing lower levels of anxiety (Samios, Abel & Rodzik, 2013). They do however, recommend using positive reframing and increasing positive emotions to increase compassion satisfaction (Samios, Abel & Rodzik, 2013).

Empathy has been described as the vehicle for vicarious trauma and secondary traumatic stress, through entering the other person's experience on a deep emotional level (Figley, 2002; Pearlman, 2012). However, in a study of social workers that draws on cognitive neuroscience for a more complete understanding of empathy, it was also found to contribute to compassion satisfaction (Wagaman et al., 2015). In addition to the affective response referred to as empathy by Figley, there is also "self-other response, perspective taking, and emotion regulation," and all four components are needed for effective empathic connection (2002; Wagaman et al., 2015 p. 203). These skills, particularly self-other awareness, can help the professional helper avoid merging with, and being overwhelmed by, the traumatic experience and emotions of the person being helped (Rothschild, 2006; Wagaman et al., 2015). Professionals can use this particular skill

to set and maintain appropriate professional boundaries with clients that facilitate the appropriate use of empathy and protect the worker from secondary traumatic stress (Rothschild, 2006; Wagaman et al., 2015). This well-rounded use of empathy is an individual skill, but it can be taught in social work education programs and on the job trainings, and its use can be supported at the organizational level through supervision (Wagaman et al., 2015).

### *Vicarious Posttraumatic Growth*

Posttraumatic growth is the experience of improved functioning following recovery after a traumatic event, which leads to a better and more meaningful life than before the trauma occurred (Grych, Hamby & Banyard, 2015; Park & Ai, 2006). Vicarious posttraumatic growth occurs when a professional helper observes posttraumatic growth in people who have experienced trauma (Cohen & Collens, 2013; Hyatt-Burkhart, 2014). In her study of mental health workers in a residential treatment center for children and adolescents with extensive trauma histories, Hyatt-Burkhart used interviews and focus groups to better understand workers with high levels of both compassion satisfaction and secondary trauma (2014). They were able to give examples of positive change and growth as a result of their work experiences when asked directly to describe them (Hyatt-Burkhart, 2014). The workers felt gratitude for positive relationships (Hyatt-Burkhart, 2014). They also had higher levels of hope and faith in human possibilities based on seeing how the children who had suffered so much in their lives continued to have positive attitudes (Hyatt-Burkhart, 2014).

### Early Research

Drake and Yadama used structural equation model to examine the three constructs of the MBI in child protection workers in Missouri over more than a year (1996). They found

emotional exhaustion was positively related to job exit and depersonalization. Depersonalization by itself was not as strongly related to job exit as emotional exhaustion (Drake & Yadama, 1996). The MBI was also used to measure burnout constructs in a study of veteran child welfare workers in a rural southeastern state (Anderson, 2000). In this study, veterans were workers with two years or more of continuous employment in intake. The study participants attended a stress management training seminar to learn about different coping strategies (Anderson, 2000).

Using the Coping Strategies Inventory, the researchers sought to understand how veteran child welfare workers cope with stress, and if the general coping strategy used, engaged and active or disengaged and avoidant, was related to the worker's level of burnout (Anderson, 2000). The inventory of six cognitive and behavioral coping strategies was used to determine the worker's preferred, or habitual, coping method. The study found that veteran workers with lower levels of personal accomplishment and higher levels of emotional exhaustion and depersonalization used avoidant, disengaged coping strategies (Anderson, 2000). Those with higher levels of personal accomplishment and lower levels of depersonalization used active, engaging coping strategies (Anderson, 2000). This was a point in time study, so it is not clear which came first, the avoidant coping strategies or the higher levels of emotional exhaustion and depersonalization.

Another study that used the MBI surveyed Master of Social Work (MSW) graduates from Title IV-E stipend programs in California (Dickinson & Perry, 2002). These MSW's received special training in child welfare and had a contracted obligation to work in California's public child welfare system for a specific amount of time, depending on the amount and terms of the stipend. A survey was mailed to workers who had recently completed their contracted time to gather information about those who were still working in child welfare and those who were not.

The survey response rate was 63%. Those who had already left or expressed an intention to leave, almost 40% of the survey respondents, were asked additional questions about their decision to leave. These workers had significantly higher levels of emotional exhaustion than those still employed and intending to remain, and they reported feeling “burned out” as the most important reason for leaving (Dickinson & Perry, 2002 p. 97). This study only looked at caseworkers with specialized educational training, there was no control group of other MSW’s or caseworkers with degrees in other fields or undergraduate degrees in social work.

Dane used two lengthy focus groups with child welfare workers from a large, diverse, metropolitan agency with multiple offices to gather information for an intervention to inoculate workers against stress (2000). Although Dane brings up Maslach’s three constructs and uses the terms secondary stress and vicarious trauma interchangeably, the focus groups and intervention were based on constructivist self-development theory (Dane, 2000; Maslach, 1998; McCann & Pearlman, 1990). The two-day intervention used psychoeducation to inform the workers about constructivist self-development theory and vicarious trauma (Dane, 2000). They assessed their individual coping strategies and developed a chart to cue using positive coping when needed (Dane, 2002). Dane recommends training for supervisors in the theoretical underpinnings and effects of vicarious trauma, as well as a larger role for social work educators in developing, evaluating, and providing effective interventions through collaboration with child welfare agencies (Dane, 2000).

Two studies examined factors that could be used to predict the development of secondary traumatic stress in caseworkers. One study used a compassion fatigue test developed by Figley, and caseworkers’ personal history of childhood trauma to determine if they were associated (Nelson-Gardell & Harris, 2003). The study participants were caseworkers attending a training in

secondary stress based on constructivist self development theory. Emotional abuse and sexual abuse had the strongest statistically significant correlation with secondary traumatic stress, but all five childhood trauma scales were significant (Nelson-Gardell & Harris, 2003). This study did not examine any other factors, or consider retention. The results of this study could be used to justify screening out applicants or adopting a paternalistic supervisory style towards caseworkers who disclose they were abused or neglected as children.

Regehr, Hemsworth, Leslie, Howe and Chau used a linear structural equation model in their research, and individual, organizational and incident factors (2004). Incident factors were the death of a child or caregiver, the length of time since the incident, continued emotional impact, and the number of incidents experienced. These were used to create a composite score. Surprisingly, the most significant factors associated with caseworker distress, measured with the Beck Depression Index and the Impact Event Scale, were organizational or outside the agency. These were “workload, difficult clients, organizational change and public scrutiny” (Regehr, et al., 2004, p. 342).

### Organizational Factors

Organizational culture in general has been included in many retention and turnover studies. There are multiple aspects to organizational culture, sometimes identified as organizational factors. Job satisfaction, supervisory support, peer or workgroup support, organizational climate, promotion opportunities, caseload and workload all come under this umbrella (Bernotavicz, 2000; Ellett et al., 2006; Strolin, McCarthy, & Caringi, 2005; Weaver, Chang, & Gil de Gibaja, 2006). It is also one of the areas with factors that can potentially be changed and controlled through effective leadership, which makes it more important to



understand and manage (Cull, Rzepnicki, O'Day, & Epstein, 2013; Park, 2016). One of the drawbacks of organizational culture is the broad range of factors it can cover. There have been conflicting results in studies about which factors impact retention, and thus which are the most crucial. It gets more complex with interactions between individual and organizational factors, which may contribute to some of the conflicting results. The concepts themselves are complex, too. In a report compiling earlier studies in Maine that used interviews and surveys, the term work environment is used to encompass agency and peer support, supervision, agency climate, and workload (Bernotavicz, 2000).

Job satisfaction is included in many conceptual models. It also encompasses many different components, including a clearly defined role, paperwork, access to resources for children and families, office space, and others (Acker, 2004; Dane, 2000; Madden, Faulkner, & Salehin, 2013; McGowan, Auerbach, & Strolin-Goltzman, 2009; Shim, 2010). Job satisfaction measures can include wages, benefits, and multiple promotion opportunities for frontline workers who may not wish to become supervisors (McGowan, Auerbach, & Strolin-Goltzman, 2009). In Dickinson's and Perry's study of Title IV-E MSW's, job satisfaction was determined by Likert scale responses to twenty-two components of the work environment, including supervisor support, professional development and promotion opportunities, autonomy and others (2002).

A social exchange framework was used to consider a range of organizational supports in relation to child welfare job commitment—supervisor support, intrinsic and extrinsic rewards (Smith, 2005). The study took place in twelve rural counties with high turnover in comparison to other areas in the same state. A survey covering organizational, supervisor and job satisfaction, retention, workload and supervisory support was administered by phone to 71% of the

supervisors and frontline staff who agreed to participate in the study (Smith, 2005). The survey was developed by a research team from a university and agency staff using adapted items from the emotional exhaustion subscale of the MBI and from other scales used in previous child welfare retention studies (Smith, 2005). The same county agencies collected turnover information 15-17 months after the survey was completed, Time 2, and the analysis compared responses from non-retiring workers who left to those who were still with the agency (Smith, 2005). Less than ten responders had retired or transferred to other positions at Time 2, and 24% of the non-retiring respondents had left the agency. Factors associated with retention at Time 2 were competent supervision with a supportive supervisor, the extrinsic rewards of work-life balance, , and a perception that there were few job alternatives (Smith, 2005). Workers who intended to leave at the time of the survey were only slightly more likely to have left more than a year later (Smith, 2005).

### Current Literature

The current literature in child welfare retention reflects the complex social and environmental contexts of the work, with persisting primary focus on practical application. Caseload size and work stress are factors that have been examined in multiple studies, along with supervisor support, organizational culture and organizational climate. Many studies examine factors that can be manipulated or changed by the agency in some way. Inconsistent results, the complex context, and reliance on outside systems for funding make it difficult to put changes in place that might increase retention.

Public child welfare caseworkers work within organizational systems, governed by public policies, rules and regulations, under the auspices of agency directors, local, state, and federal

governments. The clients caseworkers interact with are part of family systems, are accessing services through public and private systems (clinics, agencies, or other entities), and live within their own complex, unique personal social and ecological environments. Caseworkers also live and function within their own complex, unique personal social and ecological environments, including geographic location.

### *Location*

Location can be another factor in intention to leave or stay that has been examined in caseworker retention research. In small, rural communities, there may be few human service jobs or limited professional career opportunities available to women. In a study of rural and urban agencies in Texas, there were no differences in intentions to leave, yet workers in urban settings reported less support from coworkers and more dissatisfaction with their pay (Aguiniga, et al., 2013). In a study of different locations in the northeast, having a social work degree and more experience had a significant impact on intention to leave for workers in urban settings, but not in rural settings (Strolin-Groltzman, et al., 2008). Large cities may provide a variety of opportunities to continue working with children and families outside of public child welfare. Caseworkers in suburban settings had higher salaries, which may reflect relatively higher affluence in those communities. They were satisfied with their pay and had higher intentions to stay (Strolin-Groltzman, et al., 2008). Job exit in public child welfare is “a complex process that can be quite different for different subgroups of workers” (Dickinson & Painter, 2009, p. 202). It was not possible to consider location in this study, because none of the participating counties are primarily rural.

### *Organizational Culture and Organizational Climate*

Park, in a critical review of child welfare turnover research, proposes a model of “Turnover Intention” for future research that encompasses organizational climate being influenced by organizational culture, and both being influenced by transformational leadership (Park, 2016 p. 71). Transformational leadership has a positive influence on organizational culture and climate by motivating workers to commit to the organizational vision, through promoting learning and creativity and demonstrating care and concern for workers (Park, 2016). The complex, multiple layers around child welfare work limit the factors under the control of agencies, and this model proposes that leadership style and quality is one of the few controllable aspects of an agency (Park, 2016).

Definitions of organizational culture vary widely across studies, and different factors are looked at from one study to another. The lack of a consistently used definition for organizational culture leads, in part, to the inconsistent research results (Abényiga, 2009). Professional organizational culture in one study, which included supervisor support, had a significant positive correlation with active coping strategies and intention to stay, but did not have any correlation with avoidance, a negative coping strategy (Lee, Forster, & Rehner, 2011). Avoidance coping may be used by caseworkers harboring an intention to leave, or those later in their careers staying in a passive defensive organizational team.

A conceptual framework proposed in one study of California social workers who enter the field of child welfare considered individual characteristics, organizational characteristics, non-work influences on staying or leaving, as well as labor market conditions, with multiple factors in each of these areas (Benton, 2010). The organizational factors included in the final conceptual model are divided into intrinsic and extrinsic job factors, which can both be further

divided into negative and positive factors and can influence each other (Benton, 2010). For example, “quality supervision can provide worker support to deal with client trauma . . . .” (Benton, 2010 p. 39). Quality supervision is a positive extrinsic factor and exposure to client trauma is a negative intrinsic factor in this model (Benton, 2010).

In a 2010 study, Shim used three sets of qualities to exemplify organizational culture. These were achievement, innovation and competence; cooperation, supportiveness and responsiveness; and emphasis on rewards (Shim, 2010). Emphasis on rewards, which included salary and work life balance was the only significant organizational culture factor, and it negatively predicted intention to leave (Shim, 2010). The same study categorized emotional exhaustion as an organizational climate factor. It was the only significant organizational climate factor, and it positively predicted intention to leave (Shim, 2010). Other researchers do not categorize emotional exhaustion as a factor in the organizational climate, but some do consider possible interactions between organizational climate or organizational culture and emotional exhaustion or secondary traumatic stress (Handran, 2013; Hiles-Howard, et al., 2015).

### *Caseloads and Workloads*

Caseload and workload are other organizational factors that have been included in studies. A longitudinal study found the length of time for new caseworkers to be assigned a full caseload was significant for retention; having more time to gradually build up to a full caseload had more impact than caseload size (Weaver, et al., 2007). A strategic plan to improve retention by allowing new caseworkers to gradually build up to a full caseload may be jettisoned when vacancy rates increase. Heavy workloads, which includes caseload size and the accompanying required paperwork, were found to be a significant factor in intention to leave in multiple studies (Bride, Jones, & MacMaster, 2007; Ellett, et al., 2007; Morazes, Benton, Clark, & Jacquet, 2010;

Mor Barak, et al., 2006; Spath, Strand, & Bosco-Ruggiero, 2013; Shim, 2010). Yet, in a meta-analysis of child welfare retention studies, caseload size was not a significant factor in intention to leave (Kim & Kao, 2016). That analysis found high emotional exhaustion, burnout and stress led to higher intention to leave.

Stress from indirect exposure to traumatic material, caseload characteristics, and organizational culture impacts turnover, as does supervisor and organizational support. Coping strategies, work experiences, sense of effectiveness as a caseworker, commitment to child welfare, personal history and other individual factors within the social environmental context of the community and organization impact turnover and retention. Caseworkers at the beginning of their careers have different needs for supervision and different expectations of the organization than caseworkers with more experience (Chenot, Benton, & Kim, 2009; Cohen-Callow, Hopkins, & Kim, 2009).

#### *Supervisor Support*

Good supervisor support is another significant retention factor in multiple studies (Benton, 2016; Dickinson & Painter, 2009; Kim & Mor Barak, 2015; Smith, 2005). In a study of caseworkers with MSW degrees, poor supervisor support led them to leave quickly, at about 6 months; workers with other degrees who also reported poor supervisor support tended to stay about two years before leaving (Benton, 2016). Good supervisor support was also a key factor for retention of IV-E stipend workers after their obligated work contract was completed (Mozares, Benton, Clark, & Jacquet, 2010).

Title IV-E education stipends are recruitment and retention strategies developed through university and public child welfare partnerships supported in part with federal funds from the Child Welfare and Adoption Assistance Act of 1980 (NASW, 2004). Social work students

applying for IV-E stipends have a strong commitment to the child welfare field and receive training and experience during their educational program to prepare them for the work. However, a study of more than 350 social workers who received stipends found that over 20% left public child welfare after completing their contract obligations, and both groups, those who left and those who stayed had high levels of commitment to the work (Mozares, Benton, Clark, & Jacquet, 2010). Commitment to child welfare helps bring workers into the field, yet something else is needed to keep more of them.

For caseworkers with three or fewer years of experience in a California study, good supervisor support was significant for intention to remain both in the agency and in the field of child welfare (Chenot, Benton, & Kim, 2009). A passive defensive culture at the team level was also significant for intention to leave among caseworkers early in their careers (Chenot, Benton, & Kim, 2009). However, the same study found for workers with eleven or more years of experience none of the independent variables, including degree, organizational culture, supervisor support, peer support or work role were significant for intention to leave or stay. Good supervisor support may not be enough by itself to keep caseworkers early in their careers.

Chen and Scannapieco found a complex relationship between supervisor support and caseworker self-efficacy, a component of compassion satisfaction (2010). For workers with low self-efficacy good supervisor support was a significant factor in retention. It was not a significant factor in retention for caseworkers with high self-efficacy, the sense they were able to make a difference in the lives of children and families through their work. High job satisfaction and good organizational support was significant for that group, and was more important than either supervisor or co-worker support (Chen & Scannapieco, 2010). Organizational support is influenced by the organizational climate and culture. Several studies show that positive support

from a competent supervisor can increase intention to stay, and poor supervision can increase intention to leave, especially for caseworkers early in their careers (Chenot, Benton, & Kim, 2009; Cohen-Callow, Hopkins, & Kim, 2009; Dickinson & Painter, 2009; Kim & Mor Barak, 2015; Lee, Forster, & Rehner, 2011).

### *Psychological Theories*

Psychological theories about indirect exposure to traumatic stress have also been used in retention studies because exposure to traumatic material is inherent in child welfare work, and has been linked to intention to leave by itself or as a component of multi-faceted stress (Dombo & Blome, 2016; Drake & Yadama, 1996; Conrad & Kellar-Guenther, 2006; Shim, 2010). Public child welfare shares similarities with other fields with exposure to indirect traumatic material, such as sexual abuse treatment, disaster work, or hospital settings. However, there are some unique aspects. Child welfare social workers meet with involuntary clients in their homes in sometimes hostile or dangerous neighborhoods, (Ellett, et al., 2007). Deciding to leave a child in a potentially abusive or neglectful home, or removing them for safety, which can also be traumatic for children, sometimes has the emotional weight of making the “judgements of Solomon” and most decisions are met with disagreement, sometimes vociferous, by one or more interested parties (Taylor, Beckett, & McKeigue, 2008, pg. 23).

Child welfare caseworkers are expected to elicit and consider stories of child physical and sexual abuse and neglect. They may see marks and scars on children and babies caused by the deliberate actions of caregivers, or lack of normal growth and development due to caregivers’ failure to act. Some caregivers were abused or neglected as children, or have had other traumatic experiences, and working with them can entail hearing their stories, too. Caseworkers can also



experience direct trauma when they are threatened or assaulted on the job or as a result of their work (Kim & Hopkins, 2015; Horwitz, 2006; Goddard & Hunt, 2011).

A catch-all term is high work stress, but the labels of emotional exhaustion, anxiety or compassion fatigue are also used. High work stress is a significant contributor to intention to leave in several studies (Cohen-Callow, Hopkins, & Kim, 2009; Ellett et al., 2007; Horwitz, 2006; Jankoski, 2010; Kim & Mor Barak, 2015; Shim, 2010), and in a systematic retention research review conducted by DePanfilis and Zlotnik (2008). One study found high stress, including emotional exhaustion, led to job exit at higher rates for younger workers, but not for older workers (Cohen-Callow, Hopkins, & Kim, 2009). Westbrook, Ellis and Ellett described caseworkers with longer tenure as being calmer and more thoughtful than caseworkers with shorter tenure, and suggested this might be due to better emotional regulation skills (2006). Studies of retention and turnover have found correlations between levels of compassion fatigue and intention to stay or leave. Caseworkers with higher levels of compassion fatigue report higher intentions to leave (Bride, Jones, & McMaster, 2007). Intrusive thoughts and insomnia, symptoms of compassion fatigue, can impact new workers, leading them to question staying in the field (Jankoski, 2010).

Posttraumatic stress disorder (PTSD) can result from direct or primary exposure to a traumatic, potentially life-threatening event, and secondary traumatic stress can result from witnessing or hearing about another person's primary traumatic experience, a family member, friend, or client (Andreasen, 2010; Valent, 2002; Valent, 2012). Recent research on trauma, including brain imaging, provides a better understanding of how traumatic material affects the brain body system. It is a biopsychosocial process that occurs as the system automatically organizes for survival. Much of the process is not under conscious control, although it is possible

to develop conscious awareness of the unconscious effects with psycho-education and practice (ACSNYU Children's Trauma Institute, 2011; van der Kolk, 2014). The effects encompass both moment-to-moment functioning and changes in the brain over time, especially the limbic system and amygdala (van der Kolk, 2014). These are the areas concerned with immediate safety and survival, emotions and memories (van der Kolk, 2014). Child welfare workers can find themselves in situations that trigger fight, flight or freezing, and their response can affect engagement with families, decision-making, and other aspects of their day-to-day work (ACSNYU Children's Trauma Institute, 2011). The changes in schemas, sense of safety and suspicion described in constructivist self-development theory are similar to changes in those with direct exposure to trauma, particularly repeated exposure over time, which are the result of the brain/body system organizing for survival (van der Kolk, 2014). However, research on secondary trauma has not been as thorough as research on primary trauma to date.

### The Current Study

Turnover and retention in child welfare has been an issue of concern for many years. Yet there has been a lack of standardized measures in retention research. In the 2005 review of child welfare retention and turnover studies that found only 25 original studies over three decades, 13 of the studies existed in a gray area of reports for agencies and other unpublished sources (Zlotnik et al., 2005). Three of the studies used the MBI, the rest created scales for a specific study, re-used their own previously created scales, or adapted scales from other authors (Zlotnik et al., 2005). The research reviewers recommend the development and use of standardized instruments to increase reliability, validity, and comparisons of findings (Zlotnik et al., 2005).

The use of multiple psychological terms with differing underlying processes also poses limitations.

Multiple theories and conceptual frameworks have been used to guide caseworker turnover and retention research. A variety of individual, organizational, and work-related components have been considered in the quest to understand turnover and develop effective recommendations to increase retention. The use of multiple theories and measures is driven, in part, by the complex nature of the work and the complex socio-ecological environment where the work occurs (Ellett, et al., 2007). It is also driven, in part, by the tendency of agencies to approach the subject without connecting it to previous research, and there are unique differences in the external and organizational environment that contribute to turnover in different locations (Aguiniga, et al., 2013; Strolin-Groltzman, et al., 2008). The current study is guided by socio-ecological understanding of Ellett's conceptual framework that illustrates the multiple layers and factors that influence child welfare work, from the individual caseworker to the external environment (Ellett, et al., 2007).

Child welfare work is stressful, and stress is a risk factor for turnover (Caringi, Lawson & Devlin, 2011; Dickinson & Perry, 2002). There is a clear need for some way to recognize and measure the effects of repeated exposure to traumatic material. The lack of consistent definitions and risk factors and the interchangeable use of terms creates confusion for those attempting to understand turnover and develop effective retention strategies. Craig and Sprang advise that any study that uses compassion fatigue, vicarious trauma, secondary traumatic stress or burnout must begin with a clear explanation of the term (or terms) being used and how it compares to other terms (2010).

It is vitally important to understand the emotional impact of work in the field of child welfare, due to indirect and direct exposure to traumatic material and experiences. The possible extensive impact of secondary traumatic stress on the individual makes the psychological theories of child welfare worker turnover important to consider and address. Of the psychological terms and scales used in previous studies of retention, the concept of secondary traumatic stress is used in this study because it most clearly describes the phenomenon of being indirectly exposed to traumatic material in the course of a professional role. Vicarious trauma is also a clear term, but the underlying foundation of countertransference and constructivist self-development theories place much of the responsibility on the individual caseworker. The implication is that unconscious, unresolved conflicts and reactive or distorted self-development place a caseworker at risk. The term secondary traumatic stress avoids the blame inherent in vicarious trauma from both constructivist self-development theory and countertransference.

Secondary traumatic stress also avoids a misconception that has arisen from use of the term compassion fatigue. Compassion fatigue can be, and has been, interpreted to mean that being compassionate and empathetic, caring for children and caregivers, can be damaging for caseworkers. Use of this term has led to a belief that offering empathy and having compassion for those they help puts the professional at risk of developing increased stress. This may lead to withdrawal from clients and colleagues for self-protection, and has the potential to contribute to burnout, decreased engagement and lower levels of compassion satisfaction. Instead, having and displaying compassion can be a component of self-efficacy and satisfaction, factors that contribute to retention (Sinclair, 2017).

Child welfare work takes place in an organizational context. Social exchange theory from organizational research has been applied to retention in industry, and supervisor caseworker

relationships and turnover intentions (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002; Rhoades & Eisenberger, 2002). It has been used to consider supervisor support, an important factor in retention in a number of studies (Benton, 2016; Chen & Scannapieco, 2010; Dickinson & Painter, 2009; Kim & Mor Barak, 2015). Social exchange theory is also used to guide this study because of the central role a supervisor plays, for good or ill, in the education, support, and ultimately retention for a caseworker, especially early in one's career.

The current study uses validated scales that have been used in previous studies and are readily available for use in subsequent studies. These are the Professional Quality of Life Scale (ProQOL), with three subscales of secondary traumatic stress (STS), burnout (BO), and compassion satisfaction (CS) (Stamm, 2010); the Leader-Member Exchange scale (L-MX) based on social exchange theory (Graen & Uhl-Bien, 1995) and the Psychological Safety subscale based on developing supportive, learning teams in high safety organizations (Edmondson, 1999). The current study intends to use the combination of quantitative survey data and explanatory qualitative data to contribute to a better understanding of why caseworkers stay in public child welfare and how organizations can better support them to increase retention.

## Chapter 3

### Methods

#### *Study Context*

This study is associated with a larger, multi-year, multi-phase caseworker retention study. The larger study is being conducted through an on-going collaboration between the Colorado State University Social Work Research Center (SWRC) and the public child welfare agencies of partner counties known as the Applied Research in Child Welfare Project or ARCh. The counties want to learn more about how to prepare and support caseworkers to increase retention (ARCh, 2016). The partnership counties for the caseworker retention study are Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, and Pueblo. Interest in a study of caseworker retention grew out of a state-wide workload study conducted in 2014 by the Colorado Department of Human Services (CDHS) (ICF International, 2014). That study reported Colorado needed to hire more than 500 more caseworkers and over 100 more supervisors to be able to provide the child welfare services required by the state at that time, without any changes in practice or additional requirements (ICF International, 2014). Since the time of the study, there have been additional practice changes, including the requirement for all counties to have all reports screened by a Review, Evaluate and Direct (RED) Team, some counties implementing differential response, trauma-informed assessments and trauma-informed practice, and other changes that increase expectations and workloads for caseworkers.

Data collected for the initial phase of the ARCh retention study were used to calculate turnover rates from 2006 through 2015, for case-carrying caseworkers in intake or on-going units of the eleven counties. The data, drawn from county records, show caseworker turnover averaged 26.5% across the eleven counties during the ten-year period, with a range from 20.6% in 2009, to

32.5% in 2014 (ARCh, 2016). Most of the turnover was external; caseworkers left the agency instead of moving into other positions within the county agency. The next phase of the larger ARCh retention study was a literature and document review on caseworker retention. That was conducted separately from the literature review described here, which was used to inform the survey development, focus groups and interviews portion of the current study. The results of the survey, focus groups, and interviews were combined to provide recommendations to increase caseworker retention in the ARCh counties in a separate technical report. The final phase of the larger, multi-year study will be a longitudinal cohort study of newly hired caseworkers.

Anticipated future studies include developing and implementing retention intervention strategies based on all the previous phases, including the 2006-2015 turnover rates, the current study and the longitudinal cohort study of newly hired caseworkers. The research phase of the larger study that is the focus of this dissertation included the secondary analysis of the survey of case carrying and non-case carrying caseworkers, as well as focus groups with primarily case-carrying caseworkers and interviews with direct supervisors of case-carrying caseworkers.

### Survey Development

The survey used to collect the primarily quantitative data in this phase of the ARCh Retention Study was developed by the ARCh survey subcommittee, after numerous discussions with some input from the child welfare retention research. The sub-committee met from August through November of 2016. Sub-committee members were representatives from several of the participating counties, Helen Holmquist-Johnson, Ph.D., from CSU's SWRC, and this author. Partnerships between universities and public child welfare are important not only for Title IV-E social work education and dissertation topics, but also for developing research that is relevant

and useful to the agencies. Professionals in the field sometimes have insights that are not reflected in the existing research. For example, in a turnover study of rural and urban child welfare agencies in upstate New York questions from district managers, on paperwork relevancy and career commitment, were the only two significant variables (McGowan, Auerbach, & Strolin-Goltzman, 2009).

The sub-committee members brought multiple questions based on previous studies, their own experiences and beliefs about the work force. They were interested in learning about a variety of caseworker demographics, including age, education, marital status, and previous work experience. Other topics were levels of secondary traumatic stress and how well the job matched the caseworkers' initial expectations. This led to one open-ended question on the survey that asked for details about differences between initial job expectations and the actual work, if there were any. Some of the questions have not been used in other studies and subjected to scrutiny by either respondents or analyses. Although parts of this survey were crafted in the spirit of compromise with a strong focus on individual county interests, it does include two short scales and one longer scale with three subscales that have been used in previous studies and subjected to scrutiny and analyses.

Many of the questions developed by the group were based on county-specific interests, and the intent to stay and leave questions were oriented to the caseworker's current position in a specific county. There was an interest in learning what factors influenced caseworkers to begin working in the county and what factors influenced them to stay both in the county and in the field of child welfare. Some questions of interest, such as caseload size and primary PA4 area, intake or on-going, were not included due to variations between counties and how caseworkers would count caseloads. The group decided these questions would not be answered in a consistent



manner, making comparisons and analyses difficult, although the question of caseload size was brought up at several stages.

Several validated scales and subscales used in previous studies of child welfare turnover or retention were presented by this author to the sub-committee to choose from. They were chosen based on the literature review, what the group wanted to measure, and the ability to compare the results of the current survey to other studies in the state or other locations. Another consideration was the ability to analyze the results and contribute to the consistency of measurement in the field of caseworker retention. Choices presented to the sub-committee included the subscales used in a study to assess safety culture in the Tennessee child welfare workforce, including Stress Recognition, Emotional Exhaustion, Safety Organizing and Safety Climate (Vogus, et al., 2016). The full scales presented were the most recent version of the Professional Quality of Life Scale (ProQOL) (Stamm, 2010); the Secondary Traumatic Stress Scale (STSS) (Bride, Robinson, Yegidis, & Figley, 2004); Impact of Events Scale-Revised (IES-R) (Weiss, 2007); Leader-Member Exchange scale; Psychological Safety scale and the Trauma Informed Organizational Culture Survey (TIOC) (Handran, 2013). Both the ProQOL and TIOC have been used with child welfare caseworkers in Colorado.

The group chose to use the Professional Quality of Life (ProQOL), Leader-Member Exchange (L-MX) and Psychological Safety scales. The group felt these full scales and subscale would measure the variables they were interested in. There was also a concern about making the survey too long. The survey development group wanted to balance the need for more complete information with respect for the demanding role of being a caseworker, so 30 minutes was considered the limit for time to complete the survey and shorter than that would be better. The

survey was comprehensive with over 100 questions. However, responses after a short pilot run indicated it could be completed in less than 30 minutes.

This author was not involved in the administration of the pilot run, or the subsequent minor changes made to the survey, including some response choices and wording of questions, before it was distributed to all caseworkers. No changes were made to the selected scales. The pilot was distributed to 17 caseworkers by Helen Holmquist-Johnson, who also tabulated the feedback from 11. The pilot participants were asked about the time needed to complete the survey, if any questions or directions were confusing and to give general feedback. Helen Holmquist-Johnson and Marc Winokur of the Social Work Research Center made changes to the survey before it was distributed to caseworkers. The pilot feedback results were made available to this author and the ARCh group.

This author conducted a secondary analyses of the de-identified survey results to explore quantitative, qualitative, and mixed methods research questions. These research questions are different from, but related to, the questions posed by the ARCh group when the larger, multi-year, multi-phase study was developed. This separate analysis, made possible because it is a dissertation research topic, contributed to the ARCh counties' understanding of caseworker retention and how to improve it.

### *Survey Response Rates*

Survey response rates have changed over time, and have been an issue of concern in research for the past few decades (Dey, 1997; Laguilles, Williams, & Saunders, 2011). As multiple requests to complete surveys are distributed by mass emails, recorded at the end of service phone calls, on cash register receipts and other methods, the decline has continued. A study of survey response rates in published research studies in the years 2000 and 2005 by

Baruch and Holtom looked at surveys of both individuals and organizations (2008). Response rates for surveys of individuals averaged 52.7%, and for surveys of organizations response rates averaged 35.7% (Baruch & Holtom, 2008). The response rate for the 2009 National Survey of Student Engagement, a higher education survey distributed to students electronically, was 36% (Laguilles, Williams, & Saunders, 2011). There are strategies that can increase survey response rates, the tailored design method, and some of those strategies were employed in the design and distribution of the caseworker retention survey (Dillman, Smyth, & Christian, 2009).

There were discussions during survey development about question wording and order to increase response rates and survey completion. Most of the demographic questions were placed at the end of the survey due to the sensitive nature of the questions. Caseworkers might also feel these questions made them easier to identify. Placing them at the end meant participants were more likely to have already completed the other items, so the data lost if these questions were skipped was lessened. Caseworkers were sent an email message about the reason for the survey, to gather information about caseworker retention, an assurance that all individual responses would be kept confidential, and an individualized link to the survey in Qualtrics.

The emails were sent from a Colorado State University address to help emphasize confidentiality. Some county directors let caseworkers know the survey was going to be distributed, assured them responses would be confidential, and asked them to participate. Caseworkers received two follow-up reminder emails to respond before the survey closed. All participants had the option to send an email to a separate address and receive an incentive, an electronic Starbucks gift card worth \$10.00. The survey was distributed to 1314 valid email addresses, and 843 caseworkers responded, a response rate of 64.2%.

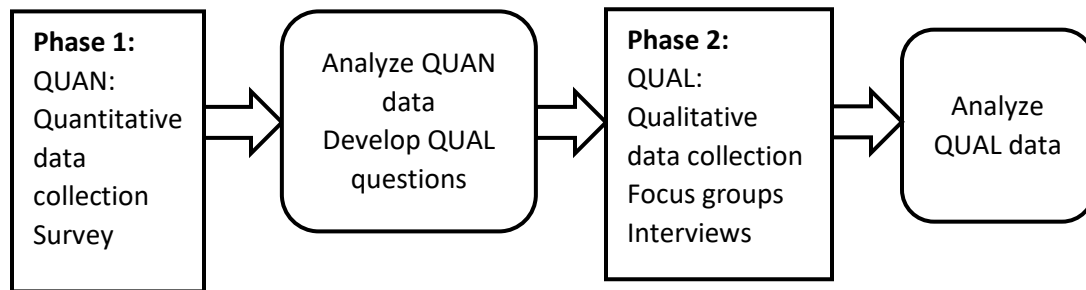
## Study Design

This study combined both quantitative and qualitative data collection in a mixed-methods, sequential, explanatory design to examine factors that impact intention to stay in one's current position for public child welfare caseworkers in selected Colorado Children, Youth and Family (CYF) Divisions of county Departments of Human Services. Sequential explanatory designs use two phases of data collection. Quantitative data are collected first, in this study with an online survey, and analyzed. Qualitative questions are developed based on the results of that analysis to examine the quantitative data analysis results in more depth (Creswell & Plano Clark, 2011).

The second phase of data collection uses the second set of questions to collect and then analyze qualitative data. In this study, focus groups with caseworkers and phone interviews with supervisors of caseworkers were conducted to collect the qualitative data. The purpose of this design and the two sequential phases is to use qualitative data collection to help explain, or understand in more detail, the analysis of quantitative data collected in the first phase of the study (Creswell & Plano Clark, 2011; Patton, 2015).

Retention in public child welfare is a complex subject with many factors and influences that interact in multiple ways for workers at different points in their careers. A list of anticipated questions for the focus group protocol was developed and submitted for the human subjects research board to review with the understanding that they could be revised. Some focus group questions were developed after the survey results were analyzed; the protocol was revised again after the first focus group to improve participants' engagement and interactions with each other. The use of mixed methods combines the power of statistical analysis of a larger group with the detail available through qualitative methods (Creswell & Plano Clark, 2011). The phases of

sequential explanatory mixed methods research design, as used in this study, are illustrated in Figure 2 below (Creswell & Plano Clark, 2011). The final stage, after analyzing the data collected in phases 1 and 2, is to integrate the quantitative and qualitative data results



*Figure 2.* Sequential flow of data collection and analysis phases used in this study (Adapted from Ivankova, Creswell, & Stick, 2006, used with publisher's permission).

### Research Questions and Data Analyses

This is a cross-sectional, non-experimental study. The hypotheses and research questions include quantitative, qualitative, and mixed methods questions. Different data analysis methods are appropriate for each category (Creswell & Plano Clark, 2011; Gliner, Morgan, & Leech, 2009). The data analysis program SPSS Statistics version 25 was used for the quantitative data analysis. To read the entire question and response choices used for each research question, as they appeared in the survey, please see Appendix B. Listwise deletion was used instead of imputing missing scores, and means were calculated only for survey participants who answered all the questions in that particular subscale. The participants' scores not included were less than 5% of the survey participants.

### *Quantitative Hypotheses and Research Question*

1. Caseworkers with lower levels (means) on the Leader-Member Exchange (L-MX) scale will have a lower intent to stay in their current position than caseworkers with higher levels (means) on the L-MX scale.
2. Caseworkers with higher levels (means) for Secondary Traumatic Stress (STS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels (means) on the STS subscale of the ProQOL.
3. Caseworkers with lower levels for CS (Compassion Satisfaction) on the ProQOL will have a lower intent to stay in their current position than caseworkers with higher levels of CS on the ProQOL.
4. Caseworkers with higher levels for BO (Burnout) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels of BO on the ProQOL.
5. Caseworkers with a lower combined level of Secondary Traumatic Stress (STS) education and support for self-care will have a lower intent to stay in their current position.
6. How well do three sets of characteristics predict intent to stay in one's current position as a caseworker? (1) Demographic characteristics of experience in public child welfare (PCW), highest level of education and field of study (education), (2) psychological factors of secondary traumatic stress (STS), compassion satisfaction (CS), burnout (BO) and (3) organizational factors of leader-member exchange (L-MX) and psychological safety (Psy-S).

Model 1 (demographics) Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; and intent to stay in current position.

Model 2 (demographics and psychological factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); and intent to stay in current position.

Model 3 (demographics, psychological and organizational factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); organizational variables of leader-member exchange scale (L-MX) and psychological safety (Psy-S) scale means; and intent to stay in current position.

### *Qualitative Research Questions*

7. What do caseworkers believe leads to turnover?
8. How do caseworkers maintain a sense of compassion satisfaction in the work they do with children and families?
9. What can supervisors do to improve support for caseworkers and increase retention?

### *Mixed Methods Research Questions*

10. How do the identified themes in the focus group responses and interviews help explain the survey results?
11. How does the combination of survey responses and focus group themes provide information for implementing caseworker retention strategies?

The final phase of data analysis here was the integration of quantitative and qualitative results to answer the last two research questions (Creswell & Plano Clark, 2011). The survey responses and the interview and focus group texts and themes were brought together to inform each other and paint a more detailed picture of caseworkers in the eleven Colorado counties and why they leave child welfare or stay in child welfare. Integrating the qualitative and quantitative results added depth and nuanced perspectives to increase understanding of the complexities of turnover and retention. The results were used to make recommendations for supervisors and county administrators to increase caseworker retention.

### Human Subjects Research Considerations

This study uses de-identified data from an exempt electronic survey as the quantitative data. The qualitative data collection phase, including focus groups and supervisor interviews, were approved by the Colorado State University Institutional Review Board in October of 2017.

### Data Collection

The quantitative data were collected by electronic survey administered through the Colorado State University Qualtrics account. Email addresses for caseworkers were taken from the state data system, Trails. This author received de-identified survey results. The qualitative data were collected during four focus groups with caseworkers in some of the counties participating in the larger ARCh retention study. Another source of qualitative data were phone interviews conducted with supervisors in the same counties. The focus groups and phone interviews were digitally recorded and transcribed by a confidential transcribing service to create written texts.



### *Measurement*

The caseworker retention survey has many questions that were developed by the survey sub-committee and presented to the larger ARCh group for approval. There was a small pilot run of the survey, which focused on how long it took to complete and asked for feedback on the survey questions (n=10). However, the questions written by the committee and this author have not been subjected to other tests of validity and reliability, and there was some confusion in particular about questions with ranked responses in the survey. Three questions asked caseworkers to rank the top five factors, in order of importance, from a list of eleven factors that influenced them to begin working in child welfare, stay in the field, and finally, stay in their current county. The participants did not stop at five, and ranked the factors from one to eleven. Not all the questions were developed by the committee. The survey also included two short scales and one longer scale with three subscales that have been used in other studies of caseworker retention, with other helping professionals, and in other industries.

### *Key Variables*

The ProQOL has 30 questions divided into three subscales: secondary traumatic stress, compassion satisfaction, and burnout. Questions ask about how often a thought or feeling was experienced in the past month, and response choices are a five point Likert scale from never to very often. A scale of the team survey of team learning, Psychological Safety, was included in the survey (Edmondson, 1999), and the Leader-Member Exchange scale (Graen & Uhl-Bien, 1995). These have response choices on a seven point Likert scale about level of agreement or disagreement with each statement. Choices range from very strongly disagree to very strongly agree, with neither agree nor disagree in the middle. Intention to stay in current position (in the county) has four response choices. These are six months (1), one year (2), two years (3) and

more than two years (4). Caseworkers were asked their age, in ranges, including a five year span from 20-24 years and five additional ten year spans beginning at 25 years and ending at 75 years of age.

#### *Measurement or Instrument Reliability*

The Leader-Member Exchange (L-MX) scale is based on social exchange theory, has eight questions and responses are a seven point Likert scale ranging from Very strongly disagree to Very strongly agree, with Neither agree or disagree in the middle (Graen & Uhl-Bien, 1999). It was used in the safety climate study in Tennessee, and in a longitudinal study of turnover intention (Kim & Mor Barak, 2015; Vogus, et al., 2016). In the longitudinal study, alpha reliability of the L-MX scale was .90 or above at three time points (Kim & Mor Barak, 2015). The Psychological Safety scale has four questions and responses are a seven point Likert scale with the same choices as the L-MX. It was also used in the Tennessee study and is a measure of how safe it is to speak up, admit mistakes or point out safety concerns, so everyone on the team can learn from them (Edmondson, 1999). The Tennessee study found a significant and negative association between psychological safety and emotional exhaustion (Vogus, et al., 2016). Both the scales have been used in other fields and work settings, such as airlines and hospitals (Edmondson, 1999; Graen & Uhl-Bien, 1999).

The ProQOL has been used to measure secondary traumatic stress, compassion satisfaction, and burnout in studies of caseworkers, including one study in Colorado (Conrad & Kellar-Guenther, 2006). The current survey used the revised, shorter version of the instrument. It is important to note that burnout and secondary traumatic stress are not diagnoses (Stamm, 2010). They are constructs developed to measure the impact of indirect exposure to traumatic material while in a professional caring role. Stamm reports reliability using Cronbach's Alpha

for compassion fatigue is .81, burnout is .75 and compassion satisfaction is .88, but does not give sources (2010).

## Sampling Strategies

### *Quantitative Sampling*

The sampling frame for the first phase, the quantitative data collection, are all caseworkers in the Colorado counties participating in the ARCh Caseworker Retention Project at the time the survey was administered, June of 2017. These are: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, and Pueblo counties. The electronic survey included a question asking participants if they were interested in being in a focus group about caseworker retention at a later time. Out of the 843 caseworkers who completed the survey, over 500 sent their email addresses and indicated they would like to be contacted for a focus group. Clearly, many caseworkers are interested in giving their perspective on retention. They want to be heard.

The original plan was to use purposeful sampling to select the participants in the second phase, the qualitative data collection, based on characteristics or experiences that could provide a more detailed understanding of specific survey results (Patton, 2015; Rapley, 2014). This author hoped to have at least one focus group with caseworkers who have been in child welfare three or more years, and one with caseworkers with less than two years of experience. The research shows workers with longer tenure have higher intentions to stay in the field, and supervision may be of less importance to them (Chenot, Benton, & Kim, 2009; Cohen-Callow, Hopkins, & Kim, 2009). They may also be different in other ways from workers early in their public child welfare careers.

### *Qualitative Sampling*

The much smaller sample of case-carrying caseworkers was selected from survey participants who expressed an interest in the focus groups and provided an email address. The focus groups and supervisor interviews were spread out over several months due to scheduling with counties. The four counties chosen for focus groups were those with higher numbers of caseworkers willing to participate. Email invitations were sent to the entire list of those interested. Some email addresses were no longer valid because caseworkers had already left the county. Mass emails were sent because when invited to participate on a specific day and time, it was much more difficult for caseworkers to commit to attend due to other scheduling conflicts, such as supervision meetings and court dates. Some caseworkers who responded and intended to attend focus groups were not able to when the time came. Caseworkers have busy schedules and sometimes unanticipated events disrupt their plans.

Supervisors of case-carrying caseworkers, who were also in a case-carrying position before becoming a supervisor, were asked to participate in a short phone interview about caseworker retention. The supervisors were chosen from the same counties where focus groups were held to increase the ability to compare and combine results, due to the variations across counties. Supervisors have the closest on-going relationships with caseworkers on their teams, and thus have vital insights into caseworker retention. The caseworkers expressed an interest in participating in focus groups when they participated in the survey, but the supervisors did not receive the survey, and did not express interest ahead of time. Members of the ARCh committee from each county where a focus group was held were asked to provide the names and email addresses of several supervisors to be contacted to request an interview. Supervisors were sent an email invitation. The email invitations sent to caseworkers and supervisors are located in

Appendix B. The revised protocol and questions used for the focus groups and interviews can be seen in Appendix E. Participation and analysis of the interview and focus group results are presented in the results sections, after the survey results.

## Data Analyses

### *Quantitative Data Analyses*

The quantitative data were analyzed using the IBM Statistical Package for the Social Sciences (SPSS) Version 25. Descriptive statistics were run to summarize demographic information for the survey participants, including gender, age, marital status, case-carrying or non-case-carrying, years of professional experience in child welfare, intent to stay in current position, highest level of degree earned and the area of study for highest degree. Not all of the demographic information was used to answer the quantitative research questions, yet marital status and having children or not help to give an overall sense of the participants and had some bearing on the qualitative data analysis.

The subscale mean scores were determined by using SPSS to create a summation score for each participant who responded to all the subscale or scale items and dividing by the number of items to determine the mean. Incomplete subscales were deleted listwise. Internal consistency, or inter-item reliability, of the subscales and short scales, was determined by using SPSS to run Cronbach's Alpha for each one. Cronbach's Alpha is often used in behavioral research as it requires only one administration, appropriate for a cross-sectional survey, and can provide information about the construct validity (Gliner, Morgan, & Leech, 2009). The constructs of the ProQOL scale are secondary traumatic stress (STS), burnout (BO) and compassion satisfaction (CS). The other two scales are leader-member exchange (L-MX), which measures the quality of

the relationship between supervisor and worker, and psychological safety (Psy-S), which measures the quality of the relationship with the team.

#### *Quantitative Research Hypotheses and Data Analyses*

1. Caseworkers with lower levels (means) on the Leader-Member exchange (L-MX) scale will have a lower intent to stay in their current position than caseworkers with higher levels (means) on the L-MX scale.

Analysis: The independent variable is the mean of the L-MX eight question with 7 choice Likert scale responses. The dependent variable is the survey question that asks caseworkers how long they intend to stay in their current position, which has 4 response choices of unequal time spans, and is not normally distributed. A bivariate correlation was used.

2. Caseworkers with higher levels (means) of Secondary Traumatic Stress (STS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels (means) on the STS subscale of the ProQOL.

Analysis: The independent variable is the mean of the ten STS subscale questions with 5 choice Likert scale responses. The dependent variable is the survey question that asks caseworkers how long they intend to stay in their current position. A bivariate correlation was used.

3. Caseworkers with lower levels of compassion satisfaction (CS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with higher levels of CS on the ProQOL.

Analysis: The independent variable is the mean of the ten CS subscale questions with 5 choice Likert scale responses. The dependent variable is the survey question that asks caseworkers how long they intend to stay in their current position. A bivariate correlation was used.

4. Caseworkers with higher levels of Burnout (BO) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels of BO on the ProQOL.

Analysis: The independent variable is the mean of the ten BO subscale questions with 5 choice Likert scale responses. The dependent variable is the survey question that asks caseworkers how long they intend to stay in their current position. A bivariate correlation was used.

5. Caseworkers with a lower combined level of Secondary Traumatic Stress (STS) education and support for self-care will have a lower intent to stay in their current position.

Analysis: The independent variable is the sum of combined responses to six questions in all. Two yes/no/N/A questions ask if self-care and secondary traumatic stress were included in the educational program; two yes/no questions ask if self-care and secondary traumatic stress trainings are offered by the employer, and two questions with 5 choice Likert scale responses ask if the supervisor and team encourage the use of positive self-care strategies. The dependent variable is the survey question that asks caseworkers how long they intend to stay in their current position. A bivariate correlation was used.

#### *Quantitative Research Question Data Analyses*

6. How well do the demographic characteristics of experience in public child welfare (PCW), highest level of education and field of study (education) combined with the psychological factors of secondary traumatic stress (STS), compassion satisfaction (CS), burnout (BO) mean scores, and the organizational factors of leader-member exchange (L-MX) and psychological safety (Psy-S) mean scores predict intent to stay in one's current position as a caseworker?

Analyses: The independent variables are demographic characteristics of age, years of experience in child welfare, highest level of education and area of study for highest degree; psychological factors of STS, CS and BO mean scores; and organizational factors of L-MX and Psy-S mean

scores. The dependent variable is intent to stay in current position. The independent variables were grouped into three successive models beginning with the demographics, and ending with all the independent variables included in Model 3. An ordinal hierarchical regression was used for each successive model with additional independent variables.

Model 1 (demographics): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; and intent to stay in current position.

Model 2 (demographics and psychological factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); and intent to stay in current position.

Model 3 (demographics, psychological and organizational factors): Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); organizational variables of leader-member exchange scale (L-MX) and psychological safety (Psy-S) subscale means; and intent to stay in current position.



## Qualitative Data Analyses

The qualitative research questions were answered using written responses to one open-ended question on the survey and transcribed texts from the caseworker focus groups and supervisor interviews. The written responses were put into a separate text file. The focus groups and phone interviews were digitally recorded. The recordings were sent by secure electronic transmission to Mile High Transcripts, a local transcribing service on contract with the Social Work Research Center. The cost of transcribing was covered by ARCh funds. The completed transcripts were delivered by email.

The written responses and transcribed texts were coded with the qualitative data processing program NVivo Pro 11, using inductive coding and thematic analysis (Barbour, 2014; Maxwell & Chmiel, 2014). Coding was repeated several times through text queries and line-by-line coding, similar to coding by hand with paper and pen or highlighter, to identify primary codes, or themes (Barbour, 2014; Maxwell & Chmiel, 2014). The qualitative survey question was analyzed first, and identified themes were used in the initial coding of the focus group and interview transcripts. Some demographic data, including child welfare experience, current position, current caseload and average caseload, were collected on face sheets for the focus group participants to gain additional demographic information in a short time.

## Chapter 4

### Results and Findings from Phases One and Two

#### *Phase One: Quantitative Results*

Cronbach's Alphas were calculated using SPSS for the five scales included in the survey to check reliability of inter-item ratings. Cronbach's Alphas for the ProQOL subscales were: Burnout .829; Secondary traumatic stress .865; and Compassion satisfaction .909. Cronbach's Alphas for the organizational scales were: Leader-member exchange .966 and Psychological safety .835. These indicate the subscales and scales have good internal reliability (Morgan, Leech, Gloeckner, & Barrett, 2013). When combined with the matches in cut scores and the high number of written responses to the survey's single open-ended question, described in the qualitative findings section, this suggests the survey results accurately reflect the experiences of the participants.

#### Description of the Quantitative Sample

The survey was distributed to 1314 valid email addresses, and 843 caseworkers responded, a response rate of 64.2%. The survey contained a number of demographic questions to gather basic information about the caseworkers. The participants were primarily female, 91%; 53% were 25-35 years old, and 24% were 36-45 years old. Most of them, 72.2%, were white, non-Hispanic/Latino(a), and 18.1% were Hispanic/Latino(a). Participants were able to check more than one ethnicity category. More than half, 59.5%, are married or have a domestic partner and a bit more than half, 52.7%, have children. The percentage of survey participants with a degree in social work is 46.5%, just over a third of those have a BSW, and the rest, just under two thirds, have an MSW. The highest level of education for 52.7% is a Bachelor's degree. Just

over 70% of the caseworkers participating in the survey were in case-carrying positions, that is they have an assigned caseload they work with, and for 69.5%, most of those cases are in Program Area 5, working with children who have been abused or neglected, and their families. More than half, 53.7% indicated they intend to stay in their current position for more than two years. The following tables, one through five, show the demographic data in more detail.

Table 1  
*Ages of Participants*

<u>Age Range</u>	<u>Frequency</u>	<u>Valid %</u>
20-24	34	4.2%
25-35	432	53.0%
36-45	196	24.0%
46-55	100	12.3%
56-65	49	6.0%
66-75	4	0.5%
<u>Missing</u>	35	4.2%

(n=815)

Table 2  
*Total Years of Professional Child Welfare Experience*

<u>Time</u>	<u>Frequency</u>	<u>Valid %</u>
0-6 months to 1 yr.	113	13.4%
2 yrs.	101	12.0%
3 to 4 yrs.	148	17.6%
5 to 7 yrs.	136	16.1%
8 to 10 yrs.	104	12.4%
11 to 19 yrs.	150	17.9%
20 or more	87	10.4%
<u>Missing</u>	4	0.5%

Note: Some time ranges were combined for this table (n = 839)

Table 3  
*Highest Level of Education Received*

Response	Frequency	Valid %
High School diploma or GED*	9	1.1%
Associate's	15	1.8%
Bachelor's	430	52.7%
Master's	360	44.1%
Ph.D.	2	0.2%

(n=816) \*Workers with only a GED or high school education are non case-carrying, and non-certified.

Table 4  
*Field of Study for Highest Level Degree*

Response	Frequency	Valid %
Social Work	376	46.5%
Psychology	168	20.8%
Human Services related	128	15.8%
Human Development & Family Studies	24	3.0%
*Other	113	14.0%

(n=809) \*The largest response to "other" was Criminal Justice at 29.2% (33).

In addition to the demographic data, scale and subscale means were used to examine the quantitative research hypotheses and question. The scales and subscales have different numbers of questions, from ten items to four, and response choices, from five to seven. To facilitate comparisons and interpretations, linear transformations from summation scores to means were calculated for the scales and subscales to improve the ability to analyze results (Gelman & Hill, 2007). Linear transformations do not impact the ability to make predictions and the underlying information, for example distribution of the sample responses, is not changed (Gelman & Hill, 2007). Table 6 shows the means, medians, standard deviations, and number of responses for years of experience in child welfare, the three ProQOL subscales, the leader-member exchange and psychological safety scales used in the quantitative analyses.

Table 5

*Means, Medians and Standard Deviations for Key Variables*

Variable	<i>n</i>	Mean	Median	<i>SD</i>
Total yrs. PCW experience	839	7.37	5.00	5.95
ProQOL Secondary Traumatic Stress	819	2.49	2.40	.65
ProQOL Burnout	820	2.44	2.4	.59
ProQOL Compassion Satisfaction	819	3.73	3.7	.61
Leader-Member Exchange	816	5.08	5.25	1.35
Psychological Safety	819	5.09	5.00	1.05

Note: The ProQOL responses are on a 5 point Likert scale. The Leader-Member Exchange and Psychological Safety responses are on a 7 point Likert scale.

Intent to stay in current position, shown in Table 6, is not normally distributed, as seen in the table numbers.

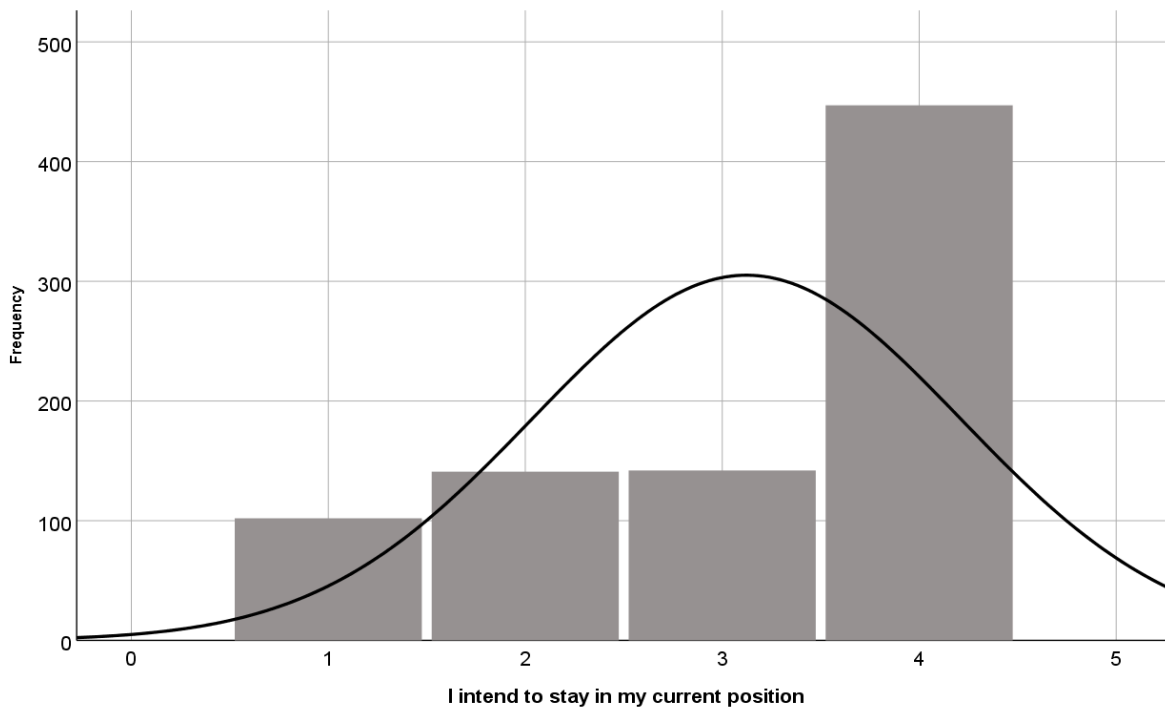
Table 6

*Intent to Stay in Current Position*

Responses	Frequency	Valid %
6 months	102	12.3%
1 year	141	16.9%
2 years	142	17.1%
More than 2 yrs.	447	53.7%

(*n* = 832)

The uneven distribution can be seen more clearly in Figure 3, a histogram of the distribution of responses with a normal curve superimposed on the histogram.



*Figure 3: Histogram of Distribution for Intent to Stay Responses Shown with Normal Curve*  
( $n = 832$ ) Note: 1 = 6 months; 2 = 1 year; 3 = 2 years; 4 = more than 2 years

### *Quantitative Research Hypotheses and Question Data Analyses*

1. Caseworkers with lower levels (means) on the Leader-Member exchange (L-MX) scale will have a lower intent to stay in their current position than caseworkers with higher levels (means) on the L-MX scale.

A bivariate correlation was run using SPSS 25 to determine if there was a significant correlation between having a lower mean score on the L-MX scale and having a lower intent to stay in one's current position in the county, or intending to leave sooner. Because the responses to "I intend to stay in my current position" were not normally distributed (more than half the participants chose the response "more than 2 years") the non-parametric statistic Spearman's Rho was used (see Figure 3). The two-tailed correlation was significant at the level  $\alpha=.05$ ,  $p =$

.000,  $n = 810$ . The correlation coefficient was  $\rho = .261$ , a slightly smaller than typical effect size (Gliner, Morgan, & Leech, 2009). The positive and significant correlation indicates caseworkers with lower means on the L-MX scale have a tendency to intend to leave their current child welfare position sooner and those with higher means on the L-MX scale have a tendency to intend to stay in their current positions longer. These results support the hypothesis, but the effect size is slightly smaller than typical.

2. Caseworkers with higher levels (means) of Secondary Traumatic Stress (STS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels (means) on the STS subscale of the ProQOL.

A bivariate correlation was run using SPSS 25 to determine if there was a significant correlation between having a higher mean score on the secondary traumatic stress (STS) subscale and having a lower intent to stay in one's current position in the county, or intending to leave sooner. Spearman's Rho was used. The two-tailed correlation was significant at the level  $\alpha = .05$ ,  $p = .000$ ,  $n = 813$ . The correlation coefficient was  $\rho = -.177$ , a smaller than typical effect size (Gliner, Morgan, & Leech, 2009). The negative and significant correlation indicates caseworkers with higher means on the ProQOL STS subscale have a tendency to intend to leave their current child welfare position sooner, and those with lower means on the STS subscale have a tendency to intend to stay in their current positions longer. These results support the hypothesis, but the effect size is smaller than typical (Gliner, Morgan, & Leech, 2009).

3. Caseworkers with lower levels of Compassion Satisfaction (CS) on the ProQOL will have a lower intent to stay in their current position than caseworkers with higher levels of CS on the ProQOL.

A bivariate correlation was run using SPSS 25 to determine if there was a significant correlation between having a lower mean score on the CS subscale and having a lower intent to stay in one's current position in the county, or intending to leave sooner. Spearman's Rho was used. The two-tailed correlation was significant at the level  $\alpha=.05$ ,  $p = .000$ ,  $n = 813$ . The correlation coefficient was  $\rho = .348$ , a typical effect size (Gliner, Morgan, & Leech, 2009). This positive and significant correlation indicates caseworkers with lower means on the CS subscale have a tendency to intend to leave their current child welfare position sooner, and those with higher means on the CS subscale have a tendency to intend to stay in their current positions longer. These results support the hypothesis, and the effect size is typical (Gliner, Morgan, & Leech, 2009).

4. Caseworkers with higher levels of Burnout (BO) on the ProQOL will have a lower intent to stay in their current position than caseworkers with lower levels of BO on the ProQOL.

A bivariate correlation was run using SPSS 25 to determine if there was a significant correlation between having a higher mean score on the BO subscale and having a lower intent to stay in one's current position in the county, or intending to leave sooner. Spearman's Rho was used. The two-tailed correlation was significant at the level  $\alpha=.05$ ,  $p = .000$ ,  $n = 814$ . The correlation coefficient was  $\rho = -.356$ , a typical effect size (Gliner, Morgan, & Leech, 2009). This negative and significant correlation indicates caseworkers with higher means on the BO subscale have a tendency to intend to leave their current child welfare position sooner, and those with lower means on the subscale have a tendency to intend to stay in their current positions longer. These results support the hypothesis, and the effect size is typical (Gliner, Morgan, & Leech, 2009).

5. Caseworkers with a lower combined level of secondary traumatic stress (STS) education and support for self-care will have a lower intent to stay in their current position.



Six questions on the survey asked caseworkers if they learned about self-care and secondary traumatic stress in their education programs, and if their workplace offered information and trainings on the same topics. These questions were intended to explore knowledge and access to knowledge about self-care and STS. The scores for each question were added together to create a summation score. A bivariate correlation was run using SPSS 25 to determine if there was a significant correlation between having a lower score on the combined knowledge and access to self-care and STS information questions and having a lower intent to stay in one's current position in the county, or intending to leave sooner. Spearman's Rho was used. The two-tailed correlation was significant at the level  $\alpha=.05$ ,  $p = .000$ ,  $n = 823$ . The correlation coefficient was  $\rho = .171$ , a smaller than typical effect size (Gliner, Morgan, & Leech, 2009). This positive and significant correlation indicates caseworkers with lower summed scores on these combined questions have a tendency to intend to leave their current child welfare position sooner, and those with higher summed scores on these combined questions have a tendency to intend to stay in their current positions longer. These results support the hypothesis, but the effect size is smaller than typical (Gliner, Morgan, & Leech, 2009).

6. How well do the demographic characteristics of experience in public child welfare (PCW), highest level of education and field of study (education) combined with the psychological factors of secondary traumatic stress (STS), compassion satisfaction (CS), burnout (BO) mean scores, and the organizational factors of leader-member exchange (L-MX) and psychological safety (Psy-S) mean scores predict intent to stay in one's current position as a caseworker?

Model 1 (demographics): considers these predictors: Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; and intent to stay in current position.

Model 2 (demographics and psychological factors): considers these predictors: Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); and intent to stay in current position.

Model 3 (demographics, psychological and organizational factors): considers these predictors: Age range; Total years of public child welfare experience (PCW); highest level of education; area of study for highest degree; psychological variables of ProQOL subscale means of burnout (BO), secondary traumatic stress (STS), and compassion satisfaction (CS); organizational variables of leader-member exchange scale (L-MX) and psychological safety (Psy-S) scale means; and intent to stay in current position.

Correlations were run to check for multi-collinearity between the variables. There is some variation in recommendations for acceptable Variance Inflation Factor (VIF) statistics. Only the ordinal regression coefficient of burnout, at VIF 3.59, is above the upper limit of 2.50 recommended by Allison (2012). However, it is quite below the upper limit of a VIF of 10 recommended by Kutner, Nachtsheim, Neter and Li (2005) Burnout was included in the analysis because it is an important measure of the impact of the work environment on the ability to be effective, including high workloads and little or no support, and measures a component of work stress not related to exposure to traumatic material (Maslach, 1989; Stamm, 2010).

An ordinal hierarchical regression was run using SPSS 25 because the dependent variable is ordinal and is not normally distributed, see figure 3. The dependent variable was sorted in

ascending order before the regressions were run. Model 1 was run first with the variables listed: age, years of PCW experience, highest educational level and area of study. For model 2 the ProQOL subscale means were added to the model 1 variables and it was run again. For the last ordinal regression, model 3, the Leader Member Exchange and Psychological Safety scale means were added to the variables from models 1 and 2. Table 7 shows the odds ratios and *p* values for all the variables through all three models.

Table 7

*Odds Ratios and Significance of Hierarchical Ordinal Regressions Assessing the Unique Contributions of Demographic, Psychological and Organizational Variables to Predict Intent to Stay in Current Position*

Variable	<u>Intent to stay</u>		<u>Omnibus Test</u>		
			<u>Likelihood Ratio</u>		
	<i>Odds ratio</i>	Exp(B)	<i>p</i>	<i>X</i> <sup>2</sup>	<i>df</i> <i>p</i>
Model 1 ( <i>n</i> = 806)				27.837	7 .000
Age	1.052		.596		
Total yrs. PCW experience	1.040		.016*		
Highest level of education	.692		.004*		
Education: SW	1.065		.764		
Education: Psych	.895		.629		
Education: HS related	1.018		.943		
Education: HDFS	1.972		.157		
Education: Other	1.000 (comparison)				

Variable	<u>Intent to stay</u>		<u>Omnibus Test</u>					
			<u>Likelihood Ratio</u>					
	<i>Odds ratio</i>	<i>Exp(B)</i>	<i>p</i>	<i>X<sup>2</sup></i>	<i>df</i>	<i>p</i>		
Model 2 ( <i>n</i> = 801)						164.145	10	.000
Age	.978	.826						
Total yrs. PCW experience	1.042	.016*						
Highest level of education	.677	.004*						
Education: SW	1.144	.536						
Education: Psych	.915	.714						
Education: HS related	.944	.980						
Education: HDFS	1.702	.277						
Education: Other	1.000 (comparison)							
ProQOL BO mean	.371	.000**						
ProQOL STS mean	1.139	.392						
ProQOL CS mean	1.907	.000**						
Model 3 ( <i>n</i> = 801)						203.432	12	.000
Age	1.003	.975						
Total yrs. PCW experience	1.058	.001*						
Highest level of education	.612	.000*						
Education: SW	1.163	.493						
Education: Psych	.947	.822						
Education: HS related	.887	.646						
Education: HDFS	1.451	.451						
Education: Other	1.000 (comparison)							
ProQOL BO mean	.399	.000**						
ProQOL STS mean	1.161	.329						
ProQOL CS mean	1.676	.003*						
L-MX mean	1.483	.000**						
Psy-S mean	.927	.473						

*Note.* Variance inflation factors (VIF) showed that multi-collinearity was not a problem for any of the models tested.

Abbreviations: SW = Social Work; Psych = Psychology; HS related = Human Services Related field; HDFS = Human Development and Family Studies; ProQOL = Professional Quality of Life scale; BO = Burnout subscale; STS = Secondary traumatic stress subscale; CS = Compassion satisfaction subscale; L-MX = Leader-member exchange scale; Psy-S = Psychological safety scale

\*  $p < .05$ , \*\*  $p < .001$

The predictive model developed through hierarchical ordinal regression, similar to the previous five questions, uses intent to stay in one's current position as the dependent variable. The responses to this question with four response choices are not normally distributed (see Figure 3). The first model considers if the demographic variables of age, years of experience in public child welfare, highest level of education and area of education predict intent to stay in one's current position. Years of experience in public child welfare (PCW) and highest level of education are the significant variables in Model 1. The odds ratio for total years of PCW experience is 1.04. For every one year increase in PCW experience, the odds are 4% higher that a caseworker will report higher intent to stay. This comparison is valid for a consecutive pair of values of the dependent variables. For example, an additional year of experience predicts that a caseworker will be 4% more likely to indicate intend to stay for 2 years instead of only 1 year. Likewise, it is 4% more likely they will indicate intent to stay for 1 year instead of 6 months. The odds ratio for highest level of education is .692. For each one unit increase in highest level of education, for example from bachelor's to master's degree, the odds are 31% lower that a caseworker will report a higher level of intent to stay. Age and area of study for highest level degree are not significant predictors of intent to stay in current position in Model 1.

The second model added psychological variables, the mean scores for the ProQOL burnout, secondary traumatic stress, and compassion satisfaction subscales. Years of experience and highest level of education remain significant variables, yet the additional variables change the odds ratios slightly, to 1.042 and .677 respectively. For each one year increase in PCW experience the odds are 4.2% higher that a caseworker will report higher intent to stay. For each one point increase in highest level of education the odds are 32% lower that a caseworker will report higher intent to stay. Burnout (BO) and compassion satisfaction (CS) are also significant

in this model, yet secondary traumatic stress (STS) is not. The odds ratio for BO is .371, and 1.907 for CS. For each one point increase in the mean level of burnout (BO), the odds are 63% lower that a caseworker will report higher intent to stay. For each one point increase in compassion satisfaction (CS), the odds are 91% higher that a caseworker will report a higher intent to stay. Age, area of study for highest degree and, surprisingly, secondary traumatic stress do not have significant impacts on intent to stay in Model 2.

The third and final model added the organizational variables of mean scores for the leader-member exchange and psychological safety scales. The significant variables from models 1 and 2 remain significant with changes to the odds ratios, and the L-MX mean score is also significant. In model 3, the odds ratios are 1.058 for PCW experience, .612 for highest level of education, .399 for burnout, 1.676 for compassion satisfaction and 1.483 for Leader-member exchange. For each one year increase in PCW experience the odds are 5.8% higher that a caseworker will report higher intent to stay. For each one unit increase in highest level of education, the odds are 39% lower that a caseworker will report higher intent to stay. For each one point increase in burnout, the odds are 60% lower that a caseworker will report higher intent to stay. For each one point increase in compassion satisfaction, the odds are 68% higher that a caseworker will report a higher intent to stay. For each one point increase in leader-member exchange, the odds are 48% higher that a caseworker will report a higher intent to stay. As in the previous two models, age, area of study for highest degree and secondary traumatic stress do not have significant impacts on intent to stay, nor does psychological safety. The Omnibus test for each of the three models is significant at the  $p < .001$  level.

## Quantitative Results Summary

Analyses of the first five research hypotheses found them to be supported by the data from the survey. Caseworkers with lower means on the leader-member exchange scale, compassion satisfaction subscale and knowledge of secondary traumatic stress and support for self-care will have lower intent to stay in their current positions. Effect sizes, and thus the strength of those correlations are typical only for the correlation between compassion satisfaction and intent to stay. The other correlations have smaller than typical effects sizes, meaning less of the variance is explained and the relationship with intent to stay is not as strong. Caseworkers with higher levels of burnout and secondary traumatic stress have lower intent to stay in their current positions. The effect size for the correlation between burnout and intent to stay is typical, and for secondary traumatic stress and intent to stay it is smaller than typical. Thus, burnout has a stronger relationship with intent to stay than secondary traumatic stress does, in the survey participants.

The ordinal regression models depict a more nuanced picture of what individual, psychological, and organizational factors are statistically significant in higher or lower levels of intent to stay. Tenure (i.e. more years of professional child welfare experience), a good relationship with one's supervisor (i.e. higher levels on the leader-member exchange), and a stronger sense of self-efficacy and accomplishment (i.e. higher levels of compassion satisfaction) all combine to contribute to intent to stay increasing. Higher levels of workplace stress not related to traumatic material (i.e. burnout), and having a higher level of education contribute to a lower intent to stay (Maslach, 1989; Stamm, 2010).

## *Phase Two: Qualitative Findings*

### Qualitative Research Questions

7. What do caseworkers believe leads to turnover?
8. How do caseworkers maintain a sense of compassion satisfaction in the work they do with children and families?
9. What can supervisors do to improve support for caseworkers and increase retention?

### *Open-Ended Survey Question*

The survey included two questions about participants' expectations, if they knew what to expect and if their expectations matched their day-to-day work in child welfare. Over half, 56.2% agreed they knew what to expect ( $n = 828$ ), and 58.4% agreed they matched. A follow-up open-ended question asked about any mismatch between expectations and work: "If your experiences have not matched your initial expectations, how are they different?" Many of the participants responded, although some of these agreed there was a good match, or there was a better match now than when they first began due to changing positions or moving to another county. While not a direct response to the qualitative research questions, most of the written responses detailed difficult aspects of the work and work environment. More than 450 text entries described, sometimes in great detail about personal experiences, what the differences between their expectations and experiences were.

These written survey responses were analyzed using inductive coding first, followed by thematic analysis (Barbour, 2013; Maxwell & Chmiel, 2014; Thomas, 2006). The responses were first read through several times and frequently used terms were briefly noted. Queries and line-by-line coding of these terms were completed with NVivo Pro 11 qualitative data analysis program. From the results of the queries, themes were identified.



The initial themes identified in the written survey responses, which all appear in previous studies of turnover and retention included paperwork, caseload size and workload (Bride, Jones, & MacMaster, 2007; Ellett, et al., 2007; Morazes, Benton, Clark, & Jacquet, 2010; Mor Barak, et al., 2006; Spath, Strand, & Bosco-Ruggiero, 2013; Shim, 2010), secondary trauma (Dickinson & Painter, 2009; Park, 2016; Weaver, Chang, & Gil de Gibaja, 2006) and quality of supervision (Benton, 2016; Chenot, Benton, & Kim, 2009; Cohen-Callow, Hopkins, & Kim, 2009; Dickinson & Painter, 2009; Kim & Mor Barak, 2015; Mozares, Benton, Clark, & Jacquet, 2010). Another theme was stress, also seen in previous studies, expressed by the participants with the words stress, stressful, and emotional stress (Cohen-Callow, Hopkins, & Kim, 2009; Ellett et al., 2007; Horwitz, 2006; Jankoski, 2010; Kim & Mor Barak, 2015; Shim, 2010). These themes were used in the initial analysis of the other qualitative results from the focus groups and supervisor interviews.

Secondary trauma and trauma were grouped together here because the few times trauma is used without the word secondary, the caseworker is referring to indirect exposure, and thus secondary trauma. For example, “I don't think I expected the trauma impact that this job has on me personally when I first started with this type of work.” Many of the responses included multiple terms or themes. Thus, caseload and paperwork were sometimes given as causes of stress and sometimes they were separate items, in addition to stress or other themes, such as lack of administrative support. Supervisors were described more often in negative terms in the survey responses, as a direct cause of stress or failing to alleviate stress from other sources by not providing support, or both. Administrators or administration, lumped together with supervisors or above supervisors, was another theme that appeared in the survey responses. In the words of two different participants, for example, “Also, there is very little supervisor and administrator

support in this county;” and “I believed that there would be more support from higher ranking administration.”

### *Focus Groups Overview*

Four focus groups were held with caseworkers in four ARCh counties from mid-November to mid-December of 2017. Counties were chosen based on how many caseworkers expressed an interest in participating in focus groups, those with higher percentages and higher numbers were chosen. Two focus groups had only two participants, although in both cases more caseworkers, five to six, indicated they planned to attend. A more structured protocol, based on survey responses, was used in the first focus group, of two people, and discussion tended to remain along the lines of the questions asked, with little discussion between participants. Since one advantage of the focus group format is interaction between participants, which can provide more insight, a less structured protocol, which can be seen in Appendix E was used in the remaining focus groups (Patton, 2015).

The focus groups were digitally recorded and transcribed into written texts by a transcription service. The transcribed texts were read through several times, and then analyzed using NVivo Pro11 qualitative software. Text queries using the themes already identified in the analysis of the written survey responses were done in the first stages. Subsequent analyses were done to identify variations on the survey response themes, new themes, and themes that disconfirmed, or presented an opposing perspective to the primary themes (Barbour, 2014; Maxwell & Chmiel, 2014; Thomas, 2006).

Although the revised focus group questions were very general, asking participants what they like most about child welfare work and what they find the most difficult, with follow up probes, there were more rich discussions and interactions between focus group participants

(Barbour, 2014; Patton, 2013). The same themes came up in the focus groups that were seen in the survey responses. However, there were more details and examples in the focus groups that provided deeper, more nuanced insight. Concerns about administrators or upper management were fleshed out with specific examples of experiences and needs in the focus groups.

The focus group question asking for the best aspect of the work brought out a theme that appeared very little in the survey question analysis, but was present in the factor ranking questions, commitment to child welfare work and the rewards of seeing positive changes. These might be a youth starting to succeed, children reunited with their parents, or improving safety for children in their homes. Another positive aspect was caseworkers reporting community and family members thanking them for their efforts and the changes that occurred. Another positive aspect described by caseworkers was flexibility and not being confined to a desk. They can, to a limited extent, arrange schedules to have late work nights every other week, take lunch at different times and work from home. They are out in the community going to places and meeting people they would never have encountered in some other profession. For someone who does not want to sit in an office all day and have clients come to them, this mobility and flexibility is very positive.

Focus group discussions between participants also stimulated additional topics. One new theme was the transition from specialization to generalization for caseworkers in one county. Several caseworkers explained it was helpful to have more knowledge and skills to deal with certain age groups, babies and teens. With babies, the primary focus is on the caregivers and supporting them to provide a higher level of safety. Babies cannot speak for themselves, unlike older children and teens, who can also have their own issues, separate from their caregivers.

Some caseworkers expressed a preference for one population over the other, older children or babies, even in generalist counties that did not have a history of specialization.

In two of the focus groups, participants disclosed intent to leave or wanting to leave but feeling trapped by family or personal health needs for benefits. In another focus group, the participants described specific caseworkers who left, and the situations that precipitated those exits. Because caseworkers would be returning to their less than ideal work environment after the focus group concluded, the last topic was a miracle question. This is a strategy from solution-focused model of practice, and was intended to elicit recommendations for counties to increase retention, foster future thinking and shift to a more positive tone at the end (Shaefor & Horejsi, 2015).

### *Supervisor Interviews*

Interviews with supervisors of caseworkers from the same county were scheduled to occur after the caseworker focus groups. It was difficult explaining the survey responses in a manner that made sense over the phone to someone who had not seen the survey, and then connect that information to a relevant question in the planned interview time, 30 minutes. A less structured interview protocol, located in Appendix E was used after the two initial interviews. The phone interviews were also digitally recorded and the transcribed texts were analyzed using the same methods as the focus groups. An additional consideration was the identification of any themes in the supervisor interviews that were not seen in the written survey responses or focus group transcripts.

Supervisors, especially those with more experience as a supervisor and as a caseworker, also echoed many of the themes seen in the survey responses and focus groups, although from a slightly different perspective. They described the importance of creating a healthy team, being available to the caseworkers on their teams, and providing support. Support varied from

acknowledging the difficulty of the work to monitoring stress levels and consistent self-care to attending family meetings and accompanying caseworkers on home visits when needed.

There were themes unique to being a supervisor, such as increased liability. A caseworker has liability for a caseload of assigned, open assessments or cases. A supervisor has liability for the caseloads of all the caseworkers on the team, generally six caseworkers. For example, one supervisor stated, “there can be up to 80 cases you’re having to oversee and kind of expect to know and taking on that stress can be hard.” They are primarily based in the office and have less flexibility. Supervisors can find themselves in the middle between caseworkers and managers who are less aware of what caseworkers face as they spend more time away from the frontlines. “I mean they’re just not aware how decisions on that level impact the frontline. So we’re managing up to that a lot” was how one supervisor expressed this.

### Qualitative Findings Summary

Secondary traumatic stress was not significantly related to intent to stay in any of the ordinal regression models, a surprising finding given the nature of child welfare work with vulnerable populations in sometimes dire situations. It is also surprising given the attention and concern devoted to this psychological state by the National Child Traumatic Stress Network and other national organizations (2016). Discussions of the ProQOL levels with ARCh members during monthly meetings raised the possibility that caseworkers were glossing over or being unrealistically positive in their survey responses especially in regard to secondary traumatic stress. At least one supervisor and some focus group participants were also skeptical of these scores, for similar reasons. The supervisor also attributed it to a gradual onset of distress that can

be imperceptible to the caseworker experiencing it. However, this description may fit burnout better than secondary traumatic stress.

In order to compare the caseworker survey results to the cut scores in the ProQOL manual, another form of linear transformation was used, following the manual instructions (Gelman & Hill, 2007; Stamm, 2010). The subscale sum scores for each participant were converted first to *z* scores and then to *t* scores with the mean set at 50 and the standard deviation set at 10. Percentile levels were then calculated using SPSS. Table 8 shows that the survey responses closely match the manual cut scores, which are intended to be “overly inclusive” and are deliberately more likely to result in a “false positive” than to miss someone in need (Stamm, 2010, p. 18).

Table 8

*Comparison of Survey *t* scores for ProQOL Subscales and ProQOL Manual Cut Scores*

	<u>Compassion Satisfaction</u>	<u>Burnout</u>	<u>Secondary Traumatic Stress</u>
	Survey Results <i>t</i> scores for ProQOL subscales		
25 <sup>th</sup> percentile	43.94	42.51	42.51
50 <sup>th</sup> percentile	49.47	49.29	48.64
75 <sup>th</sup> percentile	57.63	57.78	56.30

Note: These *t* scores were calculated to compare with scores in the ProQOL manual, mean = 50; standard deviation = 10.

	<u>Compassion Satisfaction</u>	<u>Burnout</u>	<u>Secondary Traumatic Stress</u>
	ProQOL Manual subscale <i>t</i> scores		
25 <sup>th</sup> percentile	44	43	42
50 <sup>th</sup> percentile	50	50	50
75 <sup>th</sup> percentile	57	56	56

(Stamm, 2010, p. 18)

### *Qualitative Research Questions*

*What do caseworkers believe leads to turnover?* In the survey responses and focus groups, paperwork was one of the more frequent responses to what makes the work difficult. It is described as being overwhelming and taking time away from working directly with families, the most rewarding facet of the work. Paperwork is seen as compliance driven, part of the bureaucracy. When managers and supervisors expect paperwork to be completed within a timeframe, they are perceived as being less concerned with helping families. Documentation within the antiquated state record-keeping system, Trails, is not seen as helping families or helping them get what they need. Caseworkers find the documentation system frustrating and a waste of valuable time better spent on direct services. The same information must be entered multiple times in different screens and navigation is neither user friendly nor intuitive. One caseworker described working until 11 pm cutting and pasting blocks of text over and over again into different sections to prepare the case record to close the case. There is a lack of guidance and consistency in where information goes in the case record. This can lead to caseworkers being contacted after hours for information about a family that is in the record, but not always in the same place or same format.

Caseload size came up over and over again in the focus groups and in the written survey responses. It was not mentioned by supervisors. In every focus group, responses to the miracle question included lowering caseloads to manageable sizes. Sometimes this was expressed as hiring more caseworkers to spread out the work. Workload also came up multiple times, usually synonymous with caseload, but also as an alternative. Workload includes the number of children in a family, the level of needs, and practice expectations and extra tasks, such as trauma screens or increasing court appearances for caregivers with substance use issues.

After hours work and the uncertainty of emergencies is another difficult aspect reported in more detail by focus group participants. At times, caseworkers must choose between their own children and families and meeting the needs of their work. This might be facing a long drive to pick up a teen who stole a car and was arrested in another state or finding an emergency placement for a child who is not able to stay in their foster home for another day and must be moved. The uncertainty can be difficult for families with two parents, but it puts caseworkers without a dependable partner in a difficult position, having to choose whose needs are more important in that moment, and perhaps leave their own children unsupervised or stranded without transportation. Intake caseworkers described being “up” for any reports assigned an immediate response on a regular rotation. An immediate might come in at 11 am or 4 pm and keep the caseworker out until 10 pm or later. As one survey participant wrote, “I learned what to expect, the unexpected.”

Another issue is the procession of practice changes and increased expectations that add additional steps and additional documentation. There is a lack of coordination between initiatives that informs caseworkers how to integrate new practice into the existing practices, or how multiple new initiatives fit together into a streamlined process that makes sense. Caseworkers also related receiving new policies without directions on how to carry them out. This is related to perceptions of upper management as being disconnected from the realities of work on the front lines. They are unaware of the multiple tasks caseworkers are expected to complete, so they are unaware of how new policies that add to the list can overtax them. Communication about new policies, especially in larger counties or regarding state initiatives, can be patchy and uncoordinated. Teams may hear about changes in regular meetings with their supervisors, or individuals may hear through rumors from other caseworkers.



*How do caseworkers maintain a sense of compassion satisfaction in the work they do with children and families?* Many of the caseworkers described being able to make a difference for children and families as one of the most important aspects of the work. They talked about the importance of working in child welfare. Their descriptions, usually in general terms, but sometimes with specific details, took less time to relate and did not generate as much excitement or chiming-in as the other discussion topics. A few caseworkers described using regular self-care, maintaining focus on the present moment or leaving work behind at the end of the day by creating a mental boundary. It is surprising that so many caseworkers stay in child welfare, given the real concerns they voiced and the many needed changes they described. The qualitative results do not provide enough information to adequately answer this question.

*What can supervisors do to improve support for caseworkers and increase retention?* Supervisors can be available to their team of caseworkers and provide regular supervision. Caseworkers want supervision that is focused on what is going well, and any concerns about uncompleted tasks or missing deadlines be delivered without shaming. Instead of pointing out a small mistake that may be holding up a case closure, caseworkers wanted the supervisor to simply fix it and remind the caseworker to avoid the same mistake next time. Overwhelmed caseworkers would like compassion and offers of help with tasks from their supervisors. A caseworker described her supervisor offering to help because she does not want caseworkers to drown; “why would you ever want to leave a job with a supervisor like that?”

Supervisors described providing guidance in practice, listening to venting as needed, having empathy for the difficulty of the work, and advocating for caseworkers to administrators within the agency, as well as with the courts and other professionals outside the agency.

Supervisors may be one key component to helping caseworkers maintain their sense of compassion satisfaction.

. . . that's what I want—for every caseworker to feel—there should just be such deep gratitude for being in this work and doing it day in, day out, and that every caseworker deserves a supervisor that can hold them in a way that really is skillful and appreciative and supportive. (Supervisor interview, 2017).

## Chapter 5

### Conclusions

People enter the field of social work with a strong commitment to help others. Social workers provide services to people experiencing life stressors and those living at the margins of society. They can be found in hospitals, hospice centers, schools, behavioral health clinics, and other sites. They may work with voluntary and court-ordered clients to assist with substance use, reintegration after imprisonment, or the strains of deployment on military families, among other problems. It can be difficult to parse the numerous issues faced by families and individuals that social workers serve. For example, risks to child safety and well-being come from a variety of larger social issues impacting families, including poverty; neighborhoods with high levels of people living in poverty and a lack of resources, known as pockets of poverty; and decreases in social support programs such as Medicaid, food assistance (SNAP) and financial assistance to families in poverty (TANF). Risks also come from social problems at the individual level, such as substance misuse, poor parenting skills, trauma history, mental illness, partner violence, and others.

Social workers enter child welfare with a strong commitment to help children and families be successful. There is more to helping children than commitment. Knowledge about many different family needs and dynamics, as well as the skills to engage families and focus on risks and strengths is also necessary. Strengths can be more difficult to recognize and identify for individual families. It can take up to two years to learn the basic skills and knowledge needed to be efficient in child welfare. There is great satisfaction in being able to support parents to address their problems, improve safety in their homes and become more effective parents, or find the best place for children to be safe and successful. A strong commitment to the work must carry

through the length of time needed to develop a sense of self-efficacy, a vital component of compassion satisfaction. Seeing successes and the importance of the work done by social workers builds a sense of compassion satisfaction that fuels intent to stay.

The survey participants expressed a strong commitment to child welfare. It was ranked the first or second most important factor in why they first entered the field, stay in their current positions, and stay in their county. Answers to the survey ranking questions also demonstrated the importance of supervisor support. The top five factors for all three questions remained the same, yet supervisor support moved from one of the least important factors for entering the field of child welfare, to sixth place for the question about staying in the current county, just below the top five. The factor rankings with questions can be seen in Appendix H. Caseworkers with better quality relationships with their supervisors, seen in higher means on the leader-member exchange scale, have a higher intent to stay in their current position. Over half the survey participants intend to stay in their current position for more than two years, and another 17% intend to stay for at least two years.

### Mixed Methods Research Questions

*How do the focus group responses and identified themes help explain the survey results?*

The survey results based on the scales and subscales used in the caseworker survey depict a relatively healthy workforce in terms of both the psychological and organizational factors measured. The ProQOL manual divides summed scores for the subscales into low, moderate and high ranges for individuals to self-assess using raw scores (Stamm, 2010). The ideal configuration is low to moderate scores in burnout and secondary traumatic stress and a high score in compassion satisfaction. There were 204 caseworkers, 24.9%, with some configuration

of the ideal combination of scores. The most distressing combination is high scores in burnout and secondary traumatic stress, with a low score in compassion satisfaction. Only one caseworker was high in burnout and low in compassion satisfaction, but was moderate in secondary traumatic stress, so none of them had this combination. Most caseworkers had moderate scores in one or more subscales and 362, 40%, had combined scores of moderate in all three subscales. The low, moderate and high scores for each subscale can be seen in Table 9.

Table 9  
*Low, Moderate, and High Sum ProQOL Subscale Scores*

	Secondary Traumatic Stress <i>n</i> = 820		Compassion Satisfaction <i>n</i> = 820		Burnout <i>n</i> = 820	
22 or less = Low	305	37.2%	7	.9%	320	39.0%
23-41 = Moderate	505	61.6%	607	74.0%	499	60.9%
42 or more = High	10	1.2%	206	25.1%	1	.1%

Note: Valid percentage is shown

Responses to the survey questions, focus group participants, and supervisors did bring up secondary trauma and the impact it has. Families that have been involved in child welfare over multiple generations, being yelled at, removing children from home and terminating parents' rights were examples given of difficult aspects of the work. More often, though, they talked about paperwork, caseloads, and organizational issues with administrators and managers above supervisors. As one focus group participant said, "you know, even if you have the best supervisor in the world and a great team, if your agency isn't pulling for you, you're not going to succeed." Also, "there is some, you know, impact from the work and the stuff that we see, but the stuff that makes me lose my mind is the barriers that get in the way of us being able to do our job or help families . . . ." Caseworkers described how difficult it can be to get resources or services in place for families. It might take multiple steps or having to advocate strongly enough.

There is a perception that child welfare workers need to have information about secondary traumatic stress, access to self-assessment tools to determine levels of stress, and on-

going support to prevent and ameliorate secondary traumatic stress (National Child Traumatic Stress Network, 2016). However, very few of the survey participants rated high in secondary traumatic stress, 1.2%. The correlation between STS and intent to stay was significant when considered by itself, but with a low effect size. Secondary traumatic stress was not a significant factor in the ordinal regression models when other variables were included. It may be that the focus on secondary traumatic stress has alleviated it so that it no longer has as large an impact on retention. Another possibility is that what has been labeled secondary traumatic stress is really burnout as a result of not feeling valued combined with barriers to direct practice and services for families.

There is less guidance available regarding interpretation of the leader-member exchange and psychological safety scale scores. The researchers in Tennessee determined that high safety organizations, such as airlines and hospitals, had 10% or fewer means in the various scales and subscales in the problematic range, 3.5 and lower for the 7 item Likert scales (Vogus, et al., 2016). Caseworkers had 8.8% of scale means in the problematic range on the psychological safety scale. The number was higher for the leader-member exchange scale, just under 14% were in the problematic range. Psychological safety was not significant in the ordinal regression models. Higher leader-member exchange scores were significantly correlated with higher intent to stay, but with a smaller than typical effect size. It was significant in the ordinal regression model. Leader-member exchange measures the relationship quality between supervisors and workers, not between workers and higher levels of administrators or managers.

These issues at a higher level of the organization that impact the ability to carry out work tasks can lead to burnout (Maslach, 1989; Stamm, 2010). The development of burnout is usually a gradual process, characterized by hopelessness and difficulty dealing with work (Stamm,

2010). Burnout is more likely to arise in work situations that do not promote strong efficacy, and is almost the opposite of compassion satisfaction. Higher rates of burnout were significantly correlated with lower intent to stay. Higher compassion satisfaction was correlated with higher intent to stay, and the effect sizes for both were typical. In addition, compassion satisfaction and burnout were the variables with the most impact in the ordinal regression models.

Over and over, caseworkers said what they liked best about child welfare was making a difference in the lives of children and families, whether that is helping caregivers make their home a safer place, or finding the relative or adoptive home that can be a safe place. This can also be seen in the survey factor ranking questions, where commitment to child welfare work was either the first or second most important factor for all three questions. This author expected to hear that the most difficult part of the work was the emotional stress of what they witness. That did come up, but much more often the most difficult parts of the job were aspects primarily from inside the agency that interfered with helping families, as well as a lack of appreciation, especially from upper managers, about what caseworkers do every day, day after day. “The top people need, one, need to understand what our job is and that we aren’t disposable and refillable” is the way one caseworker expressed this.

Caseworkers in some counties also expressed compassion and concern for supervisors. They pointed out that supervisors need support, too, to be able to do their jobs well. This included praising a supervisor for being available from early morning to late at night and then pointing out that she needs to stop doing that; she is “always working. She needs more vacations!” Another caseworker said, “Our administrators and supervisors need support too, so that they can support us; . . . nobody’s really taking care of our administrators, or supervisors

either. They need to slow down and take care of themselves as well. And we need to recognize the awesome work that they are doing, when they are doing awesome work.”

*How does the combination of survey responses and focus group themes provide information for implementing caseworker retention strategies?*

Working directly with children and families is a motivating force for caseworkers to enter the field and stay in the field. Seeing positive changes happen builds self-efficacy and contributes to increased compassion satisfaction. The importance of burnout and compassion satisfaction is both good news and bad news for child welfare organizations, because unlike secondary traumatic stress, they can be addressed with interventions at the organization level. This means changes have the potential to impact organization functioning and everyone in the organization. Individual caseworkers are not identified for targeted interventions. However, it places more responsibility on upper managers to understand and respond appropriately to caseworkers’ concerns. The ongoing relationship between a supervisor and worker leads to the development of mutual respect, trust, and obligation, based on social exchange theory. Focus group themes indicate that caseworkers also want to be recognized as individuals and have their work recognized and appreciated at organizational levels above their supervisors. As one caseworker explained, “I think that acknowledgment from higher ups that we’re valued, I think would be huge.” And from another, “Hey, I’ve been here three years and you still don’t know my name.”

When supervisors are competent and supportive, they do a good job of recognizing caseworkers’ accomplishments and supporting them in all aspects of the work, including completing monitored tasks. Child welfare agencies are monitored on a number of outcome measures established by the federal and state government. In Colorado, the funding formula for



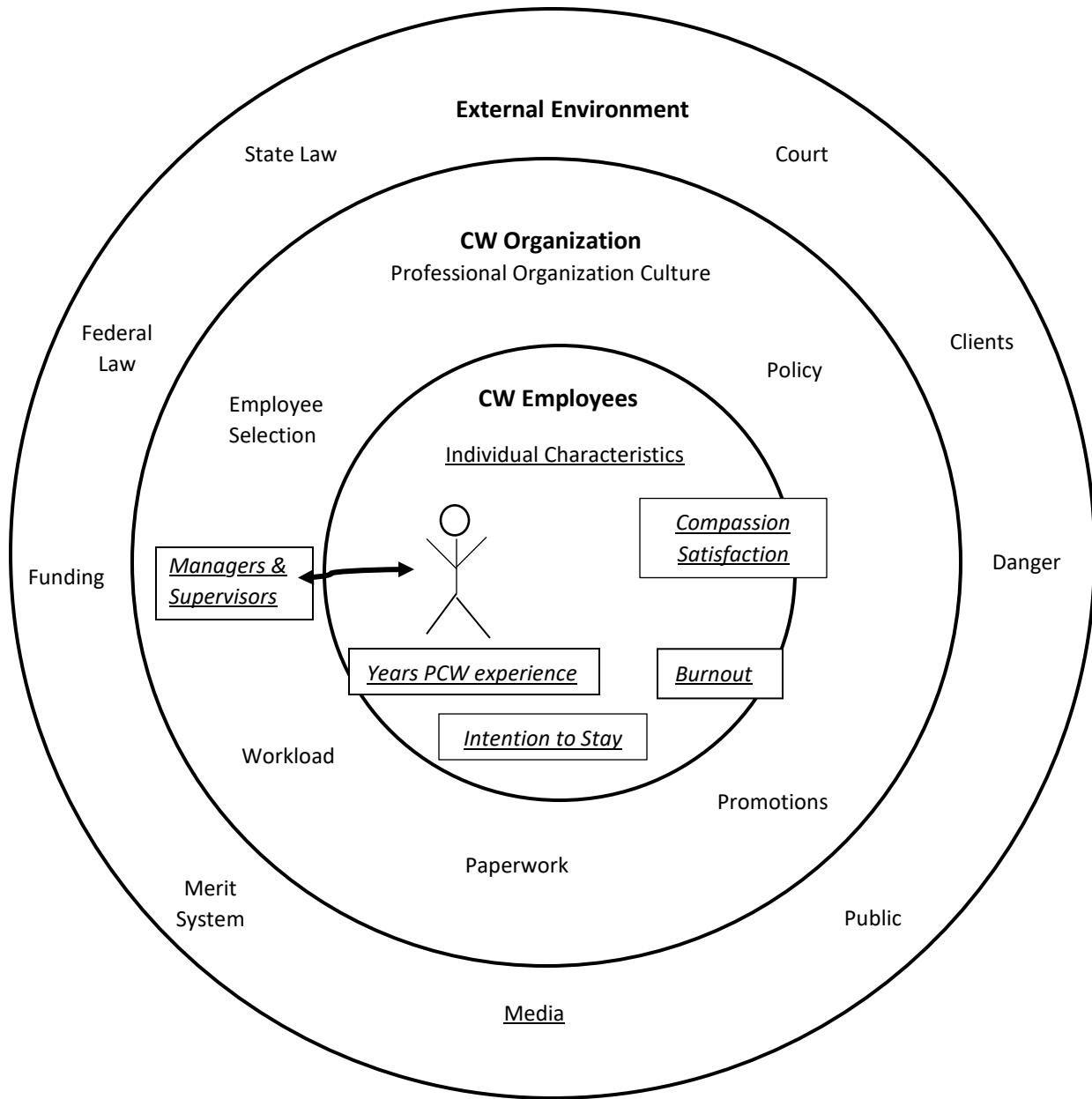
child welfare agencies means counties can be impacted financially by meeting or not meeting outcome measures, which intensifies the drive for compliance to meet those outcomes. Agencies and managers need to find a way to balance tracking outcomes, which are primarily in the hands of caseworkers, and treating them with respect and trust.

### Social Exchange and Socio-Ecological Theories

Some of the factors included in the conceptual model were changed to reflect the research results. However, the context of child welfare work has not changed. Child welfare work still takes place within multiple layers of the external environment and the child welfare organization. The socio-ecological perspective still applies and social exchange theory was expanded to include managers in the revised model. The decreased importance of the individual variable of secondary traumatic stress, and the increased importance of the organizational role in retention make the theories represented in the framework more applicable. Individual workers are changed by the organization and external environment over time and through interactions within and across the multiple systems. They also foster change in the organization and external environment over time and through their interactions. Indeed, their commitment to child welfare is motivated by facilitating and seeing change in the families they serve

The conceptual framework in Figure 1 was revised to incorporate the integrated qualitative and quantitative data from this study. The visual depiction of revised framework is shown in Figure 4. Secondary traumatic stress was removed because it was not a significant factor in the models, and years of experience was added because it was significant. Intention to leave was not used in the analysis and was also removed. Managers were included with supervisors on the organization side of the double arrow symbolizing the social exchange

relationship between workers and the organization because the qualitative findings show the importance placed on support and appreciation from upper managers in retention.



*Figure 4. Conceptual framework adapted from “A qualitative study of 369 child welfare professionals’ perspectives about factors contributing to employee retention and turnover” by A. J. Ellett, J. L. Ellis, T. M. Westbrook, and D. Dews, 2007. *Children and Youth Services Review*, 29, p. 268. Copyright 2000 by A. J. Ellett; adapted with permission. The double-sided arrow represents social exchanges. Changes and additions in *italics*. Study factors underlined. Revised from Figure 1.*

## Recommendations for Retention in Colorado

*Train and support supervisors in how to provide positive support to caseworkers.* It is vital for supervisors to balance criticism with focus on what has been accomplished and is going well, what caseworkers are getting right. In addition, caseworkers need to hear acknowledgement of the day-to-day impact of the job. Avoid punitive measures to force compliance with timelines and other requirements. Some focus group participants pointed out that not getting work completed can be a sign of struggle, and a more supportive response is to ask what is making it difficult to complete something at a particular time. Supervisors need training in how to achieve this balance, and support from managers above them to provide empathetic support to caseworkers. In addition, streamlining paperwork is vital.

*Streamline paperwork.* Paperwork is seen as busywork, repetitive tasks that do not help families and prevent the caseworker from having more quality interactions with the family. Those interactions are key to building the kind of relationships that can foster change. Some of this paperwork is monitored to track outcomes at the state and federal levels. Streamlining paperwork and making a clear connection between completing paperwork and increasing resources to meet client needs could help decrease frustration with this aspect of the work. One strategy is to develop a template of specific information and which screens or fields in Trails the information needs to go. Then train and coach caseworkers in writing succinct entries and notes. This would decrease time spent on documentation, and improve the ability to find specific information in the electronic case record. Having Trails auto-fill some fields would also help streamline documentation.

*Managers need to recognize and support caseworkers through a variety of means.* Learn their names, learn what they have done well and give caseworkers specific praise. Make

incentives transparent, fair, and relevant to a professional workforce. Managers also need to keep in touch with the realities of the frontline environment. They might shadow caseworkers or meet with teams to ask what is happening. Genuinely involving caseworkers in policy changes is also important. This will mean eliciting and seriously considering the perspectives of caseworkers on what specific changes will mean in the field, for better and for worse. Managers and supervisors must have frequent, sincere communication with caseworkers, so that everyone is receiving the same information. Managers can be responsive to caseworker needs and demonstrate their commitment to making changes by listening to caseworkers with empathy and avoid becoming defensive. Make sure support and recognition from supervisors and managers is connected to compassion satisfaction components or self-efficacy and helping children and families.

### Recommendations for Addressing Retention Concerns

Some of the concerns of caseworkers are unique to the county or community. Create transparent plans with some of the strategies used by caseworkers in effective family engagement that supports change (Turnell & Edwards, 1999). Caseworkers in many locations in Colorado and around the country follow procedures for planning with families and caregivers to increase safety or facilitate reunification. These plans rely on clear statements about the safety risks, family strengths, and specific steps to be completed (Turnell & Edwards, 1999). Family members and others are designated to complete certain steps. The process provides a balance between strengths and risks, and transparency for all parties about tasks and expectations. A similar, parallel process for organizations would be useful in addressing public child welfare workers' concerns, especially those specific to a particular community. It has the advantage of

using a parallel process, steps that caseworkers are familiar with, along with both accountability and transparency.

First, listen to caseworkers to engage them in the process. Identify concerns and the corresponding changes. These might include advocating with judges or county attorneys about procedures, or streamlining service requests. Prioritize one or two to address first. These could be easy fixes or changes that would have a large impact. Identify action steps to negotiate or resolve the concern, and specific people to complete those actions. This may be more than one person. Identify a timeline for tasks to be completed. Re-assess the plan regularly. Is the responsible person still with the organization in the same role? Does someone else need to take that step? If it did not work, what is another possible action? If it did work, celebrate successes! Slipping into a pattern of moving from one problem to the next bypasses focus on the efforts made and what has improved.

Be transparent throughout the process. Communicate with caseworkers at each step. Communicate clearly with caseworkers what efforts are being made, what barriers were identified and how they are being addressed. Provide clear, transparent communication to caseworkers, and supervisors about what action steps were completed, and what the results were. Give regular updates on changes that were made and those that are taking longer to complete. Then, revisit the list of concerns to prioritize the next changes to target. It takes ongoing effort and work to make organizational changes, and managers have their own workloads and stressors to manage. However, addressing caseworker retention is crucial for children, families, agencies and their colleagues who all depend on them. The following brief list can be used to structure a change process at the organizational or department level, and aligns with plans created with families.

- Set goals.
- Identify barriers to change and address them.
- Outline specific actions steps and identify who is responsible for each part.
- Follow up at regular intervals.
- If one action step does not have the intended effect, adjust the plan.
- If a responsible party leaves or changes jobs, find a replacement.
- Continue to follow up.

### Limitations

This study has a number of limitations. The use of an accessible population instead of randomly selecting study participants can limit external validity and the ability to generalize the results to other counties, states, or regions. However, there was a high response rate to the survey that provided a large sample, and the phases of quantitative and qualitative data collection provided both triangulation and additional information to understand the survey results. The results of this study were used to make recommendations for retention efforts in the eleven participating Colorado counties. However, repeating surveys similar enough to compare results, instead of starting survey development anew in each location could strengthen building turnover and retention theories. The use of a cross-sectional design means it is not possible to determine causality, only correlations and associations. The survey response rate was over 64%, however, more than half the participants have two years or less time in their current position. This may limit the ability to learn about retention from the survey results.

This is a study of public child welfare. Colorado relies primarily on public child welfare agencies. Other states are experimenting with contracting child welfare functions to private

agencies, such as foster care recruitment and training, out of home placements and adoptions. The results of this study are not be generalizable to workers in private child welfare agencies. This study is focused on preventable turnover.

The survey poses some limitations. It was developed by a sub-committee of participants in the ARCh project and many questions were written and revised by the group. The group was interested in caseworker demographics, education, and other characteristics. Asking about caseload size was a question that was discussed several times and rejected. Intake workers may have a current list of recently assigned assessments and a backlog of assessments no longer active, but not yet closed for various reasons, creating the potential for inconsistent responses. Caseworkers brought up caseloads frequently in the focus groups and written survey responses. Lowering caseloads was a focus of recommendations to increase retention in all the focus groups. The absence of any survey question about caseload is clearly a limitation.

The participating counties in this study include urban areas and small cities. None of the participating counties are truly rural. Previous studies have shown differences in practice and retention in rural communities due to lack of local resources, job availability especially for professional women, and sometimes lower salaries (Aguiniga, Madden, Faulkner, & Salehin, 2013; Beddoe & Maidment, 2014; Strolin-Goltzman, Auerbach, McGowan, & McCarthy, 2008). The lack of rural counties is a limitation in this study.

The uneven focus group participation is a limitation. While a large majority of the survey participants expressed interest in being included in a focus group, once a date and time was set, it was difficult for them to fit it into their schedules. In two counties only two caseworkers participated in a focus group, although six to five committed to attend. The lag time of five months between the survey and the focus groups provided another limitation, and some



caseworkers had already left their positions when the focus groups were being scheduled. The low response rate to participate in the focus groups made it difficult to schedule groups with only caseworkers less than two years of experience, or only caseworkers with three or more years of experience. Finally, hierarchical ordinal regression analysis in SPSS 25 does not provide an  $r$  or pseudo  $r$  in the output, so changes in  $r$  between models are not available for comparison.

### Further Research

This cross-sectional survey of a particular group of Colorado caseworkers at a specific time did provide useful information for retention efforts in the ARCh counties. However, much more can and needs to be done. Some possibilities are repeating this survey in the same counties at a later time, distributing it in other areas of Colorado with rural communities, and distributing it in other states with county-run and state-run child welfare systems. These are all potential avenues for future research that would enable comparisons to be made over time, in different locations, and across different systems.

More longitudinal studies of caseworkers are needed to help understand in more detail the process of intention to stay becoming retention, and the other direction, from intention to leave to job exit. A longitudinal study of new caseworkers in some of the ARCh counties is already in the planning stages and could provide valuable data about those first months on the job, from the training academy to receiving a full caseload and beyond.

Another area for additional research concerns compassion satisfaction. Research is needed to better understand the components of compassion satisfaction in public child welfare. This may include developing more specific measures. There are few evidence-based practices to prevent or ameliorate secondary traumatic stress, yet there are some emerging practices based on

mindfulness and cognitive-behavioral strategies (Administration for Children's Services-New York University, Children's Trauma Institute, 2011; National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011). Are these practices having an impact on compassion satisfaction in addition to or instead of secondary traumatic stress? Is it possible to develop evidence-based strategies to foster and maintain compassion satisfaction?

### Conclusion

This study used both quantitative data and qualitative findings to examine public child welfare caseworker retention in eleven Colorado counties. The survey data showed a relatively healthy workforce with most participants in moderate ranges of secondary traumatic stress, burnout, and compassion satisfaction. The survey results also indicated good relationships with direct supervisors and work teams. The focus groups and interviews revealed that barriers to services for families, paperwork, caseload size, and lack of support and recognition were some of the stressors in the work environment. Surprisingly, secondary traumatic stress was not a significant influence on retention in a predictive model with other factors. Compassion satisfaction, feeling effective and efficient in a professional helping role, and good relationships with direct supervisors had more of an influence on retention, as did feelings of burnout. Both burnout and compassion satisfaction are directly impacted by one's ability to be effective in the work environment, and can be addressed at an organizational level. Specific recommendations are provided for the Colorado counties and general recommendations for other child welfare organizations. More research on retention for the frontline providers of child welfare is needed.

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## Appendix A

### Dear Director Memorandum **MEMORANDUM**

**TO:** County Child Welfare Directors and Staff  
**FROM:** Marc Winokur and Denise Raven, Social Work Research Center at CSU  
**DATE:** October 11, 2017  
**RE:** Caseworker Retention Survey and Focus Groups

As part of the Applied Research in Child Welfare (ARCH) Project, a short, one hour focus group will be held with 6-8 caseworkers in several county child welfare divisions. This is the second phase of the retention study, following the online survey administered in June 2017. Caseworkers were asked on the survey to send their email addresses if they were interested in participating in focus groups, and participants have been chosen from that list of email addresses. We seek to gain more knowledge about county employees' perceptions about their work to improve retention in the field of child welfare.

In addition to the caseworker focus groups, 5-6 caseworker supervisors will be interviewed by phone about caseworker retention and the survey results. The supervisors will be sent an email asking if they are interested in participating in being interviewed. Participants will be chosen based on interest in participating, whether or not they have prior experience as a caseworker, and availability on the scheduled date. The focus group and interviews are not intended to replace any human resources surveys or focus groups conducted in your county.

We understand the time constraints that you and your staff are under, and appreciate the opportunity to spend an hour with a small group of your employees. The focus group and interview questions and all other email communication will be approved by the CSU Institutional Review Board. This process ensures that potential participants know that their participation is voluntary, confidential, and will not have any influence on their employment status. In addition, employees will be able to opt out of the focus group at any time, and can choose not to answer any questions. The focus groups and interviews will be held in the fall and early winter of 2017.

If you have any questions about the focus groups or the ARCH Project in general, please feel free to contact Marc Winokur at [marc.winokur@colostate.edu](mailto:marc.winokur@colostate.edu), Denise Raven at [denise.raven@colostate.edu](mailto:denise.raven@colostate.edu), or your ARCH representative, **[insert name here]**.

Best regards,

Marc Winokur, Ph.D.  
Director, Social Work Research Center  
Denise Raven, MSW, Doctoral Candidate  
Colorado State University

## Appendix B

### Email Invitations to Caseworkers and Supervisors

Dear Caseworker,

In June this year, as part of the ARCH Caseworker Retention study conducted by the Social Work Research Center at Colorado State University, you completed an online survey with questions about your reasons for remaining in your position, what motivates you to stay in the child welfare field, and what you thought are the characteristics for caseworkers who intend to stay or intend to leave the field. At the end of the survey you provided this email address and indicated you might be interested in participating in a future focus group. I am contacting you about participating in a focus group to be held on **[date and time]** at **[location]** about caseworker retention. Marc Winokur, Ph.D. is the Principal Investigator for this research, and I am the Co-Principal Investigator. I am a social work doctoral candidate at Colorado State University with experience in child welfare.

You are invited to participate in an audiotaped focus group session that is expected to last one hour. You will be asked questions about what you believe supervisors and county divisions can do to increase caseworker retention, and how you take care of yourself and remain positive and hopeful about your work. There are some written questions about your position, experience, and caseload size. The written questions are included because the survey was separated from identifying information. . All responses will be kept confidential and will be provided to county managers in an aggregated report that does not identify any individual participants. Your participation in this focus group is voluntary, and will have no impact on your employment.

Please reply to this email if you are still interested in participating in the focus group. Would you prefer to use another non-work email address for communication? If so, please send the alternative email address in your reply to this email. If you decide to participate now, you may change your mind at any time. Once you are in the focus group, you may leave at any time, or skip any questions you do not wish to answer.

I understand your time and energy is limited. Thank you for completing the survey in June, and considering this additional request.

Best Regards,

Denise Raven  
Co-Principal Investigator  
970-492-9145  
[denise.raven@colostate.edu](mailto:denise.raven@colostate.edu)

Marc Winokur, Ph.D.  
Advisor and Principal Investigator  
[Marc.Winokur@colostate.edu](mailto:Marc.Winokur@colostate.edu)

Dear [supervisor name]

Earlier this year, as part of the ARCH Caseworker Retention study conducted by the Social Work Research Center at Colorado State University, we surveyed child welfare caseworkers statewide about their reasons for remaining in their positions, what motivates them to stay in the child welfare field, and what they thought are the characteristics for caseworkers who intend to stay or intend to leave the field. We are now recruiting supervisors of case-carrying social caseworkers to participate in a phone interview to be scheduled in Nov. of 2017. The Principal Investigator for this research is Marc Winokur, Ph.D. I am a social work doctoral candidate at Colorado State University with experience in public child welfare. I will be conducting the interviews.

As a caseworker supervisor, you are invited to participate in a 30-45 minute audiotaped telephone interview. You will be asked questions about being a supervisor of case-carrying social caseworkers, turnover and retention. You will be provided the interview questions via email before the interview to allow more time for discussion of the other questions. Participation in this research is voluntary, and will have no impact on your employment.

If you agree to participate in this research, you will be interviewed via telephone. The interviews will be recorded and analyzed. All the interviews will be kept confidential. The results of the interviews will be combined with the results of the caseworker focus groups to be held in Oct. and Nov. and the retention survey administered to caseworkers in June 2017. The results will be provided to ARCH member counties in an aggregated report that does not identify individual participants.

Please reply to this email if you are interested in being interviewed. Would you prefer to use another non-work email address for communication? If so, please send the alternative email address in your reply to this email. If you decide to participate now, you may change your mind at any time. If you agree to be interviewed, you may withdraw at any time, even after the interview has started. You may skip any questions you do not wish to answer.

I understand your time and energy is limited. Thank you for considering this request.

Best Regards,

Denise Raven  
Co-Principal Investigator  
970-492-9145  
[denise.raven@colostate.edu](mailto:denise.raven@colostate.edu)

Marc Winokur, Ph.D.  
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[Marc.Winokur@colostate.edu](mailto:Marc.Winokur@colostate.edu)  
CSU School of Social Work

## Appendix C

### Consent to Participate for Focus Groups



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School of Social Work

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**Name of Research Study:** Colorado Caseworker Retention Study

**Lead Researchers:** Marc Winokur, Ph.D., Director of the Social Work Research Center, Colorado State University and Denise Raven, Doctoral Student, School of Social Work, Colorado State University

#### **About the study**

ARCH, the 12 year collaboration between The Social Work Research Center at Colorado State University (CSU) and 11 Colorado counties' child welfare divisions are collecting information about caseworker retention to decrease turnover. The first phase was an online survey. The second phase is a series of focus groups with caseworkers to gather more detailed information about what could be done to increase caseworker retention. The focus groups will be led by Denise Raven, a doctoral candidate with experience in public child welfare. This study is funded by ARCH.

#### **Invitation to participate**

We are holding focus groups to gather information from some caseworkers who participated in the online survey. The last question on the survey asked for an email address if you were interested in being contacted later for a focus group. You provided your email address and are invited to be in a focus group with other caseworkers who also provided their email addresses.

#### **What is a focus group and what can I expect?**

A focus group is a small group of people brought together to talk about a certain topic, usually led by 1 or 2 group leaders.

For this study, focus groups will last 60-75 minutes with 6-8 participants in each group, led by one researcher, Denise Raven. She will ask questions about what supervisors and county administrators can do to increase caseworker retention, and about how you take care of yourself and stay positive as a caseworker. There are 5 questions at the end of this letter to gather some basic information.

#### **Possible risks**

There are no known risks to you if you choose to participate in a focus group.

Because personal opinions will be shared in the focus groups, I will do what I can to protect participants' privacy. Please respect the privacy of the other focus group participants and keep everything that is discussed in the group confidential.

#### **Possible benefits**

There may be no direct benefit to you. The purpose of the study is to provide information and recommendations to the counties, so they can take action intended to improve caseworker retention and decrease turnover. This may benefit you and other caseworkers in the future.



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## **Participation is voluntary**

You do not have to be part of the focus group unless you want to be. You do not have to answer the questions at the end of this form. Your decision to participate or not, to answer all, some, or none of the questions will not affect your employment in any way.

If you decide to be part of the focus group you may leave at any time you wish, or choose not to answer any questions. Your decision to stay or leave, to answer all, some, or none of the questions posed to the group, or participate in discussing the questions and topics, will not affect your employment in any way.

## **Privacy and confidentiality**

Your answers will be treated in the strictest confidence. When we write about the study to share with the county child welfare divisions and other researchers, we will write about the combined information we have gathered. While your responses are confidentially held by the researchers, please keep in mind there will be other focus group participants present during any comments you make who may or may not share information outside of the focus group, including information that you may feel is sensitive or private. The focus group discussion will be audio taped, but no names will be included on the audiotape. Only the research team will have access to the audiotapes, and they will be kept in a secure location.

## **Questions?**

Do you have any questions about anything we just talked about?

If you have any questions about the study at any time you may contact Denise Raven at 970-491-3475. If you have any questions about your rights as a volunteer in this research study, please contact the IRB Coordinator at CSU at [RICRO\\_IRB@mail.colostate.edu](mailto:RICRO_IRB@mail.colostate.edu) or 970.491.1553.

Thank you!

Denise Raven, MSW  
Doctoral Candidate  
Phone: 970-491-3475  
[denise.raven@colostate.edu](mailto:denise.raven@colostate.edu)

Marc Winokur, Ph.D.  
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### Written questions used to collect information from Focus Group Participants

You may answer some, none, or all of the following questions.

1. What is your current position (role)? \_\_\_\_\_
2. How long have you been in your current position? \_\_\_\_\_
3. If you have had a previous position, how long have you worked in public child welfare altogether? \_\_\_\_\_
4. What is the current size of your caseload? \_\_\_\_\_
5. What is the average size of your caseload in a month? \_\_\_\_\_

Consent to Participate for Supervisor Phone Interviews

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**Name of Research Study:** Colorado Caseworker Retention Study

**Lead Researchers:**

Marc Winokur, Ph.D., Director of the Social Work Research Center, Colorado State University and Denise Raven, Doctoral Student, School of Social Work, Colorado State University

**About the study**

ARCH, the 12 year collaboration between The Social Work Research Center at Colorado State University (CSU) and 11 Colorado counties' child welfare divisions are collecting information about caseworker retention to decrease turnover. The study is using three ways to gather information, an online survey of caseworkers that has already been completed, 3-4 focus groups with caseworkers, and phone interviews with caseworker supervisors. The interviews will be conducted by Denise Raven, a doctoral candidate with experience in public child welfare. This study is funded by ARCH.

**Invitation to participate**

You are invited to participate in a supervisor interview. The interviews will be used to gather information from some supervisors of caseworkers. You were contacted by email and chose to be interviewed.

**What can I expect?**

For this study, you will be asked questions about your past experiences as a caseworker and your current experiences as a supervisor of caseworkers. You will also be asked your thoughts about caseworker turnover and retention, preventing or managing secondary traumatic stress, and what county managers can do to increase retention. The interviews are expected to last 30-45 minutes and will be conducted by Denise Raven at a time that is convenient for you. The interview will be audiotaped. Only the research team will have access to the audiotape, and the audiotape will be stored in a secure location.

**Possible risks**

There are no known risks to you if you choose to be interviewed.

**Possible benefits**

There may be no direct benefit to you. The purpose of the study is to provide information and recommendations to the counties, so they can take action intended to improve caseworker retention and decrease turnover. This may benefit caseworkers and supervisors in the future.

**Participation is voluntary**

You do not have to be interviewed unless you want to be. Your decision to participate or not, to answer all, some or none of the questions will not affect your employment in any way.

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If you decide to be interviewed you may stop at any time you wish, or choose not to answer any questions. Your decision to stop or not answer any questions will not affect your employment in any way.

## Privacy and confidentiality

Your answers will be treated in the strictest confidence. When we write about the study to share with the county child welfare divisions and other researchers, we will write about the combined information we have gathered. Your responses will be confidentially held by the researchers. None of the information you share will be linked back to you when we share our findings with others. The interviews will be audio taped, but no names will be included on the audiotapes. Only the research team will have access to the audiotapes, and they will be kept in a secure location.

## Questions?

Do you have any questions about anything we just talked about?

If you have any questions about the study at any time you may contact Denise Raven at 970-491-3475. If you have any questions about your rights as a volunteer in this research study, please contact the IRB Coordinator at CSU at [RICRO\\_IRB@mail.colostate.edu](mailto:RICRO_IRB@mail.colostate.edu) or 970.491.1553.

Thank you!

Denise Raven, MSW  
Doctoral Candidate  
Phone: 970-492-9145  
[denise.raven@colostate.edu](mailto:denise.raven@colostate.edu)

Marc Winokur, Ph.D.  
Advisor and Principal Investigator  
[Marc.Winokur@colostate.edu](mailto:Marc.Winokur@colostate.edu)  
CSU School of Social Work



## Appendix D

### Survey Questions Used to Answer Research Questions

Q33 I intend to stay in my current position.	<input type="radio"/> 6 months (1) <input type="radio"/> 1 year (2)	<input type="radio"/> 2 years (3) <input type="radio"/> More than 2 years (4)
Q29 How many years of total professional experience in child welfare do you have?	<input type="radio"/> 0-6 months (1) <input type="radio"/> 7-11 months (2) <input type="radio"/> 1 year (3) <input type="radio"/> 2 years (4) <input type="radio"/> 3 years (5) <input type="radio"/> 4 years (6) <input type="radio"/> 5 years (7) <input type="radio"/> 6 years (8)	<input type="radio"/> 7 years (9) <input type="radio"/> 8 years (10) <input type="radio"/> 8 years (11) <input type="radio"/> 9 years (12) <input type="radio"/> 10 years (13) <input type="radio"/> 11-14 years (14) <input type="radio"/> 15-19 years (15) <input type="radio"/> 20 or more years (16)
Q41 If your experiences have not matched your initial expectations, how are they different?	Text response	
Self-Care and STS knowledge and access questions #42-#47		
Q42 I learned about self-care in my educational program.	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (0)	
Q43 I learned about secondary traumatic stress (STS) in my educational program.	<input type="radio"/> Yes (1) <input type="radio"/> No (0) <input type="radio"/> N/A (0)	
Q44 My employer offers self-care trainings/workshops.	<input type="radio"/> Yes (1) <input type="radio"/> No (0)	
Q45 My employer offers secondary traumatic stress (STS) training/workshops	<input type="radio"/> Yes (1) <input type="radio"/> No (0)	
Q46 My supervisor encourages me to use positive self-care strategies.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Somewhat disagree (2) <input type="radio"/> Neither agree nor disagree (3)	<input type="radio"/> Somewhat agree (4) <input type="radio"/> Strongly agree (5)
Q47 My team encourages me to use positive self-care strategies.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Somewhat disagree (2) <input type="radio"/> Neither agree nor disagree (3)	<input type="radio"/> Somewhat agree (4) <input type="radio"/> Strongly agree (5)

Additional questions		
Q97 How old are you?	<input type="radio"/> 20-24 (1) <input type="radio"/> 25-35 (2) <input type="radio"/> 36-45 (3)	<input type="radio"/> 46-55 (4) <input type="radio"/> 56-65 (5) <input type="radio"/> 66-75 (6)
Q98 What is your gender identity?	<input type="radio"/> Female (1) <input type="radio"/> Male (2)	<input type="radio"/> Transgender (3) <input type="radio"/> Gender non-conforming (4)
Q100 What is your relationship status?	<input type="radio"/> Single (including divorced or widowed) (1)	<input type="radio"/> Married or domestic partnership (2)
Q101 Do you have children?	<input type="radio"/> Yes (1) <input type="radio"/> No (0)	<input type="radio"/>
Q102 What is your highest level of education achieved?	<input type="radio"/> High School diploma or G.E.D. (1) <input type="radio"/> Associate's (2)	<input type="radio"/> Bachelor's (3) <input type="radio"/> Master's (4) <input type="radio"/> Ph.D. (5)
Q106 What is your highest level degree in?	<input type="radio"/> Social Work (1) <input type="radio"/> Psychology (2) <input type="radio"/> Human Services related field (3)	<input type="radio"/> HDFS (Human Development and Family Studies) (4) <input type="radio"/> Other (please specify): (5)

Question 33 was used as the dependent variable in the analyses of all the quantitative research hypotheses and the quantitative research question. Questions 29, 97, 98, 100, and 101 were used to collect the demographic information. Questions 29, 102, and 106 in addition to the scale and subscale means were used in the ordinal hierarchical regression to build a predictive model for intent to stay. The scale and subscale questions are located in Appendix F (ProQOL), and the Leader-Member Exchange and Psychological Safety scales are located in Appendix G. All ProQOL questions with reverse scoring codes are noted by REV. The single question with reverse coding in the Psychological Safety scale is also noted.

The revised focus group and supervisor interview protocols are located in Appendix E. The findings from the focus groups and interviews were used to answer the qualitative research questions. The qualitative findings from question 41, the focus groups and interviews were combined with the quantitative results to answer the mixed methods research questions.

## Appendix E

### Focus Groups and Supervisor Interviews Protocols

#### Focus Group Protocol

Hand out consent forms and face sheets (see end). Briefly review the consent form and ask for any questions. Go around the room for first question, for the remaining questions please jump in.

1. What is your first name and what is something that makes you smile?
2. What is the most satisfying aspect of your work in PCW?
3. What is the most difficult?
4. What can be done to increase retention? Or Miracle Question, depending on time.

#### Miracle Question

5. If you came into work on Monday morning and your position had magically transformed into the ideal job, how could you tell? What would be different?
6. (If there is time, and/or a need for positive ending) What are some ways you keep in mind the importance of the work you do?

Optional, if there is time:

There were several subscales on the survey, Leader-Member (mod-high) exchange about relationship with supervisor, Psychological Safety (mod-high) about relationship with team members, Secondary traumatic stress (low-average), Burnout (low-average) and Compassion Satisfaction (average-high), feeling good about helping others in professional role. These are good scores, and still people leave. What do you think is going on?

## Supervisor Interview Protocol

Email consent form ahead of time. Briefly review consent form and ask for any questions about the consent or interview.

1. What type of team do you supervise?
2. How many people are on your team?
3. How long have you been a supervisor?
4. What was your position before becoming a supervisor?
5. What is the best part of being a supervisor?
6. What is the most difficult part of being supervisor?
7. How well did your training prepare you for your work as s supervisor?
8. What, if any, do you think is the role of the managers above supervisors and at the higher county level in caseworker retention?
9. What, if any, do you think is the role of supervisors in caseworker retention? (if this has not been addressed in previous responses)
10. Do you have any additional thoughts about caseworker retention you would like to share, or think that I should know about?

Thank you for taking the time to speak with me. If you have questions or additional thoughts, please contact me by email or phone.

If there is time:

8. On the survey, caseworkers ranked the factors most important to them when they first started in child welfare and to stay in their current county. Supervisor support becomes more important. What are your thoughts about that result? (if applicable, connect/refer to description of “best part”)

Possibilities for promotion become less important. What are your thoughts about that result?



## Appendix F

### Professional Quality of Life Scale (ProQOL) Version 5 (2009)

When you work with people you have direct contact with their lives. As you may have found, your compassion for those you *work with* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *caseworker*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

Choices are 1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often

Reverse (REV) scored questions have the same choices, but the numbers are reversed:

5 = Never; 4 = Rarely; 3 = Sometimes; 2 = Often; 1 = Very Often

The subscale each question belongs in is listed in the left column, and reverse coded questions are noted by REV. BO = burnout; STS = secondary traumatic stress; CS = compassion satisfaction. The items in *italics* can be revised by anyone administering the scale to better match the work environment of the participants.

REV BO subscale	I am happy.
STS subscale	I am preoccupied with more than one person I work with or have heard about.
CS subscale	I get satisfaction from being able to <i>work with</i> people.
REV BO subscale	I feel connected to others
STS subscale	I jump or am startled by unexpected sounds.
CS subscale	I feel invigorated after working with those I work with.
STS subscale	I find it difficult to separate my personal life from my life as a Child Welfare worker.
BO subscale	I am not as productive at work because I am losing sleep over traumatic experiences of a person I <i>work with</i> .
STS subscale	I think that I might have been affected by the traumatic stress of those I work with.
BO subscale	I feel trapped by my job as a <i>Child Welfare worker</i> .
STS subscale	Because of my Child Welfare work, I have felt "on edge" about various things
CS subscale	I like my work as a Child Welfare caseworker.
STS subscale	I feel depressed because of the traumatic experiences of the people I <i>work with</i> .
STS subscale	I feel as though I am experiencing the trauma of someone I have <i>worked with</i> .
REV BO subscale	I have beliefs that sustain me.

CS subscale	I am pleased with how I am able to keep up with <i>[child welfare]</i> techniques and protocols.
REV BO subscale	I am the person I always wanted to be
CS subscale	My work makes me feel satisfied.
BO subscale	I feel worn out because of my work as a <i>child welfare worker</i> .
CS subscale	I have happy thoughts and feelings about those I <i>work with</i> and how I could help them.
BO subscale	I feel overwhelmed because my <i>caseload</i> seems endless.
CS subscale	I believe I can make a difference through my work.
STS subscale	I avoid certain activities or situations because they remind me of frightening experiences of the people I <i>work with</i> .
CS subscale	I am proud of what I can do to <i>help children and families</i> .
STS subscale	As a result of my <i>child welfare work</i> , I have intrusive, frightening thoughts
BO subscale	I feel "bogged down" by the system.
CS subscale	I have thoughts that I am a "success" as a <i>Child Welfare worker</i> .
STS subscale	I can't recall important parts of my work with trauma victims.
REV BO subscale	I am a very caring person.
CS subscale	I am happy that I chose to do this work

## Appendix G

### Psychological Safety Scale Questions

Response choices are: 1=Very strongly disagree; 2=Strongly disagree; 3=Disagree; 4=Neutral; 5=Agree; 6=Strongly agree; 7=Very strongly agree

1. If you make a mistake in our workgroup (team/unit), it is often held against you. (Reverse scored)
2. The people in my workgroup value each other's unique skills and talents.
3. Members of my workgroup are able to bring up problems and tough issues.
4. It is safe to take an interpersonal risk in our workgroup.

### Leader-Member Exchange Scale Questions

Response choices are: 1=Very strongly disagree; 2=Strongly disagree; 3=Disagree; 4=Neutral; 5=Agree; 6=Strongly agree; 7=Very strongly agree

1. In my workgroup we know where we stand with our supervisor(s)
2. Our supervisor(s) understands the needs of employees in my workgroup
3. Regardless of our supervisor(s)'s formal authority, he/she would use his/her power to help the employees in my workgroup solve problems in their work.
4. Regardless of our supervisor(s)'s formal authority, he/she would support us at his/her expense.
5. We have enough confidence in our supervisor(s) to defend his/her decisions if he/she was not present to do so.
6. In my workgroup, staff have a very effective relationship with our supervisor(s).
7. Job decisions are made by my supervisor(s) in an unbiased manner.
8. My supervisor(s) makes sure that all employee concerns are heard before job decisions are made.

## Appendix H

### Factor Ranking Survey Questions and Results

Three of the survey questions asked for 11 factors to be ranked in order of importance from 1=most important to 5=least important. Most of the caseworkers ranked the factors from 1 to 11. The results for each question are listed below. The top 5 factors for each question from most important to least important are in bold. The *lower* the mean the *more important* the item was ranked.

#### Survey Factor Results

Factor Means for: What factors most strongly influenced you to begin working in child welfare?  
*1=most important, 11=least important (n = 808)*

---

<b>1. Commitment to Child Welfare</b>	<b>mean = 2.97</b>
<b>2. Benefits</b>	<b>mean = 3.63</b>
<b>3. Job availability</b>	<b>mean = 3.80</b>
<b>4. Flexible schedule</b>	<b>mean = 4.86</b>
<b>5. Location</b>	<b>mean = 5.35</b>
6. Possibilities for promotion	mean = 6.70
7. Organizational climate	mean = 7.36
8. Child Welfare stipend	mean = 7.40
9. Social connections	mean = 7.72
10. Supervisor support	mean = 7.96
11. High salary	mean = 8.24

Factor Means for: What factors most strongly influenced you to stay in child welfare?  
*1=most important, 11=least important (n = 792)*

---

<b>1. Commitment to Child Welfare</b>	<b>mean = 3.04</b>
<b>2. Benefits</b>	<b>mean = 3.38</b>
<b>3. Flexible schedule</b>	<b>mean = 3.99</b>
<b>4. Job availability</b>	<b>mean = 5.68</b>
<b>5. Location</b>	<b>mean = 5.92</b>
6. Supervisor support	mean = 6.18
7. Possibilities for promotion	mean = 7.26
8. Social connections	mean = 7.33
9. Child Welfare stipend	mean = 7.42
10. Organizational climate	mean = 7.58
11. High salary	mean = 8.22

Factor Means for: What factors most strongly influenced you to stay in your county?  
*1=most important, 11=least important (n = 780)*

---

<b>1. Benefits</b>	<b>mean = 3.48</b>
<b>2. Commitment to Child Welfare</b>	<b>mean = 3.95</b>
<b>3. Flexible schedule</b>	<b>mean = 4.30</b>
<b>4. Location</b>	<b>mean = 4.84</b>
<b>5. Job availability</b>	<b>mean = 5.69</b>
6. Supervisor support	mean = 5.90
7. Social connections	mean = 7.08
8. Organizational climate	mean = 7.29
9. Child Welfare stipend	mean = 7.44
10. Possibilities for promotion	mean = 7.60
11. High salary	mean = 8.44