

## Burnout, compassion satisfaction, and coping strategies among child welfare workers

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### ABSTRACT

The purpose of the current study was to understand the adverse conditions of burnout and compassion satisfaction and to understand what efforts are taken by child welfare workers to deal with the adverse effects of their profession, in addition to assessing the average levels of burnout and compassion satisfaction among them. The study was conducted by administering the Professional Quality of Life Scale (Stamm, 2010) on 70 child welfare workers to understand the levels of average burnout and compassion satisfaction among child welfare workers using non stratified purposive sampling technique and In-depth interviews were conducted with 5 randomly chosen participants using interview schedules developed by the researchers. Through the in-depth interviews, the researchers attempted to understand the adverse conditions that child welfare workers faced, the efforts they took to cope and the support they were given from others. The results also indicated that compassion satisfaction was found to be higher compare to burn out among child welfare workers. It was observed that active coping methods were generally preferred and good support was given by friends, family members, colleagues and employers in terms of resources, emotional expression, and problem-solving conversations. But there was no knowledge of other coping methods among the group. Hence, it was suggested that the measures may be taken to include methods to enhance compassion satisfaction while providing job training, in order to provide additional coping resources to them while simultaneously reducing burnout.

**Keywords:** *Burnout, compassion satisfaction, coping, child welfare workers*

**B**urnout is often considered synonymous to stress and the usage is also mixed in daily language. Various definitions of burnout exist which provide clarity and a scope for distinction between these two terms. For instance, burnout may be described “as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity” (Korunka, Tement, Zdrehus & Borza). The phenomenon was originally thought to be specific to the human

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services: teaching, social work, healthcare professionals, but increasingly the spectrum of jobs where working individuals faced burnout has widened.

Maslach's theory provided a distinction to this stress experience of burnout as opposed to other general stress experiences we face. With respect to this theory, "burnout is an individual stress experience embedded in a context of complex social relationships, and it involves the person's conception of both self and others" (Maslach, 1998). The theory branched out from the one-dimensional approach by including the consequences of burnout toward others (depersonalization) and towards self (reduced personal accomplishment) (Maslach, 1998). Increasingly, burnout is considered a social phenomenon which is at odds with stress which is considered an individual phenomenon (Korunka, Tement, Zdrehus & Borza). Thus, interpersonal relationships seem to have an important role to play in the development of burnout, or sometimes in deterring burnout.

Perhaps the aspect that distinguishes burnout from simple stress is the prolonged process that eventually results in observable and marked changes in attitude and behavior. This has led to research on the stages and the process through which burnout takes place. Logically, it would seem that emotional exhaustion is the primary step that may take place due to a plethora of reasons: work overload, monotonous work, lack of social support from coworkers or family, nature of work etc. However, there is continued dissent regarding the progression of stages.

The aspect of misfit between a person's capabilities/ expectations and the job was previously emphasized. Maslach (1998), in her theory mentions six different areas where this could happen. They are work overload (where there is a gap between the amount of work to be done and the amount of resources that are available), lack of control, insufficient rewards, breakdown of community, absence of fairness and value conflict.

Personality characteristics could also be a predictor of how the stressor is dealt with and whether it subsequently manifests as burnout (Rohling). High self-esteem, internal locus of control, general self-efficacy, conscientiousness, extraversion, hardiness and agreeableness are all associated with lower levels of emotional exhaustion and depersonalization (Alarcon, Eschelman & Bowling, 2009). Hence, it can be seen that our appraisal of the stressor determines the effects it has on us.

### ***Compassion satisfaction***

"Compassion satisfaction is the positive feelings about people's ability to help and relates to quality of work life" (Stamm, 2010). The positive feelings about being able to aid those in need, in addition to the individual's perceived role in bettering society enumerate this feeling of satisfaction (Decker et al., 2015). Similar definitions seem to incorporate two aspects to compassion satisfaction: positive affect and a sense of job satisfaction particular to social work. Indeed, for good attitudes towards work, job satisfaction is a crucial component.

But the role of compassion satisfaction seems 'vital' when the work in question is human services (Figley, 2013). This notion was validated in a study conducted on physicians to understand clinical empathy in care-giving settings (Gleichgerricht & Decety, 2013). It was seen that compassion satisfaction had strong associations with empathic concern, perspective taking and altruism. In contrast, compassion fatigue was associated with personal distress. Especially in this vocation, the aforementioned factors associated with compassion satisfaction are prized and are prerequisites to working in this sector. Without

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perspective taking, any professional in a care-giving setting would be unable to comprehend the realities of the patient / individual's conditions and cannot offer objective solutions or aid to alleviate these conditions.

Also, due to the physically and mentally exhaustive qualities of this vocation, compassion satisfaction becomes necessary. These effects have been extensively documented. For instance, physically, such individuals are prone to stress related physical illnesses such as gastrointestinal problems, fatigue, headaches, insomnia etc., (Decker et al., 2015). Also, with respect to mental faculties, dissatisfied workers were likely to have difficulties with attention, concentration and decision making (Christopher & Maris, 2010).

However, as stated earlier, if compassion satisfaction were to be high, research has shown that the probability of reducing this distress was high. For instance, positive affect has been found to have a significant positive relationship with compassion satisfaction (Zhang et al., 2018). The converse has found to be true of compassion fatigue which is the negative effect associated with social work.

Factors such as work environment, client environment and person environment can influence both compassion satisfaction and compassion fatigue (Stamm, 2010). In his work on developing the professional quality of life scale, Stamm (2010) notes that "overall concept of professional quality of life is associated with characteristics of the work environment (organizational and task - wise), the individual's personal characteristics and exposure to primary and secondary trauma in the work setting".

These factors are of particular importance when the vocation in question comes under the umbrella of human services. The work environment in these cases is highly stressful, and the positive outcomes of the work accomplished, may take an unspecified amount of time to manifest. In addition, the permanence of the positive changes observed is relative. This may create a need for repetitive work to be done to ensure change takes place, but the emotional toll this takes on the helper in question is of importance. The work though held in high regard, may (due to the aforementioned factors) create a sense of incompetence in the individual, due to the lack of sustained and observable change.

Despite these factors, it is interesting to note that a growing body of research points to the phenomenon where both burnout/ compassion fatigue and compassion satisfaction are high. That is, even though the work may not be rewarding in many aspects, it seems to be fulfilling, in a sense relating to a manifestation of altruistic behavior.

Perhaps, the most significant attribute attached to this concept, is that it is controllable. When various factors causing burnout or compassion fatigue are reviewed, it may seem that the causal variables may often not be subject to change as per the employee's requirements. They may range from the pressures created due to the time required to be given to the daily tasks, lack of social support (peers/ employers / friends / family), and Government restrictions or as seen widely, lack of sufficient resources. However, efforts can be taken by the individual to increase compassion satisfaction and by association, mitigate the negative effects of burnout. For instance, in a study conducted by Alkema, Linton & Davies (2008), it was seen that use of adequate self-care strategies predicted lower levels of burnout, compassion fatigue and higher levels of compassion satisfaction.

### ***Coping***

Coping is defined as the “set of intentional, goal-directed efforts people engage in to minimize the physical, psychological, or social harm of an event or situation” (Lazarus & Folkman, 1984). These goal-directed efforts are referred to as coping ‘strategies’ or ‘mechanisms’. In general, coping may be categorized thus: active, avoidant, problem-focused or emotion-focused. An active coping style requires recognizing that there is a problem, and making deliberate attempts to reduce the distress.

Also, active coping involves modifying the nature of the stressful circumstance, or one’s cognition of the situation with either behavioral or psychological responses (Taylor, 1998). Avoidant coping is simply avoiding or refusing to acknowledge the existence of a problem. “These strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events” (Taylor, 1998). Problem-focused coping refers to directly dealing with the problem to reduce the distress whereas; emotion-focused coping refers to making attempts to simply reduce the feelings of emotional distress.

Most of us use all these styles of coping in various circumstances throughout life. However, the preference of one style over the other is decided by personal style and by the stressful event that has necessitated the use of a coping strategy (Taylor, 1998).

Not all coping styles are useful or healthy over a period of time. The use of maladaptive techniques can cause increased distress over time. Maladaptive strategies such as distraction, denial, substance abuse and others are likely to cause compassion fatigue and burnout (Thompson, Amatea & Thompson, 2014). On the contrary, the use of active coping strategies such as positive reframing, seeking peer support, and study kept levels of compassion fatigue and burnout low and reflected attempts towards positive self-care by the individuals (Killian, 2008).

Similarly, when coping with stress and adjustment, problem-focused coping had positive relations than emotion-focused coping (Herman & Tetrick, 2009). However, this appears to be a grey area as contradictory results have been obtained over the years. For instance, in women experiencing intimate partner violence, the use of emotion-focused coping helped reduce symptoms of post-traumatic stress disorder (Lilly & Graham-Bermann, 2010). But, avoidance coping has been found to have consistently negative outcomes, as it fails to deal with the root cause, allowing the stressful event to magnify and result in increasingly intolerable outcomes. It has been linked to victimization in the case of intimate partner violence, poor mental health and substance abuse (Flanagan, Jaquier, Overstreet, Swan & Sullivan, 2014).

In a review of coping strategies (Rohling), it was noted that cognitive restructuring, social support, expressing emotions and exercise were some of the coping strategies that numerous social workers used, the primary strategy being problem solving. It can be seen that active methods of coping are generally preferred, perhaps due to the positive aftermath of such methods. Indeed, it would make sense to use such strategies as it enables a way forward, putting the difficult situation behind oneself rather than carrying it along and actively expending effort to ignoring them (which is the case with problem avoidance), and in the process exposing oneself to burnout or other additional repercussions. The review also

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pointed out the negative strategies that the population applied, which were problem avoidance, wishful thinking, social withdrawal and self-criticism. It could be that none of these methods are successful or helpful in the long run, as they do not attempt to tackle the problem at its root.

### ***Social work***

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work” (International Federation of social workers, 2019). Various definitions of social work, in summary provide an understanding of what entails social work: social workers are professionals who provide care and work toward the upliftment of socially affected or marginalized communities.

Social work constitutes a broad spectrum, ranging from the area of child and family welfare, public health, mental health, substance abuse, rape and domestic abuse victims, providing opportunities for enhancement of marginal communities and so on.

However, a shift has been observed in the past two decades, in how social work is approached and carried out. Longitudinal studies (carried out by resilience researchers) of children affected by diverse conditions of social deprivation, ranging from teen mothering, divorce, delinquency, foster care etc., have revealed that in spite of these harsh growing environments, these children endured and became successful, by a good margin according to societal indicators (Saleebey, 2006). Thus Saleebey (2006) speaks of a ‘strengths’ approach that is setting a new precedent in the social work arena. Social workers are increasingly focusing on the assets or strengths they could work with (with respect to the group they are aiding), rather than the deficits.

In addition, “they are increasingly attracted to working in partnership “with” instead of doing “to” (Saleebey, 2006). This has been a welcome change, as it reduces the sympathetic gaze through which these populations feel they are viewed. There has been much debate of activists occupying the space meant for the marginalized, and talking ‘for’ them, instead of stepping aside and providing them with the platform to speak for their struggles themselves.

## **METHODOLOGY**

### ***Research questions***

1. What is the level of average burnout and compassion satisfaction among child welfare workers?
2. What are the adverse conditions child welfare workers faces? And what kind of efforts, support they get from others to cope with this?

### ***Objectives***

1. To assess level of average burnout and compassion satisfaction among child welfare workers.
2. To understand the adverse conditions that child welfare workers face, efforts they employ themselves and kind of support they get from others to cope with this.

### ***Operational definitions***

**Burnout:** In the current study, burnout is defined as the effect of unrelenting stress associated with job demands.

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**Compassion satisfaction:** In the current study, compassion satisfaction is defined as the positive feelings or the satisfaction derived from being engaged in social work.

**Coping:** In the current study, coping is defined as the measures undertaken to reduce negative feelings, deal with negative outcomes and generally regain a positive outlook.

### ***Design of the study***

Descriptive survey

### ***Sample***

The sample consisted of 70 child welfare workers from various organizations. 5 child welfare workers were randomly selected for qualitative data collection purposes.

### ***Sampling technique***

Purposive sampling technique, with a non-stratified sampling framework was proposed.

### ***Tools***

The Professional Quality of Life Scale developed by Stamm (2010). It measures compassion satisfaction, burnout and compassion fatigue and secondary traumatic stress, but the scale items may be used individually to measure only specific variables as the scale has good construct validity. The reliability and validity found for the scale: compassion satisfaction  $\alpha = .88$  (n=1130); burnout  $\alpha = .75$  (n=976); compassion fatigue  $\alpha = .81$  (n=1135).

Interview schedules were developed by the researchers. These discussions were recorded by the researcher for further analysis.

The questions were as follows:

1. Do you come across challenging situations in your workplace? If yes, can you elaborate on which instances are most frequent?
2. What techniques do you utilize to deal with difficult situations in the workplace?
3. What kind of support do you get from your employers and peers?
4. What kind of support do you get from your friends and family members?
5. Do you know of any other methods through which you could reduce the burnout you face?
6. In spite of all these difficulties, why do you continue to work in this area? What keeps you motivated?

### ***Statistical analysis***

Descriptive statistics were utilized using Statistical analysis 'R' software.

### ***Procedure***

The consent form was administered to the participants, and their socio demographic details were collected. The participants were obtained through purposive sampling technique. They were assured of the confidentiality of their responses. In-depth interviews were conducted with 5 participants based on the questions framed by the researchers in order to understand their views on various concerns relating to their vocation. The data was analyzed using 'R' statistical package. Descriptive statistics was utilized to assess the level of burnout and compassion satisfaction in the child welfare workers.

**RESULTS AND DISCUSSION**

The following results were discussed as per objective wise.

**Objective 1: To assess level of average burnout and compassion satisfaction among child welfare workers**

*Table 1: Descriptive statistics of the child welfare workers for the average levels of burnout and compassion satisfaction.*

	N	Mean	SD
<b>Burnout</b>	<b>70</b>	<b>24.54</b>	<b>5.17</b>
Compassion satisfaction	70	40.04	5.00

The above table 1. Shows that the mean scores of child welfare workers on burnout and compassion satisfaction. The child welfare workers had a mean score of 24.54 for burnout and a score of 40.04 for compassion satisfaction. This implies that in the current study, that the samples of child welfare workers under consideration have higher levels of compassion satisfaction than burnout.

**Objective 2: To understand the adverse conditions that child welfare workers face, efforts they employ themselves and kind of support they get from others to cope with this.**

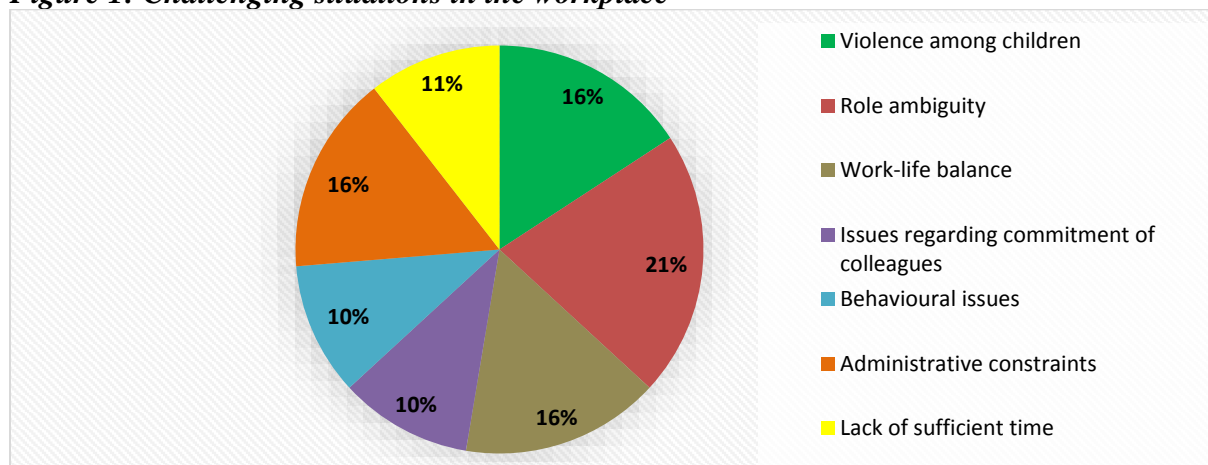
*In-depth interview with child welfare workers:*

The researchers conducted in-depth interviews with 5 child welfare workers to understand different concerns. They are as follows:

1. Do you come across challenging situations in your workplace? If yes, can you elaborate on which instances are most frequent?
2. What techniques do you utilize to deal with difficult situations in the workplace?
3. What kind of support do you get from your employers and peers?
4. What kind of support do you get from your friends and family members?
5. Do you know of any other methods through which you could reduce the burnout you face?
6. In spite of all these difficulties, why do you continue to work in this area? What keeps you motivated?

**Concern 1: Do you come across challenging situations in your workplace? If yes, can you elaborate on which instances are most frequent?**

*Figure 1: Challenging situations in the workplace*

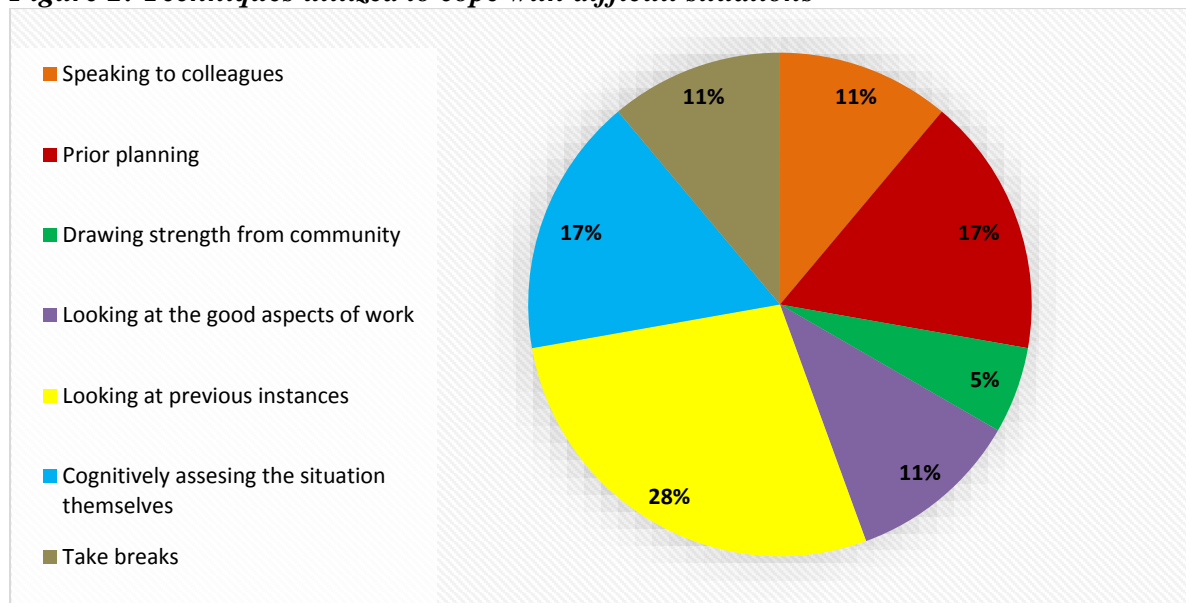


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An analysis of the figure 1. Indicated that role ambiguity was the major challenge that child welfare workers face in their workplaces with almost 21% speaking about this aspect. As an extension, 16% said that their work life balance was affected, and they were unable to have a clear personal boundary. 16% said that administrative constraints such as obtaining due permission in government schools, obtaining support from government officials, or counterparts in schools were a challenge. Another 11% indicated that there were instances of lack of commitment from immediate team members and they lacked support. 11% of the participants said that due to time constraints they were unable to meet targets and were forced to repeat or spend additional time. 16% of participants mentioned violence among the children they interact with was a challenging situation that they were yet to successfully deal with. Similarly, 11% spoke about various behavioral issues such as lack of attention, disrupting classes, coming late etc.

### Concern 2: What techniques do you utilize to deal with difficult situations in the workplace?

*Figure 2: Techniques utilized to cope with difficult situations*

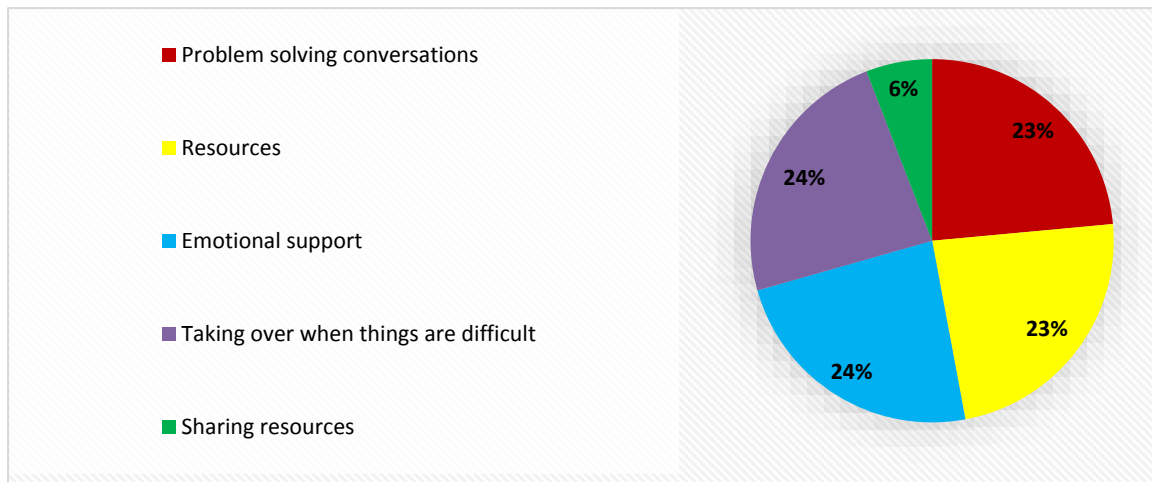


An analysis of the figure 2. Indicated that the majority of the participants (28%) look back at their own, or their colleagues' past experience to understand how to deal with difficult situations. 11% also said that discussing work issues with colleagues was useful for them. 17% said that they take a step back and think objectively about the situation. Another 17% said prior planning and prioritizing with respect to both personal and professional life helped them. 11% said that reflecting on the good aspects of work helped them through challenging situations positively. Another 11% noted that taking a step back from the work, by either taking breaks or allowing experienced colleagues to take over, let them come back to work rejuvenated. 6% said that they drew their strength from the community of people they worked with. Most of the efforts at coping mentioned were problems solving oriented and no avoidant strategies were utilized by the child welfare workers to combat their problems.



**Concern 3: What kind of support do you get from your employers and peers?**

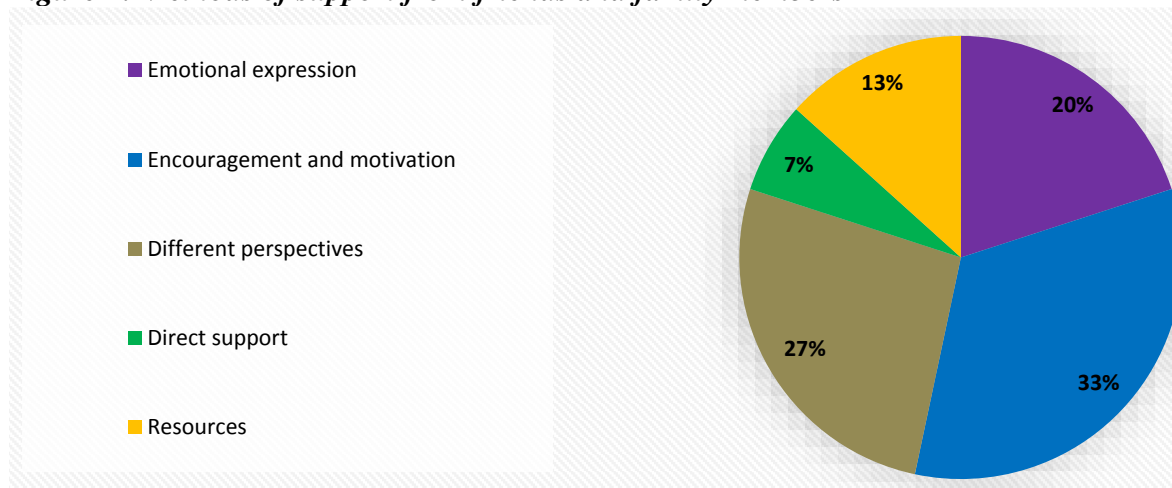
*Figure 3: Methods of support from employers and peers*



An analysis of the figure 3. Shows that 24% of the participants indicated that they received emotional support from their employers and peers. Another 24% said that their peers helped them by sharing resources, and similarly 6% said their peers shared information that made it easier for them to face difficult work situations. 24% of participants also indicated that peers supported them by taking over their roles/ sharing job tasks when things were difficult. Finally, 24% of participants also indicated that having problem solving conversations to directly deal with issues was a huge support that they received from both employers and colleagues.

**Concern 4: What kind of support do you get from your friends and family members?**

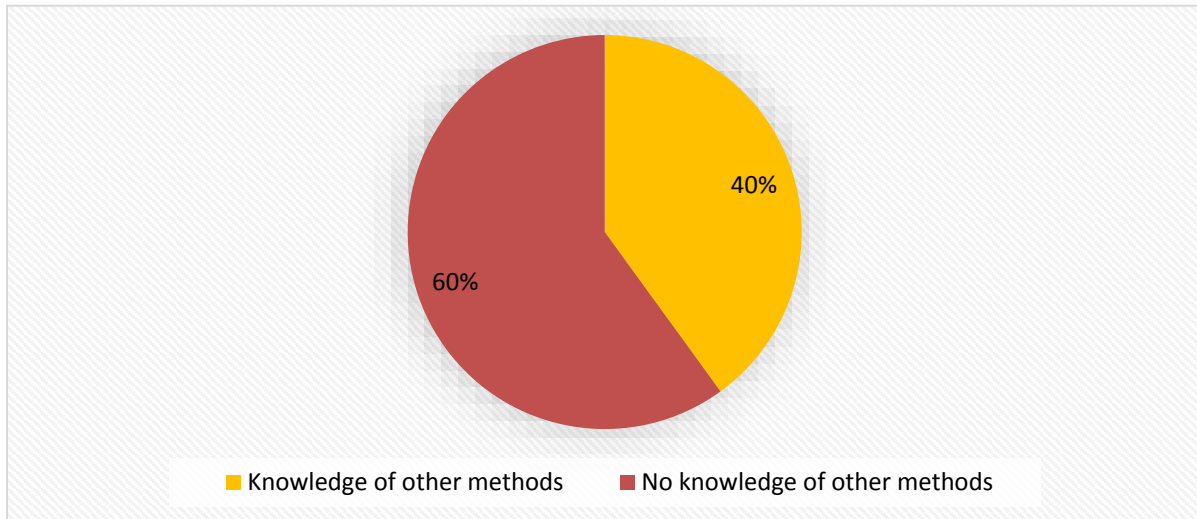
*Figure 4: Methods of support from friends and family members*



An analysis of the figure 4. Shows that 7% of the participants indicated that they receive direct on ground support, particularly when they are short-staffed. 13% said that family and friends helped them by providing various resources to do their job. 27% of the participants indicated that friends and family members supported them through difficult times by offering different perspectives on how best to tackle the problem. 20% said that family members and close friends provided the space for emotional expression (as a way of venting out job related frustrations). A majority of the participants (33%) said that friends and family members provided major support by providing encouragement and motivation in times of hardship and enabled them to stay strong.

**Concern 5: Do you know of any other methods through which you could reduce the burnout you face?**

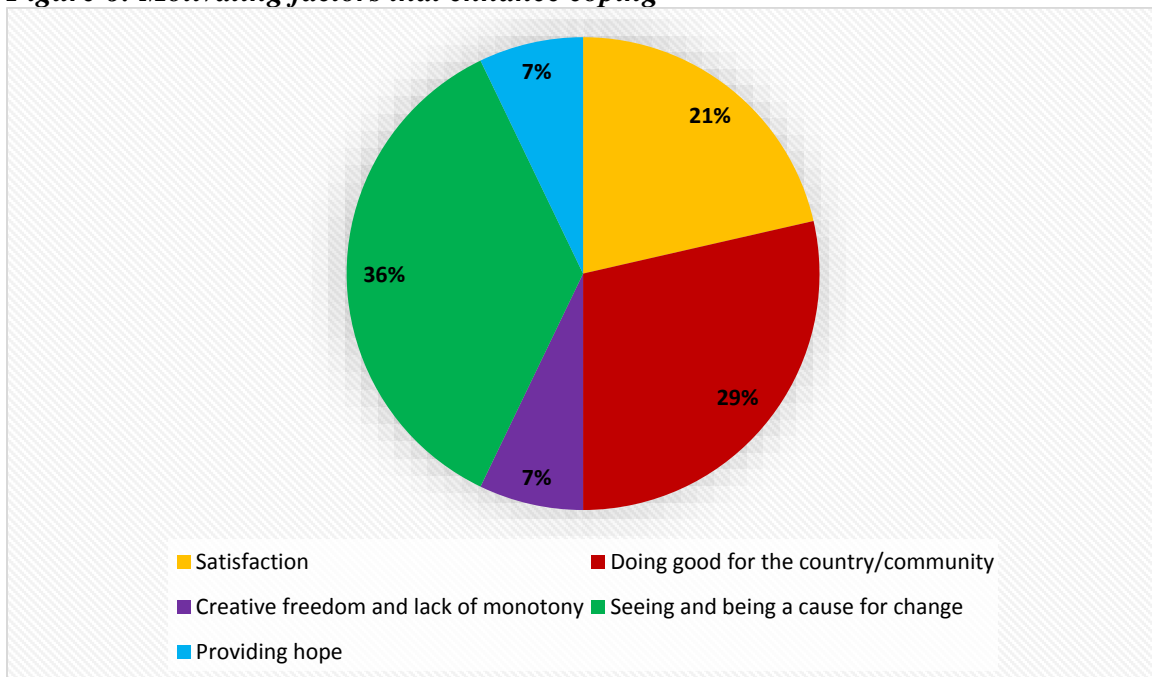
*Figure 5: Knowledge of other methods*



The above figure 5. Shows that only 40% of the participants had knowledge of other specific methods they could utilize to reduce the stress associated with their work. The remaining 60% of participants did not have knowledge of other measures they could use, and generally preferred to rely upon their regular coping methods.

**Concern 6: In spite of all these difficulties, why do you continue to work in this area? What keeps you motivated?**

*Figure 6: Motivating factors that enhance coping*



An analysis of the above figure indicated that 21% of the participants consider the satisfaction they derive from the job to be a motivating factor. 29% noted that they wanted to give back to the society/ community by doing good work that was necessary for the

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country. 7% said that the creative freedom that the job offered, and the dynamic nature of the work which ensured that there was no monotony was a motivating factor to continue work in this area. 36% of participants spoke about how seeing consistent change in the children they work with, the small achievements that they make, was a reason for them to continue working in this area. Another 7% indicated that being the one that brings hope to these marginalized children made them work past the hurdles and continue to be a fixture in their lives.

### **SUMMARY**

The purpose of the current study was to understand the relationship between burnout and compassion satisfaction among child welfare workers and to assess their levels. Samples of 70 child welfare workers were obtained through purposive sampling technique. The data was analyzed using descriptive statistics for the levels of average burnout and compassion satisfaction among child welfare workers. Also, based on the results of 5 child welfare workers were chosen randomly and in-depth interviews were conducted to understand the adverse conditions they face in their work. Also, their personal efforts and the support they got from others to cope with these conditions were discussed.

### **CONCLUSION**

The challenging situations that child welfare faces in their workplace include violence among children, behavioral issues, role ambiguity, administrative constraints, managing work-life balance, lack of sufficient time and issues with respect to the commitment of colleagues.

The techniques that they use to cope with difficult situations include speaking to colleagues, drawing strength from the community, prior planning, looking at the good aspects of the work, drawing ideas from previous instances, cognitively assessing the situation themselves and taking breaks.

Child welfare workers get support from their employers and peers in the following ways: problem solving conversations, emotional support, resources, taking over when things are difficult and sharing of information.

Child welfare workers get support from their friends and family members in the following ways: space for emotional expression, encouragement and motivation, different perspectives, resources and direct on ground support. A majority of the participants did not have knowledge of other methods they could utilize to reduce their burnout.

Motivating factors that helped child welfare workers cope and work past their difficulties include satisfaction, doing good for the community/country, scope for creative freedom and less monotony in the job, being the cause for hope and seeing consistent changes in the children they work with.

### ***Implications***

Specific training may be given to child welfare workers in addition to other functional job training to enable them to maintain high levels of compassion satisfaction. Evidence based research practices may be applied such as practicing self-care and empathy. This can ensure low levels of burnout in the face of unavoidable administrative, role constraints. This has major implications for job retention as well, allowing employers to reduce turnover occurring due to burnout.

## REFERENCES

- Alkema, K. Linton, M.J & Davies, R (2008) A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care*, 4(2), 101-119.
- Anderson, G.D (2000) Coping strategies and burnout among veteran child protection workers. *Child abuse & neglect*, 24(6), 839-848.
- Batson, D (2008) Prosocial motivation: is it ever truly altruistic? *Advances in experimental social psychology*, 20, 65-122.
- Ben-Zur, H & Michael, K (2008) Burnout, Social Support, and Coping at Work Among Social Workers, Psychologists, and Nurses. *Social work in healthcare*, 45(4), 63-82.
- Britt, W.T. Crane, M. Hodson, E.S & Adler, B.A (2016) Effective and ineffective coping strategies in a low-autonomy work environment. *Journal of Occupational Health Psychology*, 2(2), 154.
- Christopher, J.C & Maris, J (2010) Integrating mindfulness as self-care into counseling and psychotherapy training. *Counseling and psychology research*, 10(2), 114-125.
- Conrad, D & Kellar-Guenther, Y (2006) Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child abuse & neglect*, 30(10), 1071-1080.
- Craig, D.C & Sprang, G (2010) Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, 23(3), 319-339.
- Decker, T.J. Jodi, L. Brown, C. Ong, J & Stiney-Ziskind, A.C (2015) Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Journal of the North American Association of Christians in social work*, 42(1), 28-42.
- DePanfilis, D (2006) Compassion fatigue, burnout and compassion satisfaction: implications for retention of workers. *Child Abuse & Neglect*, 30(10), 1067-1069.
- Figley, R.C (2002) Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of clinical psychology*, 58(11)
- Figley, R.C (2013) *Treating compassion fatigue*. New York: Brunner-Routledge, 115-128.
- Flanagan, C.J. Jaquier, V. Overstreet, N. Swan, C.S & Sullivan, P.T (2014) The mediating role of avoidance coping between intimate partner violence (IPV) victimization, mental health and substance abuse among women experiencing bidirectional IPV. *Psychiatry research*, 220(1), 391-396.
- Gleichgerrcht, E & Decety, J (2013) Empathy in clinical practice: how individual dispositions, gender, and experience moderate empathic concern, burnout and emotional distress in physicians. *PloS one*, 8(4).
- Global definition of social work (2019) Retrieved from <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Grant, A.M., & Berg, J.M. 2010. Prosocial motivation at work: How making a difference makes a difference. Forthcoming in K. Cameron and G. Spreitzer (Eds.), *Handbook of positive organisational scholarship*. Oxford University Press.
- Grant, M.A & Berry, W.J (2017) The necessity of others is the mother of invention: intrinsic and prosocial motivations, perspective taking, and creativity. *Academy of management journal*, 54(1),73-96.
- Harr, R.C. Brice, S.T. Riley, K & Moore, B (2014) The Impact of Compassion Fatigue and Compassion Satisfaction on Social Work Students. *Journal of the society for social work and research*, 5(2), 233-251.

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- Hea, S.A. Phillips, D.J. Lizano, L.E. Rienks, S & Leake, R (2018) Examining internal and external job resources in child welfare: Protecting against caseworker burnout. *Child Abuse & Neglect*, 81, 48-59.
- Herman, L.J & Tetrick, E.L (2009) Problem-focused versus emotion-focused coping strategies and repatriation adjustment. *Human resource management*, 48(1).
- Hook, V. M & Rothenberg, M (2009) Quality of Life and Compassion Satisfaction/Fatigue and Burnout in Child Welfare Workers: A study of the child welfare workers in community based care organizations in Central Florida. *Social work & Christianity*, 36(1), 36-54.
- Jenaro, C. Flores, N & Arias, B (2007) Burnout and coping in human service practitioners. *Professional psychology: research and practice*, 38(1), 80.
- Joyce, O. Oladotun, A. Afolabi, A & Blessing, U (2016) Compassion Fatigue and Adopted Coping Strategies of Mental Health Service Providers Working in A Regional Psychiatric Hospital in Nigeria. *Journal of Behavior Therapy and Mental Health*, 1(2), 38.
- Killian, D.K (2008) Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44.
- Kim, H & Stoner, M (2008) Burnout and turnover intentions among social workers : Effects of role stress, job autonomy and social support. *Administration in social work* 32(3), 5-25.
- Korunka, C. Tement, S. Zdrehus, C & Borza, A (2019) Burnout : Definition, recognition and prevention approaches.
- Kraemer, M (2013) Reactions and coping strategies utilised by social workers following client suicidal behaviour.
- Leake, R. Rienks, S & Obermann, A (2017) A deeper look at burnout in the Child Welfare Workforce. *Human Service Organizations: Management, Leadership & Governance*, 41(5), 492-502.
- Lee, J. Forster, M & Rehner, T (2011) The retention of public child welfare workers: The roles of professional organizational culture and coping strategies. *Children and youth services review*, 33(1), 102-109.
- Lee, K. Pang, C.Y. Lee, A.J & Melby, N.J (2017) A Study of Adverse Childhood Experiences, Coping Strategies, Work Stress, and Self-Care in the Child Welfare Profession. *Human service organizations : management, leadership and governance*, 41(4), 389-402.
- Lilly, M.M & Graham-Bermann, A.S (2010) Intimate partner violence and PTSD: The moderating role of emotion-focused coping. *Violence and victims*, 25(5), 604-616.
- Lizano, L.E & Barak, E.M (2015) Job burnout and affective well being: A longitudinal study of burnout and job satisfaction among public child welfare workers. *Child and Youth Services Review*, 55, 18-28.
- Nook, C.E. Ong, C.D. Morelli, A.S. Mitchell, P.J & Zaki, J (2016) Prosocial Conformity: Prosocial Norms Generalize Across Behavior and Empathy. *Personality and social psychology bulletin*, 42(8), 1045-1062.
- Paul, A.M. Lange, V & Balliet, D (2011) Who volunteers in psychology experiments? An empirical review of prosocial motivation in volunteering. *Personality and individual differences*, 51(3), 279-284.
- Saleebey, D (2002) *The strengths perspective in social work practice*. Boston : Allyn and Bacon.

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- Salloum, A & Olson, R.K (2015) The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and youth services review*, 49, 54-61.
- Sprang, G. Clark, J.J & Whitt-Woosley, A (2007) Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of loss and trauma*, 12(3), 259-280.
- Stalker, A.C. Mandell, D. Frensch, M.K. Harvey, C & Wright, M (2007) Child welfare workers who are exhausted yet satisfied with their jobs: How do they do it? *Child & family social work*, 12(2), 182-191.
- Stamm, B. H (2010) The concise ProQOL manual. Pocatello, ID., The ProQOL org retrieved from [http://www.proqol.org/ProQol test.html](http://www.proqol.org/ProQol%20test.html).
- Steinlin, C. Dölitzsch, C. Kind, N. Fischer, S. Schmeck, K. Fegert, M.J & Schmid, M (2017) The influence of sense of coherence, self-care and work satisfaction on secondary traumatic stress and burnout among child and youth residential care workers in Switzerland. *Child & Youth Services*, 38(2), 159-175.
- Taylor, S (2008) Coping strategies. Retrieved from <https://macses.ucsf.edu/research/psychosocial/coping.php>
- Thompson, I. Amatea, E & Thompson, E (2014) Personal and contextual predictors of mental health counselor's compassion fatigue and burnout. *Journal of mental health counseling*, 36(1), 58-77.
- Travis, J.D. Lizano, L.E & Barak, E.M (2016) 'I'm so stressed!': A longitudinal model of stress, burnout and engagement among social workers in child welfare settings. *The British Journal of Social Work*, 46(4), 1076-1095.
- Vanieca, K (2005) Relationship Between Self-Care and Compassion Satisfaction, Compassion Fatigue, and Burnout Among Mental Health Professionals Working with Adolescent Sex Offenders. *Journal of counselling & clinical psychology*, 2(2), 81-88.
- Voet, V.J. Steijn, B & Kuipers, S.B (2016) What's in it for others? The relationship between prosocial motivation and commitment to change among youth care professionals. *Public management review*, 19(4), 443-462.
- Wagaman, A.M. Geiger, M.J. Shockley, C & Segal, A.E (2015) The Role of Empathy in Burnout, Compassion Satisfaction, and Secondary Traumatic Stress among Social Workers. *Social work*, 60(3), 201-209.
- Weber, A & Jaekel-Reinhard, A (2000) Burnout syndrome: a disease of modern societies? *Occupational Medicine*, 50(7), 512-517.
- What is social work? (2018) Retrieved from <https://socialworklicensemap.com/become-a-social-worker/what-is-social-work/>
- Zhang et al., (2018) Determinants of compassion satisfaction, compassion fatigue and burnout in nursing. *Medicine*, 97(26).

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The author declared no conflict of interest.

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