

THE CHALLENGE OF COPING WELL: A CRITICAL INCIDENT STUDY OF SOCIAL
WORKERS' EXPERIENCES OF WORKING WITH MULTI-BARRIERED CLIENTS

by

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Abstract

Social workers have been identified as being at risk for a number of different negative work-related outcomes, most prominently stress and burnout (Acker, 2008; Bride, 2007; Gilbar, 1998; Kim & Lee, 2009; Newall & MacNeil, 2010; Padyab, Ghazinour, & Richter, 2013; Um & Harrison, 1998). Further research is warranted to examine a wider range of potential stressors and the development of strategies for combating such stress and burnout. Guided by a positive psychology perspective, the main focus of this qualitative study was to 1) explore the experiences of social workers working with multi-barriered clients and 2) investigate strategies, incidents, and factors that helped and hindered social workers who self-identified as coping well in their profession.

Open-ended interviews were conducted with 15 social workers who worked with multi-barriered clients and who resided in the Vancouver Lower Mainland. Only individuals who felt they were coping well were spoken to. The *Enhanced Critical Incident Technique* was used to collect, identify, extract and analyze helping and hindering incidents, as well as a list of what participants wished they had or could have in the future in order to cope well.

A total of 171 helping incidents, 138 hindering incidents and 46 wish list categories were extracted. Nine helping categories, 11 hindering categories, and 12 wish list categories emerged. These results show how social workers are able to cope well and have resiliency when working in this line of work.

Discussion includes participants' stories as living exemplars of approaches that social workers take to coping well and also strategies that employers can use to facilitate these social workers' well-beings. Study limitations are mentioned along with suggestions for future

research. Finally, implications and recommendations for counselling and social work practice are presented.

Preface

The research for this Master's thesis was conducted with the approval of the Behavioural Research Ethics Board of the University of British Columbia. Approval Certificate Number H12-01353 granted August 7, 2012. No renewal was necessary. This thesis is the original, unpublished, independent work by the author, R Joyce.

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My family has been unwavering in their belief of my potential and my capacity to accomplish my goals. That has been at the crux of any academic success which I have achieved.

Dedication

I dedicate my thesis to my wonderful participants who took time out of their busy schedules to speak with me with such candidness and enthusiasm. I appreciate your stories and interest in my research; these interviews will stay with me as I follow the trajectory of my Counselling career.

Chapter 1: Introduction

Overview

Guided by a positive psychology approach to human behaviour (Seligman & Csikszentmihali, 2000), this researcher is interested in gathering knowledge about preventative strategies to assist social workers in coping well. To this end, only social workers who self-identified as coping well were interviewed.

The profession of social work can be daunting. These professionals can be regularly exposed to conflict, poverty, trauma, and tragedy as part of their regular work responsibilities. Social workers can have poor psychological and physical health outcomes, as well as reduced job satisfaction levels, than professionals working in other occupations (Evans & Huxley, 2009). For some individuals, the stress is too much and they leave this position. On the other hand, many social workers maintain hope and passion, as well as a strong sense of empathy in their practice despite trying occupational circumstances. In fact, these workers excel in their roles.

Researchers have found substantial evidence that coping mediates between stressful encounters and psychological distress (Coyne, Aldwin, & Lazarus, 1981; Folkman & Lazarus, 1988). Coping behaviours can be dichotomized in many ways. More commonly, researchers tend to group coping behaviours into problem-focused coping (tackling the problem that is creating the distress) versus emotion-focused coping (regulating emotion). The importance of coping as a factor in physical and mental health outcomes is well documented (Aldwin, 1994; Dempsey, 2002; Hamama, 2012).

Workplaces need to be healthy so that employees will desire to stay with the organization, which reduces the money lost on persistent re-training due to turnover. Creating a

healthy workplace that contributes towards an employee coping well will permit the employer to recruit and retain quality employees. This creates a mutually beneficial situation for both the employees and the employer. For both personal and economic reasons, social workers need to feel more supported so they can be psychologically and emotionally committed to their role while striking a balance with their personal life.

Canada continues to fund programs and services for disadvantaged populations that require social workers to translate these policies into action. These services typically focus on broad topics of mental health, addictions, housing, or some combination of these variables.

It is estimated that at least 200,000 Canadians experience homelessness in a given year (Gaetz et al., 2013). And, at least 30,000 are homeless on a given night. The actual number might be potentially higher, given that many people do not access emergency shelters and rather couch surf with friends or family members. This is all significant because homelessness costs the Canadian economy \$7 billion annually.

Between 1980 and 2005 the average earnings among the least wealthy Canadians fell by 20%, despite the fact that the country was going through a period of economic and employment growth (Statistics Canada, 2008). Ten percent of Canadian families fall below the Market Basket Measure (MBM) poverty threshold, indicating that they do not have enough money to meet their basic needs. Government social assistance programs, including health, post-secondary education and social welfare services, have been significantly reduced over the last ten years. Social workers are at the heart of interventions to decrease this financial expenditure and to help these individuals become more stable. All of these Canadian statistics point to the persistent need and value of social workers to assist these individuals in dire life situations.

To this end, the study will consider the construct of workplace coping, a construct which is comprised of experiences such as meaning and satisfaction amongst other things. To gain a better understanding of workplace coping and the critical incidents which help and hinder people from coping well in their work, a group of social workers from Vancouver were interviewed. Only individuals who self-identified as coping well were spoken to.

Statement of the Problem

The problem is how to enable a greater number of social workers to cope well. To move towards creating healthier relationships in this profession, one of the key pieces of information that employees and social services agencies need to know is what enables these very workers to cope and do well. This approach is consistent with following a positive psychology orientation to research. In exploring this question, any number of individual, workplace, or greater societal issues may be raised. The issues raised can then be mulled over for both their content and meaning to identify what helps and hinders social workers and what items do they wish they had or could have in the future to continue to cope well.

Study Rationale and Purpose

Given the current economic context of the need for social workers and the government's on-going commitment to provide funding to help those in need, it stands to witness that talking to social workers who are coping well would shed light into the unique stressors and barriers they combat as well as develop a comprehensive picture of this topic from a positive, qualitative perspective.

The main purpose of the study was to discover from a group of social workers who are coping well in their work, the factors and strategies that help and hinder them, and to gather

important background and contextual information in order to provide a rich description of their experiences. The ultimate goal of the study was to gather knowledge that would stimulate more preventative, strength-based strategies to aid these workers on a personal or organizational level.

Research Questions

What is the experience like for social workers working with multi-barriered clients? What helps social workers cope well? What hinders them in this line of work? What do they wish they had or could have in the future to continue to cope well or better with their profession of choice?

Situating the Researcher

Social workers were selected as a population of study because I have first-hand experience working as a social worker and I fully comprehend the dynamic and often tumultuous nature of the work setting. It was through my own observations and experience that I felt that it was important to study this occupational group. Between the completion of my Bachelor's and the commencement of my Master's degree, I worked as a Social Worker for an Employment Social Services Agency for a year and a half. I worked under a mandated employment program called British Columbia Employment Program (BCEP) in which individuals were mandated to come to employment counselling or else their income assistance cheques would be held. This created a highly tumultuous and stressful work environment; the police were frequently called to my place of employment due to unruly clients who were threatening the staff or attempting property destruction. I was threatened myself on a handful of occasions. There was high turnover at my job but I noted that there were some co-workers who thrived in this type of ever-changing environment. This experience greatly contributed to my interest in occupational stress

with social workers; I was perplexed and curious about those who were able to cope well. I ultimately left this position due to the demands of my Master's program, not because I found the clients too burdensome or the environment too disorderly.

At present, I work as a Researcher on a Health and Housing in Transition Study (Hhit Study) with Providence Health in Vancouver's Downtown Eastside. I work with 379 multi-barriered individuals who were homeless or vulnerably housed when my team and I met them in 2009. We follow these same individuals for five years to examine the interrelationships between housing transitions and health (physical and mental) status for this group. It was here that I further became exposed to working with multi-barriered clients.

Secondly, I also work as Local Coordinator on a Population Health Interventions Research (PHIR) project where I assist in the implementation of a research study of Homelessness Action Plans (municipal or provincial policies and programs with the stated goal of ending or reducing homelessness). The study uses exploratory case study methodology to examine the implementation and outcomes of these plans. The stated goal is to develop a conceptual model of the factors that determine whether a Homelessness Action Plan will be successful in impacting outcomes at the population level.

Lastly, I am working on a "Research Interviewers Experience Manuscript." This project is based on focus groups with my co-workers and I about our experience working with this population. The aim of the groups is to provide professional words of help to other health researchers on how to work with community agencies and how to be mindful to the needs of this research population. I performed the content validation for this research project. Undertaking such a project has inspired me to think about how health care support staff and researchers can

sensitively work with a multi-barriered population and also self-care/safety strategies due to the multi-faceted nature of the job.

In sum, these positions have tremendously influenced my interest and passion for my area of research. Every week, I liaise with social workers who work with multi-barriered clients and I have heard them express some of the rewards and challenges of working with this population. This led me to ponder my present research question about social workers' experiences and the helping and hindering factors/incidents which contribute to coping well. A further delineation of my personal experiences and how this anchors me in the Researcher role can be found in the *Subjectivity* category in the *Methods* section

Assumptions

The following assumptions support the research questions:

- Social workers who self-identify as coping well are doing better than those who struggle with occupational stress and other daily job demands.
- Participants are able to articulate their lived experiences in ways that I, as the interviewer, could understand.
- Experts and researchers agree that the world of work is a dynamic place. Self-worth, identity, and health status can be closely tied to one's profession. The process and strategies of coping well in a given line of work has great significance for the counselling and vocational psychology communities, government, and social service agencies.
- For the purposes of this study it was assumed that there would be some experiences of coping well that are common across all participants. Three constructs were assumed to be experienced by all participants: *coping well*, factors that *helped* and factors that

hindered within the context of social work.

Definitions

Each participant self-identified as *coping well*. *Helping* and *hindering* were defined by the data that emerged from the interview research questions of what helped and what hindered and supported by how those factors did so. A few other terms are used as part of this research study that would benefit from some additional description.

According to the Canadian Association of Social Workers (n.d.), *social work* is a “profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence.” (heading: “What is Social Work”)

Stress can be defined as the emotional and physiological reactions to a demand, situation, or circumstance that disrupts a person’s equilibrium and initiates the response of increased autonomic arousal (Maslach, 1982). *Burnout* can be thought of as a particularly serious feature of chronic stress and can be defined as a specific occupational stress occurring with three components: emotional exhaustion, depersonalization, and decreased sense of personal accomplishment (Maslach, 1982; Maslach, Schaufeli, & Leiter, 2001).

Coping can be widely defined as the “constantly changing cognitive and behavioural efforts to manage specific internal and/or external demands that are appraised as taxing or exceeding the resources of a person” (Lazarus & Folkman, 1984, p. 141). Secondly, *coping*, as a term may possess some face and descriptive validity as it speaks to the human experience in that

most people can relate to this experience in their own way. In this study each participant connected about their own lived experience of what it meant for them to cope well in their work. A more in-depth description and discussion of these terms can be found in Chapter 2: Literature Review.

Theoretical Orientation

Coping is a multi-faceted construct that has been examined extensively across many different disciplines: psychology, social work, education, public health, anthropology, and many more. In essence, it is impossible to gather a complete list of the literature on this subject. There are a couple of different theoretical perspectives that are helpful and deemed the most relevant to this research on social workers: Cognitive appraisal of stress (Lazarus and Folkman, 1984); Direct Effect Model; and Basic Buffer Model (Cohen & Wills, 1985). In reviewing stress models relating to transactional elements, most of the models are based on the fundamental premise that there is an imbalance between the demands of the situation and the resources of the individual. Hence, this research seeks to uncover strategies for individuals to cope better or to continue to cope well.

Methods

The *Enhanced Critical Incident Technique* (ECIT) (Butterfield, 2006; Butterfield, Borgen, Amundson, & Maglio, 2005; Flanagan, 1954; Woosley, 1986) was used to collect, organize, analyze and categorize data related to the research questions. The qualitative approach involved one-on-one semi-structured, open-ended interviews to gather incidents or factors to elucidate these research questions.

Research Paradigm

A Postpositivism Paradigm, in which the focus of the research is in the context of discovery, was adopted. Within a Postpositivism Paradigm, there is a Realist Ontology (i.e., there is a real world and there is a truth which can be known) and there is an Essentialist perspective (i.e., there is a real person who can be known and studied). In regards to epistemology, Postpositivism Paradigm has an interpretive stance in which meaning-making occurs; participants are being asked to make sense of their lived experiences. Furthermore, there is meaning-making in that the participants are asked to ascribe meaning to their own experiences and the researcher is interpreting meaning when examining the research participants' responses. My goal as the researcher was to elicit rich and detailed descriptions of the participant's experience, then to develop clear descriptions of categories that organize their experiences into meaningful and useful patterns.

Chapter 2: Literature Review

Social Work

Social work provides health care services to a vast range of populations in need. Sectors of practice within social work include HIV/AIDS (Hall, 2007), disease management (Claiborne & Vandenburg, 2001), mental health care (Cohen, 2003), and health care with the geriatric population (Chong, 2007). It has been suggested that in order to effectively work with these vulnerable populations, one must develop a strong therapeutic relationship that involves knowing about the client's life and the events (both past and present) that have led to the current state of disequilibrium (Figley, 2002).

Given the current emphasis on health care cost control, productivity and accountability, social workers' job attitudes and job performance in health care settings has become an important research topic. Social work has been revealed to be a profession with often both significant rewards and detriments for the worker (Kim & Lee, 2009; Martin & Schinke, 1998). The last decade has seen a transformation in the nature and practice of social work as a result of administrative, societal, and political changes (Jones & Novak, 1993; Kurland & Salmon, 1992; Westhues, Lafrance, & Schmidt, 2001). These changes have impacted the roles and responsibilities of social workers and, in turn, this shift has prompted a re-examination of work-related outcomes for engaging in this line of work.

Studies have shown that providing professional care and assistance to clients, who are typically multi-barriered, can be both highly rewarding and highly stressful on the individual social worker (Acker, 2008; Newall & MacNeil, 2010; Ohaeri, 2003; Padyab et al., 2013). Individuals who pursue the path of social work can often derive a great deal of value and

meaning from their work; they feel that they can directly impact other individuals' lives in a fulfilling way (Ohaeri, 2003; Van Yperen & Hagedoorn, 2003).

However, there can also be detrimental consequences from this field of work. When working with clients who possess many obstacles to healthy and proactive living, the work environment for these social workers can be quite stressful and chaotic. That is, this occupation of choice can have many potential unfavourable effects on the social worker's life, outside of career (Um & Harrison, 1998). Moreover, Martin and Schinke (1998) found that in a pool of 200 workers from seven social service organizations that most social workers identified themselves as being moderately or severely burnt out.

Acker (2008) found that in a group of 460 mental health service providers that 56% reported moderate to high levels of work-related stress. Furthermore, Shackelford (2006) identified that graduating social work students have little notion of how to identify the signs and indicators of burnout or how to effectively use coping strategies (e.g., self-care) as a preventative measure. This high prevalence is cause for concern and investigation.

Stress and Burnout

Social work is strongly client based with workers being involved in a variety of different and complex situations. As such, social workers can experience many conflicts within this line of work, from emotional fatigue to physical threats. Cournoyer (1988) suggested that other human service professionals even tend to underestimate the extent of negative affect and stress experienced by social workers. Oginska-Bulik (2005) found that the levels of stress experienced by human service professionals (including social workers) measured by the Subjective Work Evaluation Questionnaire and General Health Questionnaire were higher than those experienced

by firefighters, prison officers, bank workers, or journalists but lower than those compared to actors and police officers.

Social workers have been demonstrated as being at risk for a number of different negative work-related outcomes, most prominently stress and burnout (Acker, 1999; Bride, 2007; Egan, 1993; Gilbar, 1998; Kim & Lee, 2009; Sze & Ivker, 1986; Um & Harrison, 1998). Stress can be defined as the emotional and physiological reactions to a demand, situation, or circumstance that disrupts a person's equilibrium and initiates the response of increased autonomic arousal (Maslach, 1982).

When it was first introduced by Maslach and Jackson (1986), the term *burnout* referred to a phenomenon that was observed among human service workers who interacted with emotionally demanding individuals. Since then, the majority of burnout studies have been based on Maslach and Jackson's (1986) conceptualization. *Burnout* can be thought of as a particularly serious feature of chronic stress and can be defined as a specific occupational stress occurring with three components: emotional exhaustion (feelings of being overextended and depleted of emotional and physical resources), depersonalization (negative or excessively detached responses to various aspects of the job; loss of idealism at work), and decreased sense of personal accomplishment (feelings of incompetence and lack of achievement at work) (Maslach, 1982; Maslach, Schaufeli, & Leiter, 2001).

Theoretical frameworks of burnout (e.g., Cordes & Dougherty, 1993; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) have placed Maslach and Jackson (1986)'s conceptualization of burnout as the key mediator of the relationship between chronic job stress and various strain outcomes. Research has consistently shown that emotional exhaustion is greatly impacted by the

nature and intensity of stress experienced in the workplace. A worker who is experiencing higher levels of emotional exhaustion is more likely to have depersonalized attitudes towards his or her clients and lack a sense of personal accomplishment at work (Cordes & Dougherty, 1993).

Impact of Stress and Burnout

Prolonged stress can lead to a variety of different self-reported health-related outcomes (Schaufeli & Enzmann, 1998). Burnout symptoms can include recurrent bouts of the flu, headaches, fatigue, poor self-esteem, difficulty in interpersonal relationships, substance abuse, inability to concentrate, low completion rates of clinical and administrative duties, and tendency to blame clients for social worker's own problems (Cunningham, 2003; Cyphers, 2001; Lloyd, Kings, & Chenoweth, 2012; Pines & Maslach, 1978).

Ting, Jacobson, and Sanders (2011) conducted a study with 285 social workers and found that exposure to fatal and nonfatal client suicidal behaviour predicted higher levels of current perceived stress. Hence, excessive occupational stress may transcend the workplace and lead to problematic levels of marital conflict, and increased levels of depression (Glass & McKnight, 1996). As such, these workers may be unable to handle the inevitable stress of their jobs, and this failure to cope can result in a number of harmful consequences for the employer or organization, including impaired job performance, low morale, increased sick-leave absences (Toppinen-Tanner, Kalimo, & Mutanen, 2005), turnover intentions (Huang, Chuang, & Lin, 2003), and actual turnover (Motowidlo, Packard, & Manning, 1986; De Croon, Sluiter, Blonk, Broersen, & Frings-Dresen, 2004).

Intent to quit is an important component of one's job, as the actual act of leaving may take a prolonged period ranging from several months to several years so job performance and

self-care may be impaired in this contemplation period (Acker, 2004). Workers who experience high levels of role stress (i.e., stress due to expectations of self and expectations of others at work) and burnout are at the greater risk to quit their job.

Thus, the consequences to burnout are highly problematic to the individual worker, to the client, and to the social services provider as a whole. In particular, the quality and consistency of client services is impacted by social worker burnout. As a result, the phenomenon of burnout and stress is of great importance to consider when examining the vocation of social work.

Explanations for Stress and Burnout

The literature offers a complex etiological model of risk of burnout, emphasizing the interaction of societal, organizational, and individual factors.

Societal Factors.

The general image of social work as being a profession which requires no more than common sense to perform the job (Easton, 1980) can lead to a feeling of being undervalued (Hodgkin, 1987). Yet in contrast, society also holds incredibly high expectations for social workers (Winchester & Norris, 2000). These expectations place social workers under great pressure and this can become a source of stress (Fineman, 1985).

At the very core of social work lies the relationship that the worker holds with the client. During social work training, much emphasis is placed on this dynamic. Rushton (1987) suggested that because social workers are taught to be non-judgemental in their relationships with clients, they might find it hard to admit that the personalities and attitudes of clients make effective service response difficult or impossible. As a result, social workers may persevere and

assume personal responsibility or agency responsibility for perceived failure with the client and this could contribute to stress and maladaptive modes of coping.

In the health care system there has been increasing emphasis on instrumental outcomes and throughput and decreasing emphasis on the worth of the individual. The application of business principles to develop and deliver human services has not created an environment supportive of social work leadership. In some jurisdictions there is a pattern to replace social work leaders with 'business' oriented managers who are more comfortable with marketplace emphasis. This trend has the potential for conflict for social workers as they continue to maintain supportive relationships based on social work values, which have a focus on the client and the professional relationship. Typically, core social work values centre around a commitment to social justice, fairness, and an appreciation of people's strengths and their ability to change. Moreover, social work can also be described as a vocation whose description fits around notions of caring, sharing, and self-sacrifice. However, more and more there has been a spotlight on outcomes and targets by the agency organizations, which can sometimes undermine core social work values.

In addition, social workers are susceptible to changes in social policy and legislation. Social workers might be limited to how they can help particular clients based on the social services programs that they work under. For instance, Gosselin (2006) found that employment counsellors in Vancouver's Downtown Eastside were restricted by the provincial or federal government contracts that they were working under when they were attempting to provide assistance to clients. It has been suggested that social workers lack the resources and the staffing to do the work required of them and that new legislation is giving them further responsibilities

with limited control or autonomy (Gosselin, 2006; Jones & Novak, 1993). Thus, social workers may face a clash between the demands made on them as employees and their expectations of some professional autonomy.

Organizational factors.

Stress and other negative outcomes resulting from organizational factors is a concern for many employers owing to the substantial human and economic cost it incurs. Changes need to be made in order to best assist the organization function effectively and for the workers to perform their jobs without undue hardship.

The main risk factors for burnout appears to be employment in a “people oriented” job that presents routine high levels of interpersonal demands and inadequate structural support to meet these demands. That is, a high caseload, increasing paperwork, reduced availability of adequate supervision, staff shortages, and longer work hours, specifically continuous, direct contact with clients, have been shown to be related to greater stress and more negative attitudes in workers (Centre for Workforce Studies, 2006). Further contributing factors include lack of control or influence over agency policies and procedures, unfairness in organization structure and discipline, low peer support, and poor on-the-job training (Barack, Nissly, & Levin, 2001). Social workers in health care settings face even more demanding situations because of the increased role of managed care (Egan & Kadushin, 2004).

Interestingly, Acker (2008) found that emotional exhaustion (one of the three constituents of burnout) was the only dimension which had a statistically significant correlation with the agency or employer's characteristics as a group. Thus, emotional exhaustion is mostly closely linked with characteristics of the job. Evans et al. (2006) also discovered that low decision

latitude and high job demands were linked to emotional exhaustion and that few job content characteristics were associated with personal accomplishment or depersonalization.

Within the academic literature, there has been attention on the negative factors which have contributed to the high stress and burnout felt by the social worker. For instance, McLean and Andrew (2000) found that stress resulted from role conflict, disagreement about good work practice, and lack of recognition at work. Revicki and Gershon (1996) also found that lack of work group support, role ambiguity, and poor supervision were positively correlated with occupational stress amongst health social workers.

Role conflict and misunderstanding, in particular, is one of the key determinants to burnout with this occupational group. Role conflict refers to the negative perception that organizational expectations are incompatible with workers' expectations about their job behaviours and autonomy (Acker, 2003). This is important because social work usually takes place in a team context. Kadushin and Kulys (1995) found that social workers experienced conflicting role expectations and that other members of the interdisciplinary team did not understand the social work role and did not appreciate what they accomplished.

A qualitative study with mental health social workers by Reid et al. (1999) supported this finding and discovered that their participants reported frustration because their role was misunderstood by others and that their range of skills was neither adequately understood nor sufficiently valued by other health services staff. Hence, mitigation of role conflict would be ideal in the workplace. Social workers are more likely to feel burned out when they perceive higher levels of job stress characterized as high role conflict, role ambiguity, and role overload (Soderfeldt, Soderfeldt, & Warg, 1995). Among burnout outcomes is turnover intention, which

several studies have empirically supported as a key outcome of burnout (Harrington, Bean, Pintello, & Matthews, 2001; Huang et al., 2003).

Kim and Lee (2009) tested the effects of different types of supervisory communication on burnout and turnover intention amongst 211 California state-registered social workers in health or mental health care settings. They found that supportive relationship communication (i.e., supervisors lead workers to believe that they are valued by others) decreased perceived stress levels in workers. And, job-relevant communication (i.e., supervisory communication regarding job-related matters such as performance feedback, task-specific instructions, goals, and more) had indirect impact on stress and had a direct impact on turnover intention. That is, there was a negative correlation between job-relevant communication and perceived work stress.

Acker (2008) noted that individuals who worked in public agencies appeared to have more emotional exhaustion and role stress than those who worked in private/non-profit agencies. It is possible that the increased job demands, the larger size and scope of the organization, and the heavy caseloads associated with public agencies could be held accountable for the increased emotional exhaustion and role stress. Or perhaps, it is the fact that many government social workers' duties now underlie the value of social control (versus social justice). That is, these workers have now become 'social services police' who monitor the activities of their clients. But the reason for this trend defining public versus private/non-profit agency workers is unclear and needs to be explored more.

Furthermore, Lloyd, King, and Chenoweth (2002) found that social workers experienced higher levels of stress and resulting burnout than comparable occupational groups (e.g., counsellors and mental health workers). These researchers identified the nature of the social

work practice, especially the tension between professional philosophy and the organization of the work environment as the main contributor to this. However, Ogresta, Rusac, and Zorec (2008) found that mental health social workers exhibited a moderate degree of burnout syndrome but there were no significant differences overall between nurses, social workers, and psychiatrists. Rather, pay and rewards satisfactions were significant predictors of depersonalization. Collings and Murray (1996) found that one of the most powerful predictors of stress related to the pressure involved in planning and reaching work targets.

Of note, Regehr, Hemsworth, Leslie, Howe, and Chau (2004) found organizational factors were the strongest predictor of PTSD in child welfare workers, as compared to the relative influence of individual and incident factors. In a longitudinal study following 32 social work students during their MSW training and their subsequent first three years of practice, it was found that this cohort felt that the child welfare area required high levels of expertise but had higher levels of perceived stress and job dissatisfaction than other areas of social work. These studies highlight the unique strains that this area of social work has on its workers. Other areas of social work in which the worker specifically helps elderly clients were perceived as the least stressful (Redmond, Guerin, & Devitt, 2008).

Pressures due to heavy workloads (i.e., too little time, meeting deadlines) were experienced as stressful more often than client issues (i.e., contact with clients) for child services workers (Dillenburger, 2004). The primary stresses experienced for these individuals included pressures of crisis work, instability of team membership, poor management, and sense of being subject to stress than most other teams. This study also sought to look at how stress could be alleviated. This researcher found that having more support/appreciation from senior

management and more financial resources was key to assist child care workers in coping well. A reduction in workload and more staff were listed as items that workers thought could help to reduce their stress. Thus, it was perceived by these workers that contingencies in the working environment are the main factors in the antecedents of stress.

In an analysis of 130 critical incidents reported by social workers in Israel, Savaya, Gardner and Stange (2011) found that the most stressful events for these social workers tended to be in the categories of 1) client hostility and aggression towards the worker (physical and verbal threats); 2) client behaviours that were in conflict with the worker's expectations or unwritten rules of the professions (e.g., receiving gifts from the client; expectation of being client's 'friend'; clients lying); 3) inherent professional dilemmas (i.e., the need to report and the need to maintain the client's trust). These researchers used the *Critical Incident Technique* and they stated that these incidents effectively hindered them in their professional self-confidence and upset them greatly over a period of time.

Individual factors.

There has been less concrete and consistent research on the impact of individual or personal factors that make an individual susceptible to unhealthy levels of stress and burnout. Acker (2008) reported that depersonalization and low levels of personal accomplishments are most strongly correlated with socio-demographic characteristics (e.g., aloofness, cynicism and self-efficacy) and, as a result, do not necessarily change when the work environment becomes stressful. Thus, these results are consistent with theories that view personality assets rather than the environment as predictors of people's beliefs that they are competent and capable to deal with work challenges (Cherniss, 1993). Moreover, this same study found that individuals with higher

levels of education reported higher levels of emotional exhaustion and role stress. It was thought that higher education, knowledge, and qualifications may advance the burnout process if workers feel overqualified and thus feel restless and bored.

A social worker's own background or personal issues might make them more vulnerable at work according to Savaya et al. (2011). In the group they spoke to, the themes of sexual abuse, pregnancy and major loss triggered affective personal reactions that hindered the social workers in doing their job.

Himle et al. (1987) examined gender differences in 617 Master's level social workers and reported that men and woman were not different on any of the three components of burnout (i.e., emotional exhaustion, depersonalization, and personal accomplishment). However for men, increased contact with clients was the most important predictor of high emotional exhaustion, whereas for women the salient predictors for emotional exhaustion were dissatisfaction with supervisor support, co-worker support and job comfort (including work-related travel conditions, working hours, and physical work environment).

Acker (1999) found that younger age, a fewer number of children, and less work experience were associated with intentions to leave the job in a pool of 128 social workers. This researcher found that "newcomers" were likely to be unrealistic, disillusioned about this type of work, and less committed to the profession. New social workers were also found to be more involved with the more challenging client population, and to be less satisfied with their salary (this finding was also found in Acker, 2008; McNeely, 1992; Ogresta et al., 2008).

Thus, younger and more inexperienced social workers were found to be more apt to have intentions to leave their job. Older age and life experiences may allow one to handle work's

challenges by putting things in perspective and by using positive behaviours previously found to be helpful and this might mitigate intention to leave. Contrarily, older workers might be simply more reluctant to have occupational transitions due to increased family and financial commitments which younger workers might not possess.

Emotional intelligence (EI) is defined as the ability to be aware of one's own feelings, to be aware of others' feelings, to differentiate among them, and to use the information to guide one's own thinking and actions (Salovey & Mayer, 1990). Oginska-Bulik (2005) conducted a study and revealed that human service professionals with a higher EI score perceived a lower level of occupational stress and suffered less from undesirable health outcomes (e.g., depression). Hence, EI may play a buffering role (albeit a weak one) in preventing negative health consequences associated with work.

Cognitive Appraisal of Stress and Coping

The societal, organizational, and individual factors that contribute to stress and burnout are all impacted by the extent to which a social worker responds to these various influences. The process through which individuals interpret and respond to potentially stressful situations is known as cognitive appraisal. *Cognitive appraisal* can be defined as the process through which a person evaluates whether a particular encounter with a situation is relevant to his or her well-being, and if so, in what ways (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Cognitive appraisals and the meanings generated from them are always relational because individuals must simultaneously take into account personal factors along with environmental demands, constraints, and opportunities. This interaction creates a need to see appraisal of stress and coping strategies as a process, a transaction between person and event that plays out across

time and changing circumstances (Lazarus, 1993a). Individuals strive to maintain a state of emotional equilibrium in this transactional model.

Lazarus and Folkman (1984) proposed in their classic study that the cognitive appraisal of a stressor involves both primary and secondary appraisals that occur at virtually the same time and interact to determine the significance and meaning of events with regard to well-being. Primary appraisal involves a decision as to whether a demand (potential stressor) is both relevant and stressful in that it is seen to represent a potential threat to the individual's goals, beliefs, or expectations (Lazarus, 1999). That is, primary appraisal is seen as a conscious evaluation of the matter at hand of whether it is a harm, loss, threat, or challenge. The appraisal can also be viewed as positive, benign, or irrelevant. This perception is influenced from differences stemming from past experience, demographic factors, personal aspects, and social support systems. Thus, individuals' learned histories and their current context determine their perception of a situation. Occupational stress is usually seen initially as threatening or negative stressors.

Secondary appraisal refers to the cognitive-evaluative process that focuses on minimizing harm or maximizing gains through coping responses. *Coping* can be widely defined as the "constantly changing cognitive and behavioural efforts to manage specific internal and/or external demands that are appraised as taxing or exceeding the resources of a person" (Lazarus & Folkman, 1984, p. 141). It is felt that coping is required only in events which are perceived as stressful. Coping options and available resources may include social, physical, psychological, and material assets (Lazarus, 1993a).

Coping can be conceived of as the cognitive and behavioural efforts of individuals to handle stressful situations. Coping typically involves both emotion-focused coping (regulating

stressful emotional and physiological reactions) and problem-focused coping (altering circumstances which are creating distress). Folkman and Lazarus (1980) have shown that both types of coping are used in stressful encounters. Events that are appraised as positive will result in no perceived stress and the use of coping strategies will be unnecessary (Lazarus, 1999).

There has been debate over whether coping behaviours are stable, similar to personality styles, or prone to change depending on the specific stressful situation and an individual's cognitive assessment of the stressor, past experiences, and beliefs (Folkman & Lazarus, 1984). Overall, previous research has indicated that the personal perception of the severity of the work-related stressor is the most important determinant in predicting coping behaviours but there are cognitive appraisal similarities among individuals within the same occupational group (Goodman, 1997).

Typically, coping behaviours, styles, or strategies have been dichotomized as positive and negative, repressive/avoidant and sensitization/approach, or problem-focused and emotion-focused. For the purposes of this research, the problem-focused and emotion-focused coping dyad will be used; it is the most common approach reported in the coping literature. However, most would agree that coping strategies are not always mutually exclusive; instead, different types of coping strategies are often used simultaneously (Roth & Cohen, 1986). For example, an individual might seek emotional support while trying to repress painful thoughts at the same time.

Coping has been investigated in relation to stressful occurrences such as the process of taking an exam (Folkman & Lazarus, 1985; Zeidner, 1995), experiencing the Gulf war (e.g., Zeidner & Ben-Zur, 1993), or being treated for cancer (Ben-Zur, Gilbar, & Lev, 2001).

Research has revealed that problem-focused strategies are correlated with academic success on exams (e.g., Zeidner, 1995) and with positive emotional response when handling life conflict. On the other hand, emotion-focused coping is correlated with psychological distress across different scenarios (e.g., Ben-Zur, Gilbar, & Lev, 2001). In general, problem-focused coping is more often used in scenarios that are viewed as changeable (there is the possibility of control) and emotion-focused coping is more often used in situations that are viewed as uncontrollable. Alternately, emotion-focused coping may be used after all the problem-focused strategies have been taken.

Other stress and coping models have been created that typically represent a view similar to the one put forward by Lazarus and Folkman (1984) but also make room for the influence of social and personal resources in coping (e.g., Cohen & Wills, 1985; Moos & Schaefer, 1993). Social support has been delineated to three constructs: social network resources, supportive behaviours or relationships, and the subjective appraisal of support. Various models have been suggested, including the Direct Effect Model, which states that social support has a positive sway on well-being independently of stress; and the Basic Buffer Model, which assumes that availability of social support protects individuals from stress. In the Basic Buffer Model, an individual experiencing stress, but with strong social support, will be protected from developing stress-related outcomes as compared to an individual with weak support. Both of these models have been empirically supported (e.g., Cohen and Wills, 1985; Power, 1988). Moreover, it has been shown that people with more social resources tend to use problem-focused coping over avoidant or acceptance-resignation coping (e.g., Moos & Schaefer, 1993).

Applying this cognitive appraisal model to social workers, it is proposed that stress might occur for this population when there is an imbalance due to resources or responses being inadequate to manage the occupational demands. The greater the imbalance, the greater the stress experienced by the worker. Interestingly, when the demand is high but there are sufficient resources to tackle the concern, social workers might feel a positive sense of challenge and personal growth. When a social worker successfully completes a difficult task, this may have a positive impact on his or her subjective well-being as well as objective performance (Skinner & Brewer, 2002; Tomaka, 1993), possibly as a result of the increased motivation provided by the job responsibility. Furthermore, Roth and Cohen (1986) suggested that more adaptive coping strategies will be employed when individuals feel like they have a high level of control over the situation. Hence, when the social worker feels in control, it is likely more adaptive coping strategies will be employed.

This cognitive appraisal model predicts that an increase in support will lead to a reduction in stress even though demands are kept constant. It also helps to explain why highly demanding jobs may not be 'stressful' overall. The interactional model helps elucidate that stress is not a simple causal relationship, but a complex interrelationship of many variables (Jones et al., 1991; Newall & MacNeil, 2010; Skinner & Brewer, 2002). Thus, work that presents high demands, little decision autonomy, and low support reduces health and well-being. This model was adopted within this research to identify the complex demands, constraints, and support for social workers.

Differences in Coping Behaviours

Anderson's (2000) study of experienced child protection workers discovered that workers were more likely to employ active 'engaged' coping strategies and less likely to use 'disengaged' coping strategies than a comparison group of undergraduate students. Workers who used active engaged coping strategies, including problem solving, cognitive restructuring, seeking social support and emotional expression, were less likely to depersonalize their clients and more likely to experience a sense of personal accomplishment. However, the relationship between engaged coping and emotional exhaustion was not significant. Workers who used disengaged coping strategies, such as problem avoidance, wishful thinking, social withdrawal and self-criticism, were more likely to have high scores on emotional exhaustion and depersonalization and lower scores on personal accomplishment. This researcher also points out that although engaged coping strategies may moderate tendencies towards depersonalization and increase personal accomplishment, they did not protect workers from potentially high scores on emotional exhaustion. Koeske and Koeske (1993) found similar findings to Anderson (2000).

Jacobson et al. (2004) found gender differences with respect to coping behaviours in mental health social workers. Women used more emotion-focused and passive coping and men tended to have smaller social networks and use more active, problem-solving strategies. Furthermore, men tended to engage in more negative coping behaviours such as substance misuse. A greater male tendency to use alcohol and illicit drugs was also found by other researchers (Zisook, Shuchter & Mulvihill, 1990). When working with challenging clients, Grad, Zavasnik, and Groleger (1997) found that hospital staff also had gender differences. Women reported talking with colleagues as the most effective coping method; men reported

concentrating more on work and that speaking with colleagues was only helpful in limited circumstances.

Ting, Jacobson, and Sanders (2008) also found gender differences amongst mental health social workers following fatal and non-fatal client suicidal behaviour. In particular, being male was a predictor for detrimental coping outcomes. This was explained that when working with client suicidal behaviours (or other situations beyond their control), problem-focused coping strategies are not always possible, which may result in men resorting to the use of more negative action-oriented behaviours, such as substance use and social isolation. More generally, these researchers discovered that over 95 percent of the social workers in their participant pool had some form of support available when handling work stress, and over one-third used some type of negative coping behaviour in the aftermath of a highly stressful client experience.

With respect to appraisal, Ben-Zur and Michael (2007) found that high challenge/control appraisal was directly related to burnout outcomes in a group of 249 female professionals in the areas of social work, psychology, and nursing. And, this high challenge/control was related to less exhaustion and depersonalization and to greater personal accomplishment. Social support was associated with higher challenge/control appraisal, with the latter mediating the support efforts on burnout. The appraisal dimension of stress/load was found to be related to exhaustion only. Thus, this study asserts that the perception of challenge/control in one's work may be the most important factor in preventing work burnout amongst this group. That is, challenge/control may be more important than appraisals of load or stress at work. Challenge/control may even mediate the role of social support on burnout, according to these researchers. The most negative combination found for these workers was a high level of emotion-focused coping and low level

of challenge/control. To corroborate this research on high challenge/control, Evans et al. (2006) found that greater decision latitude and lower job demands were associated with higher levels of job satisfaction.

In a study of 437 Australian psychologists, the most effective coping behaviours after a traumatic negative experience with a client were decreasing one's sense of responsibility, talking with colleagues and a supervisor, and increasing one's acceptance of negative consequences as a possible outcome when working with such clients (Trimble, Jackson, & Harvey, 2000). Support from professional colleagues and supervisors may also serve to decrease the effects of professional burnout (Lahey & Cohen, 2000; Ray & Miller, 1994). How co-workers provide 'social support' is not concretely defined from the literature; other researchers also agree with this assertion (see Gray-Stanley et al., 2010). Farberow (2005) noted that the most common coping strategy used by therapists in private-practice settings is speaking with colleagues, family members, and friends.

Halbesleben (2006) conducted a meta-analysis of the social support and burnout literature and he found that social support, as a resource, did not show differences between the three prongs of burnout (emotional exhaustion, depersonalization, and personal accomplishment). Rather, it was the source of social support (work or nonwork-related) that served as the true moderator. Work-related support is more strongly related to exhaustion while nonwork-related sources are more strongly related to depersonalization and personal accomplishment.

Interestingly, Rowe and Regehr (2010) spoke about the role of cynical humour (black humour) with emergency room professionals as a method for them to vent their feelings, elicit social support through the development of group cohesion, and as a way to distance themselves

from a situation to ensure that can intervene effectively. If humour is also prominently used with social workers has not really been explored.

Huss, Sarid, and Cwikel (2010) also sought to demonstrate the effectiveness of using art as a self-regulating tool for social workers in war situations (in the Negev region of Israel). They found that by allowing social workers to name and identify the sources of their stress and then change their personal artwork to enhance a feeling of resiliency helped the participants gain a sense of control over their different sources of anxiety. That is, through their artwork they were able to reframe stress reactions into tangible options of more adaptive coping. These workers typically reported the most common stressors as fear and anxiety as a result of bombs, sirens, worry over loved ones, and professional responsibilities.

This transactional model of cognitive appraisal and reappraisal is important to consider as this is a theoretical framework for understanding how a social worker perceives and responds to occupational stress in the moment. This appraisal process impacts the type of coping strategies applied or not applied. Differences in coping behaviours for those in the helping profession were identified in order to compare with the findings generated from the present research study.

Preventative Factors to Stress and Burnout

There have been relatively few studies which have sought to compare low burnout groups to high burnout groups in order to understand what variables contribute to a healthier working environment. In a longitudinal study involving 879 American social workers, Poulin and Walter (1993) found that individuals in the low burnout group perceived lower job stress, had more supportive supervisors, possessed greater organizational resources, spent less time on work

paperwork, had higher satisfaction with clients, were older, worked fewer hours, and had higher self-esteem, relative to the high burnout group.

Moreover, work autonomy has also been related to lower burnout in hospital social workers (Oktay, 1992). Social support (i.e., supervision, communication, praise) is generally correlated with lower burnout in counsellors (Ross, Altmaeier, & Russel, 1989).

Gray-Stanley et al. (2010) looked at 323 U.S. direct support professionals who serve adults with intellectual and developmental disabilities and got them to complete a self-administered survey which measured work stress, work support, locus of control, and depression. With respect to moderating influences, they found that work support moderated the effects of client disability stress, supervisory support lessened the effects of role conflict, and locus of control moderated the effects of workload and depression. This study highlights the role of mentorship or teamwork models in assisting with overall work functioning.

Wendt, Tuckey, and Prosser (2011) interviewed five social workers and six teachers in Australia about how they are able to not just survive but also thrive in their emotionally demanding work. This study also adopts a positive psychology approach (similar to the present research). Thematic analysis of the interviews found that participants identified themes of self-confidence, desire to be challenged in their work, and reflections on themselves as positive role models. Moreover, these participants felt a desire to make a difference on people's lives and for a "greater good". These were the themes that helped the participants succeed. However, there was a limited group of only five social workers.

Hence, these few studies have postulated that positive aspects of the job structure, in particular, may mitigate burnout. Therefore, these positive factors may potentially act as

preventative agents to decrease negative consequences of working in the field of social work. But, again, based on the small number of studies further research is warranted. Only one study could be found that attributed a positive psychology approach to thriving in social work. In addition, most of these studies are American and Canada has a very different social work system than the United States due to Canada having a universal health care system.

Summary of Stress and Coping Literature

Societal, organizational, and individual factors all contribute to the high stress and burnout felt by a large number of social workers. In particular, research has demonstrated that work variables have the greatest impact on job performance and satisfaction and also on areas outside of career, including the quality of one's interpersonal relationships and stress management, to name a few (Aker, 2008; Bride, 2007; Hamama, 2012; Kim & Lee, 2009; Ting et al., 2008; Um & Harrison, 1998). These negative conditions also lead to high job intention turnover and reduced work performance.

Nonetheless, the relationship is multi-pronged with both a positive and a negative impact on the social worker. In essence, the direct contact with clients in social work practice and the continual responsibilities of meeting their emotional as well as their physical needs offers both intrinsic satisfaction and stress for the providers of the services (Acker, 2008; Acker, 1999).

Moreover, the social worker's cognitive appraisal of the situation and the resources available for him or her directly impact whether the event is perceived as stressful or benign (Lazarus, 1993b). And, this appraisal impacts evaluations and utilization of possible coping resources.

Multi-Barriered Clients

Research has indicated that social workers feel heightened stress when working with multi-barriered clients (Acker, 1999; Kim & Lee, 2009; Ting et al., 2008). Individuals with significant health, nutrition, housing, and interpersonal concerns are examples of multi-barriered clients that social workers may frequently help in their line of work. Often the most multi-barriered and challenging clients for social workers are those who are homeless, who have active addiction issues, who lack a strong support system, who have undiagnosed mental health conditions, who do not recognize that they may need assistance, and/or who are openly resistant to aid (Poulin & Walter, 1993). Hence, I felt it was particularly relevant to examine and talk with social workers who work with such a complex and challenging population.

Working with Multi-Barriered Clients: Providing Social Assistance in Vancouver's Downtown Eastside

Within the British Columbia Lower Mainland, it is often documented that the group most in need of social assistance is that of Vancouver's Downtown Eastside population (Robertson, 2006; Small, Rhodes, Wood & Kerr, 2007; Woolford, 2001). Vancouver's Downtown Eastside is a small neighbourhood just outside of the downtown core which is densely packed with individuals in dire life situations. The majority of these citizens face numerous struggles in their daily life with respect to obtaining basic amenities, such as food, shelter, essential medical treatment, and much more. When working with clients who possess many obstacles to healthy and proactive living, the work nature and environment for these social workers can be quite stressful and chaotic.

Smith (2002) described the Downtown Eastside as “the poorest neighbourhood in Canada.” This research goes on to state that the life expectancy in the area is 10 years less than the province average for males and three years less for females, and the health status for these residents is significantly worse than the rest of the population of British Columbia. Many of the individuals in this neighbourhood require comprehensive services for psychiatric health needs (Hwang et al., 2011; Smith, 2002; Wood & Kerr, 2006). Of the area’s approximately 16,000 long-term residents, the majority is unemployed and 4,700 are injection drug users (Maas et al., 2007).

In looking at groups of people who are homeless or vulnerably housed in Canada (including Vancouver specifically), Hwang et al. (2011) noted that 33% reported having trouble getting enough to eat and only 38% were actually able to follow the special diets that had been advised to them by health practitioners. Interestingly, 38% reported having unmet health care needs (i.e., needing health care but being unable to get it) at some point in the last 12 months alone. Eberle et al. (2009) estimated that 3.5 people were considered to be “hidden homeless” for every one person who was homeless and accessing emergency shelters. Thus, the number of people who are actually homeless is much higher. In partnership with BC Housing, Vancouver Coastal Health and Street to Home Foundation, the municipal government has invested \$60 million to develop affordable housing sites.

Maslach and Jackson (1984) reconfirmed that clients in dire situations may be aggressive, passive-dependant, or defensive. These clients, such as those from the Downtown Eastside, rely on the service providers to help them. The belief of the social worker that he or she alone is responsible for ensuring the future well-being of this type of client can be an exhausting burden.

And, this problem or stress is compounded by a heavy caseload. A high caseload can be a common experience for social workers within Vancouver's Downtown Eastside (Gosselin, 2006). For the purposes of this study, social workers from the Downtown Eastside will be interviewed in so much as they represent social workers who work with multi-barriered clients (the population that is the focus of this research question).

Population of study.

I used a population of social workers who are employed within the Greater Vancouver area and who work with multi-barriered clients. In particular, social workers who work in the Downtown Eastside exemplified professionals working with these types of complex clients. Therefore, it is for this reason that I interviewed social workers who work with the DTES population; it is explicitly for the purpose that they clearly represented social workers working with multi-barriered clients. I used a broad range of social workers who work for different agencies to capture a wide perspective of their experience.

Deficiencies in Literature

There has been a wealth of research on occupational stress and burnout on individuals within the helping profession (e.g., Acker, 1999; Bride, 2007; Egan, 1993; Gilbar, 1998; Nowall & MacNeil, 2010; Sze & Ivker, 1986; Ting et al., 2008; Um & Harrison, 1998). However, there has been a paucity of research that has also sought to identify the positive or preventative factors which enable social workers specifically as an occupational group to cope well in their line of work. Knowledge of negative risk conditions to stress and burnout is very important; however, information on how to improve work conditions and best assist social workers is just as critical,

if not more so, than those facts. And, there is a gap in the literature in this regard concerning positive or preventative factors to mitigate potential social worker stress and burnout.

Little research has focused on both the helping and hindering factors for social workers and their coping. Furthermore, research on stress and coping has revealed that this is a highly complex process. Thus, the exact inverse of work conditions or factors associated with stress (e.g., high caseloads becoming more manageable and smaller) may not necessarily lead to improved functioning. Moreover, there are some aspects of the job (again, using the example of small caseloads) which might not be a reality of the profession and this is something which will always have to be negotiated or managed.

Although the focus of my research is working with social workers who work with multi-barriered clients generally, it should be noted there has been no research on social workers working with multi-barriered clients in Vancouver's Downtown Eastside population and how they are coping. A direct dialogue with these social workers is ideal. Given the adversity faced in the workplace, not every individual is able to withstand the psychological and emotional strain of working with demanding clients. Hence, factors needed to be explored which allow a social worker to cope well in this line of work. There will always be a need for social workers in this area; this is a reality. Further knowledge on how to improve their work/life balance is critical for them and their clients.

Thus, my primary research question is "What are the helping and hindering factors which enable social workers to cope well in this line of work?" Both the personal and environmental factors of stress and coping with social workers were taken into consideration in order to be consistent with the multi-faceted model of stress and burnout that incorporates societal,

organizational, and personal factors to address this phenomenon. However, the interviewees were not explicitly prompted to specify personal and environmental factors which contributed to coping well; they were allowed to speak freely about whatever incidents they feel are most salient. In addition, the cognitive appraisal model was adopted within this research to further identify the complex demands, constraints, and support for social workers.

Importance of the Issue

Within the field of Counselling Psychology, this research provides insight into occupational stress and the impact of working with challenging clients. Moreover, this research identifies positive or preventative incidents (or factors) which enable someone to cope well in this line of work. Valuable information was also gathered about the toll that working in a helping profession can take on someone's work and personal life.

This original research contributes significantly to the body of research in occupational stress and provides further information about the environmental and personal indicators of managing pressure for a social worker in a challenging environment. Increased knowledge in this area could greatly influence the job effectiveness and satisfaction of social workers. There is a tremendous amount of overlap between social work and counselling psychology. In fact, many social workers with Master's of Social Work (MSW) designation act as therapists or managers in a counselling context for a number of different agencies; they work side-by-side with individuals with graduate work in Psychology. Furthermore, there is increasing emphasis within the health authority for individuals who work in counselling to assume a "concurrent" stance, in which they work with clients who present with both active substance misuse and mental illness. That is, the nature of the clients that social workers or mental health workers are now seeing is becoming

increasingly complex. In a sense, the clients are presenting with more and more barriers to health and proactive living. Hence, this research on how social workers are able to cope well is significant for both theory and research in the area of Counselling Psychology.

In addition, it is important that social work schools and other professional disciplines integrate these prospective findings into their curriculum in order to raise students' comprehension of the potential work hazards associated with the professional roles of social workers and other mental health care providers. Agencies might be advised to also inform new workers about the stark realistic aspects of mental health work, as unrealistic expectations may lead to negative work outcomes. Also, this research sought to identify resources and skills that can be used so that an individual (whether he/she is a new employee or seasoned worker) can more effectively manage and enjoy the work that they have chosen to pursue.

Ideally, this knowledge will also help social service agencies make organizational changes that result in healthier workplaces and more positive workspaces for social workers. This project will inform psychologist and career counsellors working with social workers on issues related to workplace stressors.

Moreover, these findings might serve as an indicator of what direction the provincial government can take to better fund and organize social services programs to support social workers and their particular clientele. Essentially all social services rely significantly on government funding to carry out their operations and if programs can be organized in a way that is mutually beneficial for both the clients and the workers then this would be ideal. A social worker who is able to cope well in the job would be advantageous from a financial point of view as this results in less re-hiring and training costs for the organization due to high turnover.

In this study, workers from the DTES were interviewed in so much that they represent social workers working with multi-barriered clients. Canada recognizes the importance of improving the lives of Vancouver's Downtown Eastside residents. In 2005, the Vancouver Agreement and the Vancouver Organizing Committee for the 2010 Olympic and Paralympic Winter Games (VANOC) announced a four year plan to invest over \$2 million into the revitalization of the Downtown Eastside ("Downtown Eastside," 2005). In 2008, the Canadian Government agreed to commit \$10 million for new community programs to assist individuals with substance abuse issues from this neighbourhood ("Government of Canada," 2008).

More recently, the federal government in March 2013 made a five-year commitment to the national homelessness strategy that was due to expire in 2014 (Shapcott, 2013). Annually the government has agreed to provide \$119 million, which is a reduction of eight million dollars from the previous strategy. Secondly, the federal government made a five-year commitment to the Affordable Housing Initiative at \$253 million annually; this service provides affordable social housing to low-income individuals. This is important as more than 1.5 million Canadians are in "core housing need" or precariously housed.

There are many initiatives to help multi-barriered clients. Hence, what is the experience for social workers assisting them and how are they able to cope well? This study sought to address this. In sum, this research provides insight into social workers working with multi-barriered clients in general to more specific, tangible outcomes for workers in the DTES too.

Chapter 3: Method

Design Overview

This is a qualitative study. Qualitative designs give an impression, provoke a feeling, or probe into something that cannot be tangibly measured with quantitative methods. My research question is, “What are the helping and hindering incidents which enable social workers to cope well in this line of work?” And, my research question is interested in probing how social workers are experiencing their profession and coping with potential hardships and this research focus lends itself more readily to qualitative research. My research question does not involve hypothesis testing but rather focuses on the lived experiences of social workers. Asking what meaning social workers make of these critical incidents considers the context and interpretations made by these workers.

For this project, 15 adult social workers with a wide range of work and personal backgrounds were interviewed. Participants’ responses to the structured interview questions were analyzed according to the *Enhanced Critical Incident Technique* (Butterfield et al., 2009). This method allows for patterns and categories to be formed based on the lived experiences of the social workers interviewed. All participants were interviewed by the researcher individually. The order of the questions was kept consistent. However, the nature of the interview technique allows individuals to be flexible with respect to how they answer questions. The questions were open-ended and the participants were able to comment quite broadly on the questions. Participants were all interviewed twice. Second interviews occurred for the researcher to confirm the participants’ content and meaning of their first interview responses. Unlike the first

interview which was held in-person, the second interview was carried out through email and telephone.

Enhanced Critical Incident Technique

Since the first pivotal article by Flanagan, the *Critical Incident Technique* (CIT) has come to be accepted as a valid and informative research tool (Butterfield et al., 2005; Chell, 1998; Woolsey, 1986). Flanagan stated, “The critical incident technique consists of a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles” (p. 327). This study is looking at the practical problem of how social workers are able to cope well in their work. The original *CIT* has been used over time to explore a vast range of topics in business, communication, job analysis, counselling, education, organizational psychology, performance feedback, and social work.

This flexible qualitative approach allows researchers to identify helping and hindering incidents in complex scenarios and to collect functional or behavioural descriptions of events or problems (Flanagan, 1954). Specifically, the *Enhanced Critical Incident Technique (ECIT)*, which is a modification of the existing *Critical Incident Technique*, will be employed. The *ECIT* uses the same basic *CIT* process but also includes a thorough set of credibility checks, inclusion of contextual questions at the commencement of the research interview to orient participants, and the addition of questions concerning *Wish List* items which are “those people, supports, information, programs, and so on, that were not present at the time of the participants’ experience, but those involved believed would have been helpful” (Butterfield et al, 2009, p 267).

An expanded critical incident methodology was selected for this study for several reasons. First, the method allows for concrete critical incidents to be elicited and examined. As the construct of coping well with social workers has not been well articulated in previous studies, this allows for specific examples of when individuals have felt that they have coped well or unwell to be illustrated. This flushes out this construct and sheds light on how it is experienced by social workers of Vancouver. This method allows the government and non-profit social services agencies to know exactly what happens in the organization that helps or hinders its workers to cope well. Should any of these agencies want to make changes to more fully support their employees, they will have specific information upon which to base their actions.

This method was also chosen as it allows for reflection on the meaning of the critical incidents experienced by social workers. As noted earlier, not all factors helping or hindering to coping well may be universal. So, just as it is important and necessary to know what critical incident(s) affect coping well, it is just as salient to know what meaning social workers make of these incidents to have a full and rich comprehension of the facets of coping.

Building on Flanagan's method, and the subsequent studies utilizing his method, Woolsey (1986) wrote a seminal article on the *Critical Incident Technique*. In her article Woosley outlines five steps for a critical incident study: determining the aim of the activity to be studied, setting plans, specifications, and criteria for the information to be obtained, collecting data, analyzing the thematic content of the data, and reporting the findings. Woosley's method, along with Flanagan's original contributions to this research technique, have formed the basis for a number of critical incident research studies.

Determining the aim of this study is a process of observation, self-reflection, and discussion. Woolsey (1986) states, “The most effective statements of aim use simple everyday language to convey an obvious meaning” (p. 244). The aim of this study is to explore the coping process of social workers working with multi-barriered clients. In everyday language, the aim is to find out what incidents resulted in social workers coping well in their work, and what incidents resulted in social workers coping poorly. Participants were oriented to the study with the use of such language. In being queried about critical incidents that enabled them to cope well in their work social workers were asked things like, “What events or incidents helped you feel as though you were coping well in your work? What factors contributed to this feeling? What events or incidents enabled you to work and do well?” Similarly, for incidents that hindered social workers they were asked about incidents or events that resulted in them “coping poorly or unwell, made them not want to be at work, not to stay engaged with clients, incidents that turned them off work or made them want to emotionally and mentally check out”. Hence, this study focused on the naturally occurring strategies that social workers use who self-identified as working well with this population. The aim of the study is straightforward. The process, however, is more involved.

The next step is setting the plans, specifications, and criteria. This involves creating an interview protocol guide to ensure consistency. Prior to the interview, the social workers were oriented to the study, fully informed of the research questions, told the aim of the study, and explained the type of questions they will be asked.

In *CIT*, data is analyzed and organized around the categories that emerge from the responses and observations of research participants in relation to the questions posed to them by

the researcher. With the *Critical Incident Method*, these social workers identified specific and concrete examples of what factors have helped and hindered them in their job. That is, interviews focused on three broad questions: (1) What factors (or incidents) help you in your present position to cope well? Please identify specific and concrete examples; (2) What factors (or incidents) hinder you in your present position to cope well? Please identify specific and concrete examples; (3) Are there other things that would help you to continue to cope well? I wonder what else might be helpful to you that you haven't had access to? It is important to note that the interviewer tried to get the participants to state at least eight helping incidents and eight hindering incidents in order to get a range of different responses to the questions posed.

Whenever possible, follow up questions were asked during the first interview if any points made by the participant were unclear or ambiguous. Flanagan (1954) advised that the research interviews should continue until redundancy or saturation occurs in the data. This refers to the point in which the participants do not mention any new critical incidents or no new categories are needed to describe the incidents.

The one-to-one interviews with the research participants were audiotaped. Upon review, the conversations were listened to, transcribed, and sorted into a small group of critical incidents related to factors that allow the social workers to cope in their positions. Incidents were coded if 1) the event was clearly identified, and 2) the outcome was clearly related to the study. Once all the incidents have been identified the researcher reviewed the items and developed a category system. Butterfield et al (2009) thoroughly and clearly delineate a process for analyzing the data; these steps were followed by this researcher. After the categories were created, brief definitions of the categories were made, and additional incidents were classified into them. The

tentative categories continued to be modified until all of the incidents noted by participants in their conversations had been classified.

The *Enhanced Critical Incident Technique* has been found to be both reliable and valid (Andersson & Nilsson, 1964; Ronan & Latham, 1974). Furthermore, the nine credibility checks postulated by Butterfield et al. (2009) were undertaken in the data analysis process of this study. Some of these checks included employing an individual familiar with ECIT to independently note some critical incidents from the audiotaped material; submitting initial categories to researchers in the ECIT field; determining the point of exhaustiveness for each category; cross-checking by participants (this took the form of second interviews with each of the research participants); theoretical agreement; monitoring fatigue and redundancy on the part of the researcher in order to ensure that I was reflexive of my own presumptions and energy levels when I analyzed the data; and more.

Participants

Participants were 15 social workers who work in the Vancouver Lower Mainland who work with multi-barriered clients. Both males and females were interviewed. In addition, this group was inclusive of individuals of different ages and varying ethnic backgrounds. The demographic data is summarized in Table 1.

Group selection.

Social workers who work with multi-barriered clientele were selected because I have first-hand experience working as a social worker with this group and I fully comprehend the dynamic and often tumultuous nature of the work. Thus, these workers were ideal to study given the volatile nature of the clientele and the potential impact of this work environment on the social

Table 1. Summary of Demographics

Part. #	M/F	Age	Occupation/ Job Title	Length Of Years in Current Job	Number of Yrs in Social Work	Education (Or Post-Secondary Equivalency)	Household Income Level (Annually)	Country of Origin	Rel. Status	Family Status
1	F	29	Women's Housing First Support Worker	2	5.5	Master's Degree	\$27,600	Canada	Single	No Children
2	M	35	Community Development Manager	1	10	Bachelor's Degree	\$50,000	Canada	Single	No Children
3	M	48	Director, Aboriginal Health Services	2	12	Associate Degree	\$120,000	Canada	Married	Children
4	F	62	Tenant Support Outreach Worker	2	30	Associate Degree	\$50,000	Canada	Divorced	Children
5	F	27	Mental Health Worker/ Housing Team Coordinator	5	7	Bachelor's Degree	\$92,000	Canada	Common-Law	No Children
6	M	41	Project Manager of Social Housing Building	2.5	8	Master's Degree	\$60,000	Canada	Single	No Children
7	F	30	Support Worker	1	1	Bachelor's Degree	\$26,000	Canada	Single	No Children
8	F	55	Program Manager	4	28	Associate Degree	\$65,000	Canada	Married	Children
9	M	37	Shelter Worker	3	3	Master's Degree	\$35,000	U.S.A	Divorced	No Children
10	F	50	Shelter Worker	9	9	Associate Degree	\$60,000	Canada	Married	Children
11	M	54	Shelter Outreach Worker	7	9	Bachelor's Degree	\$50,124	Canada	Divorced	Children
12	F	54	Shelter Outreach Worker	4	12	Bachelor's Degree	\$100,000	Canada	Common-Law	Children
13	F	31	Drop-In Worker	2	5	Master's Degree	\$35,000	Canada	Single	No Children
14	F	38	Program Manager of Social Housing Building	0.5	6	Associate Degree	\$45,000	Canada	Common-Law	Children
15	F	66	Outreach Supervisor	5	22	Bachelor's Degree	\$50,000	Canada	Married	Children

worker. Social workers in DTES work with multi-barriered clients as a consistent part of their job and these are the types of social workers I was most interested in speaking to. Thus, social workers from the DTES were interviewed as they represented workers who clearly work with multi-barriered individuals.

I used opportunistic not purposeful sampling for this study. That is, I was not attempting to get a certain number of participants from a certain demographic (e.g., specific number of males or number of people from certain cultural background). I was simply looking to interview individuals who meet the study criteria because they belonged to naturally occurring groups (i.e., they are all social workers). And, I used convenience sampling as this lent itself to interviewing the greatest number of participants in a manner that is highly flexible and accessible for this project.

Furthermore, the term ‘social worker’ can be quite broad and I specifically was interested in interviewing people who have completed at least a Diploma in Social Work or Psychology. With respect to work experience, participants could either be new or seasoned workers with many years of experience. There was no specified number of years of work experience that a participant was required to hold to participate.

Inclusion criteria.

Research participants met the criteria to partake in this study if they were currently working in a social work or social services capacity for any agency (i.e., non-profit agencies or government). More specifically, the study would be focused on exploring the experiences for social workers working with multi-barriered clients. Any social worker who had LESS than a Diploma in Social Work or Psychology (or related discipline) was excluded from participation. I

wanted there to be some consistency about educational background, if possible.

Gender, age and family status.

The participants ranged from 27 to 66 years of age. The mean age was 43.8 years. Two participants were under the age of 30; five were between the ages of 30 and 39; eight were over the age of 40. There were 5 males and 10 females. Seven participants were married or common-law and eight were single or separated. Eight of the participants had children.

Education, language, and country of origin.

All participants reported at least a Diploma in Social Work or Psychology (or related disciplines). Four of the participants hold Master's Degrees and six have Bachelor's degrees. The remaining participants had roughly the equivalent of an Associate degree (2 years of post-secondary). This equivalency often included a variety of certificates or diplomas held by a single person. All participants were fluent in English. All but one participant were born in Canada and had spent the majority of their working lives in Canada. The other participant was American but had been in Canada for 18 years now.

Occupation (job title); length of time in occupation; length of time in career.

Participants had a wide range of job titles; positions included everything from Drop-in Worker to Community Development Manager. However, all participants worked in a social work-related role and interacted with multi-barriered clients. There was a mix of individuals in supervisory or management positions and also individuals who worked frontline with clients. Frontline roles are typically held by individuals who are newer to the social work field and have fewer years of work experience. All managers had spent typically many years in frontline roles before assuming more senior positions. Of the 15 participants, seven were in management

positions. Participants worked for a variety of different organizations and places of work included drop-in centers, homeless shelters, single room occupancy hotels, supportive social housing units, social services organization's head offices, and more.

Length of time participants worked in their current position varied from six months to nine years. The mean time spent in the present role was 3.3 years, which speaks to the fact that most participants were quite familiar with their roles and the organization. As a researcher, this gave me more faith that participants could speak confidently about their work experiences and they knew with certainty what helps and hinders them cope.

The number of years spent working in the social work industry ranged from one to 30 years. The mean time dedicated to working in the social work field was 11.1 years. A decade of work experience provides a strong foundation for participant reflection.

Household income level (annually).

Household incomes ranged substantially amongst the participants even amongst those who performed similar jobs with different organizations. If individuals were common-law or married, then their partners' income would also be included in this number. The low end of household income annually was \$26,000 and the upper end was \$120,000. All participants worked full-time. However, one reason for the discrepancy was that almost half the participants (seven) worked in supervisory roles. The mean annual household income for someone in a supervisory role was \$68,857 per year, whereas the mean household income for someone in a more junior role was \$47,965 per year.

Recruitment.

Potential participants were contacted by a variety of different methods. Firstly, they were contacted via their place of employment. As I have worked and liaised with social workers in my other research positions, I have developed an extensive network of contacts within social work realm.

The following were the social services and government agencies who were contacted: Ministry of Housing and Social Development; Ministry of Child and Family Services; ATIRA, RainCity Housing and Support, Vancouver Coastal Health, Portland Hotel Society, Downtown Community Courts Program, Lookout Emergency Aid Society, Family Services of Greater Vancouver, First United Church, Coast Mental Health, Elizabeth Fry Society, and Salvation Army.

These organizations were selected because they are large organizations with a wide and varied focus on helping disadvantaged populations and they have been in service for a number of years. Further agencies did not have to be contacted as a sufficient number of participants were found through these agencies.

It is through the researcher's contacts that potential Program Managers from different social services programs were contacted. The researcher asked the organization and her contacts which Program Managers they feel would be best to speak to (this researcher's contacts include mostly Program Managers from different social service agencies). And, these recommended managers were approached and explained the intentions and purposes of the study. They were encouraged to ask any questions they might have. If they were interested, these same Program Managers could also participate in the study. Thus, the Program Manager's role could be one of

both participant and liaison for the study. It was at the Program Managers' discretion which members of their staff that they would forward the email along to. The researcher was not privy to which employees had opted out of the study.

Managers oftentimes forwarded along the research introduction email to appropriate staff within their team (potential participants). See Appendix D for the Letter of Initial Contact. A print advertisement was also posted in some of the mailrooms of the service providers (provided that the service providers had given their consent).

Online and paper bulletins also offered a financial incentive (i.e., an opportunity to win \$100 in a lottery comprised of all participants) which was employed in order to obtain a sufficient number of participants. The project was advertised as research on "Discussions in Social Work: The Challenge of Coping Well."

The topic of coping was mentioned in the project description or advertising because revealing this topic enabled individuals to partake in this study who had a wide range of positive and negative experiences in this field of work. As there has been a plethora of research on the detrimental impact of this position, I wanted to ensure that those workers with enjoyable occupational experiences would also feel comfortable participating in the study. The participant inclusion criterion was also included on the research project advertisement.

Ethical considerations.

Ethical approval was obtained from the University of British Columbia's Office of Research Ethics. Following standard university procedure, participants were required to complete Informed Consent Forms (Appendix A) to ensure that their rights, confidentiality, and safety were protected in the study.

Overall, this study involved minimal harm or risk to the participants. If the participants felt that a discussion of their profession sparked some psychological distress, then the participants would be referred to appropriate counselling services within the community. It should be said that no participants ever felt sufficient psychological distress during the interview to warrant a referral to community services. In addition, the research participants were reassured that the information conveyed about their employer would be kept confidential. Many participants were comforted to know that their responses would not be privy to their employer or co-workers.

Materials/Apparatus

Tape recorders.

Each individual in the study was interviewed one-to-one and the content of the interview was audiotaped. Subsequently, the sessions were transcribed and analyzed according to the particular agreed upon protocol in accordance with the *Enhanced Critical Incident Method*.

Demographics questionnaire (Appendix B).

A small section of questions was asked at the end of the interview to gather information about the participants' occupation, number of years in the occupation, length of time in the current job, age, sex, income level (household), country of birth, marital status, family status/parental status, and education level.

Procedure

This project was advertised as research on "Discussions in Social Work: The Challenge of Coping Well." Participants were pre-screened via phone or email before the first interview to ensure they meet the criteria for the study (see Appendix C). In this conversation, they were told

that they would be having a discussion with a UBC graduate student about their experiences working with multi-barriered clients. All participants completed the initial interview in person and subsequent interviews for the purposes of cross-checking data were held through phone or email.

The site of the research interview was either an office space secured at a service provider's location for the social worker's ease of access and convenience or a small meeting room at St Paul's Hospital. The rationale for this choice in interview locations was that some social workers might be more comfortable speaking about their work experiences in the office environment or they might find it less stressful to speak in a hospital environment completely separate from their line of work. Thus, both options were proffered to interested participants. Most participants elected to be interviewed at St Paul's hospital in a small meeting room. The rest were interviewed at their site of work.

Prior to the commencement of the study, each participant read and signed an Informed Consent Form (Appendix A). Participants were provided with a copy of the consent form for their records.

The first interview's purpose was to answer the primary research questions about coping well. The second interview was designed to double check with participants the accuracy of the transcript generated from the first interview and if they had anything else they wanted to add or any modifications to suggest about the categories pulled from their transcripts. It also enabled an opportunity to insert anything that was missed in the first interview.

First interview.

The interview session lasted approximately one hour (there was no time limit if participants wish to discuss more). Most interviews lasted approximately 60 minutes. For the interview, participants were told to answer each question honestly and candidly and that only the researchers would be privy to the transcript of their responses. If they do not know the answer to the question, the participants were told to indicate that response during the interview. I reminded participants that the conversation would be audiorecorded.

Participants were asked interview questions which inquired about their experiences in social work and the helping and hindering factors for coping well in these positions with an emphasis on specific incidents to illustrate these points (see Interview Guide, Appendix E).

Empathetic communication and reflection was used to convey understanding of participants' responses. Probes were used to prompt the participants to clarify or elaborate their answers. Leading questions were avoided so that participants spoke to their more authentic and notable experiences. I, as the interviewer, encouraged the participant to speak about the topic until saturation was met and they could not think of any more details to add.

The interview was comprised of five parts. The first part of the interview questions are labelled the *Contextual Component* and this section was intended to establish rapport with participants and to direct the interviewees to their experiences and to provide a general framework for the research question of what helps and hinders social workers in coping well. These same questions also set the aim of the study (Woolsey, 1986). Participants were asked questions about their current job position and their background in social work.

Next the *Critical Incident Component* of the interview began. The questions were designed to explore the helping or hindering incident, why it was helpful or hindering and the outcome of the incident (i.e., “What factors or incidents HELP you in your present position to cope well? Please identify specific and concrete examples. How did it impact you?”).

Thirdly, I was interested in obtaining information about what would have helped participants that they did not have or did not have access to or what they desired in the future. This is referred to as the *Wish List Component*. These questions asked, “Are there other things that would help you to continue to cope well?” and “I wonder what else might be helpful to you that you haven’t had access to?”

The fourth section (*Always Coped Well Component*) was conceptualized to unearth if participants’ ability to cope well was consistent over time or if not, what initiated the trend towards coping well. That is, participants were asked, “Have you always coped well as a social worker? If not, when did this change for you?”

The final section called the *Metaphor Component* was included to elicit rich descriptions of the type of metaphors that participants most connect with when they self-reflect on their work and their ability to develop rapport with participants (e.g., “Is there a particular image or concept that comes to mind?”).

Notes were taken throughout the duration of the interview on the off-chance something went awry with the digital audio recordings and to assist with the follow-up questions in the second cross-checking interview. The interview guide was created according to guidelines by Butterfield et al. (2009).

Upon finishing the interview, participants next completed the Demographics Questionnaire (Appendix B). Then, people were thanked for taking part and debriefed. If the participants wished to know the results of the study, they were given the contact information of the primary researcher. The contact information of the researcher was included on the Informed Consent.

A professional transcriptionist was hired. Instructions were provided to the transcriptionist to ensure accuracy and confidentiality were met.

Data Collection and Analysis

The data was collected at the time of the interviews. The data included the audiotaped session and also the written notes taken by the researcher during the interview.

The data was collected, categorized, and analyzed in accordance with the *Critical Incident Technique*, which was first proposed by Flanagan (1954). This method allows for patterns and categories to be formed based on the lived experiences of the social workers interviewed.

Transcripts were each read through with an eye to glean what each participant's experience was. As a qualitative researcher, it is important to be considerate of any presumptions that one might possess during the analysis and interpretation process. It can verge on impossible to be completely objective but I attempted to bracket out any of my views related to this topic. A further delineation of my experiences can be found in the *Subjectivity* section at the end of this chapter.

Next the transcripts were uploaded into NVivo, a qualitative research software program. NVivo enables users to code categories identified in the transcripts with ease and coding structures can be directly linked to field notes, images, videos, social media, and quotations. The

transcript text was not coded according to pre-conceived code schemas (which might be the case in grounded theory research) or numbers or code words. The categories which emerged were based on the participants' own language. This was beneficial because the participants had to comprehend the categories I developed, as one of the credibility checks was having the participants look at the categories that I pulled from their transcripts to assess the accuracy of my interpretation. Participants were given the categories that I had coded as helping critical incidents, hindering critical incidents, and wish list incidents. A copy of the participant's transcript was also given to him or her to link the coded categories to the specified text.

With the assistance of the NVivo program, categories were created based on similar experiences that participants shared. This is an inductive approach. This involves moving back and forth between the codes and possible categories, musing over common meanings which arose from the data. Field notes and thoughts that occurred during the interview were also inputted into NVivo.

Critical incident and wish list analyses.

After three transcripts were coded, tentative categories were created by grouping incidents and wish list incidents under common experiences which then led to the development of working category titles and rudimentary operational definitions. That is, categories were formed by grouping together clusters of incidents that were related to one another. Placement of incidents into categories continued and categories were added and/or modified as necessary. No more categories or modifications were needed after the 15th transcript was coded, analyzed and the codes were placed which demonstrates that *category exhaustiveness* had been reached. Ten percent of the coded transcripts were held back until the end of the coding and analysis; this is

congruent with recommendations by Butterfield et al. (2005). Placement of the last few incidents was an easy process. This process is recommended as it shows a thorough or exhaustive exploration of the topic being studied. At this juncture, the research supervisor reviewed the categories to ensure appropriate procedures were being followed and the categories were appropriate based on the data. The research supervisor agreed with the determined categories so the researcher proceeded.

Credibility and Trustworthiness Procedures

Interview fidelity.

Four interviews' transcripts (including the first one) were examined by a person who is familiar with *ECIT* against the interview protocol, to ensure that the procedure was being followed and there was no leading questions, appropriate probing, and following up on possible incidents. This procedure helped to ensure *interview fidelity*. The transcripts were reviewed by another colleague who used this method for her thesis. All feedback was positive and no changes were recommended.

Inter-rater reliability (trustworthiness).

Four transcripts (25%) were provided to a colleague who was familiar with the interview protocol. We compared codes for the responses which participants provided on helping and hindering critical incidents. It is thought that an acceptable rate of agreement is 75%, although many studies can report an agreement much higher than that. After our first comparison we reached 80% agreement on the critical incidents data. We connected and spoke about the discrepancies that we encountered and attempted to understand where the other person was

coming from in making that decision. Fortunately, we reached consensus on many of the incidents. Therefore, the final rate of agreement for the incidents was 92%.

After the last transcript was coded and the transcript excerpts were placed into categories, 25% of the codes of the incidents were randomly selected and given to a person who is familiar with the ECIT to place in the categories, along with the category definitions (*category trustworthiness*). The person who assisted me in this aspect of validating the analysis was a Doctoral student at the University of Victoria. 86% agreement was reached at first view of the transcripts and 96% agreement was reached upon the second review. Table 2 shows the rate of agreement for each of the four transcripts reviewed. No further validation was perceived necessary at this point.

Expert opinion.

I recruited two individuals for their expert opinion on my research. First, I liaised with an expert in the field of social work and social housing to get her opinion of the categories, definitions that described the incidents, and wish list categories. She is the CEO of a large non-profit society based out of Vancouver that has been in operation for more than 40 years. This organization runs homeless shelters and supportive housing buildings. Furthermore, this expert is a pioneer and passionate advocate for homeless in the Vancouver Lower Mainland; she has served on numerous committees and boards. A copy of the abstract, statement of the problem, rationale, research questions, and a brief description of the method for the current study were provided to the expert as a basis for understanding the study, in addition to the categories and their definitions.

Table 2. Independent Coding (Trustworthiness) Check Record

1st Pass

Transcript	HE Agree	HE Disagree	HI Agree	HI Disagree	WL Agree	WL Disagree	Total Disagree	Total Code
Participant 1	12	2	10	2	5	1	5	32
Participant 10	5	2	4	2	2	0	4	15
Participant 13	12	2	7	1	3	0	3	25
Participant 3	9	1	6	2	1	0	3	19
Totals	38	7	26	7	11	1	12	91

86% Agreement**2nd Pass**

Transcript	HE Agree	HE Disagree	HI Agree	HI Disagree	WL Agree	WL Disagree	Total Disagree	Total Code
Participant 1	14	0	12	0	6	0	1	32
Participant 10	7	0	5	1	2	0	1	15
Participant 13	13	1	7	1	3	0	2	25
Participant 3	10	0	7	1	1	0	1	19
Totals	44	1	31	3	12	0	5	91

96% Agreement

The second expert is a colleague who has also used ECIT in her graduate work in Counselling Psychology. She familiar with the topic so only the categories and their operational definitions were provided

Each expert was asked to review the categories and their definitions and to answer the following questions:

1. Are the categories clearly explained?
2. Are you surprised by any of the categories? If so, which one(s) and why?
3. Is there anything missing based on your experiences and what you know about social work?

I interacted with the first expert, the CEO of the non-profit agency, via email. She reviewed each category, their definitions and the results section thoroughly. To the first question, she answered yes, the categories are clearly explained and useful. She was surprised by a number of the results. Specifically, she was surprised that 80% of the participants felt that their organization hindered them, especially because most agencies believe they are being supportive. An important point raised was that it could be hard to discern if employer shortcomings are due to decisions made by the employer or due to lack of funding at the employer's disposal to have more supports for employees.

Secondly, she noted that one of the issues under the results category, Employer Organization, was shared email accounts and she explained that the reason why an organization has this in place is to ensure continuity of care for clients. An example was provided of a medication change sent to a staff person on his day off which resulted in the medication that the client was allergic to being continued for three extra days. Hence, it is important the social

workers understand well the email protocols so as to not mismanage an email belonging to someone else (which was the complaint from study participants).

With respect to the job schedule, she re-iterated how staff prefer to take shifts during the day/week and this creates a massive scramble to find staff coverage during the evenings and weekends. On the topic of shifts, staff who are on call dislike getting called last minute, regular staff get annoyed at staff absenteeism, and the managers become angry when regular staff are not available for critical shifts. She concurred that some staff feel quite guilty about taking needed time off because their clients are negatively affected. Thus, negotiating the work schedule was a hindering influence for her staff.

Another surprise from her was that more participants did not talk about the increasing requirement to “prove” outcomes for funding purposes, which means more statistical recording at work and less time with clientele. Indeed, participants barely brought up this topic in the interviews. This was something that could be considered missing from the interviews and should be integrated into the discussion.

She reiterated how the lack of resources and funding is a significant barrier. There simply are not enough funding programs for the needs of multi-barriered clients. She hears this frequently from Vancouver Coast Health Authority, Fraser Health Authority, and BC Housing (partnering agencies in health care and housing).

The last missing piece from the interviews was that participants did not often acknowledge the deepening complexity of the needs of the clients –more serious drugs that make people unpredictable, mental illness is not well treated/recognized, disabilities (e.g., high incidence of brain injury), and aging in the population. Too few participants mentioned this

topic to merit its own category. She said this is always the number one complaint that she receives from social worker staff.

The second expert provided her answers via email. She said that yes the categories were helpful and she had some suggestions about how some of the category titles could be reworded for clarity. The researcher agreed with her and the changes were made. And, she was surprised that having resources for clients was not a helping category; Lack of Resources and Budget was only listed as a hindering category.

Participant cross-checking.

It is key in qualitative research to assess the researcher's interpretation of participants' data by encouraging participants to have a voice in the analytical process (*descriptive* and *interpretive credibility*). *ECIT*, like other qualitative research methods, also requires this.

All participants were emailed a copy of their transcribed interview and also the specific helping and hindering critical incidents and categories that were identified in their interview. Wish list incidents were also included. Participants were invited to provide any clarification to the categories identified and to review the transcript to ensure its accuracy. That is, an opportunity was given to each participant to review, add to, clarify or modify their coded critical incidents and wish list incidents, and then do the same for the categories in which each was placed. Furthermore, participants were asked to add any additional comments, if they had any. Phone conversations were also encouraged if the participant found it too cumbersome to respond back in email form.

Overwhelmingly, participants agreed with what was stated in the emails. Three participants made some minor clarifications about how their interviews were transcribed and two

participants made some suggestions about how their answers to the interview questions could be best interpreted to refine the critical incident categories that I put them into. All participants said they understood the categories, what they represented, and that the categories made intuitive sense to them.

Theoretical agreement.

Ideally, the results of a study should have some relationship to existing literature (*theoretical agreement*) (Butterfield et al., 2009). There are two efforts required to probe this question. The first is to be explicit about the assumptions that the research is based on; these can be found in Chapter 1. The second step is to relate the study results to what presently exists in the literature; this is shown in Chapter 5.

Data Management

The data (including the digital audio files from the interviews) will be stored in a locked room at the UBC Faculty of Education (Department of Educational and Counselling Psychology, and Special Education) for a minimal period of five years. It will be stored on encrypted, password protected computer files. None of the materials stored will have the participants' names or other identifying information on them. Participants were allocated numeric codes as a reference for the researcher and also to ensure the confidentiality of the participant to other people looking at the data. The only individuals who will have access to the data will be the primary researchers. After the five-year period, the data will be destroyed.

Reporting the Findings

For the *Enhanced Critical Incident Technique*, the findings chapter will show the number of different incidents coded and also the categories that arose from these incidents. Wish list

incident results can also be found here. Definitions of the different categories will be provided. This can be found in Chapter 4.

Researcher's Subjectivity

The graduate student researcher (myself) conducted the interviews, and coded the data for categories. In order to control for potential researcher bias, I consulted with other students and faculty to ensure the accuracy of my results. Furthermore, the nine credibility checks outlined in the *CIT* were all attempted to be undertaken to reduce the impact of subjectivity. In addition, I also engaged in the process of journaling in order to become more aware of my own reflections and presumptions about the population of study.

I have a quantitative research background and this is something which was very important for me to remember. As the way in which I have been trained to observe and measure phenomenon is markedly different than that of qualitative. Quantitative is much more regimented and I needed to learn to trust in the research participant to guide the process and to uncover the findings in qualitative methodology. There can be great power in this qualitative approach.

Working as a Researcher on numerous public health projects has tremendously influenced my interest and passion for my proposed area of research. I often interact with social workers who work with multi-barriered clients. Given that I already have familiarity with social workers, I needed to be cognizant of any predetermined assumptions I hold of social workers through this job.

I do not believe it is possible for me as a researcher to bracket out my biases in interpreting meaning in the data. I have done my best to articulate my assumptions on the

research topic and document my own lived-experiences as a Social Worker and as Researcher who liaises frequently with social workers. All efforts were made to accurately represent the participants' experiences, knowing full well that the meaning making process is littered with interpretations. Specific validity checks were undertaken to speak directly to this concern.

Rigour of the Study

The rigour and validity of this study has been sought in many ways. The researcher has considered her own reflexivity and sought a research method that would control for potential sources of bias. In addition, the researcher has carefully outlined the steps in her research process to allow for the replication of the results. Credibility and trustworthiness were also sought through the use of independent judges to categorize a sampling of incidents.

Chapter 4: Results

Critical Incidents and Wish List Incidents Overview

Fifteen social workers were interviewed over the course of this study. 355 critical incidents were elicited from their responses. There were a total of 171 helping incidents, 138 hindering incidents, and 46 wish list categories. Each of the main helping and hindering categories are described and illustrative quotations are also included to exemplify a given category.

Table 3 has been included to provide an overview of the helping and hindering incident categories, the total number of incidents in each category, and the number of participants who reported critical incidents in a particular category. The lowest participation rate that emerged from this specific data set was 7%, which is lower than the acceptable level of reporting (i.e., 25%; Butterfield et al., 2005). Only categories that met the 25% threshold were included in Table 2. The helping and hindering incidents did not always perfectly match up (or have a corresponding category).

Fourteen categories are shown in Table 3 based on the descending participation rates on the helping side of each, and where rates were equal, the category with the larger number of category incidents is reported first. Once significant participant endorsement (25% or higher) of the helping categories was exhausted, significant participant endorsement of hindering categories was then listed on the table. Helping and Hindering Categories: Self-Care in Personal Life -86% (38 incidents); Emotional Response to Nature of the Job -73% (41 incidents); Relationships with Co-Workers -73% (28 incidents); Supervisors -67% (27 incidents); Building Rapport and Maintaining Personal Relationships with Clients -67% (21 incidents); Employer Organization

Table 3. Critical Incidents

Category (% total participation)	Helping Incidents			Hindering Incidents		
	Participants		Incidents	Participants		Incidents
	N=15		N= 171	N= 15		N= 138
	N	%	N	N	%	N
Self-Care in Personal Life	13	86	27	4	27	11
Emotional Response to Nature of the Job	11	73	24	7	47	17
Relationships with Co-Workers	11	73	18	5	33	10
Supervisors	10	67	14	3	20	13
Building Rapport with Clients	10	67	15	4	27	6
Employer Organization	9	60	22	12	80	25
Social Network	8	53	13	0	0	0
Sense of Accomplishment from Length of Work Experience	7	47	14	0	0	0
Work/Life Balance	4	27	10	4	27	5
Lack of Resources and Budget	0	0	0	6	40	10
Gaps and Overlaps in Health/Social Services Systems	0	0	0	5	33	13
Structure of Job	3	20	6	4	27	5
Issues in Employee Hiring and Qualifications	0	0	0	4	27	10
Economic and Political Context of Work	0	0	0	4	27	6

*Numbers in **bold** indicate participation rates of 25% or high

-60% (47 incidents); Social Network -53% (13 incidents); Sense of Accomplishment from Length of Work Experience -47% (14 incidents); Work/Life Balance -27% (15 incidents); Lack of Resources and Budget -40% (10 incidents); Gaps and Overlaps in Health and Social Services Systems -33% (13 incidents); Structure of Job -27% (11 incidents); Issues in Employee Hiring and Qualifications -27% (10 incidents); and Economic and Political Context of Work -27% (6 incidents). The helping participation rates were not necessarily higher in each of the categories than the analogous hindering incident categories. Critical incidents that did not meet the minimum participation rate are briefly outlined in Table 4.

Wish list categories were also included and noted in Table 5. Categories were outlined starting with the most prevalent in terms of participant endorsement and then on a sliding scale to least amount of endorsement. Lastly, the metaphors that emerged from the participants' responses about conceptualizing their role as a social worker and working with clients are discussed.

Critical Incident Categories

Self-Care in Personal Life

Self-Care in Personal Life is the largest helping category with respect to participant contribution. The helping side of Self-Care in Personal Life is defined by those incidents whereby participants endorsed proactive and healthy stress management habits in their personal lives and they noted the positive impact that it had on their work. The helping aspect has 86% participant agreement and 27 incidents. The hindering side of Self-Care in Personal Life is defined by poor stress management habits or lack of self-care practices altogether. There was 27% participant participation in this hindering category and 11 incidents.

Table 4: "Other" Critical Incidents

Category (% total participation)	Helping Incidents			Hindering Incidents		
	Participants		Incidents	Participants		Incidents
	N=15		N= 170	N= 15		N= 138
	N	%	N	N	%	N
Lack of Faith in Criminal Justice System	0	0	0	3	20	6
Prior Life Experience (Lived Experiences)	2	13	3	1	7	1
Gaining Value from Performing Cultural Activities (First Nations Practices) at Work	2	13	2	0	0	0
Sense of Humour	2	13	2	0	0	0
Harm Reduction Centres to Reduce Number of Drug-Related Injuries	1	7	1	0	0	0

Table 5. Wish List Categories

Wish List Categories			
Categories	Participants (N=15)		Incidents (N=46)
	N	%	N
• Greater Number of Resources and Activities for Clients at Agency and in Community	11	73%	17
• Greater Number of Staff and More Qualified Staff at Social Services Agencies	5	33%	7
• Improved Budget and Increased Funding to Assist Clients	4	27%	4
• More Streamlined Services for Clients	4	27%	4
• More Consistent and Receptive Upper Level Management at Employer	3	20%	4
• More Team-Building Activities with Staff and Co-Workers to Build Morale	3	20%	3
• Organization Needs to Hire More 1st Nations Staff (to have more positive role models for 1 st Nations clients)	1	7%	2
• Desire to Bar Dates and Dealers from Coming to Clients' Place of Residence	1	7%	1
• Documentary Explaining Truths about Residential School System to People	1	7%	1
• Employment Assistance Program (EAP) for Lookout Emergency Aid Society	1	7%	1
• More Formal Mentoring and Training For Managers	1	7%	1
• VPD and Ambulance Drivers Receiving Anti-Oppressive Training	1	7%	1

Self-Care helping incidents.

Participants articulated the many ways that they engage in self-care. Some noted examples were exercise-related, such as swimming, hiking, biking, accessing the gym, and yoga. Other activities were more restful, including sleeping, listening to music, reading, photography, meditation, mindfulness, and journaling. The following quote illustrates some of these practices:

I guess, focusing on self care [helps me]. But I think for me, reading is big for me, and even just like listening to music. Just doing things that sort of keep me healthy and in a really good place so that I can sort of keep an inner peace about me. If I make sure that I have a really good night's sleep and I'm relaxed when I go to work and I'm feeling well balanced in terms of my mental state and my emotional state, it just helps me to kind of keep grounded at work too, so that I don't stress out too easily or I don't take things personally. (Participant 7).

One participant spoke about engaging in a self-awareness program outside of work that focuses on “self care, self assessment, self balance, spirituality.”

Self-awareness is... way, way better... I journal. I've been journaling now for almost 12 years. I have 83 books of journaling. And I sometimes go back a year and I look at a couple months to see, you know, where I was last year or five years ago. Journaling is a very effective way of letting go and measuring your growth, right? I put something positive [in my journal] every day. Um, I look in the mirror and tell myself 'I love you'. (Participant 11)

A few participants felt energized by giving back to the area where they worked. This could include going to anti-poverty marches in the Downtown East Side on spare time. These efforts were felt to be meaningful in order to create some larger societal change for the contributing systems that put clients in a position of disadvantage and victimization.

Connecting to health care, including mental health support, was important for participants. Individual and couples counselling had been used by a number of participants to cope well in their job and to reduce the impact that stress had on their personal life. Six participants had endorsed current or previous use of therapy. For instance, one participant reported that he was often so depleted from work that he would not interact with his two young children so he engaged in couples counselling to learn how to better connect to his wife and children. It was felt that obtaining feedback from different health care professionals is essential so that individuals could better understand what makes them “tick” and how to cope with the exhausting stories they hear from clients.

Self-Care hindering incidents.

There were many instances in the course of these interviews that participants spoke about real life personal situations that they were struggling with and how they could not find or use any self-care activities to minimize the stress. Or, individuals simply acknowledged they did not employ self-care activities. E.g., *“I guess, I don't manage stress very well in my personal life, just because I'm very good at putting out fires in other people's lives, but not in my own.”*

(Participant 5)

One participant mentioned the recent passing of her son and her struggles with the father of her children who did not contribute financially enough to assist her in raising their daughters. An unexpected pregnancy had created stress in one of my interviewees. Another participant had a chronic pain condition that persisted to bother him and he admitted to maladaptive coping strategies in the past to deal with this:

In the past though, I mean to be perfectly honest, I drank far too much, and I think that was something...and I used to smoke, but I don't anymore...it's just this uh...I had a friend, who I'm not friends with anymore, but we used to, kind of, after work, rehash stuff. And you know, we would just sit and have a bottle of wine, and sometimes two bottles [and this was not a good way of coping] (Participant 6).

It was refreshing to hear participants talk candidly about their own struggles with mental health self-care and how that intersected with their jobs. As an example, Participant 5 said, *Well, I suffer from insomnia pretty badly, and Generalized Anxiety Disorder... I go through cycles where I won't sleep for a month and then I'll be fine for three months. So right now, I know that I'm just heading into a period of intense insomnia and anxiety.*

Emotional Response to the Nature of the Job

The helping side of Emotional Response to the Nature of the Job is defined by those incidents where the participant felt a “calling” and passion for this type of work. Often times, participants felt emotionally validated by noting and relishing in the small victories and accomplishments with clients. This category consists of 24 helping incidents contributed by 11 participants (73% participation). There were 17 hindering incidents given by 7 participants (47% participation). Hindering experiences were represented when participants felt emotionally overwhelmed by nature of the job. This led to feelings of despair about client victimization and exploitation.

Emotional Response to the Nature of the Job helping incidents.

Despite some of the challenges of working with a multi-barriered population, many participants spoke about how much they loved this profession. And, there was no other industry

where they would rather work. There was a definite trend towards participants feeling a “calling” for social work, even from a young age. Some participants credited past experiences, some noted their faith, and some just felt a personality fit for this profession.

I've known I wanted to be a social worker since I was a teenager. So, all of this is just experience to kind of fulfill that, to get to that point. I can't imagine doing anything else.

(Participant 5).

The inherent variation and complexity of the job was found to be “intellectually stimulating” and why some social workers did not move from their current position to another one. And, this feeling of contentment to remain at their current job post persisted even if they had the qualifications to do another line of work.

Technically I am overqualified for this job but I can't really see myself working behind the scenes. I think that says a lot about my job satisfaction. Like 90% of the time that I'm here I don't even see the hours go by, and I don't know many people who can say that, right?

(Participant 13; Drop-In Worker)

The small victories with clients were what kept many of the participants going. This was noted by eight of the participants to be a significant predictor of coping. Oftentimes, the clients did not really adhere to schedules so setting small but realistic goals in one's job is needed. Many of the participants gave concrete examples of when they had worked with a client and some positive change had occurred.

Well, like, for a year – this actually happened – for a year you could be trying to get somebody in to get x-rays done, and then they have an appointment, and then they get too high and miss it, or they have anxiety and they miss it, or like whatever. There are a thousand reasons

why people don't end up at their things. So like nothing – well I shouldn't say nothing ever happens – but there's like maybe in a year, three big things that you can really have hope for. Like, so-and-so is going to move into a home share, somebody's going to a treatment program, and somebody else is getting surgery on their leg that has been broken for two years. (Participant 1)

If I could change one person's life then I know I made a difference...then I know I've done what I've said I want to do. In the beginning when I started off I said if I could just make a difference in one woman's life, one woman, one child... but today to this day I know I've made a difference in a lot of lives. (Participant 14)

It was imperative to see the strengths and capabilities that clients possess so that workers are not taking on total responsibility for the clients' lives. One manager gave an example of how he sought the wisdom of his own clients when he did not know the answer to a question. Fostering a sense of self-sufficiency within the clients facilitates client autonomy and less reliance on the social services system.

Watching how capable [clients] are, and how caring they are and stuff was really.. like, I don't know it changed, it changed the way that I related to people which then, I think, made me feel less hopeless about the situations because people are way more capable than our systems allow them to be. (Participant 2).

Emotional Response to the Nature of the Job hindering incidents.

Most of the hindering incidents described fall into scenarios about being emotionally exhausted by aspects of the job. These included scenarios where participants spoke about the fear and anxiety of not responding appropriately to unpredictable situations at work, the despair

over being privy to the sad state of most clients' lives; and the disappointment about observing clients engage in the same maladaptive patterns over and over again.

Because the clients of the participants who I spoke to often engaged in substance misuse, there was an added layer of unpredictability to their affect and mannerisms:

I guess I have the fear of that unpredictable situation, if it arises. Like, I feel like my legs turn to jelly and all I want to do is run to the office. Sometimes the fear of not knowing what's going to happen, whether it's a physical assault, or I have a fear that I won't call the police if the police need to be called. So, I kind of have, I guess, a fear about that. It makes me feel a bit not proactive enough... (Participant 7)

Melancholy and despair was a trend that participants felt when they reflected on the tough life circumstances of the clients. Sadness was evoked when some participants spoke about how lonely and isolated their clients were. Four of my participants regularly worked with sex-trade workers; this is another layer of victimization and exploitation:

Like one woman she came in one night and she didn't feel well, and I was like, "Well, do you have a fever?" And she was like, "I don't know." And I was like well, "Do you want me to touch your forehead and see?" And she was like, "Why?" And I was like, "Because, you know, that's how you can tell if you have a fever, if you touch your face." And she was like, "Oh..." because she had never had anyone do that to her before. And it was just like, that stayed with me for three or four days, just because I was like you're a sex worker, so you've had a lot of people touch your body, but you've never had someone touch it in a loving and caring way. So that was...that's hard. Like moments like that, I find that's hard for me to sort of let go and to go back to work and to be okay after that. (Participant 7).

One participant was very candid about hard it was not to be judgmental about clients who keep on cycling through the social services system. He felt frustrated that the clients were not able to make any type of proactive momentum or to take advantage of the supports that he was offering.

Relationships with Co-Workers

The helping side of Relationships with Co-Workers is defined by those incidents whereby participants felt they had the trust and support of their colleagues and this assisted them tremendously in coping well. The helping aspect has 73% participant agreement and 18 incidents. The hindering side of Co-Workers is defined by mistrust and lack of support from colleagues and this often created a workplace rife with conflict. There was 33% participant participation in this hindering category and 10 incidents.

Relationships with Co-Workers helping incidents.

There was a strong sense of coherence and connection amongst the participants and their close colleagues. A good relationship with a co-worker was identified as one that had open and honest lines of communication tempered with respect for each other's viewpoints. As the nature of social work is often very unpredictable, having faith that a co-worker would assist one in a crisis was vital. The following quote illustrates how desirable it is to have a supportive co-worker to check in with following an anxiety producing work incident:

The validation, reassurance, and things like that [are great to have with co-workers]. Just the other day, we have a woman who...had a little bit of an angry outburst, and she kind of like threw a bunch of things in the kitchen across the kitchen. Not at me, but just in anger because I was enforcing a rule. I had to walk with her through the hallway...she's angry...she

might lash out. So, I was a little bit worried. So, it was just nice when I went back to the office...I closed the door and I just called [my colleague], and I was like, "Can I just tell you what happened?" And like, you know...'cause I was just a little bit shaken up about it... (Participant 7).

Colleagues also shared the same “insider knowledge” that participants did about the bizarre and intense scenarios they had been exposed to in their positions so participants felt understood. Co-workers were trusted individuals who they could vent to and safely let out their frustrations.

I think that when I try to chat with an old friend from home and they're like, "Tell me about work." And I will – they really don't get it. They're like, "Oh my god, that sounds terrible!" Or like, {whining tone} "That sounds really dangerous." Or, you know, like, {whining tone} "Maybe it's time for a break." I'm like, you don't get it...I'm tired, but I love my job and I don't think of it exactly like work...So, I feel like the other staff at [place of work] are the few humans in the world who GET it, and I can't really relate to most of the population (Participant 1).

Team-based work environments were the norm for most participants and this trend came up across many different scenarios.

Yeah, well, the staff, we are a team, which is great. We have a wonderful team, like almost becoming friends with them, really good coworkers. I recognize that everybody has a bit of knowledge in some areas, so really tapping into the resources of my coworkers has been something that's been greatly beneficial to assisting clients more effectively, and then just also helping me to learn along the way (Participant 9).

Relationships with Co-Workers hindering incidents.

While the previous section outlined how beneficial it can be to have a healthy and helpful relationship with a co-worker, this section describes instances when participants felt this rapport had crumbled and wrecked havoc in the workplace. Some of the issues with co-workers centered on division of work responsibilities, feeling the need to unnecessarily “manage” co-workers, personality clashes while working in close quarters, and having to reprimand staff for wrongs (expressed by those in supervisory positions). Participants struggled with how to best admonish other staff.

Participant 11 spoke about an on-going conflict that he had with a co-worker and it has escalated to the point in which a mediator is getting involved:

I've always had a very caring nature, and like, you know, kind and fair, and I'm not into conflict. I shy away from it in a really big way, and um, I have a co-worker who is an extremely strong, A-type personality, and there has been some conflict, not from me, um, but it's like, an alter-personality, you know, based on their life, has control and could have manipulation, but there's some things still go on [in a negative way] that I can see, and most the time for the last eight months, I've just let it go.

Participant 6, who works in supervisory position, struggled with his staff being negligent:

I've been having...like in the last month, five weeks, I've had a rash of casuals that have done stupid – I don't want to say heinous – but unfair things to residents, and really just being unaccountable. And I've had to reprimand staff.

Supervisors

Supervisors refers to the relationship that participants have with their direct manager. The helping side of Supervisors is defined by those incidents whereby participants felt they had a supportive and consistent manager. The helping aspect has 67% participant agreement and 14 incidents. The hindering side of Supervisors is illustrated by incidents describing when a manager was unsupportive and inconsistent with their team. There was 20% participant participation in this hindering category and 13 incidents.

Supervisors helping incidents.

Many of the participants spoke very highly about their supervisors and how much they appreciated the effort and time that management put into looking after the staff and supporting them. I asked each participant what made a “good manager or supervisor” and they all had slightly different responses. Common themes were feeling heard and acknowledged by the manager. Also, participants appreciated the time that the supervisor put into investigating workplace conundrums. Great supervisors appeared to address the individual concerns of workers. For instance, one participant spoke about how a supervisor was sensitive to her writing disorder and, thereby, modified her job duties to enable her to be successful in her role.

In addition, a supervisor appeared to be more highly respected if he or she had a background of doing “frontline” or entry-level work for many years before transferring into a management role. In this sense, it was perceived the supervisor had put in the time to learn the organization and how to perform social work-related tasks well. Hence, participants felt the supervisor would then have a better understanding of barriers and opportunities to successfully perform the job.

It was noted that a good supervisor would be one who was accessible, approachable, and open to feedback from his or her team. All participants who commented on this category emphasized how critical it was for supervisors to act upon the suggestions that they made. This was a tangible sign that they were “heard and respected” by the direct manager.

Below are a few quotes describing supportive supervisors:

It looks like [the supervisor has] really studied management training well, and he knows never to side with anybody. He always takes a look at not what the problem looks like, but what creates the problem, and he tries to tackle it from that perspective also. I've had a dozen long talks with him. (Participant 11)

Another quote:

Our program manager now is really great. She's supportive, she has our back, she listens to our ideas, she's a team player, and she has a lot of confidence in us, and you can tell that she cares about the women [clients] so much. But at the same time, she enforces rules too and makes sure that, you know, she ensures the safety of the house and stuff like that. And the first program manager that I had when I first started the job was the same way, just awesome, great supportive woman (Participant 7)

Supervisor hindering incidents.

There was much talk in this section about how supervisors seemed to be making decisions from a place devoid of understanding. There was a sense of frustration that supervisors were making arbitrary decisions without giving the staff any explanation as to why certain policies were being implemented. In some cases, it was felt that these rules were detrimentally impacting the clients too.

We had a program manager...and I found that she was really lenient with the rules. And I just feel like especially with these young women [clients], like, boundaries are important, you know?? One example was, all the women in the house - want a pet and we say "No, no pets." And so, we all said no, and then one of the women who consistently broke rules and consistently was creating sort of tension in the house, she snuck in a cat after we had said no, and we had been saying no to everyone...and everyone else followed the rules, and she broke it, and then our program manager was like, "Yeah, okay, you can have the cat." And it was just like, chaos and pandemonium in the house, because they were all like, "So if I sneak in a pet I'll be allowed to have it?" And we were like, "No, no, no."... "Oh, but the one who breaks all the rules all the time can have it, right?" And then, so all the women started slowly breaking rules... (Participant 7).

This same participant spoke about how this inconsistency in her supervisor directly impacted her attitude and energy towards work:

I didn't cope well in that instance because I felt like I'm not supported. Um, so I had a lot of like anger and resentment towards her in that moment. I just feel like that anger might have hurt the work that I do...because I was grumpy and I was probably a little bit more irritable with the women too...It was just so frustrating.

One participant gave an even more extreme example of being bullied by her supervisor, who was extremely manipulative (e.g., he spread false information about her, tried to get her fired, etc.). This whole experience had a profoundly negative effect on this participant:

It was at the point where it was horrible. I was not sleeping at all and I would dread going to work, and I'd be at work and be tense all day... It was very bad. It was enough to

actually push me out of the organization that I cared about... So, I felt unsupported. (Participant 5).

Needless to say, an informed and compassionate supervisor resonated deeply with a great number of participants.

Building Rapport and Maintaining Personal Relationships with Clients

The helping side of Building Rapport and Maintaining Personal Relationships with Clients is defined by those incidents in which participants reflected appreciatively on their ability to foster healthy connections with clients and the benefits that they derived from this. It consists of 15 helping incidents contributed by 10 participants (67% participation). There were 6 hindering incidents given by 4 participants (27% participation). Hindering experiences were identified as incidents whereby participants had stormy interpersonal connections with clients and felt this lack of harmony took away from their ability to cope well in their jobs.

Building Rapport and Maintaining Personal Relationships with Clients helping incidents.

For those participants who worked in a social housing environment as a Tenant Support Outreach Worker, the connection to clients was particularly essential. In these positions, the social workers actually work out of the clients' home and assisting them in daily living. Many participants spoke about a sense of community in the building that was fostered through great interpersonal connections with residents. In particular, for female-only social housing buildings there was a greater need to have strong relationships. As it seemed that women were more cautious of confiding in workers, especially those that were only part-time or casual. A level of trust needed to be established with regular, full-time workers before clients (female, especially)

could be coaxed to participate in any activities at the residence or confide in the workers at times of need.

Participant 1 shares her thoughts on why being a consistent person in her clients' lives is of tremendous value:

*If an outsider, I think, came to [place of employment] and they had never been there, they'd be like, "WHOA. That is f***ed up." But if you see it every single day, you know...well that's just her (a client)...she swings knives on strings...don't worry about it, she does it every day...then it seems less off the wall. But the few times before I was permanent at [place of employment] and I was still casual, you feel useless...you don't know people and their patterns. And also, I think especially working with women, I find compared to men, you really need to earn your trust with them. But, women are kind of like, "Who the f*** are you!?" And they won't really give you an inch until you show up every day and like, you know? And so now I feel like there's less chaos in my job because I can say to somebody, "Hey can you do this thing for me?" And they're like, "Yeah, okay, I'll do that." You know? So now it's like only through surviving all of those experiences with them that you can expect some reciprocity.*

On a personal level, many of the participants spoke of how personally meaningful it was for them to have these relationships with clients and how this connection has enabled them to grow as a person. How workers developed rapport with clients varied, based on their personal background and the specific clients. A few participants used self-disclosure about their own lives to encourage clients to bond with them. It was highlighted that it is important to be human in front of clients and to reveal your own shortcomings.

Many workers strove to do small but meaningful things for the clients to show that they cared in order to win the clients' trust and respect. For instance, one worker went out of her way to re-organize her clients' meal programs to be more sensitive to their dietary needs and she also came in on Christmas day and cooked a turkey dinner for them. In turn, she feels a great sense of appreciation from their residents and renewed energy and excitement for her work. Other participants also mirrored her sentiments about feeling energized about this work through the relationships they had with clients.

I feel like I do this work because I'm really interested in it and I'm interested in people and so whenever I have the ability to be working with somebody's, I don't know, problem or project or, I always feel like I learn so much... so I find it really inspiring. I feel like the people we work with really energize me. (Participant 2).

Building Rapport and Maintaining Personal Relationships with Clients hindering incidents.

There are numerous challenges in building relationships with clients; these detract from workers' abilities to cope well in their positions. Prominently, social workers talked about the verbal abuse they are the recipient of on a semi-frequent basis. Oftentimes, the field of social work attracts people who have a great sense of empathy so it is very wounding to receive targeted jabs and not take them personally. In many ways, the job was acknowledged as being thankless. Participants struggled with feeling angry about the personal attacks but also not having a space where they can respond back. They need to remain neutral at all times, no matter how hurtful and disrespectful the words might be from the clients.

Some examples:

*I think I value myself as someone who deeply cares, but sometimes, you know fielding insults and stuff – some women are really good at just insulting you, like such a perfectly tailored insult, you know? Like they know how to make it hurt. So, you know, for example – I can think of one woman in particular – she's really vicious with the insults. So, there's a lineup for the laundry and it's just like 0 to 60, and she's raging like you've never seen rage, and just like smashing things, and screaming at the top of her lungs, like “You f***ing b***, goof, c***!” You know, like “You're trying to sabotage me. Last night I was raped. That's all your fault!”*

(Participant 1)

I know that [verbal abuse is] either because they're dope sick or it's the drug, but I don't appreciate it because I work so hard and I try my best and helped them in so many ways. I find it to be really disrespectful. I can't argue back...like I wish I could voice my concern when it comes to being disrespected, but I can't because I would lose my job. It makes me feel angry.

(Participant 14).

Personality challenges of clients also hindered participants in their roles. Instances were given of how difficult it was to work with clients whose volatile personalities resulted in them being evicted over and over again from their housing. It was then the worker's job to continue to find them housing despite this persistent obstacle. Or, this lack of interpersonal connection directly contributed to clients not heading the workers' advice and creating more problems for the participants. In sum, the challenges of building rapport and maintaining personal relationships with clients resulted in emotional exhaustion and difficulty in coping.

Employer Organization

The helping side of Employer Organization is defined by those incidents in which the participants felt admiration for and support from their employer. It consists of 22 helping incidents contributed by 9 participants (60% participation). There were 25 hindering incidents given by 12 participants (80% participation). Hindering experiences were identified when participants felt disdain towards and also perceived a lack of support from the employer organization.

Employer Organization helping incidents.

The employer organization supported the participants through various initiatives such as appropriate organizational values, professional development opportunities, access to counselling, providing a comfortable physical space at work (i.e., office) to work from, and more.

Organizational values.

Congruency between the values of the organization and those held personally was quite important for participants. As an example, one participant really appreciated how his employer was supportive of him attending anti-poverty protests. In addition, it was significant for organizations to have a mandate that promotes clients having a dignified experience in their lives.

When I was 17, I lived in Kelowna, and [CEO of my organization] was there doing a panel. It was for a documentary [about the organization] – after that I just said, “Wow! I want to work for them!” When I was 17, and it took me until I was 22 or 23 to actually do so. But I respect so much what the organization does. I'm very into anti-oppressive social work, and you

know that's basically what [my organization] does – they meet people where they're at and don't demand anything from them that they're not capable of doing or giving. (Participant 5)

Personal and professional development.

Some employers encouraged and covered the cost of participants taking professional development courses, which could include a course on narrative therapy or addictions-based practices (as examples). Getting outside of the office and having the opportunity to connect with social workers from other organizations was perceived as beneficial. Attending such workshops and community meetings kept participants “energized”. Participants felt overall quite comfortable in their skill set and desired these additional development opportunities to stay aware of current issues in their profession.

Access to counselling.

Most social services agencies have an Employment Assistance Program (EAP), which provides free or low cost counselling to their employees. This proffered option was always seen by participants as something that enabled them to handle occupational stress and burnout. 60% of participants had taken advantage of such services before.

Office space.

Simple things like having one’s own office with a door were noted. With a door, participants could make private phone calls or work on aspects of the job that required focus (e.g., writing grant proposals). Or, a private office permitted some decompression time after a stressful incident:

I find in a moment of crises or if something really awful and stressful is happening, closing our office door is, for me, the best way that I can regroup. Just because, you know, we

don't have any sort of set guidelines on how to deal with every situation, because the idea is that you should just make judgment calls in the moment and see where things are at, where you're at, where they're at. And so, sometimes after you make that sort of call and then deal with what comes afterwards, it's nice sometimes to just...to be able to close the door and take a breather.

(Participant 7)

Employer Organization hindering incidents.

In this section, participants listed the many different ways in which they did not feel supported by their employer. Below are the most common sub-categories that were identified.

Employee policies.

Some of the incidents mentioned were policy-related. One participant spoke about the effort of finding another staff member to take one of her shifts, if she happened to be sick. Her employer requires her personally to call approximately 200 names from the casual staff list. And, then if no one can take it then her regular co-worker has to work a double shift of 16 hours straight. This creates an environment of people feeling reluctant to take sick days because they do not want to potentially subject their closest co-worker to working a double shift.

Access to counselling.

Out of the handful of different organizations that were represented in my group, only one did not have any type of Employee Assistance Program. All of the participant who worked for this organization complained about this.

Office space and shared supplies.

Some participants felt that their office was too visible and clients felt too comfortable simply walking in all the time (which lead to participants' duties being constantly interrupted).

Also, in many cases participants had to share a single, small office with many people which restricted the quality of one-on-one time with clients. Curiously, one organization also made employees share a work email account with another employee. This practice sparked annoyance; it was difficult to ascertain which email had been responded to and sometimes co-workers responded to the “wrong person’s” email.

Case loads.

Almost all participants struggled with juggling a heavy caseload and the expectation that new clients are always being added to this same caseload before older ones are taken off. This experience leads to higher caseloads and subsequent stress over time.

The caseload was simply too high...I wasn't able to adequately manage the caseload that I had, right? That was an incredible stress to be told that we're going to put more work on you, and now we're going to discipline you because you're not keeping up with the level of statistics and data entry that comes with all of the additional work. Plus, we'd like you to continue doing the work in the community. Plus, we'd like you to continue to do that. So, something always has to give, right? (Participant 12)

Hierarchy of overall organization.

Many participants felt that the executives or board members of the organization were extremely disconnected from what was occurring with most of the staff. Some of the long term staff disliked how there was less of a communal dialogue about how the organization could be improved. Rather, the policy was that board members were dictating to the staff.

When I first started, it was flatter. We would all be in a room, we would sort of share our insights or whatever, and fight our corner about our programming. It's changed. It's become

very hierarchical. Now you've got sort of this upward tier, and all these middle managers, and they're making the decisions for you to deliver on the front line, which is really really irritating for me, because there's a total lack of understanding of functionally what you're doing on the front line. You know? (Participant 4)

Social Network

The helping side of Social Network is defined by those incidents in which the participants spoke of their social support web beyond work. This typically referred to the emotional support given by friends and family. It consists of 13 helping incidents contributed by 8 participants (53% participation). There were no hindering experiences associated with this category.

Social Network helping incidents.

More than half of the participants naturally endorsed the support they received from their close-knit family, children, partner, spiritual advisor, and friends. This support web aided the participants in feeling grounded and supported them from becoming burnt out. Participants tended to gravitate towards friends who have the same social consciousness and who also worked in helping professions (e.g., therapist, nurse, principal of high school).

The following are examples of how social network can be beneficial:

Friends allow me a place to debrief, a safe place for me to vent, and I can talk about situations and work through them (Participant 12).

Well, my mentor has been involved with this for many years. He also holds a Master's in Divinity, a very good man. Just constantly being able to talk with him, pray with him, has been helpful. And then of course having a chaplain to be able to share where I'm at with my faith and what's going on in life is really good. (Participant 9)

Sense of Accomplishment from Length of Work Experience

The helping component of Sense of Accomplishment from Length of Work Experience is demarcated by those incidents in which the participants felt a sense of confidence and improved skills from the duration of their work history. It consists of 14 helping incidents contributed by 7 participants (47% participation). There were no hindering experiences associated with this category.

Sense of Accomplishment from Length of Work Experience helping incidents.

A sense of confidence about coping well in work was fostered through the many years of work experience that individuals had. That is, a greater number of years of work experience was related to increased work self-efficacy. Participants knew their job very well and the distinct challenges and opportunities that it brought. A greater sense of compassion for clients was also felt due to increased length of work history.

I know my job so well that I can basically do it with my eyes closed, and that makes it easier to cope when things aren't going so great. Experience, I guess. (Participant 5).

Because participants had often worked for various organizations over time, they had developed an appreciation of how the web of social services is connected across the city. Furthermore, participants had rapport with workers from other organizations so they could ask for favours or request information to assist their clients.

I know all of the supports and services that are in the neighbourhood to meet people's needs rather easily, and I have some good connections. So, I can get a lot done in a short amount of time (Participant 5).

If you're passionate about something, then, you know, you need to be part of making the change, or influencing decisions. I'm smarter now, and I'm wiser now. I know what needs to be done and how to get the job done. (Participant 8).

Work/Life Balance

The helping side of Work/Life Balance is defined by those incidents in which the participants set clear boundaries with clients and with keeping work concerns in the work place and not taking them home. It consists of 10 helping incidents contributed by 4 participants (27% participation). There were 5 hindering incidents provided by 4 participants (27% participation). Hindering experiences were defined as incidents when participants described how they struggled and succumbed to taking work home and the negative consequences that it had on coping.

Work/Life Balance helping incidents.

Participants remarked about the importance of having clear and decisive boundaries at work. This included not giving out personal information to clients (example: cell phone number) or disclosing where they lived. It was key to leave work at the end of the day at the office. On breaks, participants will physically leave the building that they work out of. One participant who had an office that was in a highly visible and accessible area set up barriers so that clients were not just strolling into her office whenever they felt like it; she reinforced to clients that there was a referral process that they had to adhere to if they wanted to see her.

Other boundaries would include not talking to clients on breaks and only interacting with them in a capacity directly related to the job. A few participants spoke about how they used to permit clients to disclose their life stories over and over again; they now no longer allow this because it is not constructive to either the worker or the client. Or, participants specifically live

in an area of the city that is different from where they work so they can have this work/life differentiation.

There seems to be a physical separation, so when I come home and I may have something in my bag, but I try not to take client files. That's one of my rules. My workbag will be left [at my front door] and it only gets picked up again when I go to work. I don't talk a lot about work after hours. I might work longer hours, but when I leave work, I leave my work there. I don't take calls. (Participant 12)

I bike to and from work every day rain or shine. And I find that if I don't do that I definitely bring work home a lot more. So, for me, you know, being physically mobile is literally like a segue out of this reality and into another mind space. I have this capacity to shut that off. (Participant 13)

Work/Life Balance hindering incidents.

These set of incidents include cases whereby participants felt disconnected from their family because of spending so many hours working and when they would come home that would be so emotionally exhausted that they would be too detached to have any meaningful interaction with their family members. They did not create clear boundaries between work and home life.

Just trying to find that balance between having a healthy family life, because I work, my wife would love to chime in at this part, but she's complaining about lots because I give my all at work, and I come home exhausted you know, and I would have nothing reserve, and I'd hit the couch and be like, 'leave me alone, God,' you know? (Participant 3).

Another participant spoke about how encounters with clients would be so troubling that she would take these memories home with her and she struggled to cope in these scenarios to maintain some balance.

Something that wouldn't help me to cope would be in the days where I would get home and think about and dread going to work...so I guess it would be the opposite of being balanced, because I wouldn't be able to distance myself from work or let it go while I was home. So I think that it was hard in those moments to sort of cope, not being able to kind of put it behind me and leave work at work. (Participant 7).

Lack of Resources and Budget

The hindering aspect of Lack of Resources and Budget is exemplified by those incidents in which the participant simply perceived there to be a lack of funding and supports in the organization to best assist their clients. It consists of 10 hindering incidents contributed by 6 participants (40% participation). There were no corresponding helping incidents.

Lacking of Resources and Budget hindering incidents.

There were complaints about how money was spent within the organization. For instance, one participant desired more money to be allocated to healthy food programs because her clients were given inferior quality food (e.g., out of date food, rotten vegetables, etc.). In general, there were just not enough supplies for clients from clothing to bus tickets to employment opportunities. One participant was expected to do a number of cultural outreach practices for his role but he was provided no operating budget to allow him to do this. Thus, he wrote proposals and generated \$40,000 in funding to do his job.

Gaps and Overlaps in Health and Social Services Systems

The hindering aspect of Gaps and Overlaps in Health and Social Services Systems is outlined by discussions about missing services available for physical and mental health concerns and other needed services. It consists of 13 hindering incidents contributed by 5 participants (33% participation). There were no corresponding helping incidents.

Gaps and Overlaps in Health and Social Services Systems hindering incidents.

Mental health was identified as an area where health services were lacking for those in need. Participants expressed a desire for more outreach services because many of the health teams relied on the clients attending appointments; clients often struggled to make appointments. Some participants felt that their clients had been misdiagnosed with the wrong mental health condition. Or, there were challenging situations in which participants worked for agencies that held a mandate to only work with clients with specific health conditions and clients with similar ailments had to be turned away because they did not meet the full criteria.

It also seemed that 9-1-1 was the only option to address emergencies, especially at night. However, 9-1-1 did not always prove the most effective intervention if mental health was the issue:

Threats of violence of suicide and stuff you have to call 9-1-1 then you have to interact with the police, but we're not coming from the same place. And what usually happens is the cops take [clients] away in cuffs, and then they go to St. Paul's [hospital], and then they test positive for drugs, and it's chalked up to drug-induced psychosis, and then they're released, but they're not even admitted, and then they're just sent home without a bus ticket, and then they have to walk from St. Paul's to [home], and they're back in four hours, and pissed obviously, you know?

And that's like the best-case scenario! (Participant 1).

There can be a lack of cohesion amongst social services that have similar mandates. That is, the different organizations operate as discrete entities and do not liaise about which programs they deliver. Hence, duplication of programs can happen. Greater communication and transparency between the different social service organizations is needed. Participants desired to work more closely with other agencies. It was felt that because non-profits are competing for the same funding that they are not as inclined to be open about statistics and about how their programs are managed. Another explanation for this lack of partnership is the fact that different organizations have different philosophies which govern them and that has prevented people from working together.

I think that the Downtown East Side in terms of the social services that exist... they're really fractured and they doesn't work well together and that's been going on for a very long time. (Participant 2).

In numerous ways, BC Housing and the Ministry of Housing and Social Development were stated to be too rigid about the requirements that they had to place people into social housing or onto income assistance; these stipulations necessitated a lot of time, paperwork, and case management. This hindered social workers in being able to seamlessly do their job.

Overwhelmingly participants were assisting individuals who were homeless to find housing. There was a lot of frustration over the lack of affordable social housing available for individuals. Also, for specific populations, such as seniors, people who had gambling addiction, and people who have hoarding issues (to name a few particular groups), there was a dearth of resources to assist them and this subjected the social worker to increased stress when they were

working with such clients because there was nowhere to turn for assistance.

Structure of the Job

The hindering aspect of Structure of the Job is outlined by descriptions of when the job seemed excessively rigid or there was a lack of structure or consistency in the job. It is comprised of 5 hindering incidents contributed by 4 participants (27% participation). It should be noted there were 6 corresponding helping incidents and they were spoken about by 3 participants (20%). These three participants lauded the autonomy and flexibility they had in their job and how that helped them cope.

Structure of the Job hindering incidents.

The workplace can be ever-changing for participants with respect to new programs being delivered, turnover of staff, new methods of reporting statistics, and more. For some organizations, the participant's position changed depending on the season. One participant gave an example of the influx of francophone fruit picking workers who would take up beds in the homeless shelter she worked at. This flow of people displaced local homeless people onto the streets and resulted in a higher caseload for her.

The rigidity of the work schedule bothered one participant. He desired to work different hours and days. He felt he would be able to cope better in the job if he was able to work more regular hours (i.e., 9am to 5pm) versus ten hour shifts each day. He thought this was entirely feasible given his responsibilities but he was denied this by his employer and felt quite frustrated.

Issues in Employee Hiring and Qualifications

The hindering aspect of Employee Hiring and Qualifications is organized around incidents where participants disagreed with the hiring practices of the employer. Furthermore, it

is also made up of incidents where there were problems with employee qualifications. It is comprised of 10 hindering incidents contributed by 4 participants (27% participation). There were no corresponding helping incidents.

Issues in Employee Hiring and Qualifications hindering incidents.

Nepotism seemed to be a significant concern in hiring. Many people who started in entry-level positions were often friends of people who already worked for the organization and it was this connection that led to the hiring. They may not have possessed many qualifications to work in a social work position. Moreover, some organizations required few credentials for entry-level jobs. Thus, more rigid screening criteria would be helpful to ensure that the right people are placed into the roles.

New projects come up or things that I'd be really interested in [being hired for], it seems like someone's boyfriend or someone's girlfriend is always getting the position, which is frustrating. Because, you know, when you've put in your time and you've done good work, opportunities to be more challenged should come up, but sometimes not in every organization. (Participant 5).

Multiple participants talked about the lack of First Nations employees in their organization, especially because many of the clients who they worked with are of a First Nations background. This means there are few positive role models for these multi-barriered clients to look up to. At the very least, it was asserted there should be more education and training about First Nations culture for all staff. More proactive actions should be taken to reach out to potential First Nations employees.

We have probably 400 residents plus hundreds other in day programs etc., and maybe have two or three Aboriginal staff, so it's not very balanced that way. (Participant 3)

There were issues raised about if the union was protecting problematic workers. It was said that some social workers had behaved inappropriately towards clients and they were not let go. But rather, they would just be transitioned to another workplace within the same umbrella organization. This trend hinders coping because it gets in the way of team morale and the staff members' abilities to be happy at their jobs. Specifically, one participant stated that her place of work was often a "dumping ground" for employees who did not work out at other locations:

We have one staff member who was a huge problem...I mean I think frankly she's dealing with her own mental health issues. She messed up meds at multiple sites and got dumped on us, right? (Participant 13).

Economic and Political Context of Work

The hindering aspect of Economic and Political Context of Work is encompassed by descriptions of how the broader societal systems that participants worked in impeded their ability to cope well. It contained 6 hindering incidents contributed by 4 participants (27% participation). There were no corresponding helping incidents for this category.

Economic and Political Context of Work hindering incidents.

Fear of losing one's job due to funding cuts by the provincial government was a topic that emerged. Moreover, due to reduced funding it was felt there was going to be further competition amongst the social services agencies to obtain what funding was available.

What I have heard scares me. We know in our own [organization] that we're losing probably all of the Fraser Health funding for the outreach teams. The cuts are going to come,

and they're coming fast. Health authorities actually pay for a lot of the positions in our agencies. Right? So a lot of people are really threatened. (Participant 12).

Gentrification of the Downtown Eastside was also a hot topic. Participants were not necessarily resistant to the idea but they had concerns about how their clients would be displaced due to all the business development in what has traditionally been a low-income neighbourhood.

Well, people want to bulldoze thing over or change and gentrify. I mean the Downtown Eastside will be different in ten years. And the gentrifying – the people think, oh, business is coming, its good. This problem is going to go somewhere. It's not going to go away... until more money is put into social nets, where you have more people helping people... (Participant 6).

Participants also felt a sense of injustice over how the general public failed to appreciate the interconnected systems that contributed to clients being victimized. One participant who worked with young female sex trade workers felt anger over the drug trade, the men who solicited the dates, the broken family background that the individual was raised in, the lack of support systems to reach these women, and other factors. She felt that people often merely felt sympathy for her clients but were not interested in being reflective about how these larger systems need to be changed so this does not keep on happening for vulnerable individuals.

Wish List Categories

The Wish List Categories are listed in Table 5 in order of participant agreement. The most prominent desire was for a Greater Number of Resources and Activities for Clients at the Organization and in the Community. The next most common Wish List Categories were a Greater Number of Staff and More Qualified Staff at Social Service Agencies. Followed by Improved Budget and Increased Funding to Assist Clients. These Wish List categories

corresponded most closely to the following critical incident hindering categories: Lack of Resources and Budget; Issues in Employee Hiring and Qualifications.

Always Coped Well

The fourth section (*Always Coped Well Component*) of the Interview Guide assessed if participants' ability to cope well was consistent over time or if not, what initiated the trend towards coping well. Earlier in the interview script, participants were asked to indicate how well they felt they are coping presently on a scale of 1-10. A response of 1 indicated coping poorly and 10 indicated coping well. The average answer was 8 and the responses ranged from 5.5 to 10.

When asked if they had always coped well, six participants said, "Yes" and nine participants said "No." For those who endorsed always coping well, they attributed it to a range of different things. Some of the answers included strong social support; connections within the social services community; lived experiences of hardship; self-care; high self-awareness; passion for the helping profession; and respect for employer organization.

On the other hand, those who had not always coped well referenced many defining aspects that facilitated presently coping well. These elements included shifting from overnight work shifts to day shifts; working long enough with the same organization to earn seniority for ideal shifts; opening of harm reduction centres (i.e., Insite) in the area; length of work experience; detrimental managers being let go; initiating personal counselling; focusing more on self-care activities; and setting firm work/life boundaries. All of these responses parallel the categories identified in the previous critical incident section.

Metaphors

At the end the interview, participants were asked, “What type of metaphor would you use to describe your role as a social worker and how you view your approach to working with clients and fostering relationships with them? Is there a particular image or concept that comes to mind?” Overall, participants gave widely varying responses to this question. Out of the 15 responses, there were only two metaphors that came up as similar between participants. They were: Being One Piece of Consistency in Client’s Life and I Could Be You.

Being One Piece of Consistency in Client’s Life Quote:

Well, I don't know if this is a metaphor, but I would think of myself, ideally in a perfect world, as the one piece of consistency in the building. Because it's an interesting place...there's so much of people stealing stuff, and people leave stuff and forget things...when I come to work, almost every day, things physically look a little bit different than the way they did the day before. So, I think if I lived in that environment...it would seem constantly chaotic, it's always changing. There's new faces. Suddenly they don't know who's this person living next door to me. I'm functioning at my best to just be predicable to the women [clients] and consistent. (Participant 1).

I Could Be You Quote:

You know, if I'd grown up and I had no role models and I was basically a package passed around from these hands to that hand, who would I be? And then if on top of this A, B and C happened...and then if I was in 18 different homes in one year, and all I had was in a brown paper bag...and then when I was 18, I was told, okay, now you're on your own, go cope...and then other things...if all I ever saw was people collecting welfare cheques and did addictions,

what would I imagine myself as as an adult? So there's all sorts of questions. Or, you're sitting here in front of me and these really scary things have happened, and how can I relate with you and empathize with you and give you a sense that you're not alone? Yeah. It's really complex. It just grows and grows like a ball of yarn. But the starting place for me is, I could be you. Okay? Because for me that puts a human face on this other person. You're not a set of circumstances.

(Participant 4).

The other metaphor categories were Absolute Love for Clients; Caring Matron in Daycare of Large, Intoxicated Children; Taking on Different Role Hats with Clients (e.g., Parent, Police Officer, Shepard, etc.); Figure of Reassurance to Clients; House Mother; Mental Health as a Metaphor for Societal Ills and Class-Based Structure; Putting Out Fires and Not Trying to Solve the World's Problems; Safety Net for Clients; Shining Lights into People's Pain and Helping Them Find Their Own Light; Solution Figure; and Taking it Every Day at a Time.

Chapter 5: Discussion

The results of the conversations with social workers have been outlined in the previous chapter. The task now is to contextualize these findings and see how they fit within the existing literature. The implications for this research in Counselling Psychology will follow. Then, there will be a discussion of the limitations of the present study and areas for future research.

Discussion of Critical Incidents and Wish List Incidents

Overall results.

To summarize again, of the 355 incidents and wish list incidents extracted, 48% were helping incidents. All participants contributed several helping and hindering incidents, and at least one wish list incident. The number of hindering incidents was 39% and wish list incidents made up the remaining 13%. Intuitively, it is straight forward there would be a greater number of helping incidents because participants were pre-screened for those who self-identified as coping well. This composition breakdown of helping incidents, hindering incidents, and wish list incidents is similar to other critical incident studies in the workplace (e.g., Amundson, Borgen, Jordan, & Erlebach, 2004; Borgen, Amundson, & McVicar, 2002).

Conceptualization of Stress and Burnout

Maslach and Jackson (1986) were the pioneers of the stress and burnout research. According to their model, *burnout* is defined by three sets of elements: emotional exhaustion, depersonalization, and decreased sense of personal accomplishment. These three features were touched upon throughout all of the interviews. However, one participant did not necessarily endorse all three. Emotional exhaustion, which is defined as feelings of being overextended and depleted emotional and physical resources, is best illustrated in the hindering category of

Emotional Response to the Nature of the Job. In this category, participants described feeling emotionally overwhelmed by the basic nature of the job and spoke of the fear and anxiety that coincided with this. Emotional Response to the Nature of the Job was the second most prevalent hindering incident category. Depersonalization, which is characterized by negative or excessively detached responses to the aspects of the job, was described most readily in the hindering category of Building Rapport and Relationships with Clients in which the quality of the interpersonal connection with clients was rife with conflict. This prompted participants to engage in depersonalization when faced with this overwhelming negativity. The third and last component of burnout is a decreased sense of personal accomplishment, which results in feelings of incompetence and lack of achievement at work. A reduced sense of accomplishment seemed to be present in most of the hindering categories. Participants felt they were not able to perform at an optimal level due to multiple barriers. Researchers have speculated that higher levels of emotional exhaustion are associated with a simultaneous increase in the other two facets (depersonalization and decreased sense of personal accomplishment). This indeed seems to be the case with the present data.

Impact of Stress and Burnout

Consistent with research on the consequences of occupational stress, participants from this study endorsed difficulty in interpersonal relationships, substance abuse, inability to concentrate, tendency to blame clients, insomnia, familial conflict, and increased levels of depression and anxiety. These, in turn, resulted in sick-leave absences and turnover intentions. Curiously, none of the participants had ever left their positions despite this stress. About half of

the participants had seriously contemplated leaving due to a variety of different factors but no one had left. Moreover, the average length of time spent at the present job was three years.

Explanations of Stress and Burnout

Societal factors.

Interestingly, none of the social workers truly commented on society's expectations of them as a hindering influence (Hodgkin, 1987). That is, they did not feel that there was a presumption that their job was easy or common sense or unappreciated by the general public. There was no talk of feeling undervalued compared to other helping professions (contrary to results by Reid et al., 1999). Participants were very candid about how challenging the clients' personalities could be; they did not assume personal or agency responsibility for others' shortcomings (unlike participants in a study by Rushton, 1987).

As social work is often funded by the general public and this same funding is disseminated by government branches, social workers' employment is subject to current economic conditions. That is, more or less funding might be given to certain social work programs contingent on the economic climate. The Economic and Political Context of Work was a hindering category endorsed by 27% of the participants. There was a real fear of losing work due to ever-changing shifts in funding allocation. In March 2013, the federal government announced an eight million dollar cut annually to its federal homelessness strategy (Shapcott, 2013). This reduction may put a squeeze on the some 61 communities (including Vancouver) that receive homelessness funding and, consequently, may decrease the transitional housing or services that are available. Unfortunately for social workers, there is no indication that the federal government is planning to slow or reverse the long-term plan to sharply reduce federal

investment in affordable and social housing. This puts a further strain on the profession to assist clients in need.

It was unclear when participants spoke about the burden of a heavy caseload if this high client volume was dictated by the employer or from the funding contract that the employer had been awarded. This was a point that was also raised by one of my experts. Challenges in high caseloads were noted in the hindering incidents of Employer Organization, which was the single largest hindering category for the present study. This is similar to Gosselin's (2006) findings in which it was suggested that social workers have limited resources to work with numerous clients.

Organizational factors.

The organizational hindering factors which came up repeatedly in this study included high caseloads, staff shortages, long and direct continuous contact with clients, feeling unheard by executives in the organization, unfairness in organizational structure, and hiring issues. The relevant wish list organizational categories included Greater Number of Staff and More Qualified Staff; More Consistent and Receptive Upper Level Management; More Team Building Activities; Organization Needs to Hire More First Nations Staff; More Formal Mentoring and Training for Managers; and Employment Assistance Program (if organization did not already have one). Consistent with the research by Acker (2008), emotional exhaustion appeared to be closely linked with employer characteristics and also the structure of the position. More specifically, a position could have little structure or it could be excessively rigid. This was brought up by 27% of the participants in Structure of the Job hindering category.

Akin to the findings in the literature review (Hamama, 2012; Kim & Lee, 2009; Revicki & Gershon, 1996), poor supervision and management style was a contributing negative influence

to coping poorly. Alternately, supportive and consistent management was significantly endorsed by participants as something that enabled them to cope well. Furthermore, transparency in job-relevant communication about performance, goals, and instructions were attributes of a quality manager.

Although there has been much literature on role conflict and role ambiguity with social workers, this group of participants who self-identified as coping well had a very clear sense of what their role was. Most of the hindering incidents concerned other professional services staff, such as Vancouver Police Department officers and paramedics, and how they needed sensitivity training to better perform their roles. Many participants thought these groups lacked empathy and thought they had a general insensitivity to interacting with low-income individuals. It was a wish list category for VPD officers and paramedics to receive anti-oppressive training. An ethnographic study by Campbell and Rasmussen (2012) had a social worker ride along with paramedics and the social worker-researcher confirmed that paramedics need more interpersonal skills training.

Similar to the findings by Dillenburger (2004), this participant group experienced pressures by the organization as more stressful than the client issues (i.e., contact with clients). Issues with the employer organization were endorsed by 80% of participants but challenges in the interpersonal connection with the clients were only experienced by 27% of the participants and Emotional Response to the Nature of the Job (hindering category) was only asserted by 47% of the group.

Individual factors.

In this research method, it is hard to gauge the impact of personality variables on the ability to cope well. Individuals were not specifically prompted to think about their disposition in the interview script and this topic was not something that they naturally referenced. The only personality attributes that could be discussed are flexibility and resiliency.

Flexibility.

Many participants spoke of the necessity of being prepared for the unexpected at work. Change is a reality of the profession of social work; elements of the job from work environment to clients' dispositions are always shifting. Participants took a sense of pride from their ability to adapt to new situations and people. Flexibility was often paired with honest acknowledgements about what one could not control. Thus, one must be flexible but also realistic.

Resiliency.

Resilience can be described as the process of experiencing adverse situations and emerging from these events feeling stronger or benefitting psychologically as a result (Carlson, Cacciatore, & Klimek, 2012; Masten & Coatsworth, 1998). Resiliency came up when participants spoke about lived experiences of addictions and housing instability and how that helps them cope in a professional setting; participants can connect to client backgrounds. Again, the helping category of Sense of Accomplishment from Length of Work Experience touches on this too. This sense of strength or resiliency can be enhanced with support from one's social network (this was also a large helping incident category). If social workers feel resilience within themselves, then they are more likely to see and foster these traits in clients (McMurray et al.,

2008). Role modelling can be another dimension here. The worker with the lived experience can impart to the client how he or she was able to thrive.

Other demographic variables.

Level of education did not appear to indicate higher levels of stress or have a relationship with any of the helping or hindering categories. This differs from some earlier research (e.g., Cherniss, 1993) which proposes that higher levels of education indicated higher degree of emotional exhaustion and role stress. Likewise, there did not seem to be any gender differences in the group. Some research (e.g., Ogresta et al., 2008) suggests that new workers to the field experienced greater hardships. However, this participant pool had spent an average of eleven years working in the industry so the individuals interviewed were seasoned workers.

Cognitive Appraisal of Stress

To re-iterate, cognitive appraisal is the process through which an individual evaluates whether a given situation is relevant to him or herself (Folkman et al., 1986). The interpretation of the stressful event is more important than the event itself. Societal, organizational, and individual factors all come into play here. There are two types of appraisals in this model: primary and secondary. Primary appraisal involves a decision as to whether a potential stressor (demand) is relevant and stressful. This perception is influenced by past experiences, current capabilities, and social support systems. Secondary appraisal focuses on coping responses through a cognitive-evaluative process that seeks to maximize gains and minimize harms.

Hence, stress is occurring for these participants when there is an imbalance between resources available and occupational demands. When demand is high but there are sufficient resources to tackle the issue then participants might feel a positive sense of challenge and

personal growth. These instances of positive challenge came up under the helping categories of Emotional Response to the Nature of the Job and Sense of Accomplishment from Length of Work Experience. Thus, tough social work jobs held by these participants can be perceived as inspiring and not draining under this model. In a study of Canadian child welfare workers, Stalker et al. (2007) also found that high job satisfaction could still occur even in a position that had high emotional exhaustion. Furthermore, this idea taps into the model put forward by Ben-Zur and Michael (2007) about challenge/control variables. High challenge/control in a job was linked to less depersonalization and more personal accomplishment. In the present study, many participants felt a “calling” for this type of work so this possibly increased their commitment to a high stress vocation.

Coping Styles

Researchers have stated that an appraisal of a stressor is thought to be associated with either problem-focused or emotion-focused coping.

Problem-focused coping.

It appears as though problem-focused coping was employed by the majority of participants in response to the challenges they faced at work. Problem-focused coping involves altering circumstances that are creating distress and is best for stressors that are changeable. Participants identified themselves as pro-active people who preferred to initiate change, rather than to wait for change to occur. Examples of this included participants making concrete recommendations to their managers about how to improve services for clients. One participant suggested that the clothing donations room at his place of employment be organized according to a different system.

Other participants gave feedback to a supportive supervisor about specific and concrete things they needed in the workplace. A positive relationship with Supervisors was noted by 67% of the participants. In the realm of Work/Life Balance, participants made conscious and deliberate attempts to maintain a clear division between work and their personal life. There were examples scattered across other helping incident categories about how participants described self-initiated change and how this was helpful to them.

These findings are consistent with research that found being pro-active and optimistic positively relates to psychological well-being and negatively relates to depression (Padyab & Ghazinour, 2013). Participants had confidence in their skill set and ability to perform their job from the length of their work experience and community connections. This sense of accomplishment was endorsed by half of the participants (47%) as a helping factor. As the clients and the work could often be challenging, many participants took a sense of satisfaction about being able to assertively create solutions from puzzling scenarios.

It also appeared that over time participants had learned what their role was as a social worker and they did not take on absolute responsibility for clients' lives; this reduced burnout. Seeking out professional development opportunities to build one's skill set can also be seen as a problem-focused coping technique.

Consistent with research by Lazarus and Folkman (1980), this problem-focused coping was used in situations where social workers felt they could control variables in their work environment. In sum, problem-focused coping includes strategies where participants are a) defining the problem b) generating and evaluating alternative strategies c) reappraising the occupational stress to reduce personal involvement d) learning new skills to manage a stressor.

Emotion-focused coping.

Positive self-talk and looking at a situation in terms of what can be done, helped some participants stay optimistic. That is, emotion-focused coping involves regulating stressful emotional and physiological reactions. The clearest example comes from the helping category of Emotional Response to the Nature of the Job. In this category, participants found it helpful to ruminate on the small victories with clients from the past and to hold onto these emotional memories to give them a sense of hope for helping clients in the future. Eight participants (53%) acknowledged that this was meaningful to them. Emotional regulation post a stressful work situation was also noted in Self-Care in Personal Life. This was the most prevalent helping category and it was mentioned by 86% of the participants. Activities, such as meditation, reading, and physical activity, helped participants emotionally regulate.

Emotion-focused coping typically involves the following strategies: a) avoiding b) distancing c) acceptance of the stressor d) emotional support from social support network e) substance use (e.g., drinking) f) venting anger. Although these approaches might seem inherently detrimental to the worker, some can actually be quite healthy. For instance, having a sense of emotional detachment from clients helped these social workers best assist their clients without feeling emotionally overwhelmed by the victimization that the clients had experienced. In addition, many participants had accepted that their job was one that had an ever-changing work environment.

Participants approached coping in a variety of different ways; they utilized both problem-focused and emotion-focused coping. Each of these strategies was perceived as beneficial. It

stands to reason that how a person adopts a coping style depends completely on the context of the situation (this assumption adheres to research by Joseph et al., 1995).

Social Support Coping Models

There are two main coping models that include personal and social resources in their infrastructure. They are the Direct Effect Model and the Basic Buffer Model (Cohen & Wills, 1985). The Direct Effect Model assumes that social support is beneficial all of the time. The Basic Buffer Model presumes that social support is most advantageous during stressful times. The Direct Effect Model asserts that people with high social support are in better health than those people with low social support, regardless of stress experienced. Both of these models feel that perceived and actual support helps individuals cope.

Social Network and the importance of it in coping well were endorsed by 53% of the participants. Participants felt the actual and perceived support from friends and family prevented them from feeling depleted. Support was also found in relationships with co-workers and managers. Numerous studies have supported the positive role of social support (e.g., Lakey & Cohen, 2000; Trimble et al., 2000). Social support is thought to be particularly helpful after a traumatic negative experience with a client so that a worker can unpack the complex emotions they feel.

Differences in Coping Behaviours

There did not appear to be any gender differences in coping behaviours (converse to studies by Jacobson et al., 2004 and Ting et al., 2008). These studies claimed that women used more emotion-focused coping and that men used more active, problem-focused coping. Also,

being male was previously reported to be significantly related to substance misuse but there did not seem to be any trend in the present study regarding this.

Humour was brought up in a study by Rowe and Regehr (2010) as an avenue for health care professionals to vent their feelings. In the current study, this was only mentioned by 13% of the participants.

Preventative Factors to Stress and Burnout

The incidents described by this study are consistent with the literature comparing low burnout to high burnout groups. For instance, Poulin and Walker (1993) reported that low burnout group had more supportive supervisors, greater organizational resources, and had higher satisfaction with clients. Unlike the aforementioned study, the individuals who identified as coping well from this research were not older, worked fewer hours, or did not spend less time on paperwork. Although already stated above, social support was once again shown to moderate the impact of stress and lead to improved coping (Gray-Stanley et al., 2010).

The role of organizational factors, such as the support of colleagues and direct supervisors, found here overall matched the findings by Hamama (2012). It was asserted by Hamama (2012) that workers without much seniority experienced less burnout when they received support from their work support system. Yet, in the present study it seemed both new and seasoned workers valued this same support.

When comparing these findings to Wendt et al.'s (2011) study on how teachers and social workers are able to thrive, there were many parallels. Specifically, the categories identified which were similar to the present study were applying boundaries in professional work; enjoying the challenge; confidence from length of work history; and making a difference.

Implications for Counselling Psychology

Within the field of Counselling Psychology, this research provides additional information on occupational stress and the consequences of working with multi-barriered clients. Moreover, this research took a Positive Psychology approach to highlight the positive or preventative incidents (or factors) that enable someone to cope well.

This original paper contributes to the body of research in occupational stress and provides further information about the environmental and personal indicators of coping well in a challenging environment. If the individual worker or organization implements some of the strategies that participants have found to be effective, this could positively influence the job effectiveness and satisfaction of social workers. In turn, the organization would perhaps have fewer medical or personal leaves and lower turnover. Lastly, the clients themselves would benefit from having a social worker who is more focused and balanced.

There is a tremendous amount of overlap between Social Work and Counselling Psychology. Many of the clients who social workers and counsellors aid are very similar. In fact, many social workers with a Master's of Social Work (MSW) designation act as therapists or managers in a counselling context for a number of different agencies; they work side-by-side with individuals with graduate training in Psychology. Also, there are many individuals with a degree in Counselling Psychology who hold a "Social Worker" job title. The graduate coursework of Social Work and Counselling Psychology touches on the same broad professional themes, such as ethics, interpersonal techniques, knowledge of addictions, supporting trauma victims, and more. In sum, these two fields are more analogous than different.

There is increasing emphasis within the health authority for individuals who work in counselling to assume a “concurrent” stance, in which they work with clients who present with both active substance misuse and mental illness. That is, the nature of the clients that social workers or mental health workers are now seeing is becoming increasingly complex. In a sense, the clients are presenting with more and more barriers to health and proactive living. Hence, this research on how social workers are able to cope well is significant for both theory and research in the area of Counselling Psychology.

In addition, it is important that social work schools and other professional disciplines integrate these findings into their curriculum in order to raise students' comprehension of the potential work hazards associated with the professional roles of social workers and other mental health care providers. Agencies might be advised to also inform new workers about the stark realistic aspects of mental health work, as unrealistic expectations may lead to negative work outcomes. When a new employee is hired, organizations might incorporate these findings into their training; competencies such as self-awareness, self-management and relationship management could be discussed. Also, this research sought to identify resources and skills that can be used so that an individual (whether he/she is a new employee or seasoned worker) can more effectively manage and enjoy the work that they have chosen to pursue.

Ideally, this knowledge will also help social service agencies make organizational changes that result in healthier and more positive workspaces for social workers. This project will inform psychologists and career counsellors working with social workers on issues related to workplace stressors. When a social worker is coping poorly, it can be presumed that he or she

might be feeling less engaged in working and consequently demonstrates reduced job performance.

With respect to providing therapy to social workers, it would be helpful for counsellors to validate social workers' occupational experiences as having worth, purpose, and meaning. Moreover, clients' personal strengths as individuals can be explored and honoured. The categories that arose as helping can be introduced into the counselling session.

For counselling techniques aimed at challenges in emotional regulation, workers could be taught relaxation techniques, such as meditation, hypnosis, and yoga. Or, biofeedback exercises, in which people are trained to improve their health by using signals from their own bodies, could be used. Motivational Interviewing and Cognitive Behavioural Therapy could be employed when occupational stress is due to changeable elements of the environment.

Another thing that therapists should be mindful of is encouraging clients to access health care. Sometimes, social workers are so focused on their job that they neglect their own health. When social workers are struggling, it can be good for them to note and relish in the small victories that they have had with clients in the past. This was stated by half of my participants as something that helped them cope. The therapist should get the social worker to reflect on the strengths and responsibilities that the clients possess to detract them from taking absolute responsibility for clients' lives. Building strong rapport with clients through effective self-disclosure can reveal a vulnerability that clients find compelling. Also, doing small but meaningful things to show clients that a worker cares will win their trust. Getting workers to reflect on the sense of accomplishment they might have from the trajectory of their work experience is also helpful.

Strong and respectful relationships with direct supervisors and co-workers also buffered the effect of stress. Workers could attempt to improve these relationships to strengthen their social network on the job. Therapists could also get individuals to identify people in their social network beyond work that could emotionally support them.

Furthermore, workers should strive to work for organizations that have organizational values that are similar to ones they personally hold, have opportunities for personal and professional development, have access to counselling, and have suitable office space.

Workers could also brainstorm with therapists about how to set clear boundaries with clients and how to keep work concerns in the work place and not take them home. This would enable them to have greater work/life balance.

All participants were asked about metaphors to convey how they conceptualized their role as a social worker and how they foster relationships with clients. As an alternative strategy, counsellors can help clients access or create metaphors to assist them in interpreting and working through complexities of their occupational narrative. Metaphors are well documented as a helpful counselling technique (e.g., Amundson, 2003; Amundson, 2010; Pryor & Bright, 2009)

Moreover, these findings might serve as an indicator of what direction the provincial and municipal governments can take to better fund and organize social services programs to support social workers and their particular clientele. Essentially all social services rely significantly on government funding to carry out their operations and if programs can be organized in a way that is mutually beneficial for both the clients and the workers then this would be ideal.

In this study, workers from the DTES were interviewed in so much that they represent social workers working with multi-barriered clients. Canada recognizes the importance of

improving the lives of Vancouver's Downtown Eastside residents. The Canadian Government has agreed to commit \$10 million for new community programs to assist individuals with substance abuse issues from this neighbourhood ("Government of Canada," 2008).

A 2001 study in British Columbia showed that it costs \$30,000- \$40,000 annually to support one homeless person (Eberle et al., 2001). Homeless individuals are more likely to use shelter beds, spend time incarcerated, and be hospitalized. All of this drains the health care and social services system. Hence, there are strong financial incentives for why social workers are needed to help transition people out of a place of vulnerability.

These are some of many initiatives to help multi-barriered clients. In sum, this research provides insight into social workers working with multi-barriered clients in general to more specific, tangible outcomes for workers in the Downtown Eastside too.

Limitations of the Study

Within this group of fifteen individuals from Vancouver, there is the possibility that the results may only apply to this particular group. That is, this study may not be fully representative of the Vancouver social work population at large. Social work as an occupation is wide and diverse. But, it is the hope of this research that it can be applied to other contexts too.

Furthermore, the results of this study need to be interpreted in light of the "fundamental attribution error," which is a well-known phenomenon whereby individuals have a general tendency to overestimate the importance of personal or dispositional factors relative to environmental influences (Ross, 1977). The fundamental attribution error may potentially arise when individuals are asked to make judgments about helping and hindering aspects of their job. Hence, there is a possibility that the participants may have favoured contextual or environmental

instances as hindering factors and may favour personal instances as helping factors to them in their positions. If participants appeared to follow this trend in their responses, then the interviewer probed respondents to give a range of personal or environmental examples (if applicable) for both the helping and hindering aspects to cope in their profession. Thus, this researcher did her best to control for these elements.

If the fundamental attribution error is considered in light of the findings, it is noted that the categories most endorsed for helping incidents were often a combination of personal and environmental factors (i.e., Self-Care in Personal Life; Emotional Response to the Nature of the Job; Relationships with Co-Workers). Hindering incidents do show a slight tendency towards environmental and organizational attributes. The most prominent hindering categories were Employer Organization, Emotional Response to the Nature of the job, and Lack of Resources and Budget.

Social workers who were on medical or “stress leave” were not included in this study. None volunteered even though it was mentioned to contacts within the agencies that these social workers should also be forwarded the research advertisement. This pool of individuals might have had some important insights about what helps and hinders them in their roles. A few of the individuals who participated in the study had mentioned taking previous extended vacations to combat burnout or medical leaves so hopefully their insights would be consistent with those who were on leave when recruitment took place.

Strengths of the Study

I felt there were numerous strengths to the present study. I, as a researcher, have a strong connection to the social work community in Vancouver due to my previous and current work

experience. Thus, I felt I was able to recruit participants much easier than the average person. In any type of research, it is important to develop rapport with people who are considered to be “gate holders” to accessing and connecting to desired participants. In most instances, I already had great rapport with such “gate holders” at various social services organizations. I was able to interview managers and entry-level staff with ease; I could have easily interviewed more than the 15 individuals who I did. I stopped at that number due to time restrictions for my thesis deadline.

Due to these great connections, I feel like I am in a position where I can disseminate the study information easily too. I was thinking about approaching employers and asking them if I could present my findings to them and to hear their feedback on my results. This is especially noteworthy given that 80% of participants felt there were things that the employer was doing which were hindering them.

Furthermore, I had a high attention to detail when I followed the *ECIT* established protocols. This rigour enables easier replication of results by future researchers. It also shows a sense of transparency in my research process.

Self-Awareness

Throughout this research process, I kept a journal about my thoughts and feelings that emerged. I have a background in quantitative research so it was important for me to readjust the lens through which I viewed research and how I conceived of participants. I was not as much concerned with the what, where, and when of a particular phenomenon but the why and how of the present research question. And, it was vital for me to allow the participants to talk naturally

about their experiences and bring up topics that they deemed relevant without undue prompting on my part during the interviews.

Secondly, it has been curious for me to see how this research intersected with the other research projects that I been involved in. I work as a Researcher on a public health study in the Downtown Eastside of Vancouver and in this position I interact with a homeless and vulnerably housed population. When participants of my thesis project speak about the hardships and benefits of working with a multi-barriered population, I was readily able to identify with them based on my own experiences. In addition, I also work as a Researcher on a project looking at government legislation around social housing and homelessness. Here I engage in dialogues with key stakeholders in the development and implementation of such official policies. Thus, I have been in a position to understand how social workers can be impacted by legislation. All of this experience has provided me with a very holistic sense of the systems in place that help and hinder social workers in coping well. In sum, the responses of my thesis participants were in line with knowledge I had gleaned from my work experience.

Future Research

Future research could examine more closely the influence of personality factors such as optimism or resilience in social workers as it relates to coping well. Certain personality types might fit better with certain types of social work roles. For instance, some of my participants might have personalities that are better suited to outreach roles where they liaise with people who are street entrenched or some of my participants might be a better fit for office roles where they case manage and advocate for mental health clients (as examples).

Qualitative research permits rich and detailed data based on the lived experiences of participants. Combining this with quantitative data in the form of current statistics on social worker turnover, promotion, disciplinary actions, and personal leaves would further highlight the phenomenon of coping. This would allow for a more holistic and integrated view of this research question. Furthermore, longitudinal research following social workers and examining these same constructs would further illuminate why some workers cope well and how this changes with the passage of time.

When I was reading and reflecting on the transcripts, it seemed that many participants had been exposed to traumatic events and were in a role of observing unfixable suffering in clients. I would be curious to look at the incidence of Post Traumatic Stress Disorder (PTSD) in social workers. From my interviews, this condition did not seem to be one that employer organizations discussed. Stress would be brought up in staff training and meetings but not PTSD. Similarly, vicarious traumatization could result from hearing the profoundly troubling stories of clients for years and years. Regehr et al. (2004) found that organizational factors were the strongest predictor of PTSD in child welfare workers. However, none of the participants of this study were child welfare workers so inferences could not be made. Much of the PTSD research has focused on therapists. For instance, Dunkley and Whelan (2006) investigated incidence of vicarious trauma in telephone counsellors and discovered that 15% of their participants endorsed at least one PTSD symptom. This is an additional research question that could be probed.

There were some helping and hindering categories that emerged from this data that were not consistent with what exists in the literature. And, these present as additional areas for future

research. Specifically, none of my participants indicated an interest in leaving the field of social work or even their present position. Yet, there is much research on turnover intention (e.g., Huang et al., 2003). Little research on coping has focused on the hindering issues of Employee Hiring and Qualifications; and, Economic and Political Context of Work. Moreover, there has also been little attention on the helping issue of Sense of Accomplishment from Length of Work Experience.

For this former social worker and current researcher, this study has been personally meaningful. I have spent years researching and interacting with multi-barriered clients in a myriad of roles. It has been quite refreshing and inspiring to have a candid dialogue with the workers themselves. It is hoped that this small piece of research can further contribute to the literature on coping for individuals in social work and counselling psychology and the betterment of the work environment for those who do struggle.

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Appendix A: Informed Consent



UBC Department of Educational and Counselling Psychology, and Special

Education

Faculty of Education

University of British Columbia, 2125 Main Mall

Vancouver, BC Canada V6T 1Z4

Participant Consent Form

Discussions in Social Work: The Challenge of Coping Well

Principal Investigator:

Dr. Norman Amundson

UBC Department of Educational and Counselling Psychology, and Special Education (Faculty of Education)

Co-Investigator(s):

Roxanne Joyce (Master's Student)

UBC Department of Educational and Counselling Psychology, and Special Education (Faculty of Education)

You are invited to participate in a study entitled “Discussions in Social Work: The Challenge of Coping Well” that is being conducted by Dr. Norman Amundson (Principal Investigator) and Roxanne Joyce (Co-Investigator). Dr. Norman Amundson is a Professor of the Educational Counselling Psychology, and Special Education department at UBC and Roxanne Joyce is a Master's student who is completing this research as part of her final thesis project.

The following information is provided to help you make an informed decision about whether or not to participate. If you have any questions, ask the interviewer.

Purpose and Objectives:

This is a qualitative study which will focus on examining social workers who work with multi-barriered clients in Vancouver Lower Mainland and how these workers experience their work in such settings. Helping and hindering incidents to the social worker in this line of work will be identified through one-on-one interviews with these social workers.

Participant Selection

You are being invited to participate in this study because you are a social worker who works with multi-barriered clients.

What Is Involved?

If you agree to voluntarily participate in this research, you will be interviewed one-on-one about your experiences working in Vancouver. The interview will take approximately 60-90 minutes and only one interview will be required for each participant. After the interview, the information will be transcribed and you will be asked to confirm that the transcription is accurate before the researcher analyzes the information (approximate time commitment to review transcription = 30 minutes).

All of the interview sessions will be audiotaped. By signing this consent form, you agree to participate in the interview AND to have your interview audiotaped.

The researchers will collect basic information about you from the demographics form, such as your occupation (job title), number of years in your occupation, occupation/job level, length of time in current job, industry in which you presently works, number of years in this industry, length of service in this industry, age, sex, income level (household), country of birth, marital status, family status/parental status, and education level.

You have the right to refuse to answer any question and/or refuse to participate in the study, and there will be no consequence to refusing. All information gathered in this study will be kept strictly confidential.

Potential Risks:

There are some remote but potential risks to you by participating in this research and they include possible negative emotional responses to some of the questions in the interview pertaining to your work experiences. You may refuse, for any reason, to answer any questions that make you feel uncomfortable, and there will be no consequences for refusing to answer any questions. In the unlikely event that you become upset during the interview, the interviewer will be willing to assist you in referring you to professional counselling services in the community.

Potential Benefits:

The potential benefits of your participation in this research including contributing to a project that will ultimately benefits others in a situation similar to yours, and to society as a whole. Participation in this study will contribute to gaining a better understanding of the helping and hindering factors that impact social workers who work in challenging environments with multi-barriered clients.

If you are interested in the results of this study, please feel free to contact Roxanne Joyce (Co-Investigator) at [researcher email].

Confidentiality and Data Storage:

Your confidentiality will be respected. No information that discloses your identity will be released or published without your specific consent to the disclosure. Any information obtained during this study will be protected by the use of a numeric study ID in place of your name. No one has access to these files except for the immediate research team. Your consent form is not linked to your interview responses in any way.

All documents and digital audio files will be identified only by code number and kept in a locked filing cabinet. Electronic data records will be kept on a password-protected encrypted computer files. The data will be kept for a minimal period of 5 years and after this time it will be destroyed. Thus, all raw data will be securely stored and then subsequently destroyed after 5 years.

Remuneration/Compensation:

You will be entered into a draw to win \$100 based on your participation in this study. All individuals who withdraw or who decline to participate from the study are also included in the draw. Information on the date of the draw will be provided upon initial contact with the researcher. Special care will be taken to ensure that no participants' confidentiality will be breached in the compensation process.

Contact Information:

You may contact Dr. Amundson by phone at the Department of Educational and Counselling Psychology, and Special Education at [office number] or Roxanne Joyce (CNPS Graduate Student) by phone at [cell phone number] if you have further questions or wish to receive study results.

If you have any questions or concerns pertaining to your rights as a participant in research you may telephone the Research Subject Information Line in the UBC Office of Research Services at the University of British Columbia at 604-822-8598 or if long distance email to RSIL@ors.ubc.ca. Once this consent form has been completed and signed that consent has been given.

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your employment.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study which includes both the interview AND also to being audiotaped during the interview.

Participant Signature

Date

Printed Name of the Participant signing above

Appendix B: Demographics Form

- i. Occupation (job title): _____
- ii. Length of time in current job: _____
- iii. Length of time in Social Work Industry: _____
- iv. Age: _____
- v. Sex: _____
- vi. Income level (household): _____
- vii. Country of Birth
_____ If not Canada, (a) length of time in Canada; and (b) 1st language
- viii. Marital Status: _____
- ix. Family status/parental status: _____
- x. Education Level: _____

Appendix C: Telephone Selection Interview

Hello, thank you for expressing interest to participate in the research study on “Discussions in Social Work: The Challenge of Coping Well”.

I would just like to ask you a few questions about your work to see if this research study would be the best fit for you.

Questions:

- 1) What is your job title and what are your job responsibilities?
- 2) What agency are you currently employed for and where is it located?
- 3) What social services program do you work for? And what type of clients do you normally work with?
- 4) Would you be interested in participating in a one hour long interview to discuss your work experiences and your ability to cope well in this line of work?

Appendix D: Letter of Initial Contact

(which was sent to various agencies)



UBC Department of Educational and Counselling Psychology, and
Special Education

Faculty of Education
University of British Columbia, 2125 Main Mall
Vancouver, BC Canada V6T 1Z4

Dear {name}

My name is Roxanne Joyce and I am a UBC Master's student in Counselling Psychology. I am writing you in order to inform you of my research study I am carrying out as part of my Master's thesis. The name of the research is "Discussions in Social Work: The Challenge of Coping Well". I am interested in speaking to social workers about helping and hindering factors they experience in enabling them to cope well in this line of work.

If this research description could be forwarded along to anyone who works as a social worker in your agency that would be greatly appreciated.

What Study Involves?

- Participants (Social Workers) being interviewed one-on-one by researcher about their experiences working. The sessions will be audiotaped.

Participant Criteria:

- Currently working as a social worker with multi-barriered clients (i.e., clients who possess barriers to physical health, mental health, housing, addictions, etc.). Participants do not need to have "Social Worker" as their official title but rather they must engage in social work-related duties as part of their job (e.g., this can include outreach, housing support, and more).

- Hold Diploma of Social Work or Psychology (or related programs)

Compensation:

Participants will be entered into lottery to win \$100

If you are interested in participating or have any further questions about the study, do not hesitate to contact me at [personal email] or [personal cell number].

Thank you,

Roxanne Joyce

Appendix E: Interview Guide: “Coping” Strategies Being Used

Participant #: _____

Date: _____

Interview Start Time: _____

Contextual Component:

Preamble: As you know, I am investigating the ways in which working woman and men have coped well with working as a social worker with multi-barriered clients. This is the first of two interviews, and its purpose is to collect information about your work experiences and the ways in which you are coping in this job.

- 1) As a way of getting started, perhaps you can tell me a little bit about your work situation. That is, what is your job position? How would you describe your roles and responsibilities within this role?

- 2) How long have you been working as a social worker?

- 3) Please describe any previous social work or counselling experience (if any).

- 4) You volunteered to participate in this study because you identified yourself as working as a social worker with multi-barriered clients. Overall, what is your experience of working as a social worker? That is, on a scale of 1-10 in which 10 is coping well and 1 is coping poorly, what would you rate yourself in your ability to cope well?

Critical Incident Component

Transition to Critical Incident questions: You said that even with all these different aspect of your job, you rated yourself as a 5-6 (or whatever the participant rated him or herself in question 4 above).

- 5) What factors (or incidents) HELP you in your present position to cope well? Please identify specific and concrete examples (Probes: What was the incident/factor? How did it impact you? E.g., “Having a sense of humour about my job enables me to cope well. How is it helping?” Can you have me a specific example of when having a sense of humour helped? How did that help you to cope well in your present line of work?)

Helpful Factor & What it Means to Participant (What do you mean by....?)	Importance (How did it help? Tell me what it was about...that you find so helpful.)	Example (What led up to it? Incident. Outcome of incident.)

- 6) What factors (or incidents) HINDER you in your present position to cope well? Please identify specific and concrete examples.

Hindering Factor & What it Means to Participant (What do you mean by....?)	Importance (How did it hinder? Tell me what it was about...that you find so unhelpful.)	Example (What led up to it? Incident. Outcome of incident.)

Wish List Component

- 7) Summarize what has been discussed up to this point with the participant as a transition to the next question:

We've talked about what's helped you to cope well (name them) and some things that have made it more difficult for you to do well (name them). Are there other things that would help you to continue to cope well? (Alternative question: I wonder what else might be helpful to you that you haven't had access to?)

Wish List Item & What it Means to Participant (What do you mean by....?)	Importance (How did it help? Tell me what it was about...that you find so helpful.)	Example (In what circumstance might this be helpful?)
--	---	---

Always Coped Well Component

8) Have you always coped well as a social worker?

(Circle one)

Yes

No

9) If not, when did this change for you?

10) What happened that caused you to begin coping well in your occupation (social work)?

- 11) Any other comments that you would like to add about your experience working with this client population?

Metaphor Component

- 12) Also, what type of metaphor would you use to describe your role as a social worker and how you view your approach to working with clients and fostering relationships with them? Is there a particular image or concept that comes to mind?

Interview End Time: _____

Length of Interview: _____

Interviewer's Name: _____