UNIVERSITY OF
EASTERN FINLAND

ANDREAS BALDSCHUN

**THE OCCUPATIONAL WELL-BEING OF CHILD PROTECTION
SOCIAL WORKERS**

Theoretical Conceptualization and Empirical Investigations Among Finnish Statutory Social Workers

THE OCCUPATIONAL WELL-BEING OF CHILD PROTECTION SOCIAL WORKERS

THEORETICAL CONCEPTUALIZATION AND EMPIRICAL INVESTIGATIONS AMONG FINNISH STATUTORY SOCIAL WORKERS

Andreas Baldschun

THE OCCUPATIONAL WELL-BEING OF CHILD PROTECTION SOCIAL WORKERS

THEORETICAL CONCEPTUALIZATION AND EMPIRICAL INVESTIGATIONS AMONG FINNISH STATUTORY SOCIAL WORKERS

ABSTRACT

This study examines the underlying processes of the occupational well-being of child protection social workers. The overall objective of the study is to expand the knowledge of the structure of social workers' occupational well-being and the associated factors of developing and maintaining the occupational well-being, particularly for child protection social workers. The study is realized by the creation of the multi-dimensional model of occupational well-being based on the analysis of key concepts of work-related distress and well-being and by the empirical exploration of the situation among Finnish public sector social workers. The sample for the empirical part was obtained from an ongoing longitudinal cohort study, known as the Ten Town Study, on work-related well-being among Finnish public sector employees. The overall sample size used in this investigation is N = 1 220 and consisted of statutory social workers (N = 893) and social instructors (N = 327) from eleven Finnish municipalities. The data is used to explore the structure of occupational well-being applying the structural equation modelling method and to identify the factors associated with high levels of occupational well-being using logistic regression analysis.

The approach of occupational well-being for child protection social work presented in this study is conceptualized as a multi-dimensional model comprising the six dimensions of affective, cognitive, social, professional, personal and psychosomatic well-being. The approach applies the systems theory as the theoretical framework for describing the underlying dynamics and processes of developing and maintaining occupational well-being. Besides the general application of the systems theory on the interactions within the organization-worker-client relationships, the principles of the systems theory are used to describe the dynamics within the occupational well-being model from the subjective perspective on the macro, meso and micro level. These levels are in accordance with the structure of the occupational well-being model, that is to say occupational well-being as the latent construct defined by the six dimensions and their comprising factors. Thereby, an innovative perspective on explaining the social workers' occupational well-being is introduced.

The theoretical construction of the six-dimensional model of occupational well-being model was partly confirmed by the structural equation modelling process. The final empirical model, in which the personal dimension could not be identified from the data and the cognitive and professional dimension merged into one dimension, revealed the four dimensions of affective, social, cognitive/professional, and psycho-

somatic well-being. The estimates of the empirical model show a consistent model for the three groups of child protection social workers, social workers without duties on child protection and social instructors, which implies that the revealed structure can generally be applied in the field of social work. However, notably lower affective and psychosomatic well-being was found among child protection social workers. The exploration of health-related variables revealed statistically significantly higher levels of burnout and secondary traumatic stress among child protection social workers and equal levels of general health, compassion satisfaction and overall occupational well-being. Additionally, a number of factors associated with high levels of occupational well-being were identified. These factors can be divided into individual and organizational factors, which basically documents the share of responsibility in developing and maintaining occupational well-being.

Together with the empirical results, the theoretical model provides a comprehensive framework for assessing and evaluating child protection social workers' occupational well-being. The findings of this study are used to make suggestions for the general use of the occupational well-being model in social work education, practice and management and the need for further research on the theoretical construct and the practical application are discussed.

TIIVISTELMÄ

Tutkimus tarkastelee lastensuojelun sosiaalityöntekijöiden työhyvinvoinnin taustalla olevia prosesseja. Tutkimustavoitteena on laajentaa tietoa sosiaalityöntekijöiden työhyvinvoinnin rakenteesta ja siihen liittyvistä työhyvinvointia kehittävistä ja ylläpitävistä tekijöistä, erityisesti lastensuojelun sosiaalityöntekijöiden kohdalla. Tutkimus on toteutettu luomalla moniulotteinen työhyvinvoinnin malli, joka perustuu työsidonnaisen stressin ja hyvinvoinnin avaintekijöiden empiiriseen tilannetutkimukseen suomalaisen julkisen sektorin sosiaalityöntekijöiden parissa. Tutkimuksen empiirisen osan otos saatiin käynnissä olevasta pitkittäisestä kohorttitutkimuksesta, joka on tunnettu "Kunta 10-tutkimuksena", aiheena työsidonnainen hyvinvointi suomalaisen julkisen sektorin työntekijöillä. Tämän tutkimuksen kokonaisotos on N = 1 220 ja se sisältää laillistettuja sosiaalityöntekijöitä (N = 893) ja sosiaaliohjaajia (N = 327) yhdestätoista suomalaisesta kunnasta. Dataa on käytetty työhyvinvoinnin rakenteen tutkimiseen käyttämällä rakenneyhtälömallinnusta sekä tunnistamaan korkeaan työhyvinvointiin liittyviä tekijöitä logistisen regressioanalyysin avulla.

Tämän tutkimuksen lähestymistavassa on lastensuojelun sosiaalityöntekijöiden työhyvinvointi on käsitteellistetty moniulotteisella mallilla. Se sisältää kuusi työhyvinvoinnin ulottuvuutta: affektiivinen, kognitiivinen, sosiaalinen, ammatillinen, henkilökohtainen ja psykosomaattinen hyvinvointi. Lähestymistavan teoreettisena viitekehyksenä käytetään systeemistä teoriaa kuvaamaan taustalla olevaa dynamiikkaa ja työhyvinvoinnin kehittymis- ja ylläpitoprosesseja. Systeemiteorian yleisen soveltamisen lisäksi vuorovaikutussuhteissa organisaatio-työntekijä-asiakas, systeemiteorian periaatteita käytetään kuvaamaan työhyvinvoinnin dynamiikkaa subjektiivisesta perspektiivistä makro-, meso- ja mikrotasolla. Nämä tasot ovat yhtäpitäviä työhyvinvointimallin rakenteen kanssa, joten työhyvinvointi määritellään latenttina kuuden ulottuvuuden ja niiden sisältämien tekijöiden rakenteena. Täten esitellään sosiaalityöntekijöiden työhyvinvoinnin innovatiivinen perspektiivi.

Työhyvinvoinnin kuusiulottavuusmallin teoreettinen rakenne vahvistui osittain rakenneyhtälömallinnusprosessissa. Lopullinen empiirinen malli, jossa henkilökohtaista ulottuvuutta ei voitu identifioida datasta, sekä kognitiivinen ja ammatillinen ulottuvuus sulautuivat yhdeksi, paljasti neljä hyvinvoinnin ulottuvuutta eli affektiivisen, sosiaalisen, kognitiivisen/ammatillisen sekä psykosomaattisen. Empiirisen mallin arviointi tuo esiin yhtenäisen mallin kolmelle ryhmälle; lastensuojelun

sosiaalityöntekijöille, sosiaalityöntekijöille ilman velvollisuuksia lastensuojelussa ja sosiaaliohjaajille, mikä tarkoittaa ilmi tuodun rakenteen olevan käyttökelpoinen yleisesti sosiaalityön alueella. Kuitenkin erityisesti matalampi affektiivinen ja psykosomaattinen hyvinvointi löytyi lastensuojelun sosiaalityöntekijöiltä. Terveyteen liittyvien muuttujien arviointi paljasti tilastollisesti merkittävästi korkeampia tasoja loppuun palamisen ja sekundaarisesti traumatisoitumisen osalta lastensuojelun sosiaalityöntekijöillä sekä samanvertaisia tasoja yleisen terveyden, myötätuntotyydytyksen sekä yleisen työhyvinvoinnin osalta. Lisäksi tunnistettiin useita korkeaan työhyvinvoinnin tasoon liittyviä tekijöitä. Nämä tekijät voidaan jakaa individuaalisiin ja organisatorisiin tekijöihin, jotka pohjimmiltaan dokumentoivat vastuun jakamista työhyvinvoinnin kehittämisessä ja ylläpitämisessä.

Teoreettinen malli tarjoaa yhdessä empiiristen tulosten kanssa kattavan viitekehyksen määrittämään ja arvioimaan lastensuojelun sosiaalityöntekijöiden työhyvinvointia. Tutkimusten löydösten pohjalta on tehty ehdotuksia työhyvinvointimallin yleiskäyttöön sosiaalityön koulutuksessa, käytännössä ja johtamisessa sekä pohdintaa mallin teoreettisen konstruktion ja käytännön sovellusten lisätutkimuksen tarpeesta.

Avainsanat: lastensuojelu, työkuormitus, työnhyvinvointi, sosiaalityö, systeeminen teoria

ACKNOWLEDGEMENTS

Typing the final full stop on the dissertation manuscript is an overwhelming moment since a multi-year project comes to the end. These intensive years were characterized somewhere between enthusiasm and hopelessness, between breakthrough and break-off, between fatigue and satisfaction. Finally, all the dark clouds are gone and the project resulted in a piece of research instead in the burnout of the researcher. The light that is now illuminating the process of the past few years reflects the tracks which led not only to the realization of the study but also shows the pathways of inspiration leading to my professional and personal growth. Passing through that process would not have been possible without the people around me who believed in the achievement of the enterprise, who were the source of motivation and power to continue, and those who critically commented on my work with the intention to improve it. I have met, personally and virtually, a lot of great people whom I want to thank for their support.

Firstly, I want to thank my supervisor Professor Juha Hämäläinen, who accompanied and advised me throughout my studies from the Masters degree studies to the finalization of the present study. I particularly appreciate Juha's structural support and encouragement that let me believe that it is worth continuing the research despite all the occurring obstacles. With his peaceful nature and his dedication to social work, he was able to transfer a sense of trust and confidence that things will happen if the time has come. Secondly, I want to thank Professor Brian Littlechild from Great Britain for providing his expertise for my study in the role as the second supervisor. Brian's unconventional style of supervision gave me an alternative experience of being an early-stage researcher. I appreciate his way of giving advice in a concise manner, wherever and whenever an opportunity is provided. I feel honoured to have had both Juha and Brian as supervisors for my study.

Furthermore, I want to thank Professor Pertti Töttö for guiding and supporting me through the challenging data analysis procedure. I appreciate his expertise in statistics and his profound experiences with various data analysis software which made it possible to produce the reliable and valuable results in the empirical studies. Additionally, I want to express my gratitude to Professor Riitta Vornanen for her friendly and spontaneous support. Not officially involved in my project, she served more than once as a backup for my requests if others were not available. Finally, I would like to thank all the colleagues of the Department of Social Sciences and the SOSNET group for their valuable professional, technical and emotional support.

Likewise, I would like to thank the anonymous reviewers of the articles for their helpful and constructive comments which helped to improve the manuscripts. In the same way, I want to thank the reviewers Pia Tham and Paula McFadden for their valuable comments and suggestions that brought the dissertation to its final stage. In addition, I would like to express my special thanks to Pia Tham for accepting the invitation to be my opponent. I feel honoured to have had the possibility to profit from your expertise at that stage of the work. My gratitude also goes particularly to Suzanne Williams who has proofread the manuscript and made my message clear and allowed it to flow in a language that is not my mother tongue.

At the institutional and financial level, I am very grateful to the Department of Social Sciences at the University of Eastern Finland for offering me the opportunity

Finally, my deep gratitude is expressed to my beloved wife Anu. I thank you for understanding my obsession in regard to this dissertation and for accepting all the inconvenience and restraints caused by this enterprise. I am so happy to have you in my world.

Riihimäki, 18 May 2018
Andreas Baldschun

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

1 INTRODUCTION

Working as a social worker has always been a special mission. Nowadays, high demands, low reputation, moderate salary, being constantly under pressure to succeed and a high predictive probability of developing mental distress are the negative prospects often encountered when entering the profession or considering studying social work. In other words, the challenges of the profession are complex and manifold and the rewards that can be expected are often low. In this context, social work with families and children seems to be an especially affected field, and the reasons are found at various levels. On the one hand, there are the ongoing changes of the working life caused by general changes in society and, particularly in the Nordic countries, due to extensive reconstructions of the public sector at a national and municipal level (Meeuwisse, et al. 2011, Saarinen, et al. 2012). These changes lead to feelings of insecurity among social workers with regard to the general position of their profession in the future welfare system and the specific future perspectives of the field. In international comparisons with the Nordic countries, Finland revealed the most disadvantageous results regarding the experiences of occupational stress and contradictions in their work (Saarinen, et al. 2012, Blomberg, et al. 2015).

On the other hand, there are field specific challenges and risks that burden social work employees in their daily work and these are related to the specific nature of the social work with families and children. The most significant of these are the dual roles of care and control of the statutory child protection work and the high responsibilities of social workers with regard to the safety and well-being of their clients. Furthermore, the emotional demands arising from working with deprived and traumatized clients and by being exposed to the harmful experiences of their children (e.g. Sprang, et al. 2011, Blomberg, et al. 2015). These exposures are typical of everyday social work in child protection and can make social workers vulnerable to developing psychological distress and it seems that this is a natural consequence of their work (Sprang, et al. 2011, p. 150). Additionally, social workers have high responsibilities with regard to their clients, particularly the child's welfare. Failure in the case assessment can mean the difference between life and death (Nelson-Gardell & Harris, 2003, p. 13), and many a social worker may hesitate to read the newspaper in the morning for fear of reading about a child's death in his or her district.

This is additionally complicated by the dual role of care and control of statutory social work. Statutory social workers act embedded in public sector organizations which are strongly regulated by policies and legislation. In their role social workers are working at the heart of society and provided with powers to intervene directly and significantly to the situation of their clients. Balancing this dichotomy between care and control is a challenge for organizations and employees (Ruch, et al. 2010, Hasenfeld, 2010, Zosky, 2010). Through legislation (Räty, 2010) Finnish social workers are provided with strong powers and high responsibility in the decision-making process, which serves to make the dilemma even more of a challenge.

Despite this somewhat negative description of the profession, there must be something else that motivates people to continue in the field of social work and apply their energy to the profession. It would appear to be this: there is the pleasure that social workers derive from helping people in need, the compassion satisfaction that social workers experience when their work is successful, and the overall meaningfulness

of the social work mission that makes this profession of care particularly attractive to people who want to support others at a highly professional level (see Conrad & Kellar-Guenther, 2006, Radey & Figley, 2007, van Hook & Rothenberg, 2009, Stamm, 2010). However, these processes only come into effect if the social worker is successful in his or her mission. Social workers in Finland are highly educated and well qualified for this demanding work and it is worthwhile granting social workers maximum support such that they are capable of remaining in their job and fulfilling their goals. Hence, it is worthwhile investing in research into the processes that enable social workers to develop high levels of occupational well-being and that allows them to function effectively in their job. Therefore, this research is dedicated to all social work professionals who have decided to practice in this field, to take on the challenges and advocate for the purpose and values of the profession. It may contribute to improving their situation to some extent.

1.1 INVESTIGATIONS ON THE OCCUPATIONAL WELL-BEING OF CHILD PROTECTION SOCIAL WORKERS

Research on work-related well-being is implemented in many different ways and a common approach to the study does not exist, although the empirical cognition of the need for research into well-being at work is not a novel concept. In the meantime, with occupational health, a specific discipline has been developed focusing particularly on the work-related aspects of health and safety of employees. The focus and scope of the area of research can vary significantly between researchers and their affiliated organizations. Some researchers are engaged in focusing on a particular aspect of work-related well-being and others use their expertise to build a more comprehensive picture of the phenomenon. Furthermore, the investigations of researchers can be divided either into research on distress and its negative outcomes or on a positive orientation and the factors which lead to well-being. Over the decades this has led to a number of terms, concepts and models of which occupational well-being is one. The approach to occupational well-being is associated with a positive conceptualization and is used in different ways. Sometimes it is used synonymously with other approaches or as an umbrella term covering several aspects of work-related well-being.

The approach to occupational well-being applied in this study continues with the developments of a positive view and a holistic and comprehensive conceptualization of the phenomena. Furthermore, the orientation represented in this study continues with a multi-dimensional conceptualization of occupational well-being as previously presented, for instance, by the researchers de Jonge and Dormann (2003) or van Horn et al. (2004). The researchers have empirically proven the multi-dimensional structure of occupational well-being emphasizing that the relationships within it may be assessed and measured more precisely than by just accumulating the results from measurement of single aspects. Despite this well-founded conceptualization of occupational well-being, the theoretical generalizability and the practical applicability of the approach for the child protection social work profession has not as yet been provided. Previous research on occupational well-being did not consider the special conditions of statutory social work or include factors in relation to the emotionally demanding worker-client relationship in that context. Hence, the adaptation and further development of occupational well-being for the specific requirements of child protection social work based on that framework is the main objective of this study.

In addition to the factor specific conceptualization of occupational well-being, the underlying theoretical principles which are applicable for both the occupational well-being approach and the social work profession need to be redefined in order to develop an inherently consistent relationship between the theoretical principles and the multi-dimensional structure. Hence, a second objective of this study is to provide a comprehensive profession-specific approach to occupational well-being that considers the very nature of the child protection social work profession, thereby distinguishing the conceptualization of occupational well-being from that of other professions. For this purpose the systems theory approach as initially described by Luhmann (e.g. 1991, 2011) is applied in this study as the underlying theoretical framework. The systems theory is suitably qualified for this purpose due to its interactive nature and the focus on the importance of relationships between systems. In comparison to the frequently applied theoretical frameworks in other disciplines, such as cognitive, behavioural, motivational, psychoanalytic or psychosomatic approaches, the systemic approach is of greater reference for the social work profession. Whilst the systemic approach is already established in social work methods and practice (e.g. Ritscher, 2002, Hingley-Jones & Mandin, 2007, Ruch, 2009, Almagor & Ben-Porath, 2013), the application and integration of systemic principles on occupational well-being in social work represents an innovative endeavour.

Moreover, the multi-dimensional approach of occupational well-being combined with the principles of systems theory and adapted particularly to the special conditions of child protection social work, to my knowledge, is not found in the literature. Hence, this study provides new knowledge about the well-being of statutory child protection social workers in their work. The study presents a comprehensive and holistic view of the complex structure of occupational well-being of social workers consistently embedded in a compatible theoretical framework that is homogenous with the nature of the social work profession. The steps towards the realization of this challenging research approach and its structure are outlined in four publications and a summary part of their theories is described in the following sections.

1.2 STUDY DESIGN AND RESEARCH QUESTIONS

The structure of the summary of this study is compliant with the studies of the corresponding publications (see Table 1). The starting point for the investigation was to determine how the volume of information about work-related distress is connected to child protection social work and how the contributing factors can be arranged in a meaningful manner. Two main research questions were formulated in order to structure and direct the research project as follows:

1. What is the structure of occupational well-being for child protection social workers?

2. What are the supporting and protecting factors for developing and maintaining occupational well-being?

Table 1. Overview of the Original Publications

Article	Title	Main Research Question	Objective
A I	The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes. *ERIS Journal,* Winter 2018, 5—18.	What are the consequences of impaired occupational well-being for social workers, clients and the organization?	Exploration of the sources of mental distress. Determining the relevant areas of research with regard to occupational well-being.
A II	The Six Dimensions of Child Welfare Employees' Occupational Well-Being. *Nordic Journal of Working Life Studies,* 4(4)2014, 69—87.	How the occupational well-being of child protection social workers can be conceptualized and what is the structure of occupational well-being?	Construction of the occupational well-being model for child protection social workers
A III	Modeling the Occupational Well-being of Finnish Social Welfare Employees: A Multigroup Confirmatory Factor Analysis, *Human Service Organizations: Management, Leadership & Governance* 40(5)2016, 524—539.	What are the characteristic features within three groups of social welfare workers and what are the differences in the structure of occupational well-being between the groups?	Empirical evaluation of the theoretical model of occupational well-being and the comparison of the structure between three groups of social welfare workers.
A IV	Job-strain and Well-Being among Finnish Social Workers: Exploring the Differences in Occupational Well-being between Child Protection Social Workers and Social Workers Without Duties on Child Protection. *European Journal of Social Work,* published online: 25 July 2017.	What are the factors related to child protection social workers' occupational well-being and what are the differences to social workers without duties in child protection?	Exploring the factors that may predict occupational well-being and comparing child protection workers with social workers without duties on child protection.

The first two articles focus on the theoretical exploration of the identified areas of research and on the development of the multi-dimensional model of occupational well-being. Also, not explicitly outlined in the articles, both studies are designed based on the assumptions of the theoretical fundamentals of the underlying systems theory, the principles of the relationship-based practice and on the basic definition of occupational well-being. Whereas the first study is referring to the Finnish context of social work, the investigations in the second study provide generalizable descriptions of the phenomenon. The second two articles focus on the empirical exploration of the theoretical conceptualization of occupational well-being and on the exploration of the factors contributing to the occupational well-being of Finnish child protection social workers. Both studies define empirically the theoretical assumptions and findings in the Finnish context. Hence, each article is dealing with one of the steps that leads to answering the research questions both theoretically and empirically.

In Article I, the particular context of child protection social work is explored and linked with the occurring work-related distresses caused by the nature of social work with families and children. The literature based investigation describes the challenges of the field of social work by outlining the nature of child protection work and the network of cooperation. Furthermore, the role of the employing organization as the backup for the social worker is evaluated with regard to the importance of impaired work-related well-being on case outcomes. The criteria for selection of the publications used in the study were that they were theoretical descriptions of a concept related to work-related distress or that they were empirical studies on mental distress carried out in the field of social work and in particular with regard to that of child protection.

Attention was paid to papers describing the structure of the respective phenomena and the outcomes for individuals and organizations. Furthermore, it was important to reveal information about sources of work-related distress and well-being, as well as identifying the preventative and supporting factors. By determining the relevant areas of research with regard to the occupational well-being of child protection social workers the sources of work-related mental distress and its importance on the process of care and the case outcomes are identified. These explorations are embedded in the Finnish context in order to link the obtained information with the situation of Finnish child protection social workers.

The findings of Article I provided the basis for further investigations with regard to the construction of the occupational model for child protection social work. In Article II, the multi-dimensional model of occupational well-being is presented. The construction is based on an analysis of the key concepts describing work-related distress and well-being of social workers theoretically or empirically. A social science database set containing 10 preset databases was used to search for publications contributing to explaining the concepts and to provide relevant information for the construction of the multi-dimensional model. As keywords, "child welfare", "child protection", "employee well-being", "mental distress", "occupational well-being", "social work", and the names of the identified concepts were used separately and in combination with each other for information retrieval. Altogether, 104 publications were selected, of which 50 qualified for the purpose of the analysis. The criteria for selection were the same as used in Article I. The concepts were analyzed, using the systematic concept analysis method developed by Nuopponen (2011). The main outcome of the analysis and the construction is a theoretical model of occupational well-being for child protection social workers that takes into account the special work conditions and demands of the field. Furthermore, the factors contributing to the occupational well-being of child protection social workers were identified.

Articles III and IV transfer and apply the theoretical developments from the first two Articles into empirical research. Both are based on the same survey data and focus on the empirical exploration of occupational well-being in a cross-sectional and comparative design. The sample of this study was obtained from an ongoing longitudinal cohort study, known as the Ten Town Study, on work-related well-being among Finnish public sector employees. The sub-study is part of the Finnish Public Sector Study comprising the Ten Town Study including at the outset ten municipalities, and the Hospital Personnel Study which included six hospital districts. Altogether, both sub-studies cover nearly 30 percent of the public sector employees in Finland (see detailed information at: https://www.ttl.fi/tutkimushanke/kunta10-tutkimus/). The Finnish Public Sector Study was initiated in 1997, and the data for both sub-sectoral studies are collected separately. Since then, repeated surveys for all employees of the ten municipalities in Finland have been carried out in 2000—2001, 2004, 2006, 2008, 2010, 2012 and 2014. In 2014, the City of Helsinki also joined the study, which means that the data for Article III and IV is derived from eleven municipalities. In 2015, an additional survey questionnaire, particularly designed for social work employees, was initiated including all social workers and social instructors employed in the participating municipalities.

The findings from the data collected up until 2012 revealed high rates of sick leave among social workers due to mental disorders which resulted in a greater focus on work-related well-being of social workers. Moreover, over 40 percent of the sick leave rates of social workers were reported as being caused by the mental burdens

of work-conditions (Salo, et al. 2016). However, it was not known whether the risk of developing mental diagnoses is higher among social work professionals compared with other human service professionals. The study of Rantonen, et al (2016), using the data of the Ten Town Study, however, found that compared with teachers, social workers in Finland and Sweden show a higher risk of developing mental diagnoses. As a consequence of these alarming numbers, in addition to the regular survey questionnaire an additional survey questionnaire considering and assessing the special conditions of social work employees was designed and distributed. The data set used for the analysis in this investigation was taken from responses to the Ten Town Study follow-up survey in 2014 and from responses to the survey questionnaire designed for social work employees in 2015. The participants that had responded to both questionnaires qualified for the analyses. The overall sample size is N = 1 220/ 1 864 (response rate = 65.45 %). The sample consisted of statutory social workers (N = 893) and social instructors (N = 327) from eleven Finnish municipalities.

In Article III, the structural equation modelling technique (SEM) was utilized to produce an empirical model and test the structure of the theoretical model of occupational well-being among three professional groups of Finnish social welfare workers, namely child protection social workers, social workers without duties on child protection and social instructors. The confirmatory factor analysis (CFA) was chosen from options of SEM to produce and validate the model based on the theoretical assumptions. Generally, the advantages of SEM and CFA with regard to social work theory construction are seen in the combination of measurement with substantive theory (Schreiber, et al. 2006, Guo, et al. 2009). The significant principles for the results of the modelling process are that the model makes sense theoretically and fits the data well statistically (Kline, 2011). Although the empirical model generated is based on data from Finnish respondents, it provides more general knowledge on the structure of occupational well-being of child protection social workers.

The objective in Article IV focuses on the factors relevant for developing and maintaining the occupational well-being and draws on the previous developed theoretical conceptualizations of occupational well-being and on the empirical model revealed in Article III. The sample was identical with the material used in the study published in Article III, however, the social instructors were excluded from this study since it can be assumed that this group of professionals are subject to different factors and processes due to the basic differences in their responsibilities compared to social workers. To realize the objectives in Article IV an independent sample t-test was used to statistically assess the differences in selected variables with regard to the health and occupational well-being of the respondents. Additionally, logistic regression analysis was used to explore the probability of having high occupational well-being and to identify the most significant factors with regard to occupational well-being. The study compares the factors between child protection social workers and social workers without duties on child protection in order to identify the field specific factors. The chosen statistical methods facilitate a more detailed exploration of the relevant factors and thereby provide the knowledge that is needed to answer the initial research questions. Moreover, linking the findings of Article III and IV provides comprehensive knowledge on the structure of occupational well-being for child protection social workers and the underlying factors.

However, the scope provided by the journals for research publications is limited and constrains the objective of each article to a certain topic. Hence, it also limits the possibilities for providing comprehensive theoretical outlines. Therefore, the sum-

mary of this dissertation not only summarizes the publications but aims to expand the published information by adding the theoretical fundamentals and by exploring and describing the occupational well-being of child protection social workers from several perspectives and levels. Consequently, this summary is set out in Chapter 2, providing the definition and exposition of the theoretical fundamentals as the underlying principles of the conceptualization of occupational well-being in this study. Firstly, the term 'occupational well-being' is defined followed by the introduction of the systems theory and its relation to social work and occupational well-being. In Chapter 3, the creation of the occupational well-being model is presented from various perspectives and linked with the theoretical principles. Here, the systems theory is incorporated into the social work profession and the underlying processes of occupational well-being. Chapters 4 and 5 summarize the empirical investigations and provide information on the structure and level of occupational well-being of Finnish child protection workers in comparison to social work employees from other fields. The development of the theoretical model is discussed in general in Chapter 6 and in Chapter 7 final conclusions are presented and the implications for social work practice, education and research are discussed.

2 THE THEORETICAL FUNDAMENTALS OF A MULTI-DIMENSIONAL APPROACH OF OCCUPATIONAL WELL-BEING

In this section, the term occupational well-being is defined and the underlying theoretical principles are described. These definitions and principles guided the process of constructing the occupational model and are used to explain the processes operating behind the model.

2.1 DEFINITION OF OCCUPATIONAL WELL-BEING

Occupational well-being is an uncommon concept in social work research, social sciences in general and occupational health psychology, and, by way of example, among thousands of research journals there is scarcely any publication that contains the term occupational well-being in its title. If the concept is used in a study, it often remains undefined or in a diffuse manner, frequently used as an umbrella term comprising familiar approaches such as well-being, subjective well-being, engagement, job satisfaction or burnout (e.g. Warr, 1992, Bretones & Gonzalez, 2011, Mauno, et al. 2014, Zacher, et al. 2014, Hyvönen, et al. 2015, Mäkikangas, et al. 2015). Studies using the concept of occupational well-being as an autonomous approach with a comprehensive definition are scarce but therefore all the more valuable (e.g. van Horn, et al. 2004, Li, et al. 2014). Notwithstanding the scarce range of definitions, some comprehensive definitions are to be found and one such example is published on the homepage of the Finnish Institute of Occupational Health:

> *"Occupational well-being can be defined in a variety of ways. According to one definition, occupational well-being means safe, healthy, productive work performed by skilled employees and work communities in a well-managed organisation. It also means that employees and work communities consider their work meaningful and rewarding and feel that the work they do supports their control over life." (Anttonen & Räsänen, 2009)*

Although Anttonen and Räsänen mention the variety of ways occupational well-being can be defined, they emphasize some aspects of the approach: the multi-dimensionality of the construct based on individual and organizational factors. Another definition is provided by the Finnish State Treasury:

> *"Occupational wellbeing arises at work, through doing meaningful work. Occupational wellbeing is the experience of both the individual and working community; it is developed together. The feeling of occupational wellbeing is based on the following:*
>
> - *good leadership and structures that support work*
> - *control of performance and work*
> - *trust and participation.*

This all inspires enthusiasm and a sense of community. It helps give an employee energy to perform productively, as well as to develop and improve at the same time. Meaningful, interesting and smoothly-functioning work in a supportive work community is a requirement for long working careers, as well as a safely, ergonomically, correctly sized – and when necessary – modified working environment." (Finnish State Treasury, 2014)

Although more precise in its definition, it basically contains the same message as that of Anttonen and Räsänen, albeit in different words. However, it adds to the first the importance of the interaction between the organization and the employee in developing and maintaining occupational well-being, and the important factors of job autonomy and participation. It is worth noting that both definitions emphasize the impact of overall occupational well-being on the sustainable effects with regard to working career and organizational outcomes and the necessity of good leadership for achieving that ambitious goal.

In addition to the above definitions from the official institutions, two further definitions of occupational well-being from the field of research are added in order to give a comprehensive definition of the construct. In their study on the structure of occupational well-being among teachers, van Horn et al. define the construct as "…a positive evaluation of various aspects of one's job, including affective, motivational, behavioural, cognitive and psychosomatic dimensions" (van Horn, et al. 2004, p. 366). Furthermore, the authors conclude that occupational well-being can be conceptualized as a multi-dimensional phenomenon with a structure of a single underlying factor that accounts for the relationship between more specific dimensions (van Horn, et al. 2004, p. 373). Another study on ethical leadership and occupational well-being defines the construct as "…a specific work-related well-being that defines people's feelings about themselves in relation to their job" (Li, et al. 2014, p. 825), and draws on similar theoretical principles as that of those of van Horn et al. (2004). The authors further specify that occupational well-being "…distinguishes from other forms of well-being such as psychological well-being, physical well-being, social well-being and subjective well-being therein that it is confined to the workplace and is shaped by the organizational context" (Li, et al. 2014, p. 825). These two empirical examples illustrate how the implementation of the general definitions, as mentioned above, can be realized in the research practice. The definitions of occupational well-being described in this section serve as the general principle for the construction of the occupational well-being model for child protection social workers as presented in this study.

2.2 SYSTEMS THEORY AS THE UNDERLYING THEORETICAL FRAMEWORK

The systems approach was chosen as the underlying theoretical framework to explain the principles of occupational well-being presented in this study. Evaluating alternative perspectives, such as the Resilience Theory, Bandura's Social Cognitive Model, or Bronfenbrenner's Ecological Systems Theory, the System Theory became the preferred option as it seems that it helps answer the research questions most effectively. The Resilience Theory is referring to "a person's capacity to handle environmental difficulties, demands and high pressure without experiencing negative effects (Kinman & Grant, 2011, p. 262), and is taking into account individual skills

and environmental factors to develop resilience in individuals (Brooks & Goldstein, 2007). Since the approach is mainly conceptualized as individual centred, it did not qualify as the favoured holistic approach for this study. The Social Cognitive Model developed by Bandura (1986) was considered because of its emphasis on individuals' psychosocial functioning. Also, this approach did not qualify for the present study, because of its emphasis on intrinsic motivation and on the nature of the person as relevant factors for processes of change. Another theory that could be considered for the theoretical framework of this study is Bronfenbrenner's Ecological Systems Theory (1979). It is based on five environmental systems with which an individual interacts and by which individual behaviour is influenced. The individual is seen as in the centre of these systems, which are for the most part pre-defined with attributes outside the working-life. Evaluating the alternatives, the Systems Theory offered the most comprehensive opportunities through its value-free conceptualization, its emphasis on relationships, and its already existing application in the field of social work.

As mentioned above, the implementation of the systems approach is somewhat more prevalent in relation to the methods for social work practice (e.g. Ritscher, 2002, Hingley-Jones & Mandin, 2007, Ruch, 2009) than in the description of work-related well-being. However, in the meantime the basic ideas of the systems theory are also transferred to the approach of occupational health psychology (e.g. Bauer & Jenny, 2012). As above introduced, the basic underlying principle of the multi-dimensional approach on occupational well-being in the social work profession is the interdependency of the three involved systems, namely the organization, the employee and the service user. The systems approach is used in this study to explain and construe these interdependencies within the social work profession. The approach is further used to explain the interdependency of the multi-dimensional model of occupational well-being. The following assumptions are based on the ideas of communication and the dynamics of social systems, as described by Luhmann (e.g. 1991, 2011), and on the application of the systems paradigm in the relationship-based practice of child protection social work (e.g. Hingley-Jones & Mandin, 2007, Ruch, 2009). Additionally, these assumptions are expanded by the principles of systemic social management (Bauer, 2013) and the systemic organizational theory (Simon, 2015). The application of the systems theory to social work in general and in particular with regard to occupational well-being encompasses several aspects which are outlined in this section.

The systems approach can be generally characterized by the aim to introduce change to the way in which open social systems, in the case of this study the systems of the client, the social worker, and the employing organization, operate and communicate (Luhmann, 1991). Here, each individual represents an independent social system and an organization consists of a network of individual social systems and, therein, of a network of communications (Simon, 2015). Communication is seen as the core element of the relationships between systems since it enables systems to be in relation with each other and provides the feedback necessary for the self-regulation of systems. Another term used to describe this self-regulation is autopoiesis, which describes the autonomous structure of social systems and their tendency to keep the system in balance (Luhmann, 2011, p. 116). This takes place in continuous communication of the system with its environment. The emerging communication chain is called structural coupling and these interactions are not of a causal but of a circularly causal nature, that is to say that instead of isolated interactions of objects the relations between them are important (Simon, 2013). A central assumption is that systems tend to react to disturbances to recover their balance (Luhmann, 2011, p. 41). The relation-

ship of the system to its environment constitutes to the retention of the system since it enables for adjustment to difference (Luhmann, 1991, p. 242).

After the description of these general principles of the interaction of social systems, the characteristics of individual social systems and the human service organization as a social system are described in more detail. From the systemic perspective, a human being represents an autopoietic open social system consisting of the closed psychic system and the person that communicates with the environment (Luhmann, 1991). That is to say that whereas the psychic system is not open to straight communication with the environment, the person is the part of the system that is visible and accessible for the environment. The definition and identity of a person varies according to the environment in which the person is operating, for instance, at the workplace another person is defined as in the sports club or in the family (Bauer, 2013). Hence, a person is defined through the participation of individuals in communication (Simon, 2015, p. 42). The communication focuses on the balance of differences between the person and the environment and is realized in circular communication chains, that is to say communication leads to further communication which in turn leads to further communication and so on. These circular communication chains are essential for the system since without communication self-regulation is not possible (Bauer, 2013). Ultimately, in contrast to autopoiesis which focuses on the self-regulation of the system, these structural couplings are responsible for the maintenance and development of the environment of systems (Luhmann, 2011).

The characteristics of an organization differs from those of the individual in that the organization is conceptualized as an independent social system that consists of all members of the organization (Simon, 2015). The relationships between these members, expressed in communication, build the organizational system, and the network of communications, together with its members, build the structure of the organization (Simon, 2015, p. 46). Organizational social systems, likewise, are autopoietic and aim to maintain and develop the system in differentiation to the environment of the systems and according to the mission of the organizations. Despite the differentiation from the environment, the retention of the organizational social system takes part in a continuous interaction with the environment with the intention of recovering the balance between external disturbances and those within the social system (Bauer, 2013, p. 25). In view of the applicability of the systems approach to the multi-dimensional construct of occupational well-being, some particular features need to be considered. Primarily that occupational well-being cannot be determined as a social system which requires some adaptations in order to make the approach theoretically plausible. Even though the construct of occupational well-being is not an open social system, it can be theoretically determined as such since other relevant characteristics exist and most of the factors which comprise occupational well-being are closely related to the activities of individuals.

Based on the ecosocial model presented by Ritscher (2002, p. 77), the structure of occupational well-being can be described on different system levels, namely from the macro system level to the subject system level. Overall occupational well-being as the latent construct represents the macro system comprising the employing organization, the work community and other factors outside the workplace. The macro system further encompasses as the subordinate context the other subsystems. The meso system consists of the six dimensions of occupational well-being and comprises the relevant elements necessary to create the well-being of each dimension. In the case of occupational well-being, the six dimensions interact mutually focusing on their self-regula-

tion and the self-regulation of the macro system as the coordinating system. The meso systems consist of micro systems and at this level the factors relevant for the well-being of the six dimensions operate. Each of the micro systems contribute to their respective dimensions, the importance of each micro system for the meso system, however, they may vary from subject to subject. The subject system, decisively, determines the necessity and importance of each micro system for its individual overall occupational well-being. However, the system levels are not built in a linear hierarchy but produce feedback between all the system levels in order to retain the balance.

Another basic assumption of the systems theory that can be applied to the multi-dimensional construct is that the underlying processes of developing and maintaining occupational well-being are based on interaction (communication) between the dimensions. That is to say the dimensions of occupational well-being are basically independent systems focused on retaining their specific level of well-being and this is realized through structural couplings and the interaction between the system and the environment (Luhmann, 1991, p. 35). Since the circular nature of the communication and feedback of the systems is a general characteristic in the systems theory (Simon, 2013, p. 12), it can be suggested that this assumption is also applicable for the multi-dimensional approach of occupational well-being, and, additionally, imply the autopoietic dynamic of the system. In this context, the overall occupational well-being is functioning as the common resource for the individual interests of the people belonging to the system, which can be recalled at any time (Simon, 2015, p. 32). The above described principles of the systems theory are at this point abstract in nature, however, these theoretical descriptions provide the underlying and guiding framework for this study. A more specific implication of the systemic principles with regard to the creation of the multi-dimensional occupational well-being model for the child protection profession is provided in Chapter 3.5 and in the concluding Chapter 5.

3 STRUCTURE AND ELEMENTS OF THE OCCUPATIONAL WELL-BEING OF CHILD PROTECTION SOCIAL WORKERS

The decision to construct occupational well-being as a six-dimensional model in this study was a complex process realized in a number of steps and was finally based on the considered opinion that the occupational well-being of social workers can be best explained using a holistic and comprehensive approach. The process began with identifying the area of research and continued with the identification of the relevant concepts which could provide comprehensive information for the project. Therefore, I reviewed the literature in order to identify the current discussions on the topic and the focus of this research in explaining the phenomena. Furthermore, since the topic concerns any profession, another challenge was to find research that addresses the social work profession and involves social workers. Finally, the bulk of information gained from this analysis needed to be sorted and allocated to form an inherently coherent and logical model.

3.1 THE NATURE OF SOCIAL WORK WITH CHILDREN AND FAMILIES

In determining the areas of research, I identified that the issue of impaired work-related well-being among child protection social workers is closely related to the nature of the work with children and families (e.g. Maslach & Jackson, 1981, Maslach, et al. 2001, Coffey, et al. 2004, Evans, et al. 2006, van Hook & Rothenberg, 2009). The main element of this is the nature of the process of care as this provides the basic framework and standards for social work with children and families. The process of care, in turn, is mainly based on face-to-face contact and the worker-client interaction (Trevithick, 2003, Ruch, et al. 2010). Here, the worker-client relationship could be identified as the key element of the work with clients. Relationship-based social work is a topic in and of itself in the literature that deals with the advantages and disadvantages of the worker-client relationship. One result of a professional and sustainable relationship between the social worker and the client is a setting of trust that allows for the development of solution focused changes made with the client and with the situation of the client in mind (Ruch, et al. 2010). These positive effects within the process of care were also mentioned and appreciated by clients (Ribner & Knei Paz, 2002, Trevithick, 2003, Hingley-Jones & Mandin, 2007, Mason, 2012).

However, working in relationship-based settings involves working with emotions and experiences, either positive or negative, and these issues can be the trigger for developing work-related distress among social workers (Maslach, et al. 2001, van Hook & Rothenberg, 2009). One reason for this dynamic is the client's background and present situation which often demonstrates traumatic experiences and maltreatment (Coffey, et al. 2004, Sprang, et al. 2007, Wharton, 2008). As a result of this personal history, clients can often display hostility, violence and repulsion and the social worker has to deal with the client's behaviour whilst taking into account their previous life experiences, and transform the destructive behaviour into a constructive working

relationship. Another cause of work-related distress can stem from the social worker's own history of trauma (Figley, 2002, Kanter, 2007, Gibbons, et al. 2011). Those unresolved life experiences can be reactivated during work with clients or can lead to emotional misinterpretations and, finally, lead to distress. The most important factors in preventing work-related distress for social workers are recurrently said to be a supportive work environment, work resources, social support and training (Figley, 2002, Gibbons, et al. 2011).

Working in relationships that may cause serious harm among social workers represents a dilemma that has to be resolved to the advantage of the social worker as well as to that of the client. The emotional connection between the social worker and the client is seen as the most effective method of ensuring the overall protection of children (Winefield & Barlow, 1995, Trevithick, 2003, Dill, 2007, p. 182, Sprang, et al. 2011, p. 151). Hence, disregarding the impact of the emotionally demanding work conditions on the occupational well-being of social workers may lead to negative consequences for both social worker and client, as well as for the organization (Sexton, 1999, Sprang, et al. 2011). The absence of social workers due to illness may increase and retention rates become negatively impacted which in turn interrupts the worker-client relationship and disrupts the process of care. In severe cases this could lead to a deterioration in the client's condition. Finally, high rates of sick leave and the need to recruit new staff incurs costs for organizations and diminishes the quality of the care provided (de Jonge & Schaufeli, 1998, Collins, 2008, Acquavita, et al. 2009, Lizano & Mor Barak, 2012). The importance of the occupational well-being of social workers and the well-being of the organization for case outcomes is explored and discussed in the first of the original articles of this study.

3.2 KEY CONCEPTS OF WORK-RELATED MENTAL DISTRESS AND WELL-BEING

Awareness of the phenomena of work-related distress came about with the identification of burnout syndrome in the 1970s as a typical occupational condition in professions of care (Freudenberger, 1974) and has been developed over the decades into a number of differentiated concepts which seek to explain the relationship between work conditions and distress. Hence, several concepts are used to describe the sources and outcomes of distress in social workers. Typically, the concepts are developed within the medical, psychological and psychiatric professions, however, relevant contributions come also from the sociology and social work professions. A detailed description of the concepts is provided in Articles I and II. These concepts can be basically divided into two different methods of analysis: by focusing on distress and the factors that cause negative outcomes, or by focusing on well-being and the factors that develop and maintain employee well-being. However, both paradigms focus on the same issue, that is to say by identifying and explaining the causes of impaired work-related well-being in social workers and the factors which can explain and improve the work-related well-being of social workers. An overview of the concepts describing work-related distress and well-being is provided in Table 2. The information gained from these concepts was used in the creation of the occupational well-being model published in Article II, except for the Professional Quality of Life concept which was part of the empirical survey used for the data analysis in Articles III and IV.

Table 2. Overview on Concepts Describing Work-Related Distress and Well-Being

Concepts of work-related distress	Concepts of work-related well-being

- Burnout Syndrome
- Occupational Stress Syndrome
- Compassion Fatigue
- Countertransference
- Traumatic Stress
- Secondary Traumatic Stress
- Vicarious Traumatization/
  Vicarious Transformation
	- Job Engagement
	- Job Satisfaction
	- Compassion Satisfaction
	- Job Crafting
	- Job Demands-Resources Model
	- Demand-Induced Strain
	  Compensation Model
	- Professional Quality of Life
	- Occupational Well-being

3.2.1 Concepts of work-related distress

3.2.1.1 Burnout syndrome

Possibly the most frequently used concept in research on work-related distress of social workers is the burnout syndrome (e.g. Gillespie, 1987, Drake & Yadama, 1996, Siebert, 2005, Tham, 2007, Kim & Stoner, 2008, Zosky, 2010, McFadden, et al. 2015, Sánchez-Moreno, et al. 2015). Burnout, caused by a response to chronic emotional and interpersonal stressors on the job, particularly considers the emotional strains of the job, but also includes resource-related factors. The emotional and interpersonal stressors are related to "the emotional challenges of working intensively with other people" (Maslach, et al. 2001, pp. 407—408) and job demands of a qualitative nature, such as role conflict and role ambiguity (Decker, et al. 2002, Tham & Meagher, 2009). Resource-related stressors of burnout are workload, time pressure and deficiencies in the organizational structure such as insufficient social support, low participation in decision-making and unbalanced job autonomy (Maslach, et al. 2001, Decker, et al. 2002, McFadden, et al. 2015).

3.2.1.2 Occupational stress syndrome

The occupational stress syndrome can be described with a similar set of factors (Farmer, et al. 1984, Coffey, et al. 2004, Nissly, et al. 2005), however, the main difference in comparison to the description of burnout syndrome is the focus on work-related factors and organizational resources as opposed to the emotional stressors on working life. Farmer et al. (1984) distinguish personal and occupational stress factors, which can lead to negative physiological and emotional effects. Chronic personal and occupational stress conditions may result in behavioural reactions, such as argumentativeness, fighting, withdrawal, refusal to socialize and overdependence. Social support is seen as the most effective mitigation against negative outcomes in all forms of job-related stressors (Farmer, et al. 1984, Nissly, et al. 2005, Collins, 2008).

3.2.1.3 Compassion fatigue

Negatively orientated concepts of compassion fatigue, countertransference, vicarious traumatization, traumatic stress and secondary traumatic stress differ from those previously described in that they focus on specific symptoms caused by specific oc-

currences or situations in working life. Developing symptoms associated with these concepts are not merely reported among experienced professionals but are distresses already experienced by social work students in their practical training (Knight, 2010, Napoli & Bonifas, 2011, Carello & Butler, 2015). The major risk of developing compassion fatigue stems from the work-related emotional overload caused by the staff-client interaction (Dill, 2007, Sprang, et al. 2007). The symptoms of compassion fatigue are described as "the professional or care-giver's reduced capacity or interest in being empathic to client situations" (Dill, 2007, p. 183) as "a direct result of exposure to client suffering" (Radey & Figley, 2007, p. 207). The concept of compassion fatigue, similarly to burnout syndrome, focuses on the emotionally demanding work conditions, but is more person-centred and emphasizes the worker-client interaction as the source for developing compassion fatigue. Furthermore, the symptoms and outcomes are somewhat lower than those described for the burnout.

3.2.1.4 Countertransference

The concept of countertransference, originally developed by Sigmund Freud, is a complex phenomenon that refers to emotional reactions to present work experiences, triggered by the social worker's past life experiences (Kanter, 2007, Gibbons, et al. 2011). The social worker's chronic attachment to a current situation in working life is associated with experiences of his or her own family relationships (Figley, 2002). That is to say that harmful childhood experiences are the source of emotional distress triggered by the current work with children and families. Although the distress is not related to the worker's empathy towards the client's feelings of trauma the process may occur with the transference of the client's feelings for others onto the social worker. Countertransference occurs when the social worker transfers his or her emotions triggered by the transference back to the client (Gibbons, et al. 2011). This is a largely unconscious phenomenon that, if unrecognized, contains serious consequences for the social worker, client, and the overall process of care (Agass, 2002). The social worker may be overwhelmed by these reactivated emotions which may inhibit their capacity to act effectively. Furthermore, if the emotions are then focused on the client the interventions given to the client may be inappropriate, that is to say they fit the social worker's personal psychological needs rather than being compatible with the client's situation. Consequently, countertransference may cause misunderstandings between the social worker and the client and can interrupt the worker-client relationship. The preventative factors for reducing the negative consequences of countertransference are supervision, social support and a supportive work environment (Agass, 2002).

3.2.1.5 Traumatic stress and secondary traumatic stress

In addition to the above mentioned sources of distress, traumatic experiences in working with clients can have a serious impact on the work-related well-being of social workers and their ability to act effectively. The occurrence of traumatic symptoms among social workers can be divided into the three concepts of traumatic stress, secondary traumatic stress, and vicarious traumatization. *Traumatic stress* reactions can occur among child welfare employees, "when a caseload event or series of events is beyond the capacity of the social worker to manage" (Horwitz, 1998, p. 365). Examples of those events are a child's death, violent behaviour of a client towards the social worker or shocking experiences during a home visit. Horwitz differentiates between

direct and indirect trauma experienced by the social worker resulting from working with clients. Since traumatic events usually happen unexpectedly they are difficult to prevent, however, in the case of traumatic experiences an expeditious internal action plan, a supportive work environment and a constructive debriefing are effective interventions.

The concept of *secondary traumatic stress* occurs when the social worker is closely touched by the client's trauma and differs from the concept of traumatic stress in that the social worker is not experiencing the trauma for themselves (Bride, et al. 2007b, Dill, 2007, Kanter, 2007, Sprang, et al. 2007). The authors of these studies refer to a history of personal trauma as a significant risk factor in developing secondary traumatic stress syndrome and mention social support and positive coping strategies as important preventive interventions.

3.2.1.6 Vicarious traumatization and vicarious transformation

The concept of *vicarious traumatization* describes the negative impact of work with traumatized clients in a cumulative process, which can lead to changes in self- and professional identity (Pearlman & Saakvitne, 1995, Bride, et al. 2007a, 2007b, Dill, 2007). The impacts on the thoughts, feelings, behaviours and general sense of self of social workers can lead to difficulties not dissimilar to those faced by the clients they are working with. Besides the impact of vicarious traumatisation on employees, the quality and effectiveness of the organization can be compromised (Sexton, 1999). Furthermore, resignations due to vicarious traumatisation can result in high turnover of staff. Important preventive factors are adequate training, self-care, supervision, peer support and a preventive organizational structure (Pearlman & Saakvitne, 1995, Sexton, 1999, Bride, et al. 2007a). In cases where occurring negative emotions as a result of vicarious traumatization are recognised and transformed by the social worker into spiritual and professional growth, it is termed *vicarious transformation* (Stamm, 2010). An outcome of this process is that the benefits of this professional growth can then be passed on to clients. As with vicarious traumatization, vicarious transformation is a process and not an endpoint or outcome.

3.2.2 Concepts of work-related well-being

The ongoing paradigm shift from an avoidance of negative consequences to an identification of factors relevant for developing and maintaining the work-related well-being of social workers leads to an increasing number of concepts which are focusing on the positive elements of working life. In the 1980s, with occupational health psychology a new field of research emerged focusing on employee health and work conditions and the factors and conditions in the workplace that can lead to illness and distress (Koeske, et al. 1994, p. 31, Tetrick & Quick, 2011). Accompanied by the emergence of the so called positive psychology discipline, positively orientated concepts focusing on employee health and well-being were developed as an antidote for existing negatively orientated ones. The most relevant of those concepts are described below.

3.2.2.1 Job engagement

In their study Maslach and Leiter (1997) characterized engagement through energy, involvement, and efficacy as the direct opposites of the burnout dimensions of exhaustion, cynicism, depersonalization, inefficacy, and lack of personal accomplishment. Further research on employee engagement revealed evidence that job engagement can be conceptualized as an independent approach (Schaufeli & Bakker, 2003). As an independent concept it focuses on human strengths and optimal functioning as opposed to weaknesses and malfunctioning. In addition, the authors present a modified three-factor structure of engagement, including vigour, dedication and absorption, and efficacy is also seen as an important element of engagement (Schaufeli, et al. 2002, Schaufeli & Bakker, 2003). Several studies show that work engagement can be facilitated by both personal and job resources (Bakker, et al. 2011).

3.2.2.2 Compassion satisfaction

Another positively orientated concept is that of compassion satisfaction which has been found to have positive results in reducing levels of compassion fatigue and burnout (Conrad & Kellar-Guenther, 2006, van Hook & Rothenberg, 2009, Stamm, 2010). In general terms, compassion satisfaction concerns the pleasure employees derive from being able to carry out their work (Stamm, 2010). Radey and Figley (2007, p. 207) state that "compassion is an essential element in effective direct social work practice". The authors point out the importance of positive affect, work resources and self-care for the well-being of child welfare workers. Research on compassion satisfaction revealed that employees who obtain pleasure from helping experience good feelings resulting from the ability to help and score highly in compassion satisfaction (e.g. van Hook & Rothenberg, 2009, Conrad & Kellar-Guenther, 2006). Therefore, aiming for high levels of compassion satisfaction among social workers can improve both employee well-being and the quality of service provided to clients (Radey & Figley, 2007, p. 213).

3.2.2.3 Job Satisfaction

The more established concept of job satisfaction has its origins in the 1930s and has been defined in many different ways (e.g. Hoppock, 1935, Latham & Budworth, 2007). Initially used to measure attitudes amongst factory staff, the utilisation of the concept in the context of human service organizations took place in the 1980s (e.g. Koeske, et al. 1994, p. 31, Winefield & Barlow, 1995). Rauktis and Koeske (1994) describe job satisfaction as a multi-dimensional construct, based on intrinsic, extrinsic and organizational dimensions. Koeske et al. (1994) point out that job satisfaction is strongly related to structural factors, such as autonomy and bureaucratization. Acquavita et al. (2009) and Collins (2008) have found that social workers, in particular, demonstrate high levels of intrinsic job satisfaction due to a strong commitment to their work. Besides these intrinsic and organizational factors and demands of the job, organizational leadership has been found to be a key factor in the job satisfaction of employees (Elpers & Westhuis, 2008, Acquavita, 2009). A focus on structural issues in human service work balances the contributions from the emotions-driven concept and thereby adds important elements to the occupational well-being model.

3.2.2.4 Job crafting

Likewise, job crafting is an empowering concept focusing on employee well-being through shaping work tasks and cognitive boundaries (Wrzesniewski & Dutton, 2001). Based on job design theory, job crafting is a cognitive tool which employees use to have impact on the meaning of their job independently from top-down decisions in the organization (Berg, et al. 2010). The concept describes a technique for changing the nature of the work into more meaningful tasks and this can be done physically, by altering job tasks and the nature of interaction at work, or cognitively, by altering an individual's perception of the work tasks (Berg, et al. 2010). In practice, the results of job crafting are individual in nature and vary from employee to employee according to their personal preferences and understanding of the work tasks and general meaning of working life. Job crafting can also be seen as an individual extension of the overall job design provided by the organization (Berg, et al. 2010). The concept of job crafting is strongly related to job autonomy, which is seen as an important factor in achieving occupational well-being (van Horn, et al. 2004, de Jonge & Schaufeli, 1998).

3.2.2.5 Job Demands-Resources model and Demand-Induced Strain Compensation model

The *Job Demands-Resources model* (JD-R model) includes both negative and positive indicators and outcomes of employee well-being. Bakker and Demerouti (2014) introduce the JD-R model by drawing on a combination of principles from four influential models, namely the two-factor theory (Herzberg, 1966), the job characteristics model (Hackman & Oldham, 1980), the Demand-Control model (Karasek, 1979), and the Effort-Reward Imbalance model (Siegrist, 1996). The JD-R model focuses on the balance between job demands and resources where job demands are described as physical, psychological, social and organizational aspects of the work requiring certain skills and efforts. Job resources encompass these skills and efforts, which enable employees to handle the job demands in such a way that they do not cause harm, but lead to efficacy and high quality performance (Bakker, et al. 2003). However, since every occupation may have its own specific working characteristics, the negative and positive indicators can be specifically classified by profession into two general categories of job demands and job resources.

The *Demand-Induced Strain Compensation* model (DISC) draws on the JD-R model and also includes both negative and positive indicators and outcomes of employee well-being. However, it combines the principles of the Demand-Control model and Effort-Reward Imbalance model and attempts to unify principles that are common to both models (de Jonge & Dormann, 2003). The DISC model is premised on the four key principles of the multi-dimensionality of concepts, the Triple Match Principle (TMP), the compensation principle, and the principle of balance. The multi-dimensionality of concepts is grounded in the principle that job demands, job resources, and job-related strains each contain cognitive, emotional, and physical elements. Furthermore, TMP refers to the principle that the DISC model is based on qualitatively identical dimensions. The compensation principle implies that the negative effects of job demands can be compensated for through the availability and activation of job resources. Finally, the principle of balance implies that there is a mixed balance of demands and resources, for instance, the employees have substantial job control when facing high cognitive and emotional demands (de Jonge & Dormann, 2003, 2006).

3.2.2.6 Professional quality of life

An additional combined concept used in the measurement of job stress is the Professional Quality of Life (ProQOL). Professional quality of life is the quality one feels in relation to their work as a helper (Stamm, 2010). Both the positive and negative aspects of working life influence the professional quality of life and are based on the polar opposites of compassion satisfaction and compassion fatigue, which comprise components of the concepts of burnout, secondary traumatic stress, vicarious traumatisation and vicarious transformation. These concepts of ProQOL have been described earlier in this Chapter. The ProQOL concept is a comprehensive approach encompassing multiple aspects of working life which may impact the employee's capacity for acting either positively or negatively. However, a limitation of the approach is its focus on the emotional aspects and traumatic experiences of employees arising from the worker-client interaction, which disregards the important and complex role of the organization and the worker-organization interaction.

3.2.2.7 Occupational well-being

One holistic multi-dimensional concept of occupational well-being was found in the literature, however, it is constructed particularly with the teaching profession in mind (van Horn, et al. 2004). The model comprised five dimensions: social, affective, cognitive, professional and psychosomatic, and therefore could be seen to be closely related to the approach proposed in this study. The authors emphasize the multi-dimensionality of work-related well-being and draw upon several models used to describe well-being in different contexts. The theoretical principles for justifying and building the dimensions of the model were taken from a combination of the model of well-being (Ryff, 1989, Ryff & Keyes, 1995) and the model of mental health (Warr, 1987, 1994). However, van Horn et al's model is relatively wide-ranging and does not take into account the influence of variables outside the work environment, such as personality traits, demographic variables and the work-family interface. Nevertheless, the theoretical principles which were used for the construction of the model are in accordance with those in this study and as such provide a useful framework that can be developed and modified further with particular reference to the social work profession. The process for developing the occupational well-being model for the social work profession and its results are described in the following sections.

3.3 FROM SINGLE CONCEPTS TO A MULTI-DIMENSIONAL MODEL OF OCCUPATIONAL WELL-BEING

From each of the concepts described above a group of factors can be obtained which are associated with a separate aspect of the work-related well-being of child protection social workers. By the creation of the multi-dimensional model these factors and their impact on the occupational well-being are linked with each other in order to obtain a holistic view on this multi-faceted construct. The creation process and the underlying principles are described in the following sections.

3.3.1 Creation of the multi-dimensional model of occupational well-being

The description of occupational well-being as a multi-dimensional approach is complex and manifold and the explanation of work-related distress and well-being takes place from within different paradigms and disciplines and from varying perspectives. Social work research on this topic can be categorised into three different paradigms: firstly, research employing problem-focused and deficit-orientated concepts such as the burnout syndrome, traumatic stress, compassion fatigue or deficit-orientated approaches (e.g. Zosky, 2010, Hamama, 2012, Joseph & Murphy, 2014, Mänttäri-van der Kuip, 2016); secondly, in research employing positively-orientated and resource-focused approaches such as work engagement, compassion satisfaction, job satisfaction, resilience or occupational well-being (e.g. van Horn, et al. 2004, Collins, 2008, Page & Vella-Brodrick, 2009, Jupiter, et al. 2009, Stamm, 2010, Strand, et al. 2010, Smith & Shields, 2013); and thirdly, in research that combines both paradigms in their study design (e.g. Conrad & Kellar-Guenther, 2006, van Hook & Rothenberg, 2009, Hombrados-Mendieta & Cosano-Rivas, 2011, McFadden, et al. 2015). With regard to these distinctions, the model of occupational well-being presented in this study is orientated on the second paradigm, that is to say, it is focused on a consistently positive construction of occupational well-being.

A number of concepts dealing with work-related distress and well-being were described above. All these concepts contain important information on how overall occupational well-being should be conceptualized and the factors that such an approach should comprise. Every concept contains specific and detailed information on a single phenomenon and assembling a comprehensive and coherent model from that volume of information that gives a holistic view on occupational well-being was a challenging task. The creation of the occupational well-being model is published in Article II and in this section the process of developing single concepts into a multi-dimensional model is described. Despite the predominant use of a single concept in empirical studies, the idea of a multi-dimensional conceptualization of work-related well-being is not a new approach.

Warr and Routledge (1969) provide an early source for the notion of assessing occupational well-being as a multi-dimensional construct. Dissatisfied with the procedure at the time of assessing job satisfaction, the authors state that different types of satisfaction cannot be assessed on a single scale, due to the multi-faceted nature of job satisfaction (Warr & Routledge, 1969, p. 96). Warr and Routledge stated that one of the conceptual requirements for a managerial job satisfaction scale is "…that it should produce measures on several dimensions rather than merely generating an overall score" (Warr & Routledge, 1969, p. 96). The suggested features of job satisfaction include organizational as well as individual factors. The factors seen as relevant for job satisfaction (e.g. leadership style, social support, promotion and appreciation) can also be found in the concepts of burnout, compassion fatigue, occupational stress and job engagement. As a further characteristic in their early approach the authors state that the dimensions of job satisfaction are necessarily independent of each other in order to assess distinguishable aspects of working life. The dimensions are described as intercorrelating with each other and through this provide evidence for a general factor of job satisfaction. This approach already comprises some main features of a comprehensive multi-dimensional model of occupational well-being. A clear limitation of this approach is the focus on organizational outcomes such as productivity, effective working and output, and the lack of specialization with regard to professions of care.

De Jonge and Schaufeli (1998), inspired by the subsequent work of Warr, expanded the concept of employee well-being by exploring the relationship with job characteristics and additionally expanded the theoretical framework by including the principles of the Job Characteristics model (Hackmann & Oldham, 1980) and the Demand-Control-Support model (Karasek & Theorell, 1990). Since the study was conducted amongst healthcare workers, the results gave insight into the conditions in the care profession. Furthermore, it contributes to the creation of a multi-dimensional approach of occupational well-being in that it has a positive orientation to the assessment and pays special attention to the emotionally demanding conditions in care professions. Particular attention was paid to the complex structure of affective well-being (de Jonge & Schaufeli, 1998, pp. 389—391). Additionally, the concept considers a number of factors contributing to employee well-being. However, the limitations of the approach can be seen in its person-centred orientation with a focus on affective well-being and disregards the impact of other important features such as cognitive, psychosomatic, professional or social features on employee well-being, which should be distinguished as separate and independent dimensions.

The descriptions above demonstrate the complexity of the underlying processes of work-related well-being and how ambitious a task it was to explain these complex processes in a single comprehensive approach without disregarding essential elements. Whereas the majority of research on work-related well-being focused on single aspects of the issue, few scholars attempted to further develop the idea of a multi-dimensional concept of occupational well-being. However, two approaches can be seen as having been developed sufficiently in order to fulfil the criteria described in the definitions of occupational well-being. One such approach is the above described DISC model (de Jonge & Dormann, 2003) which has unified the principles of the Demand-Control model and Effort-Reward Imbalance model to form a new integrated concept. The first fully developed multi-dimensional concept of occupational well-being was introduced by van Horn et al. (2004). The aim of the study was to create and test the multi-dimensionality of occupational well-being with a specific focus on teachers and the care professions. Their model comprises the key aspects of work-related well-being but without the personal dimension of individual aspects such as demographic variables, personality traits or support from outside the workplace; a dimension that has been added to the model developed in this study.

A recent study on ethical leadership and occupational well-being conducted by Li et al. (2014) explored the generalizability of occupational well-being in the Chinese context by drawing on the conceptual principles introduced in the studies of Warr (1992, 1999) and van Horn et al. (2004). Although not explicitly using the five-dimensional model developed by van Horn et al. (2004), it demonstrates that the theoretical principles of occupational well-being are still a current topic in research on work-related well-being. Hence, the decision for the construction of a multi-dimensional model of occupational well-being for child protection professions is theoretically well founded. The analysis of the key concepts of work-related distress and well-being (published in Article II) revealed the relevant factors for the model and, based on the general definition of occupational well-being and the underlying theoretical principles, for the six-dimensional model of occupational well-being comprising the affective, social, cognitive, professional, personal and psychosomatic dimensions (Figure 1).
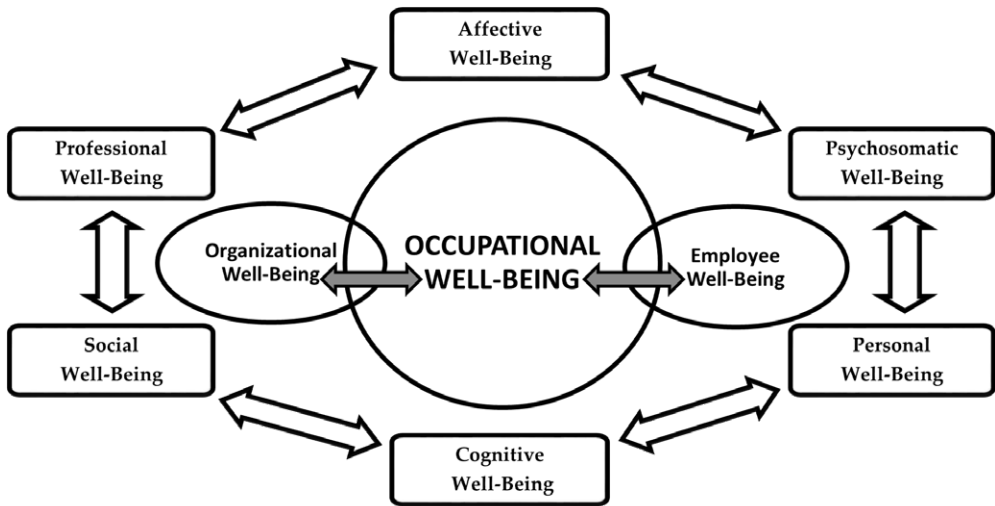
Figure 1. The Six-Dimensional Model of Occupational Well-being

These dimensions were elaborated according to the specific professional requirements and psychosocial demands of child protection social work. Each dimension represents an independent aspect of the working-conditions of the profession, and the dimensions were determined based on the findings revealed from previous studies as described above and in the four articles belonging to the present study. The main attributes that can be associated with the respective dimension were drawn from the previous described analysis and are displayed in Table 3. Therefore, it basically differs from the model of van Horn et al (2004) in that the present model is emphasizing solely on positive attributes and factors for explaining the occupational well-being of child protection social workers, and not drawing on attributes referring to negative outcomes among employees, such as exhaustion, depersonalization or fatigue. Additionally, organizational well-being is added to the present model to explicitly ensure the importance of the organizational role in developing occupational well-being and to emphasize the reciprocal effect on both sides.

Table 3. Main Attributes Associated with the Six Dimensions of Occupational Well-Being

Dimension	Affective Well-Being	Social Well-Being	Cognitive Well-Being	Professional Well-Being	Personal Well-Being	Psychosomatic Well-Being
Main Attributes	- Emotional strength - Vigour - Job-related calmness - Affective satisfaction	- Pleasant working atmosphere - Job-related interpersonal relationships - Authentic behaviour	- Skills to proceed work demands - Balanced job autonomy - Work environment and climate - Individual and professional components	- Competences related to job-demands - Individual and organisational characteristics - Agency operating process	-Demographic variables - Personal history of trauma - Personality traits - Home-work interface	- Job-related aspects of physical and mental health - Result of successful implementation of all dimensions - Absence of symptoms

In brief, the decision for the six-dimensional model is as a result of determining the factors identified as relevant for creating and maintaining the occupational well-being among child protection social workers and allocating them to the specific thematic dimensions with regard to the occupational well-being of social workers. The model created by van Horn et al. (2004) was used as a basic framework but has been modified for the child protection profession and expanded to include the personal dimension in order to add essential elements to the model. Additionally, the present model postulates that the occupational well-being exists because of organizational well-being and employee well-being. As an underlying axiom of the multi-dimensional model, each dimension is defined as an independent unit with an autonomous dynamic. However, since all dimensions contribute to the same construct, they are interconnected with each other which means that any of the dimensions has more or less influence on the factors of the other dimensions. These interactions between the dimensions are explicitly required in order to activate synergies within the model.

3.3.2 Factors associated with the six dimensions

After establishing the structure of occupational well-being, the factors obtained from the single concept can be allocated to the respective dimensions.

3.3.2.1 The affective well-being dimension

Due to the nature of child protection work, the affective well-being dimension plays a central role in the well-being of child protection social workers. Affective well-being is characterized by emotional strength, vigour, job-related calmness and affective satisfaction (Daniels, 2000, van Horn, et al. 2004). Emotional strength refers to the ability to cope with the experience of the difficult life situations experienced by clients, to identify the source of one's emotions triggered by the work situation and to recover from difficult experiences at work. It further requires reflection on the worker's own life experience within his or her family and the ability to distinguish between one's own harmful emotions and those of the client. Showing empathy and understanding of a client's situation, while keeping a professional distance, requires a high level of professionalism. Professionalism in this context is associated with competences such as cognitive skills to recognise the onset of such emotions, managing the personal/pro-

fessional boundaries in working with clients, and the use of supervision or effective working while also maintaining personal well-being (e.g. Agass, 2002, Sudbery, 2002, Ruch, 2009). Vigour contributes to affective well-being through its quality of continuously adding energy into the affective system, in order to cope with burdensome situations, and, moreover, the empowering nature of vigour helps in overcoming difficult situations.

Job-related calmness is the opposite of job-related anxiety. Whereas job-related anxiety refers to burdens in working life and to a serious decrease in affective well-being, job-related calmness is an emotional state that gives the employee self-confidence at work (de Jonge & Schaufeli, 1998, van Hook & Rothenberg, 2009). Affective satisfaction is the result of the presence of other factors rather than an independent characteristic of affective well-being. It describes a state of mind where the employee is functioning well enough to deal with work demands and is supported properly so as to avoid harm. Hence, developing and maintaining affective well-being is, for the most part, an individual issue, but is also a responsibility of the organization. Every employee is responsible for reflecting on his or her own emotional weaknesses and finding ways to deal with them, so that they do not cause harm in work situations. The ability to cope with such issues is a professional quality that characterizes effective workers in the field of child protection (Agass, 2002, Sudbery, 2002).

Nevertheless, balancing the affective well-being of child protection social workers is a shared responsibility of both the social worker and the organization. Due to the fact that affective harms are work-related and a natural part of the process in working with clients, the work environment should be organized in a way that provides maximum support to the social workers. In the case of affective well-being among child protection employees, organizational social support plays an important role, including such elements as regular supervision to process critical and demanding situations, the work environment being organized in such a way that peer support is available when necessary and appropriate facilities for relaxation are provided (Sudbery, 2002, Coffey, et al. 2004, Sprang, et al. 2007). Education and specialized training also have an important role to play. Clients with special needs require that organizations supply specialized employees in order to provide effective services, as well as providing the means of maintaining the workforce's ability to deal with demands of a special nature. In particular, work with traumatized clients requires specialized training for those who have intensive interactions with them (Sexton, 1999, Radey & Figley, 2007, Joseph & Murphy, 2014). In addition, the service-providing organization has to carefully define a manageable caseload size, and provide validation of performance in order to promote a supportive work environment.

3.3.2.2 The social well-being dimension

The social well-being dimension comprises factors related to the social relationships in the workplace. Depending on the size and function of the organization, considerable time is spent interacting with colleagues, superiors, and clients, and in this context the social worker needs to perform but also recover. This is made difficult by the fact that working with deprived persons and families with patterns of destructive behaviour exposes professionals to the risk of transferring those patterns into their own work environments (Sexton, 1999, Agass, 2002). In particular, the stressful and demanding work within the field of child protection requires an adequate and pleasant working atmosphere in order to enable and maintain a constant level of social well-being. Here, particularly, the ability to engage in authentic behaviour at work leads to higher social well-being (Farmer, et al. 1984, Warr & Clapperton, 2009). The creation and maintenance of functioning work relationships requires certain skills among the participants, as well as a supportive work environment. The workforce requires opportunities to build interpersonal relationships and to create a good work climate. An effective way of achieving this is through the provision of resources that improve the atmosphere at both work-related and social events. Furthermore, the leadership style has a crucial influence on the work atmosphere and social well-being of employees (Elpers & Westhuis, 2008, Kets de Vries, et al. 2009). Here, the key issues are participation and autonomy (Weaver, et al. 2007, Kim & Stoner, 2008). Whereas the participation of employees in social and work-related events enhances their identification with the workplace, job autonomy enables employees to demonstrate their individual skills and strengths. An appropriate leadership style demonstrates esteem for the employees and supports the development of social well-being at work (Tham, 2007).

3.3.2.3 The cognitive well-being dimension

The cognitive well-being dimension refers to the ability to process work demands and work-related information in order to make functional decisions and this is important for child protection social workers due to the requirement to solve complex tasks. In particular, working with families and children involves the pressure of assessing situations quickly and properly and making appropriate decisions within a limited timeframe (van Hook & Rothenberg, 2009). The consequences of poor decision-making can have extensive impacts for the social worker, the service-providing organization and the client, thus increasing the pressures to find correct and comprehensible solutions. Cognitive well-being involves individual characteristics, such as quick apprehension, assessment skills, affective calmness and the ability to concentrate on work tasks (van Horn, et al. 2004, Kanter, 2007) and the majority of these characteristics are closely related to the work environment and work demands (Coffey, et al. 2004). Important aspects in this sense are therefore specialized training, the validation of decision-making processes, and social support, such as supervision or peer counselling. Additionally, the work environment has to provide a climate that enables employees to work with concentration, confidence and a minimum of pressure. The key factors for this are workload size, individual and professional competences, and balanced job autonomy (e.g. Söderfeld, et al. 1995, Warr & Clapperton, 2009).

3.3.2.4 The professional well-being dimension

The professional well-being dimension covers individual and organizational characteristics, such as competence, autonomy, efficacy, promotion and estimation. The basic precondition for achieving professional well-being is competence related to job demands and the operational processes of the agency involved (Decker, et al. 2002). Comprehensive vocational education and specialized training provide a firm basis for successfully carrying out the service tasks (Schrapper, 1999, Radey & Figley, 2007, Joseph & Murphy, 2014). However, professional well-being includes more than just skills and education; efficacy of the work process and of outcomes is another contributing factor. A good performance with functional outcomes leads to job satisfaction - another factor in professional well-being (Maslach, et al. 2001). Additionally, extrinsic factors, such as salary, reputation, and promotion possibilities contribute to high levels of professional well-being and in order to achieve this both the individual and the organizational resources need to be utilized. In addition to professional competencies, the individual resources comprise engagement, motivation, self-efficacy and achievement. The organizational resources are job resources, training possibilities, organizational social support and competitive salaries (Demerouti, et al. 2001, Tham, 2007, Radey & Figley, 2007).

3.3.2.5 The personal well-being dimension

The personal well-being dimension has been added to the model in order to enable the integration of factors outside the workplace and comprises individual factors, such as personality traits, demographic variables and the home-work interface. These factors might vary significantly between individuals and are influenced very little by the employing organization. Personality traits include the factors of hardiness, resilience, coping strategies, type A personality and the locus of control (Koeske & Kirk, 1995, Danna & Griffin, 1999, Maslach, et al. 2001, Collins, 2008). This group of factors is related to the employee's personality and their capability to handle work-demands and cope with stress. In addition to personality traits, the worker's earlier life experience and personal history of trauma affects the subjective well-being of child welfare employees (Horwitz, 1998, Siebert, 2005, Figley, 2002, Kanter, 2007, Gibbons, et al. 2011). These experiences can be triggered by the issues of clients and may have a negative impact on the employee's ability to act professionally, thereby affecting the overall work performance and outcome (Horwitz, 1998, p. 368). By paying attention to these traits and experiences, it is possible to gain information on the vulnerability of employees to developing mental distress.

Another important factor on the personal well-being dimension is the work-family interface. Empirical evidence reveals that the level of social support from outside the workplace and the combined support from work and family has a considerable impact on the individual's well-being and therefore on occupational well-being (e.g. Danna & Griffin, 1999, van Steenbergen & Ellemers, 2009). Employees recover from work in their leisure time at home with their families, friends and hobbies, which in turn contributes to their subjective well-being and working capacity (van Steenbergen & Ellemers, 2009, p. 619). Therefore, the connectedness and interrelation of work life and family life should be taken into account when describing and measuring occupational well-being. Additionally, demographic variables, such as age, gender, ethnicity, marital status, living situation and family size are included in the personal well-being dimension. Whereas marital status, living situation and family size is closely related

to the work-family interface, age can be associated with work experience and a general experience of life and its preventative effects on distress (Siebert, 2005, Conrad & Kellar-Guenther, 2006, Dill, 2007, Hamama, 2012).

3.3.2.6 The psychosomatic well-being dimension

The psychosomatic well-being dimension represents another major dimension in the occupational well-being model and covers all job-related aspects of physical, psychological and mental health. Logically, a low level in this dimension can lead to reduced performance, absenteeism and a turnover in staff (Evans, et al. 2006). Closely related to the affective well-being dimension, psychosomatic well-being is directly influenced by negative outcomes of job-related interactions with clients and is indirectly influenced by deficits in other dimensions of occupational well-being. The symptoms occurring in this dimension are manifold and often difficult to connect directly to work-related issues. Headaches, back pains, or indigestion might be caused by other factors than the work situation, but they still represent typical symptoms of work-related dysfunction, particularly if they are frequent (Koeske & Kirk, 1995). This dimension holds a central position in the concept of occupational well-being due to its connectedness with the other dimensions and psychosomatic well-being is a result of the successful implementation of these related dimensions. A high level of psychosomatic well-being results from high levels of well-being in the other five dimensions, and any deficiencies in these can cause low levels in the psychosomatic dimension. Therefore, building and supporting psychosomatic well-being has an impact on all the other dimensions of occupational well-being. An overview of factors related to occupational well-being by dimensions is provided in Table 4.

Table 4. Factors Related to Occupational Well-Being by Dimensions

Dimension	Factors
Affective well-being dimension	• Affective satisfaction • Caseload size • Education and training • Emotional strength • Job-related calmness • Social support • Supervision • Validation of performances • Vigour • Work environment and facilities
Cognitive well-being dimension	• Ability to concentrate on work tasks • Affective calmness • Balanced job autonomy • Organisational climate • Quick apprehension and assessment skills • Skills to process work demands • Supervision and peer counselling • Validation of decision-making processes • Work environment • Workload size
Professional well-being dimension	• Agency operating process • Efficacy • Estimation • Job autonomy • Professional competences • Promotion • Reputation • Salary • Vocational education, specialized training
Personal well-being dimension	**Personality traits:** • Coping strategies • Hardiness • Locus of control • Resilience • Type A behaviour • Vigour **Demographic variables:** • Age • Gender • Living situation • Work experience **Work-family interface:** • Biographical experiences • Hobbies • Support from family and friends
Social well-being dimension	• Appropriate social areas • Authentic behaviour • Autonomy • Leadership style • Opportunities to build interpersonal and collegial relation-ships • Organisational climate participation • Pleasant working atmosphere • Social and work-related events
Psychosomatic well-being dimension	• Absence of symptoms • Job-related aspects of physical and mental health • Result of successful implementation of all dimensions

3.4 CHARACTERISTIC FEATURES OF THE OCCUPATIONAL WELL-BEING CHILD PROTECTION SOCIAL WORKERS

The sections above justified the multi-dimensionality of occupational well-being in general. Since all occupations have their specific characteristics, it is necessary to adapt the multi-dimensional approach to the specific characteristics of the child protection social work. Arguments for these specific characteristics can be best revealed by exploring the nature of child protection social work. Paying attention to the special conditions of the profession, child protection social work can be characterised by three main elements. Firstly the unique work conditions which includes a position of power, the setting of the care process and the dual role of support for and control of the clients as a representative of a public organization (Zosky, 2010, Meeuwisse, et al. 2011). Secondly, the worker-client relationship with all its circumstances and risks and embedded within the previously mentioned work conditions represents a particular challenge in relationship-based social work settings. Thirdly, the organization-worker interaction that takes place in a multi-layered setting with conflicting demands and support, a mandate for control but with an obligation to assist, and the shared responsibility with regard to both organizational and employee well-being. Exploring the occupational well-being of child protection social workers from this point of view helps to understand the underlying processes operating within the model and contributes to the determination of the relevant elements of occupational well-being for child protection social workers.

3.4.1 Occupational well-being of social workers in relationship-based settings

A basic task for social workers is to meet with clients in face-to-face contact, which frequently is seen to be very emotionally demanding and the source for developing mental distress (Maslach, et al. 2001, van Hook & Rothenberg, 2009, Ruch, 2012). Exploring this dimension of the social work setting isolated from the employing organization reveals a number of harmful but also fruitful features for both social worker and client. The underlying processes, as well as the risks and benefits for social workers and clients are particularly explored in Article I. Previous research revealed that in relation to child protection settings the emotional demands and the vulnerability for developing mental distress are significantly high (e.g. Maslach & Jackson, 1981, Maslach, et al. 2001, van Hook & Rothenberg, 2009). The reasons behind this are manifold and located in the condition and behaviour of clients as well as in the social worker's own condition. The sources of distress and the possible outcomes caused by the worker-client relationship can also be linked with the concepts described above and as a result of the conceptualizations presented in this study which are illustrated in Figure 2. The key conduit for the stress suffered by the social worker is the empathy used by the worker to build professional relationships (Nelson-Gardell & Harris, 2003). Continuous exposure to the harmful and tragic situations of clients is particularly linked to secondary traumatic stress and vicarious traumatization (Bride, et al. 2007b, Dill, 2007, Kanter, 2007, Sprang, et al. 2007) and events such as the violent behaviour of clients or the involvement in single traumatic events at work may cause reactions of traumatic stress amongst workers (Horwitz, 1998, Joseph & Murphy, 2014).

Additionally, mental distress developed due to countertransference reactions are strongly linked with the social worker's personal history of trauma and less with

the traumas experienced by the client (Figley, 2002, Kanter, 2007). Logically, social workers suffering from mental distress or trauma are impaired in their capability to act. Their perception with regard to the client's situation may be misdirected and the worker's own overwhelming emotions may lead to inappropriate interventions, sick leave and a turnover in staff. In the worst case scenario, this may even impact on the client's situation and lead to a deterioration in their well-being. Preventing and dealing with mental distress caused by working with clients in relationship-based settings requires specific skills from the social worker, however, not all sources of distress can be handled by the social worker alone. Focusing on the social worker's possibilities, the key features are positive self-care strategies, continuous reflection on harmful emotions and appropriate education (Agass, 2002, Ruch, 2010). Additionally, social support outside the workplace can be a useful resource for dealing with mental distress (Danna & Griffin, 1999, Demerouti, et al. 2001, van Steenbergen & Ellemers, 2009).
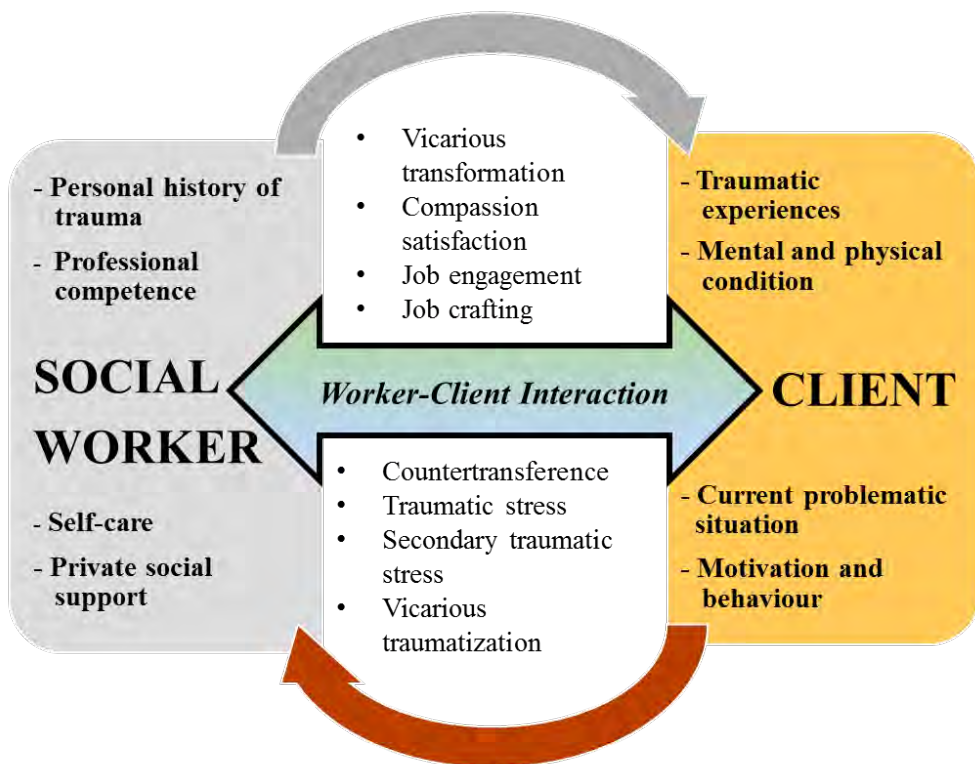
Figure 2. Illustration of the Social Worker-Client Relationship

Nevertheless, the worker-client relationship represents an important factor for social workers with regard to the process of care and case outcomes. This necessarily requires subsequent reflection and handling harmful emotions amongst social workers and its success can lead to the emotional energy being transformed into a resource which helps clients overcome their distress. Processing vicarious traumatization successfully, for instance, leads to vicarious transference whereby instead of suffering

from traumatic reactions, the experiences can be used to help the client (Stamm, 2010). Processing emotional harm successfully may lead to job engagement and compassion satisfaction which, in turn, can assist the social worker in developing creative and solution-focused interventions that lead to positive case outcomes and a high level of occupational well-being for social workers (Conrad & Kellar-Guenther, 2006, Radey & Figley, 2007, Stamm, 2010). Applying job crafting techniques provides additional support for the social worker to turn distress into positive work-related vigour (Wrzesniewski & Dutton, 2001, Berg, et al. 2010). Viewing the worker-client relationship in isolation from the employing organization, however, reveals only one element of the complex structure of occupational well-being for child protection social workers. In order to complete the structure, the following section expands the construct to include the organization and the interaction between it and the social worker is explained.

3.4.2 The organization-worker interaction and the occupational well-being of social workers

Although child protection social workers usually work alone in face-to-face contact with clients, they are representatives of the employing organization and therefore very much a part of it. The extended structure is illustrated in Figure 3 and adds an additional feature to the previously presented conceptualizations of the structure of occupational well-being of child protection social workers. Focusing on the interaction of the social worker with the employing organization, several other factors gain significance with regard to occupational well-being. It can be stated that in general terms the organization is the place where occupational well-being is created and maintained, emphasizing that this happens in close cooperation between the organization and the workers. In turn, the organization is the environment in which the employees may develop mental distress such as burnout, compassion fatigue and occupational stress, since the nature of these concepts is related to a combination of work conditions and demanding work tasks (Siebert, 2005, Bauer & Jenny, 2012, Bauer, 2013). Social work organizations represent a public statutory institution providing services to society and it is the right of individuals within that society to receive professional aid when it is required (Dill, 2007, Meeuwisse, et al. 2011, Blomberg, et al. 2015). Hence, the organizational framework is embedded in social policies and statutory provisions provided by local and national authorities. Additionally, social work organizations, and particularly child protection services fall under continuous public scrutiny and are under pressure to fulfil their role satisfactorily (van Hook & Rothenberg, 2009). In the context of these regulations and pressures the work environment is defined and resources calculated and evaluated, therefore organizational budgets are easily influenced by economic downturns and public interests.
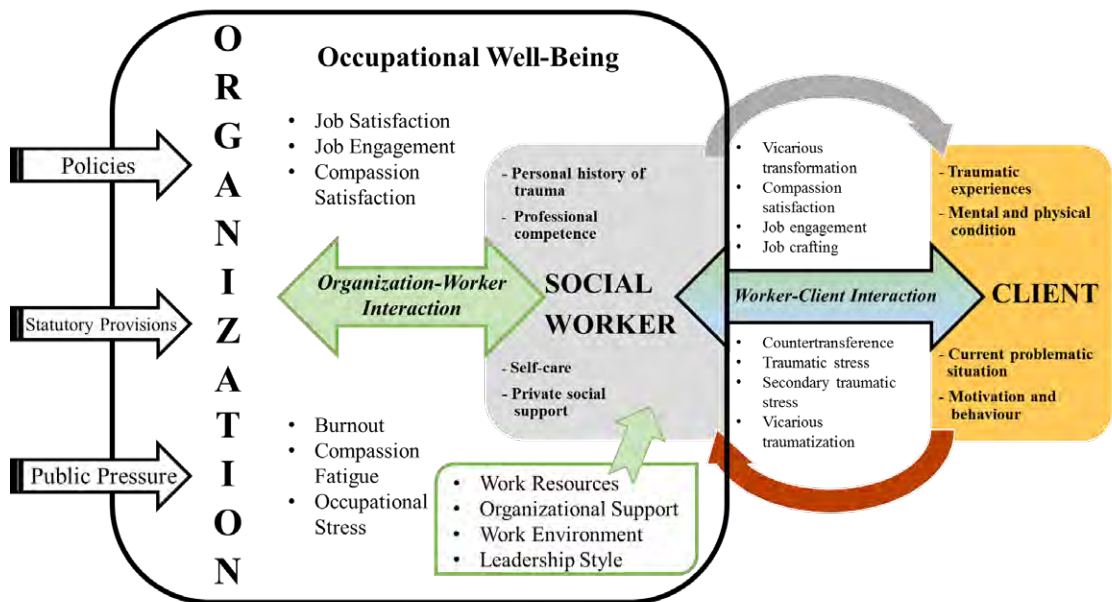
Figure 3. Illustration of the Organization-Worker-Client Relationship

Social workers and their superiors are not able to influence political decisions and public interests, however, these administrative and societal tendencies indirectly impact on the organizational well-being and that of the employee and therefore should not be ignored when discussing budgets and job resources within the work unit. Despite these hard to define external influences, internal work-related factors for occupational well-being can be determined more precisely. The demanding worker-client relationship and the emergence of possible distress are described above and as an embedded part of the organization the social worker is required to accomplish daily tasks (Dill, 2007, Sprang, et al. 2007). Besides ensuring the implementation of the statutory provisions, the key task of the organization is to provide adequate resources and create an appropriate and supportive work environment for the employees. The organizational structure with regard to occupational well-being as defined in this study via job resources, work environment, organizational social support and leadership style, have their own dynamic and key impacts on how the social worker deals with emerging challenges. Consequently, any failure in this area may lead to negative consequences for both employees and the organization.

Fundamentally, the organization acts as a resource for the social worker in continuously maintaining his or her work-related well-being and as their back-up support in acute situations. Hence, deficits in the work environment, lack of resources, support, and an inappropriate leadership style may lead to serious mental distress amongst social workers (Steen, 2011, Hamama, 2012). This can range from occupational stress and compassion fatigue to ultimately burnout for the worker and the consequences of impaired well-being are manifold for both the organization and employee. For instance, if a social worker distressed by their demanding work situation receives inappropriate support from the organization this may lead to a serious impairment of his or her work-related well-being and the risks of disengagement, sick leave and the

loss of experienced and skilled employees are significantly increased. In turn this may impact on the overall organizational goals, in that the process of care is interrupted and positive case outcomes threatened. Furthermore, high rates of sickness absenteeism and vacancies in the staffing structure places additional strain on the remaining workers in terms of workload and tasks that may be unfamiliar to them. Recruiting and training new staff is an additional expense for the organization.

The above described scenarios serve to illustrate that occupational well-being is of equal concern to the organization as it is to the social workers and efforts to develop and maintain occupational well-being are a worthwhile focus for organizations. In order to prevent negative outcomes, sufficient work resources can assist social workers in fulfilling their duties on a highly professional level, allowing them to focus on the work tasks without being hindered by an unpleasant work environment, lack of equipment and time resources (Steen, 2011, Hamama, 2012). Social workers require organizational support in various ways if they are to achieve their goals. Supervision and peer-support is important for reflecting on emerging emotions and processing them in such a way as to evolve effective and professional interventions (Agass, 2002, Coffey, et al. 2004, Collins, 2008). Regular meetings at both team and work unit level provide additional support and the opportunity to participate in the decision-making process of the institution and the development of general guidelines for operational processes (Sexton, 1999). Additionally, adequate training and leadership style are further organizational components which contribute significantly to the work-related well-being of social workers (Dill, 2007). A supportive leadership style is defined in terms of motivation, appreciation, fairness, ethical correctness and emotional support (Maslach, et al. 2001, Tham, 2007, Juby & Scannapieco, 2007, Li, et al. 2014). These descriptions demonstrate how mental distress arising from work with clients can be compensated for by interventions within the employing organization. In addition, organizational measures are necessary in order to prevent distress that typically arises in the work environment as a result of a weak organizational structure.

The implementation of effective organizational support leads to an engaged workforce with high levels of job satisfaction and promotes compassion satisfaction and in turn increases the likelihood of high levels of occupational well-being amongst social workers. It will also result in professional performance, positive case outcomes and lower sickness absence due to work-related mental distress. Rates of turnover are reduced and workers remain for a longer period of time within the organization. Thereby, the organization gains and retains experienced and skilled employees who can fulfil their professional duties according to their statutory goals, which in turn leads to organizational well-being. A healthy and successful organization may also be better equipped to counteract external influences such as impending cuts to resources or pressures from the public and the media. The most positive outcome will be that both the organization and the social workers will benefit from an effective organization-worker interaction.

3.4.3 The organizational and individual share of occupational well-being

The structure of occupational well-being for child protection social workers has been explained above from two different perspectives: from the multi-dimensional perspective and from the interaction and relationship between the three systems involved, namely the organization, the social worker and the client. It has also been stated that

occupational well-being originates in cooperation between the organization and the work force. Hence, this assumption implies that the responsibility for developing and maintaining occupational well-being is a shared one. Therefore, this section is focused on the responsibilities of the employees and the organization with regard to occupational well-being. High professionalism and the motivation to provide the best possible service is a basic requirement. This includes the readiness to continuously update and adapt competences and skills required for the particular work task and for the organizational development. As a result, well trained workers who continuously gain experience in their particular field become a valuable resource for the employing institution. Besides professionalism and work experience, the social worker's coping and self-care competences are an important contribution to employee well-being and therefore to occupational well-being. That is to say that the employee has to ensure that their coping skills are constructive in nature and that he or she finds individually appropriate and effective self-care methods. Furthermore, employees should create a network of support outside the workplace in order to support their employee well-being from all available resources. Should the employee leave these resources untapped, the support provided by the organization may not be able to realize its full potential.

However, merely delegating the responsibility for occupational well-being to the employee will not result in success, as it needs the full support and backup from the employing organization. The organization is responsible for providing the resources that enables employees to carry out their duties professionally and ethically. Furthermore, sufficient and adequate training and support should be offered by the organization in order to keep the performance of workers at a high and sustainable level. An additional shared responsibility is the creation of a supportive and enabling work environment that offers the workforce the maximum of opportunities for developing and maintaining their well-being. The previously mentioned factors can be reinforced by a strong culture of leadership style and, in addition, offers an individual component to the elements of the organizational responsibilities. Therefore, the implementation of a supportive leadership style represents another key responsibility for the organization. The itemization of factors associated with the share of responsibilities are displayed in Table 4 and are based on the explorations and analysis of concepts outlined in Articles I and II.

Table 5. Organizational and Individual Factors of Occupational Well-being

Responsibility	Preventing and Supporting Factors
Organizational responsibility	• Appropriate social areas • Balance of job autonomy • Decreased caseload size • Job demand evaluation • Job-related training • Leadership style • Promotion and estimation • Reduced organizational constraints • Social support from peers and organization • Supervision • Supportive work environment • Validation of performance • Work resources
Individual responsibility	• Cognitive skills • Education and training • Emotional strength • Job-related calmness • Positive coping strategies • Professional competences • Resilience • Self-care • Self-efficacy • Vigour • Work experience

3.5 INTERACTION, DYNAMIC AND SYNERGY OF THE MULTI-DIMENSIONAL MODEL

The model of occupational well-being is constructed so as to operate interactively and in a complementary fashion. This assumption is in line with the above described theoretical principles with regard to the definition of occupational well-being and the systems theory. Furthermore, the characteristics of the six dimensions take into account the interactive processes and the relationships of the three involved systems of organization, social worker and client. This implies that from the theoretical perspective occupational well-being can be divided into the structure of occupational well-being and the relationships of the involved individuals (Simon, 2013, p. 99). The objective of this section is to link the created model of occupational well-being with the theoretical principles in order to justify the model from the perspective of the theoretical framework. In order to illustrate the above introduced perspectives of occupational well-being in differentiated form, it is necessary to proceed on two separate levels: on the structural level of the six-dimensional model and on the relationship-based level of the organization-worker-client interaction level.

3.5.1 The structural level of occupational well-being

Six dimensions were defined as being relevant for conceptualizing occupational well-being in a sufficiently differentiated format. The dimensions are seen as equivalent with regard to their significance and impact on the level of the overall occupational well-being and, thereby, the dimensions represent the basic structure of occupational well-being. Furthermore, each of the dimensions is defined by a number of

specific factors which express the characteristics of the respective dimension and its relation to the other dimensions. From the systems perspective, the dimensions can be seen as autopoietic open systems focusing on retaining the balance of well-being according to the particular dimension's function. In equivalence with the theoretical construct, a dimension is capable of self-regulation through communication with the environment, namely the other dimensions and the interface of the factors determining the dimension. This networked communication represents the core element of a social system (Luhmann, 2011, p. 42, Simon, 2015). The factors comprising the dimensions are responsible for processing the feedback from the environment and reacting to disturbances that may arise. More precisely, any factor within a dimension can be seen as an independent system. These factors communicate within their network (dimension) and process occurring disturbances in order to retain the balance of the dimension. By this means, the factors serve as the regulators of well-being on the particular dimension and through this conceptualization it is possible to define and analyse each of the dimensions separately and create targeted interventions for each of the dimensions.

Hence, the structural level of occupational well-being is in line with the basic assumptions of the theory of systems (Luhmann, 1991, 2011) and with the principles of the organizational systems theory (Simon, 2015). In particular, the networked communication between the factors within the dimensions and the communication between the dimensions of the occupational well-being model supports this assumption. The occupational model consists of several networks of communication at the micro level within the dimensions and at the meso level within the overall model. Additionally, the model communicates with the extended environment, namely the clients, the administrative authorities and the public, which provides further justifications for the application of the organizational systems theory. This implies that the six-dimensional construct of occupational well-being can also be conceptualized as an autopoietic open system that is focused on retaining its balance through communication between the six dimensions and with the environment of the model. The complexity of this systemic conceptualization conforms to the statements of the complexity of work-related well-being from researchers in other disciplines (e.g. Warr & Routledge, 1969, Warr, et al. 1979, de Jonge & Dormann, 2003, van Horn, et al. 2004).

Synergy is another cumulative and supporting effect that occurs through the communication in the multi-dimensional model. The synergetic effects occur if a number of single units tend to build a common structure (Simon, 2013, p. 24). The underlying process for building synergies is the previously mentioned circular causality in which the behaviour of one factor mutually depends upon the behaviour of the other factors of the dimension and therein the factors of the total model. This occurs in continuous feedback loops. In other words, each system makes its complexity available to the other systems and in this way, the penetration of the systems contributes to the formulation of the structure of the other systems (Luhmann, 1991, p. 290). Through continuous communication the factors synchronise their behaviour and build superordinate units (Simon, 2013). As a result, the communication becomes effective and target-orientated and the positive characteristics of each factor can be used optimally for the self-regulation of the overall system. The emergence of synergies in the conceptualization of occupational well-being as a multi-dimensional approach represents a key difference when compared with the single concepts in terms of effectiveness and a holistic description of the occupational well-being of child protection social workers.

3.5.2 The relationship-based level of occupational well-being

Applying the systemic approach to the relationship-based level of occupational well-being implies a somewhat different conceptualization than that of the structural level. The special characteristic of this approach is that it combines the organizational social system with individual social systems, namely the social worker and the client. Furthermore, the client, in contrast to the structural level approach, is not external to the environment of the social system but in equivalence with the other social systems in the relationship chain. Each of the three open social systems has the other two systems as their environment and focuses on retaining its balance through constant interaction (Luhmann, 2011, pp. 40—45). The difference between the communication of the social worker with the client and the organization is basically founded in the more complex communication structure with or within the organization consisting of multiple social systems (Simon, 2015). The relationship between the social systems is basically characterized by two types of communication: consciously reflective and unconscious communication. Here, the conscious communication comprises all observable communication expressed in words and gestures, and the unconscious comprises the transfer and exchange in the sense of the self-regulation of the social systems as well as psychic energy and emotionally charged elements.

With regard to occupational well-being and the vulnerability to mental distress, conscious communication, for instance, may cause traumatic stress symptoms among social workers through the work with clients and, in turn, can be used by the organization to support the social worker in limiting harm. Unconscious communication, however, may cause distress as a result of occurring emotional reactions but can also be a source of motivation and satisfaction. In this context, the principles of systems theory are useful for the understanding of the underlying processes and the explanation of interventions with regard to occupational well-being. The social worker is in the centre of the relationship chain and, since the interests of the relationships are of a different nature, they require different structures (Bauer, 2015). That is to say that due to the work-related risks in working with clients, the communication between the social worker and the client requires a clear differentiation between the patterns of communication and a strict professional identity towards the client (Bauer 2015, p. 99). Therefore, a well-balanced engagement and professional emotional compassion are also important issues from the systemic perspective. Due to the particular and strong risks associated with the worker-client relationship, a firm differentiation of contiguity and distance is a very important aspect for child protection social workers.

Although the social worker is part of the organization, from the theoretical perspective of the above described relationship chain, the social worker is seen as an independent open social system in relation to and communication with the organizational system. The organizational system, however, is not seen as a separate institution making independent decisions, moreover it represents an open social system consisting of interactions between individuals (Simon, 2015, p. 17). That is to say that the individuals working for the organization make decisions as opposed to the organization itself. Hence, the social worker is not in relationship with the organization but with the individuals comprising the organization. This assumption implies a differentiated picture of the organization-worker relationship and the description of the communication with the organization is therefore more complex. One aspect is that the communication takes place at different levels or streams and with varying significance. The network of communications consists of the communication

with colleagues, the superiors, the management, and with other employees within the workplace. All these individuals are part of the environment of the social worker and are utilized in the self-regulation of both the social worker's social system and the organizational social system (Bauer, 2015).

However, the streams are occasionally used selectively according to respective needs, situations and availability. Each of the communication streams has its own relevance with regard to the occupational well-being of social workers and the differentiation between the levels of communication allows, at least from a theoretical perspective, a differentiated monitoring and analysis of the quality and needs of organizational support and enables targeted guidance of interventions. The superior stream, for instance, refers to the leadership style and to the quality of support received from it. Communication with colleagues includes features such as peer support, team meetings and informal professional communication. This separation of the job-related aspects allows for a more detailed evaluation of the needs and effectiveness of the current support from the network. Finally, it is important to mention that these communication streams in the relationship chain work in a two-way direction. That is to say that the social worker is not only receiving support from the organization but is communicating with the organizational system and through this is contributing to the overall organizational well-being. As a consequence, this leads to the development of synergetic effects. Up to this point the structure of the occupational well-being of child protection social workers has been extensively described theoretically from several perspectives. The following chapters conclude the theoretical implementations and statements and continue with summarising the empirical findings as described in Articles III and IV.

4 CONTEXT AND DESIGN OF THE EMPIRICAL INVESTIGATIONS

In addition to a theoretical conceptualization of occupational well-being, this study comprises an empirical exploration of the occupational well-being of Finnish child protection social workers. Whereas the theoretical conceptualization is generalizable to similar contexts of social work, the empirical implementation was applied to the Finnish context and amongst Finnish statutory social work professionals. Hence, the characteristic features with regard to statutory social work in Finland are briefly introduced at the beginning of this Chapter, followed by a description of the research design, the measurement techniques and data analysis methods.

4.1 THE CONTEXT OF CHILD PROTECTION SOCIAL WORK IN FINLAND

The welfare system in Finland is usually associated with the so called Nordic or Scandinavian welfare system. In the approach introduced by Esping-Andersen (1990), the Nordic welfare system is conceptualized as the social democratic welfare regime. Alongside the regime model, he distinguishes two additional welfare regime models: the liberal and conservative/corporative welfare regimes. These models illustrate how each of the countries view social security and how the responsibility between state and citizens is shared through its policies. Whereas in liberal regimes the responsibility lies more with the citizens, in social democratic welfare regimes the state adopts a very strong position in providing social security. The conservative/corporative model, however, maintains a high level of social security with high responsibilities placed on citizens. Despite those differences, in all the three models the role of social work is closely related to the self-understanding of welfare states. According to the principles of the social democratic welfare regime, in Finland the welfare system is determined by social policy focused on the formation of a universal welfare society with high values placed on equality and social security. This is put into effect through extensive income transfers and wide coverage (Hämäläinen, et al. 2005). According to Esping-Andersen (1990), the collective sense of social responsibility and equality in the social-democratic welfare regime tradition is the motivation for the high level of support and benefits.

The state creates social policy in order to ensure equality in society, and is responsible for the social security and well-being of its citizens. In Finland, for example, social work is an instrument for implementing the state-centred social policy and is a major part of the social security system (Meeuwisse, et al. 2011). Social work is meant to help people use all the complex legislation-based benefits and public services they have the right to. The state is responsible for the well-being of its citizens and provides assistance wherever and whenever it is needed. Hence, the professional qualification in social work in Finland is based on these principles. Social work education is based on a university Masters degree and includes, besides social work related studies, research methods and studies focused on obtaining legal social work eligibility. This eligibility determines the social worker's rights and scope for action, which recently has been strengthened by the new law for social welfare professionals (Sosiaalihuollon

ammattihenkilölaki 817/2015). Social work education, however, is strongly theoretically oriented, and focuses on knowledge of the system and its services and the major task for statutory social workers is to guide clients through the system, and help them to find the appropriate services. Furthermore, scientific and research activities are common among Finnish social workers (Hämäläinen, et al. 2005, p. 24).

Social workers in Finland are to a great extent employed in the public sector at a municipality level. The municipalities, however, are relatively autonomous institutions within the public sector and grant their social workers high levels of power and responsibility with regard to decision-making (Saarinen, et al. 2012). With regard to child protection work, for instance, social workers have to support parents in all levels of care. According to the law, the caretaker of a child must ensure the child's general development and welfare, and make decisions about the child's education and other personal needs (Räty, 2010). In 2008, a new child protection act was implemented which emphasizes the best interests of the child but contains greater details on child protection issues (Finnish Child Welfare Act, 417/2007). Additionally, some new aspects were added to the law, such as effective early intervention and a target-oriented way of working. As a basic paradigm, the social worker must make decisions on the basis of the 'child's best interest' if the parents' and the child's needs are in conflict (Räty, 2010). These objectives are designed to enable balanced development and welfare for the child and to try to maintain their close relationships with the biological parents. Hence, child protection is about care and control: good care for the child must be guaranteed and there must also be necessary boundaries with regard to the child's age and stage of development.

Furthermore, the child is an independent subject of justice (in addition to being a member of the family), which means that the child's personal wishes and opinions are judicially significant. In the latest law on child protection (417/2007) it is further emphasized that the child's opinion must be taken into consideration and must be heard in all administrative and legal procedures concerning the child (Hämäläinen & Niemelä, 2000, p. 28). These descriptions of the social work context in Finland illustrate the dilemma of the dual role for social workers within the social sector. In particular social workers employed in child protection services have to deal with this dilemma when trying to find solutions in precarious situations by considering the guiding policies, the best interests of the child and the needs of the child's family (Zosky, 2010, Meeuwisse, et al. 2011). An additional factor that has a direct impact on the ability of social workers to deal with the dual role in their endeavours is reduced organizational resources, as a result of the currently tense budgetary situation within the municipalities. Working with chronically insufficient resources restricts the capability for social workers to act and leads to the above mentioned negative consequences for all participants in the process (Saarinen, et al. 2012, Mänttäri-van der Kuip, 2014, Blomberg, et al. 2015).

4.2 RESEARCH DESIGN AND METHODS OF THE EMPIRICAL STUDIES

Two empirical studies, based on the theoretical conceptualizations, were conducted to test and explore the structure and level of occupational well-being among Finnish social welfare professionals. Detailed information about the realization of the studies can be found in Articles III and IV. This section, however, provides some general features about the design of the study, the methods and sample used.

4.2.1 Data collection and respondents

The sample for this study was obtained from an ongoing longitudinal cohort study, known as the Ten Town Study, on work-related well-being among Finnish public sector employees. The data set used for the analysis in this investigation was taken from responses to the Ten Town Study follow-up survey in 2014 and an additional survey questionnaire in 2015 particularly designed for social work employees including all social workers and social instructors employed in the participating municipalities. The data collection was realized mainly by a web-based questionnaire and partly via paper questionnaires. The Finnish Institute of Occupational Health was responsible for the data collection and processing the raw data for further analysis. In the present study, only respondents to both surveys qualified for the analyses. The overall sample size is N = 1 220/ 1 864 (response rate = 65.45 %). The sample consisted of statutory social workers (N = 893) and social instructors (N = 327) from the participating eleven Finnish municipalities.

The sample was divided into three groups for the analyses to reveal the differences in occupational well-being between social workers with duties in child protection work and social workers with no duties in child protection work. The groups were identified by a single question: do you have duties in child protection, yes or no? The additional group of social instructors was used as a reference group and for further general comparisons of work-related well-being. The differences in the different job descriptions are related to their degree level and their responsibilities and tasks at work. Statutory social work in Finland requires a Masters degree that includes studies to obtain legal social work eligibility. Social instructors, however, are educated at universities of applied sciences which leads to the lower level Bachelor of social work degree and does not include studies to obtain legal social work eligibility. The most significant difference in their work tasks is the power of decision-making that is granted to statutory social workers with regard to the issues of their clients. Social instructors, on the other hand, are working with clients and their families in a more practical manner.

Further sample characteristics revealed that the gender distribution showed a minority of males (N = 96, 8 %) and a greater majority of females (N = 1 104, 92 %), and the distribution of gender in the subgroups showed a similar division. The age of respondents in the overall sample was between 24—67 years with a mean of 43.8 years (SD = 10.47), and the group of child protection social workers showed a similar mean of 44 years (SD = 10.95). Amongst the group of social workers, 364 reported having duties in child protection work and 529 reported having no duties related to child protection work. Possessing the required legal social work eligibility was reported by 723 (81 %) of the social work respondents. The difference in this respect between social workers

with duties in child protection work (N = 286, 80 %) and those without such duties (N = 437, 84 %) is relatively small. A closer look at the work experience of the respondents showed that with an average of 16.5 years (SD = 9.4) social workers without duties in child protection work possess the highest levels of work experience, followed by social workers whose duties include child protection work (M = 14.5 years, SD = 9.0) and social instructors (M = 12.8 years, SD = 8.0). These sample characteristics did not show considerable differences between the groups and therefore provided a good starting point for the comparisons initiated in the studies.

4.2.2 The questionnaires

Two complementary questionnaires formed the data set for occupational well-being and its measurement. Both questionnaires included self-mastered questions as well as several validated scales, such as the Professional Quality of Live Scale (Stamm, 1997—2005), Work Time Control (Ala-Mursula, et al. 2002), the Demand-Control model (Karasek, 1979), the Effort-Reward Imbalance model (Siegrist, 1996), and questions based on the Organizational Climate Scale (West, 2001, Patterson, et al. 2005). One of the questionnaires was the Ten Town Study baseline follow-up survey conducted in 2014, which is regularly used for the ongoing longitudinal cohort study with some modification to its structure and contents, and was distributed to all public sector employees in the participating municipalities. The questionnaire comprises 35 questions assessing three sections of work, work community and leadership, and background questions about demographic characteristics and health-related issues and behaviour. The types of questions comprised multiple choice, ordinal scale, interval scale and ratio scale, some of which were structured in an interleaved follow-up style of question. The second survey questionnaire was designed for social work employees in particular and comprised 21 questions with the same type of structure as those in the first questionnaire.

The questionnaire was distributed in 2015 exclusively to social workers and social instructors in the same municipalities as the first questionnaire. It included questions about the education of respondents and questions related to training work tasks and about work-related support for the respondents. Additionally, questions were included which enabled a distinction between employees with duties in child protection from employees whose duties did not include such work and to obtain additional information with regard to the theoretical conceptualization and the particular nature of child protection social work. From the perspective of the systems theory, one important aspect was to assess the issues with regard to communication within the organization and the private and organizational interface of social workers. Together, the questionnaires consist of a comprehensive set of psychosocial, psychological, and health-related variables. Previously included variables for assessed personality traits were not included in the baseline follow-up survey in 2014 and therefore were not available for the analysis in this investigation. In addition to this missing data, the processing of the data obtained from the questionnaires raised additional challenges with regard to the assessment of the occupational well-being of social workers. The questionnaires were not developed with particular reference to the measurement of the theoretical construct presented in this study and included several items of a qualitative structure and not all components described in the theoretical construct were measured by the instrument.

Hence, the design and structure of the survey challenged the modelling procedure illustrated in Article III which merely required data from quantitative scales. Consequently, all the available information about the sample could not be included in the structural equation modelling process and important data, for example, about personality traits, was not assessed. It can be assumed that these limitations have an impact on the results of the modelling process and, thereby, on the revealed structure of occupational well-being of Finnish social work employees. Since the findings of the modelling process are also used as a basis of the analysis in Article IV, these limitations may also have an impact on the results of this study. Nevertheless, the data set contains valuable information about the work-related distress and well-being of social welfare workers and affords an insight into the particular conditions of well-being for child protection social workers. Since the survey was conducted in the Finnish language and is not available in translated form, the questionnaires are not included as an appendix to this study and due to copyright restrictions, it is not permissible to have the questionnaires translated. The questionnaires and the survey raw data set are stored at the Finnish Institute of Occupational Health.

4.2.3 Measurement and data analysis

Assessing the complex structure of occupational well-being and analysing the factors related to the construct was a challenging task with several limitations. The wealth of data obtained from a total of 56 survey questions required sorting according to its relevance for the theoretical construct. Some responses did not qualify for the analysis due to their irrelevance for the developed construct and others could not be used because of their qualitative nature. With regard to the structural modelling process (Article III), the most appropriate scales from the combined survey set were tested for their fit with the six dimensions. Before the model was tested, an item parcelling method based on mean scores was used for better processing of the quantity of items, with consideration given to the advantages and disadvantages of using the parcelling technique. The main advantages of the parcelling method are seen in the parsimonious nature of parameter estimates, fewer opportunities for residuals to be correlated, and the reduction of sources of sampling error (Little, et al. 2002). In addition, individual item scores are statistically less reliable than aggregate scores (Little, et al. 2002, p. 155).

The arguments against the parcelling method are considerable. Depending on the type of items used for the aggregation of parcels, it may be difficult to interpret the structural relations of the underlying construct, particularly if the construct is multi-dimensional. Furthermore, aggregating several validated scales in the same parcel risks losing important information that is contained in each scale (Little, et al. 2002, p. 164). These issues were addressed by avoiding the aggregation of validated scales into the same parcel and by carefully considering the items that may fit within a certain parcel. The structural equation modelling analysis was conducted using the Amos and Mplus7 software packages. Finally, the modelling process revealed valuable information about the structure of occupational well-being of child protection social workers and their differences when compared with social welfare workers whose duties did not include child protection work. With reference to the underlying theoretical principles of this study, however, it was important to reveal the relationships between the dimensions and their significance for the overall occupational well-being model as well as the specific features with regard to child protection social workers.

The design of the study used in Article IV was divided into two parts. Initially t-test statistics were used to compare the two groups of child protection social workers and social workers without duties in child protection with regard to work-related health aspects, followed by logistic regression analysis focusing on the calculation of the probabilities of having increased occupational well-being. The t-test statistic was applied to the four health-related variables of burnout, compassion satisfaction, secondary traumatic stress and general health. Additionally, t-test statistics were calculated for the occupational well-being variable. The method and the variables were chosen to determine the differences in employee health between the groups in certain essential elements of work-related well-being. The variables of burnout and secondary traumatic stress were chosen due to their particular relevance for child protection social workers. Compassion satisfaction, in contrast, represents a positive element of occupational well-being for social workers which is closely associated with client work and therefore produces relevant information for the comparison. Furthermore, secondary traumatic stress and compassion satisfaction are closely related to the interaction of social workers with their environment and therefore based on the principles of the systems theory (Luhmann, 1991) and relationship-based practice (Hingley-Jones & Mandin, 2007, Ruch, 2009). The level of general health as one element of the psychosomatic dimension of the conceptualized model and the overall occupational well-being provided information on the basic condition of health and well-being of the groups.

Besides these health-related variables, the occupational well-being of social workers was explored with regard to the factors contributing to a high level of occupational well-being. The structure of occupational well-being revealed from the structural equation modelling process in Article III, served in Article IV as a means of building an overall occupational well-being mean score, which was used as the dependent variable in the regression analysis. The mean score was calculated using the mean scores from the 12 variables, which were identified as the significant variables in explaining the structure of occupational well-being of social workers (see Article III, p. 531). On this basis, the empirically validated elements of occupational well-being for child protection social workers could be transferred and used as the conceptual fundamentals for the subsequent study. This also ensured that the theoretical assumptions with regard to the communication structure of the systems and the related interactions are transferred to the assessment of occupational well-being. Hence, one aim of this study was to identify the factors that are positively associated with the occupational well-being model identified in Article III. Thereby, it is possible to link the results of both articles, since the conceptualization of the occupational well-being is based on the same dimensions, factors, and theoretical principles. Additionally, the results expand the findings from Article III by identifying further factors which are relevant for developing and maintaining the occupational well-being of child protection workers. Together, the findings of both studies reveal important information with regard to the validation of the theoretical conceptualizations and conclusions drawn in Articles I and II, and in respect to the occupational well-being of Finnish child protection social workers.

4.2.4 Statement on ethical approval

Conducting the data collection and processing the survey questionnaire was under commission of the Finnish Institute of Occupational Health. As a whole, the Ten Town Study was approved by ethics committees from the Helsinki-Uusimaa Hospital District and the Finnish Institute of Occupational Health and by this means it was ensured that the confidentiality and anonymity of the research respondents was respected. Furthermore, it was ensured that the participants participated voluntarily, and the target group was informed about the aim of the study and use of the data. It can also be stated that there are no conflicts of interests.

5   FINDINGS OF THE EMPIRICAL INVESTIGATIONS

This Chapter focuses on answering the initial research questions based on the results of the two empirical studies. Furthermore, these two studies are based on survey data and focus on the different aspects of occupational well-being of child protection social workers. The Chapter concludes with a summary of the results of both studies and links the empirical findings with theoretical conceptualization. The comprehensive theoretical conceptualization of occupational well-being provided the conceptual framework for both studies and the results are based on the same data. Due to the different objectives of the studies the results are presented separately.

5.1 FINDINGS RELATED TO THE STRUCTURE OF OCCUPATIONAL WELL-BEING

One of the main research questions of this study concerns the specific structure of occupational well-being of child protection social workers. Based on the above described conceptualization, the analysis published in Article III was designed according to the six-dimensional structure. One of the main findings of this part of the study is that it can be stated that occupational well-being of child protection social workers has a multi-dimensional structure. The modelling process revealed a four-dimensional model, comprising the dimensions affective, social, cognitive/professional, and psychosomatic well-being which had a good overall fit with the model (x^2 = 343.645, df = 164, P = 0.000, RMSEA = 0.057, CFI = 0.948, TLI = 0.938, SRMR = 0.055). Conversely, the initial theoretical six-dimensional approach could not be confirmed by the study conducted. The personal well-being dimension and the respective indicators were removed from the model as it could not be empirically identified from the data that this dimension was independent from the others. Furthermore, the dimensions of cognitive and professional well-being were not empirically separable and therefore merged into one dimension. However, the estimates display a consistent model for the three groups, which implies that the revealed structure can be generally applied to the field of social work. This generally confirms the findings of previous research that considered the multi-dimensionality of work-related well-being (Warr, et al. 1979, de Jonge & Schaufeli, 1998, de Jonge & Dormann, 2003, van Horn, et al. 2004), and also adds evidence to the assumption of a multi-dimensional structure of occupational well-being in another profession, namely that of social work.

The highest estimates were found on the affective and social well-being dimensions, followed by the cognitive/professional and psychosomatic well-being dimensions. This emphasizes the significance of the emotionally demanding and relationship-based aspects of the field and social well-being at work as a predictor of overall occupational well-being. Although the structure was consistent for the three groups, some differences were found that distinguishes child protection social workers from other social work professionals. Thus, child protection social workers have notably lower affective and psychosomatic well-being. This corresponds to the previous statements in this study that the emotional and affective aspects of the work are particularly burdening for child protection social workers (e.g. Maslach & Jackson, 1981, Maslach,

et al. 2001, van Hook & Rothenberg, 2009). Low levels of psychosomatic well-being have been introduced earlier in this study as a result of low levels in the other dimensions. In this context, the low levels of affective and psychosomatic well-being among child protection social workers is a particularly significant finding as the correlation of both dimensions revealed the highest estimate in the group (corr = .786), and also in the other groups. This indicates that affective well-being has a strong impact on psychosomatic well-being, that is to say that the emotional demands of child protection work are closely correlated with the psychosomatic health of social workers. Therefore, the results confirm the theoretical assumptions of the interactivity of the dimensions and in turn indicate the synergetic effects of interventions within the model with regard to supporting occupational well-being.

An additional strong correlation was found between affective well-being and cognitive/professional well-being (corr = .769). Considering that affective well-being is related to work with emotions in relationship-based settings it is also a type of professional skill that requires cognitive competences. This could be an explanation for the high correlations from the theoretical perspective. Furthermore, with regard to social well-being, the group of child protection workers revealed the lowest factor correlation values when compared with the other groups. The social well-being dimension was defined in the model by the three most significant indicators of organizational climate, team compliance, and leadership style, which are frequently found to be predictors of work-related well-being (Tham, 2007, Elpers & Westhuis, 2008, Kets de Vries, et al. 2009). From the theoretical perspective, the social dimension is seen as an independent dimension in the model contributing directly to the occupational well-being of social workers and is in less interaction with the other dimensions. An additional explanation for the low correlations may be due to the fact that the factors for the social well-being dimension are solely associated with the organizational responsibility for developing and maintaining occupational well-being. This may have the effect that these factors correlate less with those associated with individual responsibility. The findings of the study on the structure of occupational well-being provide a good overall response with regard to the theoretical principles as described in this study.

5.2 FINDINGS RELATED TO THE FACTORS ASSOCIATED WITH OCCUPATIONAL WELL-BEING

After modelling the structure of occupational well-being, a second study (Article IV) was conducted to explore the predictive factors of occupational well-being. Additionally, the study focused on revealing the differences between child protection social workers and social workers without duties in child protection with regard to the predictive factors of occupational well-being. The participants and the analysed data were identical to those used in the study published in Article III. An independent sample t-test was used to statistically assess the differences in the health-related variables of overall occupational well-being, self-reported general health, burnout, compassion satisfaction and secondary traumatic stress between the groups. The results from the t-test statistics revealed that child protection social workers had statistically significantly higher levels of burnout and secondary traumatic stress and equal levels of general health, compassion satisfaction and overall occupational well-being. The mean scores of both groups were on an average par and do not give any reasons for

concern. However, these average scores would seem to indicate that not particularly high levels of pleasure are derived from performance, which might indicate issues with the work itself.

Furthermore, logistic regression analysis was used to explore the probability of having high occupational well-being and to study the differences between social workers with duties in child protection and those whose duties did not include child protection work. Based on the odds ratios, both groups revealed similar factors that can be associated with occupational well-being (see Table 5). The common factors with the highest odds ratios are acceptance of changes in the workplace, control over work time, team work, participation and supervision. Additionally, age was found in both groups to be associated with occupational well-being, although the odds ratio in the category of 38—50 years was slightly lower than in the category of 24—37 years. This is of particular interest as age and work experience are correlated with each other and work experience was found to be negatively associated with occupational well-being. This is also significant from the theoretical perspective, as work experience is conceptualized as a predictor of employee and organizational well-being and this is contrary to previous findings that an experienced workforce is economically advantageous for the organization (Siebert, 2005, Conrad & Kellar-Guenther, 2006, Dill, 2007, Hamama, 2012).

Table 6. Factors Associated with High Occupational Well-Being by Groups

Social workers without duties in child protection	Child protection social workers
- Age Acceptance of changes in the workplace Home visits once a month or more often Control over work time Team work Participation Sufficient supervision Leisure time support	Gender (male) Age Acceptance of changes in the workplace Home visits less than once a month Control over work time Team work Participation Sufficient supervision -

These factors can also be linked to the areas of responsibility. There, the factors seen as the responsibility for the organization were control over work time, team work and participation in the decisions of the work unit. The factors are related to the work environment, the structure of work processes and the way the organization involves their employees in the organizational operations. The significant factors that can be linked with the individual responsibility for obtaining a high level of occupational well-being in child protection work were gender, age and a high level of acceptance of changes in the workplace, and the two non-significant factors of legal social work eligibility and specialised training. Whereas, the results of gender variables, due to the big differences in the sample, were not very meaningful, the other factors possess higher validity. The factors revealed that good education and professional attitudes are important indicators for the probability of individuals having higher levels of occupational well-being. However, although the factors can be divided and located in different areas of responsibility, they do not operate in isolation. That is to say that the factors develop their effects on occupational well-being through the close cooperation between the organization and the social worker.

5.3 SUMMARY OF THE FINDINGS

The empirical findings revealed a multi-dimensional model of occupational well-being that takes into account the particular conditions of child protection social work. The empirical model provides insight into the structure and nature of the occupational well-being of social workers from the eleven participating municipalities in Finland and several factors contributing to developing and maintaining high levels of occupational well-being among the respondents. Except for the correlation between psychosomatic and social well-being the model shows statistically significant correlations between the dimensions, which is in line with the theoretical conceptualization of occupational well-being. The results further demonstrate that the structures and factors of occupational well-being are relatively similar in the different fields of social work, but that there are differences in levels of occupational well-being between the groups. That is to say that the same factors have impact in the different fields of social work but with different levels of intensity and relevance for the specific field. The higher estimates on the affective and social well-being dimension and the higher levels of burnout and secondary traumatic stress among child protection workers highlights the particularly emotionally demanding nature of child protection social work and the relevance of social interactions in an appropriate work environment for occupational well-being.

Despite these higher levels of distress, the levels of overall occupational well-being, general health and compassion satisfaction are equal to those of the compared groups. From the theoretical perspective, there is evidence to suggest that this is caused by the interactive nature of the well-being dimensions. As a result of this interaction, the burden of stress may be compensated for by the supporting factors and by the activation of synergies within the model or the network of support. In considering the results with regard to the factors associated with predicting occupational well-being, it confirms the conceptualized share of responsibility in developing and maintaining occupational well-being. Besides the several individual factors, a large part of the identified factors are related to the work environment, the organizational operating process or associated with organizational social support. This further confirms that occupational well-being originates within the organization and in close cooperation between its members. Hence, the differences between the compared groups with regard to occupational well-being could not be found at the structural level. Moreover, the identified differences can be linked to the specific nature of child protection social work, that is to say the emotionally demanding aspects of the work with families and children. In sum, the findings add to the literature in this field with specific knowledge about the state of occupational well-being for Finnish social workers.

Nevertheless, some limitations of the study should also be mentioned. One limitation refers to the data and the viability for the statistical confirmation of the model. Since the questionnaire was not developed with a particular focus on the measurement of the theoretical conceptualization of occupational well-being as presented in this study, the design, content and structure of the survey challenged the modelling procedure which was substantively based on scores from quantitative scales. Consequently, not all the available information about the respondents could be included in the structural equation modelling process. Additionally, not all theoretically identified factors of occupational well-being were assessed by the instrument as these could not be obtained from the available information, and these may have revealed greater impacts on the personal well-being dimension as well as impacts on the other dimensions.

Personality traits, for instance, were not assessed in the utilized survey wave, and this may have had an impact on the measurement of the personal well-being dimension. Furthermore, demographic variables and levels of information on qualifications are difficult to integrate into a structural equation modelling procedure, and this may result in gaps in the comprehensive assessment of the complex structure of occupational well-being. Despite the scientific evidence of the relevance of personality traits on employee well-being, the emphasis on individual explanations in the assessment of occupational well-being may also be seen to be critical. Although the knowledge of the impact of personality traits and demographic variables on the work-related well-being of employees is highly relevant from the perspective of research, it may also raise ethical issues with regard to the use of this knowledge in recruiting staff. Using those variables for creating employer profiles, for instance, could be applied for pre-selecting job applicants. This should be considered when utilizing research on the personality traits of employees to explain employee well-being.

A more general issue with regard to the generalizability and the limitations of the results can be seen in the country of origin of the studies used for the analysis of concepts on work-related distress and well-being. Reviewing Table 7 reveals the predominant volume of publications is produced from researchers in the USA and, hence, the surveys are conducted in context of social work in the US region, particularly, with regard to the concepts of work-related distress. With regard to the concepts of work-related well-being, a growing number of studies within Europe can be found, particularly from the Netherlands. This may be less tragic regarding the theoretical development, however, since the data analysis was aiming to identify factors for creating the occupational well-being of Finnish child protection workers, it remains unproven to what extent the identified factors from the concept analysis cover all the relevant factors of Finnish social work professionals. Here, the differences of the welfare regimes, as described in Chapter 4, in which the social work context is embedded, may have impact on the kind of factors that explain the work-related well-being in the respective country. Reasons for the dominance of studies from the USA are that at the time of the literature review, no Finnish publications matched the criteria to qualify for the analysis and the available publications generally drew upon the same US publications and could not provide additional information. Generally, it seems that in the USA the tradition of developing and validating concepts of work-related distress and well-being is more developed than elsewhere in the world. Nevertheless, the summary part of the present research already includes a number of publications from the Nordic countries that can be used in the further development of concepts that are created particularly for social work professionals in the Nordic countries.

Table 7. Overview on Country of Origin of Studies

Concept	Publication sources	Country of origin	Concept	Publication sources	Country of origin
Burnout Syndrome	Freudenberger, 1974 Maslach & Jackson, 1981 Gillespie, 1986 Söderfeld, et al. 1995 Maslach, et al. 2001 Decker, et al. 2002 McCarter, 2007 Lizano, 2015	USA USA USA Sweden USA USA USA USA	**Job Engagement**	de Jonge & Schaufeli, 1998 Schaufeli, et al., 2002 Schaufeli & Bakker 2003 Bakker, et al., 2011	Netherlands Netherlands Netherlands Netherlands
Compassion Fatigue	Figley, 2002 Nelson-Gardell & Harris. 2003 Conrad & Kellar-Guenther, 2006 Sprang, et al. 2007 Dill, 2007 Radey & Figley, 2007 Kanter, 2007	USA USA USA USA Canada USA USA	**Job Satisfaction**	Rauktis & Koeske, 1994 Winefield & Barlow, 1995 Koeske, et al. 1994 Ulrich, et al. 2007 Elpers & Westhuis, 2008 Collins, 2008 Rossrucker, 2008 Acquavita, et al. 2009	USA USA USA USA USA GB Germany USA
Counter-transference	Agass, 2002 Figley, 2002 Kanter, 2007	GB USA USA	**Compassion Satisfaction**	Conrad & Kellar-Guenther, 2006 Radey & Figley, 2007 Sprang, et al. 2007 van Hook & Rothenberg, 2009	USA USA USA USA
Vicarious Traumatization/ Vicarious Transformation	Pearlman & Saakvitne, 1995 Sexton, 1999 Nelson-Gardell & Harris, 2003 Bride, Radey & Figley, 2007 Bride, Jones & McMaster, 2007 Dill, 2007 Knight, 2010 Napoli & Bonifas, 2011	USA Australia USA USA USA Canada USA USA	**Job Crafting**	Wrzesniewski & Dutton, 2001 Berg, et al. 2010 Tims, et al. 2012	USA USA Netherlands
Trauma	Horwitz, 1998 Figley, 2002 Nelson-Gardell & Harris, 2003 Bride, Radey & Figley, 2007 Kanter, 2007 Sprang, et al. 2007 Dill, 2007 Knight, 2010	USA USA USA USA USA USA Canada USA	**Job Demands-Resources Model**	Demerouti, et al. 2001 Schaufeli & Bakker, 2004 Bakker & Demerouti, 2007 Lizano & Mor Borak, 2012	Netherlands Netherlands Netherlands USA
Secondary Traumatic Stress	Horwitz, 1998 Figley, 2002 Nelson-Gardell & Harris, 2003 Bride, Radey & Figley, 2007 Kanter, 2007 Sprang, et al. 2007 Dill, 2007 Knight, 2010	USA USA USA USA USA USA Canada USA	**Demand-Induced Strain Compensation Model**	de Jonge & Dormann, 2003, 2006	Netherlands
Occupational Stress Syndrome	Farmer, et al. 1984 Bradley & Sutherland, 1995 Coffey, et al. 2004 Nissly, et al. 2005 Collins, 2008	USA GB GB USA GB	**Professional Quality of Life**	Stamm, 2010	USA
			Occupational Well-being	van Horn, et al. 2004	Netherlands

These limitations, however, could be resolved through further quantitative investigations to add the missing information to the existing findings and further research should use an instrument that covers the dimensions more comprehensively. An additional more general point to consider is the self-rated nature of the survey. In particular, the assessment of health conditions and emotional aspects can give rise to biased answers and wide variation due to the subjective experience of distress and satisfaction. Thus, with regard to the generalizability of the findings, it should be borne in mind that the results of the study refer to the Finnish context of social work and are not necessarily transferable to other contexts of social work. Comparative studies may address these issues and reveal evidence on the generalizability of the model and on possible differences in the structure of occupational well-being in different contexts. However, these limitations do not give cause for questioning the overall quality of the results but should encourage further development of the construct and further research on the general structure and consistency in the occupational well-being of social workers.

6   DISCUSSION

This study focused on identifying the structure of occupational well-being and the underlying factors, and embedding these investigations into a coherent theory. The development of the theoretical construction of the occupational well-being of child protection social workers is drawing upon and referring to evidence-based research results. Nevertheless, the model presented in this study is unique in that the approach is addressing the occupational well-being of social workers, and child protection social workers in particular, which has not previously been presented in a comprehensive multi-dimensional model, and is based on the principles of the systems theory. The theory development, the structure of occupational well-being, and the processes for creating and maintaining occupational well-being are complex and independent elements, which are discussed separately in the following sections.

6.1 THE THEORETICAL FRAMEWORK

The systems theory serves as the theoretical foundation for the conceptualization of occupational well-being for child protection social workers and the approach expands the existing use of systemic ideas in social work. Systemic social work is already established in client treatment (Hingley-Jones & Mandin, 2007, Almagor & Ben-Porath, 2013), can be found in the conceptualization of relationship-based practice (Ruch, 2009), and is to some extent present in social management strategies (Bauer, 2013, Simon, 2015). The application of the same theoretical principles to the organizational management, the construction of occupational well-being for social workers, for explaining the relationships in social work settings, and to methods in social work appears to be a logical path of subsequent implementation. Moreover, the application of the same theory at the administrative and structural levels of social work and to its methods of practice ensures that the same mindset is adopted throughout all levels of social work. This may simplify the decision-making processes and lead to common agreement on the underlying principles. Additionally, applying the same principles throughout the organizational levels and services ensures high transparency and may automatically activate the synergies that can be expected in a homogeneous and congruent environment of action. As a consequence, this may contribute to strengthening the identity of the social work profession as a whole.

The use of the systems theory for explaining the actions of people and organizational structures could be criticised for disregarding the free will of individuals, the power of their spiritual strength as well as their differences. The systems theory, however, defines individual people as equal systems and human action as a neutral act of communication with the environment. Explaining and planning the goals of social work and its interventions from this unbiased and equal standpoint, however, is probably in line with the social policies of most western welfare states, but certainly accords with the basic values of the Nordic welfare regimes. Therefore, the systems approach is well suited to welfare states where society is built on the equality of its members and the services provided. Furthermore, since the sole focus of the systems theory is on the communication between the systems it implies the promotion of the effectiveness of communication and, thereby, provides straightforward guidelines for

interventions at any level and within any commission. Hence, the development and implementation of these systemic principles into the social work profession represents one of the main results of this study.

6.2 THE OCCUPATIONAL WELL-BEING MODEL

Although the complexity and multi-dimensionality of work-related well-being is frequently cited in research papers, the subsequent use and continuous development of the identified comprehensive concepts remains unrealized. The six-dimensional model of occupational well-being presented in this study is another key finding, however, it remains to be seen if the present approach for the social work profession will be afforded a lasting future and where it will be positioned. Some of the inspiring comprehensive concepts referenced in this study, such as the occupational well-being models for teachers (van Horn, et al. 2004) and the DISC model (de Jonge & Dormann, 2003), have not been developed through follow-up studies. Classical concepts such as burnout and job satisfaction or other more constrained concepts such as work engagement and the job demands-resource-model are more popularly used in research studies. This may be due to the parsimony of the research and the manageability of its design in terms of its complexity. An additional influence may be the limited resources for research projects and the pressure to continuously publish new results.

The majority of the current research papers on work-related well-being of social workers focus on the negative outcomes as a result of insufficient work conditions, outcomes such as burnout, emotional strain and quantitative demands (e.g. Hamama, 2012, Saarinen, et al. 2012, McFadden, et al. 2015, Sánchez-Moreno, et al. 2015, Blomberg, et al. 2015, Lizano, 2015, Mänttäri-van der Kuip, 2014, 2016). The suggestions for potential resolutions to problems such as developing the resilience of social workers or the reconstruction of organizational processes, focus either on individual or on organizational factors (see Hombrados-Mendieta & Cosana-Rivas, 2011, p. 240). Although the previously mentioned studies address the current and important topics for debates taking place within the profession, the solutions suggested contribute only in part to a comprehensive understanding of the overall occupational well-being of social workers. Here, the occupational well-being model can serve as a trendless connective concept that is able to integrate the current challenges for the profession without changing its basic structure. In other words, the organizational context and the actions of individuals cannot be separated from each other since the organizational context determines those actions and the actions of individuals form the basis for the fulfilment of organizational goals (Hasenfeld, 2010, Astvik, et al. 2014, p. 65). As a consequence, this work-related interdependence needs to be considered in the creation and formulation of sustainable solutions.

The six dimensions of the occupational well-being model are said to be equal and one may criticize that the model does not weight the factors which have greater impact on occupational well-being more strongly than others. Particularly at a time where organizational restructuring and insufficient resources are the dominant sources of impaired work-related well-being, the focus is increasingly turned upon the general organizational context of social work. However, although these are important aspects in assessing occupational well-being, it is only one part of the story. Here it is important to mention that studies on work-related burnout found that organizational factors were not relevant for its development (Maslach & Leiter, 1997, Hamama, 2012,

Sánchez-Moreno, et al. 2015). That is to say that the occupational well-being model presented in this study is constructed in such a way that it is able to address and balance current structural or professional deficits without disregarding other relevant factors. Key to this are the underlying principles of the systems theory, the strength of which is their ability to balance the differences through communication between the systems, which enable a focus on the respective relevant factors in the overall system.

6.3 THE WORK PROCESSES AND THE WORK ENVIRONMENT

In addition to the theoretical fundamentals and the structure of occupational well-being, the processes at the organizational level represent a third significant factor for the occupational well-being of social workers. The present study revealed that the varied and demanding emotional challenges of child protection social work are the main sources for developing work-related mental distress. These challenges also include manifold and risky responsibilities for the social worker, that is to say the responsibilities of achieving goals at the frontline in a legally and ethically correct fashion, and making appropriate decisions with the significant powers at their disposal. Although the decisions of social workers were previously supported in team meetings or by supervisors, the social worker is now legally bound by their signature for the decision and its consequences. These specific responsibilities represent a major difference to those held by other professionals working in the care sector, such as psychologists, teachers or nurses. Hence, the sources and consequences of these emotional challenges are located in the personal contact with clients and in the organizational work processes. Therefore, as an important finding of this study, particular emphasis is given to the shared responsibilities between the social worker and the organization and the role this plays in the creation and maintenance of occupational well-being for child protection social workers.

This strong emphasis on the relevance of the emotional aspects of child protection social work implies a current underestimation of the significance of these aspects in occupational well-being. This lends greater weight to the strength of the impact of the affective well-being dimension, particularly in relation to child protection social work and several authors emphasized this as a crucial factor in developing and maintaining work-related well-being (e.g. de Jonge & Schaufeli, 1998, van Horn, et al., 2004, Kinman & Grant, 2011). The importance of the affective dimension was also found in the empirical findings of this study (see Articles II and IV). In addition, work with emotions in relationship-based settings has been cited as a core element of social work with clients (Sudbery, 2002, Dill, 2007, Ruch, et al. 2010). The illustrations of the underlying processes of occupational well-being revealed that the emotional aspect of the work is central, but that in order to balance the emotional strain that may arise sufficient work resources and adequate organizational structures are required. This is where the approach of this study comes full circle, since the occupational well-being model as presented is created to take all these aspects into account and is able to identify the possible risks for developing mental distress within the model at an individual and organizational level.

7 CONCLUSIONS AND IMPLICATIONS FOR SOCIAL WORK RESEARCH, EDUCATION AND PRACTICE

This study focused on the creation of a model of occupational well-being applicable to the field of child protection social work. The model was created to provide a theoretical background to the topic as well as practical implications. Additionally, the study sought to expand the social work literature through the incorporation of the systems approach into the conceptualization of occupational well-being for child protection social workers. The presented conceptualization of occupational well-being as a six-dimensional model provides a comprehensive picture of its structure and the underlying processes involved in developing and maintaining occupational well-being. The dimensions take into account the complexity of occupational well-being and distinctly and logically define the relevant aspects of the work-related well-being of child protection social workers. Furthermore, the model is presented as a value-free description of the phenomenon providing a general template of occupational well-being for the profession and does not emphasize any current trends or challenges in their working life. Therefore, it differs significantly from the several concepts that were analysed in this study. Furthermore, the different weighting of the particular factors and dimensions within the model could be revealed through the empirical implementation and by supplying the model with current survey data. The model is therefore generalizable and adaptable within the child protection social work profession.

All further implications, however, need to be put in context of the constructed survey and the available data for the analysis. That is to say that further implications are based on the knowledge gained from a Finnish sample and from the Finnish context of social work. Additionally, a questionnaire fully constructed for the theoretical paradigm of this study and the construction of a multi-dimensional model may have led to other results with potentially different factors with relevance for the dimensions of occupational well-being. To receive fully reliable and generalizable results on these issues it would be necessary to repeat the survey with a revised questionnaire that addresses all relevant factors from the theoretical model. Furthermore, additional comparative research including other fields of social work and helping professions could validate the generalizability of the model and could help differentiate the model for the social work profession.

7.1 THE THEORY OF OCCUPATIONAL WELL-BEING

The integration and linkage of the model with the principles and fundamentals of the systems theory in this study provides an alternative theoretical foundation on the phenomenon of occupational well-being to previously presented psychologically-based conceptualizations of work-related well-being (e.g. Maslach, et al. 2001, Schaufeli & Bakker, 2003, van Horn, et al. 2004, Bakker & Demerouti, 2014, Mäki-kangas, et al. 2015). Thereby, the systemic approach presented in this study fills the gap by extending the existing use of systemic ideas in relationship-based social work practice, in social work methods, and human service management (e.g. Ritscher, 2002,

Hingley-Jones & Mandin, 2007, Ruch, 2009, Ruch, et al. 2010, Almagor & Ben-Porath, 2013, Bauer, 2013). These theoretical assumptions were also essentially confirmed by the empirical results. The occupational well-being of child protection social workers comprises at least the four independent dimensions of affective, social, cognitive/ professional, and psychosomatic well-being. Likewise, the dimensions are in accordance with the characteristics of the nature of child protection social work and the particular vulnerability of social workers to developing work-related mental distress. Additionally, the factors associated with high levels of occupational well-being are basically consistent with the characteristics of the four dimensions. Overall, the model builds a profound theoretical basis for the innovative field of systemic occupational well-being in social work.

7.2 OCCUPATIONAL WELL-BEING IN SOCIAL WORK PRACTICE

Besides the theoretical development of occupational well-being, this study sought to provide some practical features with regard to the practical implementation in the daily practice of social workers. The present model also takes into account the rise in the currently predominant discussions about organizational structure, lack of work resources and the chronic increase in workload of social workers in Finland and elsewhere. As a result, the present approach complies with the suggestions with regard to changes at a structural and organizational level (e.g. Hasenfeld, 2010, Saarinen, et al. 2012, Mänttäri-van der Kuip, 2014), and with suggestions on the relationship-based level of social work practice (e.g. Dill, 2007, Sprang, et al. 2011, Ruch, 2012, Astvik, et al. 2014). From the theoretical perspective of occupational well-being it is also evident that insufficient work conditions have an impact on well-being in all the dimensions and, thereby, represent a significant aspect in developing work-related mental distress among social workers. Moreover, the lack of resources and support may increase the distress that occurs from the emotionally demanding face-to-face work with clients.

This refers to another important aspect of the findings of this study, namely the sharing of responsibilities between the organization and the social workers to effectively develop and maintain occupational well-being. This implies that the creation of occupational well-being will only be successful if the organization and the social worker actively engage in their responsibilities of contributing and cooperating in order to enable all possible factors. In particular, by emphasising the revealed significance of the emotional competence and capability of social workers to deal with emotions it is implied that the support of these competences is likewise an important aspect at the structural level (Winefield & Barlow, 1995, Trevithick, 2003, Sprang, et al. 2011). Although the role of the client in contributing to the development of work-related distress amongst social workers is described somewhat negatively, the client is not the sole agent in the model presented. Ultimately, the client may also benefit from high levels of occupational well-being in the service organization, as healthy, balanced and well-supported social workers will be better equipped to offer a quality service to clients. Hence, since the client and the process of care form a central part of the organizational goals, the client plays an integral role in the process of developing and maintaining occupational well-being for child protection social workers.

7.3 IMPLICATIONS FOR SOCIAL WORK RESEARCH, SOCIAL WORK EDUCATION AND SOCIAL WORK PRACTICE

The overall outcomes presented in this study elicit several implications for social work research, education and the practice of child protection social work. The *implications for social work research* refers initially to a further development and verification of the multi-dimensional conceptualization of the occupational well-being model for child protection social workers. This study provides additional evidence to the multi-dimensional structure of occupational well-being in general and in particular for the social work profession. However, in future research an instrument particularly designed for the measurement of the six-dimensional model may assist in clarifying the importance of the unidentified dimensions of personal and cognitive/professional well-being. Generally, the interaction between the particular dimensions and their comprising factors could provide the basis for the objectives of future projects. An additional focus of interest could be on the differences between occupational well-being in the fields of social work and more particularly on the specific characteristics of child protection social work. Ultimately, the initial implementation of the systems theory on the occupational well-being of social workers could benefit from further investigation and this could expand both the systems theory and the theories for social work. In general, future research on child protection social work should address the entire range of aspects regarding occupational well-being.

Additionally, some *implications for social work education* are suggested. Teaching occupational well-being in social work education is often an optional and minor subject in the curriculum of educational institutions, if it exists at all. In view of the above considerations, it could be deemed negligent to send young graduates into the field without a profound knowledge of the underlying processes and supporting factors of occupational well-being and on the sources of work-related distress. Previous research revealed work experience as a predictor for work-related well-being (Siebert, 2005, Conrad & Kellar-Guenther, 2006, Dill, 2007, Hamama, 2012), which implies that the workers suffer from distress until they possess the experience to cope with it and only the toughest in the field survive. If this strategy fails, as found in the research in Article IV, where work experience was found to be negatively associated with occupational well-being, the workers continue to suffer until they may ultimately leave the profession. However, impaired occupational well-being does not only occur in educated professionals. Moreover, work-related mental distress was also found amongst students of social work (Knight, 2010, Napoli & Bonifas, 2011, Carello & Butler, 2015), which highlights the importance of familiarizing social work students with the characteristics of occupational well-being during their studies. Moreover, if we recognize that working with emotions is an essential aspect of social work, it could be seen as beneficial to integrate these issues into the curriculum of social work education. One example could be the implementation of a study module before the field practicum with supervisory assistance for students during their field practicum. This could be an effective method of preparing social work students for the particular demands of working with clients.

Finally, the *implications for social work practice* concerns the actual application of the created model in social work practice and addresses social work practitioners, their superiors and the social service managers. Based on the structure of occupational well-being and the underlying processes of developing and maintaining it for social workers and the employing organization, one suggestion emphasizes the cooperation

of employees with the decision-makers within the organization. The model presented provides a clear structure on the contributing dimensions and factors of occupational well-being and may be used as a template for assessing the individual needs and available organizational resources. Ideally, the supervisors may direct the organizational resources according to the particular demands of the respective social workers. In this way limited resources can be utilized in a target oriented fashion and the occupational well-being model becomes an instrument for monitoring and directing the processes of developing and maintaining occupational well-being for both social workers and the organization. This vision for the future use of this study will require a flexible and adaptable organizational structure, a supportive and engaging leadership style as well as employees who are ready to engage in this continuous process. Furthermore, the policymakers may consider these illustrations when discussing further decisions regarding the reorganization of social services in general and child protection social work in particular.

REFERENCES

Acquavita, S., Pittman, J., Gibbons, M. & Castellanos-Brown, K. (2009). Personal and organizational diversity factors' impact on social workers' job satisfaction: Results from a national Internet-based survey. *Administration in Social Work*, 33, 151—166. doi: 10.1080/03643100902768824

Agass, D. (2002). Countertransference, supervision and the reflection process. *Journal of Social Work Practice*, 16(2), 125—133. doi: 10.1080/0265053022000033694

Ala-Mursula, L., Vahtera, J., Kivimäki, M., Kevin, M. V. & Pentti, J. (2002). Employee control over working times: Associations with subjective health and sickness absence. *Journal of Epidemiological Community Health*, 56, 272—278.

Almagor, M. & Ben-Porath, D. D. (2013). Functional Dialectic System (FDS) treatment: Integrating family system theory with dialectic thinking. *Journal of Psychotherapy Integration*, 23(4), 397—405. doi: 10.1037/a0034364

Anttonen, H. & Räsänen, T., (Eds.) (2009). Well-being at Work - New Innovations and Good Practice. Helsinki: Finnish Institute of Occupational Health.

Astvik, W., Melin, M. & Allvin, M. (2014). Survival strategies in social work: A study of how coping strategies affect service quality, professionalism and employee health. *Nordic Social Work Research*, 4(1), 52—66. doi: 10.1080/2166857X.2013.801879

Bakker, A. B., Albrecht, S. L. & Leiter, M. P. (2011). Key questions regarding work engagement. *European Journal of Work and Organizational Psychology*, 20(1), 4—28. doi: 10.1080/1359432X.2010.485352

Bakker, A. B. & Demerouti, E. (2007). The Job Demands-Resources model: state of the art. *Journal of Managerial Psychology*, 22(3), 309—328. doi: 10.1108/02683940710733115

Bakker, A. B. & Demerouti, E. (2014). Job Demands-Resources theory. In: Chen, P. Y. & Cooper, C. L. (Eds.). *Work and Wellbeing: Wellbeing: A Complete Reference Guide*, vol. III. Oxford: John Wiley & Sons.

Bakker, A. B., Demerouti, E., De Boer, E. & Schaufeli, W. B. (2003). Job demands and job resources as predictors of absence duration and frequency. *Journal of Vocational Behaviour*, 62(2), 341—356. doi: 10.1016/S0001-8791(02)00030-1

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, New Jersey: Prentice-Hall.

Bauer, G. (2013). *Einführung in das systemische Sozialmanagement* [Introduction to systemic social management]. Heidelberg: Carl Auer.

Bauer, G. (2015). *Einführung in das systemische Controlling* [Introduction to systemic controlling]. Heidelberg: Carl Auer.

Bauer, G. F. & Jenny, G. J. (2012). Moving towards positive organizational health: Challenges and a proposal for a research model of organizational health development. In: Houdmont, J., Leka, S & Sinclair, R. (Eds.). *Contemporary Occupational Health Psychology. Global Perspectives on Research and Practice*, vol. 2. Oxford: Wiley-Blackwell.

Berg, J. M., Wrzesniewski, A. & Dutton, J. E. (2010). Perceiving and responding to challenges in job crafting at different ranks: When proactivity requires adaptivity. *Journal of Organizational Behavior*, 31, 158—186. doi: 10.1002/job.645

Blomberg, H., Kallio, J., Kroll, C. & Saarinen, A. (2015). Job stress among social workers: Determinants and attitude effects in the Nordic countries. *British Journal of Social Work*, 45, 2089—2105. doi: 10.1093/bjsw/beu038

Bradley, J. & Sutherland, V. (1995). Occupational stress in social services: A comparison of social workers and home help staff. *British Journal of Social Work*, 25, 313—331.

Bretones, F. D. & Gonzalez, M. J. (2011). Subjective and occupational well-being in a sample of Mexican workers. *Social Indicators Research*, 100(2), 273—285. doi: 10.1007/s11205-010-9616-5

Bride, B., Jones, J. & MacMaster, S. (2007a). Correlates of secondary traumatic stress in child protective service workers. *The Journal of Evidence-Based Social Work*, 4(3/4), 69—80. doi: 10.1300/J394v04n03_05

Bride, B., Radey, M. & Figley, C. R. (2007b). Measuring compassion fatigue. *Clinical Social Work Journal* 35, 155—163. doi: 10.1007/s10615-007-0091-7

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* London: Harvard University Press.

Brooks, R. & Goldstein, S. (2007). *Das Resilienz-Buch.* [The Resilience Book]. Stuttgart: Klett Kotta.

Carello, J. & Butler L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work,* 35, 262—278. doi: 10.1080/08841233.2015.1030059

Coffey, M., Dugdill, L. & Tattersall, A. (2004). Stress in social services: Mental well-being, constraints and job satisfaction. *British Journal of Social Work*, 34, 735—746. doi: 10.1093/bjsw/bch088

Collins, S. (2008). Statutory social workers: Stress, job satisfaction, coping, social support and individual differences. *British Journal of Social Work*, 38, 1173—1193. doi: 10.1093/bjsw/bcm047

Conrad, D. & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30(10), 1071—1080.

Daniels, K. (2000). Measures of five aspects of affective well-being at work. *Human Relations,* 53(2), 275—294.

Danna, K. & Griffin, R. W. (1999). Health and well-being in the workplace: A review and synthesis of the literature. *Journal of Management,* 25(3), 357—384.

Decker, J., Bailey, T. L. & Westergaard, N. (2002). Burnout among childcare workers. *Residential Treatment for Children and Youth*, 19(4), 61—77.

de Jonge, J. & Dormann, C. (2003). The DISC model: Demand-induced strain compensation mechanisms in job stress. In: Dollard, M. F., Winefield, A. H. & Winefield, H. R. (Eds.). *Occupational Stress in the Service Professions* (pp. 43—74). London: Taylor & Francis.

de Jonge, J. & Dormann, C. (2006). Stressors, resources, and strain at work: A longitudinal test of the triple match principle. *Journal of Applied Psychology*, *91*(6), 1359—1374.

de Jonge, J. & Schaufeli, W. B. (1998). Job characteristics and employee well-being: A test of Warr's Vitamin Model in health care workers using structural equation modelling. *Journal of Organizational Behavior*, 19, 387—407. doi: 10.1002/(SICI)1099-1379(199807)19:4<3

Demerouti, E, Bakker, A. B., Nachreiner, F. & Schaufeli, W. B. (2001). The Job Demands-Resources model of burnout. *Journal of Applied Psychology,* 86(3), 499—512. doi: 10.1037//0021-9010863499

Dill, K. (2007). Impact of stressors on front-line child welfare supervisors. *The Clinical Supervisor*, 26(1/2), 177—193. doi: 10.1300/J001v26n01.12

Drake, B. & Yadama, G. N. (1996). A structural equation model of burnout and job exit among child protective service workers. *Social Work Research* 20(3), 179—188.

Elpers, K. & Westhuis, D. (2008). Organizational leadership and its impact on social workers' job satisfaction: A national study. *Administration in Social Work*, 32(3), 26—43. doi: 10.1080/0364310080192239

Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism.* Princeton: Princeton University Press.

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pakak, S., Medina, J., Kendall, T. & Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75—80. doi: 10.1192/bjp.188.1.75

Farmer, R., Monahan, L. & Hekeler, R. (1984). *Stress Management for Human Services*. Sage Publications: London.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Psychotherapy in Practice*, 58(11), 1433—1441.

Finnish Child Welfare Act 417/2007. Finlex Data Bank. Available at www.finlex.fi [retrieved 2016, September 22].

Finnish State Treasury (2014). Kaiku Occupational Wellbeing Definition. Available at http://www.statetrea-sury.fi/enUS/Agencies_and_institutions/Services_supporting_personnel_administration_and_management/ Kaiku_occupational_services/Occupational_Wellbeing/What_is_occupational_wellbeing [retrieved 2016, August 16]

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues*, 30, 159—165. doi: 10.1111/j.1540-4560.1974. tb00706.x

Gillespie, D. F., (Ed.) (1987). *Burnout among Social Workers*. New York: Harworth Press.

Gibbons, S., Murphy, D. & Joseph, S. (2011). Countertransference and positive growth in social workers. *Journal of Social Work Practice,* 25, 17—30. doi: 10.1080/02650530903579246

Guo, B., Perron, B. E. & Gillespie, D. F. (2009). A systematic review of structural equation modelling in social work research. *British Journal of Social Work,* 39, 1556—1574. doi: 10.1093/bjsw/bcn101

Hackman, J. R. & Oldham, G. R. (1980). *Work Redesign.* Reading: Addison-Wesley.

Hämäläinen, J. & Niemelä, P. (2000). Social policy and social work in Finland. In: Adams, A., Erath, P. & Shardlow, S. (Eds.). *Fundamentals of Social Work in Selected European Countries* (pp. 25—36). Dorset: Russell House Publishing.

Hämäläinen, J., Niemelä, P. & Vornanen, R. (2005). Social professions in Finland. In: Hamburger, F., Hirsch-ler, S., Sander, G. & Wöbcke, M. (Eds.). *Ausbildung für soziale Berufe in Europa, Band 3* (pp. 16—39). Frankfurt: ISS-Eigenverlag.

Hamama, L. (2012). Differences between children's social workers and adults' social workers on sense of burnout, work conditions and organizational social support. *British Journal of Social Work,* 42, 1333—1353. doi: 10.1093/bjsw/bcr135

Hasenfeld, Y. (2010). Organizational responses to social policy: The case of welfare reform. *Administration in Social Work,* 34, 148—167. doi: 10.1080/03643101003608976.

Herzberg, F. (1966). *Work and the Nature of Man.* Cleveland: Holland.

Hingley-Jones, H. & Mandin, P. (2007). 'Getting to the root of problems': The role of systemic ideas in helping social work students to develop relationship-based practice. *Journal of Social Work Practice,* 21(2), 177—191. doi: 10.1080/02650530701371887

Hombrados-Mendieta, I. & Cosano-Rivas, F. (2011). Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work,* 56(2), 228—246. doi: 10.1177/0020872811421620

Hoppock, R. (1935). *Job Satisfaction*. Oxford: Harper.

Horwitz, M. (1998). Social worker trauma: Building resilience in child protection social workers. *Smith College Studies in Social Work,* 68(3), 363—377.

Hyvönen, K., Rantanen, J, Huhtala, M., Wiese, B. S., Tolvanen, A. & Feldt, T. (2015). Conflicting personal goals: A risk to occupational well-being? *Journal of Managerial Psychology*, 30(8), 1034—1048. doi: 10.1108/JMP-04-2013-0105

Joseph, S. & Murphy, D. (2014). Trauma: A unifying concept for social work. *British Journal of Social Work,* 44, 1094—1109. doi: 10.1093/bjsw/bcs207

Juby, C. & Scannapieco, M. (2007). Characteristics of workload management in public child welfare agen-cies. *Administration in Social Work,* 31(3), 95—109. doi: 10.1300/J147v31n03_06

Jupiter, B., White, N. & Bellamy, P. (2009). Assessing employee wellbeing: Is there another way? *International Journal of Workplace Health Management,* 2(3), 220—230. doi: 10.1108/17538350910993412

Kanter, J. (2007). Compassion fatigue and secondary traumatization: A second look. *Clinical Social Work Journal*, 35, 289—293. doi: 10.1007/s10615-007-0125-1

Karasek, R. A. (1979). Job demands, decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285—308.

Karasek, R. A. & Theorell, T. (1990). *Healthy Work: Stress, Productivity and the Reconstruction of Working Life.* New York: Basic Books.

Kets de Vries, M., Guillén Ramo, L. & Krotov, K. (2009). Organizational culture, leadership, change and stress. In: Cooper, C. L., Quick, J. C. & Schabracq, M. J. (Eds.). *International Handbook of Work and Health Psychology* (pp. 411—426). Chichester: Wiley & Blackwell.

Kim, H. & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. *Administration in Social Work* 32(3), 5—25. doi: 10.1080/03643100801922357.

Kinman, G. & Grant, L. (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competences. *British Journal of Social Work,* 41, 261—275. doi: 10.1093/bsw/bcq088

Kline, R. B. (2011). *Principles and Practice of Structural Equation Modeling*. (3rd ed.) New York: Guilford.

Knight, C. (2010). Indirect trauma in the field practicum: Secondary traumatic stress, vicarious trauma, and compassion fatigue among social work students and their field instructors. *Journal of Baccalaureate Social Work,* 15(1), 31—52.

Koeske, G. & Kirk, S. (1995). The effect of characteristics of human service workers on subsequent morale and turnover. *Administration in Social Work*, 19(1), 15—31. doi: 10.1300/J147v19n01_02

Koeske, G., Kirk, S., Koeske, R. & Rauktis, M. B. (1994). Measuring the Monday blues: Validation of a job satisfaction scale for the human services. *Social Work Research*, 18(1), 27—35.

Latham, G. P. & Budworth, M. H. (2007). The Study of work motivation in the 20th Century. In: Koppes, L. L. (Ed.) *Historical Perspectives in Industrial and Organizational Psychology* (pp. 353—381). Mahwah: Lawrence Erlbaum.

Li, Y., Xu, J., Tu, Y. & Lu, X. (2014). Ethical leadership and subordinates' occupational well-being: A multi-level examination in China. *Social Indicators Research*, 116(3), 823—842. doi: 10.1007/s11205-013-0321-z

Little, T. D., Cunningham, W. A. & Shahar, G. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling*, 9(2), 151—173.

Lizano, E. L. (2015). Examining the impact of job burnout on the health and well-being of human service workers: A systematic review and synthesis. *Human Service Organizations: Management, Leadership & Governance*, 39(3), 167—181.

Lizano, E. L. & Mor Barak, M. E. (2012). Workplace demands and resources as antecedent of job burnout among public child welfare workers: A longitudinal study. *Children and Youth Services Review,* 34, 1769—1776. doi: 10.1016/j.childyouth.2012.02.006

Luhmann, N. (1991). *Soziale Systeme: Grundriß einer allgemeinen Theorie.* [Social systems: Outline of a general theory]. (4th ed.) Frankfurt: Suhrkamp.

Luhmann, N. (2011). *Einführung in die Systemtheorie* [Introduction to systems theory]. (6th ed.) Heidelberg: Carl Auer.

Mäkikangas, A., Rantanen, J., Bakker, A. B., Kinnunen, M.-L., Pulkkinen, L. & Kokko, K. (2015). The Circumplex Model of occupational well-being: Its relation with personality. *Journal for Person-Oriented Research,* 1(3), 115—129. doi: 10.17505/jpor.2015.13

Mänttäri-van der Kuip, M. (2014). The deteriorating work-related well-being among statutory social workers in a rigorous economic context. *European Journal of Social Work*, 17(5), 672—688. doi: 10.1080/13691457.2014.913006

Mänttäri-van der Kuip, M. (2016). Moral distress among social workers: The role of insufficient resources. *International Journal of Social Welfare,* 25(1), 86—97. doi: 10.1111/ijsw.12163

Maslach, C. & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99—113.

Maslach, C. & Leiter, M. P. (1997). *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It.* San Francisco: Jossey-Bass.

Maslach, C., Schaufeli, W. B. & Leiter, M. (2001). Job burnout. *Annual Reviews Psychology*, 52, 397—422. doi: 10.1146/annurev.psych.52.1.397

Mason, C. (2012). Social work the 'art of relationship': Parents' perspectives on an intensive family support project. *Child & Family Social Work, 17*, 368—377. doi: 10.1111/j.1365-2206.2011.00791.x

Mauno, S., de Cuyper, N., Tolvanen, A., Kinnunen, U. & Mäkikangas, A. M. (2014). Occupational well-being as a mediator between job insecurity and turnover intention: Findings at the individual and work department levels. *European Journal of Work and Organizational Psychology*, 23(3), 381—393. doi: 10.1080/1359432X.2012.73 381 39352896

McCarter, A. K. (2007). The impact of hopelessness and hope on the social work profession. *Journal of Human Behaviour in the Social Environment, 15*(4), 107—124. doi: 10.1300/J137v15n04_07

McFadden, P., Campbell, A. & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *British Journal of Social Work, 45*(5), 1546—1563. doi: 10.1093/bjsw/bct210

Meeuwisse, A., Scaramuzzino, R. & Swärd, H. (2011). Everyday realities and visionary ideals among social workers in the Nordic countries: A matter of specialization and work tasks? *Nordic Social Work Research, 1*(1), 5—23. doi: 10.1080/2156857X.2011.562030

Napoli, M. & Bonifas, R. (2011). From theory toward empathic self-care: Creating a mindful classroom for social work students. *Social Work Education, 30*(6), 635—649. doi: 10.1080/02615479.2011.586560

Nelson-Gardell, D. & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare, LXXXII*(1), 5-26.

Nissly, J., Mor Barak, M. & Levin, A. (2005). Stress, social support, and workers' intentions to leave their jobs in public child welfare. *Administration in Social Work, 29*(1), 79—100. doi: 10.1300/J147v9n01_06

Nuopponen, A. (2011). Methods of concept analysis - tools for systematic concept analysis. *LSP Journal, 2*(1), 4—15.

Page, K. M. & Vella-Brodrick, D. A. (2009). The 'why' and 'how' of employee well-being: A new model. *Social Indicators Research*, 90, 441—458. doi: 10.1007/s11205-008-9270-3

Patterson, M., West, M., Shackleton, V. J., Dawson, J. F., Lawthom, R., Maitlis, S., Robinson, D. L. & Wallace, A. M. (2005). Validating the organizational climate measure: Links to managerial practices, productivity and innovation. *Journal of Organizational Behavior.* 26(4), 379—408.

Pearlman, L. A. & Saakvitne, K. W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W. W. Norton & Company.

Radey, M. & Figley, C. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35, 207—214. doi: 10.1007/s10615-007-0087-3

Rantonen, O., Alexanderson, K., Pentti, J., Kjeldgård, L., Hämäläinen, J., Mittendorfer-Rutz, E., Kivimäki, M., Vahtera, J. & Salo, P. (2016). Trends in work disability with mental diagnoses among social workers in Finland and Sweden in 2005-2012. *Epidemiology and Psychiatric Sciences*, 26(6), 644—654.

Räty, T. (2010). *Lastensuojelulaki* [Child Protection Law]. Helsinki: Edita.

Rauktis, M. E. & Koeske, G. (1994). Maintaining social worker morale: When supportive supervision is not enough. *Administration in Social Work*, 18(1), 39—60.

Ribner, D. S. & Knei-Paz, C. (2002). Client's view of a successful helping relationship. *Social Work,* 47(4), 379—387.

Ritscher, W. (2002). *Systemische Modelle für Sozialarbeit und Therapie. Ein integratives Lehrbuch für Theorie und Praxis* [Systemic models for social work and therapy. An integrative textbook for theory and practice]. Heidelberg: Carl Auer.

Rossrucker, K. (2008). *Arbeitszufriedenheit und ihre Folgen in helfenden Berufen*. [Job-satisfaction and its consequences to helping professions]. Heidelberg. Logos Verlag.

Ruch, G. (2009). Identifying 'the critical' in a relationship-based model of reflection. *European Journal of Social Work,* 12(3), 349—362. doi: 10.1080/13691450902930761

Ruch, G. (2012). Where have all the feelings gone? Developing reflective and relationship-based management in child-care social work. *British Journal of Social Work,* 42, 1315—1332.

Ruch, G., Turney, D. & Ward, A. (Eds.) (2010). *Relationship-Based Social Work.* London: Kingsley.

Ryff, C. D. (1989). Happiness is everything, or is it? Exploration of the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57,* 1069—1081.

Ryff, C. D. & Keyes, C. I. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719—727.

Saarinen, A., Blomberg, H. & Kroll, C. (2012). Liikaa vaadittu? Sosiaalityöntekijöiden kokemukset työnsä kuormittavuudesta ja ristiriitaisuudesta Pohjoismaissa [Nordic social workers' experiences of occupational stress and contradictions in their work]. *Yhteiskuntapolitiikka* 77(4), 403—418.

Salo, P., Rantonen, O., Aalto, V., Oksanen, T., Vahtera, J., Junnonen, S. R., Baldschun, A., Väisänen, R., Mönkkönen, K. & Hämäläinen, J. (2016). Sosiaalityöntekijöiden hyvinvointi. [Social workers' well-being]. *Finnish Institute of Occupational Health.* Helsinki: Juvenes Print.

Sánchez-Moreno, E., de La Fuente Roldán, I., Gallardo-Peralta, L. P. & Barrón López de Roda, A. (2015). Burnout, informal social support and psychological distress among social workers. *British Journal of Social Work,* 45(8), 2368—2386. doi: 10.1093/bjsw/bcu084

Schaufeli, W. B., Salanova, M., González-Romá, V. & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies,* 3, 71—92.

Schaufeli, W. B. & Bakker, A. B. (2003). UWES Utrecht Work Engagement Scale. Preliminary Manual (Version 1, November 2003). Occupational Health Psychology Unit. Utrecht University. Available at http://www.schaufeli.com/ [retrieved 2011, April 5].

Schaufeli, W. B. & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25, 293—315. doi: 10.1002/job.248

Schrapper, C. (1999). "Gute Arbeit machen" oder „die Arbeit gut machen"? Entwicklung und Gewährleistung von Qualitätsvorstellungen für die Arbeit im Allgemeinen Sozialen Dienst (ASD). ['Doing a good Work' or 'doing the Work well'? Development and Warranty of Quality for the Work in Social Agencies] In: *Qualität in der Jugendhilfe: Kriterien und Bewertungsmöglichkeiten*, (Merchel, J. ed.) Votum Verlag, Münster.

Schreiber, J. B., Stage, F. K., King, J., Nora, A. & Barlow, E. A. (2006). Reporting structural equation modeling and confirmatory factor analysis results: A review. *Journal of Educational Research,* 99(6), 323—337.

Sexton, L. (1999). Vicarious traumatization of counsellors and effects on their workplaces. *British Journal of Guidance & Counselling,* 27(3), 393—403.

Siebert, D. C. (2005). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research,* 32(2), 25—44. doi: 10.1300/J079v32n02_02

Siegrist, J. (1996). Adverse health effects of high effort-low reward conditions. *Journal of Occupational Health Psychology*, 1, 27—41.

Simon, F. B. (2013). Einführung in Systemtheorie und Konstruktivismus [Introduction to Systems Theory and Constructivism]. (6th ed.) Heidelberg: Carl Auer.

Simon, F. B. (2015). Einführung in die systemische Organisationstheorie [Introduction to Systemic Organizational Theory]. (5th ed.) Heidelberg: Carl Auer.

Smith, D. B. & Shields, J. (2013). Factors related to social service workers' job satisfaction: Revising Herzberg's Motivation to Work. *Administration in Social Work,* 37, 189—198. doi: 10.1080/03643107.2012.673217

Söderfeld, M., Söderfeld, B. & Warg, L. E. (1995). Burnout in social work. *Social Work*, 40(5), 638—646.

Sosiaalihuollon ammattihenkilölaki 817/2015. Finlex Data Bank. Available at www.finlex.fi [retrieved 2016, September 22].

Sprang, G., Clark, J. & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12, 259—280. doi: 10.1080/15325020701238093

Sprang, G., Craig, C. & Clark, J. (2011). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Welfare, 90(6),* 149—168.

Stamm, B. H. (1997—2005). Professional quality of life: Compassion satisfaction and fatigue subscales, R-IV (ProQOL). Translated by H. Palmunen & T. Ruuska, 2006, ID: ProQOL.org.

Stamm, B. H. (2010). *The Concise ProQOL Manual.* (2nd ed.) Pocatello, ID: ProQOL.org.

Steen, J. A. (2011). An exploratory study of the relationship between child protection system stressors and case outcomes. *Administration in Social Work, 35,* 46—59. doi: 10.1080/03643107.2011.533620

Strand, V. C., Spath, R. & Bosco-Ruggiero, S. (2010). So you have a stable child welfare workforce - what's next? *Child and Youth Service Review, 32,* 338—345.

Sudbery, J. (2002). Key features of therapeutic social work: The use of relationship. *Journal of Social Work Practice,* 16(2): 149—162. doi: 10.1080/0265053022000033711

Tetrick, L. E. & Quick, J. C. (2011). Overview of occupational health psychology: Public health in occupational settings. In: Quick J. C. & Tetrick, L. E. (Eds.). *Handbook of Occupational Health Psychology* (pp. 3—20). (2nd ed.) Washington DC: American Psychological Association.

Tham, P. (2007). Why are they leaving? Factors affecting intention to leave among social workers in child welfare. *British Journal of Social Work, 37,* 1225—1246. doi: 10.1093/bjsw/bcl054

Tham, P. & Meagher, G. (2009). Working in human services: How do experiences and working conditions in child welfare social work compare? *British Journal of Social Work, 39,* 807—827. doi: 10.1093/bjsw/bcm170

Tims, M., Bakker, A. B. & Derks, D. (2012). Development and validation of the job crafting scale. *Journal of Vocational Behaviour, 80,* 173—186. doi :10.1016/j.jvb.2011.05.009

Trevithick, P. (2003). Effective relationship-based practice: A theoretical exploration. *Journal of Social Work Practice,* 17(2), 163—176.

Ulrich, C., O'Donnell, P., Taylor, C., Farrar, A., Danis, M. & Grady, C. (2007). Ethical climate, ethic stress, and the job satisfaction of nurses and social workers in the United States. *Social Science and Medicine,* 65, 1708—1719. doi: 10.1016/j.socscimed.2007.05.050

van Hook, M. P. & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of child welfare workers in community based care organizations in Central Florida. *Social Work & Christianity,* 36(1), 36—54.

van Horn, J. E., Taris, T. W., Schaufeli, W. B. & Schreurs, P. J. G. (2004). The structure of occupational well-being: A study among Dutch teachers. *Journal of Occupational and Organizational Psychology,* 77, 365—375.

van Steenbergen, E. F. & Ellemers, N. (2009). Is managing the work-family interface worthwhile? Benefits for employee health and performance. *Journal of Organizational Behavior, 30,* 617—642. doi: 10.1002/job.569

Warr, P. B. (1987). *Work, Unemployment, and Mental Health.* Oxford: Oxford University Press.

Warr, P. B. (1992). Age and occupational well-being. *Psychology and Aging,* 7(1), 37—45.

Warr, P. B. (1994). A conceptual framework for the study of work and mental health. *Work and Stress, 8,* 84—97.

Warr, P. B. (1999). Well-being in the workplace. In: Kahneman, D., Diener, E. & Schwarz, N. (Eds.). *Well-being: The Foundation of the Hedonic Psychology* (pp. 392—412). New York: Russell Sage Foundation.

Warr, P. B. & Clapperton, G. (2009). *The Joy of Work? Jobs, Happiness, and You.* New York: Routledge.

Warr, P. B., Cook, J. & Wall, T. (1979). Scales for the measurement of some work attitudes and aspects of psychological well-being. *Journal of Occupational Psychology,* 52, 129—148.

Warr, P. B. & Routledge, T. (1969). An opinion scale for the study of manager's job satisfaction. *Journal of Occupational Psychology,* 43, 95—109.

Weaver, D., Chang, J., Clark, S. & Rhee, S. (2007). Keeping public child welfare workers on the job. *Administration in Social Work,* 31(2), 5—25. doi: 10.1300/J147v31n02_02

West, M. (2001). Organizational climate. In: *International Encyclopaedia of the Social & Behavioral Sciences* (pp. 10923—10926). Oxford: Pergamon.

Wharton, T. (2008). Compassion fatigue: Being an ethical social worker. *The New Social Worker* Winter 2008, 4—6.

Winefield, H. R. & Barlow, J. A. (1995). Client and worker satisfaction in a child protection agency. *Child Abuse and Neglect,* 19(8), 897—905.

Wrzesniewski, A. & Dutton, J. E. (2001). Crafting a job: Revisioning employees as active crafters of their work. *Academy of Management Review,* 26(2), 179—201.

Zacher, H., Brailsford, H. & Parker, S. L. (2014). Micro-breaks matter: A diary study on the effects of energy management strategies on occupational well-being. *Journal of Vocational Behavior*, 85(3), 287—297. doi: 10.1016/j.jvb.2014.08.005

Zosky, D. (2010). Wearing your heart on your sleeve: The experience of burnout among child welfare workers who are cognitive versus emotional personality types. *Journal of Public Child Welfare,* 4, 117—131. doi: 10.1080/15548730903563186

ARTICLES

ARTICLE I
Baldschun, Andreas: The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes.
This is a reprinted version of the article that was published in the *Czech and Slovak Social Work* 2018 18(1), 5—18.

ARTICLE II
Baldschun, Andreas: The Six Dimensions of Child Welfare Employees' Occupational Well-Being. *Nordic Journal of Working Life Studies* 2014 4(4), 69—87.
Reprinted by permission from Nordic Journal of Working Life Studies.

ARTICLE III
Baldschun, Andreas & Töttö, Pertti & Hämäläinen, Juha & Salo, Paula: Modeling the Occupational Well-being of Finnish Social Welfare Employees: A Multigroup Confirmatory Factor Analysis.
This is an Accepted Manuscript of an article published by *Taylor & Francis in Human Service Organizations: Management, Leadership & Governance* 2016 40(5), 524—539. DOI: 10.1080/23303131.2016.1178201.

ARTICLE IV
Baldschun, Andreas & Hämäläinen, Juha & Töttö, Pertti & Rantonen, Otso & Salo, Paula: Job-Strain and Well-Being among Finnish Social Workers: Exploring the Differences in Occupational Well-Being between Child Protection Social Workers and Social Workers without Duties on Child Protection.
This is the Authors Accepted Manuscript of an article published by Taylor & Francis as the version of record in *European Journal of Social Work* © 25 Jul 2017. DOI: 10.1080/13691457.2017.1357025.

ARTICLE I

Baldschun, Andreas: The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes.

This is a reprinted version of the article that was published in the *Czech and Slovak Social Work* 2018 18(1), 5—18.

The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes

Andreas Baldschun

Andreas Baldschun[1] is a licensed social worker and doctoral trainee at the Department of Social Sciences at the University of Eastern Finland. Having trained in social work and social pedagogy, he has worked within several contexts of child protection and adult social work in Germany and Finland. He also participated in the research project on social workers' well-being. His research interests are the structure of social workers' occupational well-being, the implementation of occupational well-being in social welfare organisations.

Abstract

OBJECTIVES: This paper provides a deeper understanding of the importance of the social workers' work-related well-being for successful case outcomes. THEORETICAL BASE: Recent studies on the work-related well-being of Finnish social workers discovered alarming numbers concerning the employees' decreasing work-related well-being. The reasons for that are located in the nature of social work and, particularly, in the emotionally demanding worker-client relationship in relationship-based settings. METHODS: The concepts of burnout, occupational stress, compassion fatigue, counter-transference, traumatisation, secondary traumatic stress and vicarious trauma are analysed with regard to the source of distress and preventing factors. The findings are linked with the characteristics of relationship-based settings and are exemplarily applied to the Finnish case. OUTCOMES: Work-related well-being is essential for building and maintaining an efficient and constructive worker–client relationship and as an important element in helping service users to find sustainable solutions for their problem. Supervision, specialized training, organizational support, leadership style and emotional strength are discovered as the main factors for preventing impaired work-related well-being. The impaired work-related well-being resulting from deficits in the organizational structure and lack of resources, however, cannot be compensated by the discovered factors. SOCIAL WORK IMPLICATIONS: This study suggests the adoption of a multidimensional approach to work-related well-being that takes into account the complex structure of work-related well-being.

Keywords

child protection, mental distress, relationship-based practice, social work, work-related well-being

---

[1] Contact: Andreas Baldschun, M.A., Department of Social Sciences, University of Eastern Finland, PO-Box 1627, 70211 Kuopio, Finland; andreas.baldschun@uef.fi

INTRODUCTION

The objective of this article is to explore the worker–client relationship as the interface between social workers and their clients and linking the finding with the key concepts used to describe social workers' mental distress. By this, the importance of the social work employee's work-related well-being with regard to work-related outcomes is illustrated. Additionally, the role of the organisation with regard to supporting the social workers within these settings is highlighted. This is realized by connecting the factors from several concepts describing social workers' work-related distress with the specific characteristics of the emotional demanding worker-client relationship.

Due to their demanding work conditions, social workers are vulnerable to various kinds of distresses (Borritz et al., 2006; Collins, 2008), such as the burnout syndrome, occupational stress, compassion fatigue (CF), countertransference (CT), traumatisation, secondary traumatic stress (STS) or vicarious trauma (VT). According to the findings of relevant studies, these distresses are caused by the special work conditions (Drake, Yadama, 1996; Coffey, Dugdill, Tattersall, 2004) and by the nature of social work with the mentally ill, traumatised and deprived clients (Maslach, Jackson, 1981; Maslach, Schaufeli, Leiter 2001; van Hook, Rothenberg, 2009). The nature of social work can be determined by the helping process as the basic framework, the face-to-face contact and the overall worker–client interaction. Another characteristic is dealing with the client's background and present situation, which may reveal traumatic experiences and maltreatment (Horwitz, 1998; Joseph, Murphy, 2014). Here, the social workers' conflicting role of control and help adds an additional challenge to the mission (Hasenfeld, 2010; Blomberg et al., 2015).

In the field of social work, working in relationship-based settings means working with emotions. Working with those emotions are on the one hand a key element for successful work with clients (Sudbery, 2002; Dill, 2007; Hasenfeld, 2010), and on the other hand a source of work-related distress (Nelson-Gardell, Harris, 2003; Sprang, Craig, Clark, 2011). Moreover, since the social worker often operates at the interface of traumatic circumstances, the traumatized clients and their environment, the development of mental distress is a natural consequence of their work (Sprang, Craig, Clark, 2011). Hence, dealing successfully with these challenges has been found as a necessary professional competence of social workers in helping clients to overcome their misery (Dill, 2007; Joseph, Murphy, 2014). The emotional connection between the social worker and the client was claimed as the most effective method of ensuring the overall protection of children and, therein, the social worker has a core responsibility for case outcomes (Sudbery, 2002; Dill, 2007; Ruch, Turney, Ward, 2010). This makes the topic particularly relevant for research on the underlying processes, because failure in the assessment can make the difference between life and death (Nelson-Gardell, Harris, 2003).

Not least because of this dynamic, the employing organisation plays a vital role in avoiding negative consequences for their employees. This indicates that one important task of organisations is to support the employees' work-related well-being, which strengthens their capability to be successful in their tasks and keeps them in their job. In addition to these general factors, the child welfare social work in Finland has its own challenges that have impact on employees' work-related well-being. These challenges are caused, on one hand, by the current and ongoing reorganisation of social service organisations in accordance with reorganisation on the administrative level of the service-providing municipalities (Sinko, Muuronen, 2013) and, on the other hand, by the implementation of a new child protection law that required, as a consequence of tightened standards, additional qualified staff that could not be found and led to the employment of underqualified social workers (Räty, 2010; Miettinen, Stenroos, 2011). Additional challenge to fulfil the standards is given by the implementation of the law for social welfare professionals (2016). The law strictly determines who may practice statutory social work and furthermore is restricting the access of under-qualified workers to social work positions.

Compared with the findings from international studies, the situation in Finland is quite similar. A Nordic comparative study revealed that Finnish social workers experience higher levels of

occupational stress than their colleagues in other Nordic countries (Saarinen, Blomberg, Kroll, 2012). In another study on the work-related well-being of Finnish social workers, up to 43 per cent of the respondents reported the worsening of their well-being (Mänttäri-van der Kuip, 2014). Here, economic pressures and decreasing opportunities to carry out ethically responsible social work were identified as the main causes. Additionally, the work-related moral distress caused by insufficient resources was found as a significant predictor with regard to social workers' sick leave and turnover intentions (Mänttäri-van der Kuip, 2016). The descriptions above emphasize the importance of the interrelation of relationship-based social work, the work-related well-being of employees, and the importance of a supportive work environment. Further, they illustrate that work-related well-being is a complex construct consisting of diverse factors, which may be either supportive or a hindrance, depending on the particular constellation of the organisational structure and the employees' individual vulnerability. This article seeks to contribute to the knowledge about the processes of developing mental distress among social workers and its relevance for the quality of the worker–client relationship.

EXPLORATION OF SOCIAL WORKERS' WORK-RELATED DISTRESS IN HUMAN SERVICE ORGANISATIONS

Selection of relevant publications

Determination of the sources of work-related mental distress, as well as the associated concepts, was followed by the identification of the literature explaining the phenomena, either theoretically or empirically. A social science database set containing the 10 preset databases Arts & Humanities Citation Index (ISI), Business Source Elite (EBSCO), EBSCOhost Academic Search Premier, Emerald Journals (Emerald), JSTOR Arts & Sciences I Collection, ScienceDirect (Elsevier), Social Sciences Citation Index (ISI), Social Services Abstracts (ProQuest), SocINDEX with Full Text (EBSCO), Sociological Abstracts (ProQuest), was used to search for publications contributing best to explain the concepts. As keywords, "child welfare", "child protection", "employee well-being", "mental distress", "occupational well-being", "social work" and the names of the concepts listed in Table 1 were used separately and in combination with each other for information retrieval. A certain timeframe was not set, as it was focused on publications contributing best to the purpose of this investigation. The criteria for selection were that, on the one hand, the publications were theoretical descriptions of one of the concepts or, on the other hand, that they were empirical studies on mental distress carried out in the field of social work and, particularly, in the field of child protection. Attention was paid to papers describing the specific characteristics of the respective phenomena and the outcomes for individuals and organisations. Further, it was important to reveal information about sources of work-related distress, as well as to identify the preventing and supporting factors. Papers reviewing the literature, focusing on measurement issues and studies undertaken in a special or regional context did not qualify for the analysis. Additional information was drawn from literature dealing with the aspects of relationship-based practice as a basic element of the nature of social work (e.g. Sudbery, 2002; Trevithick, 2003; Ruch, Turney, Ward, 2010).

Concepts describing social workers' work-related distress

Several key-concepts were identified that describe social workers' mental distress. As the scope of this paper has a different emphasis, they are described very briefly here. A structured overview of the concepts is provided in Table 1. The selected categories briefly present the characteristics and process of development of the respective distress, major causes of symptoms and their impact on individual and institutional level, as well as the specific protecting factors.

Burnout among social workers, caused by job-related factors, is probably the most noted issue and represents a serious concern for social work professionals (e.g. Gillespie, 1986; Söderfeld,

Söderfeld, Warg, 1995; Lizano, 2015). The burnout phenomenon in care-giving and service occupations, occurring as a response to chronic emotional and interpersonal stressors on the job, was mentioned first by Freudenberger (1974). This concept was further developed by Maslach and co-workers (e.g. Maslach, Jackson, 1981; Maslach, Schaufeli, Leiter, 2001), who defined the three dimensions (emotional exhaustion, depersonalization and personal accomplishment) on which the outcome of burnout appears. Decker, Bailey, and Westergaard (2002:63) formulated their definition of burnout as "*a physical, mental and emotional reaction to chronic, everyday stress that results from social interaction*", which is a common phenomenon in the helping profession. Another concept that is used to explain absenteeism and high turnover rates among social workers is *occupational stress* (Coffey, Dugdill, Tattersall, 2004; Nissly, Mor Barak, Levin, 2005). However, the concepts of work-related stress are hard to distinguish from the burnout concept. Authors using stress concepts to explain burnout use the concepts synonymously or describe burnout as a negative response to stress (Bradley, Sutherland, 1995). The concept of occupational stress was defined by Farmer, Monahan and Hekeler (1984). The authors distinguished personal and occupational stress factors that, if chronic, can lead to negative physiological and emotional effects. Resulting from chronic personal and occupational stress factors, behavioural reactions such as argumentativeness and fighting, withdrawal and uncommunicativeness, refusal to socialize or overdependence were identified.

Further related concepts are *CF, STS, VT* and *CT. CF* is defined as "*the professional or caregiver's reduced capacity or interest in being empathic to client situations*" (Dill, 2007:183) and has been said to be "*a direct result of exposure to client suffering*" (Radey, Figley, 2007:207). CF is an element of burnout, but it differs in that it can occur as the result of a single exposure to trauma (Conrad, Kellar-Guenther, 2006). Similar to burnout, the risk of developing CF is basically grounded in work-related emotional overload related to staff–client interaction (Dill, 2007; Sprang, Clark, Whitt-Woosley, 2007). In contrast to burnout, CF is associated with a sense of helplessness and confusion and has a faster development of symptoms (Figley, 2002). Conrad and Kellar-Guenther (2006:1073) mention the feeling of helplessness in CF, as in burnout. The process of CF development ranges from compassion satisfaction to compassion stress and ends with CF (Sprang, Clark, Whitt-Woosley, 2007). Whereas burnout is caused by staff–client interaction, CF specifically has its source in the chronic experience of clients' miseries (Conrad, Kellar-Guenther, 2006). Kanter (2007) points out in his article the importance of self-care, particularly for those who focus daily on caring for others.

The concept of CT is defined as the emotional reaction to current work experiences, triggered by the social worker's past life experiences (Kanter, 2007). CT differs from CF in its "*chronic attachment associated with family of origin relationships*" (Figley, 2002:1436) and is not related to the worker's empathy toward the client's trauma. Few studies deal with the concept of VT (which refers to the negative impact of work with traumatized clients) (Agass, 2002; Bride, Radey, Figley, 2007; Bride, Jones, MacMaster, 2007; Dill, 2007). Dill (2007) points out the interchangeability of VT with CF but distinguishes VT from CF as a cumulative form of trauma that can lead to changes in self and professional identity. Further, the conceptions of *trauma* and *STS* are mentioned in the literature to explain problems with social workers' well-being. Using psychoanalytical trauma theory, Horwitz (1998:365) refers to social worker trauma that can occur "*when a caseload event or series of events is beyond the capacity of the social worker to manage*". He distinguishes between direct and indirect trauma experienced by the social worker through work with clients. The concept of STS differs from the trauma conception in that the social worker does not experience the trauma himself or herself but is nevertheless closely touched by the client's trauma (Figley, 2002; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang, Clark, Whitt-Woosley, 2007; Dill, 2007). Distinguishing STS from other concepts is rare in the literature. Figley (2002), and Bride, Radey, and Figley (2007) say it is synonymous to CF, the latter mentioning that it is "*nearly identical to posttraumatic stress*" (Bride, Radey, Figley, 2007:155). All the above-mentioned authors refer to a personal trauma history as

a significant risk factor for developing STS syndrome and mention social support and positive coping strategies as important preventive interventions.

Any of the described concepts provide important information on the complex structure of social workers' work-related well-being. Each of the seven concepts refers to different sources of distress and outcomes with regard to the work-related functionality of social workers and their possible consequences on the organisational outcomes. However, it is also important to mention that some social workers gain power, engagement, and satisfaction from exactly the same settings in which others develop mental distress (Graham, Shier, 2010). For them, it is essential to be in a relationship with clients and to follow the process and development that lead to satisfying outcomes. Compassion satisfaction is the pleasure received from helping people and it is the opposite of CF (Conrad, Kellar-Guenther, 2006; van Hook, Rothenberg, 2009). The authors state that the basic requirements for CF are a workplace that offers the possibility to work with people, and the employees' ability to offer and create warm, caring, and trustworthy relationships with those people. For the social worker, the gratification from worker–client relationships represents the main benefit of the work. Radey and Figley (2007) developed a model for creating compassion satisfaction, pointing out the importance of affect, work resources and self-care for social workers' well-being. Social workers who obtain pleasure from helping clients and obtain good feelings from having the ability to help scored high on compassion satisfaction (Conrad, Kellar-Guenther, 2006; van Hook, Rothenberg, 2009). In the following section, the characteristics of relationship-based settings are explored and linked with the processes of developing mental distress as described above.

Table 1: Overview on Concepts Describing Social Workers' Work-Related Distresses

Concept	Definition and process	Major cause	Institutional outcomes	Individual outcomes	Preventive factors	Publication sources
Burnout Syndrome	- chronically ongoing three dimensions: - exhaustion - cynicism/ depersonalization - personal accomplishment/ professional efficiency	- institutional, individual and social variables - client-worker interaction	- turnover of staff - low morale - inhumane client treatment - reduced commitment - cynicism	- emotional exhaustion - physical and psychological diseases - sense of helplessness and isolation - alcohol and drug use	- social support from institution and peers - job-related training - work experience - age	Freudenberger, 1974; Maslach, Jackson, 1981; Gillespie, 1986; Söderfeld et al., 1995; Maslach et al., 2001; Decker et al., 2002; McCarter, 2007; Lizano, 2015
Compassion Fatigue	- an element of burnout - fast development three stages: - compassion satisfaction - compassion stress - compassion fatigue	- emotional overload - client-worker interaction - chronic experience of clients' misery	- absenteeism - turnover of staff - reduced professional performance	- depression - nightmares - functional impairment - emotional exhaustion	- social support - supervision - positive coping strategies - education - decreased caseload size	Figley, 2002; Nelson-Gardell. Harris. 2003; Conrad, Kellar-Guenther, 2006; Sprang et al., 2007; Dill, 2007; Radey, Figley, 2007; Kanter, 2007

Counter-transference	- psychodynamic process - process of seeing one's self in the client - the worker's reaction to the client	- worker's family of origin relationships - client-worker interaction - over identification with the client and his/her needs	- absenteeism - turnover of staff - limited professional outcomes - failure in assessment and intervention	- distressing emotions - psychological stimulation - functional impairment	- social support - supervision - education	Agass, 2002; Figley, 2002; Kanter, 2007
Vicarious Trauma	-interchangeability with compassion fatigue - cumulative trauma	- emotional overload - client-worker interaction - chronically experience of clients' misery - negative impact from clients	- absenteeism - turnover of staff - reduced professional performance	- depression - nightmares - functional impairment - emotional exhaustion	- social support - supervision - positive coping strategies - education - decreased caseload size	Sexton, 1999; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Bride, Jones, McMaster, 2007; Dill, 2007; Knight, 2010
Trauma	a single and suddenly appearing event, which was unexpected to happen	overwhelming psychological and emotional response to clients' situations and behaviour	- absenteeism - reduced professional performance	- shock behaviour - helplessness - numb feelings - hypervigilance	- social support - supervision - resilience	Horwitz, 1998; Figley, 2002; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang et al., 2007; Dill, 2007; Knight, 2010
Secondary Traumatic Stress	- psychological effects - chronically progressive - knowledge about traumatic events experienced by others	- personal history of trauma - client-worker interaction - empathic engagement with clients' traumatic experiences - caseload size	- absenteeism - turnover of staff - reduced professional performance	- avoidant responses - physiological stimulation - distressing emotions - functional impairment	- social support - supervision - positive coping strategies - education - decreased caseload size	Horwitz, 1998; Figley, 2002; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang et al., 2007; Dill, 2007; Knight, 2010
Occupational Stress Syndrome	- chronically ongoing - institutional, situational and individual levels	- job demands - job-related factors	- absenteeism - turnover of staff - low morale - poor decision-making	- chronic physical and psychological diseases - irritability - difficulty in concentrating	- social support - job demand evaluation - reducing organisational constraints - relaxation	Farmer et al., 1984; Bradley, Sutherland, 1995; Coffey et al., 2004; Nissly et al., 2005; Collins, 2008

THE IMPORTANCE OF THE IMPAIRED WORK-RELATED WELL-BEING OF SOCIAL WORKERS IN HUMAN SERVICE ORGANISATIONS

Social work in relationship-based settings

The central part of statutory social work takes place in face-to-face contact between the social worker and the service users. Since the nature of social work is to deal with very personal matters and individual tragedies, these meetings differ essentially from work with clients in other office settings. Harm, illnesses and tragic fates are the themes that clients drag around and bring along to their appointments, but the employees may also have their own worries and tragedies (Sudbery, 2002; Shier et al., 2012). Therefore, the helping process does not take place as a sterile public service procedure but between two individuals with their own biographical background and personal attributes. Even though social service localities are typical public facilities, the meeting at the office is often much more than a neutral talk about problems and solutions. The procedure usually takes place in a triangular system consisting of the service provider, the service employee and the service user. Together, they work to find solutions for the service user's misery (Hingley-Jones, Mandin, 2007). Leaving the contact with the social service successfully depends on a number of factors and on the cooperation of the involved systems. Particularly in the field of child protection, one dilemma is the dual role of social work. Balancing the dichotomy between care and control is a challenge for organisations and employees, and the handling of that dilemma is a tricky challenge for the management of social services as well as for the employees (Ruch, Turney, Ward, 2010; Hasenfeld, 2010; Zosky, 2010). By legislation (Räty, 2010) Finnish social workers, for instance, are provided with strong power and high responsibility in the decision-making process, which makes the dilemma even more challenging.

Besides these obstacles, these characteristics of social service work make the quality of the helping relationship one of the most important determinants for the client and case outcome (Trevithick, 2003). Accordingly, due to these work conditions of social work, developing and maintaining a good worker–client relationship is a great challenge for both parties. Researchers found that a good worker–client relationship is characterized by mutual respect, acceptance, trust, warmth, liking, understanding and collaboration (e.g. Ribner, Knei-Paz, 2002; de Boer, Coady, 2007). In a study on relationship competences, Drake (1994) identified some main characteristics that are needed to build a stable relationship. In his study professionals and clients agree on the importance of a good worker–client relationship for a successful helping process. They also agree on some key competences for both sides, such as respect, effective communication, participation in the process and avoiding prejudgment. The service users particularly mentioned the professionals' ability to listen, to show empathy and to spend time with them while assessing and solving their problems. Despite the great extent of agreement on the content of a good worker–client relationship, there are many serious obstacles in creating and maintaining the relationship.

For a better understanding of the process, it is necessary to look more closely at the actors. On one side, social work employees are professionals who are educated in helping people in need and have knowledge about legal frameworks and supporting capabilities. Previous research revealed that these professional skills depend on the educational institution attended, further training and professional experience (Hingley-Jones, Mandin, 2007; Mandell, 2008), and the employing organisation. Further, all professionals have their own personality, with a different background and biography. These range from self-experienced harm in childhood to an overly-protective childhood, and professionals are not free of unresolved problematic social experiences that can be triggered in contact with clients (Horwitz, 1998; Acquavita et al., 2009). Another important aspect is the professional's social class, which might differ from the service user's, leading to different attitudes (Sudbery, 2002; Mandell, 2008). Moreover, clients are service users who may be seeking help or may just want to get away from the service organisation as soon as possible (Ruch, Turney, Ward, 2010). Burdened by pathological psychic structures, caught in their own biographic

experiences and using mainly dysfunctional coping strategies, some clients found it impossible to develop compliance and find solutions for their problems (Agass, 2002; Trevithick, 2003). Moreover, clients often behave in unfriendly, hostile or even aggressive ways, instead (Turney, 2012). These findings indicate that working under those conditions require, on the one hand, well trained staff and the effective coping strategies of the social work employees and, on the other hand, a supportive work environment and a trustful interaction with the employing organisation.

Worker–client relationship and impaired work-related well-being
As a result, work-related distresses may lead to exhaustion, fatigue, depersonalization, reduced personal accomplishment, hopelessness, and a loss of morale and empathy, among other things (e.g. Maslach, Jackson, 1981; McCarter, 2007). These reactions have the consequence that the social worker will no longer be able to apply his or her knowledge and skills to steer the helping process and to help the client (Bride, Jones, MacMaster, 2007). By implication, work engagement and effectiveness may decrease and the esteem towards clients is lost. This may distance employees emotionally and cognitively from their work (Maslach, Schaufeli, Leiter, 2001) and may impair the social workers capability to act ethically and professionally (Mänttäri-van der Kuip, 2016). As a consequence, clients are met with indifferent and cynical attitudes, and with the intention to get rid of them rather than helping them to solve their problems.

As described above, due to their burdening life situation service users may be the trigger for creating such a response in workers (Shier et al., 2012; Joseph, Murphy, 2014). Clients bring these issues into the relationship more or less willingly and consciously and rely on the professional's skills to deal with them (Mason, 2012). Nevertheless, clients might also suffer from a negatively developing worker–client relationship and its side effects on the institutional side (Decker et al., 2002). Even though it is clearly more a work relation than a private relation, the issues discussed are very private for the client. Stable, reliable relationships need time to be built up, particularly in a non-voluntary context with a person with whom the client did not choose to work. Previous research emphasized that social worker turnover or service provider change interrupts these relationships and, thereby, possibly the whole helping process, which may lead to personal disruption or a prolonged crisis for the client (McCarter, 2007). In some cases, it might even worsen the situation if the necessary support could not be granted because of breaks in helping processes. Other cases stay unresolved, inasmuch as the client has resigned and refuses further relationship offers from the employee's side (Trevithick, 2003). This may result in serious problems for the employees, the service users and the service providers.

Drawing on the explorations above, it can be suggested that the relationship between the social worker and the client can be seen as the interface of the helping process, and the underlying processes of the relationship are important with regard to several factors: client compliance, case outcomes, well-being of employees and clients, and overall mission of the service providing organisation. One more potential challenge in building the relationship is the power imbalance between the employee and the service user: this dilemma needs to be considered and acknowledged in the process and is not implicitly a hindering factor for a constructive worker–client relationship (Mandell, 2008; Ruch et al., 2010). Depending on the quality of the relationship, it can be experienced as either supportive or burdensome for the development of solutions. Thus, the process of building a relationship is very complex and to some degree subconscious, and the participating actors are often unaware of the factors that influence it. Consequently, the emotions experienced in the relationship may have negative effects on the individual well-being as well as on the worker–client relationship (Horwitz, 1998; Bride, Jones, MacMaster, 2007).

This implies that the social worker needs to be able to influence and steer the relationship as well as to handle the emerging emotions. Hence, it is the social worker's responsibility to form and maintain the relationship and use it as a tool for enabling the client's personal growth, and to change unconstructive behaviour (Sudbery, 2002; Mason, 2012). Overwhelming emotions and

unprofessional relationships sharply deteriorate the effective balance of social workers, putting them in danger of developing mental distress. Additionally, the client's situation may stagnate or even deteriorate within that setting. These illustrations call for additional attention to be paid to the importance of the worker–client relationship in order for there to be a successful helping process and to discern its impact on the well-being of employees and clients.

Worker–organisation interaction and impaired work-related well-being

As a basic principle, the helping process and the social worker's action is embedded in the organisational framework. For solutions to mitigate the negative consequences of the above-described outcomes of worker–client relationships, various interventions and support are required on the organisational and individual dimensions (e.g. Collins, 2008; Acquavita et al., 2009; Lizano, Mor Barak, 2012). On the organisational dimension, the basic framework for the service provided is given and the standards and demands for its employees are defined, including a range of possible actions and responsibilities on which to act (Ruch, 2012). On the individual dimension, private social support, effective self-care, work experience and training were found as effective resources for avoiding work-related distress (Coffey, Dugdill, Tattersall, 2004; Nissly, Mor Barak, Levin, 2005; Conrad, Kellar-Guenther, 2006; Dill, 2007). Service users, however, may also need additional support from services to address both the psychic harms that initially emerged, and new ones. Here, service users can learn to deal with harm and to process unresolved problematic experiences. Professional facilities should be at the forefront but also voluntarily organized groups, family and friends can help to deal with problematic situations. However, the clients in the most delicate situations are in the greatest need of stability in their caring workers (van Hook, Rothenberg, 2009). Here, self-care is the key word for both clients and employees, although the possibilities for that are different.

Also, the individual factors represent an important contribution for balancing a social worker's impaired work-related well-being, their benefit is limited with regard to distress that occurs in the context of the work. Here, the employing organisation has the liability to support the social workers adequately. With regard to the preventive factors found from the exploration of the concepts of work-related distress, social support, peer support and supervision were found to be effective interventions for dealing with harmful emotions and psychological distress, either as preventive factors or acute interventions (e.g. Dill, 2007; Bride, Jones, MacMaster, 2007; Kanter, 2007). With regard to supervision, one should distinguish between the supervision given by an expert and more informal peer support. Both aim to balance emotionally burdening situations and to maintain work-related well-being. Whereas supervision is a structured and time-limited resource used to solve complex situations, peer support is usually promptly available and used for short discussions. Therefore, for organisations it is worth investing in both supporting elements. Further, it can be suggested that effective job trainings provide tools for processing job-related harm and triggered burdening emotions (Sexton, 1999; Dill, 2007; Radey, Figley, 2007).

Further, organisational resources and support can be provided by arranging the work environment and the work operating processes in a way that it reduces the chances of developing work-related distresses (Collins, 2008). According to the findings the studies related to mental distress, organisational support is associated with sufficient time resources, leadership style, opportunities for peer support, a balanced caseload size, and an overall supportive work environment (e.g. Nelson-Gardell, Harris, 2003; Kanter, 2007; Sprang, Clark, Whitt-Woosley, 2007; Bride, Radey, Figley, 2007; Bride, Jones, MacMaster, 2007; Collins, 2008). The social worker has to perform reliably and professionally in a demanding field and need to recover from occurring stressful experiences. For this purpose, a supportive work environment and sufficient resources are indispensable. This is made difficult by the fact that working with deprived persons with destructive behavior patterns exposes professionals to the risk of transferring those patterns into their own work environments (Sexton, 1999; Agass, 2002). Especially, the stressful and demanding work in the field of child

protection requires an adequate and pleasant working atmosphere to enable the maintaining of a constant level of social well-being. Here, particularly, the ability to engage in authentic behavior at work supports the social workers' work-related well-being (Farmer, Monahan, Hekeler, 1984; Warr, Clapperton, 2009). Finally, this implies that efficient interaction and cooperation between the organisation and the social workers represent the key features in avoiding impaired work-related well-being.

DISCUSSION

The examinations undertaken in this study focus on the worker–client relationship as a central element in the overall social-work helping process in which the organisation, the employee and the service user are directly involved. As a result of these examinations, a number of factors supporting the work-related well-being of child welfare workers were discovered. Additionally, a theoretical link was made between work-related well-being and case outcome that suggested potential reciprocal effects of the worker–client relationship and employee well-being, which is in line with the findings of the recent study by Blomberg and colleagues (2015). These insights give reasons for concern and should be addressed in manifold ways. The outcomes of the theoretical examinations presented in this article, combined with the findings from empirical studies, allow inferences with regard to the factors necessary for avoiding impaired work-related well-being of social work employees. Social workers operate in a complex field that requires not only professional expertise but also extended communication skills, emotional strength and effective coping strategies for dealing with demanding job conditions. Another essential element in avoiding the negative outcomes is organisational support, which should be coordinated according the employees' needs (Sprang, Clark, Whitt-Woosley, 2007; van Hook, Rothenberg, 2009).

When discussing the solutions for enhancing work-related well-being in child welfare social work, it is indicated that one should differentiate between the distress caused by the nature of child welfare social work and distress related to structural deficits in the organisation (Nissly, Mor Barak, Levin, 2005; Blomberg et al., 2015). The high emotional and professional demands in relationship-based social work settings and available organisational resources represent the key areas with the greatest importance for the social workers' work-related well-being. It can be assumed that a number of individual factors and personality traits influence employees' ability to build relationships and, therefore, influence their performance. However, the organisational structure and the provided resources also play a central role in these processes. A chronic lack of resources may lead to role conflicts and decreased opportunities to carry out ethically-responsible social work and may encourage the development of mental distress among employees (Mänttäri-van der Kuip, 2016). As illustrated above, the social workers' performance is embedded in the organisational framework, which is to say that both are important for each other's functioning: the better the organisational structure and resources are, the better the well-being of the employees', and conversely, the better the employees' well-being, the better the organisational functioning and the achievement of objectives.

In Finland, an occupational health service for social and health care employees was recently developed and implemented in order to provide additional help to the "in-house support" (Peurala, Kankaanpää, 2006). The service is based on the Occupational Health Care Act (2015) and provides free access to all employees during work time. This, generally, can be seen as a valuable action in supporting the employees' work-related well-being. However, the services and support can only provide help in handling the distress developed by the exposure to specific work conditions related to the nature of child protection work and cannot compensate for the structural deficits of the work environment or the organisational operating process. The results of the examinations present in this article indicate solutions addressing the nature of social work and case processing that are in line with the suggestions of Miettinen and Stenroos (2011), and Blomberg et al. (2015).

The structural deficits and reduced organisational resources were not explicitly discussed in this study. This, mainly can be justified by two reasons: At first, a sufficient discussion about that topic would be beyond the scope of this study. Secondly, there has been already published a number of scholar research texts about the changing conditions of social workers and the rigorous economic context in the Nordic countries, and particularly in Finland (e.g. Borritz et al., 2006; Saarinen, Blomberg, Kroll, 2012; Blomberg et al., 2015; Mänttäri-van der Kuip, 2014, 2016), and it was not the objective of the present study to add further knowledge to this discussion.

However, the importance of insufficient resources and the ongoing structural changes in the field have not been ignored in this study, but were integrated as factors in the overall description of work-related well-being. Eventually, the intensity of these factors may vary a lot between the organisations according to their current organisational structures and the available budget. By describing all the factors as theoretically equal with the same relevance, the complex structure and the multidimensionality of social workers' work-related well-being is emphasized.

CONCLUSIONS

This article aimed at linking the factors related to social workers' mental distress with the working conditions of social workers in relationship-based settings, and to reveal the risks of developing mental distress. As a result, the article reveals the complexity of the underlying processes and demonstrates the impact of work-related distress on the client-worker relationship and on the quality of work outcomes.

The variety of mental distresses caused by the emotionally demanding worker–client relationship give reason for concern regarding the work-related well-being of social workers. The examination of the interdependency of relationship-based settings in social work and impaired work-related well-being of social workers, discovered the mutual benefit of a high level of work-related well-being of social workers. Hence, this indicates that the necessary investigations of developing and maintaining the work-related well-being of social workers are shared between the organisation and the employee. Both have their own responsibilities and tasks, and these need to be adjusted in cooperation of both. Although work-related well-being generally consists of the same elements, it needs to be adjusted to the individual requirements of the employee and the particular requirements of the work unit. The patterns of mental distress are as manifold as the solutions for them, which is an additional challenge in the very complex task of research on work-related well-being. This study suggests the adoption of a multidimensional approach to work-related well-being that takes into account the complex structure of work-related well-being. Being aware of the fact that sometimes structural deficiencies cannot be changed, one advantage of this approach is the identification of factors that can compensate for the deficiencies to some extent.

The findings presented in this paper point to the investigation of work-related well-being of social workers in further research, not only in Finland but also in an international context. Although the literature in this study is based on empirical research, further investigations are needed to confirm the suggestions presented in this paper. Thus, the potential theoretical relationships presented in this study raise a number of questions that also need to be answered empirically. Those are, for instance:

- Why are social work professionals particularly vulnerable to developing mental distress?
- What are the differences when compared to professionals from related professions, such as psychologists or psychiatrists?
- What is the structure of the work-related well-being of social workers?
- What are the factors contributing to work-related well-being?
- What is the impact of the organisational support of the employees' work-related well-being?
- How can the elements of the interaction of the organisation and the employee be determined?

Based on these research questions, the starting point and the focus of future investigations are the work conditions and the work-related well-being of social workers and their supporting network. These issues need to be addressed in order to obtain and maintain a retainable work force that is capable of facing the challenges specifically related to child protection social work. In addition to these work-related topics, further research should address the impact of both impaired structural work conditions and the chronic lack of resources on the worker–client relationship and case processing.

REFERENCES

ACQUAVITA, S. P., PITTMAN, J., GIBBONS, M. et al. 2009. Personal and Organizational Diversity Factors' Impact on Social Workers' Job Satisfaction: Results from a National Internet-Based Survey. *Administration in Social Work*, 33(2), 151–166.

Act No. 817/2015, *Law for Social Welfare Professionals* [online]. Finlex Data Bank. [20. 3. 2016]. Available at: http://www.finlex.fi/fi/laki/alkup/2015/20150817

Act No. 1383/2001, *Occupational Health Care* [online]. Finlex Data Bank [12. 6. 2015]. Available at: https://www.finlex.fi/en/laki/kaannokset/2001/en20011383

AGASS, D. 2002. Countertransference, Supervision and the Reflection Process. *Journal of Social Work Practice*, 16(2), 125–133.

BLOMBERG, H., KALLIO, J., KROLL, C. et al. 2015. Job Stress among Social Workers: Determinants and Attitude Effects in The Nordic Countries. *British Journal of Social Work*, 45(7), 2089–2105.

BORRITZ, M., RUGULIES, R., BJORNER, J. B. et al. 2006. Burnout among Employees in Human Service Work: Design and Baseline Findings of the PUMA Study. *Scandinavian Journal of Public Health*, 34(1), 49–58.

BRADLEY, J., SUTHERLAND, V. 1995. Occupational Stress in Social Services: A Comparison of Social Workers and Home Help Staff. *British Journal of Social Work*, 25(3), 313–331.

BRIDE, B. E., JONES, J. L., MACMASTER, S. A. 2007. Correlates of Secondary Traumatic Stress in Child Protective Service Workers. *The Journal of Evidence-Based Social Work*, 4(3/4), 69–80.

BRIDE, B. E., RADEY, M., FIGLEY, C. R. 2007. Measuring Compassion Fatigue. *Clinical Social Work Journal*, 35(3), 155–163.

COFFEY, M., DUGDILL, L., TATTERSALL, A. 2004. Stress in Social Services: Mental Well-Being, Constraints and Job Satisfaction. *British Journal of Social Work*, 34(5), 735–746.

COLLINS, S. 2008. Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*, 38(6), 1173–1193.

CONRAD, D., KELLAR-GUENTHER, Y. 2006. Compassion Fatigue, Burnout and Compassion Satisfaction among Colorado Child Protection Workers. *Child Abuse & Neglect*, 30(10), 1071–1080.

DE BOER, C., COADY, N. 2007. Good Helping Relationship in Child Welfare: Learning from Stories of Success. *Child and Family Social Work*, 12(1), 32–42.

DECKER, J. T., BAILEY, T. L., WESTERGAARD, N. 2002. Burnout among Childcare Workers. *Residential Treatment for Children & Youth*, 19(4), 61–77.

DILL, K. 2007. Impact of Stressors on Front-Line Child Welfare Supervisors. *The Clinical Supervisor*, 26(1/2), 177–193.

DRAKE, B. 1994. Relationship Competences in Child Welfare Services. *Social Work*, 39(5), 595–602.

DRAKE, B., YADAMA, G. N. 1996. A Structural Equation Model of Burnout and Job Exit among Child Protective Service Workers. *Social Work Research*, 20(3), 179–188.

FARMER, R. E., MONAHAN, L. H., HEKELER, R. W. 1984. *Stress Management for Human Services*. London: Sage.

FIGLEY, C. 2002. Compassion Fatigue: Psychotherapists' Chronic Lack of Self-Care. *Psychotherapy in Practice*, 58(11), 1433–1441.

FREUDENBERGER, H. J. 1974. Staff burn-out. *Journal of Social Issues*, 30(1), 159–165.

GILLESPIE, D. F. (Ed.). 1986. *Burnout among Social Workers*. New York: The Harworth Press.

GRAHAM, J. R., SHIER, M. L. 2010. The Social Work Profession and Subjective Well-Being: The Impact of a Profession on Overall Subjective Well-Being. *British Journal of Social Work*, 40(5), 1553–1572.

HASENFELD, Y. 2010. Organizational Responses to Social Policy: The Case of Welfare Reform. *Administration in Social Work*, 34(2), 148–167.

HINGLEY-JONES, H., MANDIN, P. 2007. Getting to the Root of Problems: The Role of Systemic Ideas in Helping Social Work Students to Develop Relationship-Based Practice. *Journal of Social Work Practice*, 21(2), 177–191.

HORWITZ, M. 1998. Social Worker Trauma: Building Resilience in Child Protection Social Workers. *Smith College Studies in Social Work*, 68(3), 363–377.

JOSEPH, S., MURPHY, D. 2014. Trauma: A Unifying Concept for Social Work. *British Journal of Social Work*, 44(5), 1094–1109.

KANTER, J. 2007. Compassion Fatigue and Secondary Traumatization: A Second Look. *Clinical Social Work Journal*, 35(4), 289–293.

KNIGHT, C. 2010. Indirect Trauma in the Field Practicum: Secondary Traumatic Stress, Vicarious Trauma, and Compassion Fatigue among Social Work Students and Their Field Instructors. *Journal of Baccalaureate Social Work*, 15(1), 31–52.

LIZANO, E. L. 2015. Examining the Impact of Job Burnout on the Health and Well-Being of Human Service Workers: A Systematic Review and Synthesis. *Human Service Organizations: Management Leadership & Governance*, 39(3), 167–181.

LIZANO, E. L., MOR BARAK, M. E. 2012. Workplace Demands and Resources as Antecedent of Job Burnout among Public Child Welfare Workers: A Longitudinal Study. *Children and Youth Services Review*, 34(9), 1769–1776.

MANDELL, D. 2008. Power, Care and Vulnerability: Considering Use of Self in Child Welfare Work. *Journal of Social Work Practice*, 22(2), 235–248.

MÄNTTÄRI-VAN DER KUIP, M. 2016. Moral Distress among Social Workers: The Role of Insufficient Resources. *International Journal of Social Welfare*, 25(1), 86–97.

MÄNTTÄRI-VAN DER KUIP, M. 2014. The Deteriorating Work-Related Well-Being among Statutory Social Workers in a Rigorous Economic Context. *European Journal of Social Work*, 17(5), 672–688.

MASLACH, C., JACKSON S. E. 1981. The Measurement of Experienced Burnout. *Journal of Occupational Behaviour*, 2(2), 99–113.

MASLACH, C., SCHAUFELI, W. B., LEITER, M. P. 2001. Job Burnout. *Annual Reviews Psychology*, 52, 397–422.

MASON, C. 2012. Social Work the ´Art of Relationship´: Parents' Perspectives on an Intensive Family Support Project. *Child & Family Social Work*, 17, 368–377.

MCCARTER, A. K. 2007. The Impact of Hopelessness and Hope on the Social Work Profession. *Journal of Human Behaviour in the Social Environment*, 15(4), 107–124.

MIETTINEN, M., STENROOS, M-L. 2011. *Lupaako laki liikaa? Selvitys lastensuojelulain asettamien määräaikojen noudattamisesta Etelä-Suomen aluehallintoviraston toimialueen kunnissa.* Report 15/2011. Hämeenlinna: The Regional State Administrative Agency of Southern Finland.

NELSON-GARDELL, D., HARRIS, D. 2003. Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Child Welfare*, LXXXII(1), 5–26.

NISSLY, J. A., MOR BARAK, M. E., LEVIN, A. 2005. Stress, Social Support, and Workers'

Intentions to Leave Their Jobs in Public Child Welfare. *Administration in Social Work*, 29(1), 79–100.

PEURALA, M., KANKAANPÄÄ, E. 2006. Developing Occupational Health Services for Social and Health Care Employees in Municipal Organizations. *International Congress Series*, 1294, 73–76.

RADEY, M., FIGLEY, C. R. 2007. The Social Psychology of Compassion. *Clinical Social Work Journal*, 35, 207–214.

RÄTY, T. 2010. *Lastensuojelulaki*. Helsinki: Edita.

RIBNER, D. S., KNEI-PAZ, C. 2002. Client's View of a Successful Helping Relationship. *Social Work*, 47(4), 379–387.

RUCH, G. 2012. Where Have all the Feelings Gone? Developing Reflective and Relationship-Based Management in Child-Care Social Work. *British Journal of Social Work*, 42(7), 1315–1332.

RUCH, G., TURNEY, D., WARD, A. (Eds.). 2010. *Relationship-Based Social Work*. London: Kingsley.

SAARINEN, A., BLOMBERG, H., KROLL, C. 2012. Liikaa vaadittu? Sosiaalityöntekijöiden kokemukset työnsä kuormittavuudesta ja ristiriitaisuudesta Pohjoismaissa. *Yhteyskuntapolitiikka*, 77(4), 403–418.

SEXTON, L. 1999. Vicarious Traumatisation of Counsellors and Effects on their Workplaces. *British Journal of Guidance & Counselling*, 27(3), 393–403.

SHIER, M. L., GRAHAM, J. R., FUKUDA, E. et al. 2012. Social Workers and Satisfaction with Child Welfare Work: Aspects of Work, Profession, and Personal Life that Contribute to Turnover. *Child Welfare*, 91(5), 117–138.

SINKO, P., MUURONEN, K. 2013. *Olisiko jo tekojen aika?* Helsinki: Central Union for Child Welfare & Union of Professional Social Workers.

SÖDERFELD, M., SÖDERFELD, B., WARG, L-E. 1995. Burnout in Social Work. *Social Work*, 40(5), 638–646.

SPRANG, G., CLARK, J., WHITT-WOOSLEY, A. 2007. Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of Loss and Trauma*, 12(3), 259–280.

SPRANG, G., CRAIG, C., CLARK, J. 2011. Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress across Professionals Groups. *Child Welfare*, 90(6), 149–168.

SUDBERY, J. 2002. Key Features of Therapeutic Social Work: The use of Relationship. *Journal of Social Work Practice*, 16(2), 149–162.

TREVITHICK, P. 2003. Effective Relationship-Based Practice: A Theoretical Exploration. *Journal of Social Work Practice*, 17(2), 163–176.

TURNEY, D. 2012. A Relationship-Based Approach to Engaging Involuntary Clients: The Contribution of Recognition Theory. *Child & Family Social Work*, 17(2), 149–159.

VAN HOOK, M. P., ROTHENBERG, M. 2009. Quality of Life and Compassion Satisfaction/ Fatigue and Burnout in Child Welfare Workers: A Study of Child Welfare Workers in Community Based Care Organizations in Central Florida. *Social Work & Christianity*, 36(1), 36–54.

WARR, P. B., CLAPPERTON, G. 2009. *The Joy of Work? Jobs, Happiness, and You*. New York: Routledge.

ZOSKY, D. L. 2010. Wearing Your Heart on Your Sleeve: The Experience of Burnout among Child Welfare Workers Who are Cognitive Versus Emotional Personality Types. *Journal of Public Child Welfare*, 4(2), 117–131.

The Six Dimensions of Child Welfare Employees' Occupational Well-Being

▪ **Andreas Baldschun**[1]
Junior Research Fellow in Social Work, Department of Social Sciences, University of Eastern Finland

ABSTRACT

The objective of this paper is the creation of a multidimensional model of occupational well-being for child welfare professions and the definition of the model's six dimensions of well-being: affective, social, cognitive, professional, personal, and psychosocial well-being. Previous concepts that were used to describe child welfare employees' well-being at work focused, primarily, on single aspects of work-related mental distress or well-being, disregarding the complexity of well-being in child welfare professions. The model presented here is based on an analysis of theoretical concepts and empirical studies addressing child welfare workers' mental distress and well-being. The body of variables, consisting of individual and organizational factors and gathered from the analysis, is used to create a positively oriented model. The key processes in developing psychological distress, as well as employee well-being, are seen in worker–client relationships and the interactions of organizations with their employees. The presented model reveals the importance of constructive interaction between organizations and employees concerning the creation and maintenance of occupational well-being. Application of the model will contribute to the enhancement of the occupational well-being of child welfare employees and, thereby, of organizational well-being. Additional investigations are needed for the empirical validation of the model.

KEY WORDS

Child welfare / concept analysis / employee well-being / mental distress / multidimensional model / occupational well-being / social work

Introduction

Due to increasing sick leave and turnover rates, work-related well-being is a current topic in the social work profession, particularly in the fields of child welfare and child protection (e.g., Collins 2008; van Hook & Rothenberg 2009). The reasons for diminished well-being are frequently discussed in terms of high caseloads, lack of staff, and a general change in work demands. However, the occupational well-being of child welfare employees is a very complex construct and can be best explained in a multidimensional model. Such a model is still missing and this study is aiming on the creation of a six-dimensional model taking into account the specific conditions of child welfare professions. In order to get more detailed information on the occupational well-being of child welfare professionals, the multidimensional model of the occupational well-being of teachers developed by van Horn and colleagues (2004), encompassing

---

[1] Andreas Baldschun, Department of Social Sciences, University of Eastern Finland, PO-BOX 1627, 70211 Kuopio, Finland, E-mail: Andreas.Baldschun@uef.fi

the social, cognitive, affective, personal, professional, and psychosomatic dimensions, is here further developed by adding the personal well-being dimension and was redefined to the context of child welfare professions. The additional dimension enables the integration of variables outside the workplace, such as family support or self-care in the model on an independent dimension. The structure of the model is based on variables gathered from the analysis of literature dealing with key concepts of work-related mental distress, including burnout syndrome, compassion fatigue (CF), countertransference (CT), vicarious trauma, traumatic stress, secondary traumatic stress and occupational stress syndrome, and concepts of work-related well-being, including job engagement, job satisfaction, compassion satisfaction, job demands–resources model, job crafting, and occupational well-being model.

Occupational well-being is influenced by a number of variables in several dimensions, and the avenues for developing and maintaining employee well-being are manifold. Various concepts are used in describing the vulnerability of child welfare employees to developing mental distress, and others focus on positive descriptions of work-related well-being. Although they have different orientations, the concepts have in common that they focus on single aspects of distress or well-being, disregarding the complexity of occupational well-being in child welfare professions. The model presented in this article is particularly constructed for child welfare professions, taking into account their special work conditions and demands and their impact on the different dimensions. Taking into consideration the characteristic work environment, work demands, and aims of child welfare professions, the main fields of research are the nature of child welfare work, the emotionally demanding worker–client interaction, and the interaction between employees and the organization. The underlying processes in these fields are the main sources of both mental distress and well-being in child welfare professions, and within these fields, it is possible to identify the processes and variables contributing to the occupational well-being of child welfare employees. This model is based on a positive view on work-related well-being and is focusing on protecting and supporting factors instead of the symptoms of mental distress and contributes to a deeper understanding of the occupational well-being of child welfare professionals. The next chapter provides an overview of the key concepts used for the concept analysis followed by describing the methodology applied in the study. Then, the findings of the concept analysis are presented in the results chapter continuing with the construction of the six-dimensional model. The article is being concluded with a discussion on the topic and by bringing up further implications.

Overview of the key concepts of work-related mental distress and well-being

From the literature, two groups of concepts were identified: concepts of work-related mental distress and concepts of work-related well-being. The difference between the concepts is found in their basic orientation toward either negative or positive outcomes. Whereas concepts of mental distress focus on symptoms and consequences for employees and organizations, the concepts of well-being reveal the factors which lead to higher levels of well-being and better performance outcomes. Probably the most common concept used to describe work-related distress is the *burnout syndrome*. Burnout, caused

by a response to chronic emotional and interpersonal stressors on the job, represents a serious concern in the social work profession (Gillespie 1986; Söderfeld et al. 1995). Burnout-related job characteristics are quantitative job demands, such as workload and time pressure, and qualitative job demands, such as role conflict and role ambiguity (Decker et al. 2002). Additionally, the absence of job resources, such as social support, participation in decision-making, and job autonomy, is correlated with burnout. Occupational characteristics are related to "the emotional challenges of working intensively with other people" (Maslach et al. 2001, pp. 407–408).

Another group of concepts describing the vulnerability of child welfare employees to mental distress consists of compassion fatigue, countertransference, vicarious trauma, traumatic stress, and secondary traumatic stress. The term CF is defined as "the professional or care-giver's reduced capacity or interest in being empathic to client situations" (Dill 2007, p. 183). Radey and Figley (2007, p. 207) understand CF as "a direct result of exposure to client suffering." Work-related emotional overload, related to staff–client interaction, represents the major risk of developing CF (Dill 2007; Sprang et al. 2007). The concept of CT refers to emotional reactions to present work experiences, triggered by the social worker's past life experiences (Kanter 2007). According to Figley (2002, p. 1436), CT differs from CF in its "chronic attachment, associated with family of origin relationships," and it is not related to the worker's empathy toward the client's trauma. That is to say that harmful childhood experiences of the worker are the reason for the emotional distress caused by the current work with children and families. The concept of *vicarious trauma* describes the negative impact of work with traumatized clients in a cumulative process, which can lead to changes in self- and professional identity (Agass 2002; Bride et al. 2007a, 2007b; Dill 2007).

In addition, the conceptions of *traumatic stress and secondary traumatic stress* are associated with the well-being of child welfare workers. According to Horwitz (1998, p. 365), trauma can occur among child welfare employees, "when a caseload event or series of events is beyond the capacity of the social worker to manage." Horwitz differentiates direct and indirect trauma experienced by the social worker and caused by the work with clients. The concept of *secondary traumatic stress* occurs when the social worker is closely touched by the clients' trauma, which differs from the trauma conception in that the social worker is not experiencing a trauma himself or herself (Bride et al. 2007a; Dill 2007; Kanter 2007; Sprang et al. 2007). The authors of the various studies refer to a personal trauma history as a significant risk factor to develop a secondary trauma stress syndrome. They mention social support and positive coping strategies as important preventive interventions. The *occupational stress syndrome* represents another concept, which is used to explain absenteeism and high turnover rates among child welfare workers (Coffey et al. 2004; Nissly et al. 2005). Farmer and colleagues (1984) distinguish personal and occupational stress factors, which can lead to negative physiological and emotional effects. Chronic personal and occupational stress conditions may result in behavioral reactions, such as argumentativeness and fighting, withdrawal, refusal to socialize, and overdependence. Social support is seen as the most effective mitigation against negative outcomes in all forms of job-related stressors (Collins 2008; Farmer et al. 1984; Nissly et al. 2005).

The above-mentioned concepts deal with negative outcomes for child welfare workers caused by the work with children and families. Recently, research has concentrated more on a positive description of occupational well-being and brought out concepts,

such as compassion satisfaction, job satisfaction, job engagement, job demands–resources model, job crafting, and occupational well-being model. The concept of *compassion satisfaction* has been found to be positively associated with reduced levels of CF and burnout (Conrad & Kellar-Guenther 2006; van Hook & Rothenberg 2009). Radey and Figley (2007) point out the importance of affect, work resources, and self-care for the well-being of child welfare workers. Employees obtain pleasure from helping and experience good feelings, resulting from the ability to help score high in compassion satisfaction (Conrad & Kellar-Guenther 2006; van Hook & Rothenberg 2009). Rauktis and Koeske (1994) describe *job satisfaction* as a multidimensional construct, based on intrinsic, extrinsic, and organizational dimensions. Further, Koeske and colleagues (1994) point out that job satisfaction is strongly related to structural factors, such as autonomy and bureaucratization. Acquavita and colleagues (2009) and Collins (2008) have found that social workers, in particular, show a high intrinsic job satisfaction, which is based on a high commitment to their work. Besides these intrinsic factors, organizational factors and job demands also play a role in job satisfaction (Acquavita et al. 2009). Elpers and Westhuis (2008) emphasize the importance of organizational leadership as a key factor for the job satisfaction of employees.

The concept of *job engagement* represents an approach which emphasizes the positive role of the well-being of child welfare workers, underlying two dimensions of work-related well-being, namely activation and identification (Schaufeli et al. 2002). Job engagement focuses on human strengths and optimal functioning, instead of on weaknesses and malfunctioning. The authors present a three-factor structure of engagement, including vigor, dedication, and absorption, and efficacy is seen as another important element of engagement (Schaufeli et al. 2002). Several studies show that work engagement can be facilitated by personal resources and job resources (Bakker et al. 2011). The *job demands–resources model* is focusing on the balance between job demands and resources. Job demands are described as physical, psychological, social, and organizational aspects of the work that require certain skills and efforts to deal with. Job resources encompass these skills and efforts, which enable employees to handle the job demands in such a way that they do not cause any harm, but lead to efficacy and high-quality performance (Bakker et al. 2003).

Furthermore, *job crafting* is an empowering concept, aiming at shaping work tasks and cognitive boundaries (Wrzesniewski & Dutton 2001). The concept describes a technique for changing the nature of the work into more meaningful tasks. This can be done concretely, by altering job tasks and the nature of interaction at work, or cognitively, by altering one's view of the work tasks (Berg et al. 2010). The idea of job crafting is strongly related to job autonomy, which is seen as an important factor in achieving occupational well-being (de Jonge & Schaufeli 1998; van Horn et al. 2004). A concept of *occupational well-being* particularly constructed for the teaching profession is presented by van Horn and colleagues (2004) as a multidimensional model consisting of the social, affective, cognitive, professional, and psychosomatic dimensions. The authors emphasize the multidimensionality of work-related well-being and draw on several models used to describe well-being in different contexts. Also, the model is relatively wide-ranging; it takes no account of influencing variables outside the work environment, such as personality traits, demographic variables, and the work–family interface. However, the study, generally, confirms occupational well-being as a case of multidimensional phenomena and, therein, the development of the occupational well-being model for child

welfare professions presented in this article builds on the studies' conceptualization of occupational well-being.

Method

One main task was the identification of the variables explaining the occupational well-being of child welfare professions. The determination of the sources of work-related mental distress and well-being, as well as the associated concepts, was followed by the identification of the literature explaining the phenomena, either theoretically or empirically. A social science database set containing 10 preset databases (see Table 1) was used to search for texts and studies contributing best to explain the concepts. As keywords, "child welfare," "child protection," "employee well-being," "mental distress," "occupational well-being," "social work," and the names of the concepts listed in Table 1 were used separately and in combination with each other for information retrieval. A certain timeframe was not set, as it was focused on publications contributing best to the purpose of this investigation. Altogether, 104 publications were selected, of which 50 were selected for the purpose of the analysis. The criteria for selection were that, on the one hand, the publications were theoretical descriptions of one of the concepts or, on the other hand, that they were empirical studies on mental distress and well-being carried out in the field of social work and, particularly, in the field of child welfare and child protection. Attention was paid to papers describing the structure of the respective phenomena and the outcomes for individuals and organizations. Further, it was important to reveal information about sources of distress and of well-being, as well as to identify the preventing and supporting factors. Papers reviewing the literature, focusing on measurement issues and studies undertaken in a special or regional context did not qualify for the analysis, as those could not contribute to the purpose of this analysis.

Table I Social science database set.

- Arts & Humanities Citation Index (ISI)

- Business Source Elite (EBSCO)

- EBSCOhost Academic Search Premier

- Emerald Journals (Emerald)

- JSTOR Arts & Sciences I Collection

- ScienceDirect (Elsevier)

- Social Sciences Citation Index (ISI)

- Social Services Abstracts (ProQuest)

- SocINDEX with Full Text (EBSCO)

- Sociological Abstracts (ProQuest)

Additional information was drawn from literature dealing with the aspects of relationship-based practice, which represents a basic element of the nature of social work and child welfare (e.g., Ruch et al. 2010; Sudbery 2002). The publications contributed to the creation of the model presented in this article by adding variables related to the specific job demands in the field and by identifying contributing factors to occupational well-being. In order to determine the variables for the creation of the multidimensional model of occupational well-being for child welfare employees, the key concepts dealing with work-related distress and well-being were analyzed, using the systematic concept analysis method developed by Nuopponen (2011). The method comprises various options for the planned task and includes a set of tools for facilitating a structured concept analysis. These are the "satellite model" for the general structure of the analysis, and a set of eight concept relation models for the detailed analysis. From these options, the "causation model" and the "dependency model" were chosen as being appropriate for the purpose of this study.

Results of the concept analysis

The literature dealing with the main concepts of the mental distress and well-being of child welfare workers was examined in order to identify a body of variables seen as relevant to explain the occupational well-being for child welfare professions. In Table 2, the key concepts describing the mental distress and well-being of child welfare workers are listed, including references of the selected literature used in the analysis. All the concepts refer to situations in work life, where the employee is exposed to face-to-face work with clients and to organizational work demands. The concepts of work-related distress address the negative outcomes of the emotionally demanding work with clients. Each of the concepts focuses on specific situations in the work life, which lead to different symptoms in employees. However, the concepts are connected to each other through their affiliation with the employees' emotional, physical, and psychosocial health, which could be identified as the main vulnerable areas for work-related distress.

In contrast, the concepts of work-related well-being do not focus on negative outcomes and symptoms, but on positive descriptions of certain aspects of the work life of employees. The main idea of these concepts is to describe the conditions needed to gain a maximum of work-related satisfaction and mental health. As mentioned for the concepts of distress, the concepts of work-related well-being also refer to the emotional part of the work with clients and the work demands predefined by the organization. All the concepts describe individual, as well as organizational, factors responsible for the outcomes, either negative or positive. However, they all have in common that they focus on a single aspect, disregarding the complexity of the occupational well-being of child welfare employees.

One result of the analysis was the identification of the items describing either the problems derived from or the solutions to the phenomena of the concepts. These items were then clustered and categorized into variables which, on the one hand, can be associated with specific tasks or areas of the work environment and, on the other hand, can be used to create factors for describing occupational well-being. Table 3 shows the revealed preventing and supporting factors. Whereas the preventing factors are mainly used in negatively oriented concepts of work-related mental distress, which focus on

Table II Overview of concepts and related literature.

Concepts of work-related mental distress	Concepts of work-related well-being
Burnout syndrome: Freudenberger 1974; Maslach & Jackson 1981; Gillespie 1986; Söderfeld et al. 1995; Decker et al. 2002; Maslach et al. 2001; McCarter 2007	**Job engagement:** de Jonge & Schaufeli 1998; Schaufeli et al. 2002; Schaufeli & Bakker 2003; Bakker et al. 2011
Compassion fatigue: Figley 2002; Nelson-Gardell & Harris 2003; Conrad & Kellar-Guenther 2006; Sprang et al. 2007; Dill 2007; Radey & Figley 2007; Kanter 2007	**Job satisfaction:** Rauktis & Koeske 1994; Winfield & Barlow 1995; Koeske et al. 1994; Ulrich et al. 2007; Elpers & Westhuis 2008; Collins 2008; Rossrucker 2008; Acquavita et al. 2009
Countertransference: Agass 2002; Figley 2002; Kanter 2007	**Compassion satisfaction:** Conrad & Kellar-Guenther 2006; Radey & Figley 2007; Sprang et al. 2007; van Hook & Rothenberg 2009
Traumatic stress and secondary traumatic stress: Horwitz 1998; Figley 2002; Nelson-Gardell & Harris 2003; Bride et al. 2007a; Kanter 2007; Sprang et al. 2007; Dill 2007; Knight 2010	**Job demands–resources model:** Demerouti et al. 2001; Schaufeli & Bakker 2004; Bakker & Demerouti 2007; Lizano & Mor Barak 2012
Vicarious trauma: Sexton 1999; Nelson-Gardell & Harris 2003; Bride et al. 2007a, 2007b; Dill 2007; Knight 2010; Napoli & Bonifas 2011	**Job crafting:** Wrzesniewski & Dutton 2001; Berg et al. 2010; Tims et al. 2012
Occupational stress syndrome: Farmer et al. 1984; Bradley & Sutherland 1995; Coffey et al. 2004; Nissly et al. 2005; Collins 2008	**Occupational well-being:** van Horn et al. 2004

Table III Preventing and supporting factors.

	Work-related mental distress preventing factors	Work-related well-being supporting factors
Organizational factors	• decreased caseload size • job demand evaluation • job-related trainings • promotion and estimation • reduced organizational constraints • social support from peers and organization • supervision	• balance of job autonomy • leadership style • social support from peers and organization • supervision • supportive work environment • validation of performance • work resources
Individual factors	• age • competences • education and training • emotional strength • positive coping strategies • resilience • work experience	• appropriate social areas • cognitive skills • competence • job-related calmness • self-care • self-efficacy • vigor

negative symptoms and outcomes caused by the sources of stress, the supporting factors can be found in the positively oriented concepts of work-related well-being. The idea of supporting factors is used to describe the promoting circumstances, which lead to employee well-being. Although the factors revealed in both the symptom-oriented and the well-being-oriented concepts are basically the same, the table shows the differences in the basic orientation of the concepts. Whereas the concepts of work-related distress try to prevent symptoms from developing in employees, the concepts of work-related well-being focus on the support of well-being.

Another distinction among the factors can be made between individual and organizational factors. Individual factors are associated with variables, which can be influenced, mainly, by the individual, although they might depend to some extent on the work environment and the support offered by the organization. Some of the individual variables refer to the personality of the person and can, hardly, be learned or trained, and others are related to vocational training, which are, usually, acquired before the labor market is entered. Some of these skills, however, can be strengthened through training during work life or can be developed through work experience and job-related support. The organizational factors result from statutory provisions, depending on the function of the organization, the organizational structure, and the decisions of the authorities, who have the power to define the work environment and work performance processes. Although some of the influencing factors are predefined by policies and organizational constraints, most of the factors leave sufficient leeway for modification. Together, the individual and the organizational factors are defined through variables, which are needed to explain the occupational well-being of child welfare professionals. In the next section, these factors and variables are associated with particular dimensions of well-being, in order to construct the occupational well-being model.

Construction of the occupational well-being model

The above-described concepts provide a comprehensive basis for the occupational well-being model created in this section. The factors and variables drawn from the concepts are used to define the dimensions of occupational well-being for child welfare professions and to allocate them to the respective dimensions. The model of occupational well-being for the child welfare profession presented in this article encompasses the six dimensions of affective, social, cognitive, professional, personal, and psychosomatic well-being (see Figure 1). For this purpose, the occupational well-being model for teachers, developed by van Horn and colleagues (2004), provide the basis for the model presented in this article. Their study, however, focused on the teaching profession and is limited for use among teachers, which makes a generalization to child welfare professions problematic (van Horn et al. 2004, pp. 372–373). Compared with social and child welfare professions, the teaching profession has a different nature and consists of variables, which cannot be, generally, applied to child welfare professions. Besides the overlapping of some characteristics of the nature of the professions, such as face-to-face-contact, target group children, or the come-structure, major differences in the professions are seen among others in the basic aim and task of the work and the decision-making authority of social workers.

Figure 1: Occupational well-being model for child welfare professions

Additionally, in this study the model has been further developed by adding the personal well-being dimension, taking into account the evidence from theory and practice on the impact of support from family and friends, personality traits, and demographic factors on the employees' occupational well-being (e.g., Danna & Griffin 1999; Siebert 2005; van Steenbergen & Ellemers 2009). The allocation of personal variables on a separate dimension enables the description of the occupational well-being among child welfare workers in more detail. These aspects have been underrepresented in the initial model by van Horn and colleagues (2004). Therefore, it is essential to redefine the dimensions, according to the needs and demands of child welfare work, using the variables that prevent mental distress and support occupational well-being in the field. Particularly, the information regarding the preventive and supportive factors, as well as the knowledge of the causes of negative outcomes, is taken into consideration. The sources of mental distress and well-being are integrated into the proposed model, in order to define the resources and needs of employees, as well as of the organizations.

Individually, the concepts do not show the whole picture of the well-being of child welfare workers in all its complexity. Nevertheless, they are all related to the nature of child welfare work with clients in difficult situations. The worker–client relationship is the main source of employees' distress, as well as of their satisfaction, and besides individual factors, the work environment and the interaction between employees and the organization play an essential role in developing and maintaining the occupational well-being of employees (e.g., Guest & Conway 2009; Nelson & Simmons 2011, pp. 67–68).

Therefore, it is necessary to bring together all the relevant aspects and dimensions of the well-being of employees. Occupational well-being, in the context of child welfare work, is understood in terms of psychosocial, emotional, and physical health, characterized by job satisfaction (or even more job engagement), compassion satisfaction, and self-efficacy. Further, employee well-being is closely related to high performance and client outcomes and has a strong correlation with organizational well-being (Tinline & Moss 2009).

Affective well-being dimension

Due to the nature of child welfare work, the affective dimension plays a central role in the well-being of child welfare employees. Difficult and burdening life situations are unavoidable and must be dealt with frequently. Affective well-being refers to an emotional state characterized by emotional strength, vigor, job-related calmness, and affective satisfaction (Daniels 2000; van Horn et al. 2004). Emotional strength refers to the ability to cope with the experience of the difficult life situations of clients, to identify the source of one's emotions triggered by the work situation, and to recover from difficult experiences. It also requires reflecting on the worker's own life experience with his or her family of origin and the ability to distinguish between one's own harmful emotions and those of the client. Showing empathy and understanding of a client's situation, while keeping a professional distance, requires a high level of professionalism. Vigor contributes to affective well-being by its quality of continuously adding energy into the affective system, in order to cope with burdening situations. Further, the empowering nature of vigor helps in overcoming difficult situations. Job-related calmness is the opposite of job-related anxiety. Whereas job-related anxiety refers to burdens in working life and to a serious decrease in affective well-being, job-related calmness is an emotional state that gives the employee self-confidence at work (de Jonge & Schaufeli 1998, van Hook & Rothenberg 2009). Affective satisfaction is more the result of the presence of other factors than an independent characteristic of affective well-being. It describes a state of mind where the employee's affect is functioning well enough to deal with work demands and is supported properly to avoid any harm.

Developing and maintaining affective well-being is, mainly, an individual issue, but it is also an organizational task. Every employee is responsible for reflecting on his or her own emotional weak points and finding ways to deal with them, so that they do not cause any harm in work situations. The ability to deal with such issues is a professional quality that characterizes effective workers in the field of child welfare (Agass 2002; Sudbery 2002). Nevertheless, supporting and protecting employees is also an organizational responsibility. Due to the fact that affective harms are work-related and a natural part of the process in working with clients, the work environment has to be organized in a way that provides a maximum of support to the employees. In the case of affective well-being among child welfare employees, social support plays an important role, including such elements as regular supervision to process critical and demanding situations, the work environment being organized in such a way that peer support is available when necessary and the availability of proper facilities for relaxation (Coffey et al. 2004; Sprang et al. 2007). Other important factors are education and specialized training. Clients with special needs require that organizations supply specialized employees in order to provide effective services, as well as supplying ways of maintaining the workforce's ability to deal

with special demands. In particular, work with traumatized clients requires specialized training for those who have intensive interactions with them. Additionally, the service-providing organization has to carefully define a manageable caseload size, and validation of performance needs to be done to provide a supportive work environment.

Social well-being dimension

The workplace is where one spends the most time during one's years in the workforce. Depending on the size and function of the organization, a great deal of time is spent interacting with colleagues, superiors, and clients. Employees spend their days with like-able colleagues, as well as with those they would never spend time with voluntarily. However, one has to work together with all of one's colleagues, in order to achieve desired outcomes. This is made difficult by the fact that working with deprived persons and families with destructive behavior patterns exposes professionals to the risk of transferring those patterns into their own work environments (Agass 2002). Particularly stressful and demanding work requires a pleasant working atmosphere to enable the development of a constant level of social well-being. Further, the ability to engage in authentic behavior at work leads to higher social well-being (Farmer et al. 1984).

The creation and maintenance of functioning work relationships requires certain skills among the participants, as well as a supportive work environment. The workforce needs opportunities to build interpersonal relationships and to create a good work climate. The best way to achieve this is by providing resources for improving the atmosphere at both work-related and social events. Meetings should include enough time for professional discussions, as well as for informal but topic-related conversations. The social areas should be equipped in ways that employees prefer, and annual festivities and organizational events need to be celebrated properly. Further, the leadership style crucially influences the work atmosphere and social well-being of employees (Elpers & Westhuis 2008; Kets de Vries et al. 2009). Here, the key issues are participation and autonomy (Kim & Stoner 2008; Weaver et al. 2007). Whereas the participation of employees in social and work-related events enhances their identification with the workplace, job autonomy enables employees to demonstrate their individual skills and strengths. An appropriate leadership style shows esteem to the employees and supports the development of social well-being at work (Tham 2007).

Cognitive well-being dimension

The cognitive well-being dimension refers to the ability to process work demands and work-related information, in order to make functional decisions. This is important for the child welfare professional, because of the requirement to solve complex tasks. In particular, working with families and children involves the pressure to assess situations properly and make the right decisions within a limited time frame (van Hook & Rothenberg 2009). The consequences of poor decision-making can be extensive for the employee, the service-providing organization, and the service user, which increases the pressure to find correct and comprehensible solutions. Cognitive well-being involves individual characteristics, such as quick apprehension, assessment skills, affective calmness, and the ability

to concentrate on work tasks (Kanter 2007; van Horn et al. 2004). The majority of the characteristics are closely related to the work environment and work demands. This implies that the organization could provide supporting conditions for the workforce in order to develop and to maintain individual skills (Coffey et al. 2004). Important aspects, in that sense, are specialized training, the validation of decision-making processes, and social support, such as supervision or peer counseling. Additionally, the work environment has to provide a climate that enables employees to work with concentration, confidence, and a minimum of pressure. The key factors for this are workload size, individual and professional competences, and balanced job autonomy (e.g., Söderfeld et al. 1995).

Professional well-being dimension

This dimension again covers individual, as well as organizational, characteristics, such as competence, autonomy, efficacy, promotion, and estimation. The basic precondition for achieving professional well-being is competence related to job demands and the agency operating process (Decker et al. 2002). Comprehensive vocational education and specialized training provide a firm basis for successfully carrying out the service tasks (Schrapper 1999). Employees usually have basic skills when they begin their careers, and specialized training is often provided on the job, according to the field of activity. However, professional well-being includes more than skills and education; efficacy of the work process and of outcomes is another contributing factor. A good performance with functional outcomes leads to job satisfaction, which is another factor in professional well-being (Maslach et al. 2001). Additionally, extrinsic factors, such as salary, reputation, and promotion possibilities, contribute to high levels of professional well-being. Basically, two resources can be identified for the development of professional well-being: the individual role and the organizational role. On the individual side, in addition to professional competencies, the resources include engagement, motivation, self-efficacy, and achievement. On the organizational side, there are work resources, training possibilities, social support, and fair salaries. As a consequence, the individual who collaborates with his or her organization achieves the highest level of professional well-being (Demerouti et al. 2001; Radey & Figley 2007; Tham 2007).

Personal well-being dimension

In this study, the personal well-being dimension has been added to the model for enabling the integration of variables outside the workplace. This dimension comprises individual variables, such as personality traits, demographic variables, and the home–work interface. These variables might vary a great deal between individuals and can hardly be influenced by the employing organization. To personality traits belong the variables, hardiness, resilience, coping strategies, type A personality, and the locus of control (Collins 2008; Danna & Griffin 1999; Koeske & Kirk 1995; Maslach et al. 2001). This group of variables is related to the employee's personality and one's capability to handle work demands and coping with stress. In addition to personality traits, the workers' earlier life experience and personal history of trauma effects the subjective well-being of child welfare employees (Horwitz 1998; Siebert 2005). Those

experiences can be triggered by clients' issues and might affect negatively on the employees' ability to act professionally and, therein, affects the overall work performance and outcome (Horwitz 1998, p. 368). By paying attention to these traits and experiences, it is possible to gain information on the employees' vulnerability to develop mental distress.

Another important factor on the personal well-being dimension is the work–family interface. Empirical evidence reveals that the level of social support from outside the workplace and the support on combining work and family has a considerable impact on the individual's well-being and, therein, on the occupational well-being (e.g., Danna & Griffin 1999; van Steenbergen & Ellemers 2009). Employees recover from work in their leisure time at home with their families, friends, and hobbies, which also contributes to the subjective well-being, as well as to their working capacity. Therefore, the connectedness and interrelation of work life and family life has to be taken into account, when describing and measuring the occupational well-being. Additionally, demographic variables, such as age, gender, ethnicity, marital status, living situation, and family size, are included in the personal well-being dimension. Whereas marital status, living situation, and family size are closely related to the work–family interface, age can be associated with work experience and a general experience of life and it's preventing effects on distress. Also, a significant correlation of gender and ethnicity with occupational well-being could not be found in the literature examined for this article; these variables are included in the dimension. However, the correlation of gender and ethnicity with the job satisfaction of social workers has been examined in a study on personal and organizational diversity factors (Acquavita et al. 2009), but were found to be nonsignificant.

Psychosomatic well-being dimension

Psychosomatic well-being represents another major dimension in the presented model for the occupational well-being of child welfare workers. It covers all job-related aspects of physical, psychological, and mental health. Logically, a low level on this dimension can lead to reduced performance, absenteeism, and reduced turnover (Evans et al. 2006). Closely related to the affective well-being dimension, psychosomatic well-being is directly influenced by negative outcomes of job-related interactions with clients and is indirectly influenced by deficits in other dimensions of occupational well-being. The symptoms occurring in this dimension are manifold and often difficult to connect directly to work-related issues. Headaches, back pains, or indigestion might be caused by other factors than the work situation, but they still represent typical symptoms of work-related dysfunction, particularly if they are frequent (Koeske & Kirk 1995). This dimension holds a central position in the concept of occupational well-being, because of its connectedness with the other dimensions. Psychosomatic well-being is a result of the successful implementation of the other dimensions and has only limited value as an independent dimension. A high level of psychosomatic well-being results from high levels of well-being related to the other four dimensions, and any deficiencies in another dimension can cause low levels in the psychosomatic dimension. Therefore, building and supporting psychosomatic well-being has an effect on all the other dimensions of occupational well-being.

Discussion

The object of this investigation was the creation of a six-dimensional model of occupational well-being for child welfare professions. The proposed model described above differs from other models and concepts, in that it includes all the dimensions that influence job-related well-being, instead of focusing on only one aspect of the whole. Well-being, either related to an entire life situation or to one's job, develops from the presence of positive characteristics in various dimensions. This notion was already formulated in an early study by Warr and Routledge (1969), which argued that job satisfaction should be studied in separate dimensions, because of the multifaceted job characteristics. Later, Warr and colleagues (1979) found that job satisfaction and psychological well-being are associated with total life satisfaction, happiness, and low self-rated anxiety, and they referred to the holism of well-being. More recently, de Jonge and Schaufeli (1998) have drawn on the multidimensional model of mental health developed by Warr, in order to emphasize the complexity of employee well-being. These examples show that the idea of multidimensionality in research on work-related issues, such as employee well-being or job satisfaction, is well known and has, previously, been applied.

However, the idea has never been implemented using a broader view of occupational well-being for the child welfare profession. It has already been pointed out that the analyzed studies only deal with partial aspects of the whole. This approach, admittedly, gives a detailed view of one dimension at a time, but it neglects other important influences. A multidimensional model combines all relevant aspects of a construct to make use of the interrelations between the different dimensions and to synergize the effects resulting from these interactions. This is, particularly, relevant to the child welfare profession, where individual demands are interwoven with organizational demands. On the one side, child welfare workers have to deal with emotional harm caused by the work with deprived or traumatized clients, and on the other side, they have to fulfill the work tasks predefined by the organizations. Child welfare employees are the intersection between the service user and the service provider, with the task of satisfying the requirements of both sides (Dill 2007; Ruch et al. 2010). Therefore, an effective and successful cooperation between employees and the organization requires special attention and depends on multidimensional factors, which are also implemented in the proposed model.

The model developed by van Horn and colleagues (2004) represented a constructive basis to build on. However, their initial model represents a closed unit, with only limited possibilities to consider influences coming from outside the system. The additional personal well-being dimension changes the structure of occupational well-being and the interaction between the dimensions significantly. It includes external variables with a direct impact on both individual and organizational well-being. Further, the interrelations and the dynamic between the dimensions are changing. This allows a more detailed view of the occupational well-being of child welfare employees and their organizations. However, both models have in common their positive orientation on the description of occupational well-being. There is also an overlapping of several variables in the affective-, cognitive-, and psychosomatic dimension, which might be found in the transferability of these dimensions to other professions. Nevertheless, there are differences in the definition of the variables on the microlevel of the dimensions, according to the specific work environment and work demands in the different professions. The social

and professional dimension differs significantly in both models, due to the differences in the aim and task of the work, and due to differences in the organizational hierarchy and structure.

Using the knowledge gained from the description of the occupational well-being of child welfare workers in organizational development processes may reveal the positive effects of interdependency and the synergy potential. Hereby, important aspects are the focus on the interrelations of the various dimensions and on the evaluation of the mentioned effects on child welfare employees. All six dimensions can be described and measured independently, but that would only show a fragment or a limited picture of the whole. Moreover, it would miss the interwoven elements that work together on different levels and in different dimensions. For example, elements of the professional dimension interact with elements of the cognitive or social well-being dimension, and elements of affective well-being interact with elements of the psychosocial and professional well-being. Characteristics, such as supervision, education, work demands, or job autonomy, are relevant factors in several dimensions, but they have different impacts on each dimension. This implies that by focusing on only one characteristic, a positive impact can be seen in several dimensions.

Generally, in the field of child welfare, individual and organizational factors are too interwoven to be measured and evaluated separately without losing their interrelated influence on each other. The individual needs a caring and supporting work environment, and an organization needs effective, engaged, and healthy employees. The occupational well-being of employees is a precondition for organizational well-being. This assumption fits any profession, but it has particular relevance in the child welfare profession. Here, employees need specific emotional and professional strengths that can be supported and maintained through particular elements within the work environment. According to the occupational well-being model, high levels of employee well-being can be achieved by activating all the six dimensions and by implementing preventive and supportive factors. This needs to be done through cooperation and interaction between the organization and its employees. As a result of focusing on all six dimensions equally, synergetic effects are generated, which results in much more positive outcomes than are seen when only focusing on single dimensions.

Conclusions

The occupational well-being model for child welfare professions, as presented in this paper, is based on empirical research and on findings that are mainly gathered in the fields of social work and child welfare; nevertheless, in its current state, it represents only a theoretical model. Empirical investigations are now needed for the empirical validation of the model. It needs to be clarified if the occupational well-being in child welfare professions can be sufficiently explained with the proposed six dimensions. Further, the relevance of the identified variables for the distinct dimension and for the explanation of occupational well-being among child welfare employees and organizations needs to be validated. One challenging aspect of the study will be the development of an instrument to measure occupational well-being as a multidimensional construct. On the one hand, the questionnaire should cover all the variables of the six dimensions, and on the other hand, it should be kept at a moderate length, which can be handled with appropriate time

resources. Further studies should focus on the confirmation of the multidimensionality of occupational well-being and on a deeper understanding of the correlation of the six dimensions. Additionally, it will be interesting to gather more knowledge on the impact of any of the single variables on the different dimensions.

This paper contributes theoretically to a deeper understanding of the structure and constitution of occupational well-being in child welfare professions and displays the relevant factors influencing the well-being of employees in the field. Further, it emphasizes the importance of individual and organizational factors. It states the importance of the active interaction between employees and the organization, in order to activate the synergies in developing and maintaining occupational well-being for both the employees and the organization. The model also addresses emotionally demanding worker–client interactions and provides knowledge of the factors which influence the development of processes for dealing positively with mental distress. The resulting positive approach has innovative aspects in terms of multidimensionality, synergy, and resource orientation, instead of deficit orientation, and is solution-focused, instead of problem-focused. Through its multidimensionality, the model takes into account the demanding elements found in the worker–client relationship and in statutory requirements, but it also takes into account current influences caused by changes in work life and in society, such as the reconstruction of organizations, political changes, and changes in living situations. Those trends should continuously be taken into account while investigating in research on occupational well-being with a multidimensional model.

References

Acquavita, S.; Pittman, J.; Gibbons, M. & Castellanos-Brown, K. (2009) Personal and Organizational Diversity Factors' Impact on Social Workers' Job Satisfaction: Results from a National Internet-Based Survey. *Administration in Social Work*, **33**, 151–166. DOI: 10.1080/03643100902768824

Agass, D. (2002) Countertransference, Supervision and the Reflection Process. *Journal of Social Work Practice*, **16**(2), 125–133. DOI: 10.1080/0265053022000033694

Bakker, A.B.; Demerouti, E.; Taris, T.W.; Schaufeli, W.B. & Schreurs, P.J.G. (2003) A Multigroup Analysis of the Job-Demands-Resources Model in Four Home Care Organizations. *International Journal of Stress Management*, **10**(1), 16–38. DOI:10.1037/1072-5245.10.1.16

Bakker, A.B. & Demerouti, E. (2007) The Job Demands-Resources Model: State of Art. *Journal of Managerial Psychology*, **22**(3), 309–328. DOI:10.1108/02683940710733115

Bakker, A.B.; Albrecht, S.L. & Leiter, M.P. (2011) Key Questions Regarding Work Engagement. *European Journal of Work and Organizational Psychology*, **20**(1), 4–28. DOI:10.1080/1359432X.2010.485352

Berg, J.M.; Wrzesniewski, A. & Dutton, J.E. (2010) Perceiving and Responding to Challenges in Job Crafting at Different Ranks: When Proactivity Requires Adaptivity. *Journal of Organizational Behavior*, **31**, 158–186. DOI:10.1002/job.645

Bradley, J. & Sutherland, V. (1995) Occupational Stress in Social Services: A Comparison of Social Workers and Home Help Staff. *British Journal of Social Work*, **25**, 313–331.

Bride, B.; Radey, M. & Figley, C.R. (2007a) Measuring Compassion Fatigue. *Clinical Social Work Journal*, **35**, 155–163. DOI: 10.1007/s10615-007-0091-7

Bride, B.; Jones, J. & MacMaster, S. (2007b) Correlates of Secondary Traumatic Stress in Child Protective Service Workers. *The Journal of Evidence-Based Social Work*, **4**(3/4), 69–80. DOI: 10.1300/J394v04n03_05

Coffey, M.; Dugdill, L.; Tattersall, A. (2004) Stress in Social Services: Mental Well-being, Constraints and Job Satisfaction. *British Journal of Social Work*, **34**, 735–746. DOI:10.1093/bjsw/bch088

Collins, S. (2008) Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*, **38**, 1173–1193. DOI:10.1093/bjsw/bcm047

Conrad, D. & Kellar-Guenther, Y. (2006) Compassion Fatigue, Burnout and Compassion Satisfaction among Colorado Child Protection Workers. *Child Abuse and Neglect*, **30**, 1071–1080. DOI: 10.1016/j.chiabu.2006.03.009

Daniels, K. (2000) Measures of Five Aspects of Affective Well-being at Work. *Human Relations*, **53**(2), 275–294.

Danna, K. & Griffin, R.W. (1999) Health and Well-Being in the Workplace: A Review and Synthesis of the Literature. *Journal of Management*, **25**(3), 357–384.

de Jonge, J. & Schaufeli, W.B. (1998) Job Characteristics and Employee Well-being: A Test of Warr's Vitamin Model in Health Care Workers using Structural Equation Modelling. *Journal of Organizational Behavior*, **19**, 387–407. DOI:10.1002/(SICI)1099-1379(199807)19:4<3

Decker, J.; Bailey, T.L. & Westergaard, N. (2002) Burnout among Childcare Workers. *Residential Treatment for Children and Youth*, **19**(4), 61–77.

Demerouti, E; Bakker, A.B.; Nachreiner, F. & Schaufeli, W.B. (2001) The Job Demands-Resources Model of Burnout. *Journal of Applied Psychology*, **86**(3), 499–512. DOI:10.1037//0021-9010863499

Dill, K. (2007) Impact of Stressors on Front-Line Child Welfare Supervisors. *The Clinical Supervisor*, **26**(1/2), 177–193. DOI: 10.1300/J001v26n01.12

Elpers, K. & Westhuis, D. (2008) Organizational Leadership and Its Impact on Social Workers' Job Satisfaction: A National Study. *Administration in Social Work*, **32**(3), 26–43. DOI: 10.1080/0364310080192239

Evans, S.; Huxley, P.; Gately, C.; Webber, M.; Mears, A.; Pajak, J.; Kendall, K. & Katona, C. (2006) Mental Health, Burnout and Job Satisfaction Among Mental Health Social Workers in England and Wales. *British Journal of Psychiatry*, **188**, 75–80. DOI:10.1192/bjp.188.1.75

Farmer, R.; Monahan, L. & Hekeler, R. (1984) *Stress Management for Human Services*. Sage Publications, London.

Figley, C. (2002) Compassion Fatigue: Psychotherapists' Chronic Lack of Self Care. *Psychotherapy in Practice*, **58**(11), 1433–1441.

Freudenberger, H. (1974) Staff Burn-Out. *Journal of Social Issues*, **30**(1), 159–165.

Gillespie, D. (ed.) (1986). *Burnout among Social Workers*. The Harworth Press, London.

Guest, D; Conway, N. (2009) Health and Well-Being: The Role of the Psychological Contract. In: *International Handbook of Work and Health Psychology* (eds C.L. Cooper; J. Campbell Quick & M.J. Schabracq), pp. 9–24. Wiley & Blackwell, Chichester.

Horwitz, M. (1998) Social Worker Trauma: Building Resilience in Child Protection Social Workers. *Smith College Studies in Social Work*, **68**(3), 363–377.

Kanter, J. (2007) Compassion Fatigue and Secondary Traumatization: A Second Look. *Clinical Social Work Journal*, **35**, 289–293. DOI:10.1007/s10615-007-0125-1

Kets de Vries, M.; Guillén Ramo, L. & Krotov, K. (2009) Organizational Culture, Leadership, Change and Stress. In: *International Handbook of Work and Health Psychology* (eds C.L. Cooper; J. Campbell Quick & M.J. Schabracq), pp. 411–426. Wiley & Blackwell, Chichester.

Kim, H. & Stoner, M. (2008) Burnout and Turnover Intention among Social Workers: Effects of Role Stress, Job Autonomy and Social Support. *Administration in Social Work*, **32**(3), 5–25. DOI:10.1080/03643100801922357

Knight, C. (2010) Indirect Trauma in the Field Practicum: Secondary Traumatic Stress, Vicarious Trauma, and Compassion Fatigue among Social Work Students and Their Field Instructors. *The Journal of Baccalaureate Social Work*, **15**(1), 31–52.

Koeske, G.; Kirk, S.; Koeske, R. & Rauktis, M.B. (1994) Measuring the Monday Blues: Validation of a Job Satisfaction Scale for the Human Services. *Social Work Research*, **18**(1), 27–35.

Koeske, G. & Kirk, S. (1995) The Effect of Characteristics of Human Service Workers on Subsequent Morale and Turnover. *Administration in Social Work*, **19**(1), 15–31.

Lizano, E.L. & Mor Barak, M.E. (2012) Workplace Demands and Resources as Antecedent of Job Burnout among Public Child Welfare Workers: A Longitudinal Study. *Children and Youth Services Review*, **34**, 1769–1776. DOI:10.1016/j.childyouth.2012.02.006

Maslach, C. & Jackson, S. (1981) The Measurement of Experienced Burnout. *Journal of Occupational Behaviour*, **2**, 99–113.

Maslach, C.; Schaufeli, W.B. & Leiter, M. (2001) Job Burnout. *Annual Reviews Psychology*, **52**, 397–422. DOI: 10.1146/annurev.psych.52.1.397

McCarter, A.K. (2007) The Impact of Hopelessness and Hope on the Social Work Profession. *Journal of Human Behaviour in the Social Environment*, **15**(4), 107–124. DOI:10.1300/J137v15n04_07

Napoli, M. & Bonifas, R. (2011) From Theory toward Empathic Self-Care: Creating a Mindful Classroom for Social Work Students. *Social Work Education*, **30**(6), 635–649. DOI:10.1080/02615479.2011.586560

Nelson, D.L. & Simmons, B.L. (2011) Savoring Eustress while Coping with Distress: The Holistic Model of Stress. In: *Handbook of Occupational Health Psychology* (eds J. Campell Quick & L.E. Tetrick), pp. 55–74. American Psychological Association, Washington, DC.

Nelson-Gardell, D. & Harris, D. (2003) Childhood Abuse History, Secondary Traumatic stress, and Child welfare Workers. *Child Welfare*, **82**(1), 5–26. DOI:0009-4021/2003/010005-22

Nissly, J.; Mor Barak, M. & Levin, A. (2005) Stress, Social Support, and Workers' Intentions to Leave Their Jobs in Public Child Welfare. *Administration in Social Work*, **29**(1), 79–100. DOI:10.1300/J147v9n01_06

Nuopponen, A. (2011) Methods of Concept Analysis—Tools for Systematic Concept Analysis. *LSP Journal*, **2**(1), 4–15.

Radey, M. & Figley, C. (2007) The Social Psychology of Compassion. *Clinical Social Work Journal*, **35**, 207–214. DOI:10.1007/s10615-007-0087-3

Rauktis, M.E. & Koeske, G. (1994) Maintaining Social Worker Morale: When Supportive Supervision Is not Enough. *Administration in Social Work*, **18**(1), 39–60.

Rossrucker, K. (2008) *Arbeitszufriedenheit und ihre Folgen in helfenden Berufen*. [Job-Satisfaction and Its Consequences in Helping Professions] Logos Verlag, Heidelberg.

Ruch, G.; Turney, D. & Ward, A. (eds) (2010) '*Relationship-Based Social Work*'. Jessica Kingsley Publishers, London.

Schaufeli, W.B.; Salanova, M.; González-Romá, V. & Bakker, A.B. (2002) The Measurement of Engagement and Burnout: A Two Sample Confirmatory Factor Analytic Approach. *Journal of Happiness Studies*, **3**, 71–92.

Schaufeli, W.B. & Bakker, A.B. (2003) UWES Utrecht Work Engagement Scale. Preliminary Manual (Version 1, November 2003). Retrieved May 30, 2011, from Occupational Health Psychology Unit, Utrecht University, http://www.schaufeli.com/

Schaufeli, W.B.; Bakker, A.B. (2004) Job Demands, Job Resources, and their Relationship with Burnout and Engagement: A Multi-sample Study. *Journal of Organizational Behavior*, **25**, 293–315. DOI:10.1002/job.248

Schrapper, C. (1999) "Gute Arbeit machen" oder "die Arbeit gut machen"? Entwicklung und Gewährleistung von Qualitätsvorstellungen für die Arbeit im Allgemeinen Sozialen Dienst (ASD). ['Doing a good work' or 'doing the work well'? Development and warranty of

quality for the work in social agencies] In: *Qualität in der Jugendhilfe: Kriterien und Bewertungsmöglichkeiten* [Quality in the child welfare service: Criteria and evaluation possibilities], (ed. Merchel, J.) Votum Verlag, Münster.

Sexton, L. (1999) Vicarious Traumatisation of Counsellors and Effects on Their Workplaces. *British Journal of Guidance and Counselling*, **27**(3), 393–403.

Siebert, D.C. (2005) Personal and Occupational Factors in Burnout among Practicing Social Workers: Implications for Researchers, Practitioners, and Managers. *Journal of Social Service Research*, **32**(2), 25–44. DOI:10.1300/J079v32n02_02

Söderfeld, M.; Söderfeld, B. & Warg, L.E. (1995) Burnout in Social Work. *Social Work*, **40**(5), 638–646.

Sprang, G.; Clarc, J. & Whitt-Woosley, A. (2007) Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors impacting a Professional's Quality of Life. *Journal of Loss and Trauma*, **12**, 259–280. DOI:10.1080/15325020701238093

Sudbery, J. (2002) Key Features of Therapeutic Social Work: the Use of Relationship, *Journal of Social Work Practice*, **16**(2) 149–162. DOI:10.1080/0265053022000033711

Tham, P. (2007) Why Are They Leaving? Factors Affecting Intention to Leave among Social Workers in Child Welfare. *British Journal of Social Work*, **37**, 1225–1246. DOI:10.1093/bjsw/bcl054

Tims, M.; Bakker, A.B. & Derks, D. (2012) Development and Validation of the Job Crafting Scale. *Journal of Vocational Behaviour*, **80**, 173–186. DOI:10.1016/j.jvb.2011.05.009

Tinline, G. & Moss, B. (2009) Building Interventions to Improve Staff Well-Being. In: *International Handbook of Work and Health Psychology* (eds C.L. Cooper; J. Campbell Quick & M.J. Schabracq), pp. 427–443. Wiley & Blackwell, Chichester.

Ulrich, C.; O´Donnell, P.; Taylor, C.; Farrar, A.; Danis, M. & Grady, C. (2007) Ethical Climate, Ethic Stress, and the Job Satisfaction of Nurses and Social Workers in the United States. *Social Science and Medicine*, **65**, 1708–1719. DOI:10.1016/j.socscimed.2007.05.050

van Hook, M. & Rothenberg, M. (2009) Quality of Life and Compassion Satisfaction/Fatigue and Burnout in Child Welfare Workers: A Study of the Child Welfare Workers in Community Based Care Organizations in Central Florida. Social *Work & Christianity*, **36**(1), 36–54.

van Horn, J.; Taris, T.W. & Schaufeli, W.B. (2004) The Structure of Occupational Well-being: A Study Among Dutch Teachers. *Journal of Occupational and Organizational Psychology*, **77**, 365–375.

van Steenbergen, E.F. & Ellemers, N. (2009) Is Managing the Work-Family Interface Worthwhile? Benefits for Employee Health and Performance. *Journal of Organizational Behavior,* **30**, 617–642. DOI:10.1002/job.569

Warr, P. & Routledge, T. (1969) An Opinion Scale for the Study of Manager's Job Satisfaction. *Journal of Occupational Psychology*, **43**, 95–109.

Warr, P.; Cook, J. & Wall, T. (1979) Scales for the Measurement of Some Work Attitudes and Aspects of Psychological Well-being. *Journal of Occupational Psychology*, **52**, 129–148.

Weaver, D.; Chang, J.; Clark, S. & Rhee, S. (2007) Keeping Public Child Welfare Workers on the Job. *Administration in Social Work*, **31**(2), 5–25. DOI:10.1300/J147v31n02_02

Winfield, H.R. & Barlow, J.A. (1995) Client and Worker Satisfaction in a Child Protection Agency. *Child Abuse and Neglect*, **19**(8), 897–905.

Wrzesniewski, A. & Dutton, J.E. (2001) Crafting a Job: Revisioning Employees as Active Crafters of their Work, *Academy of Management Review*, **26**(2), 179–201.

ARTICLE III

Baldschun, Andreas & Töttö, Pertti & Hämäläinen, Juha & Salo, Paula: Modeling the Occupational Well-being of Finnish Social Welfare Employees: A Multigroup Confirmatory Factor Analysis.

MODELING THE OCCUPATIONAL WELL-BEING OF FINNISH SOCIAL WORK EMPLOYEES: A MULTI-GROUP CONFIRMATORY FACTOR ANALYSIS

ABSTRACT

Survey data on work-related distress and well-being was used to explore the structure of occupational well-being of Finnish social workers (N = 1220) with a focus on child protection workers using the multi-group confirmatory factor analysis method. A multi-dimensional model defines occupational well-being theoretically and this was empirically validated with the four dimensions of affective, social, psychosomatic, and cognitive/professional well-being. The findings imply that the occupational well-being of the three groups of *social workers*, *child protection social workers*, and *social instructors* can be explained with the same factor structure. Child protection social workers showed the lowest affective and psychosomatic well-being.

Keywords: *child protection, employee well-being, occupational well-being, organizational well-being, social work, structural equation modeling*

INTRODUCTION

Work-related well-being is increasingly a matter of concern in the social work professions. Because of their specific work conditions, social workers are particularly vulnerable to develop psychological distress. High expectations from the public, pressure to succeed from the managers and the face-to-face work with clients are the main reasons for psychological distress among social workers (van Hook & Rothenberg, 2009). The authors argue that in the course of a few months, child welfare workers may see more suffering and misery than most others see in a lifetime. It has been claimed that almost half of the total social work force of the United States experience high levels of personal distress as a result of their work (Wharton, 2008). In Great Britain, social service employees working with children and families face the poorest well-being and the highest level of job-related distress (Coffey et al., 2004). Also, the situation in Finland is in line with the above-mentioned cases. Data collected on cause-specific sickness absence among Finnish public sector employees in 2005–2011 revealed that over 40 per cent of the social workers' sickness absence was caused by mental disorders (Oksanen, 2013). Moreover, a Nordic comparative study revealed that Finnish social workers experience higher levels of occupational stress than their colleagues in other Nordic countries (Saarinen et al., 2012). Despite all the obstacles, professionals have to keep children's welfare in focus. As a result of this work-related distress, the absenteeism of employees and turnover rates are disproportionately high. Finally, this situation causes costs for the employing organisations as well as for the public.

The objective of this study is to empirically explore the structure of the occupa-

tional well-being of Finnish social work professionals with a focus on child protection social workers. The three groups *statutory child protection social workers*, *statutory social workers*, and *social instructors* are compared with each other, drawing on the theoretical model of occupational well-being for the social work profession and encompassing the six dimensions of affective, cognitive, social, personal, professional, and psychosomatic well-being developed by the authors of this paper (2014). Previous research revealed that occupational well-being is a complex construct that can be best explained in a multidimensional model (Warr et al., 1979; van Horn et al., 2004). Nevertheless, the term "occupational well-being" is frequently used as an idiom to paraphrase common concepts dealing with work-related distress and job strain. Moreover, occupational well-being is often synonymously used with terms such as *subjective well-being*, *job satisfaction*, or *affective well-being* (e.g., Zacher & Jimmieson, 2014; Mänttäri-van der Kuip, 2014; Graham & Shier, 2010; Daniels, 2000; Warr, 1992) and the measurement of occupational well-being is thus reduced to a single element of the whole. Studies that take into account the entire complexity of the construct are scarce (e.g., Jupiter et al., 2009; van Horn et al., 2004; de Jonge & Schaufeli, 1998). In this article the structure of the occupational well-being of three groups of Finnish social work employees is explored using multi-group CFA in order to identify the characteristic features within the groups and to compare the differences in the structure of occupational well-being between the groups.

The burdening and straining working conditions of social workers are typically discussed in terms of high workload, a lack of resources and social support, and the unrewarding lack of recognition of the profession by the public. In the last couple of years, the pressure on social work professionals in many welfare states has been enhanced due to the current socio-economic changes accompanied by the ongoing reconstruction of social policies and the structure of social work organizations. This applies to more or less all fields of social work; however, employees in the field of child protection social work seem to be particularly vulnerable to decreased work-related well-being (Collins, 2008; Horwitz, 1998; Drake & Yadama, 1996). Some of the reasons for this particular vulnerability can be found in the nature of child protection work, that is to say the intensive work with individuals or families in face-to-face contact and the required level of cognitive, emotional, and professional competencies. Additionally, the dual role of helping clients in their situation and controlling a child's welfare in the context of the organization's duty represents a burdening element with regard to employee well-being (Zosky, 2010). The holistic approach to occupational well-being presented in this article aims to discover the complex structure of the work-related well-being of child protection social workers.

CONCEPTUALIZING OCCUPATIONAL WELL-BEING

The occupational well-being of child protection social workers is conceptualized here as a multidimensional construct encompassing the dimensions of affective, cognitive, social, professional, personal, and psychosomatic well-being. The idea of the multi-dimensional conceptualization of employee well-being has its origins in the conceptions of Warr and Routledge (1969), de Jonge and Schaufeli (1998), and van Horn and colleagues (2004). The authors state a description of the construct on several dimensions due to the complexity of well-being in work-related contexts. In 1969 Warr and Routledge criticized the focus of measuring job satisfaction on the single axis of

absenteeism and productivity. The authors state "that studies of separate dimensions of job satisfaction are likely to be more fruitful than research which employs only a single global measure […] because of the multi-faced nature of job satisfaction." (Warr & Routledge, 1969, p. 96). In their study, the authors introduced an instrument for measuring managers' job satisfaction that contained seven sub-scales (the firm, pay, prospects for promotion, the job itself, one's immediate superior, managers of one's own level, and subordinates) that can be seen as the first multi-dimensional approach to occupational well-being. A further-developed version of this first conception was presented by Warr (1987) and called the Vitamin Model. Here, Warr emphasizes the non-linear relationship between job characteristics and mental health outcomes, including employee well-being.

The Vitamin Model was revisited in a study conducted by de Jonge and Schaufeli (1998). The study, conducted among health care workers, yielded additional empirical evidence of the non-linear relationship. Further, the authors' stated that the non-linear model is superior to linear model—such as the Demand–Control–Support Model (Johnson & Hall, 1988; Karasek & Theorell, 1990) and the Job Characteristics Model (Hackman & Oldham, 1980)—and this provides more evidence of the multi-dimensional structure of occupational well-being. Over time, by focusing on affect and motivation as the domains of employee well-being, the initial conceptualizations became more comprehensive by adding behavioral aspects (e.g., attitude, functioning in the different relations at work, personality traits), work-related competence, and organizational features (e.g., work resources, supportive workplace environment, leadership style). Van Horn and colleagues (2004) presented a multidimensional model of occupational well-being for Dutch teachers that built on the findings of Warr, combining them with the model of well-being developed by Ryff and her coworkers (1989, 1995). The model resulted in a five-dimensional model comprising affective, professional, social, cognitive, and psychosomatic well-being. However, since the model was created particularly for the teaching profession, it could not serve for research on the social work professions and this made it necessary to define a model that was particularly for child protection social workers.

The findings from previous research highlight the affective component as the core element of work-related well-being and social support as the main factor preventing the development of mental distress (e.g., Mäkikangas et al., 2015; Daniels, 2000; Warr, 1992). However, if work-related well-being is reduced to affective well-being that can be balanced by sufficient social support, it again disregards the complexity of work-related well-being and ignores other important factors contributing to overall work-related well-being, such as demographic and psychosomatic variables, the agency-operating process, and work resources. Further, it reduces the nature of well-being to an individual responsibility that can be supported from outside; respectively, the employing organization. Such an approach does not meet the requirements for explaining the structure of occupational well-being comprehensively. The model used in this study provides a more comprehensive view of the construct. The underlying factors explaining the structure of occupational well-being are manifold and were identified in a literature based analysis of concepts dealing with work-related distress and the well-being of child protection social workers (authors' own, 2014). The findings of the study emphasize the impact of the worker–client relationship on employee well-being and the share of responsibilities between the organization and the employees in order to develop and maintain occupational well-being based on a close interaction between both (see Table 1).

Table 1. Factors for developing and maintaining occupational well-being (Baldschun, 2014)

	Individual Factors	Organizational Factors
Factors for developing and maintaining occupational well-being of child welfare social workers	• age • professional competences • education and training • positive coping strategies • resilience • work experience • cognitive skills • emotional competence • emotional strength • job-related calmness • self-care • self-efficacy • vigor	• decreased caseload size • job demand evaluation • job-related trainings • promotion and estimation • reduced organizational constraints • social support from peers and organization • supervision • balance of job autonomy • leadership style • social support from peers and organization • supervision • supportive work environment • validation of performance • work resources • appropriate social areas

Thus, occupational well-being can be divided into employee well-being and organizational well-being as two independent systems interwoven with each other in a complex unit in which worker–client interaction and organization–statutory interaction represent the interfaces to the executive obligations (see Figure 1). At best, the organization serves as back-up for the employees by providing certainty in the work environment and support in demanding work tasks. In the worse cases, the organization puts additional pressure on employees, accompanied with disregarding the potential for support. Employees, however, contribute through organizational compliance and work engagement to achieving the organizations' objectives and a high level of organizational well-being.
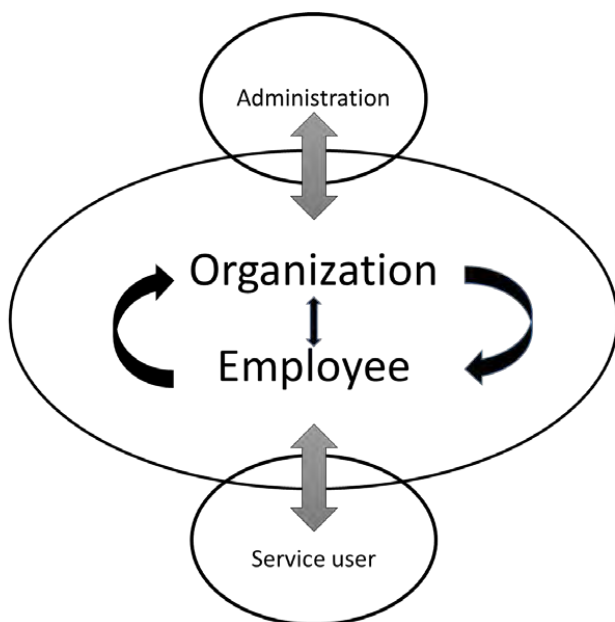

Figure 1. The employee–organization interface model

Additionally to the previous statements, the model for child protection social workers takes into account the special nature of social work with families and children, and the specific work environment of the field. One main element of that nature is the emotionally demanding work with mentally ill, traumatised, and deprived clients and the vulnerability to various distresses that result from these interactions (Van Hook & Rothenberg, 2009; Maslach et al., 2001; Maslach & Jackson, 1981). Balancing the dichotomy of care and control is another challenge for organizations and employees (Zosky, 2010). Hence, work demands and staff–client interaction represent the main risk factors that influence occupational well-being negatively (McFadden, 2015; Conrad & Kellar-Guenther, 2006). Because of the multifaceted influences on child protection social workers' occupational well-being, additional knowledge, and findings from different disciplines were taken into account for the creation of the model (Table 1).

Besides the nature of social work, approaches from other disciplines—such as sociology, psychology, psychiatry and general medical health—have influenced the creation of the occupational well-being model. The factors listed in Table 1 were taken from the analysis of 13 different concepts dealing with work-related distress and well-being. More detailed information on the concepts and the analysis is found in a study by authors´ own (2014). Most of the concepts, such as the job demands–resources model and job engagement, are psychological approaches used in psychometric measurements. Additionally, more psychiatric- and medically-orientated approaches—such as several different concepts of traumatic stress and the impact of distress on employees' health—also served as source material for the model. Finally, a general sociological perspective on well-being and working life contributed to the overall conception of the occupational well-being model for the child protection profession. Hereby, occupational well-being becomes not merely a multidimensional model but also a multidisciplinary approach with special attention to social work.

METHOD

PARTICIPANTS

The data for the analysis is taken from the ongoing longitudinal cohort study on work-related well-being among Finnish public sector employees, known as the 10-town study. The data used for the analysis in this paper are taken from a combined questionnaire consisting of the 10-town study follow-up survey in 2014 and a survey questionnaire, solely designed for social work employees, conducted in 2015. Only respondents who responded to both questionnaires qualified for the analyses. The overall sample size is N = 1220 (response rate = 65.5%) included social work employees whose position is defined by the employing organization by the professional title "social worker" and employees defined by the professional title "social instructors." For analysis the respondents were divided into three groups based on their educational level and their work tasks. The first division was made between statutory social workers (N = 893) and social instructors (N = 327). The basic requirements for employment in statutory social work in Finland are a master´s degree in social work and the eligibility for legal social work that is usually included in the master's studies (Act on Qualification Requirements for Social Welfare Professionals: 272/2005).

Social instructors, however, are educated at universities of applied sciences or equivalent institutions and usually are not qualified for statutory social work. The basic difference in the duties of both professions is the social worker's power to make legally binding decisions with regard to the clients' situations. The statutory social workers, then, were divided into social workers whose duties do not include child protection work (N = 529) and social workers whose duties included child protection work (N = 364). Social workers who answered the question "Are you working in child protection?" with "Yes" qualified for the group "child protection social workers." Most of the social workers in this group spent the core part of their working day in child protection; however, the reported amount of time that respondents spent with child protection work differed from less than 10% of the whole working time up to 100% (median = 90; mean = 77.32; SD = 29.53).

MEASURES

Firstly the appropriate items from the combined questionnaire were chosen and allocated to the respective dimensions. Since the questionnaire was not constructed particularly for the measurement of the hypothesized model, the most appropriate scales were tested for their fit on the dimension. Before testing, an item parceling method based on mean scores was used for better handling of the amount of items, being aware of the advantages and disadvantages of using the parceling method (Little et al., 2002). The parcels were built from either validated subscales or from items which fit from the theoretical point of view.

Affective well-being was measured by four different parcels. One parcel was built of a six-item four-point Likert scale that measured the respondent's emotional attachment to their work. One example statement is "I begin to think about the problems that are related to my work immediately when I wake in the morning" and the options to answer were "I fully agree," "I partly agree," "I partly disagree," and "I fully disagree." Another parcel was built of an 11-item five-point Likert scale assessing the emotional strain resulting from working with clients. One example question on this scale is "How often have the clients' multiple problems burdened you during the last half-year in your present job?" and the options to answer were "very seldom or never," "quite seldom," "sometimes," "quite often," and "very often or continuously." Additionally, the Burnout Scale and the Secondary Traumatic Stress scale were taken from the Finnish version of the Professional Quality of Life (ProQOL R-IV, Hudnall Stamm, 1997–2005) scale and added as separate parcels to the measurement model.

Cognitive well-being was measured by using three parcels. A five-item five-point Likert scale was used to assess work uncertainty. The example question "Is the danger of redundancy connected to your work?" was used for one parcel. The answering options were "very often," "quite often," "sometimes," "quite seldom," and "very seldom." A second parcel was built of a seven-item six-point Likert scale to assess the self-experienced justice of decision making. An example item for this scale is "Decisions are made on the basis of the right information" and the answer options were "I fully agree," "I partly agree," "I partly disagree," and "I fully disagree." The third parcel was built from two items assessing the amount and acceptance of changes in the respondents' working life in the last year. The item structure consisted of two opposite statements with seven unlabeled options between them to answer.

Four parcels were built for the measurement of *social well-being*. Two parcels were

built to assess organizational climate and team compliance using the scales developed by Patterson and colleagues (2005). Another parcel was built of a 14-item five-point Likert scale used to assess the leadership style experienced by the employees. One example question is "My superior respects workers' rights" with the four reply options: "I fully agree," "I partly agree," "I partly disagree," and "I fully disagree." For the last parcel, two questions assessing bullying at the workplace were combined.

Personal well-being was measured by three different parcels. Two parcels were built by scales assessing social support through relatives and friends and by assessing support through leisure-time activities. The social support was assessed by three items asking respondents to what extent they discuss work-related issues with family members, friends, or somebody else with the four reply options: "never or very seldom," "not much," "somewhat," or "a lot." Support through leisure-time activities was assessed by 10 items asking respondents how often they spend time with certain activities, such as exercising, going to the theater, or doing handicrafts. Five options were offered for answers, ranging from "every day or several days a week" to "rarely or never." The third parcel was built of three items assessing the respondents' work experience: as a social worker, in another field of social welfare, or in some field outside of social welfare. The three options—"no experience," "less than one-year experience," and "more than one-year experience"—were provided as answer options.

For the measurement of *professional well-being* three parcels were used. Two parcels were built by dividing the Finnish version of the short effort–reward imbalance scale (Siegrist et al., 2004; Kinnunen et al., 2008) into two separate scales, namely into the three-item effort scale and the six-item reward scale. Additionally, one parcel assessing the overall workplace satisfaction was added to the model. Three questions asking respondents about their satisfaction with their current workplace, how likely they were to change workplace, and to what extent respondents would recommend their employer to friends, were combined into one variable.

Psychosomatic well-being was measured by three parcels assessing the respondents' level of general health, their level of mental health, and their quality of sleep. General health was assessed by one item asking respondents to answer the question "How is your level of health?" using the options: "good," "quite good," "average," "quite bad," and "bad." Mental health was assessed by four items asking about desperateness, hopelessness, reluctance, and depression. The quality of sleep was assessed by four items. An example question is "How often do you have sleeping problems?" with six options for a reply, ranging from "not at all" to "almost every night."

STATISTICAL ANALYSIS

The analysis started with the validation of a theoretical model of occupational well-being. Our interest is in child protection social workers but, in our data, there are two other groups of social workers that make a cross-validation of the theoretical model possible. The sample of 1220 cases consists of data on (1) statutory social workers, (2) child protection social workers, and (3) social instructors (Table 2). The following strategy was used for modeling the data: First, the theoretically assumed factorial structure (Model A, Figure 2) was tested on the total sample. Second, we made some modifications to Model A using a random *calibration sample* of 200 respondents from the group of social workers whose duties do not include child protection work (which is the largest). After having calibrated Model A into a better-fitting model, Model B

(Figure 3), we tested the modified Model B in three separate *cross-validation samples* of almost equal size: (1) 329 (= 529 minus 200) statutory social workers, (2) 364 child protection social workers, and (3) 327 social instructors.

If Model B fits well to all three subsamples separately it makes it plausible that the factorial structure postulated in the model is stable across the groups. The use of a so-called multi-group CFA model, however, allows one to further test the measurement invariance assumptions behind the model. If the model simultaneously fits the three subsamples well enough, it fulfills the first requirement of measurement invariance called configural invariance. In that case, it can be concluded that the indicators measure the same latent construct in each group. After configural invariance has been demonstrated, further assumptions—such as weak measurement invariance, strong measurement invariance, and strict measurement invariance—can be tested. Relationships between factors and external variables can only be compared across groups if weak measurement invariance is demonstrated. If comparisons of factorial means across groups are made, strong measurement invariance is required (Wang & Wang, 2012, pp. 208–212). We are interested in the specificity of group 2 compared to the other groups and use Model B to compare the factorial means and correlations among factors across the groups.

RESULTS

The distribution of the sample characteristics was calculated for the three groups of statutory social workers, child protection social workers, and social instructors (Table 2). The gender distribution shows a less than 10% minority of males in all groups. We found the lowest average age (M = 40.1 years old) in the social instructor group and the highest in the statutory social worker group. The share of respondents married or cohabiting, or single, divorced, or widowed are about the same in the three groups. Statutory social workers reported the highest mean for work experience (M = 16.5 years) followed by child protection social workers (M = 14.5 years) and social instructors (M = 12.8 years). Legal social work is required for statutory social worker and child protection social worker positions. In the child protection social worker sample, more than 20% of the respondents reported working without having any qualification, compared to 16% in the sample of statutory social workers. General health was assessed with one item "How is your health?" rated on a Likert scale from 1 (= good) to 5 (= bad). The computed mean scores show the best self-reported general health in the social instructor group (M = 1.76) followed by the child protection social worker group (M = 1.78) and the statutory social worker group (M = 1.82).

Table 2. The distribution (N, %, M/SD) of gender, age, marital status, work experience, legal social work eligibility, and general health for the groups of statutory social workers, child protection social workers, and social instructors

	Statutory social workers			Child protection social workers			Social instructors		
	N	%	Mean/SD	N	%	Mean/SD	N	%	Mean/SD
Respondents	529	100		364	100		327	100	
Gender **Female** **Male**	472 44	91.5 8.5		327 36	90.1 9.9		311 16	95.1 4.9	
Age (24–67) **24–37** **38–50** **51–67**	126 174 221	24.2 33.4 42.4	46.9/10.7	114 125 125	31.3 34.3 34.3	44.4/10.9	156 113 58	47.7 34.6 17.7	40.1/9.8
Marital status **Married or cohabiting** **Single, divorced, or widowed**	358 157	69.5 30.5		244 116	67.8 32.2		224 101	68.9 31.1	
Work experience **<5 years** **6–10 years** **11–20 years** **>20 years**	68 110 178 168	13.0 21.0 34.0 32.1	16.5/9.4	63 94 114 92	17.4 25.9 31.4 25.3	14.5/9.0	63 101 106 57	19.3 30.9 32.4 17.4	12.8/8.0
Legal social work eligibility **Yes** **No**	437 83	84.0 16.0		286 72	79.9 20.1		4 318	1.2 98.8	
General health **1 = good –** **5 = bad**	521		1.82/0.875	363		1.76/0.839	324		1.74/0.797

Test of Model A

We constructed several summary scales (parcels) as potential indicators of the six theoretical dimensions of occupational well-being. Of these indicators, the best were chosen in separate tests for the unidimensionality of the composite, which is the empirical prerequisite for item parceling. Numerical results of these CFA models are not reported. As a result of this procedure, we got three to four indicators per dimension. Descriptive statistics of these indicators in each of the subsamples are shown in Table 3.

Table 3. Descriptive statistics of the indicators for the theoretical model in the total sample (N=1220)

	EA	ECS	BS	STS	WU	JOD	WCH	EFR_1	EFR_2	WPS	WEX	SSP	LSP	ORC	TC	LST	BUL	HGE	HME	SQAL
Mean	3.246	2.945	2.364	1.994	3.729	3.287	4.478	2.063	2.220	1.977	2.481	1.883	3.012	2.321	2.456	2.741	.3771	1.779	1.278	2.569
Std. Deviation	.5028	.6814	.5317	.5065	.7611	.8863	1.336	.4964	.5494	.6651	.7229	.7015	.4220	.7405	.5951	.4612	.5643	.8437	.3378	1.130
Minimum	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	.00	.00	1.00	1.30	1.00	1.00	1.71	.00	1.00	1.00	1.00
Maximum	5.00	4.73	4.13	3.80	5.00	5.00	7.00	4.00	3.80	3.00	3.74	4.00	4.70	5.00	5.00	5.00	2.20	5.00	2.00	6.00
Skewness	.197	-.214	.482	.570	-.644	-.153	-.266	.263	.096	-.323	-.613	.442	.035	.468	.375	.685	1.212	.907	.914	.775
Kurtosis	-.428	-.204	.129	.107	.253	-.399	-.320	.012	-.207	-.593	-.093	-.568	.430	.110	.664	.895	.195	.351	-.450	.067

In testing the fit of Model A to the total sample we used a robust maximum likelihood estimator in Mplus. The estimator does not assume multivariate normality and works well under either normal or non-normal conditions (Wang & Wang, 2012, p. 61). Thus no tests for non-normality are needed. The numerical results of the test are seen in Table 4 and the factor structure of Model A is presented in Figure 2.
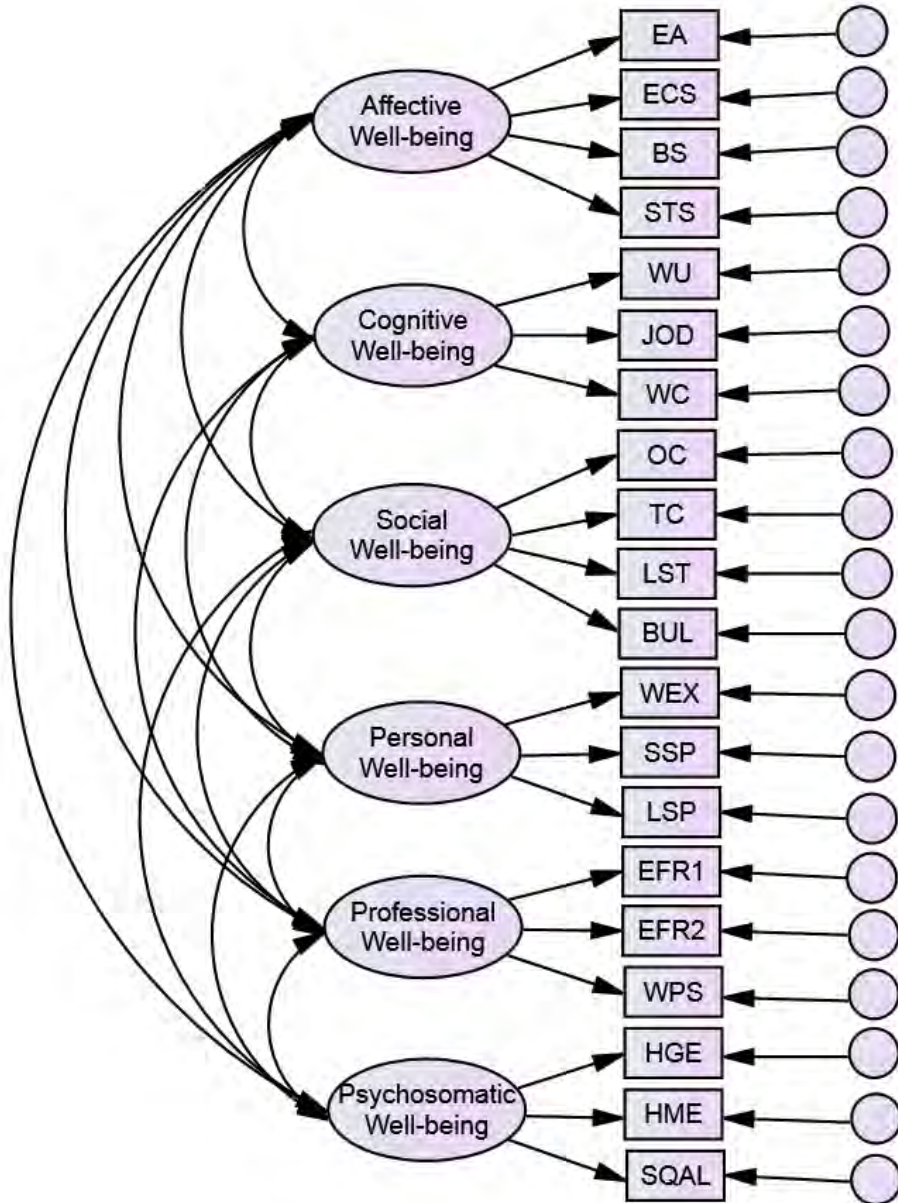

Figure 2. The factor structure of Model A

Table 4. The standardized estimates of Model A

	Estimate	S.E.	p-Value	R2
Affective well-being				
Emotional attachment	.683	.020	.000	.466
Emotional client strain	.708	.019	.000	.501
Burnout	.786	.019	.000	.618
Secondary traumatic stress	.757	.018	.000	.574
Cognitive well-being				
Work uncertainty	.588	.030	.000	.346
Justice of decision making	.533	.033	.000	.284
Work change	.574	.029	.000	.329
Social well-being				
Organizational climate	.862	.018	.000	.743
Team compliance	.750	.020	.000	.563
Leadership style	.632	.026	.000	.400
Bullying	.477	.032	.000	.227
Personal well-being				
Work experience	.291	.167	.082	.085
Private social support	-.172	.163	.290	.030
Leisure time support	.560	.287	.051	.314
Professional well-being				
Effort–reward 1	.746	.020	.000	.556
Effort–reward 2	.826	.017	.000	.682
Workplace satisfaction	.556	.027	.000	.310
Psychosomatic well-being				
General health	.499	.038	.000	.249
Mental health	.691	.031	.000	.478
Sleep quality	.634	.030	.000	.402

The fit is not good enough but it could have been worse if Model A were totally mis-specified. Even if the model had fit well, the main conclusion from the results would have been the same: The dimension of personal well-being could not be empirical-ly identified from the data. The variance of the indicators work experience, social support through relatives and friends, and support through leisure-time activities explained by the model does not differ statistically from zero, and the dimension seems to be independent of all other dimensions. Either the theory is wrong or the measurement of the dimension has failed. Because the indicators do not share much variance with each other, the latter conclusion is the more likely. One explanation for that result might be caused by the available information that was assessed in the survey. From a theoretical point of view, the personal well-being dimension is char-acterized by individual factors such as demographic characteristics, personality traits, and the work–home interface (authors´ own, 2014, p. 80). Since personality traits have not been assessed in the used surveys, no information about these attributes could be added to the model. Demographic characteristics are represented by work experience, which is only a single component of the whole set. Other important indicators, such as the workers' earlier life experience and personal history of trauma, are important indicators for the personal well-being dimension. Additionally, the supporting indi-cators representing the work–home interface did not show a statistically significant

impact on the respondents' personal well-being, which is an unexpected result. Another, much m

Calibrating Model A into Model B

Modifications to Model A were made using modification indices and other model diagnostics. Th
dimensions cognitive well-being and professional well-being were empirically not separable. The
of multicollinearity between EFR1 and EFR2. The justice of decision making and bullying at the w
Chi-Square = 101.498 [df = 46, P = 0.000], RMSEA = 0.078, CFI = 0.925, TLI = 0.892, SMR = 0.060) co
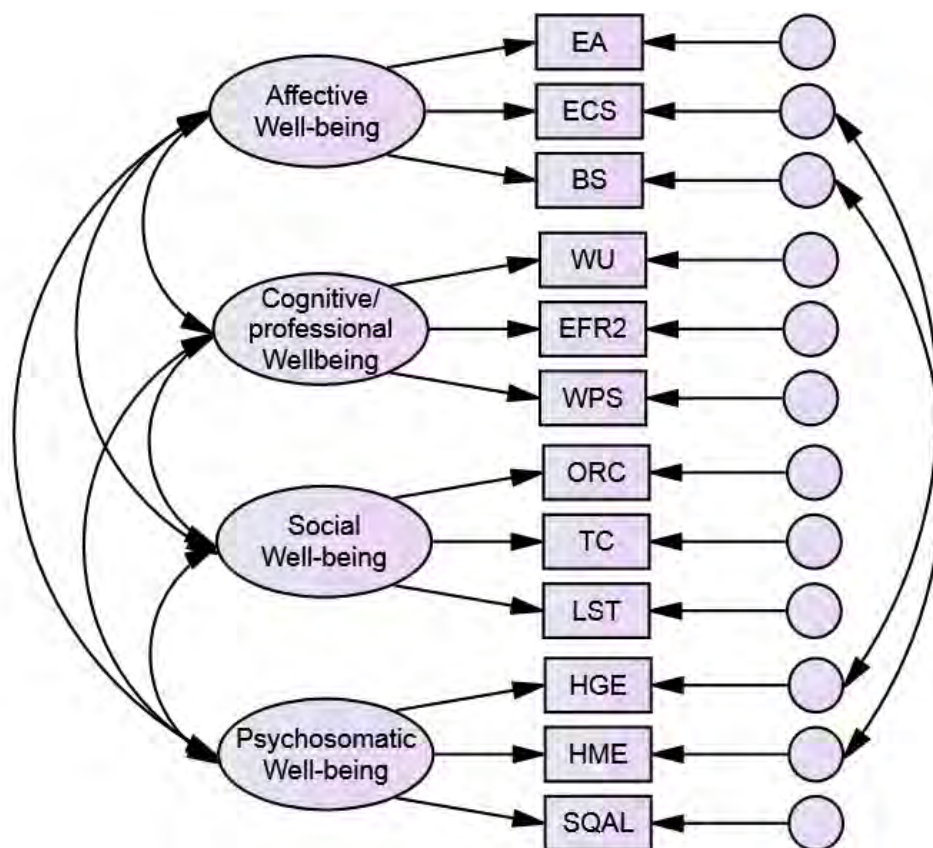all model fit indices is presented in Table 5.

Figure 3. The factor structure of Model B

Table 5. The summary of model fit indices

Model	AIC	x2	df	RMSEA	CFI	TLI	SRMR
Model A 6-dimensional		866.253	155	0.067	0.879	0.852	0.058
Model A calibration sample	6655.652	378.498	155	0.085	0.824	0.784	0.075
Model B 4-dimensional	3874.776	101.498	46	0.078	0.925	0.892	0.060
Multi-group CFA model		343.645	164	0.057	0.948	0.938	0.055

Validation of Model B

The starting point in testing a multi-group CFA model is the test of configural invariance across groups. In our case the three groups were the subsamples of 364 child protection social workers, 327 social instructors, and 329 statutory social workers who were not selected in the calibration sample. Configural measurement invariance means that the same number of factors and same pattern of free and fixed factor loadings across groups, without any other equality restrictions on model parameters, are specified. First a baseline model for each group has to be determined. The baseline model should be similar but not necessarily identical for each group (Wang & Wang, 2012, p. 209). It has to be substantively meaningful, parsimonious, and good fitting. Model B fulfills the two first mentioned requirements, and it is reasonable to expect that at least the factorial structure will be the same in all three groups. The covariance among residuals shown in Figure 2, however, are considered idiosyncrasies of the calibration sample and are not expected to be replicated in other samples. The test of configural invariance is made by combining the baseline models into one model that is estimated simultaneously with all the groups.

After configural invariance, the assumptions of weak measurement invariance and strong measurement invariance are tested, adding equality restrictions to the model parameters. The estimator used in our test was the maximum likelihood estimator, which does not allow the ordinary use of the Chi-squared likelihood ratio test for comparing nested models. The elaboration of model fit was made on the basis of CFI change between models. A change > -0.01 is considered significant (Wu et al., 2007). The model fit information of the tests is presented in Table 6.

Table 6. Measurement invariance-test model fit indices

	x2	df	p	RMSEA	CFI	TLI	SRMR
Configural invariance	285.060	132	0.000	0.054	0.962	0.943	0.044
Weak invariance	280.169	148	0.000	0.051	0.962	0.949	0.052
Strong invariance	417.324	172	0.000	0.065	0.930	0.919	0.071

The most straightforward conclusion is that weak measurement invariance is confirmed but not the strong one. The factor loadings in the three populations of social workers seem to be equal but not the intercepts (the means of the indicators conditional on the value of the respective factors). It means that the comparisons of factorial means across the groups may not be unambiguous. Still, we report the standardized parameter estimates from a multi-group CFA model in which the loadings and intercepts are fixed to be equal across groups in order to identify the factorial means

of two groups compared to the reference group (Tables 7–8). The fit of the model in Tables 7 and 8 was x^2 = 343.645, df = 164, P = 0.000, RMSEA = 0.057, CFI = 0.948, TLI = 0.938, SRMR = 0.055.

The standardized estimates presented in Table 7 show similar values throughout the groups that are all statistically significant at $p \leq 0.001$ levels. The highest estimates can be found on the affective and social well-being dimensions, followed by the cognitive/professional and psychosomatic well-being dimensions. Altogether, the estimates imply a consistent model for the three groups.

Table 7. The standardized estimates and *p*-values of the four-dimensional multi-group CFA model

	Statutory social workers			Child protection social workers			Social instructors		
	Estimate	S.E.	p	Estimate	S.E.	p	Estimate	S.E.	p
Affective well-being									
Emotional attachment	.611	.032	.000	.729	.030	.000	.648	.031	.000
Emotional client strain	.638	.034	.000	.705	.028	.000	.646	.034	.000
Burnout	.731	.031	.000	.754	.029	.000	.714	.033	.000
Cognitive/profess-ional well-being									
Work uncertainty	.532	.044	.000	.540	.036	.000	.548	.037	.000
Effort–reward2	.760	.037	.000	.741	.036	.000	.785	.037	.000
Workplace satisfaction	.584	.036	.000	.576	.037	.000	.627	.035	.000
Social well-being									
Organizational climate	.812	.038	.000	.804	.033	.000	.750	.039	.000
Team compliance	.833	.034	.000	.827	.038	.000	.823	.037	.000
Leadership style	.541	.045	.000	.539	.048	.000	.495	.045	.000
Psychosomatic well-being									
General health	.482	.048	.000	.550	.035	.000	.566	.047	.000
Mental health	.585	.036	.000	.681	.042	.000	.659	.039	.000
Sleep quality	.613	.046	.000	.681	.034	.000	.652	.040	.000

Table 8. The factor correlations, means, and *p*-values of the four-dimensional multi-group CFA model

	Statutory social workers			Child protection social workers			Social instructors		
	Estimate	p-value	Factor Means	Estimate	p-value	Factor Means	Estimate	p-value	Factor Means
Cognitive/ professional well-being with									
Affective well-being	-.811	.000		-.769	.000		-.712	.000	
Social well-being with									
Affective well-being	.424	.000		.240	.000		.460	.000	
Cognitive/ professional well-being	-.655	.000		-.539	.000		-.593	.000	
Psychosomatic well-being with			.050			.203			.000
Affective well-being	.852	.000	.203	.786	.000	.572	.749	.000	.000
Cognitive/ professional well-being	-.668	.000	-.002	-.539	.000	-.021	-.581	.000	.000
Social well-being	.364	.000	.126	.134	.091	-.116	.473	.000	.000

However, the factor correlations (as presented in Table 8) reveal some differences between the groups. The highest correlations are shown between affective well-being and cognitive/professional and psychosomatic well-being. The correlations decrease slightly from the statutory social workers' group, with the highest correlation, to social instructors, with the lowest correlation. By tendency, lower correlations are shown between social well-being and the other factors. With regard to social well-being, the group of child protection workers revealed the lowest values. The correlations between the factors are statistically significant (at a $p \leq 0.001$ level) except for the correlation between psychosomatic well-being and social well-being ($p = 0.091$). Social instructors served as a reference group for comparing the factor means. Compared to the other groups, child protection social workers have notably lower affective and psychosomatic well-being. Additionally, statutory social workers have lower affective well-being than social instructors. No other mean difference revealed a significant difference between the groups.

DISCUSSION AND CONCLUSION

The study empirically explored the structure of the occupational well-being of three groups of Finnish social workers with a focus on child protection social workers. The modeling process revealed a four-dimensional model, comprising the dimensions affective, social, cognitive/professional, and psychosomatic well-being that fit all three groups well for factorial structure. Therewith, as a main result of this study, a model of occupational well-being for social work professions is provided. However, the final empirical model could not confirm the initial theoretical six-dimensional approach. Furthermore, the dimensions of cognitive and professional well-being were merged into one dimension because they were empirically inseparable, which reveals the close connection between cognitive skills and professional performance in social work professions. A closer look at the model structure reveals that social well-being (defined by the variables organizational climate, team compliance, and leadership style) is a strong predictor in the present occupational well-being model, which corresponds with previous findings (Elpers & Westhuis, 2008; Tham, 2007). Hence, this suggest that managers of social work organizations should invest in an open and supportive work environment that allows employees to participate in decisions in their work unit and where the employees expertise and opinions are accepted as a contribution to the overall work operating process. This open and supportive attitude should also be internalized by the supervisors that is to say that their leadership style should be positive, motivating, and encouraging instead of repressive and patronizing.

Another strong predictor is affective well-being (defined by the variables emotional attachment, emotional strain from working with clients, and burnout). The importance of affective strength for occupational well-being has been mentioned frequently in previous studies (e.g., Mäkikangas et al., 2015; Daniels, 2000; Warr, 1992) and could also be confirmed in this study. The importance of psychosomatic well-being for overall occupational well-being represents an expected result since health and well-being are strongly connected with each other. However, the fact that the dimension did not reveal the highest priority in predicting occupational well-being in social work professions shows that the most important source is located somewhere else—namely in promoting the emotional strength of employees by the variables identified in the social well-being dimension. Here, reducing the strain resulting from working with clients, positive coping strategies, and supervision promote emotional strength and employees also profit from a well-functioning team and the above-mentioned supportive work environment.

Additional support comes from the combined dimension of cognitive/professional well-being. The variables identified in that dimension are frequently-mentioned predictors of occupational well-being. Factors such as work uncertainty, the effort–reward balance, and overall workplace satisfaction correspond with previous findings (Lizano & Mor Barak, 2012; Schaufeli & Bakker, 2004) and the present findings are in accordance with current discussions in Finnish social work professions (van der Kuip, 2014; Saarinen et al., 2012; Miettinen & Stenroos, 2011). In times of ongoing reconstruction and budget constraints it might be difficult to intervene appropriately—however, managers of social work organizations should be aware of the consequences with regard to occupational well-being, especially when these constraints are connected to decreasing opportunities for ethically responsible social work (van der Kuip, 2014). Impaired work-related well-being eventually has negative effect on the entire operation process and case outcome.

The homogeneousness of the model is surprising to the effect that the structure can be described by the same variables in the three groups. However, we found some differences between the groups with regard to the factor correlations and the factor means that provide a more detailed picture of the specific level of occupational well-being between the groups. These differences most notably appear in the affective well-being dimension, wherein child protection workers reported the lowest level followed by statutory social workers. This finding can be more clearly associated with the nature of child protection work and confirms the findings from previous studies (e.g., van Hook & Rothenberg, 2009; Collins, 2008; Tham, 2007). The same tendency is shown for psychosomatic well-being, albeit with a lower difference between the groups. Together, this implies that the affective components and health-related factors make the difference in occupational well-being between the three groups, with the lowest occupational well-being being found among child protection workers and a slightly better condition being found among statutory social workers. Social instructors, however, are less affected by affective and health-related factors with regard to occupational well-being.

The multi-dimensional model of occupational well-being presented in this study provides insight to the structure of social workers' work-related well-being. This can be used by managers and supervisors of social work organizations to develop and maintain occupational well-being. The model (with its dimensions and the factors explaining the dimension) can be used by managers as a map to navigate and evaluate the state of occupational well-being in their organization. The detailed description of the structure simplifies the identification of the strong and the weak dimensions in the organizations' work environment.

STUDY LIMITATIONS

Finally, some limitations of the study need to be mentioned. One limitation refers to the data since the questionnaire was not particularly developed for the measurement of the theoretical construct presented in this study and included several items with a qualitative structure. Hence, the design and structure of the survey challenged the modeling procedure that merely required data from quantitative scales. Consequently, not all the available information about the sample could be included in the structural equation modeling process. Additionally, not all components described in the theoretical construct were measured by the instrument, which had its biggest impact on the personal well-being dimension that could not be identified with the available information and probably also has an impact on the other dimensions. Further research should use an instrument that covers the dimensions more comprehensively.

Another, more general point to consider is the self-rated nature of the survey. Particularly, the assessment of health conditions and emotional aspects are vulnerable to biased answers and wide variation due to the subjective experience of distress and satisfaction. Thus, with regard to the generalizability of the findings, it should be borne in mind that the study's results refer to the Finnish context of social work and are not necessarily transferable into other contexts of social work. To address these issues, comparative studies would reveal evidence on the generalizability of the model and on possible differences in the structure of occupational well-being in different contexts. However, these limitations do not give reasons to doubt the general quality of the results but should encourage further development of the construct and

further research on the general structure and consistence of social workers' occupational well-being.

FUNDING

REFERENCES

Act on Qualification Requirements for Social Welfare Professionals 272/2005. Ministry of Social Affairs and Health, http://www.finlex.fi/en/laki/kaannokset/2005/20050272.

Coffey, M., Dugdill, L., & Tattersall, A. (2004). Stress in social services: mental well-being, constraints and job satisfaction. British Journal of Social Work. 34, 735-746. doi:10.1093/bjsw/bch088.

Collins, S. (2008). Statutory social workers: stress, job satisfaction, coping, social support and individual differences. British Journal of Social Work, 38, 1173–1193. doi:10.1093/bjsw/bcm047

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. Child Abuse & Neglect, 30(10), 1071–80.

Daniels, K. (2000). Measures of Five Aspects of Affective Well-being at Work. Human Relations, 53(2), 275–294.

De Jonge, J., & Schaufeli, W. B. (1998). Job characteristics and employee well-being: a test of War's vitamin model in health care workers using structural equation modelling. Journal of Organizational Behavior, 19, 387–407. doi:10.1002/(SICI)1099-1379(199807)19:4<3

Drake, B., & Yadama, G. N. (1996). A structural equation model of burnout and job exit among child protective service workers. Social Work Research, 20(3), 179–188.

Elpers, K., & Westhuis, D. (2008). Organizational leadership and its impact on social workers' job satisfaction: A national study. Administration in Social Work, 32(3), 26–43. doi:10.1080/0364310080192239

Graham, J. R., & Shier, M. L. (2010). The social work profession and subjective well-being: The impact of a profession on overall subjective well-being. British Journal of Social Work, 40, 1553-1572. doi:10.1093/bjsw/bep049

Hackman, J. R., & Oldham, G. R. (1980). Work Redesign. Massachusetts: Addison-Wesley.

Hudnall Stamm, B. (1997–2005). Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL). www.proqol.org. Translated by H. Palmunen, T. Ruuska, 2006.

Horwitz, M. (1998). Social worker trauma: building resilience in child protection social workers. Smith College Studies in Social Work, 68(3), 363–377

Johnson, J. V., & Hall, E. M. (1988). Job Strain, Work Place Social Support, and Cardiovascular disease: A Cross-sectional Study of a random Sample of the Swedish Working Population. American Journal of Public Health, 78(10), 1336–1342

Jupiter, B., White, N., & Bellamy, P. (2009). Assessing employee wellbeing: is there another way? International Journal of Workplace Health Management, 2(3), 220-230. doi:10.1108/17538350910993412

Karasek, R., & Theorell, T. (1990). Healthy Work: Stress, Productivity and the Reconstruction of Working Life. New York: Basic Books.

Kinnunen U., Feldt T., & Mäkikangas A. (2008). Testing the effort–reward imbalance model among Finnish managers: the role of perceived organizational support. Journal of Occupational Health Psychology, 13, 114–127. doi:10.1037/1076-8998.13.2.114

Little, T. D., Cunningham, W. A., & Shahar, G. (2002). To Parcel or Not to Parcel: Exploring the Question, Weighing the Merits. Structural Equation Modeling, 9(2), 151–173.

Lizano, E. L., & Mor Barak, M. E. (2012). Workplace demands and resources as antecedent of job burnout among public child welfare workers: A longitudinal study. Children and Youth Services Review, 34, 1769–1776. doi:10.1016/j.childyouth.2012.02.006

McFadden, P, Campbell, A., & Taylor B. (2015). Resilience and Burnout in Child Protection Social Work: Individual and Organisational Themes from a Systematic Literature Review. British Journal of Social Work, 45(5), 1546–1563. doi:10.1093/bjsw/bct210

Mäkikangas, A., Rantanen, J., Bakker, A. B., Kinnunen, M.-L., Pulkkinen, L., & Kokko, K. (2015). The circumplex model of occupational well-being: Its relation with personality. Journal of Person-Oriented Research, 1(3), 115–129. doi:10.17505/jpor.2015.13

Mänttäri-van der Kuip, M. (2014). The deteriorating work-related well-being among statutory social workers in a rigorous economic context. European Journal of Social Work, 17(5), 672–688. doi:10.1080/13691457.2014.913006

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior, 2, 99–113.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual Reviews Psychology, 52, 397–422. doi:10.1146/annurev.psych.52.1.397

Miettinen, M., & Stenroos, M. L. (2011). Lupaako laki liikaa? Selvitys lastensuojelulain asettamien määräaikojen noudattamisesta Etelä-Suomen aluehallintoviraston toimialueen kunnissa. [Is the law promising too much? Report on managing the statutory time limits in child protection services in the municipalities of Southern Finland], Report 15/2011. Hämeenlinna: The Regional State Administrative Agency of Southern Finland.

Oksanen, T. (2013). The added complexity of resources, employee well-being, and the quality of care. The Finnish Institute of Occupational Health: http://www.slideshare.net/THLfi/novo-oksanen. Accessed 2 December 2014.

Patterson, M. G., West, M. A., Shackleton, V. J., Dawson, J. F., Lawthom, R., Maitlis, S., Robinson, D. L., & Wallace, A. M. (2005). Validating the organizational climate measure: links to managerial practices, productivity and innovation. Journal of Occupational Behavior, 26, 379–408. doi:10.1002/job.312

Ryff, C. D. (1989). Happiness is everything, or is it? Exploration of the meaning of psychological well-being. Journal of Personality and Social Psychology, 14, 224–247.

Ryff, C. D., & Keyes, C. I. M. (1995). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69, 719–727.

Saarinen, A., Blomberg, H., & Kroll, C. (2012). Liikaa vaadittu? Sosiaalityöntekijöiden kokemukset työnsä kuormittavuudesta ja ristiriitaisuudesta Pohjoismaissa [Too much required? Nordic social workers' experiences of occupational stress and contradictions in their work]. Yhteyskuntapolitiikka, 77(4), 403–418.

Schaufeli, W. B., Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. Journal of Organizational Behavior, 25, 293–315. doi:10.1002/job.248

Siegrist J., Starke D., Chandola T., Godin I., Marmot M., Niedhammer I., & Peter R. (2004). The measurement of effort–reward imbalance at work: European comparisons. Social Science & Medicine, 58(8), 1483–1499. doi:10.1016/S0277-9536%2803%2900351-4

Sinko, P., & Muuronen, K. (2013). Olisiko jo tekojen aika? [Time to act?]. Helsinki: Central Union for Child Welfare & Union of Professional Social Workers (Talentia).

Tham, P. (2005). Why are they leaving? Factors affecting intention to leave among social workers in child welfare. British Journal of Social Work, 37, 1225–1246. doi:10.1093/bjsw/bcl054

Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: a study of child welfare workers in community based care organizations in central Florida. Social Work & Christianity, 36(1), 36–54.

Van Horn, J., Taris, T. W., & Schaufeli, W. B. (2004). The Structure of Occupational Well-being: A Study among Dutch Teachers. Journal of Occupational and Organizational Psychology, 77, 365–375.

Wang J., & Wang, X. (2012). Structural Equation Modeling: Applications Using Mplus. John Willey.

Warr, P. (1987). Work, Unemployment, and Mental Health. Oxford: Clarendon Press.

Warr, P. (1992). Age and Occupational Well-being. Psychology and Aging, 7(1), 37–45

Warr, P., Cook, J., & Wall, T. (1979). Scales for the Measurement of some Work Attitudes and Aspects of Psychological Well-being. Journal of Occupational Psychology, 52, 129–148.

Warr, P., & Routledge, T. (1969). An Opinion Scale for the Study of Manager's Job Satisfaction. Journal of Occupational Psychology, 43, 95–109.

Wharton, T. (2008). Compassion Fatigue: Being an Ethical Social Worker. The New Social Worker. Winter 2008, 4–6.

Wu, A., Li, Z., & Zumbo, B. (2007). Decoding the Meaning of Factorial Invariance and Updating the Practice of Multi-group Confirmatory Factor Analysis: a Demonstration with TIMMS Data. *Practical Assessment, Research & Evaluation* 12(3), 1–26.

Zacher, H., Jimmieson, N. L. (2014). Time Pressure and Coworker Support Mediate the Curvilinear Relationship Between Age and Occupational Well-being. Journal of Occupational Health Psychology, 19(4), 462–475. doi:10.1037/a0036995

Zosky, D. (2010). Wearing your heart on your sleeve: The experience of burnout among child welfare workers who are cognitive versus emotional personality types. Journal of Public Child Welfare, 4, 117–131. doi:10.1080/15548730903563186

ANDREAS BALDSCHUN

This dissertation examines the structure and factors of social workers´ occupational well-being theoretically in a conceptualization of a multi-dimensional model, and empirically among Finnish social work professionals. The systems theory is applied to provide an innovative theoretical framework for the occupational well-being model. Together with the empirical results, the theoretical model provides a comprehensive framework for assessing and evaluating the occupational well-being.

UNIVERSITY OF
EASTERN FINLAND

uef.fi