Burnout in the Field of Social Services: A Closer Look at Individual and Organization Self-Care Practices

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

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May 2016
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ACKNOWLEDGEMENTS

We would like to acknowledge and extend our appreciation to those who have made the completion of this research project possible:

To the HOPE Family Resource Center, for their willingness and participation in this study, because without their participation or support, this study would not have been possible. Secondly, we want to thank our Capstone advisor, Dr. Allen E. Lipscomb for his patience, advice, and guidance throughout this process. Additionally, we would like to thank California State University, Northridge, the Social Work department, and its faculty for providing us with the opportunity to further our knowledge and complete this research project. Lastly, but certainly not least, we would like to thank one another for the great partnership that allowed this research project to come together.
DEDICATION

I would like to dedicate this research to my mother, Blanca Navarro, who inspired me to care for others. I would not be a social worker today without her teachings and instilling of these values. I would also like to dedicate this research to my father, Fernando Jimenez, for inspiring me and teaching me the value of education. Lastly, but certainly not least, to my Louie Lota, for his continuous love and support for all that I do.

I would like to dedicate this project to my parents, Joyce Ramsey and Glenn Nishimoto, for their unconditional love and support. To my brother, Daniel Bridinger, who has taught me so much about patience and kindness. Lastly, to my wonderful husband, David Roberts, for his love, patience, and constant encouragement.
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Abstract

Burnout in the Field of Social Services: A Closer Look at Individual and Organization Self-Care Practices

By
April Jimenez
Master of Social Work

Purpose: Many factors have been thought to contribute to or protect from burnout, this study intends to identify and examine some of the individual and organizational practices that may impact burnout rates for case managers who work within a smaller entity within the field of social services. Research Question: What correlations between individual and organizational practices contribute to or possibly prevent burnout rates for case managers who work for smaller entities within the field of social services? Methods: The participant sample includes 9 case managers, who work together in the same department but serve a variety of populations. This mixed-methods study includes a quantitative questionnaire and an in-depth interview consisting of 18 questions that explore the participants understanding of what burnout in the professional is, their personal thoughts about what contributes to burnout, their personal or second hand experiences, and
individual, organizational, and clientele characteristics that contribute to or reduce levels of burnout. Results: Overall, participants showed low rates of burnout in all three categories, Personal Burnout, Work Burnout, and Client Burnout. When asked about effective organizational practices, 55% (n=5) discussed having a supportive work environment and 33% (n=3) discussed the importance of supervision. When asked about self-care, 78% (n=7) were able to identify specific self-care practices that reduced feelings of stress or burnout. Discussion: The results of this study indicate the importance of self-care practices and a supportive work environment in reducing or preventing burnout.
Chapter 1: Introduction

Lloyd, King, & Chenoweth (2002) define burnout as “a syndrome with dimensions of emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment” which can be caused by chronic stress and hinder the service provider’s effectiveness. Morse et al. (2012) estimate that between 21% and 67% of social workers may be experiencing high levels of burnout based on a meta-analysis of current research. “The empirical and theoretical literature suggests that the consequences of burnout can be severe and far reaching” (Morse et al., 2012). Burnout can occur in any profession and it is estimated that over 6,000 articles have been published on the topic of burnout; however, areas in the helping profession like case management in smaller entities, have not been the focus of attention (Schaufeli, Leiter, Maslach, 2009, p. 204-205).

“Burnout develops gradually over time and is the result of excessive demands and limited resources to meet those demands” (Sutlief, 2013, p. 7). The National Association for Social Work (NASW) conducted a study in which a surveyed participant stated, “Burnout is [the] main reason people are leaving the profession. We are short-handed as it is…” (Arrington, 2008, p. 1). This study conducted by the NASW portrays the negative effects that burnout has on the employee themselves, which in turn can affect clientele and even the agency in which the employee works. In the same study, the NASW asked participants to identify work-related stressors and those identified were: a lack of resources, lack of time to complete tasks, heavy workloads, working with difficult or challenging clients, salaries not being comparable to those of people in similar professions (who also conduct similar work), and being poorly compensated for their work. Although current research exists that explores variables associated with burnout for
individuals in the helping profession, there is still a gap in research that analyzes factors that may lead to burnout for professionals who work for smaller entities. Therefore, this study explores the experiences of case managers within a smaller entity and how burnout might develop in regards to individual and organizational practices.

As indicated above, research has been conducted to understand the causes of burnout and reduce burnout rates in helping professions. However, the majority of studies focus on the profession of Social Work and larger entities, such as child welfare workers and licensed clinicians. “Social work researchers studying the issue of burnout have used both qualitative and quantitative methods;” and recent studies have focused on not only individual practices, such as self-care as the answer to the reduction of burnout rates, but also organizational practices (Koski, 2013, p. 22).
Chapter 2: Background

Social Support

One of the factors this study will be examining is the role social support, or perceived community plays in contributing to or reducing levels of burnout within social workers studied. In a cross-sectional quantitative study of 126 Israeli social workers treating children and adolescents, researchers found that support from colleagues and supervisors played a large role in burnout levels; however, this was apparent more in newer social workers. Across all levels of seniority, it was found that higher levels of burnout correlated with less supportive managers and less favorable psychological work conditions (Hamama, 2012). On the other hand, in a study surveying 346 California social workers, Kim & Stoner (2008) found that social support did not have a direct impact on burnout levels but could foster attachment to the agency and thus prevent turnover.

Snyder (2009) conducted a study in which the focus was on empathic communication and burnout. This study specifically “explored the role of social support in reducing the likelihood of burnout among 112 caregivers from a human-services organization” (Snyder, 2009, p. 373). A 5-point Likert scale was utilized throughout the questionnaire to measure participant’s responses according to the following categories: empathic concern, contagion of negative affect, communicative responses, personal accomplishment, depersonalization, emotional exhaustion, emotional support, and thoughts of quitting (Snyder, 2009, p. 379-380). According to the results of this study: “social support helps caregivers provide better treatment to clients and reduces symptoms of burnout,” coworker support enhanced communicative responsiveness, supervisor support reduced perceptions of depersonalization, and reported levels of high emotional
Exhaustion indicated a desire in leaving the organization (Snyder, 2009). Overall, while “this study suggested that perceptions of social support were beneficial…it failed to reveal what it is about these messages that have such ostensible consequences; [therefore], one path worth consideration is the communicative approach to social support in which one examines supportive messages for their content” (Snyder, 2009, p. 386).

**Emotional Exhaustion and Stress**

One possible contributor to burnout that has been looked at by researchers is the nature of work and types of clients served. Ting et al. (2011) conducted a quantitative study of 285 active members of the NASW who had experienced working with clients exhibiting suicidal behaviors. They found a mean perceived stress score of 13.42 out of 40, a mean amount of time reportedly spent thinking about client’s suicidal behavior as slightly less than once a month, and the mean length of time that had passed since the behavior of 8.08 years. These finding show the long term negative effects of working with clients exhibiting suicidal behaviors. A similar cross-sectional quantitative study examined the prevalence of Secondary Traumatic Stress in a population of 282 licensed social workers (Bride, 2007). The study found that of those surveyed, 70.2% reported experiencing at least one symptom of Secondary Traumatic Stress in the past week, while 15.2% met criteria for a diagnosis of Post-Traumatic Stress Disorder based on their reported symptoms pertaining to traumatic experiences shared with them by a client.

Van Hook & Rothenberg (2009) conducted a study in order to identify the levels of compassion satisfaction, compassion fatigue/vicarious trauma, and burnout within child welfare workers in Central Florida (p. 40). Compassion fatigue/vicarious trauma refers to the ability of the social worker to continue to provide “a warm, caring, and
trustworthy relationship” while working with and dealing with families who have suffered trauma throughout their lives, because “a new child welfare worker sees more evil and suffering within the first few months of work than anyone should see in a lifetime” (Van Hook & Rothenberg, 2009, p. 37). The study also analyzed dimensions such as age, gender, education, length of experience, and nature of responsibilities, while also exploring individual and suggested organizational coping mechanisms for relieving stress of workers. Furthermore, Van Hook & Rothenberg (2009) considered “emotional exhaustion” an important aspect of burnout and defined it as, “difficulty dealing with one’s work, and a sense that your efforts do not make a difference” (p. 38).

Participants in the Van Hook & Rothenberg (2009) study were provided with an anonymous survey throughout three organizations that provided child welfare services under subcontract arrangements within the community-based care system of services. Results indicated that compassion satisfaction was positively associated with lower levels of burnout and fatigue. While levels of burnout and compassion fatigue were similar to other helping professions, it was higher for younger workers, direct line staff, and supervisors working with the most vulnerable and troubled situations. Lastly, workers indicated that an organizational change that would assist with lowering stress would be realistic caseloads and administrative support.

Experience

In a study conducted by Koski (2013), 150 Minnesota licensed social workers were surveyed, but only 43 completed surveys were utilized. Of the 43 participants surveyed, 40% had received their license 5 years or less ago and 60% had received their license ten or more years ago (Koski, 2013, p. 28). The survey included the Burnout
Measurement Short (BMS) questionnaire, an established self-administered burnout assessment tool, along with other burnout related questions. The data was analyzed with the Minitab to perform ANOVA calculations. The purpose of this research project was to identify if social workers who are in the first five years of their licensure experience professional burnout.

Findings demonstrated no correlation between the length of time as a social worker and amount of burnout; however, factors such as employer and client type displayed correlations. “Employer categories that had higher than average BMS scores were non-profit, schools, and nursing homes,” while the lowest average BMS scores according to employer type were government, private practice, and the category “other” (Koski, 2013, p. 29). Furthermore, initial results suggested that social workers who knew multiple former social workers that left the profession were more likely themselves to be burned out. These statistics show that social workers are mostly dissatisfied with jobs as compared to the profession itself (Koski, 2013, p. 29). The study concluded the importance of social workers receiving anti-burnout support and resources regardless of the amount of years in the field.

*Effects of Burnout*

Burnout is an important concept to study and seek to understand because of the direct effects it can have on social work staff, as well as the indirect effects it can have on social work agencies. In a longitudinal study of California clinical social workers utilizing 285 clinical social workers registered with the state over a period of three years, researchers found that high levels of burnout contributed to worse physical health. Social workers with higher levels of burnout reported greater deterioration in physical health over time.
Social workers with higher initial levels of burnout reported more frequent headaches, gastrointestinal problems, and respiratory infections after a year (Kim et al., 2011). On an organizational level, Kim & Stoner (2008) found a correlation between perceived role stress, burnout, and turnover intention. A greater level of role stress contributes to higher burnout levels, which can lead to a turnover intention in workers if not addressed by additional social support or resources. Turnover in the field of social work can be detrimental to continuity of client care and can force agencies to expend additional resources searching for and training new clinicians.

Predicting Burnout

One of the ways researchers suggest to reduce levels of burnout is to learn how to predict it. Maslach & Leiter (2008) set out to do just that when they conducted a longitudinal study utilizing 446 participants who completed two annual evaluations. They found that 55% of the participants who displayed consistent patterns in answering questions remained the same, while only 29% of those with inconsistent patterns remained stationary. They found that the participants who were mostly likely to make a shift towards burnout were those who could be identified by their inconsistent scores and job-person incongruence. Another way in which researchers have sought to predict burnout is through measuring job demands and resources (Bakker et al. 2004). Researchers found that a measure of job demands were the most important predictors of exhaustion and absence duration, while job resources were the most important predictor of disengagement and absence frequency.
Needs for Future Research

While it has been recognized for decades that burnout is something that greatly impacts the social work field and warrants further study, the research is still fairly limited, as Morse et al. (2012) state, “relatively few well-designed, empirical studies have examined burnout” and “there is a pressing need for additional, basic research” in this area (pg. 349). Although much more is known about burnout than when it first became a topic of interest, there is still much that has been contested by researchers regarding the mechanisms that contribute to or prevent burnout in social workers. Much of the research that has been done has not looked at comparisons between specific types of agencies in the field of social work in relation to levels of burnout, nor has it focused on small agencies.
Chapter 3: Methods

California State University, Northridge Institutional Review Board (CSUN IRB) approval was received for this study. This mixed-methods study utilizes a Likert scale quantitative questionnaire and a qualitative in-depth interview. The methods question the participants understanding of what burnout in the professional is, their personal thoughts about what contributes to burnout as a case manager in the field of social services, their personal or second hand experiences in working with someone who has burned out professionally, and more specifically in regards to the individual, organizational, and clientele characteristics.

Instrumentation

The measurement tools include a quantitative survey and a qualitative questionnaire. The survey is an 18 item quantitative survey (see Appendix A) adapted from the Copenhagen Burnout Inventory with additional questions to measure participants’ perceptions of work related stressors (Boritz & Kristensen, 2004). The Copenhagen Burnout Inventory measures burnout in three areas, personal burnout, work-related burnout, and client-related burnout. It has been translated into many different languages and is widely used in countries around the world with promising results (Kristensen & Christensen, 2005). This is a useful measurement tool in that it can be generalized to many different professions and establishes the concept of fluidity in levels of burnout. It assesses for levels of burnout in individuals at a given time, however these scores can change over time. Milfont et al. (2008) found that the Copenhagen Burnout Inventory was a reliable and valid tool to assess burnout in a population of secondary school teachers studied in New Zealand.
The qualitative interview includes 19 open-ended questions (see Appendix B) intended to allow participants to openly share a richer and more detailed experience of the work they face in the field of social services. The questions utilized for this study were inspired by the measurement tools utilized in studies by Sutlief (2013) and Wyman (2014) on the subject of burnout. The questions for this study were developed to allow participants to share their understanding of what burnout in the professional is, their personal thoughts about what contributes to burnout as a case manager in the field of social services, their personal or second hand experiences in working with someone who has burned out professionally, and more specifically in regards to the individual, organizational, and clientele characteristics.

*Independent and Dependent Variable*

The independent variables in this study are organizational and self-care practices. Appendix B of the attached interview questions which are in a randomized order, ask participants about their job in regards to: work load, populations served, challenges, secondary traumatic stress experienced and how often it is experienced, what personal steps they may take after working with a client in crisis or one who discloses a traumatic event to ensure their own personal well-being, what steps their organization currently has to ensure their employees well-being (if any) and what organizational practice in place have worked to ensure employees well-being (if any), and personal attributes that may have contributed to resilience and continued service in the field.

The dependent variable in this study is burnout. Appendix B of the attached interview questions contains questions which are in a randomized order, which ask participants about: their own definition of burnout, what factors they believe contribute to
burnout, if they have personally experienced burnout, and if they have considered a change in career in the past 6 months.

Participants

Inclusion criteria included individuals 18 years of age or older who were currently employed as a Helping Our People Everyday Family Resource Center (HOPE FRC) Case Manager. Convenience sampling was used and participant sample included 9 case managers. All participants voluntarily responded to flyers placed at the workplace and met the inclusion criteria. While the 9 case managers work together at the HOPE FRC they serve a variety of populations.

Procedures

The researchers contacted the agency, HOPE FRC, to obtain agency permission to conduct the study utilizing the HOPE FRC Case Managers as the participant sample. The agency employs 12 Case Managers and 9 Case Managers voluntarily responded to the flyers announcing the research study within the workplace. During this initial contact, the Case Managers were invited to attend a group information session in order to participate in the study.

The group information session was held at the HOPE FRC. During this meeting the researchers and Case Managers reviewed the consent form, practices for completion of the study, and the quantitative questionnaire. Case Managers were instructed to complete the consent form and questionnaire and turn it in anonymously in a blank, sealed envelope. Case Managers were advised that those who did not wish to participate in the study could simply write “do not wish to participate” on the consent form and leave the questionnaire blank prior to placing it in the blank envelope. Case Managers who
were interested in continuing with the study signed up for an individual interview time
during this meeting.

During the individually scheduled interviews the researcher briefly reviewed
consent and confidentiality with the participant. If the participant agreed to be recorded,
the researcher turned on the recorder and began the in-depth interview. For those who did
not wish to be recorded, this step was skipped and the in-depth interview with the
participant began. The qualitative data was collected through the utilization of 19 open-
ended questions. The researcher asked 19 questions in regards to the subject of burnout
that lasted approximately 20 minutes. After the interview was completed, the researcher
asked the participant if they had any follow-up questions or concerns and debriefed with
the participant regarding their questions or concerns, if needed, which took
approximately 5 minutes.

Data Analysis

An analysis of the quantitative and qualitative data obtained examined
correlations between individual and organizational practices, which may contribute to or
possibly prevent burnout rates for case managers. For the quantitative data, The
Copenhagen Burnout Inventory measured burnout in three areas, personal burnout, work-
related burnout, and client-related burnout. The questionnaire analyzed these variables in
order to explore the degree of burnout each participant was experiencing at that given
point in time. Once gathered, researchers input the data onto a spreadsheet for analysis
and comparison of scores between participants and for each category, personal burnout,
work-related burnout, and client-related burnout.
The qualitative interviews conducted were recorded, transcribed verbatim, analyzed for themes, and coded for content analysis. The researchers manually analyzed the transcriptions “using a grounded theory approach for qualitative analysis, … content analysis, [which is described as a] careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings” (Sutlief, 2013, pg. 31). Furthermore, the researchers utilized open coding, which is described as a procedure in which “similar events and incidents are labelled and grouped to form categories” through the asking of questions about the data and comparisons, for similarities and differences between incidents (Flick, 2014, p. 310).
Chapter 4: Results

Quantitative Data

Figure 1 represents the degree of burnout each individual participant was experiencing for all three categories: client burnout, work burnout, and personal burnout. The average score for client burnout was 19.4, work burnout was 30.2, and personal burnout was 33.9.

Figure 1

![Copenhagen Burnout Inventory](image)

Mean= 19.4 (Client Burnout); 30.2 (Work Burnout); 33.9 (Personal Burnout)
Std. Dev. = 16.01 (Client Burnout); 10.6 (Work Burnout); 14.1 (Personal Burnout)

Personal burnout. Figure 2 is a representation of the trends found from the data in regards to the category of personal burnout. More specifically, it provides trends for each individual question asked by The Copenhagen Burnout Inventory that pertain to measuring levels of personal burnout. The questions measured physical and emotional exhaustion on a scale from 5, being always, to 1, being never/almost never. The majority of participants (67%) answered sometimes in regards to feelings of being tired.
(Question 1) and physical exhaustion (Question 2). When questioned about emotional exhaustion (Question 3) 33% of participants responded sometimes, while another 33% responded seldom. When asked how often participants think, “I can’t take it anymore,” (Question 4) 67% responded never, while the remaining 33% responded seldom. Lastly, when participants were asked how often they feel worn out (Question 5) 56% answered sometimes, 33% answered never, and 11% answered Seldom. For a clear depiction of the questions asked, in regards to measuring personal burnout levels, refer to the Copenhagen Burnout Inventory Scoring Guide (see Appendix C). Overall, Results show clear trends in lower levels of personal burnout across the board.

**Figure 2**

![Personal Burnout](image)

**Work burnout.** A representation of trends for each question asked in regards to the category of work burnout is displayed in Figure 3. Questions 1-4 measured physical and emotional exhaustion on a scale from 5, being always, to 1, being never/almost never. A total of 44% of participants answered sometimes in regards to feeling worn out.
at the end of the working day (Question 1), while 11% answered never and often. When participants were asked if they are exhausted in the morning at the thought of another day at work (Question 2) 56% responded seldom, 33% responded never, and 11% responded sometimes. Furthermore, when participants were asked if they feel that every working hour is tiring (Question 3) 67% responded never and 33% responded seldom. Lastly, question 4 asked participants if they have enough energy for family and friends during leisure time and the majority (44%) responded often. These results show a clear depiction of little to no work burnout across participants, although 44% may feel worn out at the end of the day.

Questions 5-7 were measured on a scale of 5, being to a very high degree, to 1, being to a very low degree. When questioned about work being emotionally exhausting (Question 5) 33% answered somewhat, but when participants were asked if they feel burned out because of their work (Question 6) 67% answered “to a very low degree.” Lastly, when participants were asked if their work frustrated them (Question 7) 33% answered “to a very low degree” and another 33% answered “to a low degree,” while only 11% answered “to a very high degree.” Overall, the entirety of the results displays no extreme levels of work burnout across participants. Overall, Results show clear trends in median levels of personal burnout across the board.
Client burnout. Figure 4 represents trends for each question based on measuring the levels of client burnout for participants. Questions 1 and 2 were measured on a scale from 5, being always, to 1, being never/almost never. These questions were based on whether participants are tired of working with clients (Question 1) and on whether participants wonder how long they will be able to continue working with clients (Question 2). According to the results, 67% \((n=6)\) of respondents answered never in regards to being tired of working with clients or thinking about how long they will be able to continue working with clients. The other 33% \((n=3)\) of respondents answered seldom to both question 1 and 2; therefore, showing a consensus in regards to little to no level of burnout in working with clients.

Questions 3-6 were measured on a scale of 5, being to a very high degree, to 1, being to a very low degree. Questions 3-5 asked participants whether they find working with clients to be hard (Question 3), frustrating (Question 4), and draining (Question 5). The majority of respondents (56%) answered “to a very low degree” in regards to
working with clients being hard, while 11% answered “always.” In regards to frustration, 44% of participants answered “to a very low degree,” 33% “to a low degree,” 11% answered “somewhat,” and the remaining 11% answered “always.” When asked about working with clients being draining 44% responded “to a very low degree” and 33% responded “to a low degree.” Only 11% of respondents answered “to a high degree” in regards to working with clients being draining. Lastly, participants were asked if they feel that they give more than they receive when working with clients and 33% answered “to a very low degree,” 33% “to a low degree,” 22% “somewhat,” and 11% “always.”

The percentage of respondents that “always” found working with clients to be hard, draining, and frustrating was minimal at 11% across the board. The same percentage of respondents, 11%, also reported that they feel like they give more than they receive when working with clients. Overall, the results portrayed respondents with very little rates of client burnout.

**Figure 4**

![Client Burnout Chart](chart.png)
Qualitative Data

The HOPE FRC Center Case Managers, on average, deal directly with 27 open cases a month. The average number of client’s seen by the HOPE FRC Case Managers, on a given day, is a total of 6 clients.

Understanding of burnout. Participants were asked to define burnout in their own terms. The responses provided by the participants adequately fit the characteristics that are commonly associated with the definition of burnout. The following quotes articulate the participants’ thoughts on the definition and characteristics associated with burnout:

Overwhelming feeling of psychological and emotional problems.

Not being happy with what you do anymore. Seeing a client and getting upset before even talking to the client. Feeling like, I’m in a bad mood, just by having a client approach me, like, oh god, here we go again.

Migraine, headache? When you get to the point where, I think, you just don’t even want to go to work anymore, you know. You get up in the morning and you’re like, I don’t want to go to work today, I don’t want to do anything today, I’m tired, and you just kind of shut down physically and mentally.

Meeting with clients becomes more of, like, something you have to do, you’re maybe impatient with them already. It’s kind of like, I’ve heard this already, been there before, and not really having empathy for other people as well, that come in.

Don’t want to come to work, work makes you uncomfortable or sad, can’t feel happy about what you’re doing.
The participants were also asked about the factors they believe contribute to burnout. From the data analysis, four themes emerged: excessive demands, limited resources, no balance, and unreceptive clients (see Table 1). Table 1 provides the percentage of participants that identified the theme, along with specific examples provided by participants for each theme. The majority of the participants (89%), stated that limited resources were a huge contributing factor for burnout. Furthermore, 56% of participants identified excessive demands and no balance between work and personal lives to be correlated with burnout. Lastly, only 11% of participants identified unreceptive clients as a correlation with burnout.

Table 1

<table>
<thead>
<tr>
<th>Theme</th>
<th>Percentage</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Excessive Demands</strong></td>
<td>56%</td>
<td>High Case Load/Paperwork</td>
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<td></td>
<td></td>
<td>Unrealistic Expectations</td>
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<td></td>
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<td>Hectic Schedules</td>
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<td></td>
<td></td>
<td>High Crisis Cases</td>
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<tr>
<td><strong>Limited Resources</strong></td>
<td>89%</td>
<td>Limited Knowledge</td>
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<tr>
<td></td>
<td></td>
<td>Understaffed/ No Support</td>
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<td></td>
<td></td>
<td>Not Having Enough Resources</td>
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<td></td>
<td></td>
<td>Not Understanding Demographics</td>
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<tr>
<td><strong>No Balance</strong></td>
<td>56%</td>
<td>Personal Life</td>
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<tr>
<td></td>
<td></td>
<td>Giving too Much of Oneself</td>
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<td></td>
<td></td>
<td>Limited Social Life</td>
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<td></td>
<td></td>
<td>Stress</td>
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<tr>
<td><strong>Unreceptive Clients</strong></td>
<td>11%</td>
<td>Not Showing Up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Completing Goals</td>
</tr>
</tbody>
</table>

Participants were also asked if they have ever personally experienced burnout and 56% of participants responded Yes, while 44% responded No. Of the 56% of participants, that responded yes, 40% stated that contributing factors were related to being
underappreciated, feeling forgotten, not feeling heard, or being misunderstood by
management. The following quotes articulate the participants’ thoughts when asked what
they thought contributed to their experience of burnout and what could have prevented it:

Definitely better management and it wasn’t my direct management that was the
problem, it was more, higher up. It’s just really hard when you’re not there and you’re
the one doing the work. It’s really easy to say: it’s okay, they can handle, you know 10
interviews a day, and still do this, this, this, and this. So, I think just being more aware
and more hands on management.

I just spread myself too thin and I think what could have prevented it was not
spreading myself out too thin.

Sometimes it’s hard, you know, how do you find a way to help you know your
clients but at the same time not feel like you’re drowning. And also we had a switch in
management so I felt that’s why I said you don’t feel validated and you try going and talk
to your supervisor and you know you let them know these are some ideas that I could
think could change the environment but they don’t want to.

Experiences with trauma. Participants were asked about their experiences with
secondary traumatic stress and provided with the following definition: “Secondary
traumatic stress is the emotional duress that results when an individual hears about the
firsthand trauma experiences of another ("Secondary Traumatic Stress"). When
questioned about how often clients disclose traumatic events a range of responses were
provided from not often to 3-4 times per week. Furthermore, 78% (n=7) of participants
disclosed that they have experienced secondhand trauma as a result of their work with
clients, while 22% \((n=2)\) disclosed that they have not experienced secondary traumatic stress as a result of their work.

**Table 2**

*A Matrix Display of Individual Themes Related to Secondary Traumatic Stress*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking It Home</td>
<td>Thinking About It</td>
<td>Previous Work Experience</td>
</tr>
<tr>
<td></td>
<td>Taking Worry Back Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Break Down</td>
<td>Family Engagement</td>
</tr>
<tr>
<td></td>
<td>Planning How to Help</td>
<td>Supportive Coworkers</td>
</tr>
<tr>
<td>Personal Lives</td>
<td>Childhood experiences</td>
<td>A Variety of Cases</td>
</tr>
<tr>
<td></td>
<td>Personal Roles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Dynamics</td>
<td></td>
</tr>
</tbody>
</table>

From the data analysis, two themes emerged in relation to participant’s experience with secondary traumatic stress: taking it home and personal lives (see Table 2). Figure 6 displays examples of the described traumatic stress experienced by the sample \((n=7)\), along with protective factors. In the first theme, Taking It Home, Respondents described the emotional duress experienced as a constant thought and worry while at home. Furthermore, respondents described overwhelming worry and thoughts of planning how to help clients possibly leading to a break down due to the sense of responsibility felt over the wellbeing of a client. However, protective factors for these feelings of emotional duress were disclosed by the sample \((n=2)\) that did not report experiencing secondary traumatic stress. The protective factors were described as previous work experience, family engagement, and supportive coworkers. These protective factors were described as
buffers for experiencing secondhand trauma and acknowledging the importance of separating work from personal lives.

In the second theme, Personal Lives, respondents explained how their childhood experiences, personal roles (i.e. mother), and family dynamics (i.e. family issues, background) arise during sessions with clients, which influences the level of secondary traumatic stress experienced. Protective factors described as reducing experiences of secondary traumatic stress included having a variety of cases, so not all resemble experiences similar to those of the case manager, family engagement as a distractor from work, and supportive coworkers.

Organizational practices. Participants were questioned in regards to what organizational practices the HOPE FRC currently has implemented to assist in coping with the stressful nature of their work. Respondents named the following practices: supervision with a behavioral health counselor, team building activities, trainings, roundtable, breathing techniques, conferences, case manager meetings, implementation and encouragement of a supportive environment (i.e. with coworkers, with supervisor).

When questioned about the organizational practice that has been the most effective in helping to cope with the stress of work the participant’s answers varied. The majority, 55% (n=5), responded that the implementation and encouragement of a supportive environment has been the most effective. The following quotes articulate the participants’ thoughts in regards to the implementation and encouragement of a supportive environment:

*We can always go to our supervisor if we’re feeling stressed out about something and then she tends to umm let us know if this is... maybe too much for you to cope with or*
to handle, maybe somebody else can join you in dealing with the situation. I know I’ve felt supported at times.

Staff are very respectful of their hours...that’s something that’s new to me...in the past, other organizations I’ve been at just until the work gets done and if you’re in social services like the work is never done, so you’re continuously working and working, but here they encourage you to have a social life or to talk more...and I really appreciate that, it’s more than just the work I can produce... it’s also about my self-care.

Just the ability of going to my supervisor if I ever have a question or a doubt about what to do with a client. Just having that door open with her, the open communication.

My supervisor, she’s amazing and she’s always trying to see umm, you know what can help us. She always tells us not to forget about ourselves.

Another significant organizational practice identified by 33% (n=3) of the participants was supervision. The following quotes articulate the participants’ thoughts in regards to the significance of supervision as an organizational practice:

We were participating in supervision, and that helped a lot...they would do breathing techniques and we would do a round table and I felt that it helped. Especially, after stressful months or weeks, just to kind of ask questions or let it out.

We do have supervision we actually meet, about once a month with... one of our behavioral health counselors. We kind of get together with all the case managers...talk about some of the cases that we’ve had and see how we can just encourage each other or resources that maybe I didn’t know about that we can share. Those meetings are always very helpful and I always leave feeling a lot less stressed knowing that there’s other
people who are experiencing it and how they were able to handle it. Some of the resources they offered maybe I didn’t know about it, so I can go back, kind of give my clients some of that information, that helps me feel a lot better.

**Challenges.** Participants were asked about what aspect of their work they find the most challenging and 78% (n=7) stated that resources were the most challenging aspect of their work. The following quotes express the participants’ thoughts in regards to the struggles they face with resources:

*Trying to find new resources or to see what’s out there. You find something and the next day it’s gone... it’s kind of just that constant updating.*

*Whenever I have a client, looking for a specific resource. Housing is a big one and there’s not a lot of resources out there and it’s really frustrating not to be able to provide our clients with helpful information, especially when they’re homeless and things like that, it’s tough, it’s frustrating, and its, ughh, you feel really helpless. I have trouble with that and I try not to take it seriously but it’s hard when someone walks away and you feel like you didn’t do anything to help them, that’s a tough one.*

**Self-care.** Out of the participants who were interviewed (n=9), 78% of them (n=7) were able to identify specific self-care practices that help them to cope with the stressful nature of their work. Of those participants, 28% (n=2) described utilizing coping skills that kept them isolated, such as doing chores or taking time to themselves, while 62% (n=5) described utilizing social coping skills, such as spending time with family, friends, and coworkers. The remaining 22% (n=2) of participants were unable to identify self-care practices or stated that there wasn’t really anything that they enjoyed doing.
Table 3

*Self-Care Practices*

<table>
<thead>
<tr>
<th>Social/Isolated</th>
<th>Number</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>5</td>
<td>spending time with friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>going out with friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>family time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hanging out with coworkers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>being outdoors with others</td>
</tr>
<tr>
<td>Isolated</td>
<td>2</td>
<td>Chores</td>
</tr>
<tr>
<td>Not regularly practiced</td>
<td>2</td>
<td>taking time for self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>nothing enjoys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>puts others first</td>
</tr>
</tbody>
</table>

**Resiliency.** The participants answered a question in regards to what personal attributes they feel have contributed to their resilience and continued service in the field.

A theme that emerged from the data analysis was personality traits. Personality traits were identified by 89% of the sample \((n=8)\), while only 11% \((n=1)\) identified skill sets as a contribution to their resilience and continued service in the field (see Table 4).

**Table 4**

*A Matrix Display of Themes Related to Resiliency*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Percentage</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality Traits</td>
<td>89%</td>
<td>Open Minded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive Attitude</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Empathetic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outgoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approachable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trustworthy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family Dynamics</td>
</tr>
<tr>
<td>Skill Sets</td>
<td>11%</td>
<td>Time Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organization</td>
</tr>
</tbody>
</table>
Participants were also questioned about what they considered to be the most rewarding aspect of their work in the field. Themes that emerged included: growth, and praise. The majority of participants, 67% (n=6), identified seeing a change in a client’s life as the most rewarding aspect of their work. The following quotes articulate the participants’ thoughts:

*When you see a change in a family, especially within your client, because I usually work more with mom and when you’re able to see them, either their self-esteem grows or them getting the service that they need that’s rewarding, even if it’s a really small change its really rewarding.*

*Helping them become more self-sufficient, I think, is like a big one. When you see them really, grow in a way you know after even two or three months of helping them out with different things. They come in and tell you what a difference it’s made and how its changed their lives, all those things are very rewarding.*

Secondly, 22% (n=2) of participants identified praise as the most rewarding aspect of their work. The following quotes articulate the participants’ thoughts on praise:

*A client will come in and call me an angel and say, god sent you for a reason. They truly believe it and will cry with me. That’s the most rewarding for me because if I wasn’t there, I don’t know who they would be getting the help from sometimes because they don’t have friends or the family to speak to.*

*They come in and tell you what a difference it’s made and how its changed their lives, all those things are very rewarding.*

Lastly, building relationships was discussed by 11% (n=1) of the sample as being the most rewarding aspect of their work.
**Recommendations.** Participants were questioned about what organizational practices have been the most effective in helping them to cope with the stress of their work. Clear trends in data reported that 56% \((n=5)\) of participants agreed that support and open communication were effective in helping them to cope with the stress of their work. While 33% \((n=3)\) identified supervision and 11% \((n=1)\) identified the integration of self-care in case manager meetings as an effective organizational practice.

Furthermore, participants were questioned about recommendations for organizational changes to help staff members to better cope with stress and compassion fatigue. While participant’s responses varied, 33% \((n=3)\) identified opportunities to build rapport with coworkers and 22% \((n=2)\) identified more trainings as recommendations for organizational changes to help staff members to better cope with stress and compassion fatigue. The remaining participants identified the following recommendations for organizational changes: more quiet time, having case management meetings more often, support groups, more one-on-one time with supervisors, and counseling.
Chapter 5: Discussion

The results of the quantitative portion of this research study suggest that participants are experiencing low levels of personal burnout, work burnout, and client burnout. Through the qualitative interview, participants were able to detail personal self-care and organizational practices that influenced their levels of burnout.

Self-Care

One of the main trends observed in the data regarding staff self-care was the difference between social and isolated self-care strategies. While the majority of participants preferred to engage with others, including family, friends, and coworkers in order to destress and take care of themselves, a few of them identified strategies they implement when by themselves. Two of the participants in the study had difficulty or could not identify self-care strategies. Based on the narratives provided by participants, the style of self-care practices did not appear to have an impact on their efficacy, but the implementation of these practices can serve as a protective factors, reduce feelings of burnout, and reinforce boundaries.

Organizational Practices

The findings of this study were consistent with Snyder’s (2009) findings in that “social support helps caregivers provide better treatment to clients and reduces symptoms of burnout.” One of the positive factors participants consistently attributed to their resilience and ability to remain in the field was a supportive work environment, including open communication with a supervisor and coworkers. Many of them stated that when faced with a particularly challenging client or case that they would turn to either their supervisor or coworkers for support immediately following the encounter or as soon as
possible to support them. Although Kim & Stoner (2008) found that social support did not have a direct impact on burnout levels, they stated that it could foster attachment to the agency and thus prevent turnover. The results of the present study and narratives shared by participants suggest that social support could have an impact on both burnout and attachment to the agency.

**Limitations**

One of the primary limitations of this study is the small sample size. Because the sample was so small, statistical analysis is difficult and may not have as high of reliability as a study conducted with a larger sample. The agency had a limited number of case managers available and not all of them volunteered to participate. Additionally, all of the participants in the study are female, bilingual, and employed by the same agency. This may make it difficult to generalize the results of this study to a larger population.

The study may also be limited by its cross-sectional design, as information was only gathered at one period of time. Longitudinal results regarding burnout rates and organizational and self-care practices could provide more insight into how burnout develops and progresses as well as protective and contributive factors.

**Implications**

One of the implications of the study is the impact of external factors, such as resources on burnout. The majority of the participants in the study stated that one of the biggest challenges that they faced in their current positions was the lack of available resources needed to assist clients and families in meeting their needs. This is not necessarily something that can be controlled or compensated for by organizational or individual self-care practices.
Although all of the participants described feeling supported by either coworkers or supervisors, when questioned about recommendations for improving organizational practices, some of them discussed having more opportunities to build relationships with coworkers, an increased number of meetings with colleagues, and support groups or counseling for case managers. This emphasizes the value case managers place on interpersonal support.

Participants in the study also recommended further trainings on self-care and stress management. This is important, considering two of the participants interviewed were unable to identify self-care strategies they implement. Employers can support their employees by providing these trainings in order to educate them on the importance of self-care and encourage the practice of these techniques to reduce burnout and promote resiliency and longevity within the field of social services.

It is important to note that the size of the agency may play a role in the agency’s ability to address the needs of its individual employees. The HOPE FRC is a small entity, employing 12 case managers. Its internal hierarchy is therefore less complicated than that of larger agencies. This may make it easier for the agency to maintain open communication with employees and implement beneficial meetings and trainings. In some large agencies, proposed meetings and/or trainings may have to be approved by multiple levels of management, making for more difficult and less timely implementation.

Further research should be done on burnout in the field of social services, as burnout is such an intricate and complex topic, with many contributing factors. Longitudinal studies looking at burnout as careers progress could be beneficial in
continuing to analyze potential contributing and protective factors throughout the lifespan of a career in social services. Additionally, research could examine burnout rates and factors in large social services agencies in comparison to small agencies in order to gauge the differences in agency cultures and their impact on burnout.
References


Appendix A

Burnout in the Field of Social Services: A Closer Look at Individual and Organizational Self-Care Practices

Please do not write your name or any identifying information on this questionnaire. Please follow each set of directions and answer the questions to the best of your ability.

For questions 1-11, circle the number that correlates to the frequency with which you have experienced each of the described thoughts, feelings, and events using the following scale: 5 (Always), 4 (Often), 3 (Sometimes), 2 (Seldom), or 1 (Never/Almost Never)

1. How often do you feel tired?
   1  2  3  4  5

2. How often are you physically exhausted?
   1  2  3  4  5

3. How often are you emotionally exhausted?
   1  2  3  4  5

4. How often do you think: “I can’t take it anymore”?
   1  2  3  4  5

5. How often do you feel worn out?
   1  2  3  4  5

6. Do you feel worn out at the end of the working day?
   1  2  3  4  5

7. Are you exhausted in the morning at the thought of another day at work?
   1  2  3  4  5

8. Do you feel that every working hour is tiring for you?
9. Do you have enough energy for family and friends during leisure time?

1 2 3 4 5

10. Are you tired of working with clients?

1 2 3 4 5

11. Do you sometimes wonder how long you will be able to continue working with clients?

1 2 3 4 5

For questions 12-18 circle the number that correlates with what degree the thoughts and feelings expressed below apply to you using the following scale: 5 (To a Very High Degree), 4 (To a High Degree), 3 (Somewhat), 2 (To a Low Degree), or 1 (To a Very Low Degree).

12. Is your work emotionally exhausting?

1 2 3 4 5

13. Do you feel burnt out because of your work?

1 2 3 4 5

14. Does your work frustrate you?

1 2 3 4 5

15. Do you find it hard to work with clients?

1 2 3 4 5

16. Do you find it frustrating to work with clients?

1 2 3 4 5

17. Does it drain your energy to work with clients?

1 2 3 4 5

18. Do you feel that you give more than you get back when you work with clients?

1 2 3 4 5
Appendix B

Interview Process:

Each researcher will conduct half of the interviews, so there will be only one researcher present at each interview. The interviews will take place in an intake room at the HOPE Family Resource Center at the conclusion of the work day in order to protect the confidentiality of the participants.

Questions:

1. How often do clients disclose traumatic events they have experienced with you (i.e. daily, weekly, etc.)?

2. Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Have you experienced secondhand trauma as a result of your work? If so, please explain in detail.

3. In your personal life, what self-care techniques do you implement to help you cope with the stressful nature of your work? (may offer examples, such as exercise, meditation, journaling, etc.)

4. What organizational practices does your agency currently implement to assist you in coping with the stressful nature of your work? (may offer examples, such as supervision, trainings, etc.)

5. What is the organizational practice that has been most effective in helping you to cope with the stress of your work?

6. What are your recommendations, if any, for organizational changes to help staff members to better cope with stress and compassion fatigue?

7. What aspect of your work do you find most challenging and why?

8. After working with a client who is in crisis or who discloses a traumatic event, what steps do you take to ensure your own personal well-being?

9. How do you define burnout?

10. What factors do you think contribute to burnout?

11. What populations have you served in your current position at this agency (i.e., homeless, domestic violence victims, etc.)?

12. In the past 6 months, have you considered a change in career? If so, why?
13. Have you personally experienced burnout? If so, what do you think contributed to it? What do you think could have prevented it?

14. On average, how many open cases would you say that you deal with directly?

15. How many clients might you see on a given day?

16. What do you consider to be the most rewarding aspect of your work in this field and why?

17. How does your work impact your mood and personal relationships outside of work?

18. What personal attributes do you feel have contributed to your resilience and continued service in this field?

19. Is there anything else you would like to add about your experiences or understanding of burnout in the field of social services?

Do you have any questions or concerns regarding the topics we discussed here today? Here are some resources that provide support and therapeutic services in the area. (Participants will be provided with a list of local resources providing mindfulness and stress reduction groups, as well as groups related to depression, anxiety, and trauma)
Appendix C

Copenhagen Burnout Inventory Scoring Guide

Personal Burnout

Scale for questions 1-5:
5 (Always), 4 (Often), 3 (Sometimes), 2 (Seldom), or 1 (Never/Almost Never)


Total score on the scale is the average of the scores on the items.

1. How often do you feel tired?
   1  2  3  4  5

2. How often are you physically exhausted?
   1  2  3  4  5

3. How often are you emotionally exhausted?
   1  2  3  4  5

4. How often do you think: “I can’t take it anymore”?
   1  2  3  4  5

5. How often do you feel worn out?
   1  2  3  4  5

Work Burnout

Scale for questions 1-4:
5 (Always), 4 (Often), 3 (Sometimes), 2 (Seldom), or 1 (Never/Almost Never)

Scale for questions 5-7:
5 (To a Very High Degree), 4 (To a High Degree), 3 (Somewhat), 2 (To a Low Degree), or 1 (To a Very Low Degree).

(Boritz & Kristensen, 2004).
1. Do you feel worn out at the end of the working day?

1 2 3 4 5

2. Are you exhausted in the morning at the thought of another day at work?

1 2 3 4 5

3. Do you feel that every working hour is tiring for you?

1 2 3 4 5

4. Do you have enough energy for family and friends during leisure time?

1 2 3 4 5

5. Is your work emotionally exhausting?

1 2 3 4 5

6. Do you feel burnt out because of your work?

1 2 3 4 5

7. Does your work frustrate you?

1 2 3 4 5

Client Burnout

Scale for questions 1-2:
5 (Always), 4 (Often), 3 (Sometimes), 2 (Seldom), or 1 (Never/Almost Never)

Scale for questions 3-6:
5 (To a Very High Degree), 4 (To a High Degree), 3 (Somewhat), 2 (To a Low Degree), or 1 (To a Very Low Degree).

1. Are you tired of working with clients?

1 2 3 4 5

(Boritz & Kristensen, 2004).
2. Do you sometimes wonder how long you will be able to continue working with clients?
   1 2 3 4 5

3. Do you find it hard to work with clients?
   1 2 3 4 5

4. Do you find it frustrating to work with clients?
   1 2 3 4 5

5. Does it drain your energy to work with clients?
   1 2 3 4 5

6. Do you feel that you give more than you get back when you work with clients?
   1 2 3 4 5

(Boritz & Kristensen, 2004)
Appendix D

ADDENDUM – Burnout in the Field of Social Services: A Closer Look at Individual and Organization Self-Care Practices

Burnout in the Field of Social Services: A Closer Look at Individual and Organization Self-Care Practices is a joint graduate project between April Jimenez and Kristyn Nishimoto. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

April Jimenez is responsible for all the following tasks/document sections:

- Detailing measurement instruments and protocols for Methods
- Compiled results, organized data, created tables, and wrote Results section.
- Formatting and writing Abstract
- Maintaining, formatting, and reviewing References section.

Kristyn Nishimoto is responsible for all the following tasks/document sections:

- Locating sources and writing Introduction section
- Writing about trends and limitations in the discussion section
- Creating and formatting Title Page
- Creating and formatting Table of Contents

Both parties shared responsibilities for the following tasks/document sections:

- Finding sources and compiling literature review for Background
- Collecting and coding data
- Analyzing data, observing trends, and creating charts and tables
- Format and Content Editing
- Creating and formatting materials for Appendices

____________________  _____________________________
April Jimenez          Kristyn Nishimoto
Student ID             Student ID
Date                   Date

Dr. Amy Levin  Dr. Allen E. Lipscomb
Committee Chair        Graduate Coordinator
Date                   Date

Dr. Allen E. Lipscomb  Dr. Amy Levin
Committee Member       Department Chair
Date                   Date

Dr. Jody Brown
Committee Member       Date