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The Relationship between Burnout and Self-Care of Children's Social Service Professionals

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Abstract

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by

Annie Pritchett-Jackson

MS, Walden University, 2019

MA, Wesley Biblical Seminary, 2013

BS, The University of Alabama, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Burnout has plagued human and social services professionals at higher rates than most other professions resulting in the need for interventions and research. The purpose of this quasi-experimental, nonequivalent control groups design was to examine to what degree self-care affects the stress levels of children's social service professionals in a nonprofit agency in a southern U.S. state. Cognitive activation theory served as the theoretical framework. Nonprobability purposive sampling strategies recruited 77 participants, 21 years of age and older. The study included two groups, with one group received self-care intervention designed to increase self-care and to reduce burnout (N = 56). The second group served as a non-intervention control group (N =6). The 15 Non-responders (N = 15) of the 77 were not included/did not respond. The small sample size may indicate a limited estimation of the impact that self-care training had on burnout. Participants completed the Mindful Self-Care Survey and the Maslach Burnout Inventory-Human Services Survey. Covariates were years at the social services agency and years in the social services field. Data were analyzed using the Analysis of Covariance. The intervention group reported significantly less self-care and marginally less burnout than the control group. As validity of the findings is diminished based on small and uneven samples, use of findings are limited to guiding future research efforts toward determining the relations between self-care and burnout outcomes.

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Dedication

This dissertation is dedicated to all the human and social services professionals who experience stress that leads to burnout, decreased personal accomplishments, and mental, emotional, and psychological issues while providing services to traumatized children.

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Chapter 1: Introduction to the Study

Background of the Study

Of the nearly 11,000 social workers in the United States (Green et al., 2014; Heisler & Bagalman, 2015; Lizano, 2015; Shoji et al., 2015), over 50% experience burnout and exhaustion, especially new social service professionals (Bressi & Vaden, 2017; Cieslak et al., 2014; Diaconescu, 2015; Lizano, 2015; McFadden et al., 2015), resulting in stress, resignations, and poor services to clients (Andela et al., 2015; Green et al., 2014; Lee et al., 2013; Lizano, 2015). More specifically, children's social service professionals in the human services field experience burnout as high as 67%, resulting in negative effects on the workers, including, for example, damage to their physical and psychological well-being (Fried & Fisher, 2016; Green et al., 2014; Ray et al., 2013; Rogala et al., 2016; Shin et al., 2014). Using a quasi-experimental, analysis of covariance (ANCOVA) nonequivalent control group design, I examined self-care, stress, and burnout with regard to the problem, research question, and hypotheses as presented in this chapter. This chapter also contains an overview of the significance, framework, nature of the study, data, limitations, delimitations, the definition of key terms, and summary.

Problem Statement

Human services professionals experience burnout at higher rates than other helping professions; however, child protection workers appear to be at the highest risk of experiencing stress that leads to burnout (Dijkstra & Homan, 2016; Lizano et al., 2014; McFadden et al., 2015; Ramoniene & Gorbatenko, 2013; Travis et al., 2015). In the

United States, among child protection workers, estimates of burnout were as high as 67% (Boyas et al., 2012; Fried & Fisher, 2016; Green et al., 2014; Ray et al., 2013; Shin Park et al., 2014). Almost one-third of social workers experience factors that may lead to burnout, with potential turnover rates reported at 30-40% among workers with less than two years of experience (Fraser, 2016; Hussein, 2018; Lemmons & Zankas, 2019; Lizano & Mor Barak, 2015; Singer et al., 2019; Sofology et al., 2019). Outcomes may include, for example, absenteeism, disengagement, turnover, financial costs to organizations, and unemployment (Salvagioni et al., 2017; Sanchez-Moreno et al., 2015; Travis et al., 2016; Wagaman et al., 2015). Although extensive research concerning burnout exists, information about emotional exhaustion and self-care of children's social service professionals is seemingly not readily available (Salloum et al., 2015; Tartakovsky, 2015; Travis et al., 2016). Therefore, researchers should further examine to what degree self-care affects self-reported stress levels of urban children's social service professionals who are employed in a nonprofit agency examining tenure at social services agencies and years in the social services field (Bressi & Vaden, 2017; Diaconescu, 2015; Lee & Miller, 2013; Lizano, 2015) to examine the problem of burnout among social service professionals who may leave the field. Burnout may result in the turnover of children's social service professionals leading to the loss of financial and human resources of social service organizations, as well as affecting the quality of services to children who have experienced trauma (Cieslak et al., 2014; White et al., 2015). I conducted a quasi-experimental, ANCOVA nonequivalent control group research study to examine to what

degree self-care activities affect the burnout of children's social services professionals in an urban setting of the U.S. in a southern state.

Purpose of the Study

I examined to what degree self-care affects self-reported burnout of urban children's social service professionals in a nonprofit agency by comparing two groups: one group received a self-care intervention and the other group did not receive an intervention(Bressi & Vaden, 2017; Diaconescu, 2015; Lee & Miller, 2013; Lizano, 2015) in order to scrutinize the documented problem of burnout among professionals who may leave the field, as well as to identify information that may help subsequently improve services. The independent variable was self-care training (two types: self-care training as an intervention and no self-care training), and the dependent variables were burnout and self-care. The covariates were tenure of employee position in the agency and tenure in the social services field. Years of service and burnout are significantly correlated (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017). Even as the literature appeared replete with burnout and human services research, few studies included how burnout affected social service professionals' well-being (Lizano, 2015; Lizano & Mor Barak, 2015). Limited research was a matter of concern because of the high rate of burnout among services social service professionals (Lizano et al., 2014). Certified trauma trainers at the social service agency provided mandatory trauma-informed care training with a segment on self-care (vicarious trauma segment) to agency employees. In this study, I used the Mindful Self-Care Scale (MSCS) to measure self-care behaviors that may influence an individual's well-being (Vannucci & Weinstein,

2017; Webb et al., 2015) and the Maslach Burnout Inventory Human Services Survey (MBI-HSS) scale to obtain insights into the burnout levels of children's social service professionals and the self-reported influence that self-care may have on burnout in a nonprofit agency (Lee et al., 2013). Participants consisted of professionals offering services to children in a nonprofit community agency, including but not limited to social workers, therapists, case managers, supervisors, and direct care staff.

Research Question and Hypotheses

The research question guiding this study was: Do those social service professionals who received self-care intervention differ from those who did not receive an intervention on self-care and burnout, with years at the agency and years in social services as covariates?

As part of this study, the research included the following hypotheses:

H_01: There is no significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a1: There is a significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

H_02: There is no significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a2: There is a significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

Theoretical Framework

Burnout, introduced in the 1970s by Freudenberger and Maslach (Heinemann & Heinemann, 2017), was defined as continual stressors that occur on a job, and the phenomenon consists of three dimensions: Emotional exhaustion (EE), depersonalization (DP), and Personal accomplishment (PA) (Beckstead, 2002; Bria et al., 2014; Roelofs et al., 2005; Savaya, 2014). The MBI-HSS is a 22–item self-report instrument used to measure the existence and degree of burnout with human services professionals (Lee et al., 2013; Williamson et al., 2018). Maslach (C. Maslach, personal communication, January 19, 2017) indicated no use of theory in the development of the MBI but that the MBI emerged empirically via qualitative research. For the theoretical framework, I used Cognitive Activation theory (CATS), a psychobiological theory, that includes information about how high levels of arousal occur in an individual; physical and psychological pathologies arise based on feelings of hopelessness and helplessness (Reme et al., 2008; Ursin, 2004). CATS appear to be suitable for the premises associated with the MSCS and the MBI-HSS (Cooke-Cottone & Guyker, 2017; Reme et al., 2008; Ursin, 2004). CATS, contains how stress emerges via four aspects of stress: stress stimuli, stress experiences, stress response, and feedback from the stress response (Brosschot et al., 2018; Sebastian, 2013).

Nature of the Study

ANCOVA is a statistical method often used in quasi-experimental and experimental research that includes use of regression and ANOVA. ANCOVA may be used to increase statistical power (Leppink, 2018; Li et al., 2018; Rovai, Baker, & Ponton, 2013; Shieh, 2019; Wright, 2020). This quasi-experimental ANCOVA nonequivalent control group design research study results indicated to what degree the introduction of self-care (training) affects self-reported burnout levels of children's social service professionals in a nonprofit agency (Diaconescu, 2015; Lee & Miller, 2013; Lizano, 2015; Newsome et al., 2012). Self-care training raises awareness of trauma-related stress and encourages participants to engage in self-care activities. The independent variable was self-care training (two types: self-care training as an intervention and no self-care training), and the dependent variables were degrees of burnout and self-care. The covariates were tenure of employee position in the agency and in the social services field. Years of experience and burnout are significantly correlated (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017). Singer et al., 2019 conducted a study with 142 victim advocates and found a significant correlation between years of experience and burnout. A study involving Greek mental health professionals included an examination of the relationship between burnout and demographic variables, one of which was years of experience, with results that as the number of years of experience increased, so did experiences of emotional exhaustion (Sofology et al., 2019). Hussein's (2018) study of 3,786 examining the effect that years of experience at the

agency and in the profession had on burnout levels findings were that work experience has a significant impact on burnout levels.

For this quasi-experimental ANCOVA nonequivalent control group design, I used two instruments. The first was the MSCS which was used to measure self-care behaviors that influence an individual's well-being (Vannucci & Weinstein, 2017; Webb et al., 2015). The second, MBI-HSS, was a 22-item scale used to measure feelings relating to burnout (Savaya, 2014). The sample consisted of children's social service professionals, and participants were 21 years of age and above with at least one year's experience in a social service agency in a U.S. southern state. I administered the MBI-HSS and the MSCS digitally to research participants, one group received training, and the other group of research participants did not receive the training. I used the ANCOVA to statistically analyze results to assess the degree to which social service professionals' self-reported self-care affect their self-reported levels of burnout.

Definitions of Key Terms

In this study, the key terminologies were as follows:

Burnout: Refers to a continual experience of workplace stress that consists of three dimensions: EE, DP, and decreased PA (Lizano, 2015; Park et al., 2014; Shin et al., 2014).

Self-Care: Refers to the individual's awareness of the need for involvement in strategic activities to achieve well-being (Bradley et al., 2013; Little, 2016).

Stress: Refers to the negative effects a person may experience when exposed to strenuous events that may lead to emotional exhaustion, the main dimension of burnout (Diaconescu, 2015; Lizano, 2015).

Assumptions/Delimitations

The scope of this study included social service professionals who served children that have experienced the trauma of a nonprofit agency in a Southern U.S. state. The nonprofit agency employed more than 300 direct care staff of social service professionals serving children who had experienced trauma and a mandatory policy for trauma-informed care training with a self-care component.

Limitations

The population of this quasi-experimental ANCOVA nonequivalent control group design research was social service professionals, who serve children that had experienced trauma, of a nonprofit agency in a Southern U.S. state. The nonprofit agency employed more than 300 direct care staff members statewide at 18 locations. The study was limited to a specific population of social service professions who work with children; therefore, the sample may limit the ability to generalize findings to other human services professionals (Handley et al., 2018). The nonequivalent control group design may be affected by internal validity due to matching efforts because random sampling was not possible in the study or the possibility of limited participation that would affect sample size (Campbell & Stanley, 2010; Handley et al., 2018). The study may be subject to internal and external influences that may affect participants, such as employee buy-in of self-care training, the timeframe of training, and length of employment (Handley et al.,

2018; Holgado-Tello et al., 2016). The teaching methods may vary among trainers and by location. The use of ANCOVA may result in an increase of Type 1 error, losses in power, and bias effects may occur while controlling for covariates (Counsell & Cribbie, 2017; Schneider et al., 2015).

Significance

This study concerned the introduction of self-care and the possible outcomes as the strategies related to burnout in a social services environment may contribute to the literature on self-care. Awareness of the significance of self-care activities will prevent burnout related symptoms that are detrimental to social service professionals. The results of this study will also benefit social services professionals by identifying the need for self-care activities, as well as by provide insight into the importance of improving well-being, remaining engaged, and remaining employed. Organization's administrations will benefit by retaining employees, acquiring information to support the workforce, and the prevention of loss of workers. The retention of workers will benefit clients via the provision of quality services by engaged workers. Proactive self-care activities will benefit workers, clients, and organizations.

Summary

Burnout has emerged as a significant problem for social services professionals offering an opportunity to explore self-care as a possible intervention to burnout. Chapter 1 included the problem statement, purpose, framework, research question and hypotheses, nature of the study, limitations/delimitations, significance, and operational definitions. Chapter 2 includes the literature review consisting of self-care and stress as it relates to

burnout, as well as the historical aspect of stress-related burnout of social services professionals and other helping professionals. The chapter ends with self-care defined, the historical aspect of self-care, and self-care strategies

Chapter 2: Literature Review

Literature Review

Frontline social service professionals working with children with trauma experiences may experience stress that results in mental, psychological, and physical exhaustion (Calitz et al., 2014; McFadden et al., 2015; Travis et al., 2016). Burnout may result from stressors such as high caseloads, low support, and exposure to children's trauma, and affect the well-being of child social service professionals (Wagaman et al., 2015). The sections that follow include the literature search strategies, historical overview (stress that leads to burnout), self-care, and a summary.

Literature Search Strategies

I searched the literature of peer-reviewed articles electronically via Walden University Library, PsycINFO, PROQUEST, PsychARTICLES, SocINDEX, JSTOR, Google Scholar, and Sage Journals. I researched 32 terms relevant to the research purpose and problem and reviewed 252 peer-reviewed articles for this study. The keywords included *burnout, child welfare, self-care (holistic approach, community care, individual care, definitions, and strategies), emotional exhaustion, Maslach, Maslach Burnout Inventory, social work, stress, stress-related theories, human services, helping professionals, organizational climate, anxiety, worry, distress, and trauma*. Additionally, I used eight books regarding methodology information and one peer-reviewed journal referencing stress-related material.

Theoretical Framework

Freudenberger and Maslach (Heinemann & Heinemann, 2017) defined burnout as continual stressors that consist of three dimensions: EE, DP, and PA (Beckstead, 2002; Bria et al., 2014; Roelofs et al., 2005; Savaya, 2014). The MBI-HSS is a 22–item self-report instrument used to measure the existence and degree of burnout with human services professionals (Lee et al., 2013; Williamson et al., 2018). Maslach (C. Maslach, personal communication, January 19, 2017). indicated no use of theory in the development of the MBI but that the MBI emerged empirically via qualitative research. The cognitive activation theory (CATS), developed by Ursin and Erikson (2004), includes a definition of stress (Reme et al., 2008). For the theoretical framework, I used CATS, a psychobiological theory, in which adherents find continuous high levels of physical and psychological arousal occur based on feelings of hopelessness and helplessness (Ursin, 2004; Reme et al., 2008). CATS appear to be suitable for the premises associated with the MSCS (33 item scale) and the MBI-HSS (Cooke-Cottone & Guyker, 2017; Reme et al., 2008; Ursin, 2004). CATS, a system-based theory, involves the explanation of how stress emerges via stimuli, experiences, responses, and feedback from the stress response (Brosschot et al., 2018; Sebastian, 2013).

Historical Overview

Since creation or evolution, humankind has experienced anxiety, worry, trouble, oppression, and other stress-related concepts (Benton, 2009; Genesis 1-4:26, King James Version). Biblical stress concepts included: (a) oppression (Psalm 199:134, King James Version), (b) fear (Exodus 14:13, King James Version), (c) anxiety (Psalm 94:19, King

James Version), (d) anxious (Phil4:6, New International Version), (e) broken spirit (Proverbs 17:22, King James Version), (f) worry (Matthew 6: 25, King James Version), and (g) trouble (John 14: 1, King James Version). The concepts of anxiety, religion, and well-being are interrelated, but the relationship among these concepts has no clear definition as to what comes first (Agorastos et al., 2014; Glas & Poort, 2007; Safara & Bhatia, 2008). Various religious literature contains information about worry, stress, and anxiety in multiple religious materials, as well as positive aspects of calmness and peace (Jung, 2014; Mohammadinia et al., 2015; Weimann, 1987). For example, in an article concerning Buddhism, there was an emphasis on attaining and maintaining calmness to achieve a good life (Koopmann-Holm et al., 2013), and cult-related anxiety was based on the fear of not knowing what would happen and the desire to know the future (Weimann, 1987; Zhou et al., 2016). Anxiety includes the feeling of being in control while simultaneously feeling alone (Weimann, 1987).

Philosophical Era

Aristotle, a Greek philosopher, recognized stress-related negative effects on individuals in the context of the environment (Fink 2017; Lazarus, 1993; Takala, 2007). Aristotle's ideology centered around exhaustion of types and species occurring in situations, interest in causation, and the lack of bilelessness (stress) that leads to long life (Dickie, 1922). Shakespeare's The Passionate Pilgrim, as cited by Bacon in early Western history, includes burnout in written form (Felton, 1998; Jennings, 2008; Kapoor et al., 2014; Kulkarni, 2006; Schaufeli et al., 2009).

Nineteenth Century

The viewpoint of stress in the 1800s incorporated biological aspects, internal and external stimuli, and toxins that affected individuals physiologically (Fink, 2009; McIntyre, 1983; Roldan, 2010). Internal and external stimuli, in the 1920s, were merged into the fight or flight syndrome as a response to perceived danger and explained how stress affected the body (Goldstein, 2010; Kunimatsu & Marsee, 2012; Mayes & Ganster, 1998). The explanation of the body's response to stress in the 1930s and into the 1940s included a heightened awareness of alarm or resistance (Fink, 2009, 2017; Szabo et al., 2012; Viner, 1999).

Helping Professions

In the 1960s, social workers' experiences of psycho-bio-pressures developed due to unrealistic expectations placed on workers as solutions for the ills of society (McCutecheon, 2010; Ruth & Marshall, 2017). The historical perspective includes various helping professions emphasizing social service professionals while examining self-care and burnout historically through, but not limited to, social services, nurses, doctors, and educators. Helping professions are defined as those professions that help particular segments of the population while meeting needs (Loyola, 2016).

Nurses

Nurses, workers in the helping professions, may be susceptible to stress and burnout due to the demands placed on their time and resources (Adriaenssens et al., 2014; Maslach & Schaufeli, 1993). Burnout in the healthcare field may be considered an occupational hazard due to the intensity and unpredictability of the workloads (Canadas-

De la Fuente et al., 2015; Onan et al., 2013; Rashid & Talib, 2015). Healthcare professionals serving suffering patients may be affected publicly in the workplace and privately in their homes (Aftab et al., 2012; Canadas-De la Fuente et al., 2015). Nurses tend to experience high levels of stress, with emergency room nurses experiencing burnout at the rate of 26% (Adriaenssens et al., 2014; Canadas-De la Fuente et al., 2015). Burnout rates among health professionals continued to increase into the 1980s with the addition of technology (Jennings, 2008; Kowalski & Ernstmann, 2012).

Teachers

Teachers may experience high-stress levels in the classroom environment resulting from limited resources, low support, and intermittent negative interactions with parents (Evers et al., 2002; Fisher, 2011; Hozo et al., 2015). Between 1938-1967, almost 200,000 teachers experienced stress related to considerable anxiety and tensions experienced in the classrooms (Daniels et al., 2011; McIntyre, 1983; Nizielski et al., 2013; Wiley, 2000). The turnover rate of teacher-related stress doubled from the sixties to the seventies, steadily increasing into the 21st century (Evers et al., 2002; Fisher, 2011; Flook et al., 2013; McIntyre, 1983).

Burnout Coined

Freudenberger and Maslach (as cited in Maslach et al., 1996) originally defined burnout in the 1970s as feelings of being overwhelmed, exhausted, and cynical (Maslach & Schaufeli, 1993). Also, burnout may result from emotionally demanding events that occur over a period (Al-Kahtani & Allam, 2013; Lindblom et al., 2006). Cherniss (1982) described burnout as a social issue; however, Maslach and Leiter added that burnout was

a stress phenomenon that involved a psychological aspect (Devilly et al., 2009; Maslach & Leiter, 2008; Ruth & Marshall, 2017).

Burnout as a two-part phenomenon (EE and DP) was not originally a widely accepted viewpoint, as that of the three-point phenomenon, a well-rounded concept, involving emotional arousal and feelings of detachment that was later defined as emotional exhaustion, depersonalization, and a decrease in feelings of personal accomplishment (Barford & Whelton, 2010; Cox & Tisserand, 2007; Maslach et al., 1996; Maslach & Schaufeli, 1993). Work-related stress emerged as the terminology, burnout, and in 1981, Maslach and Jackson developed the Maslach Burnout Inventory to measure stress (Halbesleben & Buckley, 2004; Maslach et al., 1996). Jahrami et al. (2013) suggested there is an inconsistent relationship between the three dimensions of burnout; however, emotional exhaustion was considered to be the central dimension of the phenomenon that affected worker well-being (Lizano, 2015; Schaufeli et al., 2009).

Maslach et al. (2001) suggested the three dimensions of burnout were of equal weight that may occur due to chronic exposure to various factors such as stress (Maslach et al., 2001; Salloum et al., 2015; Shojo et al., 2015). Emotional exhaustion involves the individual's experience of tiredness in multiple areas, including, for example, emotional or physical fatigue due to job stress (Lizano, 2015; Park et al., 2014; Shin et al., 2014; Shoji et al., 2015). Depersonalization is the inability of the worker to connect with clients or the development of cynicism (Lizano, 2015; Park et al., 2014; Shin et al., 2014; Shoji et al., 2015). Decreased personal accomplishment involves the inability of the worker to

carry out job tasks or feelings of inadequacy that may affect the ability to succeed at work (Lizano, 2015; Park et al., 2014; Shin et al., 2014; Shoji et al., 2015).

Burnout in Social Service Professions

Freudenberger identified burnout in 1974 (Heinemann & Heinemann, 2017; McFadden et al., 2015; Tartakovsky, 2016). Social workers may experience burnout at significant levels when working with traumatized children (Barford & Whelton, 2010; Smith & Clark, 2011; Travis et al., 2016). For example, human services social workers in New York city experienced burnout at a rate of 71% (Martin & Schinke, 1998) and Northern Ireland social workers at a rate of 47% (Gibson, 1989; Smith & Clark, 2011). In the United States, among foster care child protection workers, estimates of burnout were as high as 50-67% (Boyas et al., 2012; Fried & Fisher, 2016; Green et al., 2014; Ray et al., 2013; Shin et al., 2014). The prevalence of burnout occurs across occupations, with the highest levels identified among human services professionals, especially child welfare workers (Green et al., 2014; Lee et al., 2013; Schaufeli et al., 2009). In the helping professions, burnout defined medically and non-medically may lessen the stigma associated with the phenomenon (Guo et al., 2015; Schaufeli et al., 2009). Burnout, described as a chronic national problem, is multidimensional and may adversely affect child welfare workers (Lee et al., 2013; Lizano & Mor Barak, 2015; Tartakovsky, 2016).

Current Findings on Burnout

The common experiences of human services professionals are understood in the examination of the stress of disengaged workers, the presence of stressors leading to stress, and the interactions of the dimension of burnout (Dijkstra & Homan, 2016;

Ramoniene & Gorbatenko, 2013; Travis et al., 2016). As human service professionals experience higher levels of burnout than other professions, then the causes, effects, and outcomes of stress that result in burnout should be further researched (Lee et al., 2013; Lizano, 2015). The sections that follow include burnout in human services, child welfare, nurses/doctors, teachers/counselors, and other helping professionals (e.g., juvenile justice, counselors).

Burnout in Human Services

Social services professionals may experience negative losses due to stress and burnout, that may include attempts to cope, such as engaging in drinking or drug use, as well as changes in attitudes and behaviors, unhappiness, decreases in mental and physical health, and feelings of helplessness, anger, frustration, and self-doubt (Dolan et al., 2015; Lee et al., 2013; Lizano, 2015; Kapoor et al., 2014; Savaya, 2014; Tartakovsky, 2016; Winstanley & Hales, 2015). Workers experiencing an increase in occupational burnout may become less engaged, and their levels of burnout may be influenced by personal and organizational values (Dylag et al., 2013; Lee et al., 2013; Tartakvosky, 2016; Veage et al., 2014). The co-worker or managerial staff's social support may also affect burnout among social service professionals; however, more research is required to expand on additional factors, such as social support (Sanchez-Moreno et al., 2015).

Mild levels of burnout left unaddressed may result in mental and physical health issues for workers, decreases in quality services, and losses for agencies (Sanchez-Moreno et al., 2015; Thomas et al., 2014). Outcomes of burnout for the organization may include absenteeism, disengagement, turnover, and the cost of recruiting and training new

staff (Sanchez-Moreno et al., 2015). The societal loss also includes workers, who exit a job due to emotional exhaustion, and are likely in a couple of years to remain unemployed and receive benefits such as unemployment, social security, or disability directly affecting the profession and society (Salvagioni et al., 2017).

Little debate exists over the existence of burnout of professionals in the helping field, with stress among teachers, nurses, and doctors occurring at high levels (Lee et al., 2013; Lindwall et al., 2014; Nizielski et al., 2013; White et al., 2015). Burnout levels may vary by profession, position, and gender across professions (Blau et al., 2013; Dolan et al., 2015; Khan & Zafar, 2013; White et al., 2015). The effects of stress may demonstrate a relationship between emotional exhaustion, depersonalization, and personal accomplishments, as well as factors such a coping skills or self-efficacy (Blau et al., 2013; Rupert et al., 2015). Among helping professionals, nurses are considered more vulnerable to the stress that results in burnout, especially emergency room nurses, who experience burnout at a rate of 26% (Adriaenssens et al., 2014; Blum, 2014).

Human services social workers are not the only professionals that experience high levels of stress and burnout, as other professionals also experience high rates of burnout (Blum, 2014; Lindwall et al., 2014; Rashid & Talib, 2015; Shoji et al., 2015; White et al., 2015). Specifically, child welfare workers experience higher levels of burnout than other human services professionals and helping professions (Fried & Fisher, 2016; Green et al., 2014; Ray et al., 2013; Shin et al., 2014).

Burnout in Child Welfare

Factors such as resilience, engagement, and affective well-being were examined; however, the consensus is that child welfare workers are adversely affected by stress that leads to burnout (Lizano & Mor Barak, 2015; McFadden et al., 2015; McFadden et al., 2017; Travis et al., 2016). Emotional exhaustion, the stress component of burnout, leads to depersonalization and decreased personal accomplishments, as well as threatens the well-being of child welfare social workers that may result in burnout and job exit (Lizano, 2015; Lizano & Mor Barak, 2015). The costs for workers may include disengagement, decreases in mental and physical well-being, and experiences of varying levels of burnout (Lizano & Mor Barak, 2015; Thomas et al., 2014; Travis et al., 2016). Factors that may affect workers' resilience are important in examining social worker burnout, as well as the possible detrimental impact of emotional exhaustion (McFadden et al., 2015; Travis et al., 2015).

Burnout factors among social workers in the child welfare setting may include demographics such as age, intrinsic and extrinsic factors, and workplace opportunities that may result in detrimental effects on worker engagement (Berlanda et al., 2017; Travis et al., 2016). In a comparison of child welfare social workers and social workers serving adult clients, child welfare social workers had higher levels of burnout than social workers serving adults; however, social workgroups that received assistance with resources and support during administrative tasks experienced decreased levels of emotional exhaustion (Hussein, 2018). While child welfare professionals work in stressful environments, the implementation of resiliency activities, such as mindfulness

exercises, have had positive effects on workers' well-being (Crowder & Spears, 2016; McFadden et al., 2015).

However, social workers experiencing burnout may become disengaged workers who are unproductive and depersonalized or may leave the job (Lizano, 2015; Travis et al., 2016). Worker turnover may result in a human and financial loss for the organization (Lee et al., 2013; McFadden et al., 2015; Quinn-Lee et al., 2014). Clients, therefore, may not receive the necessary services and may become dysregulated, at-risk citizens who are unable to cope in the community (McKenzie, 2016). While child welfare social workers are considered human services workers, child welfare workers experience higher levels of burnout than other human services social workers (Lee et al., 2013).

Nurses and Doctors

Medical professionals may also experience high levels of stress, such as sentimental tiredness or work overloads that result in emotional exhaustion, pessimism, and other health problems (Canadas-De-la Fuente et al., 2015; Kumar, 2016). The impact of stress on medical professionals may indirectly affect organizations via increased use of sick leave, decreased quality of work, and inadequate patient care (Canadas-De-la Fuente et al., 2015; Kiss, 2017). When nurses or other medical professionals exit the medical field, the following may occur: (a) knowledge and experience are lost that place patients' safety at risk and (b) increased cost for the agency to educate and train new staff (Braunschneider, 2013; Brunetto & Teo, 2017; Kiss, 2017). The loss of clinical expertise is considered important to the health and well-being of society (Brunetto & Teo, 2017). Medical professionals are not alone in experiencing high levels of burnout; teachers are

also vulnerable to the stress component that leads to burnout (Hozo et al., 2015; Nizielski et al., 2013).

Teachers/School Counselors

Burnout among teachers is considered higher than other helping field professions excluding human services, especially child welfare workers (Colomeischi, 2015; Nizielski et al., 2013). Children social services professionals experience burnout as high as 67% (Fried & Fisher, 2016; Green et al., 2014; Ray et al., 2013; Shin et al., 2014), with teachers experiencing burnout at a rate of 25-35% (Lauth-Lebens & Lauth, 2016; Mathews, 2017). Teachers' stress-related factors may include the pressures of job preparedness, decreased personal satisfaction, and a challenging work environment involving student behaviors, standardized tests, or pressures of administration in the classrooms and school systems (Flook et al., 2013; Gholami, 2015). The field of education involves high turnover rates, and teachers' job exits may have a direct negative impact on students and an indirect effect on school systems and society due to financial costs and loss of experienced educators (Flook et al., 2013). Counselors also face complex and stressful situations while dealing with students' needs, school policies, parents, and co-workers that may result in depression and other mental health issues, including suicide (Bardhoshi et al., 2014; Mullen et al., 2018; Limberg et al., 2013). Additionally, burnout may affect many helping professions, including probation officers, clinical counselors, and human resources professionals (Blau et al., 2013; Jacobson, 2012; Rupert et al., 2015; White et al., 2015).

Other Helping Professionals

Juvenile probation officers, psychiatric counselors, and human resources professionals experience stress factors such as heavy workloads, role conflicts, high levels of involvement with clients, limited resources, and conflict with co-workers or managers (Blau et al., 2013; Jacobson, 2012; Rupert et al., 2015; White et al., 2015). Stress that results in burnout may lead to a decrease in quality of services, feelings of inadequacy, and job exits that directly and indirectly affect clients, families, co-workers, and society (Rupert et al., 2015; White et al., 2015). However, some researchers suggested that self-care strategies may affect burnout levels of professionals (Bloomquist et al., 2015; Iacono, 2017; Lloyd & Campion, 2017).

Self-Care

The self-care section includes definitions and implications, the holistic approach, community care, individual care, strategies, and other factors. This section also includes the central definition used throughout this study.

Definition and Implications

Self-care is the ability of social workers or other professionals to maintain or improve personal well-being using multi-dimensional stress management techniques while developing and maintaining support systems (Bradley et al., 2013; Little, 2016). Techniques may vary based on the professional fields of interest and contextual settings (Salloum et al., 2015). Individuals and administrators in organizations should be intentional in the implementation of self-care activities (Bloomquist et al., 2015; Coaston, 2017). Individual strategies may consist of exercise, ample sleep or support, and

organizational strategies may include lower caseloads or adequate administrative support (Alani & Stroink, 2015; Bloomquist et al., 2015; Newell & Nelson-Gardell, 2014). Documentation of self-care strategies was cited in, for example, the Nordic Journal of Working Life Studies, Children and Youth Services Review, and the Journal of Pain and Symptom Management; however, the effectiveness of these strategies is inconclusive (Baldschun, 2014; Cox & Steiner, 2013; Knight, 2013; Sanso et al., 2015). Self-care activities have been defined and implemented philosophically by Foucault and medical personnel in situations involving physical illnesses; however, cases involving burnout appear to lack clear definitions (Bandol, 2015; Bloomquist et al., 2015; Cox & Steiner, 2013; Iftode, 2013).

Medical Approach

The ancient Greek philosopher Hippocrates based the concept of self-care on the medical approach (Gann, 1987; Kleisiaris et al., 2014). Hippocrates's theory of medical approach included the idea of multiple factors addressing diseases (Castelnuovo, 2015; Tsoucalas, 2016). A person's well-being involved a balance between mind and body in social and contextual settings; otherwise, damaging effects occurred (Coveney & Bunton, 2003; Kleisiaris et al., 2014; Vliet et al., 2018). Kavat-Zinn developed Mindfulness-Based Stress Reduction (MBSR) to address stress as a method to complement the medical approach (Khan Niazi & Khan Niazi, 2011; McGarrigle & Walsh, 2011). Self-care involved being a good citizen and required the education of the public to be successful (Alftbert & Hannson, 2012).

Holistic Care

Community members practiced the healing of the whole person in 1,000 A.D. (Boruchovitch & Mednick, 2002; Petri, 2015). Wholeness included a multidimensional concept of sound mental and moral health, physiological and spiritual health (Boruchovitch & Mednick, 2002). Some cultures, such as the Chinese, embraced community health, which involved medical professionals and citizens (Ma et al., 2008). Support groups such as alcoholic anonymous were developed as self-help activities to provide collaborative support and emphasized directional self-care (Laudet 2009; McCormick, 2003).

Individual Care

Self-care in early societies occurred in homes with individuals utilizing herbal substances and rites to achieve physical health via daily routines (Hosseinzadeh et al., 2015; McCormack, 2003; Petri, 2015). Religious practices replaced the use of herbs to achieve wholeness (Gewehr et al., 2017; Petri, 2015). In addition, the Women's Rights movement (1848-1902) was instrumental in connecting the autonomy of self and well-being (Magarey, 2014; Rubio-Marin, 2014). Wendell (as cited by Alftbert & Hannson, 2012), a detractor of self-care, considered self-care incapable of intervening in ways to keep the body healthy, similar to Little's discourse on the other limitations of self-care (Alftbert & Hannson, 2012; Little, 2016). Self-care has cycled between an emphasis on the body and mind dimensions; however, recent research supports a multi-dimensional approach that includes physical, psychological, social, and contextual aspects (Ayala et al., 2017; Khan Niazi & Khan Niazi, 2011).

Self-Care Strategies

Self-care strategies are considered best practices in the field of social work and require intentionality to achieve well-being (Alani & Stroink, 2015; Lee & Miller, 2013; Lee, 2018). Increases in levels of self-care were related to decreases in the effects of burnout in burnout research studies (Lee & Miller, 2013; Rupert et al., 2015; Wagaman et al., 2015). Self-care activities may include mindfulness, spiritual practices (meditation), and physical activities, such as exercise (Cacciatore et al., 2015; Dumbo & Gray, 2013; Newsome & Nelson-Gardell, 2014). A statistical significance was noted in a study of 210 social work graduate students, between mindfulness and stress; and a study of 14 human services' social workers experienced less stress when encountering mindfulness-based intervention in a separate study (Cacciatore et al., 2015; Crowder & Sears, 2016). Social workers and clients may benefit from workers' learning to be present in the moment (Lynn & Mensinga, 2015; Wisner & Hawkins, 2013).

Spiritual practices, such as meditation, may relate to religion (Bloomquist et al., 2015; Dumbo & Gray, 2013). The use of spiritual self-care practices may alleviate the stress that leads to burnout, as well as specific practices such as dialogue (faith) journaling used by social work students (Dumbo & Gray, 2013; Jensen-Hart et al., 2014). In Yong Hwang Koh et al.'s (2015) study on the prevalence of burnout among palliative care professionals, the spiritual practices of nurses (58.3%) and social workers (13.6%) appeared to be a significant protective factor against burnout.

Physical activity is one of the primary domains of self-care in the promotion of well-being (Bloomquist et al., 2015; Bradley et al., 2013; Coaston, 2017). Health and

well-being may occur via physical strategies, such as exercise or adequate sleep, by reducing the effects of stress (Bradley et al., 2013; Bressi & Vaden, 2017; Sanso et al., 2015). Self-care may empower and may be a protective factor against job stress (Hotchiss & Lesher, 2018; Salloum et al., 2015).

Self-care is purported as an optimal tool to combat burnout levels of social service professionals when applied with intensity and regularity (Alani & Stroink, 2015; Hotchiss & Lehser, 2018). Self-care practices may include mindfulness activities such as meditation, yoga, tai chai or regular activities such as exercising, healthy eating habits, or coloring (Hotchiss & Lehser, 2018; Howie et al., 2016; Ve Stres, Calismasi, & Arslan, 2016). Efficacious applications of self-care involve individual and organizational practices facilitating organizational support and policy enactment to embrace personal activities (Dombo & Gray, 2013). Kwong's (2016) study involved students journaling emotions generated at hospitals or emergency facilities to broaden students' knowledge of trauma or work stress and facilitate lifelong self-care as a part of who they would become as professionals.

Years at Social Service Agency and in Social Services

Work experience and burnout level among social services professionals have a correlational relationship. Hussein's (2018) study of 3,786 examining the effect that years of experience at the agency and in the profession had on burnout levels findings was that work experience has a significant impact on burnout levels. Other researchers have asserted a correlational relationship between the two factors (Singer et al., 2019; Sofology et al., 2019). Additionally, it has been suggested that burnout does not vary

across various demographic factors including length of work experience; however, other researchers suggest this is not the case, burnout has been shown to vary across such factors as age and gender (Lemmons & Zankas, 2019). Singer et al. (2019) examined the purpose of life's relationship to burnout using demographic variables to include the length of service, concluding there was not a significant correlation between the factors. Fraser (2016) examined social workers' willingness to work unpaid hours, and the study included workers with longevity versus new workers. The researcher concluded that workers who considered social work their profession tended to work longer unpaid hours and were more likely to have empathy and caring views might burn out sooner.

Other Factors

Unidimensional self-care strategies may include reading, family socialization, and vacations; however, the intensity is a relevant factor required in promoting change in well-being (Cardinal & Thomas, 2016; Salloum et al., 2015). During times of interactions with the family outside of the workplace, individuals may heal, suggesting a positive impact on well-being (Baldschun, 2014). Self-care may be considered a multi-dimensional concept that occurs on a continuum and involves addressing the professional and personal self as the professional manages stress (Baldschun, 2014; Bressi & Vaden, 2017; Knight, 2013; Lee & Miller, 2013; Little, 2016).

Synthesis

Social services professionals experience the phenomenon of burnout at a higher rate than most other professionals (Barford & Whelton, 2010; Smith & Clark, 2011; Travis et al., 2016). Extensive research examination included the historical perspective of

burnout from creation to the present day, with humanity experiencing stress and anxiety throughout history (Agorastos et al., 2014; Benton, 2009; Glas & Poort, 2007). Philosophers studied burnout, various human services researchers, and medical researchers (Fink, 2017; Lazarus, 1993; Takala, 2007). In the 1960s, when social workers were placed under unrealistic expectations to solve society's issues, workers began to experience various stress-related issues (McCutecheon, 2010; Ruth & Marshall, 2017). Burnout results in disengaged workers who experience physical and psychological losses, attitude changes, behavior changes, and feelings of hopelessness (Tartakvosky, 2016; Travis et al., 2016). Therefore, agencies lose experienced employees and have financial losses, and clients may experience a loss in services.

While extensive research exists concerning burnout, minimal research concerning burnout among social service professionals exists (Salloum et al., 2015; Diaconescu, 2015; Travis, Lizano & Mor Barak, 2016). In this study, I examined the relationship between self-care and burnout among social services professionals using the quasi-experimental, NEGD study.

Further research studies included information that burnout was not just a social services experience, but high rates of burnout were experienced by, for example, medical personnel, education professionals, and juvenile justice staff (Lee et al., 2013; Lindwall, Jonsdottir et al., 2015; Nizielski et al., 2013; White et al., 2015). The historical view of self-care included a holistic approach and an individual perspective. Community members practicing the holistic approach believed in healing and the individual view involved care in the home. Self-care is a tool used to maintain and improve the personal

well-being of social services professionals. In order to be effective, self-care should be intentional and consistently practiced, as well as supported by the administration of agencies. In some cases, self-care practices have been inconclusive (Baldschun, 2014; Cox & Steiner, 2013; Knight, 2013). However, self-care is considered a best practice in social work (Alaini & Stroink, 2015; Lee & Miller, 2013; Lee, 2018).

Summary

Chapter 2 included the historical perspective, current findings of stress and burnout, and self-care among social services and other helping professions. Chapter 3 includes the research methodology, research design and approach, theory, sampling and sampling procedures, instrumentation, analysis and procedures, hypotheses, informed consent, and data processing and storage.

Chapter 3: Research Method

Introduction

This quasi-experimental ANCOVA nonequivalent control groups design research study examined to what degree the introduction of self-care affected self-reported burnout and self-care by comparing two groups of social services professionals who provided services to traumatized children in a Southern U.S. State. One group received a self-care intervention, and the other group did not. The independent variable, self-care training (two levels: self-care training as an intervention and no self-care training), included information about the ability of an individual to sustain health and wellness when exposed to the daily trauma of children (Glennon et al., 2019; Little, 2016). The dependent variables were burnout and self-care (Kim, 2017; Kumar, 2018; Maslach & Leiter, 2016). The covariates were tenure of employee position at the agency and tenure in the social services field. Years of service and burnout have a correlation and a statistically significant relationship (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017). I used the MSCS to measure self-care behaviors and the MBI-HSS to measure burnout levels (Cooke-Cottone & Guyker, 2017; Doherty et al., 2020; Garcia et al., 2019; Vannucci & Weinstein, 2017). This chapter included a description of the research design, procedures, setting and sample, instrumentation, analysis and procedures, informed consent, and data processing and storage.

Research Design and Rationale

Using this quasi-experimental ANCOVA nonequivalent control group design, I examined the relationship between self-care and burnout of social service professionals.

This section includes the following information: methodology, sampling, theoretical framework, instrumentation, analysis, informed consent, data processing and ethical procedures.

Methodology

This quasi-experimental ANCOVA nonequivalent control group design examined the relationship between self-care and stress that leads to burnout by comparing the two groups: one group received a self-care intervention, and the other group did not receive an intervention. Specifically, I examined the degree that the introduction of self-care (training) affected stress that leads to burnout of social service professionals. The independent variable was self-care training (two levels: self-care training as an intervention and no self-care training); the dependent variables were burnout and self-care and the statistical analysis was the analysis of covariance (ANCOVA). The covariates were tenure of employee position and tenure of time in the social services field. Years of service and burnout have a correlation and a statistically significant relationship (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017). I used the following instruments: MSCS and MBI-HSS surveys to measure self-care and self-reported burnout.

Variables

Self-Care Training (Independent Variable)

Trauma training with a self-care component is mandatory at the nonprofit agency and an annual refresher each year. The training discusses the implications of unaddressed stress on the worker, the importance of self-care practices, and suggested practices.

Participants may discuss any practices already being employed, feelings of stress, and participate in exercises (Director of Training, 2020). The trauma trainers are certified by an outside governing body that recertifies the trainers every two years, and trainers are required to complete two trauma-related webinars each year (Traumatic Stress Institute, n.d.). The agency offered Self-care training to all employees at the nonprofit agency; however, not all employees participated in the training. Two groups were involved in this study; one received self-care training, and the other group did not receive the intervention.

Self-Care (Dependent Variable)

Self-care is considered the most vigorous activity to address burnout when applied with intensity and regularity (Alani & Stroink, 2015; Hotchiss & Lehser, 2018). Self-care practices may include mindfulness activities such as meditation, yoga, spiritual practices, or regular activities such as exercising healthy eating habits (Hotchiss & Lehser, 2018; Howie et al., 2016; Ve Stres, Calismasi, & Arslan, 2016). The MSCS survey was used in this survey to measure self-care.

Burnout (Dependent Variable)

Hotchiss and Lesher (2018) asserted that the most effective method to address burnout is via an efficient self-care plan. Burnout among social service professionals occurs at higher rates than most other professions and may lead to, for example, absenteeism, disengagement, turnover, mental health issues (Dijkstra & Homan, 2016; Salvagioni et al., 2017). Burnout is considered a chronic national problem (Tartakovsky, 2016; Virga et al., 2020). The MBI-HSS was used to measure burnout.

MSCS (Measuring Instrument)

The MSCS is a survey like MBI-HSS, burnout survey, used to measure the self-care behavior of participants who received self-care training. The MSCS-Short is a 33-item 5-point Likert Scale (0 = Never or 0 day & 5 = Regularly or 6-7 days) with six sections: physical, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure (see Appendix E

Years at Social Service Agency and in Social Services (Covariates)

Work experience and burnout level among social services professionals have a correlational relationship. Hussein's (2018) study of 3,786 examining the effect that years of experience at the agency and in the profession had on burnout levels findings was that work experience has a significant impact on burnout levels. Other researchers have asserted a correlational relationship between the two factors (Singer et al., 2019; Sofology et al., 2019). The ANCOVA analysis included the covariates of years at the agency and years in the social services field.

ANCOVA

I used ANCOVA to test for possible differences between groups while statistically controlling for extraneous variables that may reduce variance in results (Counsell & Cribbie, 2017; Rovai et al., 2013; Shieh, 2017). I sought to determine if the intervention, self-care, was effective on burnout while controlling for years of experience at the agency and years of experience in the social services field.

Suitability

The nonequivalent control group design consisted of comparison and an intervention group (one group received the self-care intervention and the other group did not receive the intervention), is similar to the experimental design and is appropriate in this case where randomization was not feasible, and the participants have experienced the intervention (Chimbatata & Chimbatata, 2016; Dutra & dos Reis, 2016). Further, the nonequivalent control group design was used to make inferences about attitudes or behaviors (Zhang Kuchinke et al., 2017; Vannucci & Weinstein, 2017). Social services researchers use the nonequivalent control group approach to collect data to examine the degree of relationship between variables, and the design may reduce misleading interpretations (Campbell & Stanley, 2010; Chimbatata & Chimbatata, 2016; Gading et al., 2017).

Design

I used this quasi-experimental ANCOVA nonequivalent control group design to determine to what degree the introduction of self-care training affected the self-reported stress levels that may lead to burnout of social service professionals who provide services to traumatized children. I used the ANCOVA as the statistical analysis, which is empirically based on analyzing post-test data (Anderson & Rieckmann, 2016; Leppink, 2018). I used the MSCS to measure self-care, the independent variable (Cooke-Cottone & Guyker, 2017; Vannucci & Weinstein, 2017), and the MBI-HSS to measure burnout, the dependent variables (Maslach et al., 1996; Savaya, 2014). I used purposive, nonprobability sampling to recruit participants who were purposefully selected for this

study (Etikan et al., 2016; Martinez-Mesa et al., 2016). Survey methods or questionnaires have been used to collect data and measure behaviors or attitudes (Vannucci & Weinstein, 2017; Zhang et al., 2017). I used survey questionnaires in this study. I first obtained approval from the Walden IRB (#01-29-20-0441) before conducting the study.

Sampling, Sampling Procedures, and Recruitment Procedures

In this study, the sampling procedure was nonprobability purposive sampling, and this section includes procedures for the sampling process. The sampling frame consisted of a pool of social service professionals who served children in a nonprofit agency in a Southern U.S. state. Some researchers have used purposive sampling because purposive sampling seems representative of the population (Ercan, 2017; Frankfort-Nachmias & Nachmias, 2008; Simon et al., 2017). Nonprobability sampling was used in this study due to the inability to use random sampling, cost-effectiveness, and the inability to use matching (Catania et al., 2015; Dutwin & Buskirk, 2017).

The social service agency was purposely selected based on mandatory trauma-informed care training with a self-care component offered to over 500 employees statewide. Trauma training involving self-care practices are offered in several sessions of the Risking Connections training to employees. Participants may discuss any practices already being employed, feelings of stress, and participate in exercises (Director of Training, 2020). The training includes, but is not limited to, the contributing factors to burnout and experiences of the treater (employee) such as the treater's own ACE (adverse childhood experiences) scores; anticipating trauma and building protection; addressing burnout using, for example, self-care, self-nurturing, escape, and building resilience. No

measurements have been employed by the agency. Training has been offered over several years and refresher trainings are offered annually.

chief executive officer and the chief operating officer provided approval to contact the employees for the study (see Appendix A). I emailed participants directly that chose to take part in the study by completing surveys via Survey Monkey requesting the return within one-week (7 days; See Appendix A). I used Survey Monkey to send general reminder emails to all potential participants in cases of slow responses (see Appendix B). Participants of this study received an email detailing the study, an informed consent form, and two survey links (see Appendix C). Only participants that opted-in to the study would participate in the surveys (MSCS and MBI-HSS). I sent a reminder email within 7-14 days of the request.

The informed consent form was embedded within the surveys; participants have a right to be informed and to participate or not to participate in the study (Frankfort-Nachmias & Nachmias, 2008). Informed consent addresses issues such as potential risks, cultural values, and legal issues (Frankfort-Nachmias & Nachmias, 2008; Grady et al., 2017). The form included details concerning the study's use of data, the ability to opt-out of participation at any time, the risks and benefits of participating, the anonymous nature of data collection, confidentiality, and contact information for questions. Individuals who decided to participate marked an X on the email survey form (see Appendix C). I estimated that the total time for data collection would be three (3) weeks.

Theoretical Framework

The cognitive activation theory (CATS), developed by Ursin and Erikson (2004), includes a definition of stress (Reme et al., 2008). For the theoretical framework, I used CATS, a psychobiological theory, in which adherents find continuous high levels of physical and psychological arousal occur based on feelings of hopelessness and helplessness (Ursin, 2004; Reme et al., 2008). CATS appear to be suitable for the premises associated with the MSCS (33 item scale) and the MBI-HSS (Cooke-Cottone & Guyker, 2017; Reme et al., 2008; Ursin, 2004). CATS, a system-based theory, involves the explanation of how stress emerges via stimuli, experiences, responses, and feedback from the stress response (Brosschot et al., 2018; Sebastian, 2013).

Attuned Representational Model of Self

The MSCS includes an awareness of an individual's strengths and weaknesses to improve well-being (Bazzano et al., 2013; Hotchkiss, 2018; Raab, 2014). The framework for self, the context of the environment, and preventive measures that may affect well-being are included in ARMS (Cook-Cottone, 2006). The ARMS theory consists of two components; the inner-self and the outer-self (Cook-Cottone, 2006, 2015; Cook-Cottone & Guyker, 2017). The inner-self consists of three domains: physiological, emotional, and cognitive, and the outer-self consists of a microsystem, exosystem, and macrosystem (Cook-Cottone, 2006; Cook-Cottone & Guyker, 2017). Attunement is the interaction of the inner-self and outer-self (Cook-Cottone, 2015). Well-being occurs when an individual is aware of and maintains a balance between the inner aspects of self in the context of the outer-self (Cook-Cottone, 2015).

Theory/Maslach Burnout Inventory-Human Services Survey (MBI-HSS)

A Multidimensional Theory of Burnout anchors the MBI-HSS (MBI; Bria et al., 2014; Galanakis et al., 2009; Makikangas & Kinnunen, 2016; Maslach, personal communication, January 19, 2027) indicated no use of theory in the development of the MBI, but that the MBI emerged empirically via qualitative research. However, Maslach's theoretical framework defined burnout as consisting of three domains: EE, DP, and PA (Galanakis et al., 2009; Maslach & Jackson, 1981).

Instrumentation and Operationalization of Constructs

I utilized two online scales, the MSCS and the MBI-HSS, to collect data for this study. Cook-Cottone (2016) granted permission for the use of the MSCS for any research or public use (see Appendix C), and I purchased the rights to use MBI from Mindgarden.com (see Appendix D).

Mindful Self-Care Scale (MSCS)

I used the MSCS to measure the frequency of the behavior that may influence well-being (Vannucci & Weinstein, 2017). The MSCS' foundation consists of Dialectic Behavior Therapy and Mindfulness-Based Stress Reduction (Cook-Cottone & Guyker, 2017), and the scale measures levels of self-care (Gonzalez et al., 2017). The MSCS has a theoretical base of the ARMS that integrates internal and external experiences (Cook-Cottone & Guyker, 2017). The MSCS-Short is a 33-item 5-point Likert Scale (0 = Never or 0 day & 5 = Regularly or 6-7 days) with six sections: physical, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure (see Appendix E). Additional areas include a clinical and general

section consisting of 42 combined items (Gonzalez et al., 2017). The MSCS is a highly reliable instrument with strong psychometric properties (Sunbul et al., 2018; Vannucci & Weinstein, 2017). The MSCS' validity, while documented in a study of college students, may require further research (Cook-Cottone & Guyker, 2017). Cook-Cottone provided six articles concerning the MSCS and theory (see Appendix C) and listed eight articles on her blog referencing MSCS, theory, and attunement (see Appendix F). Five additional articles were identified (Cook-Cottone & Guyker, 2017; Gonzalez et al., 2017; Hotchkiss & Cook-Cottone, 2019; Vannucci & Weinstein, 2017).

Theory of Validity (MSCS)

Validity. The MSCS scale is considered a good pairing with Maslow's hierarchy of needs relating to meeting deficiency of needs (Hotchkiss, 2018). The MSCS' weakness is the scale's early efforts of validation (Cook-Cottone & Guyker, 2017). However, significant correlations were found between burnout and other factors but specifically with self-care/purpose ($r = -.673$, $p < .01$; Hotchkiss, 2018).

Strengths. The MSCS' strengths include the tool's ability to encourage mindfulness and improved self-care, as well as use in other professions, such as a study of hospice workers indicating strong internal consistency (Cook-Cottone & Guyker, 2017; Hotchkiss, 2018). The MSCS, along with strong internal consistency, also has construct validity (Cook-Cottone & Guyker, 2017; Hotchkiss, 2018).

Weakness. Weaknesses include that the preliminary step in the MSCS's validation was a study of an eating disorder (Cook-Cottone, 2015; Cook-Cottone & Guyker, 2017).

Reliability. The MSCS that was used in several studies included high internal consistencies with a Cronbach alpha of 0.89 overall (Cook-Cottone & Guyker, 2017; Kovaleva et al., 2017; Hotchkiss, 2018), as well as among the subscales (see Table 1; Cook-Cottone & Guyker, 2017; Hotchkiss, 2018).

Table 1

Mindful Self-Care Scale

Authors	Items	Supportive Relationship	Physical Care	Mindful Awareness	Self-Compassion	Mindful Relaxation	Supportive Structure	*a*
Cook-Cottone & Guyker, 2017*	33	0.92	0.69	.092	.083	.077	.077	0.89
Hotchkiss 2018**	33	0.86	0.89	0.92	.083	0.77	0.77	.089

Note. MSCS Mindful Self-Care Scale, SR Supportive Relationship, PC Physical Care, MA Mindful Awareness, SC Self-Compassion, MR Mindful Relaxation, SS Supportive Structure
*$p < .01$; **$p < .01$. Sources: Cook-Cottone, C., & Guyker, 2017; Hotchkiss, 2018.

Maslach Burnout Inventory-Human Services Survey (MBI-HSS)

I used the MBI-HSS to measure feelings of burnout (see Appendix G). The MBI-HSS is the classic version of the three existing surveys and is the most widely used survey developed by Maslach and Jackson (Jiminez et al., 2014; Maslach & Jackson, 1981). The MBI consists of 22 Likert scale items (0 =Never & 6 = Everyday) with three foundational subscales of EE, DP, and PA (Galanakis et al., 2009; Savaya, 2014). Maslach et al. (1996; as cited by Beckstead, 2002) indicated an internal consistency of reliability for EE (0.90), DP (0.79), and PA (0.71; see Appendix F; Maslach et al., 1996). The MBI-HSS has been used in many research studies in various industries to include

medical (nurses, psychiatry, doctors), helping professions (teachers), and human services (child welfare, social work), appearing in 95% of journal articles (Doulougeri et al., 2016; Faraci, 2018; Leiter & Maslach, 2016; Lizano, 2015; Loera et al.; 2014; Shamloo et al., 2017). Various versions of the MBI were used in 17 research studies examining the factorial structure and psychometric properties from 2000 to 2014 (Loera et al., 2014).

Theory of Validity (MBI-HSS)

Validity. The MBI-HSS'-three dimensions validation occurred in a study of healthcare staff, teachers, and social workers by testing invariance across occupations (Bria et al., 2014). A study of nurses examining the three-dimensions of the MBI indicated a relationship of $r > 0.80$ (Loera et al., 2014), and in a study of teacher's a four-factor model (PA, DP, strain & frustration) correlated significantly ($-.38 < r < .53$, $p < .01$; Faraci, 2018).

Strengths and Weaknesses. The MBI's strengths include the scales composition of three validated dimensions, wide usage in measuring burnout, and sound psychometric values usually over .70 (Jimenez et al., 2014; Khamisa, 2013; Lee et al., 2015). However, psychometric limitations exist, but after many years of research, soundness has been noted among the three factors (Faraci, 2018; Khamisa, 2013; Lee et al., 2015) as noted in a study of 331 high school students denoting a high correlation between strain and frustration ($r = .48$, $p < .001$, 2-tailed test; Faraci, 2018). The weaknesses of the MBI also includes negative phrasing, more emphasis on emotional exhaustion, items describing feelings, vague responses, and cross-over of some categories (Jimenez et al., 2014; Lee et

al., 2015; Loera et al., 2014). Some psychometric limitations are noted when using the English version with non-English speaking populations (Matejic et al., 2015).

Reliability. Reliability exists among the MBI's psychometric factors in the study of 925 nurses with a value of 0.800, with only item 12 demonstrating a negative value of -0.130 (Lee et al., 2015; Loera et al., 2014; Riley et al., 2018). A review of 34 studies using the MBI-HSS on the psychometric properties indicated the tool useful in measuring burnout in various occupations reflecting high reliability (see Table 2; Matejic et al., 2015).

Table 2

Maslach Burnout Inventory-Human Services Survey

Authors	Items	EE	DP	PA	*a*
Galanakis et al., 2009 *	22	0.90	0.79	0.71	All exceeded 0.70
Matejic et al., 2015	22	0.91	Similar results To EE	Similar results To EE	0.72
Maslach et al., 1996	22	0.90	0.79	0.71	
Marcelino et al., 2013	-	0.90	0.64	0.73	Coeff. - 0.70

Note. MBI Maslach Burnout Inventory, *EE (Emotional Exhaustion), DP (Depersonalization, PA (Personal Accomplishments) *p <0.01*. Sources: Galanakis et al., 2009; Matejic et al., 2015; Maslach et al.,1996; Marcelino et at., 2013.

Analysis and Procedure

I conducted this quasi-experimental ANCOVA nonequivalent control group design to examine to what degree the introduction of self-reported self-care affects self-reported stress levels that lead to burnout among social service professionals. In this study, inferential statistics provide information about data collected (Frankfort-Nachmias et al., 2015; Rovai et al., 2013).

Research Question

I used the following research question:

Do those social service professionals who received self-care intervention differ from those who did not receive an intervention on self-care and burnout, with years at the agency and years in social services as covariates?

Hypotheses

As part of this study, the research included the following hypotheses:

H_01: There is no significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a1: There is a significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

H_02: There is no significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a2: There is a significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

Scales

I used the Mindful Self-Care Scale (MSCS) to measure self-reported self-care behaviors that influence an individual's well-being (Vannucci & Weinstein, 2017; Webb

et al., 2015); and the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), also a 22-item posttest, to measure self-reported feelings relating to burnout (Savaya, 2014).

Analysis

Data collected were entered into SPSS software for analysis. I used Analysis of Covariance (ANCOVA), a statistical procedure, used in quasi-experimental studies to test for possible differences between groups while statistically controlling for extraneous variables that may reduce variance in results (Counsell & Cribbie, 2017; Rovai et al., 2013; Shieh, 2017); and I used the statistical test in SPSS software (Schneider et al., 2015). Researchers used ANCOVA to test the null hypotheses demonstrating there is no difference in posttest scores for both groups, as well as addressing research questions and theories (Counsell & Cribbie, 2017). A comparison of four statistical methods using 10,000 simulations ended with a suggestion to ANCOVA statistical testing in research (Chausse et al., 2016). In this study, I used ANCOVA to determine if there is a statistical difference in the means of self-reported burnout after the introduction of self-reported self-care.

Informed Consent

Participants received an online consent form prior to access to online surveys via Survey Monkey (see Appendix C). The online consent form contained potential benefits, harm, and the right to opt-out at any time during the study without consequence.

Data Processing and Storage

I collected self-care and burnout data from social service professionals. The participants completed the MSCS and MBI-HSS surveys, clicked submit sending the data to an email designated for data collection only, and I collected returned data. I entered returned data into SPSS for analysis and interpretation. I documented noted biases in the study. Several factors were important in addressing bias in studies, such as sample size and confidence level (Frankfort-Nachmias & Nachmias, 2008; Mederios et al., 2014; Omair, 2014). I stored data (self-care and burnout) collected and any information on my computer, which is password protected. The information has been kept confidential, used only for the study, and it will be maintained for a five-year period (Code of Federal Regulations, 2010; National Science Foundation, n.d.).

Ethical Procedures

The nonprofit agency's management team provided approval for the research to be conducted with the agency's social services professionals under the conditions that the agency's management would disperse the information concerning the research study (see Appendixes A & C). Walden's IRB granted permission to conduct this quantitative research; however, only willing participants emailed the researcher indicating a choice to participate in the study with an option to opt-out (see Appendix C). Participants' survey responses were automatically submitted to survey monkey, and only had access to the data that were properly stored on a password protected computer on an online database. I worked at the nonprofit agency, but no employees in the same program participated in the

study. The management of the nonprofit agency disseminated information concerning who was eligible to participate in the study.

Summary

Chapter 3 includes the research design and approach, theory, sampling and sampling procedures, instrumentation, analysis and procedures, hypotheses, informed consent, and data processing and storage. Chapter 4 contains the results of the study, and Chapter 5 includes the implications of the study.

Chapter 4: Results

Introduction

The purpose of this quasi-experimental ANCOVA nonequivalent control group research study was to examine the relationship between self-care and stress that leads to burnout by comparing the two groups: one group received a self-care intervention, and the other group did not receive an intervention (Ahola et al., 2017; Daly & Gardner, 2020; Rupert & Dorociak, 2019). Due to the sample size, the results of this study cannot be considered valid; however, the discussion is based as if the results were valid. This chapter includes the purpose of the research, description of participants, the examination of hypotheses, and summarized the results of these analyses.

Purpose of the Study

For this study, I examined to what degree self-reported self-care affects burnout of urban children's social service professionals in a nonprofit agency (Bressi & Vaden, 2017; Johnson & Long, 2020; Salloum et al., 2018) to examine the documented problem of burnout among professionals who may leave the field, as well as identify information that may help subsequently improve services. The independent variable was self-care training (two types: self-care training as an intervention and no self-care training). The dependent variables were burnout and self-care. The covariates were the tenure of employees in the agency and tenure in the social services field. Years of service and burnout have a correlation and a statistically significant relationship (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017).

Even as the literature appeared replete with burnout and human services studies, few studies included how burnout affects social service professionals' well-being (Hussein, 2018; Lizano & Mor Barak, 2015; McKinley, 2020). Limited research was a matter of concern because of the high burnout rates among social service professionals (Lizano et al., 2015; Rogala et al., 2016). In this study, I used the Mindful Self-Care Scale (MSCS) and the Maslach Burnout Inventory Scale-Human Services Survey (MBI-HSS) to collect data. The MSCS measured self-care behaviors that may influence an individual's well-being (Vannucci & Weinstein, 2017; Webb et al., 2018; Wood-Barcalaw & Tylka, 2015). The MBI-HSS provided insights into the burnout levels of children's social service professionals and the self-reported influence that self-care may have on burnout in a nonprofit agency (Lee et al., 2013; Garcia et al., 2019; Mutair et al., 2020). The MSCS had a 75% completion rate with responses referencing planned self-care, new ways of self-care and variety of self-care mostly left blank. Participants consisted of professionals offering services to children in a nonprofit community agency, including but not limited to social workers, therapists, case managers, supervisors, and direct care staff.

Research Question and Hypotheses

I used the following research question:

Do those social service professionals who received self-care intervention differ from those who did not receive an intervention on self-care and burnout, with years at the agency and years in social services as covariates?

As part of this study, the research included the following hypotheses:

H_01: There is no significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a1: There is a significant difference in burnout between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

H_02: There is no significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at the agency and years in social services as covariates.

H_a2: There is a significant difference in self-care between those social service professionals who received a self-care intervention and those who did not, using years at years at the agency and years in social services as covariates.

I retrieved the data set from social service professionals at a nonprofit agency in a Southern U.S. state. The independent variable was self-care training (two levels: self-care training as an intervention and no self-care training). The dependent variables were burnout and self-care. The covariates were the number of years at the agency and the number of years in the social services field.

Data Collection Procedures

I collected participants' responses to email surveys over a six-month period. The Executive Team at the social service nonprofit agency indicated that I could only send surveys to individuals who emailed the researcher after being informed about the study from management. Ninety-one (91) individuals agreed to participate and complete the

surveys. I sent a reminder from Survey Monkey within 14-days of the initial email requiring informed consent to participate in the surveys. The surveys consisted of two instruments: Mindfulness Self-Care Scale and the Maslach Burnout Inventory-Human Services Survey (see Appendixes H & J).

Sample Description

The study consisted of children's social services professionals of a nonprofit social services agency in a U.S. southern state. The social services professionals included, but was not limited to, social workers, counselors, therapists, direct care staff, supervisors, case managers, wrap around facilitators of a total population over 150 front line employees who were 21 years of age and above. A total of 77 (N =77) social service professionals responded to the two surveys: MSCS and MBI-HSS, doing so confidentially. Fifty-six (56) reported participating in the self-care training, 6 reported lack of self-care training and 15 failed to respond to this question (See Table 3). Participants' years at the nonprofit agency ranged from 1-23, and years in social services ranged from 1-43 years. Demographic information was not collected. Total scores for the two dependent variables were computed and transformed into z-scores for the analysis.

Table 3

Sample Description

N	Responded	Participated in training	Years at Agency	Years in Social Services
56	56	56	1-23	1-43
6	6	0	1-23	1-43
15	0	-	1-23	1-43

N=77

Table 4

Standard Deviations and Average Years of Covariates

Covariates	SD	Av. Years
Years at Agency*	.90335	4.33
Years in Social Services	.91348	4.18

**N*=77

Reliability

The Mindful Self-Care Scale (MSCS) measures the frequency of behaviors that may influence well-being (Vannucci & Weinstein, 2017). The MSCS is a 33-item 5-point Likert Scale with six sections: physical, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure (see Appendix E). Additional scales include clinical and general sections consisting of 42 combined items (Gonzalez et al., 2017). I provided all participants responding to the survey with informed consent information concerning their rights to participate or to opt-out. I checked reliability using Cronbach's alpha for the Mindful Self-Care Scale (MSCS) for the six sections. The overall reliability of the MSCS scale (r) = .511, $p < .01$ is reliable.

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is an instrument used to measure burnout levels among social service professionals (Garcia et al., 2016; Maslach et al., 1996). MBI-HSS has three sections: emotional exhaustion (EE), depersonalization (DP), and personal accomplishments (PA). The overall MBI-HSS survey (r) =.856, $p < .01$ is reliable.

Analysis of Covariance/Results

According to Leppink (2018), analysis of covariance (ANCOVA) is similar to the analysis of variance (ANOVA) but includes an additional variable (s), a covariate (s). The added variable (s) is continuous, used for statistical control, and associated with the dependent variable, but not the independent variable (Rovai et al., 2013, Smoktunowicz et al., 2019). ANCOVA is a statistical test that indicates whether the means of various groups are statistically different from each other after controlling for the covariate (s) (Rovai et al., 2013). According to Huitema (2020), the advantages of ANCOVA include the following: decreases bias, provides required statistical testing across groups and improves precision (Rovai et al., 2013).

Descriptive Statistics

DV: Burnout

Table 5 shows the means, standard deviations and sample sizes for burnout in each of the two groups. Table 6 shows the results of the ANCOVA for the effect of self-care training on burnout, with years at the agency and years in the professions as covariates. There was a marginally significant difference between the groups on burnout ($p < .10$) with the treatment group having a lower mean. Thus, there was to some extent, an effect of training on burnout.

Table 5

Means and Standard Deviations of Burnout Measures

Training Self-Care	N	Mean	Standard Deviation
Self-Care Training	52	.4940	.99233
Burnout	6	.0870	.90335

Table 6

Sum Squares, Mean Squares and One-Way ANCOVA for variable-Burnout

Source	Type III Sum Squares	df	Mean Square	F	*Sig*
Corrected Model	1293.749[a]	3	431.247	2.614	.060
Intercept	187289.705	1	187289.705	1135.168	.000
Years at agency	247.397	1	247.397	1.499	.226
Years in Profession	760.088	1	760.088	4.607	.036*
Training	467.708	1	467.708	2.835	.098**
Error	8909.380	54	164.989		
Total	863015.000	58			
Corrected Total	10203.121	57			

*$p < .10$, **$p < .05$

DV: Self-Care

Table 7 shows the means, standard deviations and sample sizes for burnout in each of the two groups. Table 7 shows the results of the ANCOVA for the effect of self-care training on self-care, with years at the agency and years in the professions as

covariates. There was a significant difference between groups on self-care ($p < .05$) with the control group having the higher mean; however, the results indicate the treatment was ineffective for promoting self-care.

Table 7

Means and Standard Deviations of Self-Care Measures

Training Self-Care	N	Mean	SD
Yes	52	.4940	.99233
No	6	.5309	.85274

Table 8

Sum Squares, Mean Squares and One-Way ANCOVA for variable-Self-Care

Source	Type III Sum Squares	df	Mean Square	F	*Sig*
Corrected Model	12980.662	3	4326.887	3.400	.024
Intercept	183761.700	1	183761.700	144.400	.000
Years at agency	568.827	1	568.827	.447	.507
Years in profession	3315.079	1	3315.079	2.605	.112*
Training Self-care	6435.540	1	6435.540	5.057	.029**
Error	68719.958	54	1272.592		
Total	955742.000	58			
Corrected Total	81700.621	57			

*$p < .10$, **$p < .05$

Summary

This chapter includes the purpose of the study, research question, hypotheses, data collection procedures, samples descriptions, statistical test and statistical analysis. statistical analysis. Chapter five will include a discussion of the results and the overall implications of my study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quasi-experimental ANCOVA nonequivalent control groups design research study was to examine to what degree self-care affects self-reported burnout of urban children's social service professionals in a nonprofit agency by comparing two groups: one group received a self-care intervention and the other group did not receive an intervention(Bressi & Vaden, 2017; Diaconescu, 2015; Lee & Miller, 2013; Lizano, 2015) in order to scrutinize the documented problem of burnout among professionals who may leave the field, as well as to identify information that may help subsequently improve services. Self-care refers to the individual's awareness of the need for involvement in activities to achieve well-being (Miller et al., 2018; Little, 2016). Stress is the adverse effects experienced by individuals when exposed to continual events that may lead to burnout (Barck-Holst et al., 2019). Since stress that leads to burnout may lead to various mental, physical, social, and psychological illnesses and disorders, it was important to examine interventions such as self-care that may affect stress. In this study due to the sample size, the results of this study cannot be considered valid; however, the discussion is based as if the results were valid.

Restatement of Problem Statement

I examined to what degree self-care affects self-reported burnout levels of urban children's social service professionals in a nonprofit agency (Bressi & Vaden, 2017; Johnson & Long, 2020; Salloum et al., 2018). The independent variable was self-care training (two levels: self-care training as an intervention and no self-care training), and

the dependent variables were burnout and self-care. The covariates were tenure of employee position in the agency and tenure in the social services field. Years of service and burnout have a correlation and a statistically significant relationship (Singer et al., 2019a; Singer et al., 2019b; Sofology et al., 2017). Even as the literature appeared replete with burnout and human services studies, few studies included how burnout affects social service professionals' well-being (Hussein, 2018; McKinley, 2020). Limited research is a matter of concern because of the high burnout rate among services social service professionals (Rogala et al., 2016).

In this study, I used the MSCS to measure self-care behaviors that may influence an individual's well-being (Sunbal et al., 2018; Vannucci & Weinstein, 2017) and the MBI-HSS scale to obtain insights into the burnout levels of children's social service professionals and the self-reported influence that self-care may have on burnout in a nonprofit agency (Garcia et al., 2016). Certified trauma trainers at a social service agency provided mandatory trauma-informed care training with a segment on self-care (vicarious trauma segment) to agency employees. Participants consisted of professionals, 21 years of age and above (1-23 years of experience), offering services to children in a nonprofit community agency, including but not limited to social workers, therapists, case managers, supervisors, and direct care staff.

Interpretation of the Findings

Descriptive Statistics

Descriptive statistics in this section included the sample and scales. I used the nonprobability purposive sampling to recruit participants. The sample consisted of social

service professionals who serve children in a nonprofit agency in a Southern U.S. state. I used Survey Monkey to send reminder emails within 14-days of the initial email and as needed during data collection. The survey consisted of two instruments: Mindfulness Self-Care Scale and the Maslach Burnout Inventory-Human Services Survey (see Appendixes H & J).

Two groups received the surveys (one group received self-care training and the other group did not). Trauma trainers introduced self-care training to one group, and the second did not receive self-care training at the agency. Ninety-one (91) individuals agreed to participate in the study, and 77 completed the surveys. Of 77 participants, 56 indicated they participated in self-care training, 6 did not receive training, and 15 did not respond to the question.

I tested the reliability of the surveys using Cronbach's alpha in SPSS. I recorded the MSCS scale at a high-reliability rate of a = .511 and MBI-HSS reliability a = .856, consistent with previous studies. Sunbul et al. (2018) examined the internal consistency of MSCS to validate the instrument resulting in the overall reliability of a = .89. Also, Sunbul et al. (2018) reported the scales' overall reliability for mental health students at a = .89. Doulougeri et al. (2016) asserted that the MBI-HSS has been prominent in the research field in his article, examining 50 studies with 46 using MBI-HSS. Mutair et al. (2020) reported an overall survey reliability score of a = 0.87. However, McFadden, Manthorpe, and Mallett (2017) (as cited by Schafelli, 2001) reported several examples of studies using MBI-HSS with low reliabilities. Still, many studies using MBI-HSS have reliabilities over .70.

Discussion of Research Findings

I used a one-way ANCOVA to analyze the research question: Do those social service professionals who received self-care intervention differ from those who did not receive an intervention differ on self-care and burnout, with years at the agency and years in social services as covariates? I found the relationship between self-care training and burnout to be marginally significant when discounting the effect of years at the agency and years in social services; therefore, I may not reject the null hypothesis (see table 5). There was a significant difference between groups on self-care, the treatment was ineffective when discounting the effect of years at the agency and in social services (see table 7). In this case, the control group had the higher self-care mean. Total scores for each scale were computed and transformed into z-scores for the analysis. As validity of the findings is diminished based on small and uneven samples, use of findings are limited to guiding future research efforts toward determining the relations between self-care and burnout outcomes. Posluns and Gall (2020) asserted that self-care seems to promote well-being and that a lower level of self-care is related to increased burnout levels. Coleman et al., 2016 also reported that counseling students participating in mindfulness self-care interventions demonstrated significantly increased improvements in anxiety levels. Despite high levels of burnout reported among human service professionals in the literature, social services professionals participating in self-care seemed to have reported experiencing lower burnout levels. However, in this study based on the results, I may not conclude that self-care training has an impact on self-care activities. Documentation and applications of self-care strategies were cited in, for example, the Nordic Journal of

Working Life Studies, Children and Youth Services Review, and the Journal of Pain and Symptom Management; however, the effectiveness of these strategies is inconclusive (Baldschun, 2014; Cox & Steiner, 2013; Knight, 2013; Sanso et al., 2015). The marginally significant relationship between the groups on burnout suggests this research is headed in the right direction (the introduction of self-care training may affect burnout levels).

Recommendations/Implications

In this study, I was interested in the affect that self-care training had on self-care and burnout levels of social service professionals. A great deal of research existed about burnout; however, there was less research related to burnout among social service professionals, especially child welfare workers (Bressi & Vaden, 2017; Fried & Fisher, 2016). In this study's results, there was a marginally significant relationship between self-care training and burnout, discounting years in social services and self-care, and while there was a statistically significant relationship between self-care training and self-care, the treatment was ineffective. The marginally significant relationship between the groups on burnout suggests this research is headed in the right direction (the introduction of self-care training may affect burnout levels). Limited research still exists in the examination of self-care, self-care training and burnout levels (Miller, 2019; Miller et al., 2018; Miller et al., 2019). Kwong (2016) reported that social workers who are aware of stressors and apply self-care are increasingly equipped to manage stress; therefore, further research in this area would benefit social service professionals' well-being, agencies' retention of workers, and services offered to clients.

Organizations

Administrators of agencies may be able to retain social service workers with the consistent implementation of self-care practices. Acker (2018) reported that self-care activities positively affected job satisfaction and decreased turnover rates. Kiley et al. (2018) reported that guided imagery or self-care activities positively impacting mental health workers' stress levels, thereby affecting the retention of workers. Workers who are aware of a need for self-care and practice self-care will be able to deal with the profession's challenges and remain in the industry (Kwong, 2016). In multiple studies, researchers reported that active self-care practices positively impact the social service professionals' stress levels leading to employees remaining at agencies (Glennon et al., 2019; Iacono, 2017; Willis & Molina, 2018).

Clients

Miller et al. (2018) reported that if workers practice self-care, then clients may experience improved services. Lee et al. (2017) wrote that the clients' quality of services is related to workers' job satisfaction. If organizations retained workers, clients might receive consistent and quality services that may positively affect their well-being (Walters et al., 2018). Kiley et al. (2018) reported self-care activities positively affect clients' well-being. Clients may become healthier and increasingly self-sufficient community members.

Future Research

Among social service professionals, more than any other profession, high levels of stress that lead to burnout demonstrate the need for ongoing research in the field

(Gomez-Garcia, 2020; Walters et al., 2018). Future researchers should concentrate on the introduction and practice of self-care and burnout among social service professionals, especially child welfare or other mental health workers.

Experimental Design

The use of an experimental design to examine the relationship between self-care and burnout would allow researchers to determine causality between the independent and dependent variables, decrease threats to internal validity, vigorously tests hypotheses, and conclusions may be more easily drawn (Frankfort-Nachmias & Nachmias, 2008; Krass, 2016; Obergruber & Hrubcova, 2016; Podsakoff & Padsakoff, 2019).

Quasi-Experimental Design

Future researchers may include a repeated quasi-experimental ANCOVA nonequivalent control group design with participants from various social services agencies and different regions in the United States. Researchers using the quasi-experimental design would examine if the self-care effects burnout levels among, for example, childcare workers, addiction professionals, or other mental-health workers in different areas in the United States. Researchers suggest that the quasi-experimental designs may provide accurate results, sometimes used in behavioral sciences, and may allow random samples from the population (Babbie, 2011; Bickman, 2000).

Implications for Social Change

This study has a favorable implication for social change for human service professions, organizations, families, and communities due to the limited research related to human services and burnout. This study's results highlight a positive relationship

between self-care training and burnout that may have a positive impact on stress levels of social service professionals (Crowder & Sears, 2016; Posluns and Gall 2020); therefore, benefits may include the retention of workers, financial savings for agencies, quality services for clients, and improved well-being for clients who may become productive community members. In the current literature, burnout levels among social service professionals are considered higher than most other professionals.

Limitations of the Study

Research Design/Sample Size

The population of this quasi-experimental ANCOVA nonequivalent control group design research was social service professionals who serve children that have experienced trauma of a nonprofit agency in a Southern U.S. state. The nonprofit agency employs more than 300 direct care staff members statewide at 18 locations. The control group consisted of six participants. I limited the study to a specific population of social service professions who work with children; therefore, the sample may limit the ability to generalize findings to other human services professionals (Handley et al., 2018).

Unforeseen Limitation/Covid-19

Covid-19's onset during the research affected participants' willingness to participate in the research study. I used simple data imputation due to an average of 75 % completion rate by some participants (Pedersen et al., 2017). Other limitations included uneven sample sizes and a small sample group of six participants. These limitations diminished the statistical significance of the results.

Conclusion

I hypothesized that there would be a difference between participants who received self-care training and those who did not receive self-care training. There was a marginally statistically significant difference between the two groups when examining self-care training and burnout suggesting a likely causal relationship between the two variables. There was a significant difference between the two groups for self-care when discounting for years in social services and self-care, but with the control group exhibiting greater self-care. Further studies are needed to examine the relationship between self-care training, self-care, and burnout of social service professionals. For social service professionals to provide quality services to their clients, it is essential to employ self-care practices to improve their overall well-being. Additionally, there would be potential benefits for workers in child welfare, addiction, and other mental health service.

Social service professionals should be encouraged to participate in self-care training and organizations to support those efforts via policy, supervision, and daily work practices. This chapter highlighted some of the critical implications for improved well-being for workers, agencies, clients, and communities.

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Appendix A: Letter and Correspondence with Agency

March 27, 2019

Ms. Annie Jackson, Doctoral Candidate
Dr. Randy Heinrich
School of Social Work and Human Services
Walden University

Re: Approval to Conduct Research

Dear Ms. Jackson and Dr. Heinrich:

On behalf of the senior management at Canopy Children's Solutions, I am pleased to inform you that your research proposal titled "The Relationship between Burnout and Self-Care of Children's Social Service Professionals" has been reviewed and approved contingent upon approval by Walden University's IRB. As you can attest, conducting research in a real-world setting such as Canopy is not an easy process, and I applaud you for your perseverance in working to align your project to coincide with Canopy's mission.

I will be your point of contact to coordinate your research activities with Canopy, and I look forward to a successful project. Please let me know if you have any questions or need any additional information.

Kindest regards,

Terry L. Hight, h.D.
Chief Operating Officer
Canopy Children's Solutions

March 6, 2019

Senior Management
Canopy Children's Solutions
1465 Lakeland Drive
Jackson, MS 39216

Re: Research Study

To: Senior Management Staff

I am Annie Jackson, a doctoral candidate in Human Services Administration program at Walden University, and I am working on a research proposal titled "The Relationship between Burnout and Self-Care of Children's Social Service Professionals". I am seeking your approval to conduct a quasi-experimental, nonequivalent control group research study to examine to what degree the introduction of self-care affects the self-reported stress levels of social service professionals in a non-profit agency. With your approval, the participants will be apprised of the potential benefits, harm, and right to opt out at any point in the research process without consequences as part of an online delivery of the instruments, the Mindful Self-Care Scale (MSCS) and the Maslach Burnout Inventory-Human Services Scale (MBI-HSS).

For this proposed quasi-experimental, nonequivalent control group study, I will examine to what degree self-care effects the self-reported stress level of urban children's social service professionals in a nonprofit agency (Bressi & Vaden, 2017; Diaconescu, 2015; Lee & Miller, 2013; Lizano, 2015) in order to scrutinize the documented problem of burnout among professionals who may leave the field, as well as information that may help subsequently improve services. The independent variable is training, and the dependent variables include and are a part of the stress that leads to burnout, and burnout includes Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishments (PA). Even as literature appears replete with burnout and human services research, few studies include how burnout affects social services professionals' well-being (Lizano, 2015; Lizano & Mor Barak, 2015).

In this study, an Informed consent form will be offered prior to any surveys. The informed consent form addresses issues such as potential risks, cultural values, and legal issues (Frankfort-Nachmias & Nachmias, 2008; Gray et al., 2017). I will conduct online anonymous surveys with Survey Monkey utilizing the MSCS and MBI-HSS, posttest only, to collect data in this study. Participants may opt out of the study at any time, because participation is strictly voluntary. Only individuals, who opt-in may participate in the surveys (MSCS & MBI-HSS). The completion of the surveys should at maximum

take 15 minutes or less. I will provide Canopy Children's Solutions' Senior Management with feedback in an effort to provide an opportunity for employees to become more engaged in the agency's trauma informed efforts.

The sample of more than 300 direct care staff will have an opportunity to participate in or opt out of participating in the study. Canopy Children's Solutions leadership will be provided generic information concerning the research study since they will not participate in the survey. The email address of mslois1313@yahoo.com will be provide to direct care staff if they choose to participate in the research study, once approved by Walden's IRB. I will email the individuals the surveys once the email is received.

The potential risk may include 15 minutes out of the workday to complete the surveys or the possibility that some employees may experience discomfort during participation in the surveys. The possible benefits may include the opportunity for employees to become aware of individual self-care techniques, the opportunity for employees' well-being, increased engagement, and potential retention.

Dr. Randy Heinrich, Walden University Professor, is my Committee Chairperson and Human Services faculty member, may be reached at (930) 437-4033 or randy.heinrich@mail.waldenu.edu.

If any further information is needed, please contact me at annie.jackson2@waldenu.edu or (601) 310-6076 or my chair. I want to thank you in advance for your consideration.

Sincerely,

Annie Jackson, Ph.D. (ABD)
Doctoral Candidate
Walden University

From: Annie Jackson <annie.jackson2@waldenu.edu>
Sent: Wednesday, January 30, 2019 12:21
To: Randy S. Heinrich <randy.heinrich@mail.waldenu.edu>
Subject: Fw: Jackson Approval for Research 2018

Dr. Heinrich,

Please see the response below from the agency, Canopy Children's Solutions. I will not respond until I hear from you.

Annie

From: Terry L. Hight <terry.hight@mycanopy.org>
Sent: Wednesday, January 30, 2019 3:57 PM
To: Annie Jackson
Subject: RE: Jackson Approval for Research 2018

Hi, Annie-
Again, please accept my apologies for the delay getting back with you. As I mentioned, I gave myself a new knee for Christmas and am just now getting back up to speed. The Executive Team has reviewed your request for conducting research with Canopy employees. Your project is well-conceived, and we are supportive of your project. However, we would request some modifications to your procedures in order to move forward. Let know when you have some time to discuss these items related to participant recruitment.

- Participants – Please clarify participation of direct service vs. support roles. Canopy currently employees less than 500 employees, many of whom are in non-direct care (support) roles. Is the project open to all employees or just those with direct care roles?
- Participant recruitment – Canopy cannot provide you with a list of email addresses of its employees. However, Canopy is willing to send an email from me (crafted by you) detailing the importance of the project and encouraging employees to contact you if they are interested in participating. Additionally, Canopy will make the announcement of the project during the monthly Core (Leadership) meeting. Finally, I would be happy to connect you with the Mississippi Child Caring Agencies (MACCA) leadership so you could explore the possibility of recruiting participants for fellow MACCA members.

Please let me know if you have any questions. Thanks again for your patience. I look forward to hearing from you. Best,
tlh

Terry L. Hight, Ph.D.
Chief Operating Officer
Canopy Children's Solutions

From: Annie Jackson [mailto:annie.jackson2@waldenu.edu]
Sent: Wednesday, November 14, 2018 12:36 PM
To: Terry L. Hight <terry.hight@mycanopy.org>
Subject: Re: Jackson Approval for Research 2018

Terry,

I will send you the IRB app that I plan to submit, but I cannot send it without your letter attached. It is a requirement. Thanks for your assistance.

From: Terry L. Hight <terry.hight@mycanopy.org>
Sent: Tuesday, November 13, 2018 9:48 PM
To: Annie Jackson
Cc: John Damon; Debbie Brooks
Subject: Re: Jackson Approval for Research 2018

Hey, Annie. Sorry for the slow response. I want to help you go forward, but will need some specifics. We discussed you project at a high level after Leadership, but to approve the project can you get us copies of what you submitted to the IRB. The Sr. Team functions as Canopy's internal IRB and will need to review any procedure, measures, informed consent, risks/benefits etc. Let me know if you have any questions. Thanks. H

Terry L. Hight, Ph.D.

On Nov 13, 2018, at 3:07 PM, Annie Jackson <annie.jackson2@waldenu.edu> wrote:

John & Terry,

I do apologize for emailing you again so quickly, however, my chair indicated that when I emailed him my IRB application he will be ready to approve its submission. I emailed the application to him today (11/12/18). However, I am not able to submit the IRB application without your permission in writing to conduct the research. I know that you are extremely, but request that you respond as quickly as possible. Thanking you in advance for your assistance.

Sincerely,

Annie Jackson<JacksonLetterOrganizationalApproval v1.docx>

Appendix B: Reminder Email for Slow Responders

January 21, 2019

Re: Potential Research Participant

To Whom it May Concern:

Recently you were invited to participate in a survey on self-care and burnout. We noticed that you have not responded. We ask you to take a few minutes to complete the surveys.

Sincerely,

Researcher

Appendix C: Invitation to Participate in Research Study

The Relationship between Burnout and Self-Care of Children' Social Services Professionals

Invitation for Participate in Research Study

You are invited to participate in a doctoral research study of the relationship between self-care and burnout. You were invited to participate in this study because of your work with children, who have experienced trauma, and your participation in trauma informed care training. If you do not wish to participate in the study, you may opt out at any time.

Participants may include the following:

1. Direct Care employees (only) of social services agency that provide services to abused and neglected children
2. Employees such as therapists, case managers, wrap facilitators, and other direct care staff members
3. Providing services to children, who have experienced trauma
4. Twenty-one (21) years of age and above

The survey will take about 15 minutes. I want to capture your experiences relating to self-care and burnout as a social service professional. There is no compensation for participating in this study. However, your participation may provide valuable information to our research and the social services field possibly providing the community with better understanding of self-care and burnout.

If you are willing to participate in this study or considering participating, please continue to the informed consent page.

Thanks,

The Researcher

Appendix D: Explanation of Research Study

Date: November 3, 2019

To: Potential Participants

I am a doctoral candidate in Human Services Administration program at Walden University, and I am working on a research proposal titled "The Relationship between Burnout and Self-Care of Children's Social Service Professionals". I am conducting a quasi-experimental, nonequivalent control group research study to examine to what degree the introduction of self-care affects the self-reported stress levels of social service professionals in a non-profit agency in order to scrutinize the documented problem of burnout among professionals who may leave the field, as well as information that may help subsequently improve services.

In this study, an Informed consent form will be offered prior to any surveys. The informed consent form addresses issues such as potential risks, cultural values, and legal issues (Frankfort-Nachmias & Nachmias, 2008; Gray et al., 2017). I will conduct online anonymous surveys with Survey Monkey utilizing the MSCS and MBI-HSS, posttest only, to collect data in this study. Participants may opt out of the study at any time, because participation is strictly voluntary. Only individuals, who opt-in may participate in the surveys (MSCS & MBI-HSS). The completion of the surveys should at maximum take 15 minutes or less. I will provide Canopy Children's Solutions' Senior Management with feedback in an effort to provide an opportunity for employees to become more engaged in the agency's trauma informed efforts.

The potential risk may include 15 minutes out of the workday to complete the surveys or the possibility that some employees may experience discomfort during participation in the surveys. The possible benefits may include the opportunity for employees to become aware of individual self-care techniques, the opportunity for employees' well-being, increased engagement, and potential retention.

If any further information is needed, please contact the researcher at mslois1313@yahoo.com. I want to thank you in advance for your consideration.

Sincerely,

Doctoral Candidate
Walden University

Appendix E: Approval to use MSCS

From: Catherine Cook-Cottone <catherine.cook.cottone@gmail.com>
Subject: Re: theory
Date: April 2, 2018 at 2:38:36 PM CDT
To: annie jackson <mslois13@hotmail.com>, Catherine Cook-Cottone <catherine.cook.cottone@gmail.com>

Dear Annie,

You have permission to use the scale. I am also sending some papers on the scale and theory papers.

Please keep us posted on any publications or use of the scale.

Catherine

On Thu, Mar 29, 2018 at 8:09 PM, annie jackson <mslois13@hotmail.com> wrote:
Dr. Cook,
I am doctoral student, and I would like to use your Mindful Self-Care Scale (MSCS) as one of the instruments in my dissertation. From what I read on one of the websites, you give permission for use of your instrument in research. Why I need to know is what "theory" is your scale based on or is associated with the MSCS?

Thanking you in advance for your response,
Annie Jackson
Doctoral student, Walden University

(P.S. you may respond to me at annie.jackson2@waldenu.edu)

Appendix F: Articles Cook-Cottone Submitted to Support Theory

Cook-Cottone, C. (2006). The attuned representation model for the primary prevention of eating disorders: An overview for school psychologist. *Psychology in the Schools, 43*(2). doi: 10.1002/pits.20139

Cook-Cottone, C. (2015). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image, 14*, 158-167. Retrieved from http://dx.doi.org/10.1016/j.bodyim.2015.03.004

Cook-Cottone, C., & Guyker, W. (2018). The development and validation of the mindful self-care scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness,9*(1). doi: 10.1007/s12671-017-0759-1

Gonzalez, C., Gentile, N., Angstman, K., Craner, J., & Bonacci, R. (2017). The associations between preceptor team lead relationships and residents' wellness in an academic medicine setting: An exploratory study. *PRIMER, 1*(5). doi: 10.22454/PRiMER.2017.1.5

Hotchkiss, J. (2018). Mindful self-care and secondary traumatic stress mediate a relationship between compassion satisfaction and burnout risk among hospice care professionals. *American Journal of Hospice & Palliative Medicine,* 1-10. doi: 10.1177/1049909118756657

Vannucci, M., & Weinstein, S. (2017). The nurse entrepreneur: empowerment needs, challenges, and self-care practices. *Nursing: Research and Reviews, 7*, 57-66. doi: https://doi.org/10.2147/NRR.598407

Appendix G: Rights to use MBI-HSS

Maslach Burnout Inventory™

Instruments and Scoring Keys

Includes MBI Forms:

Human Services - MBI-HSS Medical Personnel - MBI-HSS (MP) Educators - MBI-ES General - MBI-GS Students - MBI-GS (S)

Christina Maslach Susan E. Jackson Michael P. Leiter Wilmar B. Schaufeli Richard L. Schwab

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Important Note to Licensee

Appendix H: MSCS Survey

Mindful Self-Care Scale

Cook-Cottone, 2016
Sample format with questions:
[Please Cite as: Cook-Cottone, C. P. & Guyker, W. (2016, manuscript in preparation).
The Mindful Self-Care Scale: Mindful self-care as a tool to promote physical, emotional, and cognitive well-being].

The Mindful Self-Care Scale- SHORT (MSCS, 2016) is a 33-item scale that measures the self-reported frequency of behaviors that measure self-care behavior. These scales are the result of an Exploratory Factor Analysis (EFA) of a large community sample. The subscales are positively correlated with body esteem and negative correlated with substance use and eating disordered behavior. Please check back for the published citation. Note: there are an additional six clinical questions and two general questions for a total of 42 items. (Note, the long-form has 84 questions and 10 subscales. It can be found on Dr. Catherine Cook- Cottone's faculty web page).

Self-care is defined as the daily process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care. Mindful self-care addresses self-care and adds the component of mindful awareness.

Mindful self-care is seen as the foundational work required for physical and emotional well- being. Self-care is associated with positive physical health, emotional well-being, and mental health. Steady and intentional practice of mindful self-care is seen as protective by preventing the onset of mental health symptoms, job/school burnout, and improving work and school productivity.

This scale is intended to help individuals identify areas of strength and weakness in mindful self-care behavior as well as assess interventions that serve to improve self-care. The scale addresses 6 domains of self-care: physical care, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure. There are also six clinical items and three general items assessing the individual's general or more global practices of self-care.

Check the box that reflects the frequency of your behavior (how much or how often) within past week (7 days):

This past week, how many ***days*** did you do the following?	**Never**	**Rarely**	**Sometimes**	**Often**	**Regularly**

	0 days	1 day	2 to 3 days	3 to 5 days	6 to7 days
Example: I drank at least 6 to 8 cups of water	☐	☐	☐	☐	☐
If reverse-scored:	1 Never	2 Rarely	3 Sometimes	4 Often	5 Regularly
Scoring:	5 Never	4 Rarely	3 Sometimes	2 Often	1 Regularly

Contact information: Catherine Cook-Cottone, Ph.D. at cpcook@buffalo.edu

Mindful Self-Care Scale

Cook-Cottone, 2016
Sample format with questions:
[Please Cite as: Cook-Cottone, C. P. & Guyker, W. (2016, manuscript in preparation).
The Mindful Self-Care Scale: Mindful self-care as a tool to promote physical, emotional, and cognitive well-being].

The questions on the scale follow. Physical Care (8 items)

Score	Item
1 2 3 45	I drank at least 6 to 8 cups of water
1 2 3 45	I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)
1 2 3 45	I planned my meals and snacks
1 2 3 45	I exercised at least 30 to 60 minutes
1 2 3 45	I took part in sports, dance or other scheduled physical activities (e.g., sports teams, dance classes)
R 5 4 3 21	I did sedentary activities instead of exercising (e.g., watched tv, worked on the computer)- reversed score
1 2 3 45	I planned/scheduled my exercise for the day
1 2 3 45	I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)
	Total
	Average for Subscale = Total/# of items

Supportive Relationships (5 items)

Score	Item
1 2 3 45	I spent time with people who are good to me (e.g., support, encourage, and believe in me)
1 2 3 45	I felt supported by people in my life

1 2 3 45	I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)
1 2 3 45	I felt confident that people in my life would respect my choice if I said "no"
1 2 3 45	I scheduled/planned time to be with people who are special to me
	Total
	Average for Subscale = Total/# of items

Mindful Awareness (4 items)

Score	Item
1 2 3 45	I had a calm awareness of my thoughts
1 2 3 45	I had a calm awareness of my feelings
1 2 3 45	I had a calm awareness of my body
1 2 3 45	I carefully selected which of my thoughts and feelings I used to guide my actions
	Total
	Average for Subscale = Total/# of items

Mindful Self-Care Scale

Cook-Cottone, 2016
Sample format with questions:
[Please Cite as: Cook-Cottone, C. P. & Guyker, W. (2016, manuscript in preparation).
The Mindful Self-Care Scale: Mindful self-care as a tool to promote physical, emotional, and cognitive well-being].

Self-Compassion and Purpose (6 items)

Score	Item
1 2 3 45	I kindly acknowledged my own challenges and difficulties
1 2 3 45	I engaged in supportive and comforting self-talk (e.g., "My effort is valuable and meaningful")
1 2 3 45	I reminded myself that failure and challenge are part of the human experience
1 2 3 45	I gave myself permission to feel my feelings (e.g., allowed myself to cry)
1 2 3 45	I experienced meaning and/or a larger purpose in my *work/school* life (e.g., for a cause)
1 2 3 45	I experienced meaning and/or larger purpose in my *private/personal* life (e.g., for a cause)
	Total
	Average for Subscale = Total/# of items

Mindful Relaxation (6 items)

Score	Item
1 2 3 45	I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)
1 2 3 45	I did something interpersonal to relax (e.g., connected with friends)
1 2 3 45	I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang, organized)
1 2 3 45	I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)
1 2 3 45	I sought out images to relax (e.g., art, film, window shopping, nature)
1 2 3 45	I sought out smells to relax (lotions, nature, candles/incense, smells of baking)
	Total
	Average for Subscale = Total/# of items

Supportive Structure (4 items)

Score	Item
1 2 3 45	I kept my work/schoolwork area organized to support my work/school tasks
1 2 3 45	I maintained a manageable schedule
1 2 3 45	I maintained balance between the demands of others and what is important to me
1 2 3 45	I maintained a comforting and pleasing living environment
	Total
	Average for Subscale = Total/# of items

Mindful Self-Care Scale

Cook-Cottone, 2016
Sample format with questions:
[Please Cite as: Cook-Cottone, C. P. & Guyker, W. (2016, manuscript in preparation).
The Mindful Self-Care Scale: Mindful self-care as a tool to promote physical, emotional, and cognitive well-being].

Clinical (6 items-not to be averaged)

Score	Item
1 2 3 45	I took time to acknowledge the things for which I am grateful
1 2 3 45	I planned/scheduled pleasant activities that were not work or school related
1 2 3 45	I used deep breathing to relax
1 2 3 45	I meditated in some form (e.g., sitting meditation, walking meditation, prayer)
1 2 3 45	I rested when I needed to (e.g., when not feeling well, after a long work out or effort)
1 2 3 45	I got enough sleep to feel rested and restored when I woke up

General (3 items- not to be averaged)

Score	Item

1 2 3 45	I engaged in a variety of self-care strategies
1 2 3 45	I planned my self-care
1 2 3 45	

Mindful Self-Care Scale

Cook-Cottone, 2016
Sample format with questions:
[Please Cite as: Cook-Cottone, C. P. & Guyker, W. (2016, manuscript in preparation).
The Mindful Self-Care Scale: Mindful self-care as a tool to promote physical, emotional, and cognitive well-being].

Total Score Summary

Be sure you have correctly scored your reversed-scored item.

Averaged Score	Scale
	Physical Care
	Supportive Relationships
	Mindful Awareness
	Self-compassion and Purpose
	Mindful Relaxation
	Supportive Structure

Shade in your average score for each scale below:

5						
4						
3						
2						
1						
Scale	Physical Care	Support Relation	Mindful Aware	Self- Comp Purpos	Mindful Relax	Support Structure

For a long version of the scale and a detailed description of the source scale see:

Cook-Cottone, C. P. (2015). *Mindfulness and yoga for embodied self-regulation: A primer for mental health professionals.* New York, NY: Springer Publishing.

Appendix I: Cook-Cottone's Theory Related Articles

Cook-Cottone, C. (2006). The attuned representation model for the primary prevention of eating disorders: An overview for school psychologist. *Psychology in the Schools, 43*(2). doi: 10.1002/pits.20139

Cook-Cottone, C. (2015). Embodied self-regulation and mindful self-care in the prevention of eating disorders. *Eating Disorders, 21*(1), 1-8. doi: 10.1080/10640266.2015.1118954

Cook-Cottone, C. (2015). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image, 14*, 158-167. Retrieved from http://dx.doi.org/10.1016/j.bodyim.2015.03.004

Cook-Cottone, C., & Guyker, W. (2018). The development and validation of the mindful self-care scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness,9*(1). doi: 10.1007/s12671-017-0759-1

Gonzalez, C., Gentile, N., Angstman, K., Craner, J., & Bonacci, R. (2017). The associations between preceptor team lead relationships and residents' wellness in an academic medicine setting: An exploratory study. *PRIMER, 1*(5). doi: 10.22454/PRiMER.2017.1.5

Hotchkiss, J. (2018). Mindful self-care and secondary traumatic stress mediate a relationship between compassion satisfaction and burnout risk among hospice care professionals. *American Journal of Hospice & Palliative Medicine,* 1-10. doi: 10.1177/1049909118756657

McGarrigle, T., & Walsh, C. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion and Spirituality in Social Work: Social Thought, 30*(2), 212-233. doi:10.1080/1542643.2011.587384

Vannucci, M., & Weinstein, S. (2017). The nurse entrepreneur: empowerment needs, challenges, and self-care practices. *Nursing: Research and Reviews, 7*, 57-66. doi: https://doi.org/10.2147/NRR.598407

Appendix J: MBI-HSS Survey

Maslach Burnout Inventory™

Instruments and Scoring Keys

Includes MBI Forms:

Human Services - MBI-HSS Medical Personnel - MBI-HSS (MP) Educators - MBI-ES General - MBI-GS Students - MBI-GS (S)

Christina Maslach Susan E. Jackson Michael P. Leiter Wilmar B. Schaufeli Richard L. Schwab

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Important Note to Licensee

MBI Human Services Survey

Christina Maslach & Susan E. Jackson

The purpose of this survey is to discover how various people working in human services or the helping professions view their job and the people with whom they work closely.

Because people in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Instructions: On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number “0” (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example: **Statement**: I feel depressed at work

How often: Never (0), a few times a year or less (1), once a month (2), once a week (3), a few times a week (5), or every day (6)

If you never feel depressed at work, you would write the number “0” (zero) under the heading “How often.” If you rarely feel depressed at work (a few times a year or less), you would write the number “1.” If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number “5.”

For Publications:

For Dissertation and Thesis Appendices:

You may not include an entire instrument in your thesis or dissertation, however you may use the three sample items specified by Mind Garden. Academic committees understand the requirements of copyright and are satisfied with sample items for appendices and tables. For customers needing permission to reproduce the three sample items in a thesis or dissertation, the following page includes the permission letter and reference information needed to satisfy the requirements of an academic committee.

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To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Maslach Burnout Inventory forms: Human Services Survey, Human Services Survey for Medical Personnel, Educators Survey, General Survey, or General Survey for Students.

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material.

Citation of the instrument must include the applicable copyright statement listed below. Sample Items:

MBI - Human Services Survey - MBI-HSS:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job. I don't really care what happens to some recipients.

MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP): I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some patients.

MBI - Educators Survey - MBI-ES:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job. I don't really care what happens to some students.

Cont'd on next page

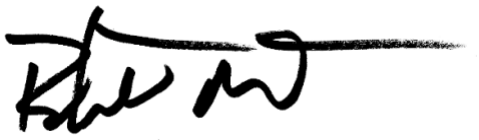
MBI - General Survey - MBI-GS:
I feel emotionally drained from my work. In my opinion, I am good at my job.
I doubt the significance of my work.

MBI - General Survey for Students - MBI-GS (S): I feel emotionally drained by my studies.

In my opinion, I am a good student.
I doubt the significance of my studies.

Sincerely,

Robert Most
Mind Garden, Inc. www.mindgarden.com



Appendix K: National Institute of Health Certificate

The National Institutes of Health (NIH) Office of Extramural Research certifies that **annie jackson** successfully completed the NIH Web-based training course "Protecting Human Research Participants."

Date of Completion: 03/18/2014

Certification Number: 188453