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Job Satisfaction and Burnout Among Social Workers Providing Services to Veterans

Toni Jones
Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Toni Jones

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Review Committee

Dr. Thomas McLaughlin, Committee Chairperson, Social Work Faculty

Dr. Debora Rice, Committee Member, Social Work Faculty

Dr. Nancy Campbell, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Job Satisfaction and Burnout Among Social Workers Providing Services to Veterans

by

Toni L. Jones

MS, Virginia Commonwealth University, 2010

BS, Old Dominion University, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2022

Abstract

Social workers have been documented both experiencing job satisfaction with decreased levels of burnout and suffering from high stress and burnout. The job demands-resources (JDR) model was used to guide this study. The purpose of this study was to examine how social workers working with the veteran population describe how their job satisfaction affects their perceptions of burnout. A basic qualitative study design was employed with a purposeful sample of 12 social work participants drawn from multiple facilities that provide services to veterans. Data were collected from semistructured interviews and were analyzed using a thematic coding process, validation through member checking, and triangulation with findings in the literature. Emergent themes identified were (a) positive satisfaction, (b) contributors to satisfaction, (c) salary satisfaction, (d) protective factors, (e) contributors to burnout, (f) adverse experiences, and (g) maintaining employment. The findings of this research study may be useful on the practice, research, and policy levels to encourage social workers, supervisors, agencies, and other stakeholders to address burnout through an understanding of how job satisfaction can be supported to maintain a stable social work workforce. Specific potential implications for positive social change on a micro level may encourage social workers to practice self-care as competent practitioners. On a mezzo level, social workers may be empowered to advocate for programs, trainings, and resources to provide education and support for the prevention of burnout. On a macro level, the findings can be used to encourage the development of policies and procedures to address job satisfaction and decrease burnout.

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Dedication

I dedicate this project to my beautiful daughters, Jamie-Nicole and Jordyn. Thank you both for believing in me and allowing me to work on my doctorate. I do not take your sacrifice on days where I was tired, defeated, and unmotivated for granted. I appreciate the hugs and kisses on the days when I cried and wanted to give up. Just know it is because of you that I have the strength, courage, and drive to complete this task. I always tell you that you can do anything and be anything God has for you, but my goal is to always walk those words out for you. Dream big, my loves. I love you both with my whole heart, and I hope this accomplishment of mine pushes you both further into your unique greatness. My achievement is a reminder to always focus on God despite what the naysayers may try to speak over you. You can do all things through Christ who strengthens you.

Acknowledgments

First, I would like to thank my personal Lord and Savior, Jesus Christ, for walking with me through this process. Thank you to my mother for support of me in this pursuit. I am eternally grateful for all she has done and continues to do for my children and me. Thank you so much to my family and friends who have supported me through this journey! Their words of encouragement and merely saying, "I'm proud of you," has kept me going. Thank you to Dr. Sonia Galloway for all her coaching through this process. Last, but certainly not least, thank you to my chair Dr. McLaughlin and my committee members, and the faculty and students at Walden University for the support and feedback on this journey.

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Section 1: Foundation of the Study and Literature Review

Introduction

Job satisfaction and perception of burnout among social workers is a problem that affects individuals and organizations on the micro, mezzo, and macro levels of social work practice. In this study, I focused on the experiences of job satisfaction and the perceptions of burnout among practicing social workers serving the veteran population. I used qualitative methods to better understand the social problem of job satisfaction and perceptions of burnout among social workers who provide services to the veteran population. This study may lead to positive social changes to improve clinical practice, improve social workers' health, decrease turnover, and expand the quality of patient care (Steinlin et al., 2017).

Section 1 of this project covers the foundation of the study and literature review, which includes problem statement, purpose statement, research question, nature of the doctoral project, significance of the study, theoretical/conceptual framework, value and ethics, and a review of the professional and academic literature. The second section includes the research design, methodology, data analysis, ethical procedures, and a summary. Section 3 presents this research study's findings to include data analysis techniques, findings, and summary. Section 4 includes the application to professional practice and implications for social change. this section includes application to professional ethics in social work practice, recommendations for social work practice, implications for social change, and a summary. Lastly, there will be the references section and appendices.

Problem Statement

Social workers are a vital part of the health care system. They provide support to patients and their families through psychoeducation on health conditions and wellness, facilitate linkage to nonmedical resources, and advocate for the patient within the treatment team (Fraser et al., 2018). Understanding job satisfaction and burnout among social workers is essential to understand a predicted future shortage of social workers in the United States (Lin et al., 2016). In general, there is limited existing research on job satisfaction among social workers who work in hospitals and healthcare settings (Pugh, 2016). Specifically, research studies on job satisfaction and burnout among VHA employees before 2015 are limited (Schult et al., 2018). Therefore, I studied the experiences of job satisfaction and burnout among social workers providing services to the veteran population.

Researchers have found that social workers across organizations who experience satisfaction with their organizational environment have a strong positive correlation with organizational commitment (Brown et al., 2019). Additionally, Brown et al. (2019) found that organizational commitment negatively relates to burnout. A study by Safadi (2019) among Palestinian public sector social workers found that income, contract work status, service orientation, and supervisor support are related to job satisfaction. Lower wages are associated with lower levels of job satisfaction (Safadi, 2019). Marmo and Berkman (2018) found that leadership styles and relationships with colleagues significantly impact job satisfaction among hospice social workers. Studies conducted across nations have revealed that social workers suffer high stress and burnout (Crowder & Sears, 2017;

Finzi-Dottan & Kormosh, 2016; Travis et al., 2016). Gómez-García et al. (2020) reported that a barrier to understanding and evaluating burnout is the lack of a universally accepted definition.

Job satisfaction in the workplace for health care workers can be impacted by burnout (Kabir et al., 2016). Yanchus et al. (2017) reported low job satisfaction as a strong predictor of burnout. Kabir et al. (2016) reported that job satisfaction could significantly impact work-related behaviors, such as turnover intention, absenteeism, and job performance. Burnout is essential to understand because it can have significant consequences for employees and agencies (Schult et al., 2018). In a 2016 study, Pugh found that 83% of hospital social workers ($\mu = 4.0$, $SD = .84$, $n = 969$) reported high job satisfaction. Brown et al. (2019) found that social workers had moderate levels of job satisfaction ($\mu = 3.44$, $SD = .90$ for the organizational environment and $\mu = 3.10$, $SD = .90$ for satisfaction with the workload) with burnout scores with a mean of 51.86 ($SD = 21.16$), which indicated moderate levels of burnout. Mohr et al. (2018) found that overall job satisfaction for VHA physicians had a mean score of 2.96 ($SD = 1.00$) and mean score of burnout was 0.98 ($SD = 0.84$). Furthermore, Mohr et al. found that VHA physicians who work only at the VHA experienced higher burnout levels than those employed at other hospitals ($\beta = 1.77$).

Purpose of the Study and Research Questions

The purpose of this study was to understand the experiences of job satisfaction and burnout among social workers providing services to the veteran population. To address this gap in research, I used a basic qualitative research approach. I conducted

interviews to gather data to develop an understanding of the experiences of job satisfaction and perceptions of burnout among social workers providing services to the veteran population. The research question that guided this study was:

RQ: How do social workers working with the veteran population describe how their job satisfaction affects their perceptions of burnout?

Definitions of Key Terms

Burnout: The emotional and physical result from ongoing stress and poor coping (Maslach & Leiter, 2016).

Clinical social worker: An individual who can be an independent practitioner and able to diagnose and treat psychological impairments (Virginia Department of Health Professions, 2021).

Job demands: Aspects of the job that can cause exhaustion such as workload, time pressure, and the physical environment (Crawford et al., 2010).

Job resources: Facets of the job that hold personal value such as social support, money, and credit (Hoboll, 2002).

Job satisfaction: A positive evaluation that an individual holds regarding their job (Weiss & Cropanzano, 1996).

Macro-level practice: The macro-level of intervention focuses on broad systems (Bolton et al., 2018). The macro-level will discuss burnout research and interventions from a global perspective for this study.

Master's-level social worker: A social worker who does not hold a license to practice as an independent practitioner and who may be under the supervision of an

independent practitioner who provides nonclinical services (Virginia Department of Health Professions, 2021).

Mezzo-level practice: The mezzo level of intervention focuses on groups and organizations (Bolton et al., 2018). For this study, the mezzo level of intervention will focus on the impact of burnout on systems serving veterans and research and potential interventions within those systems.

Micro-level practice: The micro-level focuses on individuals and families (Bolton et al., 2018). For this research study, the micro-level of intervention explores individual social workers' experience providing case management as a secondary role. The micro-level would include looking at access to healthcare and mental, behavioral, and emotional diagnoses (i.e., burnout).

Social worker: A social worker is an individual who has a bachelor's or master's degree in the field of social work, with the mission to enhance human well-being, especially those who are vulnerable, and fight for social justice (National Association of Social Workers, 2017).

Nature of the Doctoral Project

The nature of this study was qualitative with a basic qualitative approach (Merriam & Tisdell, 2016). Qualitative research is consistent with understanding the experiences of job satisfaction and burnout among social workers providing services to veterans, which was the focus of this study. This design aligns with the purpose statement and research question to understand how social workers providing services to veterans describe how their job satisfaction affects their perceptions of burnout. Purposive and

snowball sampling via Facebook and Indeed were used to recruit social workers employed at an organization serving veterans. Flyers were used for interested participants to express their interest in participation in this voluntary study. An online survey was emailed to interested participants to obtain preliminary information for each participant and to assign pseudonyms. Individual interviews were conducted with 12 social workers who provide services to veterans. Thematic analysis was used to increase the ability to interpret the findings (Thurmond, 2001). Thematic analysis involves six steps that help a researcher organize data into themes (Peel, 2020).

Significance of the Study

This research helps fill a gap in understanding how social workers providing services to veterans are experiencing job satisfaction and how this affects their perceptions of burnout. This project is unique because I addressed an underresearched practice area among social workers providing services to veterans (Schult et al., 2018). The results of this study will provide insights into the experience of job satisfaction among social workers providing services to veterans and their perceptions of burnout. Insights from this study should help me create a dialogue to discuss changes, such as developing programs, changing policies within organizations providing services to veterans, and implementing supports that can increase job satisfaction and decrease the occurrence of burnout for social workers providing services to veterans.

Theoretical/Conceptual Framework

To understand job attitudes such as job satisfaction, there are three models typically used: dispositional models that consider biological, personality, and other

worker characteristics; cross-cultural models that consider differences across countries or cultures; and work- or organization-specific models that consider varying aspects of the job and working conditions (Saari & Judge 2004), such as the job demands–resources (JD-R) model. While job satisfaction is not widely acknowledged as a factor in the JD-R model (Baeriswyl et al., 2016), there are a few studies that have been conducted in which researchers viewed job satisfaction and job resources against the JD-R model (Angulo & Osca, 2012; Baeriswyl et al., 2016; Biggs et al., 2014; Lewig & Dollard, 2003). Potocka and Waszkowska (2013) found that the JD-R model can be used to investigate job satisfaction.

The framework used in this study was the revised JD-R model developed initially by Demerouti et al. (2001) to understand job satisfaction and the precursory factors of burnout. The JD-R model is a well-tested theoretical model and is widely used to describe the relationship between work characteristics and well-being (Baeriswyl et al., 2016). This model was informed by Lee and Ashforth's (1996) model in which they identified eight job demands and 13 job resources (Maslach et al., 1996). In the JD-R model, job demands are “physical, social, or organizational features of a job that require sustained physical or mental effort, thus leading to physiological and psychological costs” (Demerouti et al., 2001, p. 501). Job demands include increased workload, time pressure, and stressful environments (Crawford et al., 2010).

Quantitative factors of job demands include overloaded and extended work hours and qualitative factors include emotionally loaded situations and work–home interference (Bakker et al., 2004; Shanafelt et al., 2010). The job demands of workload, time, and

work pressures are vital determinants of emotional exhaustion in research (Alarcon, 2011; Bowling et al., 2015; Lee & Ashforth, 1996). The JD-R model assumes that high job demands require more energy to meet goals and maintain performance (Demerouti et al., 2001). However, physical and psychological exertion can lead to fatigue and irritability (Demerouti et al., 2001).

Job resources are defined by Demerouti et al. (2001) as “the physical, social, or organizational features of a job that can help one achieve work goals, stimulate personal growth and development, and reduce job demands and psychological and physiological costs” (Crawford et al., 2010, p. 501). Job resources may include job control, growth opportunities, decision-making ability, task variety, constructive feedback, and social support in the work environment (Crawford et al., 2010). Precisely, the job resources of rewards and recognition, job control, feedback, and participation predict decreased burnout levels, less turnover intention, and increased levels of job satisfaction (Scanlan & Still, 2019). Social support is essential for job satisfaction (Locke, 1976). Researchers have found that the job resource of supervisor support availability is associated with high job satisfaction (Biggs et al., 2014; Cortese et al., 2010; Lewig & Dollard, 2003). Job resources are assumed to be a vital requirement to an individual’s internal and external motivation that supports job satisfaction due to the support basic needs and achievement of work goals through job resources (Baeriswyl et al., 2016). Job resources are required for social workers to help those in need. Without adequate resources, social workers are more likely to feel stressed and burned out (Su & Ng, 2019) and have less job satisfaction.

Process to Burnout

The JD-R model proposed by Demerouti et al. (2001) suggested two processes to the development of burnout. The impact of job demands without enough recovery can result in exhaustion, which is also called the *energetic burnout component*. The lack of resources, increased job demands, and difficulty meeting work goals can lead to withdrawal or the motivational element of burnout (Schaufeli & Taris, 2014). The motivation process suggests that job resources are positively related to engagement and job performance and negatively related to turnover intention and health complaints (Crawford et al., 2010). Thus, research indicates that job demands impact the exhaustion level of burnout, and a lack of resources impacts the motivation level of burnout (Bakker et al., 2005; Bakker et al., 2004; Demerouti et al., 2001). The JD-R model assumes that with adequate job resources, job demands have a decreased impact on exhaustion; therefore, increased job resources reduce job demands and exhaustion (Schaufeli & Taris, 2014).

Revised Job Demands–Resources Model

In 2004, Schaufeli and Bakker presented a revised version of the JD-R model. This model proposed that work engagement and burnout are mediators of the relationship between job demands, health problems, job resources, and turnover intention (Schaufeli & Taris, 2014). Work engagement within this model is a “positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption” (Schaufeli & Taris, 2014, p. 46). Like the original model, the revised JD-R model assumes that burnout results from increased job demands and inadequate job resources. However, the revised

model treats burnout as a single construct instead of a two-dimensional construct (Schaufeli & Taris, 2014).

The revised JD-R model's choice explains the interaction between burnout and engagement (Trepanier et al., 2014). The use of the revised JD-R model provides the opportunity for further exploration of specific job demands and job resources that may have an inverse relationship with burnout, turnover intention, and job satisfaction (de Jonge et al., 2001; Larrabee et al., 2003; Lu & Gursoy, 2016; Zhang & Feng, 2011). This model's scope is broader than other job stress models as it can address all job demands and job resources (Schaufeli & Taris, 2014). The revised JD-R model does not refer to a well-defined set of concepts; however, it relates to how job characteristics impact an employee's health, well-being, and motivation (Schaufeli & Taris, 2014).

In summary, the revised JD-R model is widely popular and is one of the leading job stress models in research (Schaufeli & Taris, 2014). The revised JD-R model was chosen over the other burnout theory models discussed above because, in burnout research, it is one of the most frequently cited models (Makkai, 2018). As previously mentioned, while job satisfaction is not widely acknowledged as a factor in the JD-R model (Baeriswyl et al., 2016), in a few studies, researchers have viewed job satisfaction and job resources against the JD-R model (Angulo & Osca, 2012; Baeriswyl et al., 2016; Biggs et al., 2014; Lewig & Dollard, 2003). Potocka and Waszkowska (2013) found that the JD-R model can be used to investigate job satisfaction.

In a Google Scholar search in March 2020, formative papers by Demerouti et al. (2001) and Schaufeli and Bakker (2004) had been cited 16,803 times. Researchers who

have used the JD-R model to discuss employee burnout include Tims et al. (2013), van Steenbergen et al. (2018), Chen et al. (2018), and Kulikowski and Orzechowski (2018). A benefit to using the revised JD-R model is that it has been tested in several studies and is an empirically based model (Kim & Wang, 2018). Due to flexibility, broad indications for application, and usefulness in practice, I feel the revised JD-R model would best address the research question: How do social workers providing services to veterans describe how their job satisfaction affects their perceptions of burnout?

Values and Ethics

The National Association of Social Workers (NASW) Code of Ethics (NASW, 2017) relates to the clinical social work problem for this qualitative study in service, integrity, and competence. Service focuses on a social worker's ability to practice at a clinical level and place the client's interest above the professional's self-interest (NASW, 2017). Integrity focuses on a professional's ability to practice as a trustworthy professional that embodies the NASW Code of Ethics (NASW, 2017). Competence looks at a professionals' ability to maintain practice to perform within standards so that no harm comes to the client.

Competence is one of the core values of the NASW. This qualitative study demonstrated that value by looking at factors that may hurt employees (and consequently, the clients) and cause burnout by looking at factors that can prevent burnout. The NASW also has a standard for continuing education and staff development. Therefore, social workers serving veterans should be encouraged to learn new techniques pertaining to social work practice.

According to the NASW ethical standards, a researcher should commit to the employing agency's policies and procedures and the efficacy and effectiveness of services (NASW, 2017). Lastly, this study represents social work values as the NASW ethical standards state that social workers should promote, facilitate evaluation and research to contribute to knowledge development (NASW, 2017). The empirical data assessing employee burnout in organizations serving veterans is limited (Garcia et al., 2014). Therefore, given limited knowledge about this population, I sought to expand knowledge not only for the profession of social work but for employees of organizations that provide services to veterans.

Frequent changes of policies and mandates are common when working with veterans, and research has found that frequent organizational changes can independently create burnout (Geuskens et al., 2012). However, while these mandates are intended to increase access to care as a priority for the Veterans Health Administration (VHA), this may create stressful work environments that lead to staff absenteeism and lower staff retention (AbuAlRub & Al-Zaru, 2008). Exploring job satisfaction and the perception of burnout among social workers serving veterans contributes to a gap in the literature by providing social workers with a necessary understanding of job satisfaction and burnout among this population with a secondary benefit of improving care for veterans. This project supports the NASW Code of Ethics (2008) by exploring possible issues that can disrupt service, integrity, and competence in social work practice among social workers providing services to veterans.

Review of the Professional and Academic Literature

The literature review for this research first began with me searching for articles on burnout using the keywords: *social work, burnout, VHA/VA, job stress, professional quality of life, and job satisfaction* in the SOCindex database and PsycInfo published from 2000–2020, then narrowing down to 2015–2020. The types of literature and resources searched for were peer reviewed and full articles on job satisfaction with medical social workers, job satisfaction at the VHA, burnout at the VHA, burnout and social workers, and professional quality of life. I also searched the Walden University Library for dissertations completed on job satisfaction and burnout. In the following section, I discuss job satisfaction; burnout; challenges with the diagnosis of burnout; burnout causes; burnout impacts on the micro, mezzo, and macro levels; burnout in the VHA; and interventions identified to address burnout.

Job Satisfaction

Job satisfaction can be defined as the degree to which people like their jobs (Spector, 1997). Weiss and Cropanzano (1996) defined job satisfaction as “a positive or negative evaluative judgment of one’s job or job situation” (p. 2). Job satisfaction is the most studied variable within organizations (Spector, 1997). Job satisfaction can be viewed globally or by various facets of a job (Spector, 1997, p. 2).

The global approach to researching job satisfaction is “used when the overall attitude of liking or disliking one’s job” is the goal (Spector, 1997, p.2). The facet approach determines which parts of the job produce satisfaction or dissatisfaction (Spector 1997, p. 3). Common job satisfaction facets include appreciation,

communication, coworkers, fringe benefits, job conditions, nature of the work itself, the organization itself, organization policies, and procedures, pay, personal growth, promotion opportunities, recognition, security, and supervision (Spector, 1997, p. 3). The most frequently researched facets include “rewards (pay or fringe benefits), other people (coworkers or supervisors), the nature of the work itself, and the organization itself” (Spector, 1997, p. 3).

Spector (1985) proposed nine facets of job satisfaction: (a) pay, (b) promotion, (c) supervision, (d) benefits, (e) contingent rewards, (f) operating procedures, (g) coworkers, (h) nature of work, and (i) communication. In job satisfaction research, researchers have found that individuals do not usually have global feelings on the same level for every facet (Spector, 1997). When looking at organizational factors that include pay, benefits, incentives, and supervision, these factors are related to job dissatisfaction (Smith & Shields, 2013). Job satisfaction factors include task variety, autonomy, achievement, and recognition (Smith & Shields, 2013). Sullivan et al. (2015) found that low pay, paperwork frustrations, task variety, and autonomy created a sense of joy among mental health case managers. Research has also indicated that job satisfaction can be increased when there is a perception of support among coworkers and supervisors and there is low pressure related to workload (Luther et al., 2017). In additional research on job satisfaction, researchers have found that ongoing job satisfaction is promoted by achievement, recognition, interesting work, autonomy, and the job’s challenge (Pugh, 2016, p. 486).

Job satisfaction and turnover intent are strongly related to research (Pugh, 2016). Pugh (2016) pointed out that motivation factors give space for achievement and growth and produce positive feelings such as job satisfaction but do not necessarily prevent negative feelings (p. 487). Maintenance factors meet basic needs by preventing negative feelings but do not promote job satisfaction (Pugh, 2016, p. 487). There are inconsistent findings within the literature due to the difficulty of comparing job satisfaction across social work settings or comparing social workers to nursing disciplines (Pugh, 2016). However, the variable of employee tenure is related to job satisfaction (Pugh, 2016, p. 487). Schweitzer et al. (2013) found a positive relationship between tenure on the job and job satisfaction among social workers across settings. Pugh (2016) found that job satisfaction is not related to demographics such as age, tenure, gender, race, or degree.

Factors Related to Job Satisfaction

In research, two categories have been found that impact job satisfaction for employees. First is job environment, which includes factors associated with the job and individual factors such as personality and prior work experiences (Spector, 1997). Kristof (1996) also found that the fit between an individual and the job has a strong influence on job satisfaction.

The characteristics of a job are often associated with job satisfaction. Hulin and Blood (1968) found that routine and simple jobs are found to be boring and dissatisfying. Hackman and Oldham (1976) stated that individuals who prefer a challenge and show more interest in their work will be happier and more motivated with complex jobs. Highly motivated individuals are more likely to be drawn to positions that are managerial

or professional, as these types of positions require more complexity in tasks (Spector, 1997). The characteristics of skill variety, task identity, task significance, autonomy, and job feedback are a determinant in how likely a job is to motivate the employee (Spector, 1997, p. 31).

Job constraints are conditions within the job environment that can disrupt an individual's job performance (Peters & O'Connor, 1980). Job constraints can include the physical work environment or other people in the work environment. When employees experience high levels of job constraint, they are more likely to experience more job dissatisfaction (Peter & O'Connor, 1980). O'Connor et al. (1982) found that supervisors are the most significant source of job constraints for employees. Peters and O'Connor (1980) proposed eight organizational constraint areas: (a) job-related information, (b) tools and equipment, (c) materials and supplies, (d) required services, (e) help from others, (f) task preparation, (g) time availability, and (h) work environment.

Job Satisfaction and Research

Job satisfaction can be measured through interviews or questionnaires (Spector, 1997, p. 5). Questionnaires are the preferred methodology to assess job satisfaction as interviews tend to be more expensive and time consuming (Spector, 1997). However, interviews can gather more extensive data as they allow participants the opportunity to elaborate on issues. Less restricted interviews also present the opportunity for the participants to make points that were not preplanned for the researcher (Spector, 1985). Questionnaires or surveys are used because they are often less expensive and can be completed on a larger scale (Spector, 1997).

There are many available scales and assessments for job satisfaction. A few well-known job satisfaction assessments include the job satisfaction survey, the job descriptive index, the Minnesota satisfaction questionnaire, the job diagnostic survey, the job in general scale, and the Michigan organizational assessment questionnaire subscale (Spector, 1997). Advantages to using existing scales include (a) many of the scales available cover the significant facets of satisfaction, (b) most existing scales have been used enough to produce norms, (c) many existing scales have acceptable levels of reliability, and (d) construct validity comes from the extensive use in research (Spector, 1997, p. 6). Disadvantages to using established scales include: (a) the researcher is limited to the facets included in the instrumentation, and (b) the cost of using a scale for a larger number of employees may be restricting (Spector, 1997, p. 7).

Job Satisfaction Among Social Workers

Implications for researching job satisfaction among social work settings include improving work quality, consistency, and employee turnover (Sullivan et al., 2015). Most research on job satisfaction for social workers has been focused on financial compensation and economic rewards (Acker, 2004). In a study among hospital social workers, Gellis (2002) found that social workers found job satisfaction in their work's challenges. Research among hospital social workers and job satisfaction has been in health settings and not exclusive to the hospital setting (Kobayashi & McAllister, 2013). Pugh (2016) found that 83% of hospital social workers experience high job satisfaction. Factors related to job satisfaction among hospital social workers include having a centralized social work department (Neuman, 2003) and factors such as salary, benefits,

additional funding, and continuing education (Acker, 2010; Schweitzer et al., 2013).

Additionally, the perceived workload has a negative relationship with job satisfaction (Acker, 2004).

Job Satisfaction in the VHA

Chang et al. (2016) did a comparison study in the VHA and found that Veterans Affairs (VA) peer specialists and vocational rehabilitation specialists experience more job satisfaction than other nonlicensed mental health professionals in the VHA. Chang et al. (2016) found that peer specialists and vocational rehabilitation specialists in the VHA experience higher job satisfaction with shorter employment times than other mental health professionals with a longer length of employment. Mohr et al. (2018) found that VHA physicians involved in research at the VHA had a significant impact on job satisfaction and intention to leave. The perception of the quality of care had the strongest prediction of job satisfaction and intention to leave. In contrast, adequate staffing significantly impacted job satisfaction, intention to leave, and burnout (Mohr et al., 2018). Lastly, Mohr et al. (2018) found that teaching involvement did not impact job satisfaction, intention to leave, or burnout.

Burnout

The Inception of Burnout

The beginning of the observation of burnout symptoms started in the 1960s with the “War on Poverty” (Schaufeli et al., 2009, p. 206). Human services workers began to struggle with ending poverty when they encountered systematic barriers that limited their ability to meet the goal (Schaufeli et al., 2009). During this time, burnout’s defining

characteristic was “frustrated idealism” when it started to mirror combustion (Schaufeli et al., 2009, p. 206). Additionally, the experience of burnout was perceived as an attack on employees’ professional identity (Schaufeli et al., 2009).

The term *burnout* was first introduced in the 1970s by psychologist Herbert Freudenberger, who described the disorder and coined the term (Makkai, 2018). Freudenberger borrowed the term burnout from observations of volunteers who worked with chronic drug users. Freudenberger’s description of the concept of burnout included a gradual movement toward emotional depletion, loss of motivation, and reduced commitment among volunteers (Schaufeli et al., 2009). The phenomenon of burnout was initially applied to human services, healthcare, social work, psychotherapy, legal services, and police work (Schaufeli et al., 2009).

Maslach and colleagues learned of the phenomenon of burnout while interviewing human services workers and desired to know how they coped with emotional arousal using cognitive strategies or detached concern (Schaufeli et al., 2009). Maslach et al. (1976, 1993) found that employees felt emotionally exhausted, developed negative perceptions and feelings about their clients, and experienced professional competence crises because of emotional turmoil. Maslach et al. (1996) defined burnout as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that occurs among individuals who work with people in some capacity” (p. 4). Maslach continued to research the phenomenon of burnout and developed the Maslach Burnout Inventory, a multidimensional tool used to assess burnout among individuals who work with people (Maslach & Jackson, 1981; Maslach & Leiter, 2008).

By the late 1980s, the concept of burnout was applied to other professions that included “creativity, problem-solving, or mentoring” (Schaufeli et al., 2009, p. 206). At this time, the definition of burnout expanded to “a state of exhaustion in which one is cynical about the value of their occupation and doubtful of their capacity to perform” (Maslach et al., 1996, p. 20). The definition was then transferred from a “literal reference to depletion of physical resources, supporting combustion to the psychological domain” (Schaufeli et al., 2009, p. 206). Overall, within the last few decades, burnout has increased in its significance from a “specialized occupational hazard to a pervasive workplace hazard” (Schaufeli et al., 2009, p. 210). The challenges that seem to increase the risk of burnout are an imbalance of job demands and job resources and conflict within an employee’s values and the organization or organization value versus organization action (Schaufeli et al., 2009).

Freudenberger’s definition in the 1970s has launched burnout as a popular topic of research in various disciplines as more people are experiencing the phenomenon (Makkai, 2018). Some researchers, such as Atkinson et al. (2017) define burnout only as exhaustion. Schaufeli et al. (2009) found that the term exhaustion is used to identify the phenomenon of burnout exclusively in working professionals in some languages. Brenninkmeijer and Van Yperen (2003) defined burnout as “a state of mental exhaustion resulting from chronic stress in a working situation” (p. 116). Schaufeli et al. (2009) argued against exhaustion as the definition of burnout, stating that employees can willingly work themselves until exhaustion and feel fulfilled as a result.

Approaches to Defining Burnout

Burnout has a different meaning in different countries and languages (Schaufeli et al., 2009). Despite the lack of consistency in the definition of burnout, it is generally agreed that exhaustion (also described as fatigue) is the core feature of burnout (Cox et al., 2005). Several scholars have voiced concern about whether the phenomenon is unidimensional or multidimensional. For example, Brenninkmeijer and Van Yperen (2003) discussed the advantages and disadvantages of a unidimensional approach to burnout. The guidelines presented by Brenninkmeijer, and Van Yperen (2003) are for researchers who report burnout results in research as unidimensional for the convenience of simplifying results, which may give a better understanding of the outcome. Another support for a unidimensional approach is that burnout has a secure connection to emotional exhaustion. Within a unidimensional approach, depersonalization and reduced personal accomplishment have a limited impact (Shirmon, 1989). Additionally, job demands have more of a relationship with emotional exhaustion than depersonalization and diminished personal accomplishment (Schaufeli & Enzmann, 1998). Lastly, Brenninkmeijer and Van Yperen (2003) note that a unidimensional approach is common in psychology research.

Farber (1983) supported a multidimensional definition of burnout by putting forth that a lack of compassion and a decreased sense of effectiveness are characteristics that, if paired with exhaustion, complete the experience of burnout, and can negatively impact the employees' identity. While the dimensions of burnout are independent of one another (Maslach, 1986), objections to a unidimensional approach include the dimensions' ability

to change during the burnout process (Golembiewski et al., 1996; Leiter, 1993; van Dierendonck et al., 2001). Studies by Maslach (1993) and Koeske and Koeske (1989) put forth a complex association between the dimensions of burnout with other variables as an argument against a unidimensional definition of burnout.

Challenges to Burnout Diagnosis

Burnout is an unclear concept (Soderfeldt et al., 1995) that continues to lack consistency in its definition. Maslach (1982) found that there were over 30 specific definitions of burnout within the literature, which make it difficult for a “burnout” diagnosis in the Diagnostic and Statistical Manual-5 and International Classification of Diseases-11 (ICD-11) (Schneider et al., 2017). However, there is an inclusion of burnout under occupational phenomenon in the ICD-11 and not a medical condition (World Health Organization, 2019a). Burnout was also included in the ICD-10 in the same category ‘Factors influencing health status or contact with health services’ (World Health Organization, 2019a). However, the current inclusion of burnout in the ICD-11 is more detailed (World Health Organization, 2019a). The current definition of burnout in the ICD-11 is “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Three dimensions characterize burnout: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy” (World Health Organization, 2019a). Also of importance, the above definition of burnout is specific to work and does not apply to other life areas (World Health Organization, 2019a). At present, The World Health Organization is preparing to develop evidence-

based guidelines on mental well-being in the workplace (World Health Organization, 2019b).

Burnout on the Micro Level

Individual Impact on Health Due to Burnout. The research proposes that despite growing attention in burnout, professionals in healthcare and other helping professions continue to report burnout due to the nature of using their emotional resources to work with people, and effective interventions to reduce burnout continue to lack (Atkinson et al., 2017; Makkai, 2018). The impact of burnout on an individual affects the physical, academic, and social performance at the same time (Makkai, 2018). Research puts forth that burnout can lead to health-related issues such as insomnia, headaches, and respiratory and gastrointestinal infections (Kim et al., 2011). Peterson et al. (2008) found that employees at high risk of burnout are more likely to present with health problems such as anxiety, depression, sleep disorders, memory loss, and neck pain. Research also suggests that burnout has a negative correlation with increased psychiatric symptoms (Ahola et al., 2005; Corrigan et al., 1994; Peterson et al., 2008; Wykes et al., 1997), increased substance use (Peterson et al., 2008; Rohland, 2000), a decrease in work performance and customer service (Taris, 2006), absenteeism (Stalker & Harvey, 2002), and an intention to leave the job (Maslach et al., 1996). In a 10-year study, Ahola et al., (2010) found that burnout's exhaustion component could be a risk to overall survival.

Impact of Burnout on Individual Performance. An employee may be at risk of burnout when they are emotionally drained due to chronic stress (Makkai, 2018). Bakker et al., (2014) put forth an employee who has a higher risk of developing burnout (ex:

chronically tired and having a negative and critical opinion about work) manifests affected work performance. Demerouti et al. (2001) found that personal experiences due to working conditions and expectations for higher work performance impact fatigue, demoralization, dissatisfaction, incapability, and a decrease in motivation. Additionally, Swider and Zimmerman (2010) found that individuals experiencing burnout have less desire to help others. Bakker et al. (2014) supported this claim by Swider and Zimmerman (2010) in their findings that burned-out employees perceive that they do not receive help and have decreased productivity.

Burnout on the Mezzo Level

The Impact of Burnout on an Agency. The impact of burnout has implications on the individual level and those that the individual experiencing burnout interacts with (Makkai, 2018). Human services and the healthcare field often require employees to have significant involvement in intense interactions, be overloaded, overwhelming, and impact one's life (Makkai, 2018). Research has shown that employees who experience dissatisfaction with work and burnout and continue to work are affiliated with poor consumer/patient outcomes (Aiken et al., 2012; Neveu, 2008; Salyers et al., 2015). Research has put forth that employees take on burnout symptoms from their colleagues (Geurts et al., 1998). Ammaullah et al. (2017) described the effect that burnout individuals have on an organization, like the spread of the flu, impacting the team and possibly the organization on a larger scale.

An additional impact of burnout on the organizational level is the turnover intention. Turnover intention is influential when considering the resources used for

recruitment, training, and organizational knowledge loss (Jones, 2004; O'Brien-Pallas et al., 2006; Woltmann et al., 2008). As burnout increases, turnover intention increases (Scanlan & Still, 2019). Lee and Ashforth (1996) found that burnout is linked to low job satisfaction. Da Costa Lapischies et al., (2014) looked at the factors that influence job satisfaction and found that satisfaction is related to work organization and conditions. Organizational factors such as perceived support from coworkers and supervisors, workload pressures, low levels of autonomy, and client-related factors are related to high levels of burnout (Dreison et al., 2016; Geurts et al., 2012; Luther et al., 2017; Paris & Hoge, 2010; Westwood et al., 2017).

Research has also found that job satisfaction can be increased when there is a perception of support among coworkers and supervisors, and there is low pressure related to workload (Luther et al., 2017; Scanlan & Still, 2013). Burnout is also decreased with leadership styles that reflect consistent feedback and recognition of staff achievements (Green et al., 2013; Nelson, 2004; Tuckey et al., 2012). Job satisfaction also increases when leadership is inclusive and consults staff regarding changes within the organization (Thomas & Lankau, 2009). Kim and Wang (2018) found that introducing stress management programs to reduce the adverse effects of emotional labor (i.e., burnout) can help employees strengthen their potential to suit organizational goals.

Burnout on the Macro-Level

Eastern Versus Western Treatment of Burnout. The phenomenon of burnout is now identified as a social problem that should receive attention and amelioration (Schaufeli et al., 2009). Burnout is not only an issue in the United States (Savicki, 2002),

but it is also considered a global problem that was introduced to Western Europe in the 1980s, then spread to Eastern Europe and beyond by the mid-1990s (Schaufeli et al., 2009). Kulkarni (2006) suggested that rapid changes to modern work-life were caused by globalization, privatization, and liberation have increased job demands to include learning new skills, higher productivity, increased time pressure, hectic jobs, etc.

In the European countries of Sweden and The Netherlands, burnout is an established medical diagnosis included in handbooks (Schaufeli et al., 2009). Due to the establishment of burnout as a diagnosis, physicians and other health professionals in Sweden and The Netherlands are trained to assess and treat burnout (Schaufeli et al., 2009). Burnout in Sweden and The Netherlands is considered an end-stage process found in a “medical consulting room,” much like diagnoses such as diabetes or hypertension (Schaufeli et al., 2009, p. 211). In some other countries, there are elaborate social security systems that allow for burnout to become established as a medical diagnosis, providing an individual to profit from financial compensation, counseling, psychotherapeutic treatment, and rehabilitation (Schaufeli et al., 2009, p. 211). Additionally, due to the establishment of burnout as a diagnosis, other professionals offer interventions for burnout that include individual treatment, prevention workshops, and organizational consulting (Schaufeli et al., 2009). In countries with an established burnout diagnosis, the workforce is also increased due to professionals who now earn a living to treat burnout, give workshops on burnout, or consult with organizations to prevent burnout and increase work engagement (Schaufeli et al., 2009).

Without an official diagnosis for burnout, there are limitations to access to treatment, disability coverage, and accommodations in the workplace (Maslach & Leiter, 2016; Schaufeli et al., 2009). Jurisdictions in North America have been hesitant to distinguish burnout as a clinical diagnosis due to concerns over receiving a flood of inquiries for disability coverage (Maslach & Leiter, 2016). In North America, “the question of burnout’s status as a basis for disability claims requires precise and objective assessment” (Maslach & Leiter, 2016, p. 110). An issue seen in North America is that disability claims refer to depression, neurasthenia, or chronic fatigue. As a result, inaccurate diagnosing may reduce the opportunity for recovery and return to work (Maslach & Leiter, 2016).

Differential Diagnosing

The impact on those who work with traumatized individuals can lead to the development of elevated rates of burnout, compassion fatigue, vicarious traumatization, and posttraumatic stress in those who work with those who have traumatic experiences (Schiff & Lane, 2019). Research suggests that burnout and Secondary Traumatic Stress are highly correlated (Cieslak et al., 2014) and are often connected to the work environment (Melvin, 2015). Schiff and Lane (2019) found that workers may mislabel traumatic symptoms of arousal and detachment as burnout due to stigma or lack of knowledge in trauma terminology. Trauma may indicate “psychopathology or lack of fitness for the job” (Schiff & Lane, 2019, p. 460). Literature shows that burnout has an overlap with depressive disorders (Bianchi et al., 2015; Kaschka et al., 2011). Therefore,

looking at the differential diagnosis of burnout, depression is an essential foundation for this study.

Depression. Researchers have argued that burnout is a work-related depression (Park et al., 2016). Bianchi et al., (2015) conducted an up-to-date literature review to explore the overlap of burnout and depression. The study entitled Burnout-depression overlap: A Review found that the distinction between burnout and depression is weak, and evidence is inconsistent. Bianchi et al. (2015) also found that while literature reviews have focused on making a difference between burnout and depression has mixed conclusions, most literature is in favor of the hypothesis that burnout is a distinct phenomenon from depression. Bianchi et al. (2015) found that emotional exhaustion shows the most active link to depression. A study on the Big Five personality types found that burnout correlates with the neuroticism dimension/type that also includes anxiety, depression, self-consciousness, vulnerability, and hostility (Maslach et al., 2001). Research has found that experiencing burnout increases burnout in workers (Glass & McKnight, 1996).

Social Workers and Burnout

Settings that social work services are often provided in are usually characterized by changes in legislation, policies, and practices (Collins, 2007). Research has found these settings highly stressful (Lloyd et al., 2002). A social worker's role is often to offer support and counseling to various groups of clients/patients for prevention, reduction, and coping with social problems (Mette et al., 2020). The tasks that social workers often engage in involve person-centered services that include biopsychosocial-spiritual

assessment, consultation, education, training, and advocacy (NASW, 2016). Mette et al. (2020) found a correlation between social workers' job demands, resources, burnout, and work engagement. This study found that the meaning of work is a job resource that is positively correlated with work engagement and has a negative correlation with burnout (Mette et al., 2020). The individual factor of resilience has a significant negative impact on burnout and encourages work engagement (Mette et al., 2020).

Su and Ng (2019) suggest that job resources are essential for social workers to provide care for those in need. Su and Ng's (2019) study indicates that social workers are at higher risk of feeling stressed without appropriate resources and eventually experience burnout. Social workers experience job satisfaction or high emotional demands from working with underprivileged individuals (Travis et al., 2016). Consistent with research previously conducted on burnout, Park et al. (2016) also found that higher self-efficacy was associated with lower burnout at baseline. Greater confidence in problem-solving and coping skills leads to lower burnout levels (Park et al., 2016).

Kim & Lee (2009) found that there are few studies that examine how to alleviate burnout among medical social workers. Research by Metz and Rothe (2017) has found that job resources play a vital role in promoting work engagement amongst employees. Research by Amlinger-Chatterjee (2016) supports the notion that social support alleviates the impact of job demands on employee's health. Kim (2010) found that supervisor support is a significant resource/protective factor against physical and emotional burnout. Mette et al. (2020) suggested that measures that promote health for the social worker and target reduction of job demands can reduce health-depleting effects. This study also

suggested that behavioral measures should encourage employees' meaning of work and resilience (Mette et al., 2020). Kim and Stoner (2008) found that a lack of job autonomy and social support increased turnover intentions despite burnout levels. Kim and Stoner (2008) also found that have a supportive work environment helped social workers to maintain their commitment to their organization.

Medical Social Workers

In a healthcare setting, medical social workers play a vital role in providing psychosocial interventions to patients that address a broad range of mental and physical health needs (Craig et al., 2015). The services provided by social workers in medical settings can improve the quality of life of patients across diverse medical conditions (Oduwole et al., 2011). Research has found that medical social workers have experienced stressors to include high caseloads and challenges with navigating managed care environments (Kim & Lee, 2009). Trowbridge et al. (2017) found that experiences such as the volume of work, patient and family familiarity, problem-focused systems, and constant pressure for system efficiency can lead to demoralized and defeat feelings when patient and family outcomes do not change.

In a study by Yi et al. (2019), findings suggest that workplace dynamics can add to the stress of working with ailing clients. There is a fixed institutional power dynamic that is accompanied by the practice of medical social work, with a hierarchy of authority that is defined both openly and secretly (Yi et al., 2019). Choi and Hyun (2006) found that medical social workers in Korea were often faced with role conflict by other professionals and were treated as a minority in a team approach. Yi et al. (2019) found

that female medical social workers reported more burnout. Yi et al.'s (2019) findings are consistent with research that women in helping professions are vulnerable to burnout (Sprang et al., 2007; Van Hook & Rothenberg, 2009).

Fantus et al. (2017) found that burnout builds over time. Sprang et al., (2007) found that social workers with less clinical experience may experience higher levels of burnout. Compared to more seasoned social workers, Yi et al. (2019) surmised that more seasoned social workers have more clinical tools to manage their personal distress. Kang (2011) found that medical social workers' burnout peaked between 6 and 9 years of employment then began to decline. One reason for this could be that social workers who have more extended employment may receive more responsibilities, increased complex cases, and a more substantial caseload (Yi et al., 2019). Social workers who rise to managerial positions experience more conflict and stress due to administrative responsibilities and juggling demands from subordinates and supervisors (Klagge, 1998).

Siebert (2006) found in a study among 751 practicing social workers' that 75% of the respondents had experienced burnout at some point in their lives. Medical social workers in Korea were more likely to experience burnout (Choi & Hyun, 2006), which is an essential factor in job turnover (Kang, 2011). Lee (2017) found that burnout amongst social workers in human service organizations harms the quality of services and patient care. There are several negative impacts of social worker turnover to include a negative effect on the quality, consistency, and stability of client services (Mor Barak et al., 2001). Additional negative impacts include psychological distress for remaining team members as well as new and inexperienced team members filling vacancies (Powell & York,

1992), client mistrust of the system (Geurts et al., 1998), and financial issues for the organization (Kompier & Cooper, 1999). Research has found that burnout increases turnover intention (Huang et al., 2003) and actual turnover (de Croon et al., 2004). According to research, turnover is a key outcome of burnout (Harrington et al., 2001; Huang et al., 2003). Kang (2011) found that burnout impacted medical social workers' decision to leave the social work profession.

Burnout in the VHA

As discussed previously, burnout has a significant impact on the organization and its' employees. Specifically, within the healthcare sector, the effect can cause a decline in patient care quality (Humphries et al., 2014). Research studies on burnout in VHA employees before 2015 are limited (Garcia et al., 2014; Schult et al., 2017). Within the last 5 years, there has been an increase in research on burnout within the VHA (Schult et al., 2017). Recent research focuses on burnout and its' prevention or treatment amongst mental health providers, primary care providers, and nurses (Atkinson et al., 2017; Garcia et al., 2015; Garcia et al., 2016; Park et al., 2016; Rollins et al., 2016; Willard-Grace et al., 2015). Social workers have been included in this research; however, the population is limited to mental health social workers or the social work profession within the VHA (Atkinson et al., 2017). This section will look at research on burnout within the VHA system.

Burnout in Veterans Health Administration Populations

As mentioned above, research within the VHA system primarily looks at burnout prevention and treatment among primary care providers, nurses, and mental health staff.

However, there is some research on other populations within the VHA system and the VHA population. Wade-Campbell and Anderson (1987) conducted a study on burnout among recreation personnel and found that VA staff burnout levels were low to moderate compared to Maslach's normative sample. Mirvis et al., (1999) found that between 1989-1997, there was an increase in burnout among VA leaders during rapid organizational change. Research by Kizer and Jha (2014) and Shulkin (2016) have found that due to an increase in the number of patients requiring health services and staff shortages, VHA employees have experienced high organizational stress levels. Mirvis et al., (1999) found that role clarity, perceived adequacy of resources to complete assigned tasks, and other job satisfaction measures decreased in 1997 than more than previous study years of 1989 and 1992.

Schult et al., (2018) set out to provide an overview of the burnout profiles of VHA employees and investigate self-reported health behaviors, chronic conditions, and absenteeism related to burnout profiles. This research looked at physicians, nurses, other clinical, administrative staff, and wage grade staff profiles. This research found that most employees fit the engaged profile (42.1%), the unfulfilled profile (21.8%), withdrawing/burned out profile (9.4%), the frustrated/burning up profile (15.1 %), and the striving/overextended profile (11.6%) (Schult et al., 2018). Overall, administrative and wage grade staff had higher levels of withdrawing/burnout profiles than direct care providers (Schult et al., 2018). This research also found that burnout impacts all occupation groups within the VHA, not just those that provide direct care services (Schult et al., 2018).

Burnout in Primary Care

The transition to patient-centered medical homes within the VHA system may have led to the unintended consequence of increasing burnout for primary care physicians (PCPs) by creating new stressors (Kim et al., 2018). Willard-Grace et al. (2015) investigated the relationship between panel management capability, team culture, cynicism, and do-ability of primary care among primary care providers (PCPs: physicians, nurse practitioners, and physician assistants) and staff in primary care practices. This research survey 326 PCPs and 142 staff in 10 counties administered, six university-run, and 3 VHA PCP clinics. The measures used were the Maslach Burnout Inventory cynicism scale and a 1-item measure of the do-ability of primary care this year compared to last year. Generalized estimation equation models were used to account for clustering at the clinic level.

Willard-Grace et al. (2015) found that more significant panel management capability and higher team culture were associated with lower cynicism among PCPs and staff and higher reported do-ability of primary care among PCPs. Panel management capability and team culture interacted to predict the two work experience outcomes. Among PCPs and staff communicating higher team culture, there was little association between panel management capability and positive findings. There is a strong relationship between panel management capability and improved work experience outcomes for PCPs and staff reporting low team culture.

A study by Edwards et al. (2018) surveyed PCP-nurse dyads (i.e., work on the same team) to study task delegation and burnout among VA PCP-nurse dyads. Edwards

et al. (2018) found that PCPs reported delegating tasks less than nurses reported being relied on. It was also found that increased huddle time was associated with more task delegation for PCPs and nurses; appropriate staffing was associated with more task delegation for PCPs and less perceived task reliance for nurses. Lastly, Edwards et al. (2018) found that despite lower burnout for PCPs with more task delegation, that increased task reliance reported by nurses was associated with an increase in burnout.

While the delegation of tasks decreased the experience of burnout for providers and improved their work-life, it caused nurses to feel that their workload was being increased and was a pivotal contributor to the experience of burnout for nurses (Edward et al., 2018). Because nurses have a broad scope of practice and can perform a wide range of tasks, PCPs may delegate tasks to nurses as a default when they are unsure who should perform the task (Edward et al., 2018). Nurses were found to perceive that task delegation was higher among teams that were not adequately staffed and did not have other team members to delegate tasks. Task discordance is associated with the experience of burnout for PCPs but not nurses and could potentially reflect a communication problem that creates frustration for PCPs (Edwards et al., 2018). This research implied that there should be guidelines for task delegation within a PACT team to reduce the likelihood of burnout among nurses (Edward et al., 2018).

Burnout Among Mental Health Staff

A study conducted on mental health providers who experience burnout in the VA system reported that burnout in this population was influenced by organization policy/bureaucracy, workload, and control over how work is completed (Garcia et al.,

2014). Garcia et al. 's (2014) study interviewed 138 participants who were licensed and unlicensed providers who were nonprescribing VHA mental health care providers. The participants completed an online version of the Maslach Burnout Inventory-General Survey. In addition to the above findings, Garcia et al. (2014) also found that burnout impacts intent to leave and absenteeism.

Park et al. (2016) conducted a regression analysis study with 152 peer specialists employed at the VHA in the mental health department to explore burnout and factors associated with burnout in the peer specialist population at the time of the survey, 6-month follow-up, and 12-month follow-up. Park et al. (2016) found that peer specialists experience burnout at rates comparable to other mental health workers at the VHA. Park et al. (2016) found burnout correlated with the white race, fewer hours providing direct services, more significant psychiatric symptoms, and lower self-efficacy. The 6-month and 12-month follow-up analyses did not reveal strong burnout predictors. Park et al. (2016) found that higher self-efficacy at baseline may predict more significant burnout over time (p. 113). Limitations of Park et al. 's (2016) research include loss of follow-up. The researchers speculated that more burnout is experienced by the peer specialists that left their employment.

In a cross-sectional study by Atkinson et al. (2017), research was conducted with 128 VA mental health staff to examine the relationship between burnout, depression, and self-compassion in VA mental health staff. The measures used in this research included the Copenhagen Burnout Inventory (CBI), the Self-Compassion Scale, and The Patient Health Questionnaire 2-item depression scale (PHQ-2). VHA mental health staff was

defined as clerical support, nursing, social work, psychology, and psychiatry. Atkinson et al. (2017) found that self-compassion may be associated with resilience to burnout.

However, low self-compassion may increase burnout (Atkinson et al., 2017).

Burnout Among VHA Social Workers

Despite a growing interest in burnout research within the VHA system, the role of burnout among primary care social workers has been largely overlooked. Shulkin (2016) described the role of social workers in the VHA system as being on multidisciplinary teams assisting with nonmedical needs such as transportation, caregiver support, homelessness, pharmaceutical benefits, clothing allowances, counseling in the readjustment center, and a full range of physical, psychological, dental, and social services. When medical social workers have been included in research comparing burnout, compassion fatigue, and compassion satisfaction, Beder et al. (2012) found that 27% of the 535 participants experienced burnout. However, burnout data was not included in the results due to the overlap in burnout and compassion fatigue scores (Beder et al., 2012). As discussed above, medical social workers play a vital role in the healthcare system. Given the critical role those medical social workers play, it is crucial to understand factors that lead to social work burnout in primary care social workers at the VHA to ensure consistency and patient care quality.

Personality Traits

Research identifies multiple traits that make individuals more vulnerable to experiencing burnout. The characteristics of age, marital status, and level of education are correlated with burnout. In research, young, single, highly educated individuals are more

likely to experience burnout (Lee & Kim, 2018). External locus of control, low self-esteem, and passive and defensive coping styles were also related to the experience of burnout (Lee & Kim, 2018). As mentioned previously, women present at more risk for experiencing burnout than men (Yi et al., 2019).

Strengths and Weaknesses

Strengths. There are several strengths in the current literature on job satisfaction. While there is much research on the predictor of turnover intent, Edwards-Dandridge et al. (2020) has supported previous research to find that job satisfaction is a reliable predictor of turnover intent. Research supports that those who enjoy a challenge find more enjoyment in complex jobs (Hackman & Oldham, 1976). Gellis (2002) supports this claim with findings suggesting that social workers experience job satisfaction from their work's challenge. Additionally, Pugh (2016) found that 83% of hospital social workers experience high job satisfaction.

There are several strengths to the current literature on burnout. As discussed above, there is research that identifies several individual strategies to overcome burnout to include: individual perceptions, meanings, or implications of the traumatic event (Kulkarni et al., 2013), positive coping methods (Burgess et al., 2010; Wood et al., 2012), aggression management training (Lee et al., 2015), strong leadership support (Wood et al., 2012), and support from colleagues and family/friends (Lavoie et al., 2011). Other interventions that may reduce or lower the occurrence of burnout include higher self-efficacy, increased confidence in problem-solving and coping skills (Park et al., 2016). Atkinson et al. (2017) found that self-compassion may be associated with resilience to

burnout. And Leary et al. (2018) found that practicing meditation/mindfulness interventions can decrease burnout.

Weaknesses. Edwards-Dandridge et al. (2020) conducted a study on job satisfaction and work engagement among Registered Nurses. While job satisfaction levels impact turnover intent, Edwards-Dandridge et al. (2020) found contradicting information that work engagement is not a predictor of turnover intention. There are many well-known assessments of job satisfaction. While there are advantages to using existing scales, using an existing scale limits the researcher to the facets included in the scale (Spector, 1997). Job satisfaction research among social workers has been limited to focusing on financial compensation and economic rewards (Acker, 2004). Despite the challenge of work being a factor in job satisfaction, Acker (2004) found that perceived workload negatively relates to job satisfaction.

Burnout is an unclear concept (Soderfeldt et al., 1995) that continues to lack consistency in its definition. Maslach (1982) found that there were over 30 specific definitions of burnout within the literature, which make it difficult for a “burnout” diagnosis in the *Diagnostic and Statistical Manual-5* and ICD-11 (Schneider et al., 2017). Without an official diagnosis for burnout, there are limitations to access to treatment, disability coverage, and accommodations in the workplace (Maslach & Leiter, 2016; Schaufeli et al., 2009). Despite significant findings regarding individual factors that can help an individual overcome burnout, the attention to individual vulnerabilities pays insufficient attention to the organizational responses to burnout (Schiff & Lane, 2019).

Additionally, there continues to be limited research on burnout in the VHA system (Garcia et al., 2014).

Interventions

Research has provided several interventions within the work environment that can improve job satisfaction. Brown et al., (2019) found that organizations should aim to increase job satisfaction within the environment instead of reducing workloads. Furthermore, Brown et al., (2019) suggested that human service organizations should provide a work environment that provides an atmosphere that promotes wellness, support, and employee recognition. Kanter and Sherman (2016) suggested that employees should partner with leadership to define values within the workplace and be active participant in the change process.

Sharma and Chalotra (2017) recommended that supervisors provide a positive work environment, and employees should be willing to accept help from friends and family to manage job stress (p. 56). Baeriswyl et al. (2016) suggested that reducing workload and promoting a supportive working environment may prevent emotional exhaustion and promote job satisfaction (p. 10). In a study of hospital social workers, Pugh (2016) suggested that a centralized social work department and task variety were significant characteristics to increase or predict job satisfaction (p. 497). In a study on call-center workers, Sharma and Chalotra (2017) recommended that work schedules be reasonable to allow employees to work-life balance. Baeriswyl et al. (2016) also supported the idea that work-family conflict should be considered to decrease the risk of emotional exhaustion and increase job satisfaction.

Edwards-Dandridge et al. (2020) suggested that healthcare leaders should not design additional programs to address specific facets of job satisfaction. Rather, leaders in healthcare organizations should regularly assess their employees' overall job satisfaction (Edwards-Dandridge et al., 2020). Edwards-Dandridge et al. (2020) suggested that managers and leaders should be trained in observing and engaging an employee in discussion regarding job satisfaction.

Intervention for burnout can occur for an individual, workgroup, or organization (Maslach & Leiter, 2016). Maslach and Leiter (2016) put forth that it is unclear as to if burnout is prone to multiple strategies or if the strategy should be specific to the workplace to be effective. Research emphasizes individual interventions rather than focusing on social or organizational interventions (Maslach & Leiter, 2016).

Research often examines individual coping and resiliency and includes perceptions, meanings, or implications of the traumatic event (Kulkarni et al., 2013). Positive coping methods (Burgess et al., 2010; Wood et al., 2012), aggression management training (Lee et al., 2015), strong leadership support (Wood et al., 2012), and support from colleagues and family/friends (Lavoie et al., 2011) are all individual interventions that have been found to decrease burnout. Atkinson et al. (2017) found that self-compassion may be associated with resilience to burnout. Park et al. (2016) found that higher self-efficacy is associated with lower burnout. Also, confidence in problem-solving and coping skills leads to lower burnout. Leary et al. (2018) found that the practice of meditation/mindful interventions can lead to a decrease in burnout. Despite

these findings, the attention to individual vulnerabilities pays insufficient attention to the organizational responses to burnout (Schiff & Lane, 2019).

Maslach and Goldberg (1998) found that common recommendations for burnout intervention include changing work patterns (i.e., working less, taking more breaks, avoiding overtime work, balancing the rest of one's life), developing coping skills (i.e., cognitive restructuring, conflict resolution, time management), obtaining social support (from colleagues and family), utilizing relaxation strategies, promoting good health and fitness, and developing a better self-understanding (via various self-analytic techniques, counseling, or therapy). Maslach and Goldberg (1998) put forth that research evaluating individual interventions' efficacy lacks in their effectiveness to reduce burnout. The rationale behind the focus of prevention on an individual level is that the individual plays a dominant role in preventing burnout (Maslach & Goldberg, 1998). Homer (1985) stated, "burnout is not caused by a stressful work environment alone but, more importantly, by the individual's workaholic response to that environment" (p. 59). It is assumed that the work setting is not the source of burnout alone, rather the individual's behaviors.

The second assumption is that the organization is not responsible for the prevention/treatment of burnout in an individual; the responsibility lies with the individual (Maslach & Goldberg, 1998). An additional reason for individual prevention/treatment is that treating the individual incurs less cost for the organization upfront than interventions that seek to impact organizational change (Maslach & Goldberg, 1998). Maslach and Leiter (n.d.) supported Maslach and Goldberg's (1998)

rationale for individual prevention/treatment by putting forth that barriers to organizational change include funding and design logistics and implementation and evaluation of programs to understand solutions to burnout better. Research has put forth that burnout prevention is not enough; work engagement is necessary for forwarding motion (Schaufeli et al., 2009, p. 216). The organization's approach to burnout prevention should be replaced by focusing on improving and promoting positive work engagement (Schaufeli et al., 2009, p. 216).

Research by Harter et al., (2002) found that businesses with high average work engagement had better economic benefits than businesses with low work engagement. However, Schaufeli et al., (2009) put forth that it remains to be seen whether organizations will be willing to provide the resources that are necessary to maintain work engagement for employees who produce extraordinary efforts or whether trying to inspire employees to produce extraordinary efforts will become a new source of burnout (p. 216). Research has suggested that introducing stress management programs to reduce the adverse effects of emotional labor (i.e., burnout) can help employees strengthen their potential to suit organizational goals (Kim & Wang, 2018). This research can have implications for social work leadership development of programs and policies to reduce burnout and increase job satisfaction among social workers providing services to veterans.

Gap in Literature

Makkai (2018) found a need to research the risk factors and protective factors related to burnout experienced in different professions. Research by Makkai (2018) states

that specialized literature explores socio-demographics, vocational, and psychological factors that coexist with burnout syndrome. However, Helfrich et al. (2017) found in their study of burnout among mental health workers in the VHA system that due to VHA care systems being unique, it is challenging to make findings generalizable. While there is an overabundance of research on burnout, the rationale for looking at job satisfaction and burnout among Virginia VHA social workers is due to the lack of research on this specific population and what factors lead to the experience of job satisfaction and burnout in this unique setting.

The literature review shows a gap in research on the unique role of VHA social workers and how their employment causes them to experience job satisfaction and burnout. The role of VHA social workers is not commonly found in social work populations outside of the VHA. Furthermore, there has been extraordinarily little research on this social work population. By identifying the literature gap, this study aims to understand the experience of job satisfaction and perception of burnout among social workers providing services to veterans.

Implications for Practice

Increased research on burnout has inspired practitioners to discover new ways to cope with, prevent, and combat burnout (Schaufeli et al., 2009). The workforce has been increased with individuals who treat burnout victims (Schaufeli et al., 2009). Individual treatment programs, preventive workshops, and organizational consulting are examples of interventions offered by psychologists, social workers, psychiatrists, counselors, human services, and officers (Schaufeli et al., 2009). Consulting with organizations

includes topics on preventing burnout and building work engagement (Schaufeli et al., 2009, p. 205).

Amanullah et al. (2017) discussed that prevention in hospitals is often limited to continuing education rounds. Amanullah et al. (2017) also reported that individuals who report experiencing burnout are offered treatment through medication or counseling. This occurrence of treatment versus prevention places preferences on treatment over prevention. Park et al. (2016) found that peer specialists who experienced higher self-efficacy and supervision should provide a place for peer specialists to discuss their frustrations. Similarly, social workers who work in primary care may benefit from dedicating time during supervision to address frustrations. However, Amanullah et al. (2017) suggest that improving the sense of sense efficacy by itself cannot prevent burnout. Their finding also recommends implementing other preventative strategies, such as mindfulness-based interventions or cognitive behavior therapy interventions (Amanullah et al., 2017).

Implications of this research can inform social worker leadership within organizations serving veterans of specific job demands and job resources that can be addressed to increase job satisfaction and prevent burnout among social workers providing services to veterans. Burnout can lead to increased absenteeism and intention to leave, which increases the time and cost of recruiting new staff and training (Jones, 2004; O'Brien-Pallas et al., 2006; Woltmann et al., 2008). As a result, research has suggested that introducing stress management programs to reduce the adverse effects of emotional labor (i.e., burnout) can help employees strengthen their potential to suit

organizational goals (Kim and Wang, 2018). This research can have implications for social work leadership in organizations that serve veterans in the development of programs and policies to reduce burnout.

Summary

Understanding job satisfaction and burnout among social workers is essential to understand a predicted shortage of social workers for the United States in the future (Lin et al., 2016). The purpose of this research study was to understand how the experience of job satisfaction affects the perception of burnout among social workers providing services to veterans. I used the JD-R model to understand the experience of job satisfaction and perception of burnout among social workers providing services to veterans. Individual interviews were conducted with social workers who self-identify as working with veterans on social media. Once all interviews were completed, I analyzed the data.

The literature review has provided some critical information about job satisfaction, job satisfaction among social workers, burnout among social workers, job satisfaction, and burnout among social workers who provide services to veterans. While the research on job satisfaction and burnout in the VHA is limited, there is some literature related to mental health providers, physicians, and nurses' experience. The literature review demonstrates that VHA physicians and nurses identify task discordance, task delegation, and panel management as conditions leading to burnout. In mental health staff, agency conditions such as organizational policy/bureaucracy, workload, and control over how work is completed (Garcia et al., 2014) influence burnout. Insights from this

study should help me create a dialogue to discuss changes such as developing programs, changing policies within organizations serving veterans, and implementing supports that can increase job satisfaction and decrease the occurrence of burnout for social workers providing services to veterans.

Therefore, the goal of this research was to complete fifteen to eighteen individual interviews with social workers who are currently serving the veteran population and describe the way their job satisfaction affects their perceptions of burnout? In the following section, how this topic will be researched will be explored. The research design and the data collection methods will be outlined to show how social workers providing services to veteran's experience job satisfaction and burnout.

Section 2: Research Design and Data Collection

Introduction

Understanding job satisfaction and burnout among social workers is essential to understanding the predicted future shortage of social workers in the United States (Lin et al., 2016). The results of this study will provide insights into how social workers providing services to veterans describe how their job satisfaction affects their perceptions of burnout. Data collected and analyzed will serve as a framework to assist in creating a dialogue to discuss changes, such as developing programs and implementing supports that can increase job satisfaction and decrease burnout for social workers providing services to veterans. In Section 2, I will explore and examine the research methodology and design of the project, including the prospective data, participants, instrumentation, data analysis, and ethical procedures.

Research Design

The purpose of this study was to understand the experiences of job satisfaction and burnout among social workers who provide services to veterans. I used a basic qualitative research approach. Interviews were conducted to gather data to develop an understanding of the experiences of job satisfaction and perceptions of burnout among social workers who provide services to veterans.

A basic qualitative research approach allowed me to collect data based on the interest in “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam & Tisdell, p. 24, 2016). According to Merriam and Tisdell (2016), “the primary goal of a basic qualitative study

is to uncover and interpret these meanings” (p. 28). Basic qualitative studies involve data collected via interviews, observations, or documented analysis (Merriam & Tisdell, p. 25, 2016). Lastly, basic qualitative studies are the most common form of qualitative research in education (Merriam & Tisdell, 2016).

Methodology

Recruitment

I collected data via individual interviews with social workers who are currently employed at an organization that provides services to the veteran population. I used Facebook and LinkedIn to search for prospective profiles that include individuals who work with veterans. Snowball and purposive sampling were used to recruit prospective participants. Snowball sampling is a method used to recruit participants by word of mouth. Identified participants identify and refer the study to other eligible potential participants (Setia, 2017). According to Reid and Mash (2014), purposive sampling allows a researcher to interview participants who will inform the study due to their position (i.e., working with the veteran population).

I aimed to recruit and interview 15–18 participants for this study. I planned to recruit until saturation was achieved. Reid and Mash (2014) reported that “a sample size between five and 15 participants is adequate for individual interviews to obtain a sufficient range of responses and experiences until saturation is reached” (p. 2). The participant inclusion criteria included individuals who identify themselves via Facebook and/or LinkedIn as social workers who work with veterans. Participants must be currently employed full time, licensed at the master’s degree level or as an independent

practitioner, i.e., licensed master social workers or licensed clinical social workers; credentials may vary based on the initial state the participant was licensed in. In addition to being licensed, the inclusionary criterion of this study included individuals who identify as male, female, or nonbinary adults with 0 or more years of employment with an organization providing services to veterans. Exclusionary criteria included individuals not currently employed at an organization providing services to the veteran population and individuals currently under my supervision. Social workers who chose not to participate would fall in the exclusionary criteria with no repercussions. Participants who used their work email addresses were excluded from the research study.

Upon identifying prospective participants, I sent an introductory message with a flyer with information about the research study and my contact information that provided an introduction to me and a brief introduction to the research study. Within the initial contact, participants were also invited to share the study with other prospective individuals meeting the study's inclusionary criteria. Interested participants were asked to contact me via direct message to express interest in participating. Participants were then forwarded the informed consent form for their response "I consent" to be returned to me via direct message. Participants within the vicinity of my place of employment were permitted to provide a hard copy of the informed consent form at their discretion. Upon the receipt of completed forms, I sent an email to participants with a link to the preinterview questionnaire (Appendix A). The preinterview questionnaire was conducted via Google Forms on a secured website.

Upon completion of the preinterview questionnaire, participants received an assigned pseudonym that removed all identifying characteristics. Participants were also asked to use their personal email and contact information for the duration of the research study. I contacted participants via direct messenger to notify them of their selection for this research study and to schedule their interview. Participants were given several options for scheduling their interviews to accommodate their personal and professional lives. Participants were given the option to opt out of an interview with no repercussions or negative consequences. Interviews were conducted audio only and recorded via Zoom for 1.5 hours with the participants' knowledge.

The interview sessions included open-ended inductive questions in a semistructured environment (Appendix B) conducted via Zoom, Inc. Data collected through these semistructured interviews could help lead to a deeper understanding of social workers' perceptions of job satisfaction and burnout based on their own experiences or understanding. According to DiCicco-Bloom and Crabtree (2006), a semistructured interview is a scheduled interview with an interview protocol consisting of open-ended questions that may elicit follow-up questions based on participant responses. Individual interviews were used because they allow for deeper exploration of social issues (DiCicco-Bloom & Crabtree, 2006). Collecting data via individual interviews with social workers who serve the veteran population aligned with this research study as the participants shared their experiences of job satisfaction and their perceptions of burnout.

In traditional interview settings, I would use face-to-face interaction with the participants; however, due to COVID-19 pandemic social distancing restrictions, Zoom was used as a virtual platform for the interviews. Zoom is a technology that is cloud-based and collaborative. Zoom allows for videoconferencing to facilitate online meetings, group messaging, and secure recording sessions (Zoom Video Communications, Inc, 2016). Using Zoom as a research tool reduces participation barriers based on geographic location (Archibald et al., 2019). Additionally, participants can participate in individual interviews using their devices, such as smartphones, tablets, or computers. Using Zoom, researchers benefit from secure recording and storage of sessions without using third-party software (Archibald et al., 2019). Other benefits to the use of Zoom include encrypting data from the recorded session and the ability to backup data to the cloud or local drives (Zoom Video Communication, Inc., 2016). For confidentiality purposes, participants were allowed to keep their cameras off during the interview.

Instrumentation

The purpose of this instrumentation was to gain an understanding of how social workers who work with the veteran population experience job satisfaction and how it affects their perceptions of burnout? The interview protocol is a 15-item questionnaire I designed to elicit responses regarding participants' perceptions of job satisfaction and job burnout while working at agencies that serve the veteran population. The questions were open-ended in nature and could have solicited follow-up questions based on responses from participants. Yeong et al. (2018) stated that a reliable interview protocol is essential to collecting quality qualitative data within a specified timeframe. Additionally, Jacob

and Furgerson (2012) reported that in formulating a qualitative data interview protocol, a researcher's understanding of the subject guides the design of the interview protocol.

The 15-item interview protocol began with an introductory script, five introductory questions, and then was divided into three categories (physical, social, and organizational) with three questions in each section. The opening script in the first part of a protocol is used to explain the objective of the study and assure the interviewee of the confidentiality of the interview responses (Yeong et al., 2018). The first five questions of the interview were introductory questions. According to Yeong et al. (2018), introductory questions are used to alleviate anxiety and build rapport with the interviewees.

There were also questions that had preplanned follow-up questions. Castillo-Montoya (2016) reported that follow-up questions are prepared in advance for different conversation styles. Effective communication, effective questioning, and active listening skills were used during the audio-recorded Zoom sessions to ensure that I understood the participants and that there was clarity in the information being presented (Kirst-Ashman & Hull, 2012). Clark and Creswell (2014) highlighted that the findings that develop from the data analysis process should be "accurate and credible representations" of the data collected from the participants' experiences (p. 364).

Data Collection and Analysis

I transcribed the data from each interview using NVivo to analyze the data collected from the participants. To analyze qualitative data, I looked for reoccurring themes or commonalities about the study participants' responses (McNiff, 2016).

Thematic analysis is the process of looking for data relevant to the research question

(McNiff, 2016). Thurmond (2001) reported that thematic analysis could be used to increase the ability to interpret findings. This process began with transcribing recorded information using NVivo. Robins and Eisen (2017) suggested that researchers should understand why they are using specific software and how they can generate findings that make sense. Maher et al. (2018) identified barriers to using software such as NVivo including the use of a small screen, which may make data viewing seem fragmented. Wilk et al. (2019) suggested that the researcher coding function is a time-consuming and elaborate process.

The primary benefit of NVivo is the ability to analyze open-ended comments using large amounts of data in a relatively small amount of time (Robins & Eisen, 2017). The advantages of NVivo are the data management function and the ability to generate answers to complex qualitative questions regarding data. In addition, data can be stored digitally on NVivo and quickly recalled (Maher et al., 2018). Bonello and Meehan (2019) found through a review of the software functions that NVivo offered systematic handling of data and contributed to rigorous and transparent data analysis. Wilk et al. (2019) suggested the benefits of NVivo include that the fundamental concepts of interests are identified, there can be congruity between research identified codes and the data classified in those codes, codes/concepts/themes were identified, and the meaning is assigned from a human perspective and not computer-driven coding. NVivo provided the best option to analyze this research study's qualitative data.

I used a chronological process to collect and analyze data for qualitative research. By engaging in qualitative research, I allowed participants to explain the phenomenon of

burnout from their own lived experiences. According to research by Braun and Clark (2006); Creswell, (2013); Merriam (2009), and Miles et al. (2014), there are six steps to data collection and analysis: (a) collecting data, (b) engaging the data, (c) coding the extracts from the data, (d) generating categories from the codes, (e) searching for themes among the categories and codes, and (f) making meaning of the information and presenting the findings.

Trustworthiness/Validity

I used multiple methods to ensure rigor to include trustworthiness, dependability, transferability, and confirmability. Guba and Lincoln (1989) suggested that trustworthiness in qualitative research is measured by credibility, transferability, dependability, and confirmability (Maher et al., 2018, p. 3). I used an interview protocol grounded in the literature to understand the experience of job satisfaction and perception of burnout among social workers who provide services to the veteran population according to the JD-R model. I sought to enrich the data collection by taking field notes during each interview session (FitzPatrick, 2019). I also used a specific description of the population of social workers who provide services to the veteran population. Prospective audiences of supervisors, managers, and facility leadership would assess whether this research study will be transferable to their facility (Mahler et al., 2018). Lastly, I provided enough description of the research process to duplicate this study at another facility (Mahler et al., 2018, p. 3) to ensure dependability. At the conclusion of this research study, supervisors, managers, and facility leaders will have the ability to assess whether this research study will be transferable to their facility.

Ethical Procedures

A basic qualitative research study was used to understand how do social workers who provide services to the veteran population describe how their job satisfaction affects their perceptions of burnout? I obtained approval from the appropriate committees and boards to ensure that ethical procedures were in place. Recruitment flyers, purposive and snowball sampling were used to recruit participants for this research study. Interested volunteers contacted me by email or direct messenger, to inform me of their interest. If there were more volunteers than necessary for this qualitative research study, I would have informed the first eighteen participants to respond to their selection for the research study. I notified all individuals if they were selected for the research study or not.

Informed consent was sent to qualifying interested participants via direct messenger or personal email after participants reported that they were interested in volunteering for this study. The informed consent explained the purpose of the qualitative research study, methods, risks of participating, and benefits of the qualitative research study. The potential risks of participating in this study included fatigue or becoming upset while discussing their experience of job satisfaction and perceptions of burnout. I attempted to limit stress by providing opportunities for participants to take breaks as needed and provided opportunities for participants to express their feelings. The informed consent form had contact information for the Research Participant Advocate for individuals who had questions about their rights as a participant.

I sent qualifying participants a link to the pre-interview questionnaire [Appendix A] on a secured website. Upon completion of the pre-interview questionnaires, qualifying

participants were contacted by direct messenger or personal email and received a pseudonym and scheduled a one- and one-half hour audio-only individual interview. Participants were reminded that the qualitative research study was entirely voluntary and that they could opt-out at any time without repercussions. Additionally, during the interview, the audio-only recording was used to maintain confidentiality.

Data Management

The individual interviews were conducted and recorded via Zoom, Inc. to collect and manage data. All data collected from the individual interviews were kept confidential and only accessible by me and the committee chair. I ensured proper data protection by following Walden University's IRB guidelines on storage and discarding data. All recordings were downloaded on a secured flash drive and kept in a securely locked box for 5 years. After completion of the fifth year, data on the secured flash drive will be extracted and destroyed. In addition, any hard copies of the transcribed interviews will be shredded and destroyed professionally. The data obtained from this qualitative study will only be used for this research study.

Summary

The research design involved selecting 12 social workers who provide services to the veteran population to participate in individual interviews. Participants were currently employed at an organization that provides services to veterans, with no minimum employment years within the system, adult, identify as male, female, or nonbinary adults. I used snowball and purposive sampling to select participants based on voluntary recruitment responses. Data were collected through recorded individual interviews using

Zoom and transcribed. I used NVivo to discover emerging themes discovered during data analysis. Chapter 2 describes the methodology of collecting data. Chapter 3 of this research study will introduce readers to the data collected.

Section 3: Presentation of the Findings

Introduction

Understanding job satisfaction and burnout among social workers is essential to understand the predicted future shortage of social workers in the United States (Lin et al., 2016). The purpose of this study was to understand the experiences of job satisfaction and burnout among social workers who provide services to veterans. The research question guiding this study was: How do social workers working with the veteran population describe how their job satisfaction affects their perceptions of burnout? To address the question, I used a basic qualitative research approach. Individual interviews were used to gather data to develop an understanding of the experiences of job satisfaction and perceptions of burnout among social workers who provide services to veterans. In this section, I present the data collection, setting, data analysis, trustworthiness, and the results.

Data Collection

I posted the research flyer to my personal Facebook page requesting that family and friends share the research flyer to their personal pages as well as share the flyer with individuals they felt meet the criteria for the study. I also posted the research flyer in multiple public social work groups on Facebook to recruit social workers who met the criteria for the study. I engaged in snowball sampling by asking participants to refer other social workers they believed would meet the criteria for the study and would be willing to participate in the study at the conclusion of each individual interview. I engaged in purposive sampling using LinkedIn to search for public profiles of social workers who

work at agencies that serves veterans. I searched for participants who worked at VA hospitals, community hospitals that serve veterans, jails, and nursing homes via LinkedIn and sent private messages to social workers whose profile indicated working with veterans or at facilities known to serve veterans.

The flyer provided a brief explanation of the study with my contact information on it for potential participants who were social workers serving the veteran population and interested in volunteering for the study. The participants interested in volunteering for the study provided their personal email address for me to contact them or contacted me by the email address provided on the recruitment flyer. I provided information about the study's purpose, expectations, benefits, and possible risks. After the determination was made that the participant met the study criteria and informed consent was gained, I sent the participant a link to the online preinterview survey. Participants alerted me to the completion of the survey, and the participant and I communicated via email to schedule a date and time for the individual interviews. All 12 recruited participants completed their scheduled interviews.

At the beginning of every interview, I reviewed the purpose of the study and confidentiality and gained consent for an audio-only interview. I used a semistructured, open-ended interview protocol to direct the interview. The semistructured interview is open-ended and less structured and the interview questions are structured to solicit specific information and guide the interview. I was able to ask flexible questions to respond to the response of the interviewee (Merriam & Tisdell, 2016). I asked the same questions during each interview to gather data related to the purpose of the study and to

ensure consistency and reliability. I asked probing questions to obtain clarity and additional information and to collect in-depth information. The semistructured interviews consisted of questions that asked about the experiences of social workers who provide services to the veteran population (Appendix B). Each participant was allotted 1.5 hours to complete the interview, and the interviews lasted on average approximately 35 minutes.

Each participant was interviewed once. I took detailed field notes during each interview for accuracy. All participants who completed the informed consent and preinterview survey completed the study, no one withdrew from the study, and there were no unusual circumstances during the study. The same procedure was followed for each interview, and I conducted all interviews without interruptions. The signed consent forms and the recordings were all kept electronically on a password-protected computer. My field notes were kept in a fire and waterproof safe at my home. After the interviews were completed, I transcribed the interviews; made notes to include themes, codes, and quotes; and sent the participants the notes as a form of member checking. After each participant responded to member checking, I emailed them a \$10 Visa gift card in appreciation for their participation in the study. Incentive information was included on the recruitment flyer and consent form for the study.

Setting

I recruited participants employed at VA hospitals, community hospitals, nursing home, and jails. Participants were recruited via social media sites Facebook and LinkedIn. Additionally, word of mouth assisted me with recruiting participants. I

conducted interviews remotely via Zoom. I used a private location while making Zoom calls to participants to avoid disruptions that could have a negative impact on confidentiality during data collection. All participants volunteered for the study.

Data collection from the start of recruitment until the end of member checking lasted approximately 14 weeks (May 31 to September 11). One person who volunteered for the study did not meet criteria, one person agreed to the study but did not complete the preinterview survey, and one person referred for participation did not feel they met the criteria. The total number of participants recruited who completed the preinterview survey, individual interview, and member checking was 12. Of those participants who completed the preinterview survey, there were no fallouts, and all 12 participants completed the study.

Data Analysis

Before completing data analysis, I transcribed each individual interview using Otter.ai. After transcription, I reviewed each document to correct spelling and grammar errors not detected in transcription. I also deidentified the written transcriptions and deducted any information, such as facility names/locations and coworker names. Interview transcripts were labeled using the pseudonym assigned to each participant—for example Azalea, Basil, and Daisy. I listened to each individual interview and read the transcribed interviews and used the field notes to highlight important responses from the interviews. Information that directly answered the interview question was highlighted. Additionally, I used NVivo to manage the data. Thematic analysis was used to determine reoccurring themes.

Data were sorted, organized, and coded according to the themes that emerged from the data. I used the following steps:

1. I analyzed the data and reviewed the data.
2. Each statement was listed to begin narrowing the list of codes. Statements that were repetitive or did not meet requirements were eliminated.
3. Similar statements were combined into smaller groups to allow themes to emerge.
4. I gathered data from each participant, and then combined common themes to determine the experiences of the participants.
5. The data were analyzed, reviewed, and refined. The interviews were also processed and examined to form themes.

Organization for data analysis resulted in grouping and coding the data and identifying themes.

Validation

Member checking was used to assess the accuracy of the interpreted data. At the conclusion of data analysis, I created a Microsoft Word document for each participant's interview to include the transcription, codes, themes, and potential quotes that emerged during the interview. I emailed a copy of this document to each participant for review and member checking. Participants responded back with their agreement and/or any changes or clarifications needed. All 12 participants responded. The feedback provided by participants consisted of spelling corrections that were not detected during my review of the transcription and additional context to their previous statements. I incorporated the feedback provided into the final findings.

Saturation

I engaged in purposive sampling by using LinkedIn to search for public profiles of social workers who worked at agencies that serve veterans. I searched for participants who worked at VA hospitals, community hospitals that serve veterans, jails, and nursing homes via LinkedIn and sent private messages to social workers whose profile indicated working with veterans or at facilities known to serve veterans. I completed a total of 12 audio-only Zoom recorded individual interviews.

In this study, I aimed to recruit 15-18 participants, but saturation was reached with 12 participants. According to O'Reilly and Parker (2012), there are multiple meanings for saturation in qualitative research. Tran et al. (2017) reported that researchers use their judgment and experience to determine when to stop data collection. Glaser and Strauss (1967) and Guest et al. (2006) reported that data saturation occurs when a researcher's understanding of the issue is no longer changed by additional input from participants. Kerr et al. (2010) reported that data or thematic saturation is the point in data collection where a researcher is unable to identify additional issues, data begin to repeat, and data collection becomes redundant. Data saturation is the point of data collection and data analysis in which there is little or no new information to address the research question (Given, 2016). Specifically, Hennink et al. (2017) found that code saturation or a range of thematic issues that are identified can be reached with nine interviews.

Saturation of data occurred when I was unable to gain new information, data, codes, or themes from individual interviews. I concluded recruitment and data collection

once saturation was achieved as indicated by thematic analysis. The recruitment of 12 participants was sufficient as an effective sample size for this study to reach saturation. Guest et al. (2006) found that when participants share similarities, saturation is reached sooner. I knew that saturation was reached when participants shared similar experiences and no new information was being produced.

Trustworthiness

I used multiple methods to ensure rigor to include trustworthiness, dependability, transferability, and confirmability. Guba and Lincoln (1989) suggested that trustworthiness in qualitative research is measured by credibility, transferability, dependability, and confirmability (Maher et al., 2018, p. 3). I used an interview protocol grounded in the literature and the JD-R model to understand the experiences of job satisfaction and perceptions of burnout among social workers who provide services to the veteran population.

Credibility

I sought to enrich the data collection by taking field notes during each interview session (FitzPatrick, 2019). I also used a specific description of the population of social workers who provide services to the veteran population.

Transferability

Prospective audiences of supervisors, managers, and facility leadership can assess whether this research study is transferable to their facility (Mahler et al., 2018). At the conclusion of this research study, supervisors, managers, and facility leaders can assess whether this research study will be transferable to their facility.

Dependability

I provided enough description of the research process to duplicate this study at another facility (Mahler et al., 2018, p. 3) to ensure dependability. To support the dependability of this study, I used the following steps: I posted recruitment flyers on social media on my personal page and in public groups, and I sent the recruitment flyers to potential participants via private messages. My contact information was provided on the flyer for potential participants to email or call me. I communicated with interested participants via email. I emailed interested participants the informed consent form and requested that they reply “I consent” in email if they were willing to continue. Once informed consent was obtained, I sent participants the link to the secure online preinterview survey. Participants alerted me once the preinterview survey was completed. I then communicated with the participant to schedule a date and time for the individual interview to ensure confidentiality and privacy. I conducted the individual interviews and encouraged participants to share their experiences.

Confirmability

During each individual interview, I asked each participant the same questions in the same order to establish confirmability. If needed, I asked probing questions to solicit a more detailed answer. The individual interviews were all audio-only recorded and I kept my camera off and requested participants to keep their cameras off to manage facial expressions or other nonverbal communication that could be perceived as personal bias.

In summary, the trustworthiness of this study was confirmed by me employing several methods. I used an interview protocol grounded in literature to guide the

interviews. I also took field notes during interviews and provided a detailed description of the population of social workers interviewed. I understood that the prospective audience will have to determine if this information is transferrable to their facility. I provided a detailed description of the steps taken so that others could duplicate this research at other facilities for dependability. And lastly, using the semistructured interview, each interviewee was asked the same questions in the same order to establish confirmability.

Problems Conducting Study

While conducting this study, I observed problems related to confidentiality while conducting this study via Zoom. The first problem was that participants were informed that this was an audio-only interview and were instructed to keep their cameras off. Two participants had their cameras on during the interview and were instructed to turn their camera off for confidentiality purposes. The second problem that I did not take into consideration was that participants would use their real name on their Zoom call or that they would have a picture of themselves. To adjust to this observation, I purposefully lowered my laptop screen or turned over my phone to avoid seeing names and pictures of participants.

The last problem that I observed was that the preinterview survey did not collect names or assigned pseudonyms from participants. Therefore, I had difficulty with knowing when participants completed the preinterview survey. Additionally, because participants were able to identify their workplace without using the facility names, there was very general information collected regarding the facility in which someone worked

(i.e., could be a VA employee but facility designation marked as outpatient). As a result, I was unable to link the preinterview surveys to the participants.

Findings

Demographics of Participants

I interviewed 12 social workers who serve the veteran population in Virginia using a basic qualitative study. All participants met the criteria for the study: participants were social workers who are currently employed at an organization that provides services to the veteran population, must be currently employed full-time, licensed at the Master's-level or as an independent practitioner (i.e., licensed master social workers or licensed clinical social worker); credentials may vary based on the initial state that the participant was licensed in). In addition to being licensed, the inclusionary criterion of this study includes individuals who identify as male, female, or nonbinary adults, with zero or more years of employment within an organization providing services to veterans. Exclusionary criteria include individuals not currently employed at an organization providing services to the veteran population and individuals who are currently under my supervision. Each participant that I interviewed received a pseudonym to protect their identity. Table 1 presents the demographics of the participants.

Table 1*Demographics of Study Participants*

Demographic category	n	%
Age		
18–24	0	0
25–34	3	25%
35–44	1	8.3%
45–54	4	33.3%
55–64	4	33.3%
Race		
White	7	58.3%
Black or African American	5	41.7%
Gender		
Female	11	91.7%
Male	1	8.3%
Marital status		
Never married	6	50%
Married	5	41.7%
Divorced	1	8.3%
Education		
Master's degree	12	100%
Doctorate degree	0	0
Licensure level		
Master's level	2	16.79%
Independent practitioner	10	83.3%
Practice setting		
Hospital	5	41.7%
Psychiatric hospital	1	8.3%
Correctional facility	1	8.3%
Outpatient	2	16.7%
Nursing home	1	8.3%
Residential drug treatment	1	8.3%
Community-based outpatient clinic	1	8.3%

I transcribed audio recordings and listened to the audio recordings multiple times to compare the audio recording to the transcribed text to check for accuracy. I also compared my field notes taken during the interviews to the transcripts. While comparing the transcripts to my field notes, themes began to come forth. In literature, themes are

defined as “summary statements, causal explanations, or conclusions” (Rubin & Rubin, 2012, p. 194). Themes are used to organize a group of ideas that are repeated and by identifying themes, I am able to answer the research question.

The transcripts and notes were reread multiple times. During this process, themes were noted in my field notes and reviewed. I highlighted the words, phrases, and sentences that identified the themes. The data collected from the interviews consisted of the thoughts, concepts, personal experiences, and opinions of the participants interviewed, that they felt was relevant to the study. I was the main coding instrument. I used different color highlighters to label similarities between participants (i.e.: similar statements were highlighted in the same color). I used NVivo to manage the coded data. The data produced 13 codes and 7 themes. The themes produced were positive satisfaction, contributors to satisfaction, salary satisfaction, protective factors, contributors to burnout, adverse experiences, and maintain employment. I organized the themes that were produced from each interview question to address the research question: How do social workers working with the veteran population describe how their job satisfaction affects their perceptions of burnout?

Theme 1: Positive Satisfaction

The theme of positive satisfaction describes the positive feelings that participants feel towards their employment. This theme captured the participants response to the question “are you satisfied with your employment?” The findings of this research study identified that the social workers sampled are satisfied overall with their employment working with veterans with 10 out of 12 of the participants reporting that they are

satisfied with their employment. Participants provided their own personal reasons for their experience of job satisfaction. Leilani responded, “I’m satisfied with my job because I like providing Social Work services. I like the variety of work a lot like team having a team to back you up with needed.” Participant Rose responded, “Yes. And why? I, I believe it’s simply purpose.”

While most participants reported feeling satisfied without reservation, a few participants reported less satisfaction. Lilly responded, “Satisfied, I would say... uh, yes. I mean I don’t, I’m not, like, overly satisfied, but satisfied”. Jasmine responded, “I would say I’m satisfied. But the past couple of months have definitely been very challenging; I would say I’m very satisfied with my job, but I would say I’m less satisfied than I was pre pandemic.” Two participants reported that their satisfaction with their employment fluctuates. Marigold responded, “I’m gonna tell you honestly, it ebbs and flows with what’s going on”. t Peony responded, “I think I would actually really like the job if I didn’t feel so overwhelmed”.

While some of the participants reported less satisfaction or fluctuating satisfaction with their employment, 10 out of 12 participants reported satisfaction towards their employment. The participants had various reasons for their job satisfaction to include liking the services they provide, liking their colleagues, and feeling that they have purpose. Some reasons that participants had for less satisfaction or fluctuating satisfaction included feeling overwhelmed and changes in work due to COVID-19.

Theme 2: Contributors to Satisfaction

Participants also discussed what they like best about their job. Nine out of the 12 participants responded that they are satisfied with the population with whom they work.

Participant Petunia responded,

I love being able to spend time with my residents. Just talking. Just learning about them. Or their history. Not, you know, let me give you three words, blah, blah, blah. No, I want to know about you. I want to know where you grew up. And do you have pets? And how many kids do you have? And one of my favorite questions is what did you do in the military?

Coworkers was the second factor for job satisfaction of participants as nine out of the 12 participants mentioned coworkers in their responses. Participant Rose responded, “Working directly with the patient. Um, the camaraderie with staff, and let’s say the third would be just the, I guess, uh, hm, the communication”. Participant Jasmine responded,

I love working in interdisciplinary team. Um, because I think that having more than just social work being the eye on a patient is extremely beneficial. And I think that every team, every person sees a veteran and their care and the situation differently, so I really enjoyed being on a team. Also, because I get to learn a lot of stuff that is kind of outside of my scope of practice.

Another contributor to job satisfaction was that the work had an impact. Five out of the 12 participants mentioned their working having an impact. Participant Lilly responded, “I enjoy the work I do. I feel like it’s fulfilling, um, to help other people and

see, like, a product come from what you work with”. Participant Marigold responded, “feeling like I’m empowering somebody for a better life”. Participant Leilani responded,

It’s a good part of the job when clients get to where they feel comfortable, and they get over their hurdles. their quality of life improves, and they kind of move on or, you know, move forward with their lives.

Theme 3: Satisfaction With Salary

Participants also expressed satisfaction with their salary. Nine out of 12 participants reported that they are satisfied with their salary. Participants acknowledged that their pay is significant for the work that they do compared to social workers that work in other industries. Participant Sunflower responded, “I am satisfied with my salary, because I’m going to tell you that you’re not going to get paid. The salary I get paid at, like at nonprofits or with the state”. Participant Peony responded, “Yes, for the most part, because I do understand that working at the VA, we are paid fairly well I refer to it as the golden handcuffs”. Participant Leilani responded, “Yes, I believe that I get paid a generous amount of money for doing something that is just helping people helping veterans”.

While nine out of 12 participants reported that three participants reported dissatisfaction with their salary. Participant Azalea reported “no, I don’t think that the salary is commensurate with the expectation of the role”. Participant Daisy responded, “I think as social workers, we are underpaid”. And Participant Lily responded, “it is a non-profit, and, uh, with that said, they can make their own rules with things”.

Participants were asked to discuss their satisfaction with their salary. Nine of the 12 participants reported that they are satisfied with their salary. Some of the responses included that they are paid more for the work that they do than they would in the community. Other responses were simply that they are paid generously or that their employer does try to compensate them well. Those unsatisfied with their salary noted that the social work profession is underpaid, they are not compensated according to the work expectation, or that the non-for-profit sector can make rules about how to compensate their employees.

Theme 4: Protective Factors

The theme protective factors detail participants report of their support system, coping strategies that they use, and rewards and recognition. The participants described their support system at work as their colleagues with 11 of the 12 participants reporting that they enjoy working with their colleagues and some described their colleagues as friends. Participant Rose responded,

So, we've built this strong rapport. Like, we've really built, you know, built this, this camaraderie, especially in the military, you know, military wing. Oh, man, so they, they are so supportive. When they see me, let's say if I'm, and I'm constantly running, you know, and it's, let's say it's a real bad day, and I, you know, I can't set those healthy, those healthy boundaries. They'll do something like, I'll come into my office and there's food on my desk, you know, they've gotten me lunch. Or they've handed, you know, let's say, one, you know, mental health tech is like, you know, "Miss so-and-so, do you need, um, have you eaten

breakfast?” And I’m like, “No, not, you know, not yet.” And I’ll, you know, go to meeting, come back into my office, and there’s breakfast.

In contrast, one participant reported that their support system is no longer employed at their agency. Participant Marigold responded,

Since COVID it’s shifted a lot and it’s shrunk because we had an outbreak where I work. So, a lot of people left the positions. And so, it’s just slowly dwindling away, which is one of the reasons why you know, I’m looking elsewhere, is because 98% of my support system is gone. And that’s the kind of what made it fun to work there. You know, I might not have seen these people every day, but they would be there. You know, they could be there working, I wouldn’t see him, but I’d know that they were there.

The majority of this study’s participants reported that they have supportive colleagues, friends, and supervisors within their workplaces. They described their colleagues as not only social work staff but staff on multidisciplinary teams such as nurses and mental health techs. One person reported that their support system has decreased due to COVID-19.

Participants also discussed coping skills as a protective factor to stress and burnout. Participants discussed exercise, entertainment, use of leave, friends/coworkers, and meditation as protective factors. Participant Violet responded,

Yeah, I would say the biggies are the ones that said, you know, the meditation and yoga I think are really good. The meditation I do during the workday, like for 15 minutes. And I do I think the, you know, trying to keep that perspective of

knowing, reminding myself, you know, I did all I could do for the day. It's just, it'll have to wait till tomorrow, as hard as that is. Sometimes it's that it's that self-talk just to, you know, kind of talk myself down from the ceiling.

Participants discussed use of leave as a means of self-care and stress management.

Participant Basil responded,

Oh, like I said earlier, you know, taking a step back, you know, doing a self-assessment. You know, I often use leave and vacation as a real good coping skill, because it's always good to step back and no, recharge that battery every now every now and then. So, no self-assessment, prioritization. Taking a couple of days off to you know, what it will know what most people call your mental health days, and then you know, taking you know, leave and doing go travel vacation.

Participants also discussed their experience of receiving recognition at their job.

Participants discussed their experience with verbal/email recognition, receiving a bonus/monetary award, and awards such as employee of the month or social worker of the year. Participant Azalea reported, "I mean, other than, you know, verbal, but no."

Participants reported having supportive family and friends to help combat stress and prevent burnout. The participants interviewed reported a variety of coping skills to manage stress. Coping skills ranged from exercise, use of leave, and mediation. Other coping skills included entertainment, sex, and cursing. Participants also reported use of these reported coping skills. Participant Peony responded,

And he kept praising me in all of those staff meetings that I was too busy to attend. But other people were like, hey, he talked about you, and I'm like, he

needs to stop. But, um, so I think he, he really saw what I was doing, and he really did want to reward it. Even if he shouldn't be praising a lack of work life balance, right.

Participants also discussed that they received monetary award for performance.

Participant Marigold reported,

They never told us it was coming. But they're like, if you work with COVID people, and you assisted when the crap hit the fan? We got like a \$500 bonus. Okay. It may not have been \$500. But I mean, you know, if it had been \$10? You know what, I was grateful that they even recognized the fact that people were doing right.

Three participants experienced receiving a nomination for a reward. Participant Petunia responded, "I have been nominated as social worker of the year." Participant Violet responded, "I think I got an employee of the month at the CBOC we do that at our clinic." Participant Leilani responded,

I would say that it was not warranted, or they were people more deserving. But I did get nominated for a social worker that would they call social worker of the Year award? It's the Irene Grant award, An Honor. And that was very unexpected.

Participants discussed protective factors of their support system, coping strategies that they use, and rewards and recognition. The participants reported that their colleagues and supervisors are a source of support. They also reported that they use exercise, meditation, and other coping skills. Participants also discussed receiving verbal/email

recognition, bonus/monetary awards, and awards such as employee of the month and social worker of the year.

Theme 5: Contributors to Burnout

Participants were asked to discuss if they had ever experienced burnout and if they had, what they believe contributed to their experience of burnout. Ten out of the 12 participants reported that they had experienced burnout at some point. Participant Azalea responded, “I think not feeling valued with the job”. Participant Marigold responded, “Lack of support from the chain of command”. Participant Daisy responded, “Being overworked and not having enough resources”. Participant Peony responded, “Workload, absolutely workload to be fair, not really anyone’s fault, right?”

Two participants reported that they did not experience burnout but did get close or felt overloaded. These two participants expressed workload as a contributing factor to being close to burnout or feeling overloaded. Participant Violet responded, “But that expectation of doing all that work and not having enough people to do it is overwhelming”. Participant Leilani responded,

I don’t know that I have experience burnout. I know I’ve been overloaded. So, I had a huge caseload or workload and it really drove me. Every day I had to get, you know, had to just keep going because you didn’t want to take a day off, because then your phone would be like, ungodly amount of messages to call back from the clinic.

Ten out of 12 participants reported experiencing burnout. Participants that experienced burnout reported not feeling valued, lack of support, and unfair workload as

contributors to their experience of burnout. The two participants that did not report burnout, did report feeling overloaded and contributed this experience to workload and feeling overloaded.

Theme 6: Adverse Experiences

Participants discussed things about their job that they would like to see differently. Participants Azalea and Petunia discussed pay grades and the role of social workers being taken seriously. Participant Azalea responded, “Well, at this particular one, I think that the social workers should be GS-12 and not 11 because they are 12 other places”. Participant Petunia responded, “I would like to see the social workers taken more seriously”. Participant Basil discussed recognition of social work staff from upper management. Participant Basil responded, “higher chain of command, give more awards or validation on, you know, the work that you notice social workers do in the homeless program”.

Participants Peony, Violent, and Leilani all discussed workload a significant contributor to burnout. Participant Peony responded, “First of all, we need to PACT social worker trying to do everything all of the time is just ridiculous. workload in there needs to be more people”. Participant Violet responded, “Um, I would like us to be fully staffed”. Participant Leilani responded,

I would like to have more time to do direct care and have a reasonable expectation from management as to what direct care entails. We don't really have protected time or a formula that a state agency might use, like, so much face to face, we don't have protected paperwork time. And we are not encouraged to work over to

get our paperwork done. We don't get comp time for it. So, I guess, you know, more reasonable caseload is very numbers driven, which probably any agency is but it's not realistic for the type of help that the clients need.

The participants reported three things each that they were dissatisfied with regarding their employment. Participants reported that their pay grade as a GS-11 with limited opportunities to become a GS-12 is a source of dissatisfaction. The participants also discussed that lack of value for social work services as a source of dissatisfaction to include lack of recognition from upper-level management. Lastly, participants experienced dissatisfaction with their workload and being short-staffed. These concerns were reported were concerns participants reported that they would like to see differently at their agencies.

Theme 7: Maintain Employment

Participants mostly agreed that they would maintain their employment due to job satisfaction. Participant Petunia reported, "100%. Um, job satisfaction. I'm the job satisfaction person." Participant Azalea responded that job burnout does not play a part in their decision due to prevention strategies. Participant Azalea responded,

The likelihood is very high. Because I have no interest in going back to the previous VA. And I will be retiring in 5 years. So, I would like to stay where I am. And just go ahead and get that done. I think I've learned a lot about burnout, or at least how burnout looks and how it's affected by it. So, I think that's some pretty good strategies that kept it from happening to me when I was embedded. You know, that was like 850 National guardsmen. So just a lot. And even though

it was overwhelming, I never felt the same thing is the burnout. So, I think that if I started to feel that way, I would have to come up with some resiliency type techniques that keep me focused on my goals. So, my goal is to get to retirement, which would be 62 for me. And that's the best thing for me and my family. And so that's what I'd be focused on.

Participant Marigold discussed that they may not leave the agency but may look for another position. Participant Marigold responded,

So, do I see myself in the same position in 2 years? Not unless something changes dramatically for the better. I absolutely do not. Absolutely as the more satisfied I'm, the more likely I would stay Of course, I mean, but the burnout and dissatisfaction are trying to what's kind of making me want to change.

Participant Sunflower reported that they do not plan to remain at their job as they plan to pursue another degree.

Um, I think I don't see myself staying there for extra 2 years. I think I was telling you this in the email or something, I want to go back to school to get my PhD. I'm trying to figure out how I can do that and still raise a child. So, if I go back to school, it's like, how can I juggle everything, you know? So that's my plan and the next 2 years. Um, I think I'm slowly getting to the point where okay, I'm tired of doing field work. I've been doing field work since I graduated from college. So, kind of tired of doing field work, but I do like the flexibility, if you will. It just gets draining. So that's another reason why I probably will leave. And I mean, the next job that I go for will have to be like a really good fit. And I guess there's

some intimidation on my part, you know, of just taking a leap of faith. And because you don't know what's going to be a good fit and so you get a look at jobs like relationships, you don't know until you try so. I think this combination of job satisfaction and burnout because it does, it does get tiring sometimes I'm not gonna lie, it does get tiring. Going into the field every day. You do get burned out. Okay.

While the question specifically asked if participants would stay due to job satisfaction or burnout, some participants reported that they would stay for the benefits. Participant Peony reported,

I'm not going anywhere because of the golden handcuffs because we do legitimately get a decent pay. We do get paid fairly decently. With the benefits, you know, the paid time off the public student loan forgiveness program, if that's still gonna be in existence in what, three more years, I only need three more years. Because of these things, you know, we're forced stock, right? Like no matter if we are burnt out, no matter if, you know, we hate it. We're stuck because where else are we gonna go? For what we have here? So yes, so the golden handcuffs will definitely keep me here, regardless of burnout.

Eleven out of the 12 participants have reported that they intend to stay at their job for the next 2 years. The participants reported job satisfaction or use of coping skills as reasons to maintain their employment. Two participants mentioned that they have a short time before retirement and being able to maintain employment until that time. And one participant reported pay benefits as an incentive for continuing employment. Only one

participant reported wanting to leave employment in the next 2 years, but this is due to pursuit of higher education. One participant desired to remain employed at their agency but seek another position. Overall, participants reported intention to remain employed with their agency.

Relationship of the Findings to the Literature

The findings from this study produced responses from participants based on reported common job satisfaction facets which include appreciation, communication, coworkers, fringe benefits, job conditions, nature of the work itself, the organization itself, organization's policies, and procedures, pay, personal growth, promotion opportunities, recognition, security, and supervision (Spector, 1997). Additionally, this study used the revised JD-R model developed by Demerouti et al. (2001) to understand job satisfaction and the precursory factors of burnout. Much like research has defined the common facets of job satisfaction, literature has also defined job demands and job resources that can influence burnout or job satisfaction. Job demands include increased workload, time pressure, and stressful environments (Crawford et al., 2010). Job resources are defined by Demerouti et al. (2001) as "the physical, social, or organizational features of a job that can help one achieve work goals, stimulate personal growth and development, and reduce job demands and psychological and physiological costs" (Crawford et al., 2010, p. 501). The following describes how the themes that emerged in this study related to literature.

Theme 1 positive satisfaction refers to the positive evaluation of participants regarding their job. Job satisfaction can be defined as the degree to which people like

their jobs (Spector, 1997). Weiss and Cropanzano (1996) defined job satisfaction as “a positive or negative evaluative judgment of one’s job or job situation” (p. 2). Research conducted on hospital social workers has demonstrated that social workers have positive satisfaction. In a study among hospital social workers, Gellis (2002) found that social workers found job satisfaction from their work’s challenge. Pugh (2016) found that 83% of hospital social workers experienced high job satisfaction. Much like the existing literature, this study found that 83% of participants reported being satisfied with their employment.

Theme 2 contributors to satisfaction captured what participants reported that they like best about their job. 75% of participants reported that they are satisfied with the population that they work with, 75% of the participants reported that they are satisfied with their coworkers, and 41.6% of participants reported that their work has an impact. Research has found that job satisfaction can be increased when there is a perception of support among coworkers and supervisors, and there is low pressure related to workload (Luther et al., 2017). Mette et al., (2020) found that the meaning of work is a job resource that is positively correlated with work engagement and has a negative correlation with burnout. Travis et al., (2016) found that social workers experience job satisfaction from working with underprivileged individuals. The findings of this study connect to previous literature with finding satisfaction with the population, coworkers, and meaning of work.

Theme 3 salary satisfaction recorded participants’ expression of satisfaction with their salary. Previous research by Acker (2010) and Schweitzer et al., (2013) found that job satisfaction is also related to benefits such as salary, benefits, additional funding, and

continuing education. This study found that 75% of participants were satisfied with their salaries. This is consistent with the current literature that reports salary as a contributor to job satisfaction.

Theme 4 protective factors detail participants' reports of their support system, coping strategies that they use, and rewards and recognition. Social support is essential for job satisfaction (Locke, 1976). Studies have found that the job resource of supervisor support availability is associated with high job satisfaction (Biggs et al., 2014; Cortese et al., 2010; Lewig & Dollard, 2003). Additional research on job satisfaction has found that ongoing job satisfaction is promoted by achievement, recognition, interesting work, autonomy, and the job's challenge (Pugh, 2016, p. 486). Research by Amlinger-Chatterjee (2016) supports the notion that social support alleviates the impact of job demands on employees' health. Kim (2010) found that supervisor support is a significant resource/protective factor against physical and emotional burnout. Individual perceptions, meanings, or implications of the traumatic event (Kulkarni et al., 2013), positive coping methods (Burgess et al., 2010; Wood et al., 2012) are coping strategies to mitigate the risk of burnout. The findings reported in this theme is supported by previous literature that support system, coping strategies, and rewards and recognition are vital to job satisfaction and the prevention of burnout.

Leary et al. (2018) found that the practice of meditation/mindful interventions can lead to a decrease in burnout. Maslach and Goldberg (1998) found that common recommendations for burnout intervention include changing work patterns (i.e., working less, taking more breaks, avoiding overtime work, balancing the rest of one's life),

developing coping skills (i.e., cognitive restructuring, conflict resolution, time management), obtaining social support (from colleagues and family), utilizing relaxation strategies, promoting good health and fitness, and developing a better self-understanding (via various self-analytic techniques, counseling, or therapy). The rationale behind the focus of prevention on an individual level is that the individual plays a dominant role in preventing burnout (Maslach & Goldberg, 1998). The response of participants discussing their use of coping skills echoes recommendations that can be found in previous literature.

Theme 5 contributors to burnout captured if participants had ever experienced burnout and if they had, what they believe contributed to their experience of burnout. Demerouti et al. (2001) found that personal experiences due to working conditions and expectations for higher work performance impact fatigue, demoralization, dissatisfaction, incapability, and a decrease in motivation can contribute to the experience of burnout. In this study, 83% of participants reported experiencing burnout. Working conditions such as not feeling valued, lack of support from higher-level leadership, and workload were listed as contributors to burnout.

Theme 6 adverse experiences captured participants' expressions of things about their job that they would like to see differently. Acker (2004) found that there is a negative relationship between the perception of workload and job satisfaction. Brown et al., (2019) found that organizations should aim to increase job satisfaction within the environment instead of reducing workloads. Baeriswyl et al. (2016) suggested that reducing workload and promoting a supportive working environment may prevent

emotional exhaustion and promote job satisfaction (p. 10). The participants of this study reported that their workload is an adverse experience that they would like to see differently.

Theme 7 maintaining employment captured participants' intention to stay or leave their position and whether it is influenced by job satisfaction or job burnout. Job satisfaction and turnover intent are strongly related to research (Pugh, 2016). The variable of employee tenure is related to job satisfaction (Pugh, 2016, p. 487). Schweitzer et al. (2013) found a positive relationship between tenure on the job and job satisfaction among social workers across settings. Maslach et al., (1996) found that there is a negative relationship between burnout and an intention to leave the job. Edwards-Dandridge et al. (2020) has supported previous research to find that job satisfaction is a reliable predictor of turnover intent. This study found that 91.6% of participants intend to stay at their job and noted job satisfaction as the reason.

The seven themes of positive satisfaction, contributors to satisfaction, salary satisfaction, protective factors, contributors to burnout, adverse experiences, and maintain employment that emerged from this study are supported by previous literature on job satisfaction and burnout. This research study can be used to further improve the social work profession. Implications for researching job satisfaction among social work settings include improving work quality, consistency, and employee turnover (Sullivan et al., 2015). Therefore, the findings from this study fill the gap of knowledge regarding job satisfaction and perceptions of burnout among social workers who serve the veteran population.

Summary

In Chapter 3, I provided the information exploring the perspective of job satisfaction and burnout among social workers that serve the veteran population. The 12 interviews that were conducted were audio-only recorded and confidential. I obtained permission from the participants. Participants reviewed the informed consent form electronically and provided consent by responding by email “I consent”. All participants work with the veteran population and share their perspectives of job satisfaction and job burnout. Of the 12 social workers interviewed, 11 were females, and one was male. The age range was between 25-64 years of age. All 12 participants hold a master’s degree, two participants were licensed at the master’s level, while 10 participants were licensed as independent practitioners. Of the 12 participants, six participants were never married, five participants were married, and one participant was divorced. There were seven participants that identified as White and five participants that identified as Black. The length of employment serving veterans at their current facility ranged from 2 months to 24 years with the average length of employment at their current facility being 8.03 years. Themes emerged from the data as I read and listened to the interviews. The participants shared their perceptions and experiences of job satisfaction and job burnout as social workers providing services to the veteran population. The participants reported overall satisfaction working with the Veteran population. Participants reported minimum experience of burnout.

Chapter 4 provides a brief overview of the interpretation of the themes and the implications for social change. The chapter provides recommendations for further

research, investigating the perceptions of job satisfaction and job burnout among social workers serving the veteran population.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this study was to understand the experiences of job satisfaction and burnout among social workers providing services to the veteran population. I used a basic qualitative research approach; participants were social workers who provide services to veterans. Key findings of this study include positive satisfaction, contributors to satisfaction, salary satisfaction, protective factors, contributors to burnout, adverse experiences, and maintaining employment. The findings of this study extend knowledge in the field of social work by adding knowledge to experience of a population of social workers that is underresearched.

In the following section, I share insights on how the research findings can be applied to social work practice and explore possible interventions that can be used based on the feedback given during individual interviews. The next section will provide an expanded insight on how the research findings can be used by social workers and stakeholders while adhering to the NASW Code of Ethics. Lastly, I offer recommendations for clinical social work practice.

Application to Professional Ethics in Social Work Practice

The initial social work principle that came to mind while completing individual interviews and reviewing transcribed data was competency. Since the global pandemic, COVID-19, the social work profession has encountered new challenges in providing services. As a result, NASW (2021) amended the social work Code of Ethics to include self-care and cultural competence. The social work Code of Ethics purpose section now

states that competent and ethical social work practice should include self-care. The promotion of self-care practices, policies, and education is also encouraged to be supported by social work organizations, agencies, and educational institutions (NASW, 2021).

The ethical principles section was also amended to reflect that social workers taking care of themselves helps them to provide services with integrity. Social workers are tasked with remaining aware of the mission, values, ethical principles, and ethical standards that guide the social work profession. Self-care for social workers should include the social worker taking care of themselves both personally and professionally (NASW, 2021).

This research study highlighted that the social workers interviewed felt that while their agency talks about burnout, nothing is done to address or prevent it from occurring. I also found that social workers interviewed practice self-care to combat burnout and stress. Competence is one of the core values of the NASW. Competence looks at professionals' ability to maintain practice to perform within standards so that no harm comes to the client. Responses from participants ranged from an agency talking about burnout but taking no action to immediate supervisors supporting self-care in the form of time off. Because self-care is an ethical principle, agencies not only should provide education and resources to prevent burnout but should create an environment where burnout prevention is possible and implement burnout prevention programs. Additionally, social workers not currently engaging in self-care should be encouraged to practice self-care to ensure they are not working impaired and are practicing with

integrity. The NASW also has a standard for continuing education and staff development. Therefore, social workers serving veterans should be encouraged to learn new techniques pertaining to social work practice that include prevention of burnout.

The last NASW ethical principle that this research study supports is the promotion, facilitation of evaluation, and research to contribute to knowledge development (NASW, 2017). The empirical data assessing employee burnout in organizations serving the veteran population is limited (Garcia et al., 2014). Therefore, in this project, I sought to expand knowledge for the profession of social work and for employees of organizations that provide services to veterans.

Recommendations for Social Work Practice

In this section, I discuss interventions for individuals and organizations that can be implemented to address burnout and job satisfaction. Maslach and Leiter (2016) emphasized individual interventions over organizational interventions. However, Schiff and Lane (2019) reported that paying attention to individual vulnerabilities pays insufficient attention to the organizational responses to burnout.

Actionable steps for social work practitioners to decrease burnout and improve job satisfaction should focus on self-care, understanding their why, and building support within the workplace. These steps are all personal choices that each individual social worker must commit to. I would recommend that social workers create a self-care plan in which they identify their support system and self-care activities they will adhere to. With self-care included under competence in the social work code of ethics, social workers should ensure they are providing world-class service to veterans by not working

impaired. This could include speaking to their supervisor about workload, challenges, or needed time off.

Social workers who are employed at agencies and organizations that offer resources such as the Employee Assistance Program, exercise programs, and/or continuing education courses or trainings and seminars should take advantage of these resources to address burnout. Kim and Wang (2018) found that stress management programs reduce adverse effects of burnout and can help employees strengthen their potential to meet organizational goals. Mette et al. (2020) suggested that measures that promote health for social workers and target the reduction of job demands can reduce health-depleting effects. Research has suggested that positive coping methods should be employed to overcome burnout (Burgess et al., 2010; Wood et al., 2012). Leary et al. (2018) found that practicing meditation/mindfulness interventions can decrease burnout.

Luther et al. (2017) reported that job satisfaction can be increased when there is a perception of support among coworkers and supervisors. Amlinger-Chatterjee (2016) reported that social support alleviates the impact of job demands on employees' health. Kim (2010) found that supervisor support is a significant resource/protective factor against physical and emotional burnout. Strong leadership support was also found a factor for burnout protection by Wood et al. (2012). Lavoie et al. (2011) reported that support from colleagues and family/friends is a protective factor against burnout prevention. Kim and Stoner (2008) reported that a supportive work environment helps social workers maintain their commitment to their organization.

Pugh (2016) found that ongoing job satisfaction is prompted by interesting work and a job's level of challenge. Kristof (1996) reported that the fit between an individual and the job has a strong influence on job satisfaction. Mette et al. (2020) found that the meaning of work is a job resource that is positively correlated with work engagement and has a negative correlation with burnout. Travis et al. (2016) found that social workers experience job satisfaction from working with underprivileged individuals. Mette et al. (2020) also suggested that behavioral measures should encourage employees' meaning of work.

Gellis (2002) supported findings that suggest that social workers experience job satisfaction from their works' challenge. Pugh (2016) found that 83% of hospital social workers experience high job satisfaction. Kulkarni et al. (2013) suggested individual perceptions and meanings as a strategy to overcome burnout. Additionally, social workers should have support within the workplace to lean on. Lastly, social workers must be reminded of their why. When remembering their why, social workers can find satisfaction and meaning in their work. Mette et al. (2020) suggested that behavioral measures should encourage employees' meaning of work and resilience.

To help implement these changes, I would want to address the way burnout is discussed at agencies that employ social workers to work with the veteran population. This could include quarterly trainings discussing burnout and supervisors checking in with employees during supervision to ensure they are practicing self-care. Supervisors should encourage employees to take breaks, leave work on time, and take time off. Also,

supervisors should encourage social workers to use resources available through their facility to address burnout.

The findings of this study impact me as a social worker and as a social work supervisor. I have become more intentional in creating a self-care plan for myself. Within my own self-care plan, I have listed those who can be in my support system, taken my allotted breaks, went for walks or stretched, and recognized when my stress levels are increased (I call it *checking my thermometer*). As a result of my increased practice of self-care, I have increased my attentiveness to the needs of my staff. I check in with them frequently and encourage them to take time off as needed. I encourage an open-door policy and ask for feedback on how to problem solve to increase their job satisfaction. Lastly, I had begun creating a self-care corner that has books on self-care and social work coloring books. The goal is to create a resource accessible to myself and my staff for attending to self-care.

Transferability

Prospective audiences of supervisors, managers, and facility leadership would assess whether this research study will be transferable to their facility (Mahler et al., 2018).

Usefulness of the Findings

The findings of this research study may be useful on the practice, research, and policy levels to encourage social workers, supervisors, agencies, and other stakeholders to address burnout and understand the causes of job satisfaction to maintain a stable social work workforce. This research fills the gap of identifying and understanding job

satisfaction and perception of burnout among social workers that serve the veteran population.

Practice

On the practice level, this research study may encourage social workers to engage in the practice of self-care. Social workers should engage in the practice of self-care and encourage their colleagues to do the same. In addition to encouraging individual social workers to engage in the practice of self-care, this research study may encourage social worker leadership to assess their employees overall job satisfaction as well as assess for burnout. Research from Edwards-Danridge et al., (2020) suggested that leaders should regularly assess employees overall job satisfaction. Additionally, research from Edwards-Danridge et al., (2020) suggest that managers and leaders should be trained in observing and engaging an employee in discussion regarding job satisfaction.

In this study, some participants reported problems with staff shortages and workload. I believe that this research study has usefulness on the organizational levels to encourage organizations that employ social workers to look at labor mapping and workload to ensure that workloads are fair and equitable. Additionally, organizations should create a work environment that support social workers practicing self-care. Social workers should be encouraged to take breaks (lunch and other scheduled breaks), walk, and participate in activities such as stretching or mindfulness/meditation. Burnout prevention and self-care promotion should also become a part of social work accreditation.

Some participants reported having supportive supervisors. Supervisors should be trained to assess job satisfaction and burnout. Additionally, supervisors should use individual supervision to check in with their employees and suggest use of self-care practices, time-off, or EAP as needed. Leadership should encourage and provide monthly luncheons or host self-care events. Given the current COVID-19 pandemic, these events can be held virtually and recorded for participants unable to attend due to patient care. Professional development should also be encouraged to include continuing education units (CEUs), ethics, and professional development plans. Lastly, some participants reported that they feel senior management are not invested in self-care activities. Senior management should be included in educational efforts to increase support in the spread of burnout prevention activities across organizations.

Research

This study could be useful on the research level to further explore the experience of job satisfaction and burnout among social workers across the United States. Because there is not an official diagnosis for burnout, there are limitations to access to treatment, disability coverage, and accommodations in the workplace for burnout (Maslach & Leiter, 2016; Schaufeli et al., 2009). Additionally, with the current COVID-19 pandemic there are challenges with workload in the labor force. Lin et al., (2016) reported that understanding job satisfaction and burnout among social workers is essential to understand a predicted shortage of social workers for the United States in the future. Additional research in this area could further inform social work leadership in various

organizations on how to increase job satisfaction and decrease rates of burnout to hopefully decrease the chances of social work shortages.

Policy

On a policy level, this research study could inform policy makers on the challenges that social workers who serve the veteran population face (i.e.: access to resources). A study conducted on mental health providers who experience burnout in the VA system reported that burnout in this population was influenced by organization policy/bureaucracy, workload, and control over how work is completed (Garcia et al., 2014). Similarly, participants voiced concerns over how policy dictates access to needed resources to serve veterans. This research could also encourage policy changes that impact burnout as a medical condition and access to resources for social workers to do their job can impact social workers in a positive way for example including mental health days as a benefit that does not impact social workers annual or sick leave. As some participants voiced time off as a protective factor for burnout.

Limitations

Limitations to this research study included difficulty recruiting participants to engage in interviews. I sought out participants via social media sites Facebook and Indeed as well as by word of mouth. I had trouble in receiving responses from individuals that this researcher contacted. As a result, I relied on snowball sampling to recruit participants. By relying on snowball sampling, this researchers' sample size was not as inclusive as this researcher would have preferred. Therefore, there may be a potential limitation that the sample size will not be representative of the total population of

nonparticipants. Sampling included snowball sampling, and participants chose to participate voluntarily in this research study. Therefore, the beliefs and attitudes of those who participate in the study may be similar and may not represent the beliefs and attitudes of those who chose not to participate.

Ensuring a clear separation of my role as a supervisor at the VHA from my role as a researcher was instrumental in recruiting any participants that worked at the VHA. I did not recruit participants from the VHA where I am employed to avoid results being impacted due to social desirability because of peer relationships and cognitive priming of individuals familiar with my research topic who may provide biased responses. Therefore, this research does not include participants from a large VHA system due to this researcher's role as a supervisor. Social workers who were employed at other VHA's in which this researcher has no affiliation with professionally or personally, also had questions about the role of confidentiality given this researcher's position. It is possible that VHA employees could have concealed information due to this researcher's employment as a supervisor within the VHA system.

Lastly, there may be over- or under-representation of a region or facility type based upon voluntary responses. One challenge is that having overrepresentation from the VHA employees given the snowball sampling. There is also underrepresentation from facilities such as community hospitals, community mental health hospitals, jails/correctional facilities, and nursing homes. It is possible that given the limited sampling from these other facilities, that the population is not representative.

Recommendation for Further Research

My first recommendation for further research would be to encourage social workers to participate in future research studies. Some social workers who were qualified for this study were unwilling to participate in this study. I believe that COVID-19 and disclosure of my position at a VA facility created hesitancy for individuals to participate. Additionally, I would have liked to have received responses from individuals that worked in more varied settings (i.e.: more participants from nursing homes, jails, therapy settings).

My second recommendation would be for more studies on burnout to be conducted across social work settings now that self-care is a part of the NASW Code of Ethics. I attempted to have a variety of social work settings to include nursing homes, jails, VA facilities, and civilian hospitals. However, this research was limited to one region. Further research in this area could benefit social work practice if completed on a larger scale and across varied settings.

Dissemination

Research dissemination is a process in which the findings of a study are provided to larger communities for the purposes of understanding and making use of the research (Wilson et al., 2010). There are now considerations of innovative dissemination which utilizes digital and social media considerations for disseminating information (Ross-Hellauer et al., 2020). I have determined that my key audience includes individual social workers, departments of social work at larger facilities, schools of social work, and social work organizations such as the NASW. The main traditional method of dissemination

that I would utilize is creating a one-to-two-page document that summarizes the key findings of this study. I would create a link to this document to add to my personal LinkedIn page.

Additionally, I would consider a small science slam via YouTube. According to Ross-Hellauer et al., (2020), a science slam is a short talk via social media where a subject matter expert or researcher explains a scientific topic to an audience that is generally considered nonexperts. Other considerations for dissemination would be to create a blog where the information could be accessible to the public. I would also consider requesting to speak to the leadership of the facility that I am employed at to share my findings to the facility social work leadership team.

Implications for Positive Social Change

The goal of this research study is to encourage positive social change amongst social work practitioners on the micro, mezzo, and macro level of social work practice. On the micro level of social work practice, this research can help increase social workers awareness of the importance of practicing self-care as a competent practitioner. This can include encouragement for social workers to participate in planning of self-care activities as well as educating themselves and their support system. Social workers should be informed of the individual impact of burnout on health as well as how burnout can impact physical, academic, and social performance. This can be achieved by social workers engaging in education to increase their knowledge on burnout and burnout prevention.

On the mezzo level of social work practice, social workers should advocate for programs, trainings, and resources to provide education and support for prevention of

burnout. Organizations should provide education to staff that burnout can impact patient outcomes. Additionally, organizations should track trends on staffing, employee retention, and job turnover to combat burnout by addressing imbalance workloads, abuse of leave policies, and time it takes to get new employees hired. These interventions could increase positive social work satisfaction and decrease burnout.

Lastly, on the macro level of social work practice, this research could promote positive social change by encouraging the development of policies and procedures that could address the concerns of social workers to increase job satisfaction and decrease burnout. During this study, participants discussed that their organization had social work interns provide education on burnout once a year or that their organization offered free resources such as yoga to address coping with stress. Along these lines, social workers felt as though burnout is talked about but there is no change. The goal of this research project is to encourage discussions amongst social workers and stakeholders to increase awareness of challenges to job satisfaction and the experience of burnout among social workers that provide burnout to the veteran population and to motivate change across all levels of social work practice to increase positive job satisfaction and decrease the experience of burnout for social workers and as a result, produce better patient outcomes for veterans.

Summary

This research aimed to gain insights from social workers serving the veteran population about their experience of job satisfaction and perceptions of burnout. Throughout this research study, the purpose was supported by the feedback provided by

the participants. The findings from this study suggest that social workers who serve the veteran population are satisfied with their jobs, colleagues, and feel that their work produces an impact. However, social workers feel that staffing issues, workload, lack of support from management, and the work environment contribute to experiencing burnout. This research can be used to address the concerns of social workers that provide services to the veteran population to increase job satisfaction and decrease experiences of burnout.

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Appendix A: Pre-Interview Questionnaire

Demographic Information:

- What is your age?
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 and over
 - Prefer not to answer

- What is your race?
 - White
 - Hispanic or Latino
 - Black or African American
 - Native American or American Indian
 - Asian/Pacific Islander
 - Other
 - Prefer not to answer

- What is your gender?
 - Male
 - Female
 - Prefer not to answer
 - Other

- What is your marital status?
 - Never Married
 - Married
 - Divorced
 - Separated
 - Widowed
 - Prefer not to answer

- Highest Degree Level?
 - Master's Degree
 - Doctoral Degree

- Licensure Level?
 - Masters Level (LMSW, ASW, LSW, CMSW)
 - Independent Practitioner (LCSW, LISW, LICSW)

- Do you currently work as a social worker serving the veteran population?
 - Yes
 - No

- Please describe the setting you serve the veteran population in (a hospital, in the community, in a homeless organization, etc.):

- How long have you been employed by your current employer?

- How long have you been in your current position?

- What is your annual salary? (Not required to answer):

Thank You! This concludes the pre-interview questionnaire. The researcher will contact you via direct messenger to schedule individual interviews.

Appendix B: Interview Protocol

Introductory Script: Hello, my name is Toni Jones. I am the researcher for this research study on job satisfaction and job burnout among social workers providing services to the veteran population. The purpose of this research study is to understand the experiences of job satisfaction and burnout among social workers providing services to the veteran population. I want to ensure you that this interview is confidential and only the researcher will have access to this recording. In the research study, only an assigned pseudonym will be used to protect participants. For research purposes, this interview will use audio-recording. Do you consent to recording?

1. Tell me about your work providing services to the veteran population?
2. What three things do you like best about your job?
3. What three things would you like to see differently at your job?
4. Are you satisfied with your job? Why or why not?
5. Are you satisfied with your salary? Why or why not?

Physical

6. How do you describe burnout?
 - a. Can you describe how you feel burnout is different from depression?
 - b. Have you experienced depression while in your current role?
7. Can you describe how you have seen burnout demonstrated in other social workers at your job?
8. If you have experienced burnout, what do you believe contributed to your experience of burnout?

- a. When did you first notice feeling burnout?
 - b. What did you do when you realized you were feeling this way?
9. What is your perception of the agency's ability to address burnout?

Social

10. Please describe the coping skills you use to manage stress.
11. Tell me about your support system at work.
12. Does your employment at your job allow for you to have a work-life balance?

Please explain.

Organizational

13. How have you been rewarded or recognized in the last year for your effort and contribution?
14. Please describe your perception of the opportunities for growth at your job.
- a. Do you perceive that growth is available?
 - b. Do you perceive any bias in the growth/opportunities process? Please explain.
15. What is the likelihood that you will choose to remain at your current job within the next two years? Please explain.
- a. Would your decision to leave or stay be influenced by job satisfaction or burnout?

This concludes our interview session. After transcription of this interview, I may reach out to you to verify that the transcription captured your responses accurately. This is also known as member checking. Thank you for participating in this interview.